UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST BASIC NURSING

A STUDY ON FACTORS CONTRIBUTING TO UNDER - UTILIZATION OF THE NURSING PROCESS AT KASAMA GENERAL HOSPITAL

BY

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LIST OF ABBREVIATIONS

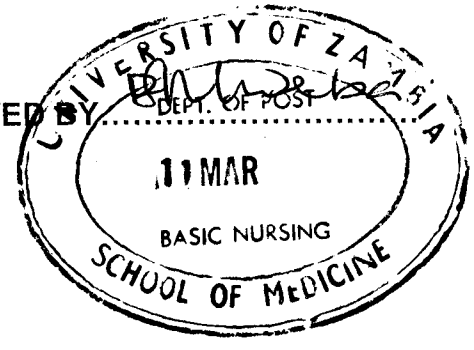
CBoH	:	Central Board of Health
CCZ	:	Christian Council of Zambia
GNC	:	General Nursing Council
CSO	:	Central Statistical Office
KGH	:	Kasama General Hospital
PBN	:	Post Basic Nursing
PNO	:	Principal Nursing Officer
UNZA	:	University of Zambia
UTH	:	University Teaching Hospital
WHO	:	World Health Organization
ZDHS	:	Zambia Demographic and Health Survey
ZNA	:	Zambia Nurses Association

DECLARATION

I hereby declare that the work presented in this study for the Bachelor of Science in Nursing Degree has not been presented either wholly or in part for any other degree and is not being currently submitted for any degree.

SIGNED ..... DATE 10th MARCH 2005

APPROVED BY ..... DATE 10th March 2005



STATEMENT

I hereby certify that this study is solely the result of my own independent investigation. The various sources to which I am indebted are clearly indicated in the paper and in the references.

SIGNED .....

DEDICATION

I dedicate this study to the memory of Dear Mum and Dad,

Joyce Kunda and Aston Makoleka, and to my adorable son Chungu

Makoleka

ABSTRACT

This study, was done at Kasama General hospital, which was aimed at determining factors contributing to the underutilization of the nursing process at the hospital. The research was necessitated by the fact that despite the knowledge that the nurses gain on the nursing process through basic nursing training, workshops, in-service training and experience, the problem of underutilization of this tool still continue to exist.

The literature reviewed on the nursing process revealed that only few studies have been done on the utilization of the nursing process especially on the regional and national perspectives. Regional literature revealed that Africa has inadequate training and teaching facilities resulting in production of graduates who are out of touch with the challenges that prevail in developing countries. Local studies done indicated that the nursing process was underutilized and that the overall quality of nursing care was affected by a number of factors such as lack of hospital policy, ineffective in-service training, lack of encouragement from the supervisors and shortage of staff among others.

A none interventional descriptive study was done which included a randomly selected sample of fifty (50) bed side nurses, one (1) key informant (the Principal Nursing Officer) who was conveniently selected and an observation from two (2) randomly selected wards. The researcher used a self-administered questionnaire to the sampled respondents to cover aspects of knowledge, utilization, training, in-service training and encouragement. Additional information was collected from the key informant using a self administered

questionnaire and an observation schedule was used to gather data on the observations done in the two (2) wards.

The study revealed that the majority of respondents (92%) had low level of utilization. The study revealed that the majority of the respondents (74%) received adequate training on the nursing process despite them utilizing the tool. The results of the study also show that most of the respondents (52%) had high level of knowledge and therefore the underutilization could not arise from the lack of knowledge.

The majority of the respondents (76%) received inadequate encouragement from their supervisors on the utilization of the nursing process and this could have contributed to the underutilization as nurses need encouragement as they strive to provide quality care through the nursing process. Utilization level of the nursing process was low in the majority of the respondents which was attributed mainly to high nurse-patient ratio, restrictive hospital policy and emphasis on task allocation as opposed to patient allocation in the delivery of care.

The major recommendations in view of the findings of the study were that there is need for GNC to make amendments to the nurses and midwives Act No. 3 of 1997 so that nurses would be required by law to provide care plans which facilitate patient care; the need for management to improve staffing level; conducting in-service training programmes on the nursing process; active involvement of ward managers in the actual monitoring of the nursing process utilization and the need for staff and management to encourage patients to participate fully in their own care in order to facilitate quality care delivery through the nursing process.

1.0 INTRODUCTION

1.1 BACKGROUND INFORMATION

Zambia is a landlocked country covering an area of 752,612 square kilometres (about 2.5% of Africa). It shares borders with the Democratic Republic of Congo (DRC) and Tanzania in the north; Malawi and Mozambique in the east; Zimbabwe and Botswana in the south; Namibia in the south-west and Angola in the west (CSO, 2002).

Administratively, the country is divided into nine (9) provinces, two (2) are predominantly urban namely Lusaka and Copperbelt Provinces. The remaining provinces namely Central, Eastern, Northern, Luapula, Western, North-Western and Southern Provinces are predominantly rural provinces.

Zambia lies between 8 and 18 degrees south latitude and between 20 and 35 degrees east longitude. It has a tropical climate and vegetation with three (3) distinct seasons; the cool dry winter from May to August, a dry season during September and October and a hot and wet season from November to April (CSO, 2002).

The country has a Savannah type of vegetation. Among the main river water sources in Zambia are the Zambezi, Kafue, Luangwa, and Luapula. The country also has major lakes such as Tanganyika, Mweru, Bangweulu and Kariba. The northern part of the country receives the highest rainfall with annual averages ranging from 1,100 millimetres to over 1,400 mililitres. The southern and eastern parts of the country have less rainfall ranging from 600 millilitres to 1,100 millilitres annually and are prone to draughts (CSO, 2002).

The country has a population of 10.3 million people with a growth rate of 2.5 percent per annum. The population density ranges from 65 people per

square kilometres in Lusaka province to 5 people per square kilometres in rural provinces (CSO, 2002).

The Zambian Government has put in place a national health care system to service its population. The government's commitment to the objective of improving the quality of life of all Zambians is demonstrated through its effort to improve health care delivery by reforming the public health sector through the health reforms. The health reforms is intended to reform the health care system. In 1991, the Zambian government articulated radical health policy reforms characterized by a move from a strongly centralized health system in which the central structures provided support and national guidance to the peripheral structures (CBoH, 2004).

These health reforms established government's commitment to improve the health of the population by progress towards achievement of targets that were set. Meeting the health needs of the population was to be achieved by way of careful utilization of financial, material and human resources within the Ministry of Health (CBoH, 2004).

The human resources in the Ministry of Health mainly comprises of health professionals. These include doctors, nurses and paramedical staff. Nurses comprise about 75% of all health care professionals in the health care delivery system in the country (GNC, 2004). This means that nurses who are the majority in the health care delivery system implement most of the health care programmes.

The Zambian health care system basically has two (2) categories of nurses namely the Registered Nurses and the Enrolled Nurses. The levels of training differentiate the two (2) categories. The Enrolled Nurses undergo a two (2) year training programme and graduate with a certificate. Thereafter, they have an opportunity to specialize in midwifery within the country. The Registered Nurses undergo training for three (3) years and graduate with a Diploma. They can then, if they desire, specialize locally in midwifery, Operating Theatre Nursing, and Mental Health Nursing.

Other specialities include Paediatric Nursing, Occupational Health Nursing, Intensive Care Nursing among others are offered outside the country and are open to Registered Nurses (GNC, 2004).

The University of Zambia, School of Medicine offers a Bachelor of Science in nursing degree programme for Registered Nurses who upon graduation are skilled to be researchers, administrators, educators and clinical specialists. *In 2004, the University of Zambia, School of Medicine introduced a masters degree programme in nursing for graduate.* (UNZA, School of Medicine, 2004). Nurses have an opportunity to go up to a doctorate of philosophy level in nursing, though this programme is not offered locally.

At all these various levels of training, the component of the nursing process is included in the curriculum. "The nursing process is an orderly, systematic manner of determining the client's problem, making plans to solve them, initiating the plan or assigning others to implement it and evaluating the extent to which the plan was effective in resolving the problem identified (Yura and Walsh, 1973). According to Yura and Walsh (1973), nursing should be likened to a problem - solving process in which the nurse and the patient together identify the causes of the problems requiring intervention, make plans to remedy these problems, take necessary steps to alleviate them and then reflect on what has happened.

The nursing process is a scientific, systematic and logical method that involves the use of five (5) steps of solving the patient's problems namely: Assessment, nursing diagnosis, planning, intervention/implementation and evaluation (Iyer et al, 1991). According to Iyer et al (1991), Florence Nightingale disputed the misconception that nursing was considered to be a little more than the administration of medicine and the application of poultices, as this restrictive interpretation does not take into account the knowledge, attitude and skills that are associated with the performance of nursing. Florence Nightingale further cautioned the nurses" not to let the

physician make himself the head nurse" (Kratz, 1979), meaning that the nurse must be responsible for prescribing nursing care and not only be concerned with carrying out doctor's orders.

The benefits of the nursing process are that it improves the client care as it is meant to meet unique needs of the individual, family and community. It ensures continuity of care through a written care plan accessible to all care providers. Other benefits are that it promotes job satisfaction, prevents legal implications of negligence through care documentation and promotion of professional growth through effectiveness of nursing intervention of the nurse through shared knowledge and experience that is gained (Kozier et al, 1987).

It is because of the benefits of using the nursing process that the General Nursing Council of Zambia (GNC), which is a statutory body responsible for regulating nursing education and practice in the country, adopted and integrated the nursing process in the general nursing training curriculum in 1983 (GNC, 2004). This is the curriculum that the nurses who were trained after 1983 went through. Therefore, these nurses are expected to have adequate knowledge on the nursing process, which they should be able to effectively implement.

A closer analysis of the curricula for Registered Nurses and Enrolled Nurses revealed that emphasis and detail on the nursing process is more in the Registered Nursing Programme compared to the enrolled nursing programme. The enrolled nursing curriculum does not include much on the theoretical aspect of the nursing process despite just looking at the five (5) steps of the process and the advantages to the client, nurse and the family. As for registered nurses, the curriculum goes beyond the five (5) steps to include the nursing models in relation to the nursing process; the interactive process; team work; reporting; hospital policy and regulation in association with the nursing process.

This, therefore, means that Registered Nurses are more academically prepared than the Enrolled Nurses on the nursing process. For the enrolled nurses, emphasis is more on the practical aspects of the nursing process than the theory which is very essential if one is to interpret change in patient's condition and then apply the process appropriately.

Observations done revealed that Enrolled Nurses are the ones who mainly practice bed side nursing despite the limited skills and knowledge they receive on the nursing process, compared to the Registered Nurses who despite receiving adequate knowledge and skills during training do not practice bedside nursing but instead concentrate on the administrative aspect of nursing (GNC, 2004).

Following the introduction of the nursing process by the GNC in nursing education and practice, Kasama General Hospital, which is one of the government health institutions also adopted the nursing process as a tool for the provision of quality care (GNC, 2004).

The hospital is situated in Kasama town, which is the provincial administrative capital for northern province. The town shares boundaries with six (6) districts namely; Mpika, Luwingu, Mbala, Nakonde, Mungwi and Mporokoso. All these districts have their own district hospitals which refer complicated cases to Kasama General Hospital.

Kasama town has an estimated geographical area of 10,550 kilometres. The town is accessible by road, air and rail. The modern communication systems such as mobile telecommunications are also present in Kasama. The population of the district is estimated at 166,448 with an annual growth rate of 3.7 percent (Action Plan, 2003).

Kasama General Hospital experiences a critical shortage of nursing staff. The hospital has one (1) Principal Nursing Officer; 2 Nursing Officers; 16

Registered Nurses; 7 Registered Midwives; 1 Registered Theatre Nurse; 54 Enrolled Nurses and 19 Enrolled Midwives. The hospital has a bed capacity of 240 beds with an average nurse - patient ratio of 1:30 (KGH, 2004).

In its quest to facilitate the implementation of the nursing process in the hospital and schools of nursing, the GNC conducted training of trainers' workshops and seminars for nurse educators and managers in Lusaka (GNC, 2004). This workshop trained three (3) Nurse Tutors and two (2) Nursing Officers in the nursing process. These disseminated the information to the other nurses through the meetings held at Kasama School of Nursing and during ward affairs meetings (KGH, 2004).

Following the training of trainers' workshop and the desensitization meetings that followed, the hospital management established a committee to monitor, encourage and supervise the nurses on the utilization of the nursing process, though this committee naturally disbanded before it could achieve the set objectives due to shortage of staff and migration of staff (KGH Records, 2004).

1.2 STATEMENT OF THE PROBLEM

Despite the knowledge and skills that the nurses have received on quality care delivery through training, experience and in-service training/workshops, the nursing process is still underutilized at Kasama General Hospital.

The situation observed at the hospital was that the nursing care plans are only utilized in isolated cases at the High Dependancy Ward (that is the ward where critically-ill patients who are on total nursing care are admitted), few post operative patients and on some acute bay patients, when it is supposed to be utilized on all the patients. For the rest of the patients in the wards, care is emphasized more on daily routines and carrying out doctor's orders. In some wards, nursing care is not even

documented to provide a basis for the nursing care, so McFarlene argued that nursing practice will not have an adequate theoretical basis until nurses document the care provided (Smith, 1981).
The nursing process provides for continuity of care through a written care plan, which is accessible to all care providers. The use of the nursing care plans can assist the nurse to avoid legal implications of negligence that may arise due to lack of documentation of care and lack of professional growth through effective nursing interventions acquired by both knowledge and experience (Yura and Walsh, 1973).

Where the nursing process is underutilized, the quality of patient care is likely to be poor. Without the nursing process, it can be very difficult for the nurses to meet the unique needs of the patients.

The poor quality of care resulting from underutilization of the nursing process can lead to poor compliance to treatment. Poor compliance to treatment results in many patients developing complications. If many patients develop complications, then a situation of congestion in the hospital wards will arise. This congestion will eventually bring about work overload for the few available nurses as they will be required to care for a large number of patients. The high nurse-patient ratios subsequently affect the quality of care nurses provide at the hospital.

On the other hand, congestion in the wards affects the consumption of supplies and resources in the hospital as these merge resources available end up being channeled towards meeting the needs of the many patients at the expense of other priority areas necessary in the delivery of quality care.

In view of the underutilization of the nursing process at Kasama General Hospital, the researcher decided to carry out a study whose purpose is to investigate the factors contributing to the problem. It is hoped that the study results will help the nurse managers find means of up-lifting the

standards of nursing care and make the nurses realize the benefits of utilizing the nursing process in their quest to provide quality care to the patients in line with the vision of the government. The burden of in-patients which will bring out the relevance of this study.

1.3 FACTORS CONTRIBUTING/INFLUENCING THE UNDERUTILIZATION OF THE NURSING PROCESS

The factors have been categorized into service related factors, training factors and psychosocio-economic factors.

1.3.1 Service Related Factors

1.3.1.1 Hospital policy

A policy is a statement that outlines what an institution stands for and it acts as a guide to the employees (Booyens,1989). Where a policy on the nursing process exists, implementation can be easy, as the nurses will have something to guide them compared to an institution without a policy.

1.3.1.2 In-service training

A hospital that has no in-service department that is supposed to conduct in-house training to nurses on various aspect of care including the nursing process will find re-orientation of nurses difficult. Absence of the in-service department also disadvantages many nurses especially those who trained before the inclusion of the nursing process in the curriculum. It further disadvantages even those that might have forgotten about this tool.

1.3.1.3 Encouragement from supervisors

Some nurses are reluctant to utilize the nursing process because of lack of encouragement from the supervisors. When staff are encouraged, they feel so motivated that even their performance is enhanced. Lack of encouragement leads to demotivation, frustration and subsequent abandoning of the nursing process by the nurses.

1.3.1.4 Supervision

Supervision of nurses affects utilization in that where there is adequate supervision, utilization is likely to be more than where supervision is poor. Supervision is likely to be more effective where the supervisors are experienced than where most of the supervisors are new and inexperienced. If supervisors have interest in the nursing process, they are likely to influence subordinate nurses and supervise them effectively on the use and importance of this tool. Hospitals where management has mechanisms to monitor the nursing process at ward level, utilization is likely to be more than where there is no mechanism in place.

1.3.1.5 Motivation

Nurses need motivation for them to perform their work effectively especially with the poor conditions under which they operate. Demotivation affects the quality of care nurses provide as demotivated nurses are less likely to perform well and may even avoid using tools such as the nursing process which require critical thinking.

1.3.1.6 Staffing

Staffing levels may affect utilization of the nursing process in that where staffing levels are good, nurses may have the time and energy to provide individualized care, which can be achieved through use of the nursing process. Shortage of staff on the other hand affects quality care delivery in that it results in work overload which drives the nurses away from providing a holistic and individualized care through the nursing process.

1.3.2 Training related factors

1.3.2.1 Knowledge and skill

Nurses with adequate knowledge and skills on the nursing process are more likely to utilize it than those without. Where as some nurses acquire the knowledge and skills through nursing training, others acquire it through experience, workshops and in-service training. The level of knowledge and skills on the nursing process affects its utilization in that those nurses

with more skills and knowledge are likely to utilize it more than those with limited skill and knowledge.

1.3.2.2 Exposure to Nursing Process during training

Nurses who were trained after 1983 were all exposed to the nursing process during their training, though the level of exposure may differ between Registered and Enrolled Nurses. Those trained before 1983 were not exposed during their training as it was not yet included in the curriculum. It is therefore expected that those nurses trained after 1983 should be more competent on the use of the nursing process compared to those not exposed to the tool during training. Those exposed should even be expected to influence the other nurses not exposed during training.

1.3.2.3 Level of professional attainment

Registered nurses get more theoretical data on the nursing process compared to enrolled nurses due to the differences in the content of the curriculum. Therefore, Registered Nurses are expected to utilize or supervise the utilization of this tool more than the enrolled nurses. However, if the majority of the bed side nurses are Enrolled Nurses with a slightly low professional attainment level than Registered Nurses who are few and mainly concentrate on nursing administration, then the trend may have an effect on the level of utilization of this tool.

1.3.3 Psychosocio-economic factors

1.3.3.1 Resistance to change

Some nurses may resist change from the traditional and routine methods of care delivery to a more scientific method. They may prefer such methods because they feel more comfortable with such methods than changing to a new scientific approach which they might not even be more familiar with.

1.3.3.2 Interest

Nurses with interest in the nursing process are more likely to utilize the tool than those with less interest. The interest nurses have may stimulate and motivate them to utilize the nursing process more than those nurses with little interest.

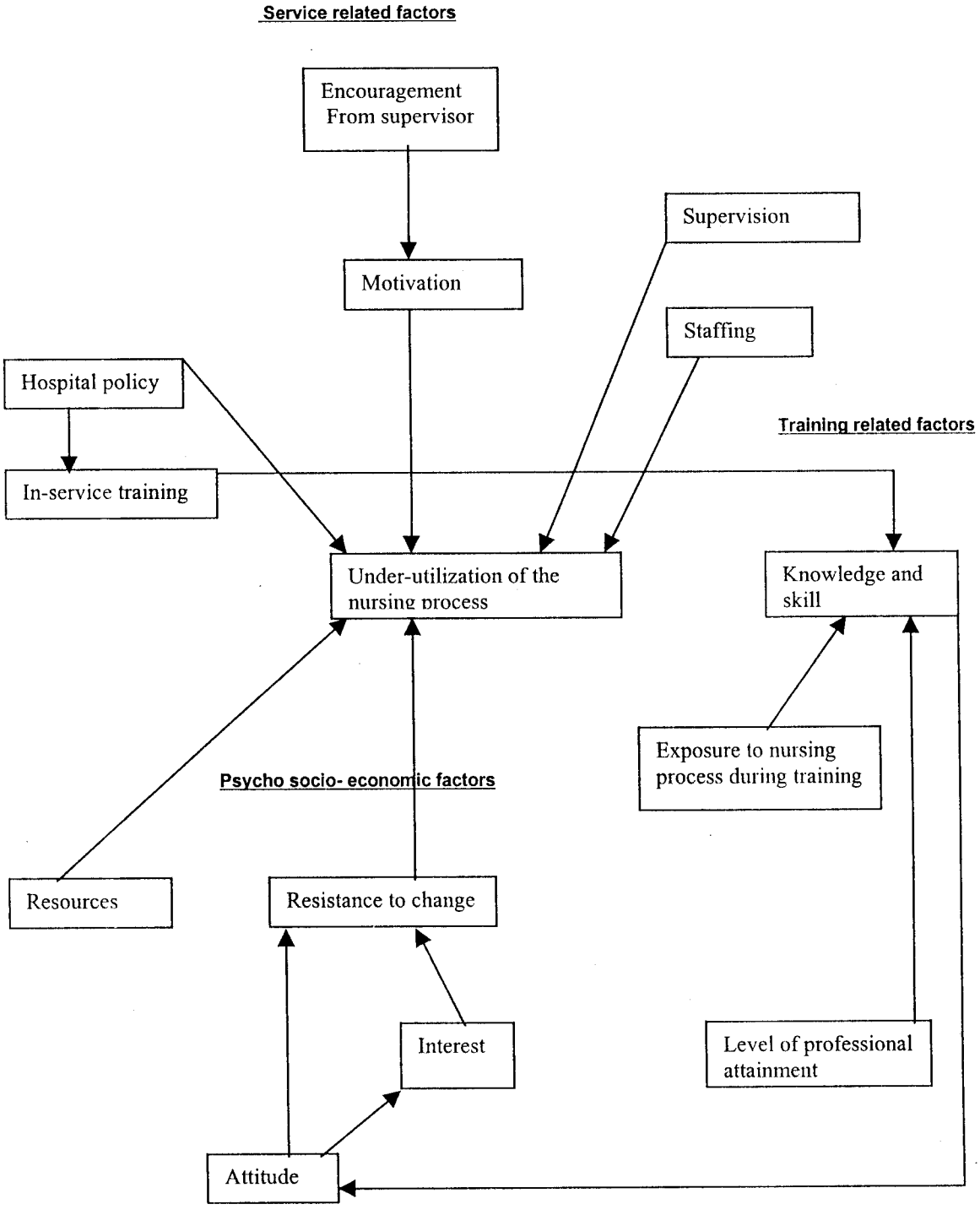
1.3.3.3 Attitude

A positive attitude towards the nursing process can encourage and motivate the nurse to utilize the tool as opposed to a negative attitude, which can distance the nurse from using this tool.

1.3.3.4 Resources

Utilization of the nursing process depend to a larger extent on the availability of resources. Where resources are available, nurses can be motivated to utilize the nursing process more than where the resources are limited. Resources include material, human resources and time.

1.4 DIAGRAM OF PROBLEM ANALYSIS



1.5 JUSTIFICATION

The government of Zambia through the Ministry of Health has a vision to improve the quality of health for all Zambians through delivery of quality health services (CSO, 2002). Nursing care is part of the overall health care services whose quality the government is striving to improve.

An improvement in the quality of nursing care can contribute to the improvement of the overall health care system in the country. Utilization of the nursing process as a tool for the delivery of care can contribute to improving the quality of nursing care in the health institutions.

Despite many nurses having adequate knowledge and skills on the nursing process gained through basic training, workshops, in-service training and experience, the problem of underutilization of the tool still continue to exist (KGH, 2004).

In view of the underutilization of the nursing process at KGH, the researcher decided to conduct a study whose purpose was to investigate the factors contributing to the problem. The study results will assist the nurse managers to understand the factors contributing to the problem and then uplifting the standards of care. The findings will also assist the nurses to realize the benefits of the nursing process to them as care providers, the patient and the family. This will consequently lead to the overall improvement of the quality of care the nurses provide to the patients.

1.6 RESEARCH OBJECTIVES

1.6.1 General Objectives

To determine the factors associated with the underutilization of the nursing process.

1.6.2 Specific objectives

1. To determine the level of training nurses receive on the nursing process.
2. To establish the effectiveness of in-service training on the nursing process.
3. To determine nurses level of knowledge on the nursing process
4. To assess the level of encouragement nurses receive from their supervisors on utilization of the nursing process.
5. To establish the level of utilization of the nursing process
6. To make recommendations to management on how the nursing process can assist in improving the quality of care at the hospital.

1.7 Hypotheses

1.7.1 Nurses who were trained after the inclusion of the nursing process in the curriculum are more likely to utilize the nursing process than those trained before.

1.7.2 Nurses who have been exposed to the nursing process during training are likely to be more knowledgeable on the nursing process than those not exposed.

1.7.3 Unfavourable working environments can contribute to underutilization of the nursing process.

1.8 OPERATIONAL DEFINITION OF TERMS

1.8.1 **Attitude :** The manner in which the nurses perceive the future of the nursing process in relation to its usefulness at the hospital.

1.8.2 **Encouragement** : These are praises nurses receive whenever they use the nursing process.

1.8.3 **Hospital policy** : This is a written guideline that provides guidance on the utilization of the nursing process.

1.8.4 **Interest** : Making an attempt and efforts to use the nursing process.

1.8.5 **In-service training** : Local training where the already qualified nurses are re-oriented to the nursing process.

1.8.6 **Knowledge** : Ability to define, describe the steps, list the uses and benefits of the nursing process.

1.8.7 **Level of professional attainment** : The highest level at which the nurses have reached in terms of training.

1.8.8 **Motivation** : Anything that stimulates the nurses to utilize the nursing process.

1.8.9 **Nurse** : A person trained to care for the sick

1.8.10 **Nursing care** : Care the nurses provide to patients and clients.

1.8.11 **Nursing care plan** : A written document on the stages of the nursing process.

1.8.12 **Patient/client** : A person on whom nursing process is centred on

1.8.13 **Resistance** : Its any action taken to oppose the use of the nursing process.

1.8.14 **Resourses** : This involves both stationery and time that are necessary in the utilization of the nursing process.

1.8.15 **Supervision** : The support nurses receive from ward managers and nurse managers when they utilize the nursing process.

1.8.16 **Skills** : Physical ability to carry out the nursing process

1.8.17 **Staffing** : The total number of nurses per shift

1.8.18 **Ward manager** : The nurse who directs the implementation of nursing care and co-ordinates all the activities in the ward.

TABLE 1 : VARIABLES, INDICATORS AND CUT-OFF POINT

NO.	VARIABLE	INDICATOR	CUT-OFF POINT	QUESTION NOS.
1.	Training	Adequate	Able to score 9 - 18 points in The training category.	Q's 25, 26, 27, 28, 29
		Inadequate	Able to score 0 - 8 points in the training category.	
2.	In-service	Effective	Able to score 6 - 10 points in the in-service category	Q's 30, 31 and 32
		Ineffective	Able to score 0 - 5 points in the in-service category.	
3.	Knowledge	High	Able to score 11 - 16 points in knowledge category.	Q's 8, 9, 10, 11, 12, 13 and 14
		Medium	Able to score 6 - 10 points in the knowledge category	
		Low	Able to score 0 - 5 points in the knowledge category.	
4.	Utilization	High	Able to score 10 - 18 points in utilization category.	Q's 15, 16, 17, 18, 19, 20, 21, 22, 23 and 24
		Low	Able to score 0 - 9 points in utilization category.	
5.	Encouragement	Adequate	Able to score 7 - 13 points in encouragement category.	Q's 33, 34, 35, 36 and 37
		Inadequate	Able to score 0 - 6 points in encouragement category	

CHAPTER 2

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

The nursing process is the foundation for professional nursing practice. It is within this framework of the nursing process that the professional nurse applies the unique combination of knowledge, skill and caring that constitute the art and science of nursing. Through the utilization of the nursing process, the nurse is striving to gain professional autonomy and an identity independent of medicine. Literature search revealed that a number of books have been written on the nursing process in Europe and America but very little has been done at regional and Zambian level. Invariably, nursing process is presented as a series of four or five phases. The literature search also revealed that several studies have been done on the concept and these yielded diverse results.

2.1.1 HISTORICAL DEVELOPMENT OF THE NURSING PROCESS

The development of the nursing process can be traced as far back as the post world war II, but it was not until the 1960's that the nurses' perception of nursing and nursing practice took a different course. Nurses, by then, supposed that professional nursing practice was best achieved when based largely upon instinct and empathy. Such an approach to planning and delivery of care has tended to emphasize intuition at the expense of a more rational approach to nursing care and has since been criticized (Smith, 1981). Smith indicated that much of the body of knowledge used in nursing is derived from transmission of superstition, speculation and accumulation of irrational experiences. He went on to argue that much of the nursing taught and practiced today lacks scientific validity (Smith, 1981). The focus on the appropriate use of the term professionalism prompted nurses to concern themselves with meeting the criteria. A

Commission of Inquiry was appointed in the United Kingdom to look into the role of nursing, professional growth and its development. The Commission emphasized the importance of pursuing nursing in a systematic way, hence the significance of the deliberate use of the nursing process (Yura and Walsh, 1973).

The use of the term nursing process began to be popular in Northern America as many writers such as Kings, Orem, Roy among others used the nursing process approach in their development of conceptual models in nursing (Aggleton and Chalmers, 1988).

The nursing process was met with resistance and criticism in the United Kingdom in 1970's but gained recognition in 1977 when the professional registering body of Wales and England decreed that nursing care of patients has to be studied and practiced in the sequence of the nursing process. In Europe the model was given impedus when the WHO Regional Office declared that the nursing process had to be taken as an integral part of any nursing programme (Roper et al, 1988).

2.1.2 OVERVIEW OF THE NURSING PROCESS

2.1.2.1 Concept of the Nursing Process

Analysis of the literature shows that the nursing process can be one or all of the following ; the process of care; a problem identifying exercise with specific goals; the steps taken in planning of care; a systematic appraisal of the patient's needs for nursing care and a goal directed problem solving exercise.

Other writers approach the nursing process from a different view point. They emphasize the fact that the nursing process "is not static but instead it is ongoing, dynamic interpersonal process dependent on the changing behaviour of the nurse and the patient" (Daunbemire and King, 1975).

The nursing process is based upon the interaction of the behaviour of the patient and the reaction of the behaviour of the patient and the reaction of the nurse and the nursing action. It enables the nurse to assist people meet their basic needs in activities of daily living. It is also used to identify the patient's problems, systematically plan and implement nursing care and to evaluate the results of that care. The use of the nursing process holds the nurse accountable for assessing, analyzing, planning, implementing and evaluating care (Kozier and Erb, 1987).

2.1.2.2 COMPONENTS OF THE NURSING PROCESS

The nursing process consist of well identified components referred to as phases or steps by many authors. Since the 1960's, a number of terms have been used but the W.H.O. decided to use the following steps; assessment, planning, implementation and evaluation to describe the circle of events of the nursing process (Roper, Logan and Tierney, 1985).

2.1.2.2.1 Assessment phase

This phase includes collection of information from and about the patient, review the collected information and identification of patient's problems.

2.1.2.2.2 Planning phase

This phase begins with nursing diagnosis and ends with the development of the care plan. The planning process include priority setting, goal setting, deciding what nursing care patient's need and deciding when to evaluate the extent to which action has resolved the identified problem (Iyer, 1991).

2.1.2.2.3 Implementation phase

This is putting the nursing care plan into action. During this phase, the nurse continues to collect data and validate the nursing care plan. This contributes to continuity and co-ordination of care. Completed nursing activities end the implementation phase (Iyer et al, 1991).

2.1.2.2.4 Evaluation phase

This is assessing the client's response to nursing interventions and then comparing the response to predetermined standards. The nurse determines the extent to which the goals have been achieved, partially achieved or not yet achieved if goals have not been achieved, reassessment if the care plan is needed as the nursing process is a continuous cycle (Kozier et al, 1987).

2.1.2.3 BENEFITS OF THE NURSING PROCESS

According to Iyer (1991), the nursing process as a framework for planning and implementing care provide benefits for the client, the nurse and the nursing profession (Iyer et al, 1991).

2.1.2.3.1 Benefits to the client

The client is the focus of nursing and therefore the most important reason for using the nursing process are the ways in which it benefits the client. Some of the benefits to the client are:

Continuity of care : The written care plan provides continuity and Coordination of care.

Prevention of omission and duplication : A systematic approach improves the quality of care by preventing omission and duplications. Duplication of care wastes time and can be tiring and irritating to the client.

Individualized care : With a care plan to point out the client's specific unique needs, the tendency to categorize and care for the client solely on the basis of their medical diagnosis can be avoided.

Increased client participation : Clients are involved at each step of the nursing process and thus realize that their contributions are important and as they learn more about themselves, they are more able to make wise health decisions (Iyer et al, 1991).

2.1.2.3.2 Benefits to the nurse

The nursing process benefits not only the client but the nurse as well. Some of the benefits to the nurse are:

Job satisfaction : Many rewards in nursing come from realizing that you Have helped someone. Well written care plans will save time, energy and frustration thereby increasing one's ability to find creative solutions to client care. Creativity helps prevent the burn out that can result from a repetitive approach to the daily work (Iyer et al, 1991).

Continuity of learning : The effective use of the nursing process fosters inquiring and continued learning by increasing the nurses' awareness of accountability to the client (Iyer et al, 1991).

Increased self confidence : Using care plans will increase one's confidence and comfort in the nursing role. Good care plans help the nurse to feel secure with the intervention one takes (Iyer et al, 1991).

2.1.2.3.3 Benefits to the profession

The proper use of the nursing process promotes collaboration among members of the nursing team as they work together to implement the care plan. By improving communication, the nursing process prevents errors and hastens diagnosis and treatment of health problems. This in turn means fewer and shorter hospital stays and lower costs for health institutions (Iyer et al, 1991).

2.2 GLOBAL PERSPECTIVES

The use of the term nursing process and the discussion of the concept began to be popular during the 1960's in Northern America as many writers such as Kings, Orem and Roy used the nursing process approach in their development of conceptual models in nursing (Aggleton and Chalmer, 1988). The nursing process has been advocated for by many nurses as a means of moving away from the depersonalized task-focused traditional style of nursing towards an individualized patient-centred

philosophy of care (Pearson and Vaughan, 1986). While some writers in the United Kingdom concentrated on the experienced nurses' negative view of the nursing process, Ireen Johns (1981) strongly felt that the nursing process is not the only model that can be used. She argued that despite the fact that the model is used commonly in the United Kingdom, it is not immune from vagaries of subjectivity. The nursing process was said to be influenced and determined by the organization. She conceded, though, that the phases of the nursing process differ from one group of nurses to another. The other aspect of the nursing process subjectivity is reflected in the different views held by nurses on its meaningful application (Smith, 1981).

A study conducted by Kershaw (1981) entitled "nursing process in action among student nurses in America" confirmed the link between skills and knowledge. She conceded that apart from nurses being aspects familiar with the theoretical aspects, they should be helped to adopt their implication of the nursing process in the involvement of the nursing process in the present in-service training programme for qualified staff to ensure that they receive familiar teaching. The study also reflected a number of constraints to the utilization of the nursing process. Respondents in that study reacted negatively to the concept as they felt that the nursing process was a waste of time and that the nursing process would not succeed and, therefore, did not even see the need for learning it. They saw no point of using it since their patient care was alright despite the shortage of staff.

Most developing countries adopted the nursing process as a means of carrying out nursing care (Ford and Walsh, 1994). Wodlley (1990) commented that every nurse asked to define the nursing process will give a different answer. Though this statement might be overstating issues, it contains a substantial elements of truth (Wodley, 1990). The importance of clarifying exactly what nurses mean when they talk about the nursing process is underlined by Smith (1990) who suggested that there are two

different meanings in common usage. To some, it is a philosophy which values and provide patient-centred care and to others, it is simply a way of organizing care. If the latter point of view prevails, the actual work that the nurse does will remain unchanged and the potential benefits of individualized care will never be delivered. This is because there will never be individualized care (Smith, 1990).

A study done by Sheehan entitled "from task-oriented to patient-centred care" that the nursing process seeks to implement requires a fundamental conceptual shift. The results showed that many of the beliefs held on the nursing process, the conventional wisdom to be found in any textbook or nursing school are perhaps only "skin-deep" in the real world. They have not been internalized by nurses in such a way that they flow naturally into conversation about the nursing process (Sheehan, 1991).

Hurst and Trickey (1991) did a study in which certain stages of the nursing process were omitted. The findings revealed that when all references to the planning stage was left out, only 25% of the nurses commented on the omission. For the evaluation stage, only 21% commented on this omission. The researcher interpreted the study in terms of many nurses having an action focus which leads them to concentrate more on implementation at the expense of the more analytical stages such as planning and evaluation.

Rundell (1991) suggested, in her study, that nurses only pay "lip service" to the written care plan. This results in documents that are often ritualistic, outdated and, at times, dangerous. They often bear little resemblance to the actual care given. If nurses are to be judged by the care plans in the future, she wondered what people will make of the abbreviated clumsiness that is on the care plan as evidence of professional care. Barnes (1990) pointed out that care plans often bear little resemblance to the assessment they are supposed to be based upon. Nurses assess patients to discover great deal of individual information but do not translate

this into a care plan. Instead what appears is a ritualistic plan written for the disease the patient is diagnosed as having. The result is that the standard of care bears no relationship to the written down document (Barnes, 1990).

2.3 REGIONAL SITUATION

In most developing countries, the bulk of the health services largely depend on nursing services because of the prevailing critical shortage of other health care professionals. This has adversely affected many countries in Southern Africa such as Zimbabwe, Botswana, Zambia and Namibia. This situation strengthens the need to utilize nurses effectively in maintaining health services (Nduna, 1993).

Political instability had struck, time and again, in the region creating supra added pressure on the health systems of the region. War victims, refugees, flood victims are but few of those requiring quality nursing care but with the shrinking economies, it has become increasingly difficult to look after the sick (WHO, 1993). In Southern Africa, nurses have moved from their countries of origin to other countries where conditions of service and enumeration can afford them a living and such migrations have affected the quality of nursing care (World Bank, 1989).

A number of countries in the region have been hit by economic crises. This has led to reduction in budget allocations to health services among social areas. The 1980's were a period of economic hardships for many countries in the region due to mounting debt servicing costs, declining export earnings and high population growth rates. The economic adjustment policies that were a condition for future credit involved adopting policies which involved considerable austerity for the people as well as reduction in public expenditure with disproportionate cuts in allocation to public sectors such as education and health. This adversely affected the quality of health care (UNICEF, 1990). The devaluation of national currencies worsened matters as this meant higher costs for

imported drugs and medical supplies. These economic constraints and policies of adjustment deteriorated the health services in the region (Dhillon and Phillip 1994).

In the past, most nations in the region assumed that if a person met certain educational requirements to practice as a nurse, quality nursing care would naturally follow but the study by WHO stated that the profession considered environmental, organizational and educational factors and also focused attention on the impact of nursing care on the patient. This is why the nursing profession allowed formation of General Nursing Councils in the countries of the region with the aim of ensuring that nurse practitioners are fully and competently prepared to render quality care (WHO, 1993).

A study by Wanikiiri (1984) revealed that in Africa, there are inadequate training facilities and tutors. The shortfall is often compounded by unrealistic insistence on facilities and standards compatible to those in the western nations. This results in producing graduates who are out of touch with prevailing problems in developing countries such as too many patients, no policies on patient care, lack of stationery and shortage of nurses. In the same study, Wanikiiri also found out that in Africa, the overall ratio of nurse to patient is very large. The intensity of the nurse workload enhances or reduces utilization of the nursing process and the subsequent delivery of quality care.

2.4 NATIONAL PERSPECTIVE

Zambia is one of the developing countries in the world. The country has about 92 hospital and there is an apparent critical shortage of nurses in most of the health institutions in the country with rural areas being the most hit. Country wide there are 13,310 registered nurses; 13,519 enrolled nurses; 4,976 enrolled midwives, 4,667 registered midwives; 261 registered mental health nurses; 559 operating theatre nurses; and 500 enrolled psychiatric nurses. The country has produced 216 nurse tutors.

A greater number of these nurses have migrated to other countries in search of better renumerations and conditions of service (GNC, 2004).

The Human Resources Development Policy (1997) states that health reforms have necessitated radical changes in the way in which health services are now staffed and managed as the staff requirements have been redefined to meet the demands of the country. The existing health care system has been heavily dependent on hospital care while health centres are equipped only to provide basic services. The chronic shortage of staff and supplies have hampered the quality of nursing care being provided (CBoH, 2004).

The country's population is growing at a very rapid rate and this population is too large to be accommodated by the health facilities available today and there are few nurses in relation to the number of patients. This leads to rendering of poor nursing care since there are too few nurses for too many patients. Shortage of nurses coupled with congestion has put patients in danger as they do not receive the expected nursing care (Tembo, 1997).

A study conducted at UTH on implementation of the nursing process revealed that the implementation and success of the nursing process was constrained by shortage of staff, stationery and nursing equipment. Few nurses were taught and used the nursing process during training though most of the nurses were oriented through the in-service department. She therefore concluded that the success of the nursing process is affected by factors within the nurses' working environment (Chisengantumbu, 1989).

Introduction of the nursing process entails a change of method of nursing care from task to patient allocation, placing emphasis on individualized patient care. Patient allocation involves assigning one nurse to one or four to five patients. This method of care enables a nurse to recognize and meet daily patient needs easily and nursing process can only survive

if the charge nurses clearly state which nurse should look after a certain group of patients. Lack of direction makes nurses to easily revert to doing tasks which they find much easy (Monzwe, 1986).

Another study done by Kajinga (1992) at Mine Hospitals in Mufulira revealed that the nursing process was underutilized. She concluded that what was needed was not an ambitious programme on the nursing process implementation, but a full commitment to its application in the clinical area. The study further revealed that nurses and ward sisters were not actively involved in the planning, implementation and evaluation of the success of the nursing process. This resulted in resistance from ward sisters and nurses who behaved atypically be writing up care plans they never even referred to. This was attributed to the fact that steps taken to introduce and implement the nursing process ignored or overlooked the role, influence the authority of the ward sister. The study also revealed that most nurses were pre-occupied with orthodox than technical duties. The nurses invariably resorted to task accomplishment due to the high nurse-patient ratio and writing load in an attempt of meeting the basic needs of all patients under their care.

2.5 CONCLUSION

The reviewed literature on the nursing process is very discouraging but we can not insist and go back to the traditional system of focusing only on tasks which have to be carried out on a stereo type approach. It can be concluded that through introduction of the nursing process, the nursing profession is striving to gain its professional autonomy and an identity that is independent of medicine.

CHAPTER 3

3.0 RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

"The research design is the overall plan for collecting and analyzing data, including specification for enhancing the internal and external validity of the study. The design provides answers to the research questions or for testing the research hypothesis. It spells out the basic strategies that the researcher adapts to develop information that is accurate and interpretable" (Polit and Hungler, 2001).

In this study, a non-interventional descriptive study design was utilized. A non-interventional study is one in which the researcher just describes and analyses the situation without carrying out any interventions. This study was non-interventional because the researcher just described and analyzed the utilization of the nursing process at Kasama General Hospital (KGH) but did not carry out any interventions.

A descriptive research is a "study that has as its main objective, the accurate portrayal of the characteristic of individuals, situations or groups and the frequencies with which certain phenomenon occur." (Polit and Hungler, 2001). This study was descriptive because it involved a systematic collection and presentation of data to give a clear picture of the utilization of the nursing process at KGH. The researcher did not administer any stimuli and the study was concentrated on a small study population, which allowed for in-depth description of identified variables.

3.2 RESEARCH SETTING

A research setting is a "physical location and conditions in which data collection takes place in a study". (Polit and Hungler, 2001). This study was carried out at Kasama General Hospital (KGH). The hospital is situated in Northern Province of Zambia. It is the main referral hospital in

the province with a bed capacity of 240 beds. The hospital has ten (10) wards namely; Male Medical, Female Medical, Male Surgical, Female Surgical, Maternity, Gynecology, Paediatrics, High Dependency Ward, Casualty, and Psychiatric Wards. The hospital also has an operating theatre and specialized clinics such as dental, eye, skin and sexually transmitted diseases clinics. There is also a School of Nursing which train registered nurses.

There is an average of 6 - 8 nurses per ward and the average number of patients in the ward ranges between 25 - 40 with an average of 1 - 3 nurses per shift. One (1) nurse per shift manages the operating theatre and specialized clinics. The hospital shifts are basically divided into three (3) namely; morning (07:30 to 13:00 hours); afternoon (13:00 to 18:00 hours) and night shift (18:00 to 07:30 hours).

3.3 STUDY POPULATION

This is "the entire set of individuals (or objects) having some common characteristics" (Polit and Hungler, 2001). The study population consists of the "Target Population" and "Accessible Population".

3.3.1 Target population

"The target population is the entire population in which the researcher is interested and to which he/she would like to generalize the results of the study" (Polit and Hungler, 2001). The target population for this study was the nurses and midwives.

3.3.2 Accessible population

"This is the population of people available for a particular study, often a non-random subject of the target population" (Polit and Hungler, 2001). For this study, the accessible population was the nurses and midwives at Kasama General Hospital.

3.4 SAMPLE SELECTION

Sample selection is the "process of selecting a portion of the population to represent the entire population" (Polit and Hungler, 2001). A total of three (3) different samples were selected in the study.

3.4.1 Sample 1 : Nurses and Midwives

Simple random sampling with replacement was done to obtain a sample of 50 nurses and midwives. Simple random sampling with replacement is the most basic type of probability sampling. "A sampling frame is created by enumerating all members of a population of interest and then a sample is selected from the sampling frame through complete random procedure" (Polit and Hungler, 2001). The sample that is randomly picked is later replaced to give equal opportunity for selection to members of the population.

A sampling frame was designed by listing the names of all the nurses at the hospital using the duty rostas from the Principal Nursing Officer (PNO). Each element on the sampling from was given a number, which was written on small pieces of paper and placed in a small box. The pieces of paper were well mixed and then one piece drawn out at a time and placed back. This process was continued until the expected sample was selected.

This method was used because it gave every nurse an equal and non-zero probability of being included in the study. There was no stratification on the sample since the respondents had the same exposure to the nursing process being under the same P.N.O.

3.4.2 Sample II : Wards

The researcher conveniently selected 2 wards; one in which the nursing process was utilized and the other one in which the nursing process was not utilized, and then allocated a day for each ward to observe the delivery of nursing care in these wards.

3.4.3 Sample III : Key informants

This sample included one Nurse Manager. This is the most senior nurse manager who was interviewed on the nursing process at the hospital.

3.5 SAMPLE SIZE

A sample is "the number of study participants in a sample" (Polit and Hungler, 2001). The sample size for this study was 50 nurses, 2 wards and one (1) key informant. This sample is the standard requirement for PBN Department. It is also feasible in terms of time and available resources.

3.6 DATA COLLECTION TOOLS (VALIDITY AND RELIABILITY)

A data collection tool is a "measuring device used in the gathering of information needed to address a research problem" (Polit and Hungler, 2001). Data was collected using a self-administered questionnaire for the respondents; another self-administered questionnaire for the key informant and an observation schedule.

3.6.1 Self-administered Questionnaire

"A questionnaire is a method of gathering self-report information from respondents through the administration of questions in a paper-and-pencil format" (Polit and Hungler, 2001). A self-administered questionnaire is a tool for collecting data that involves asking a pre-specified set of questions, which are given to the respondents to fill in and thereafter collected for analysis (Polit and Hungler, 2001).

A self-administered questionnaire was used which comprised a series of questions designed to measure some variables and these questions were categorized.

Category A consisted of questions on demographic data; Category B consisted of questions measuring level of knowledge; Category C consisted of questions measuring levels of utilization; Category D

consisted of questions related to training; Category E had questions measuring the effectiveness of in-service training on the nursing process and Category F consisted of questions measuring the level of encouragement nurses receive from their supervisors on the nursing process.

This method was chosen because data was made easy to tabulate and analyze. This type of questionnaire was easy to distribute, respondents remained anonymous, the tool was easy to test for validity and reliability and it gave the subject time to contemplate his/her responses to each question.

3.6.2 Self Administered Questionnaire for Key Informants

This instrument was used to collect data from the key informant. The main purposes of administering this tool were to establish whether the hospital had a policy on the nursing process; to determine how the nursing process was introduced at the hospital; to explore the attitude of the nurse manager towards the nursing process and to determine the nurse manager's opinion on how to improve the utilization of the nursing process. The researcher decided to use this tool in order to elicit additional data from the key informant.

3.6.3 Observation Schedule

"This is a tool for acquiring data through the direct observation of phenomenon" (Polit and Hungler, 2001). The researcher used this tool to observe the method of care delivery used; the availability of stationery needed in the utilization of the nursing process; level of utilization of the nursing process and the nurse patient ratio in the observed wards.

3.6.4 Validity and Reliability

"Validity is the degree to which an instrument measures what it is intended to measure" (Polit and Hungler, 2001). "Reliability is the degree of consistency or accuracy with which an instrument measures the attributes it is designed to measure" (Polit and Hungler, 2001).

To ensure that the tools used for data collection were valid and reliable, the researcher used experts to review the instruments before going ahead to administer them. The tools were pre-tested through a pilot study. Making questions simple, concise and brief further ensured validity and reliability and the subjects were only exposed to the tool once. The same instruments were used to all categories of respondents and the subjects were randomly selected.

To prevent the Hawthorn's effect, the subjects received assurance from the researcher and during observations, the researcher ensured that subjects did not know that they were being observed by participating in their routine activities as the observations went on.

3.7 DATA COLLECTION TECHNIQUE

"Data collection technique is the method followed in the gathering of information needed to address a research problem" (Treece and Treece, 1981). In this study data was collected using a self-administered questionnaire, another self administered questionnaire for the key informant and an observation schedule.

3.7.1 Self Administered Questionnaire

Before administering this questionnaire, permission to go ahead was sought from the ward manager and the individual respondents. The researcher arranged the room to maintain privacy. The purpose of the study and how the researcher intends to utilize the study results was explained to the respondents to gain their cooperation. The respondents were assured of confidentiality and the right for them to withdraw at any point in the research process should they wish to, was explained upon obtaining an informed consent from the subject. The researcher also read through the instructions with the subject to make appropriate clarifications. The subject was then allowed to go ahead and answer the questions in

the questionnaire, which was later submitted back to the researcher. The respondent was thereafter thanked for having participated in the study.

3.7.2 Self Administered Questionnaire for Key Informant

A self administered questionnaire was used to elicit data from the key respondent. Permission was obtained from the key informant to collect data from her. The purpose of the study was explained and how the researcher intends to utilize the findings in order to gain cooperation and obtain an informed consent. The informant was assured of confidentiality of information gathered and that it will be used only for the purpose it is intended for. The researcher went through the instructions with the key informant to make necessary clarifications. The key informant was thanked for accepting to participate in the study.

3.7.3 Observation Schedule

The researcher selected 2 wards where he observed the utilization of the nursing process on different days for each ward. Permission to go ahead was sought from the ward manager. The researcher participated in the routine activities of the ward as observations were being performed to avoid the Hawthorns effect. Information collected through the observations was entered on the observation schedule for analysis.

3.8 PILOT STUDY

"A pilot study is a mini study conducted before the major study in order to make revisions and find flaws in the methodology". (Treece and Treece, 1986). The purpose of the pilot study is to obtain information for improving the project or assessing its feasibility. A pilot study for this research was done at the University Teaching Hospital from 3rd August, 2004 to 8th August, 2004. In this study, a pre-test on the data collection tools was done with the aim of ascertaining reliability and validity of the data collection tools, appropriateness and clarity of the language used and the duration for each interview.

A total of 5 respondents and 1 key informant were interviewed which is 10 percent of the sample size. A non-participant observation was carried out in one ward at UTH to observe the utilization of the nursing process. The pilot study subjects were selected from the same population as the subjects for the major study for the purpose of assessing if the questions were appropriate, concise and properly phrased.

3.9 ETHICAL AND CULTURAL CONSIDERATION

"Ethics are a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the research subject" (Polit and Hungler, 2001).

Before conducting the study, the researcher got a go ahead from the supervisor and then permission was sought from the Provincial Health Director to allow the researcher to conduct a study in his area. Further permission was sought from the Executive Director, the Principal Nursing Officer and the ward managers for the researcher to conduct a research at their hospital.

The research was carried out in a natural setting and informed consent was obtained from all the respondents after explaining how they were selected, the purpose and nature of the study and how the findings would be utilized. Respondents were informed on the rights to withdraw from the study at any point should they feel like doing so. Information collected was treated confidentially by using numbers on the questionnaire, not names of the respondents and the questionnaires were always kept under lock and key.

CHAPTER 4

4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 DATA ANALYSIS

Data analysis is the systematic organization and synthesis of research data and the testing of research hypothesis using those data (Polit and Hungler, 2001). The methods used in analysis of data were varied. There was sorting, verification of responses, coding and entering of data on the data master sheet. The data master sheet was partitioned into 6 categories namely demographic data, knowledge, level of utilization, training, in-service training and level of encouragement.

4.2 PRESENTATION OF FINDINGS

The research findings were summarized, described and arranged in tables to derive patterns of relationships between variables and then meaning was deduced from the findings. Cross tabulations of variables has been done to enable comparison and tabulated data is said to be easier to remember.

Section A consists of frequency tables and cross tabulations; Section B consists of results from data collected from the key informant while Section C consists of a report on the observations carried out in two (2) wards.

6. **LEVEL OF PROFESSIONAL ATTAINMENT**		
Registered nurse	11	22
Enrolled nurse	33	66
Enrolled midwife	06	12
Registered midwife	0	0
Theatre nurse	0	0
Mental health nurse	0	0
TOTAL	**50**	**100**
6. **YEAR OF COMMENCEMENT OF PRACTICE**		
Before 1984	03	06
1985 - 1989	06	12
1990 - 1994	09	18
1995 - 1999	09	18
2000 +	23	46
TOTAL	50	**100**

Table 2 shows that the majority of the respondents (74%) were females while only 26% were males. 48% of the respondents were aged between 39 - 39 years with the mean age being 32 years. 52% of the respondents were married while 4% were divorced. All the respondents were christians. 98% of the respondents attained senior secondary level of education.

The majority of the respondents (66%) were Enrolled Nurses, 22% were Registered Nurses while only 12% were Enrolled Midwives. 46% of the respondents commenced practicing as nurses in the year 2000 and after while only 6% commenced practicing before 1984.

TABLE 3 KNOWLEDGE

CHARACTERISTIC	FREQUENCY	PERCENTAGE (%)
8. **HEARD OF THE NURSING PROCESS**		
Yes	50	100
No	0	0
TOTAL	**50**	**100**
9. **DESCRIPTION OF THE NURSING PROCESS**		
Process of Care	10	20
Series of steps in patient care	04	08
Systematic method of care	19	38
Tool for patient care delivery	07	14
Way of care delivery	04	08
Method of promoting nurse - patient relationship	02	04
Care of critical patients	02	04
Unable to give response	02	04
TOTAL	**50**	**100**
10. **ABILITY TO LIST STEPS OF THE NURSING PROCESS**		
Not able to list any step	02	04
Able to list one (1) step only	02	04
Able to list two (2) steps	04	08
Able to list three (3) steps	04	08
Able to list four (4) steps	14	28
Able to list all (5) steps	24	48
TOTAL	**50**	**100**

10. **USES OF THE NURSING PROCESS** (n=50)		
Enhances individualized care	41	82
Enhances nurse-patient relationship	39	78
Enhances job satisfaction	30	60
Reduces workload	07	14
Promotes nurse-manager relationship	06	12
Enhances continuity of care	02	04
Improves nurses knowledge base	02	04
To promote quality care delivery	03	06
TOTAL	**130**	**260**
*12. **WHEN TO START USE OF NURSING PROCESS** (n=50)		
On admission	39	78
Two (2) days or more after admission	0	0
On discharge	01	2
Whenever necessary	13	26
TOTAL	**53**	**106**
*13. **IDENTIFICATION OF PATIENTS ON WHICH TO USE THE NURSING PROCESS** (n=50)		
Unconscious patients only	06	12
Acute bay patients only	03	06
Post-operative patients only	05	10
All patients	41	82
Helpless patients	01	02
TOTAL	**56**	**112**

14. **BENEFITS OF USING THE NURSING PROCESS** (n=50)		
It enhances individualized care	18	36
It enhances nurse-patient relationship	23	46
It enhances job satisfaction	07	14
It promotes continuity of care	06	12
It promotes quality care delivery	33	66
It broadens skill and knowledge	03	06
It reduces workload	04	08
It improves interpersonal skills	02	04
TOTAL	96	**192**

NB : *Total does not add up to 50 (100%) due to multiple responses.

Table 3 shows that all the respondents had an idea about the nursing process. 36% of the respondents described the nursing process as a systematic method of care delivery. Only 48% of the respondents were able to list all (5) steps of the nursing process while 28% were able to list 4 steps only. Most of the respondents (82%) were of the opinion that the nursing process enhances individualized care and 78% said it enhances nurse-patient relationship while 30% had the opinion that it enhances job satisfaction.

The majority of the respondents (78%) said that nurses should start using the nursing process on admission while 26% said whenever necessary. 82% of the respondents said the nursing process should be used on all patients while 12% said that it should be used only on unconscious patients. The majority of the respondents (66%) said the benefit of using the nursing process is that it promotes quality care delivery while 12% said it promotes continuity of care.

TABLE 4 LEVEL OF KNOWLEDGE ON THE NURSING PROCESS

KNOWLEDGE	FREQUENCY	RELATIVE FREQUENCY (%)
High	26	52
Medium	20	40
Low	04	08
TOTAL	**50**	**100**

Table 4 shows that 52% of the respondents had high level of knowledge on the nursing process, 40% had medium knowledge while 8% had low level of knowledge.

TABLE 5 UTILIZATION

CHARACTERISTIC	FREQUENCY	PERCENTAGE (%)
15. **USE OF NURSING PROCESS SINCE QUALIFYING AS A NURSE** (n=50)		
Yes	50	100
No	0	0
TOTAL	**50**	**100**
16. **OPINION ABOUT THE USEFULNESS OF THE NURSING PROCESS** *(n=50)*		
Useful	46	92
Not useful	04	08
TOTAL	**50**	**100**

17. **REASONS WHY NURSING PROCESS IS USEFUL** (n=46)		
Promote nurse-patient interaction	17	37
Enhances quality care delivery	39	85
It ensures continuity of care	05	11
It enhances individualized care	10	22
It reduces workload	04	09
It promotes team work	02	04
It brings about job satisfaction	04	09
It broadens skill and knowledge	05	11
Not able to give response	03	6
TOTAL	**89**	**194**
18. **UTILIZATION OF NURSING PROCESS IN WARD RESPONDENT IS CURRENTLY WORKING** (n=50)		
Utilized	37	74
Not utilized	13	26
TOTAL	**50**	**100**
19. **KIND OF PATIENTS ON WHOM NURSING PROCESS IS UTILIZED** (n=37)		
Patients in acute bay only	10	27
Unconscious patients only	17	46
Post operative patients only	09	24
All patients	13	35
TOTAL	**49**	**132**

*20. **REASONS WHY SOME WARDS DID NOT UTILIZE THE NURSING PROCESS** (n=13)		
Inadequate time	03	23
Staff shortage	09	69
Demotivation	01	08
Limited knowledge	03	23
Time consuming	01	08
Inadequate resources	02	15
TOTAL	**19**	**146**
21. **OPINION ON WHETHER THE RESPONDENT HAD DIFFICULTIES IN CARRYING OUT PARTS OF THE NURSING PROCESS** (n=50)		
Yes	21	42
No	29	58
TOTAL	**50**	**100**
22. **PARTS OF THE NURSING PROCESS RESPONDENTS HAVE DIFFICULTIES IN CARRYING OUT** (n=25)		
Assessment	01	04
Planning	01	04
Implementation	08	32
Documentation	15	60
TOTAL	**25**	**100**

23. **WHAT RESPONDENTS HAVE DONE TO THE DIFFICULTIES THEY HAVE IN CARRYING OUT PARTS OF THE NURSING PROCESS** (n=22)		
Read books	01	0
Ask sister-in-charge	05	23
Ask fellow nurse	10	45
Consulted nurse manager	01	04
Nothing	05	23
TOTAL	**22**	**100**
21. **OPINION ON WHY NURSES DID NOT UTILIZE THE NURSING PROCESS** (n=50)		
It is time consuming	13	26
Too much documentation	03	06
Too many patients	41	82
No stationery	10	20
Staff shortage	02	04
Feels lazy	01	02
TOTAL	**70**	**140**

Table 5 shows that all the respondents had used the nursing process before, since they qualified as nurses. The majority of the respondents (92%) found the nursing process useful when they utilized it while 8% did not find it useful.

The majority of the respondents (63%) found the nursing process to be useful because it enhanced delivery of quality care while 6% of respondents gave no reasons as to why they think the nursing process is useful. The nursing process was being utilized in the wards where 74% of the respondents were working

while it was not utilized in the wards where 26% of the respondents worked. 46% of the respondents utilized the nursing process only on unconscious patients in their wards while only 35% of the respondents utilized the nursing process on all patients in their wards.

The majority of the respondents (69%) said that the nursing process was not utilized in the wards they work due to shortage of staff, while 8% attributed the non-utilization to demotivation and 15% attributed this to inadequate resources. 58% of the respondents did not have difficulties in carrying out the parts of the nursing process. The majority of respondents (60%) had difficulties in documentation of care while 4% had problems with assessment and planning of nursing care respectively.

45% of the respondents asked fellow nurses to overcome the difficulties they had in carrying out parts of the nursing process while 23% asked the ward in-charge.

TABLE 6 LEVEL OF UTILIZATION OF THE NURSING PROCESS

LEVEL OF UTILIZATION	FREQUENCY	RELATIVE FREQUENCY (%)
High	04	08
Low	46	92
TOTAL	50	100

Table 6 shows that the majority of respondents (92%) had low level of utilization of the nursing process while only 8% of the respondents had high level of utilization.

TABLE 7 TRAINING

CHARACTERISTIC	FREQUENCY	PERCENTAGE (%)
25. **TRAINING ON NURSING PROCESS** (n=50)		
Yes	44	88
No	06	12
TOTAL	**50**	**12**
26. **WHERE RESPONDENTS RECEIVED TRAINING ON NURSING PROCESS** (n=50)		
Nursing school	45	90
Fellow nurses	05	10
In-service orientation	05	10
Ward Manager	08	16
TOTAL	**65**	**126**
*27 **WHAT WAS TAUGHT ON NURSING PROCESS** (n=44)		
Definition	42	95
Steps	43	98
Nursing care plans	43	98
Uses	39	89
Advantages	38	86
Disadvantages	16	36
TOTAL	**221**	**502**
28. **OPINION ON WHETHER SCHOOLS OF NURSING SHOULD CONTINUE TEACHING THE NURSING PROCESS** (n=50)		
Yes	48	96
No	02	04
TOTAL	**50**	**100**

*29. **WHY NURSING SCHOOLS SHOULD CONTINUE TEACHING NURSING PROCESS** (n=50)		
It enhances continuity of care	04	08
It promotes quality care delivery	26	52
It ensures work is done systematically and Orderly.	05	10
It enhances individualized care	12	24
It broadens nurses skills and knowledge	08	16
Its promotes nurse-patient relationship	05	10
It's part of nursing care	02	04
TOTAL	**62**	**124**

Table 7 shows that 88% of the respondents had received training on the nursing process. The majority of the respondents (90%) received their training on the nursing process from the nursing school while 10% received their training from in-service orientation.

98% of the respondents were taught the steps and nursing care plans respectively. 96% of the respondents were of the opinion that nursing schools should continue teaching the nursing process while 4% were of the opinion that the schools should stop teaching the nursing process.

TABLE 8 : LEVEL OF TRAINING

TRAINING	FREQUENCY	RELATIVE FREQUENCY (%)
Adequate	37	74
Inadequate	13	26
TOTAL	**50**	**100**

Table 8 shows that the majority of the respondents (74%) received adequate training on the nursing process while 26% of the respondents had inadequate training.

TABLE 9 : INSERVICE/WORKSHOP/SEMINARS

CHARACTERISTIC	FREQUENCY	PERCENTAGE (%
30: **ATTENDANCE OF INSERVICE /SEMINAR/ WORKSHOP ON NURSING PROCESS** (n=50)		
Yes	09	18
No	41	82
TOTAL	**50**	**100**
*31 **AREAS COVERED IN THE IN-SERVICE / SEMINAR / WORKSHOP/ ON NURSING PROCESS** (n=9)		
Definition	07	78
Assessment	09	100
Planning	07	78
Writing Nursing Care Plans	08	89
Implementation	09	100
Practical session only	0	0
Evaluation	8	89
TOTAL	**48**	**100**

*32	**REASONS WHY RESPONDENTS HAVE NOT ATTENDED IN-SERVICE / WORKSHOP / SEMINARS ON NURSING PROCESS** (n=41)		
	No workshop/in-service/seminar on nursing Process.	23	56
	Not given opportunity to attend	17	41
	There is no need	01	03
	TOTAL	**40**	**100**

Table 9, shows that the majority of respondents (82%) had never attended any in-service/workshop/seminar on the nursing process.

All the respondents who attended in-service/workshop/seminar covered the areas of assessment and implementation while 89% covered the writing of nursing care plans.

The majority of respondents (56%) were of the opinion that they have not attended any workshop/in-service/seminar on the nursing process because .no such workshops/in-service/seminars are held at the hospital, while 41% had not been given an opportunity to attend.

TABLE 10: LEVEL OF EFFECTIVENESS OF IN-SERVICE TRAINING

IN-SERVICE TRAINING	FREQUENCY	RELATIVE FREQUENCY (%)
Effective	09	18
Ineffective	41	82
TOTAL	**50**	**100**

Table 10 shows that the majority of the respondents (82%) had ineffective in-service training on the nursing process while only 18% had effective in-service training.

TABLE 11 : ENCOURAGEMENT

CHARACTERISTIC	FREQUENCY	PERCENTAGE (%)
33. **ENCOURAGEMENT FROM IN-CHARGE WHEN RESPONDENT USES THE NURSING PROCESS** (n=50)		
Yes	32	64
N0	18	36
TOTAL	**50**	**100**
*34. **HOW RESPONDENTS WERE ENCOURAGED BY IN-CHARGE WHEN THEY USE NURSING PROCESS** (n=32)		
Praised in front of others	14	44
Asked to teach others	13	41
Asked to continue	02	06
Verbally appreciated	03	09
TOTAL	**32**	**100**
*35. **WHAT RESPONDENTS WHO ARE NOT ENCOURAGED BY THE IN-CHARGE WISH TO DO** (n=18)		
Continue using the nursing process	14	73
Stop using the nursing process	02	12
Use the nursing process only when they feel Like	01	5
Continue sensitizing others on need to use the Tool	01	5
TOTAL	**18**	**100**

36. **NUMBER OF VISITS NURSES MANAGERS MAKE TO CHECK ON THE NURSING PROCESS** (n=50)		
No visit per week	20	40
One visit per week	12	24
2 - 3 visits per week	09	18
4 visits or more per week	09	18
TOTAL	**50**	**100**
WHO ELSE ENCOURAGES THE RESPONDENT TO USE THE NURSING PROCESS (N=50)		
Nursing Officer	32	64
Clinical Teacher	15	30
Staff Nurse	12	24
Fellow Nurse	29	58
Clinical Care Specialist	01	02
Doctors	01	02
Nobody	02	04
TOTAL	**92**	**100**

Table 11, shows that the majority of respondents (64%) received encouragement from the sister-in-charge whenever they used the nursing process. 44% received encouragement from the sister-in-charge through being praised in front of others while 9% were verbally appreciated.

The majority of the respondents (70%) who were not encouraged by the sister-in-charge on the use of the nursing process wish to continue using it while 12% wish to stop using it. 40% of respondents said that the nurse manager does not visit the ward to check the utilization of nursing process while 18% said the nurse manager makes between 2 - 4 visits per week. The majority (64%) of respondents received encouragement to use the nursing process from the nursing officer while 58% received the encouragement from fellow nurses.

TABLE 12 : LEVEL OF ENCOURAGEMENT ON THE UTILIZATION OF THE NURSING PROCESS

LEVEL OF ENCOURAGEMENT	FREQUENCY	RELATIVE FREQUENCY (%)
Adequate	12	24
Inadequate	38	76
TOTAL	50	100

Table 12 shows that the majority of the respondents (76%) received inadequate encouragement from their supervisors on the use of the nursing process.

TABLE 13 : RELATIONSHIP BETWEEN LEVEL OF KNOWLEDGE AND SEX

LEVEL OF KNOWLEDGE	SEX		
	MALE	FEMALE	TOTAL
High	7 (54%)	19 (51%)	26 (52%)
Medium	5 (38%)	15 (41%)	20 (40%)
Low	1 (8%)	3 (8%)	4 (8%)
TOTAL	**13 (26%)**	**37 (74%)**	**50 (100%)**

Table 13 shows that 54% of the males and 51% of the females had high level of knowledge while 8% of both sex had low level of knowledge on the nursing process.

TABLE 14 : RELATIONSHIP BETWEEN LEVEL OF KNOWLEDGE AND AGE

LEVEL OF KNOWLEDGE	AGE			
	20 - 29	30 - 39	40 - 49	TOTAL
High	12 (57%)	12 (50%)	2 (40%)	26 (52%)
Medium	8 (38%)	9 (38%)	3 (60%)	20 (40%)
Low	1 (5%)	3 (12%)	0	4 (8%)
TOTAL	**21 (42%)**	**24 (48%)**	**5 (10%)**	**50 (100%)**

Table 14 shows that none of the respondents aged 40 - 49 had low level of knowledge on the nursing process.

TABLE 15 : RELATIONSHIP BETWEEN LEVEL OF KNOWLEDGE AND MARITAL STATUS

LEVEL OF KNOWLEDGE	MARITAL STATUS				
	Single	Married	Divorced	Widowed	TOTAL
High	10 (53%)	13 (50%)	2 (100%)	1 (33%)	26 (52%)
Medium	7 (37%)	11 (42%)	0	2 (67%)	20 (40%)
Low	2 (10%)	2 (8%)	0	0	4 (8%)
TOTAL	**19 (28%)**	**26 (52%)**	**2 (4%)**	**3 (6%)**	**50 (100%)**

All the divorced respondents had high level of knowledge while 10% of the single and 8% of the married had low level of knowledge on the nursing process.

TABLE 16 : RELATIONSHIP BETWEEN LEVEL OF KNOWLEDGE AND EDUCATIONAL LEVEL

LEVEL OF KNOWLEDGE	EDUCATIONAL LEVEL			
	Junior Secondary	Senior Secondary	University	TOTAL
High	1 (100%)	25 (51%)	0	26 (52%)
Medium	0	20 (41%)	0	20 (40%)
Low	0	4 (8%)	0	4 (8%)
TOTAL	**1 (2%)**	**49 (98%)**	**0**	**50 (100%)**

All the respondents who had attained junior secondary level of education had high level of knowledge on the nursing process while only 51% of those respondents who had attained senior secondary level of education had high level of knowledge on the nursing process.

TABLE 17 : RELATIONSHIP BETWEEN LEVEL OF KNOWLEDGE AND PROFESSIONAL ATTAINMENT

LEVEL OF KNOWLEDGE	LEVEL OF PROFESSIONAL ATTAINMENT			
	RN	EN	EM	TOTAL
High	6 (55%)	18 (55%)	2 (33%)	26 (52%)
Medium	5 (45%)	11 (33%)	4 (67%)	20 (40%)
Low	0	4 (12%)	0	4 (8%)
TOTAL	**11 (22%)**	**33 (66%)**	**6 (12%)**	**50 (100%)**

Table 17 shows that 55% of the registered nurses and enrolled nurses had high level of knowledge on the nursing process and non of the registered nurses and enrolled midwives respectively had low level of knowledge on the nursing process.

TABLE 18 : RELATIONSHIP BETWEEN LEVEL OF KNOWLEDGE AND YEAR OF COMMENCEMENT OF PRACTICE AS A NURSE

LEVEL OF KNOWLEDGE	YEAR OF COMMENCEMENT OF PRACTICE					
	Before 1984	1985-1989	1990-1994	1995- 1999	2000 +	TOTAL
High	1 (33%)	4 (67%)	1 (11%)	7 (78%)	13 (57%)	26 (52%)
Medium	2 (67%)	2 (33%)	5 (56%)	2 (22%)	9 (39%)	20 (40%)
Low	0	0	3 (33%)	0	1 (4%)	4 (8%)
TOTAL	**3 (6%)**	**6 (12%)**	**9 (18%)**	**9 (18%)**	**23 (46%)**	**50 (100%**

Majority of the respondents (78%) who commenced practicing as nurses between 1995 - 1999 had high levels of knowledge while only 33% of those trained before 1984 had high level of knowledge.

TABLE 19 : RELATIONSHIP BETWEEN LEVEL OF UTILIZATION AND SEX

LEVEL OF UTILIZATION	SEX		
	MALE	FEMALE	TOTAL
High	2 (15%)	2 (5%)	4 (8%)
Low	11 (85%)	35 (95%)	46 (92%)
TOTAL	**13 (26%)**	**37 (74%)**	**50 (100%)**

The majority of the female respondents (95%) and only 15% of the male respondents had high level of utilization of the nursing process.

TABLE 20 : RELATIONSHIP BETWEEN LEVEL OF UTILIZATION AND MARITAL STATUS

LEVEL OF UTILIZATION	MARITAL STATUS				
	Single	**Married**	**Divorced**	**Widowed**	**TOTAL**
High	1 (5%)	3 (12%)	0	0	4 (8%)
Low	18 (95%)	23 (88%)	2 (100%)	3 (100%)	46 (92%)
TOTAL	**19 (38%)**	**26 (52%)**	**2 (4%)**	**3 (6%)**	**50 (100%)**

All the divorced and widowed respondents had low level of utilization of the nursing process; while 12% of the married and only 5% of the single respondents had high level of utilization.

TABLE 21 : RELATIONSHIP BETWEEN LEVEL OF UTILIZATON AND AGE

LEVEL OF UTILIZATION	AGE RANGE			
	20 - 29	**30 - 39**	**40 - 49**	**TOTAL**
High	1 (5%)	3 (12%)	0	4 (8%)
Low	20 (95%)	21 (88%)	5 (100%)	46 (92%)
TOTAL	**21 (42%)**	**24 (48%)**	**5 (10%)**	**50 (100%)**

All the respondents aged 40 - 49 had low level of utilization of the nursing process.

TABLE 22 : RELATIONSHIP BETWEEN LEVEL OF UTILIZATION AND EDUCATIONAL LEVEL

LEVEL OF UTILIZATION	EDUCATIONAL LEVEL			
	Junior Secondary	Senior Secondary	University	TOTAL
High	0	4 (8%)	0	4 (8%)
Low	1 9100%)	45 (92%)	0	46 (92%)
TOTAL	**1 (2%)**	**49 (98%)**	**0**	**50 (100%)**

All the respondents who attained junior secondary level of education had low level of utilization while only 8% of those who attained senior secondary education had high level of utilization.

TABLE 23 : RELATIONSHIP BETWEEN LEVEL OF UTILIZATION AND LEVEL OF PROFESSIONAL ATTAINMENT

LEVEL OF UTILIZATION	LEVEL OF PROFESSIONAL ATTAINMENT			
	RN	EN	EM	TOTAL
High	0	3 (9%)	1 (17%)	4 (8%)
Low	11 (100%)	30 (91%)	5 (83%)	46 (92%)
TOTAL	**11 (22%)**	**33 (66%)**	**(12%)**	**50 (100%)**

All the registered nurse respondents had low level of utilization and only 9% of the enrolled nurse respondents had high level of utilization.

TABLE 24 : RELATIONSHIP BETWEEN LEVEL OF TRAINING AND SEX

LEVEL OF TRAINING	SEX		
	MALE	FEMALE	TOTAL
Adequate	12 (92%)	25 (68%)	37 (74%)
Inadequate	1 (8%)	12 (32%)	13 (26%)
TOTAL	**13 (26%)**	**37 (74%)**	**50 (100%)**

Majority of the male respondents (92%) had adequate training while 32% of the female respondents had inadequate training on the nursing process.

TABLE 25 : RELATIONSHIP BETWEEN LEVEL OF TRAINING AND AGE

LEVEL OF TRAINING	AGE			
	20 - 29	30 - 39	40 - 49	TOTAL
Adequate	16 (76%)	20 (83%)	1 (20%)	37 (74%)
Inadequate	5 (24%)	4 (17%)	4 (80%)	13 (23%)
TOTAL	**21 (42%)**	**24 (48%)**	**5 (10%)**	**50 (100%)**

The majority of the respondents aged 20 - 29 (76%) and 30 - 39 (83%) had adequate training on the nursing process, while 80% of those aged 40 - 49 had inadequate training on the nursing process.

TABLE 26 : RELATIONSHIP BETWEEN LEVEL OF TRAINING ON THE NURSING PROCESS AND LEVEL OF PROFESSIONAL ATTAINMENT

LEVEL OF TRAINING	LEVEL OF PROFESSIONAL ATTAINMENT			
	RN	EN	EM	TOTAL
Adequate	9 (82%)	24 (67%)	4 (67%)	37 (74%)
Inadequate	2 (18%)	9 (27%)	2 (33%)	13 (26%)
TOTAL	**11 (22%)**	**33 (66%)**	**6 (12%)**	**50 (100%**

The majority of registered nurse respondents (82%) had adequate training on the nursing process while 27% of the enrolled nurse respondents had inadequate training on the nursing process.

TABLE 27 : RELATIONSHIP BETWEEN LEVEL OF TRAINING ON NURSING PROCESS AND YEAR OF COMMENCEMENT OF PRACTICE AS A NURSE

LEVEL OF TRAINING	YEAR OF COMMENCEMENT OF PRACTICE					
	Before 1984	1985-1989	1990-1994	1995-1999	2000 +	TOTAL
Adequate	0	4 (67%)	7 (78%)	8 (89%)	18 (78%)	37 (74%)
Inadequate	3 (100%)	2 (33%)	2 (22%)	1 (11%)	5 (22%)	13 (26%)
TOTAL	**3 (6%)**	**6 (12%)**	**9 (18%)**	**9 (18%)**	**25 (46%)**	**50 (100%)**

All the respondents who commenced practicing as nurses before 1984 had inadequate training on the nursing process while the majority of the respondents (89%) who commenced practicing as nurses between 1995 - 1999 had adequate training.

TABLE 28 : RELATIONSHIP BETWEEN EFFECTIVENESS OF IN-SERVICE TRAINING ON THE NURSING PROCESS AND SEX

EFFECTIVENESS OF IN-SERVICE	SEX		
	MALE	FEMALE	TOTAL
Effective	1 (8%)	8 (22%)	9 (18%)
Ineffective	12 (92%)	29 (78%)	41 (82%)
TOTAL	**13 (26%)**	**37 (74%)**	**50 (100%)**

Table 28 shows that the majority of the male respondents (92%) had ineffective in-service training on the nursing process while only 22% of the female respondents had effective in-service training.

TABLE 29 : RELATIONSHIP BETWEEN EFFECTIVENESS OF IN-SERVICE TRAINING AND AGE

EFFECTIVENESS OF IN-SERVICE	AGE (YEARS)			
	20 - 29	30 - 39	40 - 49	TOTAL
Effective	2 (10%)	4 (17%)	3 (60%)	9 (18%)
Ineffective	19 (90%)	20 (83%)	2 (40%)	41 (82%)
TOTAL	**21 (42%)**	**24 (48%)**	**5 (10%)**	**50 (100%)**

In-service training was ineffective to the majority (90%) of the respondents aged 20 - 29 years while it was effective to 60% of respondents aged 40 - 49 years.

TABLE 30 : RELATIONSHIP BETWEEN EFFECTIVENESS OF IN-SERVICE TRAINING AND LEVEL OF PROFESSIONAL ATTAINMENT

EFFECTIVENESS OF IN-SERVICE	LEVEL OF PROFESSIONAL ATTAINMENT			
	RN	EN	EM	TOTAL
Effective	0	8 (24%)	1 (17%)	9 (18%)
Ineffective	11 (100%)	25 (76%)	5 (83%)	41 (82%)
TOTAL	**11 (22%)**	**33 (66%)**	**6 (12%)**	**50 (100%)**

All the respondents who were registered nurses had ineffective in-service training on the nursing process while only 24% of the enrolled nurse respondents had effective in-service training.

TABLE 31 : RELATIONSHIP BETWEEN LEVEL OF ENCOURAGEMENT ON USE OF NURSING PROCESS AND SEX

LEVEL OF ENCOURAGEMENT	SEX		
	MALE	FEMALE	TOTAL
Adequate	1 (8%)	11 (30%)	12 (24%)
Inadequate	12 (92%)	26 (70%)	38 (76%)
TOTAL	**13 (26%)**	**37 (74%)**	**50 (100%)**

Table 31 shows that the majority of the male respondents (92%) had inadequate encouragement on use of the nursing process while only 30% of the female respondents had adequate encouragement.

TABLE 32 : UTILIZATION LEVEL OF THE NURSING PROCESS IN RELATION TO KNOWLEDGE

KNOWLEDGE	UTILIZATION		
	HIGH	LOW	TOTAL
High	4 (100%)	22 (48%)	26 (52%)
Medium	0	20 (43%)	20 (40%)
Low	0	4 98%)	4 (8%)
TOTAL	**4 (8%)**	**46 (92%)**	**50 (100%)**

All the respondents with high level of utilization also had high level of knowledge while 9% of respondents with low level of utilization also had low levels of knowledge on the nursing process.

TABLE 33 : UTILIZATION LEVEL OF THE NURSING PROCESS IN RELATION TO TRAINING

TRAINING	UTILIZATION LEVEL		
	HIGH	LOW	TOTAL
Adequate	4 (100%)	33 (72%)	37 (74%)
Inadequate	0	13 (28%)	13 (26%)
TOTAL	**4 (8%)**	**46 (92%)**	**50 (100%)**

Table 33 shows that all the respondents with high utilization level also had adequate training on the nursing process.

TABLE 34 : RELATIONSHIP BETWEEN UTILIZATION LEVEL OF THE NURSING PROCESS AND IN-SERVICE TRAINING

IN-SERVICE TRAINING	UTILIZATION LEVEL		
	HIGH	LOW	TOTAL
Effective	1 (25%)	8 (17%)	9 (18%)
Ineffective	3 (75%)	38 (83%)	41 (82%)
TOTAL	**4 (8%)**	**46 (92%)**	**50 (100%)**

The majority of the respondents (83%) with low level of utilization also said in-service training was ineffective.

TABLE 35 : RELATIONSHIP BETWEEN UTILIZATION LEVEL OF THE NURSING PROCESS AND LEVEL OF ENCOURAGEMENT FROM SUPERVISORS

ENCOURAGEMENT	UTILIZATION LEVEL		
	HIGH	LOW	TOTAL
Adequate	1 (25%)	11 (24%)	12 (24%)
Inadequate	3 (75%)	35 (76%)	38 (76%)
TOTAL	**4 (8%)**	**46 (92%)**	**50 (100%)**

The majority of the respondents (76%) with low level of utilization also received inadequate encouragement from supervisors on the use of the nursing process.

TABLE 36 : RELATIONSHIP BETWEEN TRAINING LEVEL AND KNOWLEDGE ON THE NURSING PROCESS

KNOWLEDGE	TRAINING		
	ADEQUATE	INADEQUATE	TOTAL
High	21 (57%)	5 (38%)	26 (52%)
Medium	13 (35%)	7 (54%)	20 (40%)
Low	3 (8%)	1 (8%)	4 (8%)
TOTAL	**37 (74%)**	**13 (26%)**	**50 (100%)**

Table 36 shows hat 57% of the respondents with adequate training also had high level of knowledge on the nursing process.

TABLE 37 : RELATIONSHIP BETWEEN TRAINING LEVEL AND IN-SERVICE TRAINING ON THE NURSING PROCESS

IN-SERVICE TRAINING	TRAINING LEVEL		
	ADEQUATE	INADEQUATE	TOTAL
Effective	6 (16%)	3 (23%)	9 (18%)
Ineffective	31 (84%)	10 (77%)	41 (82%)
TOTAL	**37 (74%)**	**13 (26%)**	**50 (100%)**

The majority of the respondents (84%) with adequate training also had ineffective in-service training on the nursing process.

TABLE 38 : RELATIONSHIP BETWEEN TRAINING LEVEL AND LEVEL OF ENCOURAGEMENT

ENCOURAGEMENT	TRAINING LEVEL		
	ADEQUATE	INADEQUATE	TOTAL
Adequate	8 (22%)	4 (31%)	12 (24%)
Inadequate	29 (78%)	9 (69%)	38 (76%)
TOTAL	**37 (74%)**	**13 (26%)**	**50 (100%)**

The majority (69%) of the respondents with inadequate training also received inadequate encouragement from the supervisors on use of the nursing process.

TABLE 39 : RELATIONSHIP BETWEEN EFFECTIVENESS OF IN-SERVICE TRAINING ON THE NURSING PROCESS AND LEVEL OF ENCOURAGEMENT FROM SUPERVISORS

ENCOURAGEMENT	IN-SERVICE TRAINING		
	EFFECTIVE	INEFFECTIVE	TOTAL
Adequate	2 (22%)	10 (24%)	12 (24%)
Inadequate	7 (78%)	31 (76%)	38 (76%)
TOTAL	**9 (18%)**	**41 (82%)**	**50 (100%)**

Most of the respondents (76%) with ineffective in-service training on the nursing process received inadequate encouragement from supervisors.

TABLE 40 : RELATIONSHIP BETWEEN IN-SERVICE TRAINING AND LEVEL OF KNOWLEDGE

KNOWLEDGE LEVEL	IN-SERVICE TRAINING		
	EFFECTIVE	INEFFECTIVE	TOTAL
High	3 (33%)	23 (56%)	26 (52%)
Medium	5 (56%)	15 (37%)	20 (40%)
Low	1 (11%)	3 (7%)	4 (8%)
TOTAL	**9 (18%)**	**41 (82%)**	**50 (100%)**

Table 40 shows that 56% of the respondents with high knowledge level also had ineffective in-service training on the nursing process.

TABLE 41 : RELATIONSHIP BETWEEN LEVEL OF ENCOURAGEMENT AND LEVEL

KNOWLEDGE LEVEL	ENCOURAGEMENT		
	ADEQUATE	INADEQUATE	TOTAL
High	6 (50%)	20 (53%)	26 (52%)
Medium	4 (33%)	16 (42%)	20 (40%)
Low	2 (17%)	2 (5%)	4 (8%)
TOTAL	**12 (24%)**	**38 (76%)**	**50 (100%)**

Table 41 shows that 53% of respondents with inadequate encouragement from the supervisors on use of the nursing process also had high level of knowledge.

SECTION B

REPORT ON DATA OBTAINED FROM KEY INFORMANT

This report consists of data collected from the Principal Nursing Officer who was conveniently selected and given a self-administered questionnaire to fill in and then surrender it back to the researcher for analysis. The specific objectives for administering this tool were; to establish if the hospital has a policy on the nursing process; to determine how the nursing process was introduced at the hospital; to explore the attitude of the nurse manager towards the nursing process; and to determine the nurse manager's opinion on how to improve the utilization of the nursing process.

The respondent was a female aged 46 years and was responsible for all matters related to nursing at the institution. She had worked at the hospital as a nurse manager for closer to 3 years. Earlier on, she had worked as a nurse manager in the Departments of Surgery, Obstetrics and Gynaecology, Operating Theatre and Nursing administration with the Obstetric and Gynaecology being the department she had served longest. The respondent rated the nursing care in her longest serving department as good because of the reduced intervention time for obstetric emergencies and the ability for nurses to make appropriate nursing diagnosis.

She revealed that the quality of nursing care in the department could be improved through the use of the hospital policy, departmental guidelines and use following of the nursing process. She stated that the hospital has a policy on the utilization of the nursing process. The policy states that "on all critically ill patients, nursing care plans should be utilized in nursing the clients".

The respondent defined the nursing process as "a process by which the nurse makes a nursing diagnosis, plans which nursing care to give, implements the nursing care and then makes an evaluation. The respondent stated that the nursing process is used only on critically ill patients at the hospital.

The nursing process was introduced at the hospital through meetings between the hospital management and nurses and also through ward affairs meetings. The nurses accepted the nursing process but agreed to use it only on critically ill patients due to the shortage of nurses. Orientation of the nurses to the nursing process was done through ward affairs meetings and through on the job training.

The success scored with the implementation of the nursing process at the hospital was that the high dependency patients were able to receive total nursing care while the hindrances encountered with the implementation of the nursing process are mainly shortages of staff.

The respondent revealed that the role of the nurse manager in the successful utilization of the nursing process is to teach the nursing process to nurses and carry out on the spot checks. The respondent finally recommended that staffing on the wards need to be improved for the utilization of the nursing process to be fully successful.

SECTION C

REPORT ON THE OBSERVATIONS CARRIED OUT IN THE WARDS

REPORT I

This was an observation report on the factors contributing to the underutilization of the nursing process done in the High Dependency Ward at Kasama General Hospital. This ward is strategically situated adjacent to the Casualty Department, main laboratory and opposite the Pharmacy Department. The ward has a bed capacity of six (6) beds and has some resuscitative equipments that are basically needed to care for the critically ill patients. The ward in-charge is a newly qualified registered nurse who graduated in the year 2001 and the ward has 4 nurses running it. Except for the ward in-charge, all the nurses in the ward are enrolled nurses.

The aim of the observation was to gain supplementary information on the factors contributing to the underutilization of the nursing process.

The observation revealed that the method of care delivery used in this ward was mainly the task allocation. The nursing process was being utilized on most of the patients especially that they were all critically ill. Nurses assessed and planned the care they provided to the patient.

The stationery required in the utilization of the nursing process was always available and the nurse-patient ratio was 1:6. It was observed that the nurses in the ward still hold on to the routine and stereotypical type of care delivery. They still insist on performance of orthodox tasks such as dump dusting and bed making at the expense of more crucial and technical duties.

REPORT II

This was an observation report on factors associated with the underutilization of the nursing process done in the female medical ward (Ward J) at Kasama General Hospital. This ward is situated in the eastern part of the hospital adjacent to the old wing of the hospital. The ward has a bed capacity of 48 beds with two (2) side wards used as fee paying side wards. In terms of staffing, the ward has eight (8) enrolled nurses and one (1) registered nurse who is the in-charge.

The observation revealed that the method of care delivery used was the task allocation. The nursing process was utilized only on critically ill patients in the acute bay. Nurses did not assess and plan their care but instead they just concentrated on carrying out doctor's orders.

The stationery required in the utilization of the nursing process was not available and nurses had to improvise by drawing the nursing care plans on plain papers. The nurse-patient ratio was very high with one nurse taking care of about 56 patients. It was also observed that the workload for the nurses was very high such that they concentrated more on completion of routine tasks as opposed to individualized care.

CHAPTER 5

5.0 DISCUSSION OF FINDINGS

5.1 CHARACTERISTICS OF THE SAMPLE

The study comprised of 3 samples namely; the nurses, 1 key informant (PNO) and 2 wards where observations were conducted.

Sample I comprised of 50 nurses who were selected using a simple random sampling with replacement procedure to come up with a true representation of the nurses at the hospital. Section A of the questionnaire (appendix 1) elicited information on the demographic characteristics of the respondents.

74% of the respondents were females while 26% were males (Table 2). This could probably be because the nursing profession predominantly consists of females (GNC, 2004). The age ranged from 22 - 49 years with the mean age being 32 years and the mode was 34 years. This could be attributed to the fact that all the respondents were civil servants who are governed by the regulations which states that the minimum employment age is 18 years with the retirement age being 55 years (CBoH, 2004). So all the respondents were within employment age. 48% of the respondents were aged between 30 - 39 years (Table 1). This could be in line with the CSO (2002) census which reported that about 75% of the Zambian population comprises of young people. 52% of the respondents were married while 4% were divorced. This could probably be because most of the respondents were within the most reproductive age group of 18 - 45 years which is also sexually active CSO (2002).

All the respondents were christians and this could probably be because Zambia is a christian nation as declared by the former President of the Republic of Zambia, Dr. Fredrick Chiluba in 1991 (CCZ, 2005).

The majority of the respondents (94%) attained an education level of grade 12. This is in line with the GNC regulations which requires one to posses a full grade twelve (12) certificate as a minimum entry qualification into the nursing school (GNC, 2004).

Sixty six (66%) of the respondents were Enrolled Nurses while only 22% were Registered Nurses. This could probably be attributed to the large number of enrolled nurses compared to that of the registered nurses at the hospital and this arises from a larger number of enrolled nursing training schools compared to registered nursing schools in the country (GNC, 2004).

About forty six (46%) of the respondents commenced practicing as nurses in the year 2000 and after while only 6% commenced practicing before 1984. This could probably be because most of the experienced nurses have either retired, separated or resigned in search of better conditions of service (KGH, 2004).

Sample II comprised of one (1) key informant who was conveniently selected to provide supplementary information on the factors contributing to the underutilization of the nursing process. The key informant was offered a self administered questionnaire to answer whose specific objectives were to establish the existence of the hospital policy on the nursing process at the hospital; to determine how the nursing process was introduced at the hospital; to explore the nurse manager's attitude towards the nursing process and to determine the nurse manager's opinion on how to improve the utilization of the nursing process.

The key informant was a female Principal Nursing Officer aged 46 years and she was in charge of nursing services at the hospital. She had worked at the hospital for closer to 3 years in the same capacity.

Sample III consisted of 2 wards; one where the nursing process was being utilized and another ward where the nursing process was not utilized. The wards were conveniently selected and observations conducted on different days with the purpose of assessing the method of care delivery used; utilization of the nursing process; availability of stationery and the nurse-patient ratio.

5.2 TRAINING

In this study questions on level of training nurses receive on the nursing process were included in section D of the questionnaire (Appendix 1) whose purpose was to establish the level of training nurses received on the nursing process.

The study revealed that the majority of respondents (74%) received adequate training on the nursing process while only 26% of respondents had inadequate training (Table 8). This could probably be because the majority of the respondents trained as nurses after the introduction of the nursing process in the curriculum. This means that the majority of nurses had access to all the necessary information on the nursing process during the course of training. Kajinga (1992) stated that nurses should be responsible for prescribing nursing care and that they can only be able to achieve this task effectively if they are adequately equipped with knowledge through continuous training. The study further mentioned that nurses need to fully understand the nursing process concept if individualized care is to be achieved.

Table 24 shows that the majority of the male respondents (92%) had adequate training while only 32% of the female respondents had adequate training on the nursing process. This could probably be because males have adequate time to read and research on various issues compared to females who need to share their time between reading and domestic duties (CSO, 2002).

The study also revealed that 76% of the respondents aged between 20 - 29 years and 83% of those aged between 30 - 39 years had adequate training while 80% of respondents aged between 40 - 49 had inadequate training on the nursing process (Table 25). This could probably be because the respondents with adequate training were in the age range that was trained after the inclusion of the nursing process in the curriculum by GNC in 1983 KGH, (2004), while those with inadequate training were in the age group that mainly trained before the nursing process was introduced in the nursing curriculum. A study by Kajinga (1992) similarly revealed that almost all the respondents who had low level of knowledge trained before the introduction of the nursing process in the curriculum by GNC (2004) and the respondents did not receive any nursing process orientation during their work experience. This subsequently affected the utilization of the nursing process.

The majority of the registered nurse respondents (82%) had adequate training on the nursing process while 27% of the Enrolled Nurse respondents had adequate training (Table 26). This could be attributed to the differences in the content of the curricula, where a detailed content is emphasized more in the Registered Nurse Training Programme compared to the Enrolled Nursing programme (GNC, 2004). It, therefore, follows that Registered Nurses are expected to be more adequately trained on the nursing process compared to enrolled nurses. This could have affected the implementation of the nursing process because most of the registered nurses who are supposed to assist foster the implementation of the nursing process have mostly left the country in search of better working condition (GNC, 2004). A study by Nduna (1993) revealed that shortage of well trained, skilled and experienced nurses have adversely affected the delivery of quality care. The study further explained that the bulk of the health services depend largely on the nursing services due to critical shortage of other health professionals and emphasized on the need for hospitals to effectively utilize the few remaining nurses in order to maintain quality health care.

All the respondents who commenced practicing as nurses before 1984 had inadequate training on the nursing process while 89% of respondents who commenced practicing as nurses between 1995 - 1999 had adequate training (Table 27). This could probably be because those nurses who commenced practicing before 1984 trained before the introduction of the nursing process in the curricula while those who commenced practicing between 1995 - 1999 trained after the concept was introduced in the curriculum. It is therefore expected that nurses who had adequate training should be able to effectively utilize the nursing process because they should have gained necessary knowledge through the training programme. Korpor (1999), emphasized that the successful implementation of the nursing process has to be placed on acquisition of knowledge through training as knowledge of the nursing process can not be divorced from its application in the clinical area.

5.3 IN-SERVICE

In this study, questions on in-service training were included in section E of the questionnaire (appendix 1) whose purpose was to establish the effectiveness of in-service training on the nursing process.

The study revealed that the majority of the respondents (82%) had ineffective in-service training (Table 10). This could, probably, be because of the inadequate in-service training programmes for the nurses on the nursing process. Details from the KGH (2004) records revealed that only about four (4) sensitization workshops were carried out between 1988 and 1993 after which no further workshops had been conducted on the nursing process KGH, (2004). It could also be because of limited opportunities offered to respondents to attend meetings where the nursing process is discussed as only few privileged nurses attend. The need to equip nurses with information on the nursing process can not be over-emphasized.

A study by Kershaw (1979) discovered that the successful implementation of the nursing process depend to a greater or lesser extent on the help qualified nurses receive by involving them through in-service training programmes and this should be done in an effort to ensure that qualified nurses receive similar teaching with student nurses.

Table 28 shows that the majority of the male respondents (92%) had ineffective in-service training on the nursing process while only 22% of the female respondents had effective in-service training. This could probably be because of inadequate in-service training programmes for both sex on the nursing process as the hospital does not hold in-service training sessions on the nursing process and instead opts to discuss it with other issues in the ward affairs meetings which are attended mainly by the ward managers KGH (2004). This is in line with the fundings by Kajinga (1992). In the study, it was discovered that the in-service department had no records on the nursing process training and respondents indicated that they had no opportunity for in-service training when asked when they last attended a course on nursing process.

The study also revealed that the majority of the respondents (90%) aged between 20 - 29 years had ineffective in-service training on the nursing process while 60% of respondents aged 40 - 49 years had effective in-service training (Table 29). This could be attributed to management concentrating on training those respondents aged 40 - 49 years in the few workshops held because this age group consists of nurses mainly trained before the introduction of the nursing process in the curriculum. So management perceived this age group of nurses to be in need of in-service training (KGH, 2004). The hospital management could have over-looked those nurses aged between 20 - 29 years, who they believed and took it for granted that they had enough training on the nursing process during basic nursing training (KGH, 2004).

The study further revealed that all the respondents who were registered nurses had ineffective in-service training on the nursing process while only 24% of the enrolled nurse respondents had effective in-service training (Table 30). This could be attributed to lack of effective training programmes on the nursing process at the hospital. It could also be attributed to the hospital management taking it for granted that registered nurses received adequate training on the nursing process and therefore saw no need to organize in-service training on the tool (KGH, 2004). A study by Kershaw (1979) confirmed the link between knowledge and skill. She conceded that apart from nurses being aspects familiar with the theoretical aspect, they should be helped to adopt their implementation of the nursing process in the ward by involving them in in-service training programmes.

5.4 LEVEL OF KNOWLEDGE

In accordance with CSO (2002), it was established that knowledge is a pre-requisite for proper or higher utilization of any given service.

In this study, questions on the level of knowledge of nurses on the nursing process were included in section B of the questionnaire (appendix 1), whose purpose was to determine the level of knowledge of nurses on the nursing process.

The study revealed that 52% of the respondents had high level of knowledge on the nursing process while only 8% had low level of knowledge (Table 4). This could probably be because most of the respondents were trained after the introduction of the nursing process in the nursing curriculum in 1983 (GNC, 2004). This shows that the respondents had the capacity to effectively utilize the nursing process since they mostly had high level of knowledge which is a pre-requisite for effective utilization of any given tool. Despite most nurses having high and medium level of knowledge, there still seem to be a gap between knowledge and practice. A study by Korpor (1999) stated that there seem

to be a growing discrepancy between increased body of knowledge in nursing and practice. The author urgued that while nursing knowledge has progressed, nurses have become more and more involved in the tasks they perform rather than the quality of care.

The study also revealed that 54% of the males and 51% of the female respondents had high level of knowledge while 8% of both sexes had low level of knowledge on the nursing process (Table 13). This could probably be evidence that sex has minimal influence on the level of knowledge on the nursing process.

Table 14 shows that 57% of the respondents with high level of knowledge were aged 20 - 29 years. This could probably be because this age group mainly consisted of respondents who trained after the inclusion of the nursing process in the nursing curriculum by GNC in 1983 (GNC, 2004), and most of them recently graduated from the nursing schools and they still had necessary knowledge on the nursing process. This finding was in line with the findings by Kajinga (1992) whose study revealed that almost all the respondents in her study who had low level of knowledge trained before the introduction of the nursing process in the curriculum.

Table 15 shows that all the divorced and 53% of the single respondents had high level of knowledge on the nursing process while 42% of the respondents who were single had medium level of knowledge. This could probably be because the single and divorced respondents have adequate time to read since they may not have a lot of family commitments to attend to as compared to those who are married (CSO, 2002).

In terms of professional qualifications, non of the registered nurses or enrolled midwives respondents had low level of knowledge on the nursing process, while only 12% of the enrolled nurse respondents had low level of knowledge (Table 17). This could probably be because an enrolled nurse is mainly a practical bed side nurse and is more competent with

nursing procedures and not concepts such as the nursing process that require critical and analytical thinking (Nduna, 1993). This could be the reason why Nduna emphasized in her study that there was need to reinforce teaching the nursing process especially for the enrolled nurses as they form the majority of the nurses in the clinical practice.

The majority of the respondents(78%) who commenced practicing as nurses between 1995 - 1999 had high level of knowledge compared to only 33% of those respondents trained before 1984 (Table 18). This could probably be because the majority of respondents who commenced practicing as nurses between 1995 - 1999 were trained after the inclusion of the nursing process in the curriculum by GNC in 1983 (GNC, 2004), while those who commenced practicing as nurses before 1984 trained before the inclusion of the nursing process in the curriculum.

5.5 ENCOURAGEMENT

In this study, questions on encouragement were included in section F of the questionnaire (appendix 1). The questions were designed to establish the level of encouragement nurses receive from their supervisors on the utilization of the nursing process.

The study revealed that the majority of the respondents (76%) received inadequate encouragement from their supervisors on utilization of the nursing process while only 24% of the respondents received adequate training (Table 12). This could probably be due to inadequate supervision by the nurse managers. This was evidenced by the few number of visits nurse managers made to check on the nursing process in the wards as 40% of the respondents stated that the nurse managers made no visit per week to check on the nursing process while only 11% stated that the nurse managers made at least four (4) on more visits per week (Table 11). It is through regular visits that nurse managers can do spot checks on the utilization of the nursing process and encourage nurses to use this tool (Iyer, 1991). Monzwe (1982) urgued that nurses tend to develop a

negative attitude towards the nursing process which is associated with lack of encouragement to utilize this tool and lack of role models. She emphasized that the encouragement nurses receive gave them a ray of hope with regards to the success of the nursing process.

The study also revealed that the majority of the male respondents (92%) received inadequate encouragement from their supervisors on the use of the nursing process while only 30% of the female respondents had adequate encouragement (Table 31). This could probably be because of the inadequate supervisors as most of the ward managers at the hospital were newly graduated registered nurses with inadequate experience to effectively manage the wards (KGH, 2004). This could arise from brain drain and limited postgraduate training programmes for nurse managers on administrative matters. This finding is in line with a study by Kabombo (1998) who suggested that there was need for the ministry of health to consider conducting or sponsoring the nurses at ward manager level for supervisory management courses if the quality of care is to be improved in the health institutions.

5.6 UTILIZATION

Utilization refers to making use of available materials or information (Iyer et al, 1991). Questions on the level of utilization of the nursing process were included in section B of the questionnaire (appendix 1).

The study revealed that 92% of the respondents had low level of utilization of the nursing process (Table 6). This could probably be because of the restrictive hospital policy on the nursing process which states that the nursing process should be utilized only on critically ill patients (KGC, 2004). This policy does not give room to the nurses to utilize the nursing process on other patients besides the critically ill as it is somehow restrictive to a particular category of patients. This finding could be in line with the findings by Kajinga (1992) who explained that due to lack of a binding policy with regards to utilization of the nursing process, nurses had

every reason for lame excuses when the nursing process was not utilized, because they were oriented to the policy which required them to utilize the nursing process only on one or two patients. The other possible reason could be that there is more emphasis on task allocation as opposed to patient allocation in the delivery of care at the hospital. A study by Monzwe (1986) explained that utilization of the nursing process entailed a change of the method of nursing care from task to patient allocation which emphasizes individualized care, a pre-requisite to effective utilization of the nursing process.

The low utilization could further be attributed to the high nurse-patient ratio as the hospital has an average ratio of 1:25 (KGH, 2004). This high nurse-patient ratio leads to an increased workload and this forces the nurses to revert to task accomplishment in order to meet the general needs of the patient. According to a study by Kabombo (1998), low staffing levels adversely affect the quality of care rendered in the hospital. The study emphasized the need for adequate manpower in order to have quality nursing care. The study further referred to the International Council for Nurses (ICN 1991) standards which states that the recommended nurse-patient ratio on general wards for registered nurses is 1:6 and 1:3 for enrolled nurses. Despite these ratios being available to all member general nursing councils, the situation on the ground is different.

The study also revealed that 95% of the female respondents had low level of utilization and only 15% of the male respondents had high level of utilization (Table 19). This finding entails that the level of utilization is not influenced by sex.

Table 20 shows that all the divorced and widowed respondents had low level of utilization of the nursing process while only 12% of the married and 5% of the single respondents had high level of utilization. This might

also explain that the utilization of the nursing process may not necessarily be influenced by marital status.

All the respondents aged 40 - 49 years had low level of utilization (Table 21). This could probably be because the respondents in this age group trained before the nursing process concept was introduced in the nursing curriculum in 1983 (GNC, 2004) and may lack the knowledge to effectively utilize the tool as there seem to be an association between the level of knowledge and utilization. According to a study by Korpor (1999), the breadth and depth of knowledge possessed by nurses determines their proficience and skill. In trying to emphasize the link between knowledge and skill, Korpor (1999) advocated that the acquisition of knowledge on nursing process and its application can not be separated from each other as the series of the steps and activities of the nursing process constitute the very action of nursing.

In terms of educational level, all the respondents who attained junior secondary level of education had low level of utilization (Table 22). This could probably be because people with low level of academic education have difficulties in understanding academic concepts compared to those with higher educational levels. Therefore it becomes difficult for the respondents with low level of education to effectively utilize the concept such as the nursing process which they do not understand (GNC, 2004).

The study revealed that the majority of the enrolled nurse respondents (91%) had low level of utilization (Table 23). This could be attributed to their low level of knowledge on the nursing process as their curriculum does not cover much on the concept except for the five steps and the advantages of the nursing process to the client, nurse and the community as opposed to the registered nursing curriculum which goes beyond the above to include nursing models; interactive process; team work; hospital policy and regulations in relation to the nursing process (GNC, 2004).

It was surprising that the study revealed that all the registered nurse respondents had low level of utilization despite having either high or medium level of knowledge. This could probably be because most of the few available registered nurses are involved in administration than bed side nursing (KGH, 2004). It could also be because most of the available registered nurses were inexperienced as they commenced practicing as nurses in the year 2000 and after (Table 2) and therefore lucked the necessary practical experience on the utilization of the nursing process (KGH, 2004).

The high nurse-patient ratio could also be attributed to the problem as the few available registered nurses could not cope with the demand along side the additional administrative duties they have to perform. According to Kabombo (1998), there is need to have adequate manpower in order to have quality nursing care and she further explained that the low staffing levels adversely affected the care rendered by nurses in the wards.

5.7 TRAINING, IN-SERVICE, KNOWLEDGE, ENCOURAGEMENT AND UTILIZATION

The study revealed that 57% of the respondents with adequate training on the nursing process also had high level of knowledge (Table 36). This could probably be because training was able to equip the respondents with the necessary knowledge and the respondents were able to understand the concept since 98% of them had attained senior secondary level of education (Table 2). A study by Kajinga (1992) emphasized that the knowledge nurses posses on the nursing process mainly depend on the amount of training they received on the tool and that its utilization depend on the knowledge possessed.

The study revealed that the majority of the respondents (83%) with low level of utilization also had ineffective in-service training on the nursing process (Table 34). This could equally be attributed to lack of effective in-service training programmes to orient the nurses on the nursing process.

In-service training is supposed to orient nurses on the utilization of the nursing process as well as evaluating any short falls in the utilization of this tool (Iyer et al, 1991).

The study also revealed that the majority of the respondents (84%) with adequate training had ineffective in-service training on the nursing process (Table 37). This could also be attributed to lack of appropriate in-service training programmes designed to re-enforce the skills and knowledge respondents acquired during their nursing training (KGH, 2004).

Table 39 shows that most of the respondents (76%) who had ineffective in-service training on the nursing process also received inadequate encouragement from their supervisors on the utilization of the nursing process. This could probably be due to failure by the supervisors to appreciate and recognize the benefits of utilizing the nursing process as a tool for quality care delivery since most of the supervisors did not have adequate experience as they mostly qualified as registered nurses in the year 2000 and after (KGH, 2004). A study by Wanikiri (1984) revealed that for the nursing process to succeed, nurses need support and encouragement from ward managers as the ward manager is a key person who coordinates all activities in the ward.

Table 40 shows that 56% of the respondents with high level of knowledge also had ineffective in-service training on the nursing process. This could probably be because most of the respondents did not have access to in-service training despite them having high level of knowledge. It could also be attributed to lack of in-service training programmes on the nursing process as the hospital opted to discuss the nursing process during ward affairs meetings and not through well organized and coordinated in-service training sessions (KGH, 2004).

The study revealed that the majority of the respondents (76%) with low level of utilization also received inadequate encouragement from their

supervisors on the nursing process (Table 35). This could be attributed to the shortage of experienced and skilled supervisors at the ward level to effectively supervise the utilization of the nursing process since most of them had either retired, resigned, gone on transfer or left the institution in search of better conditions of service (KGH, 2004).

Table 41 shows that 53% of the respondents with high level of knowledge received inadequate encouragement from their supervisors. This could be attributed to the restrictive policy and shortage of experienced nurse supervisors to effectively supervise and encourage the utilization of the nursing process in the wards.

Table 32 shows that 24% of the respondents who had low level of utilization also had either medium or low level of knowledge. This could probably be attributed to their limited level of knowledge. A study on the nursing process by Kajinga (1992) stated that the nursing process demands that nurses should engage in a knowledgeable, intellectual and purposeful series of thought and action to solve problems and it is known that skill and knowledge, though separate entities are closely linked in the practice of nursing and utilization of the nursing process.

The study revealed that all the respondents with high level of utilization also had adequate training on the nursing process (Table 33). This could probably be because the nurses who are adequately trained on the nursing process are likely to acquire the necessary knowledge and skill which are the pre-requisite to effective practice and ultimate utilization of the nursing process in the delivery of care (GNC, 2004).

5.6 IMPLICATIONS OF THE FINDINGS TO THE HEALTH CARE SYSTEM

5.6.1 IMPLICATIONS TO NURSING PRACTICE

Through the introduction of the nursing process, nursing is striving to gain professional autonomy and identity independent of medicine and this entails that nurses should be responsible for prescribing nursing care and

not only be concerned with carrying out doctor's advice as nurses are skilled professionals with necessary knowledge and skills.

The change from a task oriented approach to utilization of the nursing process is a "quantum leap" in the nursing profession and it implies fundamental change in attitude and practice which require huge practical adjustment and effective education.

5.8.2 IMPLICATIONS TO NURSING EDUCATION

Although the study revealed that a large number of nurses had a high level of knowledge on the nursing process, those with an average and low level of knowledge must not be ignored. Therefore, there is need for in-service training and in-house workshops on the nursing process so that the nurses can be re-oriented to the concept. This is important if individualized care is to be achieved.

5.8.3 IMPLICATIONS TO NURSING ADMINISTRATION

The findings of the study revealed that the nursing process is underutilized in nearly all the wards citing among many other constraints the higher nurse-patient ratio and an increased workload took up the bigger share of the blame. This implies that it is difficult to implement the nursing process when there is a skeleton nursing staff and in-experienced ward managers to supervise the nurses on the effective utilization of this tool. This calls for the nurse managers through the hospital management and ministry of health to urgently look into the issue of staffing levels for nurses if the quality of care is to improve and this can only be achieved through utilization of tools such as the nursing process.

The study also revealed that the ward managers play a pivotal role in the effective utilization of the nursing process. The success of the nursing process depends to a larger extent on the ward managers as agents of change and therefore, they need to be fully involved in all aspects of

nursing process implementation as these people control the ward environment were clinical teaching and learning take place.

The findings reflect that the hospital has a restrictive policy concerning the utilization of the nursing process. The view held by an institution through its policy determine the approach to the delivery of care. Inherent in the institutional policy to which nurses subscribes are values, interests and attitudes which determines some aspects of care which can or can not be provided by nurses. Management should therefore review their restrictive policy on the nursing process which restricts the utilization of the tool to critically ill patients despite the high nurse-patient ratio. This will encourage nurses who may wish to utilize the nursing process to patients other than the critically ill.

5.8.4 IMPLICATIONS TO NURSING RESEARCH

The literature review on the nursing process reviewed that very little has been done in terms of literature on the nursing process in Zambia. This should act as a stimulation to the nurse researchers, practicing nurses and students in the nursing field at various levels to engage in research on the nursing process in Zambia in order to generate knowledge on the tool.

5.9 CONCLUSION

This study was done to determine the factors contributing to the underutilization of the nursing process at Kasama General Hospital.

The results of the study shows that most of the respondents had high level of knowledge on the nursing process. Most of the respondents who trained as nurses after the inclusion of the nursing process in the nursing curriculum had high level of knowledge compared to those trained before the introduction. In terms of professional qualifications, non of the registered nurse or enrolled nurse respondents had low level of knowledge. Despite the high level of knowledge nurses had on the nursing process, the tool was underutilized in most of the wards.

The study revealed that the majority of the respondents received adequate training on the nursing process despite the underutilization of the tool.

The study further revealed that 82% of the respondents had ineffective in-service training on the nursing process. This could have contributed to the underutilization of the nursing process as in-service training plays an essential role in re-orientation of nurses on the nursing process as well as evaluating any short falls in the utilization of this tool.

The study also revealed that the majority of the respondents received inadequate encouragement from their supervisors on the utilization of the nursing process and this could have contributed to the underutilization of the tool as nurses need to be encouraged in order for them to feel motivated in their quest to provision of quality care through the nursing process.

Utilization level of the nursing process at the hospital was low in the majority of the respondents and this was attributed to high nurse patient ratio, restrictive hospital policy and the emphasis on task allocation as opposed to patient allocation in the delivery of care at the hospital.

5.10 RECOMMENDATIONS

1. There is need for the General Nursing Council to make amendments to the nurses and midwives Act of 1997 so that the nurses would be required by law to provide care plans which facilitate patient needs.
2. There is need for management to improve the staffing levels and relieve the few available nurses of most orthodox duties by :
   (a) involving maids in damp dusting and bed making
   (b) use of medical clerks to take care of clerical duties in the wards.

3. Management through the in-service department should plan and conduct in-service training programmes on the nursing process to acquaint nurses on the importance of the nursing process in the delivery of quality care.
4. Management should actively involve ward managers in the actual monitoring of the nursing process on the wards under the direct supervision of the nursing officer.
5. Management should ensure that all ward managers are equipped with necessary knowledge and skills on the nursing process through in-service training to enable them to effectively supervise, encourage and teach their subordinates.
6. Management needs to decide on a reporting system where nurses should be required to utilize the nursing process for reports during hand-overs.
7. management should amend the policy on the nursing process to encourage the nurses to utilize the nursing process on patients other than the critically ill ones.
8. The nursing staff and management should encourage clients on the need to fully participate in their own care in order to facilitate the provision of quality care through the nursing process.
9. A comparative study on the utilization of the nursing process need to be done between a tertiary hospital and a general hospital to allow for generalization of the findings with great certainty.

5.11 LIMITATIONS OF THE STUDY

It was not possible to conduct the study on a large scale with a large sample size due to limited resources and time in which the study was to be completed and submitted to the University of Zambia, School of Medicine. This means that the study findings can not be generalized to a larger population.

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UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST BASIC NURSING

SELF ADMINISTERED QUESTIONNAIRE FOR NURSES

TOPIC : *FACTORS CONTRIBUTING TO THE UNDERUTILIZATION OF THE NURSING PROCESS AT KASAMA GENERAL HOSPITAL*

NUMBER OF INTERVIEWEE :.....

DATE OF INTERVIEW:.....

PLACE OF INTERVIEW:.....

INSTRUCTIONS FOR THE INTERVIEWER

1. Do not write the name of the respondents on the questionnaire
2. Ask all the questions in the order they are arranged
3. For questions provided with alternatives, tick (✓) your answers in the box ☐ provided.
4. For questions without alternatives, write down the responses on the spaces provided.
5. Do not lead the respondents to the answer
6. Assure the respondents that all information will be held in confidence and used for the purpose it is intended for.

For official use

A. DEMOGRAPHIC DATA

1. What is your sex?

   a. Male
   b. Female

2. How old were you on your last birthday? .....

3. What is your marital status?

   a. Single
   b. Married
   c. Divorced
   d. Widowed
   e. Separated

4. What is your religion?

   a. Christian
   b. Moslem
   c. Hindu
   d. Any other, please specify .....

5. What is your level of education?

   a. Grade nine (9)
   b. Grade twelve (12)
   c. Grade ten (10)
   d. Any other, please specify .....

   .....

6. What is your level of professional attainment?

   a. Registered nurse
   b. Registered midwife
   c. Theatre nurse
   d. Enrolled nurse
   e. Enrolled midwife
   f. Mental health nurse
   g. Any other, please specify .....

   .....

7. Which year did you start practicing as a nurse? ....

B. KNOWLEDGE

8. Have you heard about the nursing process?

   a. Yes
   b. No

9. Briefly explain what the nursing process is.

   .....
   .....
   .....
   .....
   .....

10. List five (5) steps of the nursing process.

    .....
    .....
    .....
    .....
    .....

11. What are the uses of the nursing process (ticks) all correct answer)

    a. It enhances individualized care
    b. It enhances nurse patient relationship
    c. It enhances job satisfaction
    d. It reduces work load
    e. To promote relationship between nurses and nurse Managers
    f. Any other, please specify.....
       .....

12. When should nurses start using nursing process?
    a. On admission
    b. Two days or more after admission
    c. On discharge of the patient
    d. Whenever necessary
    e. Any other, please specify.....
       .....

13. On which type of patients should nurses utilize the nursing process?

    a. Unconscious patients only
    b. Patients in acute bay only
    c. Post operative patients only
    d. All the patients
    e. Any other, please specify.....
       .....

14. List four (4) benefits of using the nursing process

.....
.....
.....
.....

C. PRACTICE

15. Have you ever used the nursing process since you qualified as a nurse?

a. Yes
b. No

16. If yes to question 15, did you find the nursing process useful?

a. Yes
b. No

17. Give 4 reasons for your answer to question 16 above

.....
.....
.....
.....

18. Is the nursing process being used in the ward you are currently working?

a. Yes
b. No

19. If yes to Question 18 above, on what kind of patients is the nursing process used?

a. Patients in the acute bay only
b. Unconscious patients only
c. Post operative patients only
d. All the patients
e. Any other, please specify.....
.....

20. If no to question 18, what could be the reasons why?

.....
.....
.....

.....

21. Is there a part of the nursing process that you have difficulties in carrying out?

a. Yes
b. No

22. If the answer to question 21 above is yes, which part is it that you have difficulties with?

a. Assessment of patient
b. Planning nursing care
c. Implementing nursing care
d. Documentation of nursing care
e. Any other, please specify.....
.....

23. If your answer to question 21 is yes, What have you done about it?

a. Read books
b. Asked the sister in charge
c. Asked fellow nurses
d. Any other, please specify.....
.....

24. What do you think are the reasons nurses do not utilize the nursing process in the delivery of nursing care to the patient?

a. It is time consuming
b. There is not much documentation
c. There are too many patients
d. There is no stationery
e. Any other, please specify.....
.....

D TRAINING

25. Where did you hear about the nursing process?

a. Nursing training school
b. Fellow nurses
c. In-service orientation
d. Ward management/sister-in-charge
e. Any other, please specify.....
.....

26. Did you learn about the nursing process during the course of your training?

a. Yes
b. No

27. If yes to question 26 above, what were you taught (tick all correct answers)

a. Definition of the nursing process
b. Steps in the nursing process
c. Nursing care plans
d. Uses of nursing process
e. Advantage of the nursing process
f. Disadvantage of the nursing process
g. Any other, please specify.....
.....

28. Do you think it is necessary for the schools of nursing to continue teaching the nursing process?

a. Yes
b. No

29. Give reasons for answer to question 28

.....
.....
.....

E. IN-SERVICE

30. Have you ever attended any in-service/workshop/seminar on the nursing process?

a. Yes
b. No

31. if yes to question 30, what was covered in the workshop/seminar/in-service on the nursing process? (tick all correct answers).

a. Definition of nursing process
b. Assessment of the patient
c. Planning of the care
d. Writing the nursing care plan
e. Implementation of care
f. Practical session only

g. Evaluation of the care
h. Any other, please specify.....

32. If no to question 30 above, give reasons why.....
.....
.....
.....

F. ENCOURAGEMENT/MOTIVATION

33. Does the sister-in-charge encourage you each time you the nursing process?

a. Yes
b. No

34. If yes to question 33 above, how was the encouragement expressed?

a. Praised in front of others
b. Asked to teach others
c. Any other, please specify.....
.....

35. If no to question 33 above, what do you wish to do?

a. Continue the nursing process
b. Stop using the nursing process
c. Use the nursing process only when you feel like
d. Any other, please specify.....
.....

36. How many times in a week does the nurse manager visit your ward to check on the nursing process?

a. No visit per week
b. One (1) visit per week
c. 2-3 visit per week
d. 4 or more per week

37. Who else encourage you to use the nursing process in the ward. (Tick all correct answer.)

a. Nursing officer
b. Clinical teacher
c. Staff nurse
d. Fellow nurses
e. Any other, please specify.....
.....

THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF POST BASIC NURSING

FACTORS CONTRIBUTING TO THE UNDER-UTILIZATION OF THE NURSING PROCESS AT KASAMA GENERAL HOSPITAL

SELF-ADMINISTERED QUESTIONNAIRE FOR KEY-INFORMANTS

INSTRUCTIONS FOR THE INTERVIEWER

1. Introduce yourself to the respondent
2. Explain the purpose of the interview to the respondent
3. Write the responses in the spaces provided
4. For closed-ended questions tick (√) answers in the box provided
5. Assure the respondent of confidentiality.

SPECIFIC OBJECTIVES

1. To establish if the hospital has a policy on the nursing process.
2. To determine how the nursing process was introduced at the hospital
3. To explore the nurse manager's attitude towards the use of the nursing process.
4. To determine the nurse manager's opinion on how to improve the utilization of the nursing process

SECTION A

1. Number of key Informant: _____
2. Job Title: _____
3. Age: _____
4. Sex: _____
5. Department/s: _____

SECTION B

6. How long have you been a nurse manager at this hospital?
7. In which departments have you served as a nurse manager?

   _____

   _____

8. Among the departments you have served, in which department have you served longest?

   _____

9. As a nurse- manager, how would you rate the nursing care in your longest serving department?

   _____

   _____

10. Give at least two (2) reasons for your answer to question 9.

    _____

    _____

11. As a nurse manager, how would you improve the quality of nursing care in your department? (tick all correct answers)

(a)	Through use of hospital policies	
(b)	Use of departmental guidelines	
(c)	Use of the nursing process	

12. What is a hospital policy? _____

_____

_____

13. Is there a hospital policy on the utilization of the nursing process to improve the quality of nursing care at your hospital (tick your answer)

(a) Yes ☐

(b) No ☐

14. If 'Yes' to question 13, what does the policy state on the utilization of the nursing process?_____

_____

_____

15. What is the department guideline? _____

_____

16. Are there departmental guidelines on the utilization of the nursing process in your department? _____

17. What is the nursing process?_____

_____

18. Is the nursing process being used in your department? (tick your answer)

(a) Yes ☐

(b) No ☐

19. If 'Yes' to question 18, when was it introduced? _____

20. How was the nursing process introduced in the hospital? (tick all correct answers).

(a) meetings/discussions between hospital management and nurses
(b) Workshops for hospital managers and ward in-charges
(c) Dissemination workshops for all nurses
(d) In-service orientation programmes
(e) All the above
(f) Any other, please specify_____

21. How did the nurses feel about the introduction of the nursing process? (tick correct answer)

(a) Accepted it
(b) Rejected it
(c) Any other, please specify_____

22. Where the nurses oriented to the nursing process when it was introduced? (tick correct answer)

(a) Yes
(b) No

23. If 'Yes' to question 22, what form of orientation did they get? _____

_____

_____

24. What successes have you scored with the implementation of the nursing process in your department?

_____

_____

25. State the hindrances you have encountered with the implementation of the nursing process. _____

_____

26. State the roles of the nurse manager in the successful utilization of the nursing process.

27. How do you feel about the utilization of the nursing process in your department as a nurse manager?

28. Do you think there is any other better way the nursing process would have been introduced at the hospital (tick correct answer).

(a) Yes ☐

(b) No ☐

29. Give reasons for your answer to question 28.

30. What recommendations can you make with regards to utilization of the nursing process at your hospital?

University of Zambia
School of Medicine
Department of Post Basic Nursing
P O Box 50110
LUSAKA

19th August, 2004

The Executive Director
Kasama General Hospital
P O Box 420056
KASAMA

UFS: The Head of Department
Post Basic Nursing
LUSAKA

Dear Sir/Madam

REF: REQUEST FOR PERMISSION TO COLLECT DATA

I am a final (4th) year student in the Department of Post Basic Nursing at the University of Zambia, School of Medicine.

In partial fulfilment of the award of Bachelor of Science Degree in Nursing, I am required to carry out a research project. My topic of study is "Factors contributing to the under-utilization of the nursing process at Kasama General Hospital".

I therefore request for your permission to administer questionnaires to the nurses, key informants and carry out an observation in the clinical areas.

I intend to carry out this exercicse at your hospital from 23rd August 2004 to 10th September, 2004.

Your assistance will be highly appreciated.

Yours faithfully

CHARLES MAKOLEKA

communications should be addressed to
Executive Director and not
Individual

lephone: 00 260 422041/2/3/4
lefax: 00 260 4221304

In reply please quote:

No. .....

REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH

Office of the Executive Director
Kasama General Hospital
P.O. Box 410056
Kasama - Zambia

20th August 2004

Mr. Charles Makoleka
UNZA School of Nursing
Department of Post Basic Nursing
P.O. Box 50110
LUSAKA.

Dear Sir,

REF: PERMISSION TO COLLECT DATA

I write to inform you that you have been granted permission to collect data on the Nursing process from the nurses at our institution during the requested period.

Yours faithfully,

Mwape D. (Mrs)
Nursing Services Manager
For/The Executive Director

MEMORANDUM

TO: All Ward Managers
Medical Wards
Surgical Wards
Obstetrics
Gynaecology
Paediatrics
Psychiatry
Casualty/OPD
I.C.U
Special Clinics

FROM: Nursing Services Manager

DATE: 20th August, 2004

SUBJECT: **PERMISSION FOR MR CHARLES MAKOLEKA TO COLLECT DATA ON THE NURSING PROCESS.**

Be informed that with effect from 23rd August, 2004, Mr. Makoleka Charles from UNZA School of Medicine (PBN) will be collecting data from the nurses on the utilization of the Nursing process at Kasama General Hospital.

I therefore request all ward managers to assist this student throughout his data collection period.