

Public Health Nurses' Knowledge and Use of Nursing Process for Documentation of Care in Southwest, Nigeria

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Abstract

The use of Nursing process (NP) in documenting care has improved image of the Nursing Profession in developed nations. This study was therefore conducted to assess the knowledge and use of Nursing process for documentation of care among Public Health Nurses (PHNs).

A descriptive design was adopted in carrying out the study. Purposive sampling technique was used to select 40 PHNs. A questionnaire on Nursing Process was used to collect data. Data was analyzed using descriptive statistics.

Seventy percent of the participants have heard of NP. Major source of information was their schools of training. Sixty percent have had practical training on NP in schools. Only 10% have attended recent workshops on NP. All participants do not use NP in care of clients. Ninety- five percent had poor knowledge of the NP. Factors hindering the participants from using the NP were Non availability of NP forms, lack of proper training on the use of NP, busy schedule, shortage of staff and not mandated to use NP.

From the findings, it is clear that PHNs need more training, seminars / workshops on the use of NP. There is also need for more staffing, close supervision and provision of NP forms.

Keywords: *Public Health Nurses, Knowledge, Nursing Process, Documentation*

Introduction

Health care disciplines are required to develop quality measures of documentation to reflect the quality of health services they render (Allen, Chapman, Conor & Francis, 2007). So in a bid to develop the Nursing profession and make the contribution of nurses visible, the Nursing Process (NP) was developed as a tool for providing comprehensive client care and documentation (Adejumo and Olaogun, 2009). The NP serves as the foundation of the nursing profession and offers an exciting arena for nurses to reclaim their roles as care givers. The NP is not something foreign to nurses as they have heard about it in their schools of training as well as used in clinical practice as students. Concepts emanating from the Nursing Process are nursing diagnosis, nursing intervention and nursing outcomes. What was previously a three-phase process later became a six-phase process as follows: assessment, diagnosis, outcome identification, planning, implementation, and evaluation. In the past, nurses cared for clients using a loosely structured framework based on the medical model. Nurses were relying on experience, feelings and observations rather than on facts based on research and scientific bases (Danja, 2006). Using the nursing process for client care and documentation gives room for quality care because it is systematic, deliberate, individualized and scientific based (Adejumo, 2008).

The main purpose of the NP is to provide a logical framework for the client by the nurse and ensure holistic care for the client in all healthcare settings (Humphrey & Jacobs, 2008). Nurses are also required to state accurate nursing diagnoses based on clinical judgment, in order to choose effective interventions and specify outcomes for each patient. This helps in writing coherent nursing care plans (NCP). While accurate diagnoses are a prerequisite for choosing diagnostic specific interventions in order to achieve favourable nursing sensitive patient outcomes, it has been observed that the implementation of the Nursing process in patient care is

however poor in many nursing care settings as a result of poor knowledge of the concept, poor attitude of nurses towards the use of nursing process, lack of adequate nursing personnel in health care settings and lack of materials for the implementation of the NP (Akpe Tavershima, 2009). Using NP is viewed as critical in the health care industry for quality care because this allows for enhancing the quality of documentation and efficiency of nursing data management. It can therefore be inferred that when nurses have knowledge of the Nursing process and use it in practice, client/patient care that is unique to nursing can be better described and outcomes more clearly communicated to others. Furthermore, the NP has the potential to improve the quality of nursing care, guide policy, and assist nurses in clearly articulating how their actions contribute to positive health outcomes. While the NP to some extent is well integrated and implemented in many hospitals in western nations (USA, Canada, UK and Andorra), in Nigeria, the NP had been incorporated and taught at every level of nursing education since the 1980s, but its clinical use in Primary Health Care settings has been very difficult to implement. This identified deficiency gave impetus for this study.

Statement of Problem

Nurses are expected to describe, document and evaluate their contributions to health care. In many countries, as well as in Nigeria, nursing documentation is part of the patient health care record and health laws require the documentation of medical care and nursing treatments. Patient's health problems that nurses address, the nursing interventions performed and the evaluation of the care given must be documented. Many nurses have difficulty using the Nursing process for documentation of care. Documentation is core to effective use of nursing process for quality nursing care but nurses have been noted to be poor in the extent to which they document the care they give. This is currently the situation among Public health nurses. There are no records to show the care they give clients at the Primary Health Care centres.

Without the use of the nursing process, the clinical reasoning and decision making processes of nursing are obscured. Nurses risk functioning in a way that is more task driven with little disciplinary focus and makes nursing become hidden in a system that is dominated by medical care, while other healthcare disciplines are focused on advancing their science and the care they deliver, nursing responds by becoming less visible and assuming roles that make care contributions ambiguous and indistinct.

Hence, the research seeks to assess the knowledge and the use of the nursing process among Public Health Nurses for documentation of client care.

Significance of the study

Documentation of care is a very essential part of health care. It provides records that are needed for quality assurance, research and as legal document in case of litigation. The study has provided baseline information on how to assist practicing nurses on the use of NP. It has also provided information on the possible obstacles hindering Public health nurses from using NP.

Literature Review

There is need for continual growth of a scientific base from which members practice, and the evolution of a fairly distinct body of knowledge that separates nursing from other professions (Fajemilehin, 2008). Across all health care, including nursing, we face the challenge of how to most effectively close the gap between what is known and what is practiced. Nursing Process evolved during the 1950's as a strategy to build up a scientific and theoretical background for nursing practice. Yura and Walsh (1998) defined the nursing process as "An orderly systematic manner of determining the client's health status, specifying problems defined as alterations in human need fulfillment, making plans to solve them, initiating and implementing the plan, and evaluating the extent to which the plan was effective in promoting optimum wellness and

resolving the problems identified”. The NP is a scientifically proven systematic principle of problem solving approach to meeting the health care and nursing needs of individual, family and community (Adejumo & Olaogun, 2009). It involves rigorous collection of data and decision making process. It incorporates evaluation and subsequent modification as feedback mechanisms that promote the ultimate resolution of the individual, family and community health care (Fajemilehin, 2008). It has been accepted on international scene as the only unique tool for adequate professional nursing practice today. NP is an ongoing, systematic process designed to assess, diagnose, plan, implement and evaluate coupled with modifying the overall quality of care given to clients in order to promote excellence in health care industry and professional practice (Fajemilehin, 2008).

The major fundamental components of the nursing process are:

- Systematic assessment of the individual, family and community health problems through collection of information through
 - a. Nursing history (using the Gordon’s Eleven Functional Health Pattern)
 - b. Head to toe physical examination (observation, inspection, auscultation, percussion)
 - c. Objective indices: Laboratory investigations, X-ray, ultrasound, etc
- Interpretation of the information, clustering of the information and naming of the cluster for the purpose of establishing nursing diagnoses;
- Diagnosing
- Outcome identification
- Planning to solve problem through assigning of priorities to each nursing diagnosis which could be short term, intermediate and long term
- Implementation of the plan of care
- Daily and continuous evaluation of the effectiveness of the plan of care in resolving the assessed problems and adequate documentation and communication with appropriate members of the health team (Fajemilehin, 2008).

The introduction of the NP was credited to Lydia Hall in 1955. Since then, it had undergone a lot of modifications. The original model which was described by Lydia Hall is a three step NP which includes; a) the behavior of the patient; b) the reaction of the nurse; c) the nursing actions designed for the patient’s benefits. In 1967, a five step NP using the five D’s, discover, delve, decide, do and discriminate was published. The discover and delve steps are synonymous with the assessment phase; decide is the planning stage, do is the implementation phase and discriminate is the evaluation of client responses to nursing interventions. By 1967, several publications defined the NP and delineated the steps. The Western Interstate Commission for Higher Education (WICHE) and the nursing faculty at the Catholic University of America were instrumental in moving the NP forward. WICHE defined the NP as that which goes on between a client and a nurse in a given setting. It records the behaviour of the client and the nurse and the resulting interaction.

Helen Yura and Mary Walsh subsequently identified the steps of the NP as assessing, planning, implementing and, evaluating. Developing on this, the American Nurses Association in 1973, identified five steps of the NP. The newest development in the NP is a six step nursing process model. Until recently, good information from nursing documentation has been difficult to utilize in decision making processes in areas such as quality of nursing care and cost, effective research, resource allocation etc. Documentation was inconsistent and non-standardized, and it provided a poor assessment of the knowledge and skill that nursing brings to health care. The introduction of NP came up to correct these anomalies.

Documenting client care using NP has the following benefits: a) provides a language for nurses to communicate what they do among themselves, with other health care professionals, and with

the public; b) better communication among nurses and other health care providers and administrators of the institution where nurses work both locally, nationally and internationally; c) allows the collection and analysis of information documenting nurses contribution to patient care; d) fosters the development of nursing knowledge; e) facilitates the evaluation of quality care and improvement of nursing care; f) facilitates teaching of clinical decision making to nursing students; g) makes the work of the profession visible; h) facilitates continuity of care; i) for effective research and evidence based practice; j) quality review, auditing and monitoring; k) serves as a means of LEGAL backing; q) ensures greater adherence to standards of care.

Several prior studies have shown that the implementation of nursing diagnosis, interventions and outcomes is a challenge for nurses for a variety of reasons (Lee, 2005). Authors suggest that the factors that interfered with or delayed the implementation of the diagnostic step in the systematization of health care include lack of practical knowledge in the use of diagnostic procedures, the complexity of the terminology employed, no standard computerized classification system, and insufficient institutional support.

Lee (2005) conducted a study to identify factors that interfered with the use of nursing diagnosis in daily practice. This research demonstrated that nurses tended to match the patients clinical condition to the designated nursing diagnoses, but were unfamiliar with related factors and often documented check off interventions that had not been done. Lee also found out that, busy shifts, number of patients per nurse, absence of a standardized model, administrative tasks and diagnostic terminology were factors that were reported to hinder the implementation of nursing language.

Although, the nursing process is generally known, it is not always translated into patient care in a systematic way. Another recent qualitative study conducted by Andrade and Veira (2005), reported that nurses' activities were mainly based on technical and bureaucratic tasks and did not reflect the systematic nursing process.

Also Reppetto and Souza (2005) evaluated the performance of the nursing process steps and noted that the history, diagnoses, prescription and evaluation of the patients' progress were accomplished and recorded in the services, but the recording of the nursing diagnosis was deficient. Participants in the study reported that this result was due to excessive number of tasks assigned to the nursing team, the inadequate preparation of the nurses in formulating nursing diagnoses and the resistance to the recognition and use of nursing language.

Many researches carried out on the factors preventing nurses from using the NP in documentation revealed the following as Nurses responses: busy shifts, shortage of staff, lack of institutional support, lack of adequate knowledge on the use of NP etc (Akpe Tavershima, 2008). Currently in Nigeria, there are no records of the use of Nursing process in our Primary health institutions.

Research Methodology

Research Design

A descriptive design was adopted by the researcher to assess the knowledge and use of the Nursing process among Public health nurses for documentation of care in Southwest Nigeria.

Research Setting/Location

The study was conducted in two local Governments in Ogun State, south-western Nigeria. These are Ijebu Ode and Odogbolu local governments. Health facilities available in these local governments are a government owned General hospital, Primary health centres, and private owned hospitals as well as Faith based organizations. The primary health centres are located in various places within these local governments. Services available at these centres are Immunization, Ante natal care, treatment of medical cases, Reproductive health services, School

health services etc. Minor ailments are mostly treated but for severe conditions referrals are made. Patients/clients are also admitted and can be on admission ranging from a day to one week. Personnels working in the primary health centres include nurses, doctors, Community Health Extension Workers, Junior Community Health Extension Workers, health attendants etc.

Population of the study

Female and male Registered Public Health Nurses working at the Primary Health Care Centres are the target population.

Sampling Technique and Sample Selection

There are twenty LGAs in Ogun State, using simple random sampling (picking of ballot), the two LGAs (Ijebu Ode and Odogbolu) were selected. With a purposive sampling technique, 40 PHNs were selected because there were nurses that are not registered PHNs working in these Primary Health Care Centres. The main inclusion criterion is that the nurses were PHNs.

Data collection

The instrument used for data collection was a self administered questionnaire with open and closed ended questions. The questionnaire consisted of the socio-demographic characteristics of the respondents, level of knowledge of the nursing process, level of implementation of the nursing process and factors affecting the implementation of the nursing process in patient care. Questions used to measure PHNs’ knowledge on Nursing process were adapted from the “study temple” (an online standard questionnaire). Scores were weighted as 2 for right responses and 0 for wrong responses. The scores ranged from 0 – 36. These raw scores were converted to percentages.

Method of Data Analysis

Data collected was analyzed by the use of Descriptive statistics like frequency distribution tables and percentages.

Results of the Study

Table 1. Distribution of Participants by Socio demographic characteristics N=40

	Freq.	%	Mean	SD±
Age(in years)				
25-29	10	25	33	8.84
30-34	10	25		
35-39	8	20		
40-44	6	15		
Sex				
Male	8	20		
Female	32	80		
Qualification				
RN				
RN/RM	-	-		
RN/RM/RPHN	32	80		
RN/RPHN	8	20		
BNSc/Bsc	-	-		
Institution of Higher Nursing Education				
School of Nursing		-		
School of Midwifery	-	-		

School of Public Health Nursing	40	100		
Length of time in the profession(in years)				
1-5	12	30	12	7.06
6-10	10	25		
11-15	6	15		
16-20	6	15		
21&above	6	15		
Current professional status				
CNO	2	5		
ACNO	10	25		
PHNO I	8	20		
PHNO II	20	50		
Current unit of functioning				
Ante natal Care Unit	12	30		
Reproductive Health Unit	10	25		
School Health Unit	10	25		
Immunization Unit	8	20		

The participants' age ranged from 25years to 55years with mean of 33years and $SD \pm 8.84$. Eighty percent were females. Eighty percent have their highest qualification as RN/RM/RPHN while 20% have RN/RPHN. All the respondents have their highest nursing education at the diploma level and this was at the School of Public Health Nursing. Their duration of time from graduation from School of Public Health Nursing ranged from 5years to 25years with mean score of 12years and $SD \pm 7.34$. The subjects range of years of service in the profession was 5years to 25years with mean of 12years and $SD \pm 7.06$. On current professional status, Chief Nursing Officer (5%), 25% are ACNOs, 20% are PHNO I and 50% are PHNO II. 30% are currently working in Ante natal care unit, 20% in Immunization unit, 25% in School health and 25% in Reproductive health unit.

4.2 Participants' Educational Preparation in the Nursing Process

Table 2. Distribution of Subjects by Educational Preparation in the Nursing Process N=40

Variables	Freq %	
Heard of Nursing process		
Yes	28	70
No	12	30
Source of information		
School of training	28	70
Workshop/Seminar	12	30
Journals	-	-
Attended workshop/Lecture on NP		
Yes	4	10
No	36	90
Theoretical training in NP		
Yes	28	70
No	12	30
Practical training in NP		
Yes	24	60
No	16	40
Currently using NP in your unit		

Yes	-	-
No	40	100

As reflected on Table 2, 70% of the participants have heard of nursing process. The major source of information was from their schools of training. Seventy percent of subjects indicated that they have had theoretical training in the nursing process while 60% have had practical training. Only 10% of the participants have attended recent workshops on nursing process. All the respondents said they do not use nursing process in the care of client.

4.3 Participants' Knowledge of the Nursing Process

Table 3 Distribution of the Levels of Knowledge of Public Health Nurses on the Nursing Process N=40

Variable	Score	Freq	%	Mean	SD±
Excellent	70-100%	-	-	18.75	15.12
Credit	60-69%	-	-		
Pass	50-59%	2	5		
Failure(poor)	<50%	38	95		

As reflected in table 3, 5% of the participants scored pass mark and 95% scored less than 50%.

Table 4 Factors Affecting the Participants' use of Nursing Process N=40

Reasons for not using NP	Freq	%
Non availability of NP forms	4	10
Not mandated to use it	8	20
Lack of proper training/knowledge on its use	12	30
Not necessary for use at PHC centre	8	20
Busy schedule	4	10
Shortage of staff	4	10
Total	40	100

As reflected in the table above, the reasons for not using nursing process include busy schedule, shortage of staff, lack of adequate knowledge and training on its use, non availability of the nursing process forms at the centres, not mandated to use it and not necessary at the PHC level.

PHNs Documentation of Care Using NP

There was no record of documentation of client care using NP. Treatment given to patients/clients was based on medical diagnosis and recorded on a notebook.

Discussion of Findings

Results of the study revealed that many of the respondents have heard of the NP and their major source of information was from their schools of training. This could be associated with the fact that the Nursing and Midwifery Council of Nigeria introduced NP in all nursing curricula since the 1980's. Only very few have had practical training on NP and have attended recent workshops on NP. In another Nigerian study, Akpe Tavershima (2008) also expressed that nurses in his study had NP introduced to them either at their basic nursing training or post basic education in nursing. With only 30% having a reorientation on NP through informal training in local seminars/in house training. During their theoretical training on NP at the schools, they were introduced to the NANDAI nursing diagnoses only.

Almost all the participants had very poor knowledge on NP even though they had received classroom instructions on NP while in their various schools of Nursing. It could be implied that

these nurses did not come into practice with a solid understanding of the purpose and importance of NP in the care of patients/clients or to the nursing profession. These nurses have experienced learning about the nursing process but they were not using it in practice neither updating through seminars/workshops. So there is the tendency for them to have forgotten what they learnt about nursing process. According to American Nurses Association (2004), nurses are expected to actively engage in learning activities during their professional careers in order to acquire knowledge and so as to develop and maintain their clinical competence. These learning opportunities include academic education, continuing education and staff development. It was discovered from the study that these nurses did not have these opportunities as all of them had diploma as their highest nursing qualification and only few had attended recent seminar/workshop on the nursing process.

All the respondents do not use nursing process in the care of client because they were not mandated to use it, not necessary for use at the PHC centres, shortage of staff, busy schedule, non availability of nursing process forms and lack of adequate knowledge and training on its use. The above findings are in agreement with the findings of Reppeto, Souza, Andrade, & Veira (2005) who conducted a study among nurses to identify factors that interfered with the use of nursing process in daily practice. Busy shifts, shortage of personnel, inadequate knowledge/training on its use were among the many factors identified. Lee (2005), found out in his study that busy shifts, number of patients per nurse, absence of standardized model, lack of implementation in practice, lack of practical training, long time since graduation, lack of motivation, administrative tasks and lack of indepth knowledge of the nursing process were factors responsible for non use of the nursing process. Also the findings of a study carried out by Akpe Tavershima Thomas (2008) on the obstacles and challenges of implementing the Nursing process in hospitals in Benue state revealed that lack of adequate training, poor knowledge, uncooperative attitude of nurses, lack of supervision and lack of institutional support were responsible for nurses not using the nursing process.

Conclusion and Recommendation

This study revealed that Public Health Nurses are familiar with Nursing Process but do not use it. They have very poor knowledge of the NP. Documenting nursing care using NP is a responsibility for any nurse.

In view of the above, the following recommendations were made;

1. Ongoing staff education related with the nursing process using critical thinking skills is necessary. Therefore, all educational institutions should make sure that nursing students have knowledge about the NP and understand its importance to the nursing profession.
2. More staff should be recruited to improve the nurse-patient ratio so as to improve the implementation of the nursing process.
3. The Public Health nurses should be provided with the nursing process forms and they should be mandated to use them for documentation of client care.
4. Nurse managers should be effective in the co-ordination and supervision of the PHNs use of the nursing process.
5. The professional body of nursing should make the training, orientation and reorientation of the members a continuous policy in all units employing nurses.

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