

DETERMINANTS OF CLINICAL UTILIZATIONS OF THE NURSING PROCESS BY NURSES: A STUDY AT THE 37 MILITARY HOSPITAL, ACCRA

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ABSTRACT

The focus of this study was to explore what nurses at the 37 military hospital in Accra, Ghana know about the nursing process and whether their ability to use the nursing process is influenced by their knowledge. The study employed an exploratory descriptive qualitative design and the target population was all registered nurses. Participants were purposefully selected and those willing to participate in the study were given consent form to read and sign. In all, ten (10) participants were interviewed. The interviews with the permission of the study participants were recorded and it was analyzed using content analysis. From the analysis of the data three main themes emerged with their sub-themes. It was found that the nurses have acquired basic knowledge on the nursing process but lacked the needed skills to do a proper assessment on the patient, lacked the knowledge about how to formulate nursing diagnoses and there was no systematic and organized planning of the care that they provided to the patients. From the findings it is recommended that, the nursing process should be taught at each year or level of the nursing training institutions, periodic in-service should be organized for nurse clinicians and nursing tutors on the nursing process and nurses must be regularly supervised to ensure that they practice what they have been taught at school. It will be very important for a similar study to be conducted in the other teaching hospitals in Ghana to get the real picture of the extent of utilization of the nursing process in Ghana.

KEYWORDS: Nursing Process, Nurses Knowledge, Nursing Diagnosis, Assessment

INTRODUCTION

According to Fesler-Birch [1] critical thinking is said to be central to nurses' ability to meet the care perspective of their clients. It is important for nurses to be critical thinkers because they are always dealing with the lives of their patients and they are also faced with challenges in their daily practice which require their ability to make rational and critical clinical decisions [2]. When used for its intended purpose the nursing process has been described as a powerful scientific vehicle to facilitate critical thinking [2]. In Ghana, the use of the nursing process was introduced with the onset of comprehensive nursing programs in 1970 [3]. Since its inception, every student nurse is taught the nursing process, and as part of nursing training he /she is expected to use the knowledge acquired about the nursing process to offer comprehensive care to patients from the time of admission to the time of discharge [4]. The nursing process is therefore a tool with which nurses trained in Ghana and elsewhere must be familiar with and effectively use in the management of their clients.

Problem Statement

Since the introduction of the nursing process in Ghana, various nursing organizations such as the West African College of Nursing and the Nurses and Midwives Council of Ghana have organized series of workshops for both nursing

educators and clinicians. The aims of these workshops were to equip the nurses with the knowledge and skills on the nursing process to enhance its effective and successful implementation. These efforts, however, have yielded very little significant change in its implementation [3].

Recently the Medical and Surgical Faculty of the West African College of Nursing (WACN), Ghana chapter organized a workshop for both nursing educators and nurse clinicians on the topic: Using the nursing process as evidence based practice to improve standard of nursing in the West African sub-region (Program brochure, October, 2011). Due to the important nature of the utilization of the nursing process in the provision of nursing care in Ghana and its effect on the quality of nursing care, the opening ceremony of the program was attended by the Chief Nursing Officer, the Chief Executive Officer of the Nurses and Midwives Council for Ghana, Principals of various Nursing and Midwifery Training Colleges in Ghana and a representative for the Deputy Minister of Health of Ghana as well as nurse educators and clinicians from all the ten regions of Ghana. The questions that one may ask are: Are the nurses using the knowledge of the nursing process in the care of their patients? Are they documenting the rendered care on the care plan which is evidence of the use of the nursing process? These are among questions which this research sought to address.

Purpose of the Study

The purpose of this study was to explore the knowledge of nurses as a determining factor of clinical utilizations of the nursing process.

Objectives of the Study

- To identify factors which influence nurses on the use of the nursing process.
- To find nurses' knowledge on how to use the nursing process.
- To explore nurses' knowledge on what nursing process entails.

Significance of the Study

The findings of the study will: Provide nurses with information on factors that impede their utilization of the nursing process and the strategies to be used in overcoming these challenges. It will also provide information to in-service training coordinators in health institutions in Ghana on the importance of updating the knowledge of nurses on the nursing process. It could be used by the Ministry of Health, Ghana Health Service and the Nurses and Midwives Council for Ghana to formulate policies that will enhance the utilization of the nursing process in the care of patients. The study findings may also unearth other areas for future research in the nursing process.

LITERATURE REVIEW

Throughout most of the literature reviewed, there were discussions on the importance of knowing about the nursing process and the ability of the nurse to think critically about the data collected. Highlighted as well is the importance of the nurse having up to date knowledge on the nursing process. In the work of those researchers and scholars who addressed knowledge of the nursing process, the key points outlined included organization of educational programs for nurses on the nursing process and training of nurses to develop cognitive and practical skills in diagnostic reasoning.

In recognition of the importance of knowledge of the nursing process, Ehrenberg and Ehnfors [5] stated that the training of nurses regarding the care plan model in the nursing process and nursing diagnostic reasoning was necessary to

influence the ability of the nurses to document the rendered care. Similarly, according to Bjorvell, Wredling and Thorell-Ekstrand [6] in their study on long term increase in quality of nursing documentation it was found that there was a systematic significant increase in nursing documentation after continuing education on assessment and diagnostics. In their study to investigate the effect on the quality of nursing diagnostic statements in patient records after education in the nursing process, Florin, Ehrenberg and Ehnfors [7] revealed that education in the nursing process might be a viable way to improve the Registered Nurse's skills in expressing nursing diagnosis. Nursing educators acknowledge the importance of developing skills in diagnostic reasoning so as to state accurate nursing diagnoses [8]

Various nursing researchers have reported from their findings that nurses must be better educated in relation to the assessment of signs and symptoms as well as the etiological factors of the nursing diagnosis [9, 10, and 11]. In-depth education of nurses as well as the upgrading of their knowledge on the nursing process has been noted to influence the quality of care that a nurse renders to a patient. A study on the effect of nursing process education on nursing care quality revealed that nursing process education can improve the nursing care quality of patient [12].

Translating the acquired knowledge of the nursing process in practice, a quantitative research study on the evaluation of the use of the nursing process among nurses in Nigeria revealed that of the total respondents 92.2 % confirmed that they have heard about the nursing process and 87.1 % claimed they had used the nursing process in the care of a patient. The researcher implied from the findings that most nurses have basic knowledge about the nursing process [13]. A similar quantitative study on the use of care plans among professional nurses at Korle-Bu Teaching hospital in Ghana also revealed that 90.6% of the total respondents confirmed they had used the care plan in the provision of nursing care [14]. Also a study by Espana and Monsivais [15] on the knowledge and application of nursing process in hospital and community practice revealed that 57% of the participants took a course in the nursing process during their training. Although the findings from these studies revealed that most nurses have acquired some form of knowledge on the nursing process, the researchers failed to establish whether the acquired knowledge by the nurses equipped them to confidently use the nursing process in the care of their patient and subsequently develop the required skills to enable them to document the care on a nursing care plan.

The knowledge of nurses on the nursing process is necessary for a nurse to be able to develop skills in diagnostic reasoning which, in turn, will enhance their easy use of the nursing process in the management of their patients. A study that investigated the meaning of the nursing process among nurses in an intensive care unit showed that nurses were knowledgeable of the nursing process and it was seen as a form of professional recognition with regards to its ability to allow nurses to practice with freedom of action [16]. In a study by Lee [17] nurses lacked knowledge about etiological factors, ignored descriptions of related nursing goals, dutifully checked interventions without evaluating them and selected unspecific evaluations to assess nursing outcomes plan. Similarly according to Carpenito-Moyet [18] nurses fail to embrace professional nursing through the effective utilization of the nursing process instead they are still viewed as assistants of medical doctors and not professionals in their own right because they exclusively focus on clinical problems associated with the medical diagnosis instead of the nursing diagnosis.

A pre-post intervention study on the effect of nursing diagnoses implementation revealed that the use of nursing diagnoses improved the quality of the documentation of patient assessment and the identification of commonly occurring diagnosis within similar setting. After educational measures, significant improvement in the documentation of diagnoses, interventions, and outcomes were found. The pre-post intervention study indicated that merely stating diagnostic titles is

insufficient to capture patient needs but only aetiology-specific diagnoses provide the basis for choosing effective nursing interventions which in turn leads to better outcomes. Staff educational measures were also recommended to enhance diagnostic accuracy [19].

A quantitative study by Laryea [3] in Ghana on the implementation of the nursing process revealed that nurses in the study lacked the practical skills to implement the nursing process. That is, the nurses had acquired basic knowledge about the nursing process but the skills to put theory into practice were inadequate. The study did not explain whether the nurses were actually using the acquired knowledge of the nursing process in the care of their patient but did not really have the skills to document its use on the care plan or they were not using the nursing process at all. It was also unclear which practical skills were missing.

From the above reviewed literature, the ability of the nurse to document the rendered care on the nursing care plan is highly influenced by the level of training received on the nursing process. Also, creating accurate nursing diagnoses by the nurse depends on developed skills in diagnostic reasoning. It is also explicit from the review that professional nurses have received some form of basic education on the nursing process. What is not really clear is whether the acquired knowledge and skills have equipped the nurses enough so as to influence the translation of theory into practice.

METHODOLOGY

This study employed an exploratory descriptive qualitative research design. Such an approach was needed because the few studies done in Ghana on the nursing process have not granted the participants the opportunity to express their thoughts and opinions on the issue. The study was carried out at the 37 Military Hospital. It is a 400 bed hospital located in Accra the capital city of Ghana. It serves as the Government's Emergency and Disaster Hospital and the United Nations Level IV hospital in the West Africa sub-region. The Hospital consists of 12 wards where patients with various conditions are admitted and treated. (Military Hospital Maiden Brochure, not dated).

The population for this research included all registered professional nurses working at the 37 Military Hospital (State Registered Nurses, Registered General Nurses and Graduate Nurses). Nurses who have been registered by the Nurses and Midwives' Council for Ghana, who were full time (permanent) staff of the 37 Military Hospital with at least one year working experience on the ward and were willing to participate in the study were included.

Sample and Sampling Procedure

The various wards in the hospital were visited and the research was first explained to the nursing officer in charge and then subsequently to the nurses on the ward. A letter was posted on the notice boards of all the wards informing the nurses of the research and inviting prospective participants. The researcher's contact number was included in the letter and those interested in taking part in the research were asked to contact the researcher. This approach was initially not yielding the required results hence potential participants who fell within the inclusion criteria were approached by the researcher and were given a letter inviting them to be part of the research. Arrangement was made with those who expressed interest in the research and the researcher met them and they were briefed about the research. They were informed about the purpose of the study; how the data will be collected from them thus through one-on-one interview which will be recorded on a voice recorder and what they stand to benefit from the study was explained. They were assured of their confidentiality and how the data would be managed was also explained to them. They were also made aware that whether they participate in the study or not will not affect their employment at the hospital hence they had the right and freedom to withdraw from

the study at any time if they wish not to continue any further. They were also allowed to ask any questions that they may had. Those willing to participate in the study were given the consent form to read and further explanation was given on what has been stated in the form. Those who accepted to take part in the study were allowed to sign the consent form. A copy of the signed consent form was given to them to keep. Arrangements were then made as to a convenient date, time and place for the first interview. The participants were interviewed until no new information was forthcoming (i.e., data are saturated) [20] Saturation of data was reached after interviewing the tenth participant thus the researcher observed from the analysis of the data that no new themes or concepts were emerging from the interview therefore the researcher stopped the interviews after the tenth participant and these consisted of ten registered nurses.

Data Collection

A semi-structured interview guide was employed to collect data. The interview guide had two main sections, the first section was used to solicit socio-demographic data and the second section consisted of guiding questions which assisted in addressing the set objectives for the research in relation to the nurses working on the wards. The interview was conducted at a place of choice of the participants where their privacy was achieved and there were no interruptions with the participants' permission, the interviews were recorded on a voice recorder and points on key issues were also written down as part of a field notes during the interview. Each interview lasted for approximately forty-five minutes to one hour. Data collection from participants continued until no new or relevant data emerged thus when no new information was forthcoming during the interview that was when the data became saturated.

Data Analysis

The analysis of the data was conducted simultaneously with the interviews and the data in this study was analysed using latent content analysis. Immediately after the interview session, the recorded interviews were replayed and transcribed verbatim with the researcher listening carefully to the responses as well as to the content. The text from the transcribed interviews was read several times to identify similarities and differences in phrases and concepts so as to gain a deeper understanding of the data. The data was then coded, during the coding, the data was read and re-read by the researcher on printed sheets and sections of the text were highlighted and comments were made regarding anything that was striking. These comments included overall expressions and points of interest were written in a created margin at the right side of the sheets.

After coding, the data was collated with similar codes and they were developed into categories. This was done by going through the data again assigning alphabets to the highlighted coded sections, and cutting out the highlighted coded sections of the text which was then grouped into categories thus statements with similar alphabets were grouped together in separate folders created on the desktop of the researcher's personal computer. Once the data was categorized the researcher took each file, printed the statements and read through them and a label was given to each category. Once the data was categorized, the statements in each file were read to ensure that they were all appropriate within the category. Excerpts were moved around or relabeled and in some cases categories were subcategorized or dissolved. Subcategories were created in circumstances where two distinct ideas or perspectives were observed within one category. Once the researcher was satisfied that the excerpt in each category was part of that category, a summary for each of the category was written, and how the categories relates to each other was carefully analysed then themes were developed. Through the categories and then the theme, an overall conclusion of the research was made.

Findings

From the study, three main themes emerged.

Nurses' Knowledge on What the Nursing Process Entails

Participants indicated that they were all taught the nursing process at school when they were either doing the degree in nursing program at the University or the diploma in nursing program or the state registered nursing program at the nurses' training college. They all stated that they had received basic knowledge on the nursing process. A nurse stated:

"The nursing process, I know is the clinical judgment that the nurse makes on the patient or the family. You plan the care for the patient and then you intervene on the care that you have planned"

Other participants described the nursing process as the detailed care which involves setting of objectives and evaluation of the set objectives with the outcome of the patient's condition. A participant mentioned that:

"Well I know that the nursing process helps to outline a detailed care of a patient. It also helps the nurse to evaluate the care provided, to know whether set goals have been achieved or not. If you have achieved your goals, fine but if not then you reassess and prioritize again and plan. So it is a detailed care plan I will say for a client".

For one of the participants, although she stated earlier that she was taught the nursing process at school, was not sure whether she even knew what it is. She commented:

"Well I will give it a try, since it has been a very long time. The nursing process, I think it is all embodied in the nursing care plan, basically it is about the care of the client if I should put it so, of course the nursing process is about the care of the patient, their rights and issues pertaining to client confidentiality, all are embodied in the nursing process"

All the participants in this study confirmed that they were taught the nursing process at school and hence had acquired basic knowledge on the nursing process, but because they have not been using it, they have forgotten about the processes it entails.

Nurses' Knowledge on the Phases of the Nursing Process

This theme describes what the participants identified as the steps of the nursing process.

Assessment

The participants explained the assessment phase of the nursing process as the phase where the nurse observes the patient and generally collects data from the patient as well as to observe the progress of the patient's condition. The assessment phase of the nursing process was explained by participants in various ways. From the way they expressed themselves it implied that they have acquired the basic knowledge on how to do the assessment. When further exploration was made on whether participants have the requisite skills to do a proper assessment on patients, their responses revealed that, although they were taught about it at school and hence have a basic knowledge on it, they were not sure whether they could transfer the acquired knowledge into practice. This is because they had not been doing a thorough assessment on their patients and therefore had forgotten how to do it properly. This was expressed by some of the participants as:

"If you do not practice something for a long while, with time you will not be able to do it as good as you taught you knew"

“I may say yes and no because I can assess a patient but I cannot do a detailed assessment because I have forgotten some aspect of it “

The participants have acquired basic knowledge on how to assess a patient but they lacked the required skills to carry out a comprehensive assessment.

Nursing Diagnosis

The participants demonstrated very little knowledge of the nursing diagnosis. The nursing diagnosis was confused with the patients' problems and the outcome criteria. One of the participants who did not know whether she even knew what it entailed interestingly explained the nursing diagnosis as:

“I know we have the actual and then the potential nursing diagnoses and then the actual nursing diagnosis is what you think you can manage at the moment and the potential is what comes like checking the patient diagnoses. Like somebody with diabetes mellitus the potential will be the outcome like what will result later on during the patient disease. Like the patient with diabetes mellitus like in future can get renal impairment in future so that is the potential nursing diagnoses”

This participant indicated that she did not really know what the nursing diagnosis entailed.

Outcome Identification

This phase of the nursing process is the newly added phase by the North American Nursing Diagnosis Association (NANDA). None of the participants mentioned it as a phase

Planning

Planning according to the participants involves the plan that the nurse puts in place to ensure that the identified problems of the patients are solved. Some of the participants indicated that planning of the patient care is a continuous activity which involves the setting of both long term and short term goals. The participants knew about the planning phase but what was missing in their understanding was the fact that, it is during the planning phase of the nursing process that the nursing care plan is drawn. None of the participants mentioned the drawing of the care plan at the planning phase.

Implementation

According to the participants, implementation involves putting into action what you have actually planned to do. This phase was generally described as the action phase of the nursing process by the participants. The implementation phase was the well practiced phase by the participants and they really knew what it entails. They were knowledgeable of the fact that it was the action phase and the nurses really put into practice what they intended to do for the patient.

Evaluation

This phase was described by participants as the stage where nurses do a reassessment to check whether the set goals were achieved or the extent to which the goals have been achieved. The participants were aware that evaluation was done to assess the outcome of nursing care provided or to determine whether it will be important to re-plan the care thus beginning the nursing process all over again to help address the needs of the patient. This was expressed by one of the participant as:

“At the end of the day, you evaluate to see whether you were able to meet your goals or not and that helps you as to what to do next for the patient”

The participants knew what the evaluation phase entailed and what they were expected to do at that phase. It was also evident from their comments that this stage ends the nursing process. When set goals are not met, based on the findings at the evaluation phase, the planned care will be revised and the care will be re-planned.

Some of the participants were able to mention the five well known phases of the nursing process thus assessment, nursing diagnosis, planning, implementation and evaluation phase. Others could only mention either two or three phases. None of the participants was able to mention all the six phases of the nursing process because they did not know that the outcome identification is now a separate phase. They knew about the phases but did not know much on what it entails into details especially the nursing diagnosis phase.

Nurses Knowledge on How to Use the Nursing Process

In this theme what nurses know on how to implement their acquired knowledge on the nursing process on the ward was explored. From the analysis, participants demonstrated that they had basic knowledge on how to use the nursing process on the ward. It was evident from the description of the implementation of the nursing process on the ward that some of the participants were able to describe all the phases of the nursing process with the exception of the outcome identification phase. One of such participant stated that:

“Well I will put the patient in bed and make him comfortable, I will assess my client, write the diagnosis, then after give orders on how to go about the care, carry out the intervention depending on the orders and depending on priorities and then evaluate. If you have achieved your aims fine then you rule it out if not, then you reassess and re- make your diagnosis then you go back to begin the process again”

Out of the ten nurses interviewed, five of them described four out of the six phases of the nursing process when applying the acquired knowledge into practice. This was how one of such participants described how the nursing process could be used to nurse the patient:

“When the patient comes you take information from the patient, you assess, you analyse the data, you plan the care and then you set goals that this is what I want to achieve...So you set your outcome criteria then you carry out the intervention like what you what to do to achieve those goals so in the end you evaluate to see whether the goals you set for yourselves you have been able to achieve it”

Although the nurses in the study knew that the nursing process had phases which the nurse must employ when implementing it, majority of them (six out of ten) described how the nursing process could be used to nurse the patients by concentrating on only four or less of the phases. This implies that they are gradually forgetting about how to put the acquired knowledge on the nursing process into practice because they have not been practicing it.

DISCUSSIONS AND CONCLUSIONS

All the participants interviewed in this study stated that they have heard about the nursing process. They also confirmed that they were taught how to use the nursing process to nurse a patient on the ward during their training at the Nurses Training College or at the University. The participants stated that they were taught that the nursing process should be used to nurse the patients they admit to the ward by first collecting data through assessment, then analysis of the data for

relevant information to assist in the formulation of nursing diagnoses, planning the care that will assist in meeting the identified client problems, implementing the care and subsequently evaluating the rendered care to assess the level of achievement of the set goals. This finding was not surprising as all the participants in this study completed their nursing training after the concept of the nursing process was introduced into the nursing programmes in Ghana in 1970.

This finding was in line with that of Agunwah [13] where 92.2% of the respondents in the study confirmed that they have heard about the nursing process before and 87.1% also indicated that they have used the nursing process before. Similarly the findings by Addison and Commey [14] in their study on the use of nursing care plan at the Korle-Bu Teaching Hospital in Ghana revealed that 90.6% of the participants confirmed that they have ever used the nursing care plan before. It can be concluded from their studies that almost all the participants had acquired basic knowledge on the use of the nursing process.

Although the nurses in this current study confirmed that they have acquired basic knowledge on the nursing process, further exploration revealed that they lacked the needed skills to do a proper assessment on the patient. They did not know how to comprehensively collect all the various types of data and how to carry out a detailed physical examination to collect relevant data. They attributed this to the fact that they did not really understand the nursing process very well at school. This finding is comparable to study findings by Laryea [3] where in her study on barriers to the implementation of the nursing process she concluded that nurses lacked the needed skills to use the nursing process.

The nurses in this study also lacked knowledge about how to formulate nursing diagnoses hence they were not stating any nursing diagnosis. This finding is similar to that of Lee [17] in his study on the nursing diagnosis use and standardized care plans, who found that nurses lacked knowledge about etiological factors and also ignored the description of related nursing goals. Similar to these findings is that from the study by Reppetto and Souza [21] who evaluated the use of the nursing process. While they found that the nursing process was followed and documented by the nurses, the recording of the nursing diagnosis was deficient and this was attributed to the excessive number of tasks assigned to the nursing team and inadequate preparation of the nurses in formulating nursing diagnoses. .

Findings from this study revealed that the nurses carried out various nursing interventions that were not based on the nursing diagnosis because they were neither formulating nor documenting the nursing diagnosis. This was similar to the findings by Lopes Higa, Reis, Oliveira and Christoforo [22] in their descriptive and retrospective study of 68 medical records where they found that there was a systematic failure in the linkage and documentation of nursing diagnosis and intervention. The recordings of the nursing interventions were more frequent than the recording of nursing diagnosis. As a result, the nursing diagnosis did not guide the nursing intervention.

Findings from this study also indicated that evaluation of the rendered care was not been carried out by the nurses. This study revealed that the nurses were not fully implementing the nursing process and there was no systematic and organized planning of the care that they provided to the patient. Instead of developing and implementing a nursing care plan, they were just dutifully following the doctor's orders. They could be described more as assistants to medical doctors instead of professionally planning and implementing the care for patients. This is in line with the findings by Carpenito-Moyet [18] who reported that nurses are still viewed as assistants to medical doctors and not professionals in their own right because they exclusively focused on clinical problems associated with the medical diagnosis or treatment and failed to embrace professional nursing.

Findings from this current study revealed that the participants had acquired basic knowledge on the utilization of the nursing process but they lacked the required skills needed to carry out a comprehensive assessment. They were also not using the acquired knowledge to plan the care of the patient, they were not formulating the nursing diagnosis and the interventions carried out on the patient were not based on formulated nursing diagnosis. It was on these issues that Laryea [3] suggested that there is the need for nurse educators and the in-service training units as well as the nurse clinicians from the health institutions to collaborate to establish one or two pilot wards for supervised practical training for both students and qualified nurses, and this could further be extended to other wards later.

LIMITATIONS OF THE STUDY

The study was conducted in only 37 Military hospital and hence the findings could be peculiar to only that hospital hence it will be important for further studies to be done in other parts of the country. The researcher being a nurse, interviewing participants who were also nurses might have influenced their responses. However this was avoided as much as possible by means of setting myself aside.

RECOMMENDATION

- Based on the findings of the study, the following recommendations have been made: The Nurses' and Midwives' Council for Ghana should review the curriculum used to train nurses in Ghana and ensure that the nursing process is taught at each level of the program so that the student is able to use the nursing process comfortably with patients with varied health concerns.
- The licensure examination organized by the Nurses and Midwives Council for Ghana should not only assess the knowledge of students on the nursing process in the practical but the theory papers should also be geared towards how to apply the nursing process. This will let the student know the importance of the nursing process in the care of the patients.
- The health institutions should develop a policy or directives to inform nurses that all patients admitted to the wards should have their care planned using the nursing process.
- The care plan form must officially be made part of the admission papers and nurses must be made to understand that admission of patient is incomplete without a care plan for the patient.
- Nursing administration should put measures in place to ensure that the nurses are well supervised to practice what they have been taught from school.
- There should be periodic workshops and seminars on the nursing process for nursing tutors to equip them with the needed skills and confidence to value and teach the nursing process. This will lead to better understanding of nursing students as to how they can put the acquired knowledge into practice after completion of school.
- There should be regular in-service training on the nursing process for nurse clinicians, to continually update their knowledge and skills on the nursing process so that it could be effectively implemented on the ward.
- Nursing administration should consider developing a standardized care plans which has been proven to save time in its utilization in the clinical area.

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