

FACTORS AFFECTING THE IMPLEMENTATION OF THE NURSING PROCESS AMONG NURSES AT ENTEBBE REGIONAL REFERRAL HOSPITAL, WAKISO DISTRICT. A DESCRIPTIVE CROSS-SECTIONAL STUDY.

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Abstract

Background:

In Uganda, the implementation of the nursing process among nurses is still a very big challenge, especially in many government hospitals. Failure to use the nursing process has led to a lack of continuity of patient care hence delaying the recovery process and outcomes. The purpose of the study was to determine the factors affecting the implementation of the nursing process among nurses at Entebbe Regional Referral Hospital, Wakiso district.

Methodology:

The study used a descriptive cross-sectional study design that used quantitative data collection methods. A convenience sampling method was used to select 32 respondents who responded to semi-structured questionnaires. Data was analyzed and presented using Microsoft Excel Programs that presented it in the form of frequency tables, pie charts, and graphs.

Results:

Nurse-related factors were; 25(78.1%) knew less than three steps involved in the nursing process, 18(56.3%) strongly disagreed that the nursing process should be mandatory and 30(93.7%) did not have enough time to use the nursing process. Institutional factors were; 24(75%) did not have policies regarding the use of the nursing process, 27(84.4%) were never supported during the use of the nursing process and 32(100%) reported the absence of designed forms for the nursing process.

Conclusion:

Nurse-related factors ranging from lack of awareness of steps involved in the nursing process, time inadequacy, and negative perceptions towards the nursing process negatively affected the implementation of the nursing process. Institutional factors that hindered the implementation of the nursing process were the absence of designed nursing process forms, lack of motivation, and absence of policies.

Recommendations:

The Ministry of Health should design and supply standard nursing process documentation sheets and Entebbe Regional Referral Hospital should develop policies pertaining implementation of the nursing process, supervision, and motivation of nurses.

Keywords: Nursing process, implementation, nurses, steps, planning, and documentation,

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1. BACKGROUND.

The nursing process is a framework used to provide effective, coordinated, and organized quality care for patients, (Miskir & Emishaw, 2018). The use of the Nursing process emphasizes holistic patient care and promotes timely attainment of all patient concerns, (Butcher, Bulechek, Dochterman & Wagner, 2018). It is entirely a five-step systemic process i.e. assessment, diagnosis, planning, implementation, and evaluation, (Isika, 2018). This acts as a standard for the provision of individualized, continued, and standardized nursing language, (Afolayan, Bitrus, Baldwin, Onasoga & Babafemi, 2013).

Effective implementation of the nursing process leads to improved quality of care and facilitates the recovery and healing process thereby minimizing the hospital stay, (Shewangizaw and Mersha, 2015). This promotes communication between nurses about various aspects of patient care through the provision of goal-oriented holistic care, (Mbithi, Mwenda & Karonjo, 2018). In addition, the nursing process promotes logical justification of various activities performed hence enabling an autonomous and distinct profession, (Molla, 2014).

Globally, the use of the nursing process is considered to be an integral part of nursing education, practice, dynamic client, care, and critical thinking to address the client needs, (Siemuri, Oladayo, & Ugochikwu, 2014). There has been a progressive adoption of the nursing process among nurses in Spain where it originated as well as in the United States of America and Canada. However, there are varying adoption rates in various regions and countries, (Adraro & Mengistu, 2020). A good example of this variation is that in Brazil, 81.77% of nurses use the method, and less than 30% in Madagascar, (Azevedo *et al.*, 2019).

In most African countries, the use of the nursing process is approved although the implementation is unsatisfactory, (Mbaku & Demba, 2014). For instance, a study done in Ghana indicated that,

although nurses had adequate theoretical knowledge about the nursing process, only 30.5% were practically implementing it, (Yeboah, Korsah & Okrah, 2017). Furthermore, a study in Ethiopia revealed that only 37.1% of nurses practiced well the nursing process which directly affected the quality of care given to patients, (Mangere *et al.*, 2016).

A Kenyan study showed that 93% of nurses are aware of the nursing process although successful implementation lies between 25 – 40%, (Isika, 2018). This has contributed to the negative attitudes of nurses toward the method, (Mwangi, Lucy & Mbugua, 2019).

Uganda like many Sub-Saharan African countries, nurses lack adequate knowledge and training on the use of the nursing process which has been a great hindrance to the implementation, (Awasum & Adelphine, 2021). The unfavorable perceptions of nurses towards nursing documentation are factors that prevent routine use of the nursing process. Most of the nurses are aware of the nursing process but cannot provide a detailed description of how to write and use it during patient care, (Kigongo, 2019). At Entebbe Regional Referral Hospital, no published study on the implementation of the nursing process is available.

1.1. Specific objectives.

- To determine nurses related factors affecting the implementation of the nursing process among nurses at Entebbe Regional Referral Hospital, Wakiso district.
- To identify the institutional factors affecting the implementation of the nursing process among nurses at Entebbe Regional Referral Hospital, Wakiso district.

2. METHODOLOGY.

2.1. Study design and rationale.

The researcher used a descriptive cross-sectional design because it enabled the researcher to obtain data at one point in time. It was used because the study aimed at assessing utilization

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in a defined population. The study was cross-sectional because it provided a snapshot of the existing practices, Quantitative data collection was used to collect numerical information.

2.2. Study setting and rationale.

The study was a health facility-based study that was carried out at Entebbe Regional Referral Hospital, Entebbe town, Entebbe Municipality, Wakiso District approximately 44 kilometers by road from Kampala city center. The hospital offers services like pediatric, surgical, medical, emergency medicine, isolation units, and intensive care. The study area was chosen because it is a referral hospital where patients require individualized care depending on their health condition through the implementation of the nursing process.

2.3. Study population.

The study population included nurses that is; enrolled nurses, registered nurses, and bachelor nurses in the surgical ward, medical ward, pediatric ward, and intensive care unit at Entebbe Regional Referral.

2.4. Sample size determination.

A sample size of 32 respondents was used based on UNMEB recommendations of not less than 30 participants. This is because it was easily attainable and considered adequate for generalization.

2.5. Sampling procedure.

The study used a convenient nonrandom sampling method. This was because nurses at the hospital are in scattered departments which are always busy therefore requiring the researcher to interview those who were free. The process involved tracing health workers at their departments and those who were found during the data collection period they were interviewed if they fulfilled the inclusion criteria.

2.6. Inclusion criteria.

The study participants were required to be Ugandan, female and male nurses who were staff or interns at the hospital working in the surgical ward, medical ward, pediatric ward, and intensive care unit who were willing to voluntarily consent to participate in the study.

2.7. Exclusion criteria.

Nurses who were mentally ill and on annual leave were not involved in the study.

2.8. Definition of variables.

2.8.1. Independent variables.

The independent variables of the study were nurse' related factors and institutional-related factors.

2.8.2. Dependent variable.

The dependent variable of the study was the implementation of the nursing process.

2.9. Research Instrument.

A semi-structured questionnaire was used to collect information from respondents. This was because questionnaire ensured a high degree of privacy and easy collection of data within a short period. The questionnaire was divided into two sections that are; nurse-related factors and institutional-related factors with both open-ended and closed-ended questions in nature. To ensure the accuracy, validity, and reliability of the questionnaires pretesting was done at China Uganda Friendship Hospital.

2.10. Data Collection Procedures.

The data collection procedure began with the researcher explaining the procedure to the respondents and then those who were willing to participate voluntarily signed a consent form. Following consent, the self-administered questionnaires were issued to respondents and provided relevant guidance to the respondents on questions that they did not understand. The procedure involved at least eight nurses per day and the whole process took four days with a single ward assessed per day where questionnaires were gathered at the

end of each day. This was done from 12th March to 15th March 2023.

2.11. Data Management.

The information collected was edited, coded, and reviewed daily for accuracy, consistency, and completeness and this was done immediately before the respondents left. To avoid alteration in the findings, the questionnaires were kept on a lockable shelf only accessible to the researcher with soft copies protected using a private - personal password.

2.12. Quality control techniques and reliability.

Questionnaires were pretested among four (4) nurses at China Uganda Friendship Hospital Naguru to assess the validity and reliability of the tool. Identified mistakes were corrected according. To avoid biases in the sample each unit was represented by an equal number of participants and assurances of confidentiality and privacy were done to reduce biases towards the study.

2.13. Data Analysis.

The collected data was manually analyzed and tallied, the results were processed using Microsoft Word and Excel programs. These were presented in the form of frequency tables, figures, pie charts, graphs, and narratives.

2.14. Ethical considerations.

Approval was obtained from the research supervisor, permission was sought and granted from the Principal of Mildmay Uganda School of Nursing and Midwifery by obtaining an introductory letter. The letter was taken and presented to the director of Entebbe Regional Referral Hospital Wakiso district.

Each study respondent was informed of the title of the study, its objectives, and the aim. They were also informed of voluntary participation and the freedom to withdraw at any stage of the study. Then respondents' consent was sought and once obtained the questionnaire was given. Confidentiality of collected information was ensured through the numbering of questionnaires

other than indicating the names of the respondents.

3. FINDINGS.

A sample of 32 nurses was selected out of 63 potential participants. 31 were not present because some had worked night duty and others were off duty. The response rate was 100% as all participants were willing to participate in the study. Results were presented using tables, graphs, and pie charts.

3.1. Demographic characteristics of respondents.

Table 1 shows that, the majority of respondents, 23(71.9%) were female while the minority of respondents, 9(28.1%) were male.

Half of the respondents, 16(50%) were aged 30 – 39 years while at least, 3(9.3%) were aged 50 years and above.(Table 1)

Most of the respondents, 17(53.1%) had certificates while the least of the respondents, 4(12.5%) had bachelor's degrees.(Table 1)

The majority of the respondents, 22(68.7%) had working experience of 10 – 20 years while the only 1(3.1%) had experience of less than 5 years Nurse-related factors affecting the implementation of the nursing process among nurses.(Table 1)

Table 2 shows that all respondents, 32(100%) knew about the nursing process of which the majority 25(78.1%) knew less than three steps involved while minority 2(6.3%) did not know.

Figure 1 shows that majority of the respondents, 25(78.1%) had not received refresher training about the nursing process while minority 7(21.9%) had received refresher training.

Table 3 shows that most of the respondents, 18(56.3%) agreed that implementation of the nursing process is necessary while the least, 3(9.3%) disagreed that implementation of the nursing process is not necessary.

More than half of the respondents, 18(56.3%) strongly disagreed that the nursing process should be mandatory while only 2(6.3%) agreed about

Table 1: Demographic

Variable	Response	Frequency (f)	Percentage (%)
Gender	Male	9	28.1
	Female	23	71.9
	Total	32	100
Age bracket (years)	20 – 29	3	9.3
	30 – 39	16	50
	40 – 49	10	31.4
	50 and above	3	9.3
	Total	32	100
	Highest academic qualifications	Certificate	17
Diploma		11	34.4
Bachelors' degree		4	12.5
Total		32	100
Working experience	Less than 5 years	1	3.1
	5 – 10 years	5	15.6
	10 – 20 years	22	68.7
	Above 20 years	4	12.5
	Total	32	100

Source: Primary data 2023

Table 2: Awareness

Variable	Response	Frequency (f)	Percentage (%)
Awareness of the nursing process	Yes	32	100
	No	0	0
	Total	32	100
Awareness of steps involved in the nursing process	Knew less than three steps	25	78.1
	Knew five steps	5	15.6
	Did not know	2	6.3
	Total	32	100

Source: Primary Data 2023

implementation of the nursing process being made mandatory for every patient.(Table 3)

The majority of the respondents, 19(59.4%) strongly agreed that the nursing process is time-consuming while the minority of the respondents, 2(6.3%) strongly disagreed about the nursing process not consuming time at all.(Table 3)

Slightly more than a third of respondents, 11(34.4%) strongly disagreed while the least, 3(9.3%) were neutral.(Table 3)

Nearly all respondents, 29(90.6%) strongly agreed that nursing care plans should be drawn on very sick patients only while only 1(3.1%) strongly disagreed about the nursing care plans catering only to those who are very ill.(Table 3)

Almost half of the respondents, 14(43.8%) strongly disagreed that writing a nursing process is a burden while the least, 5(15.6%) strongly agreed that the nursing process is a burden.(Table 3)

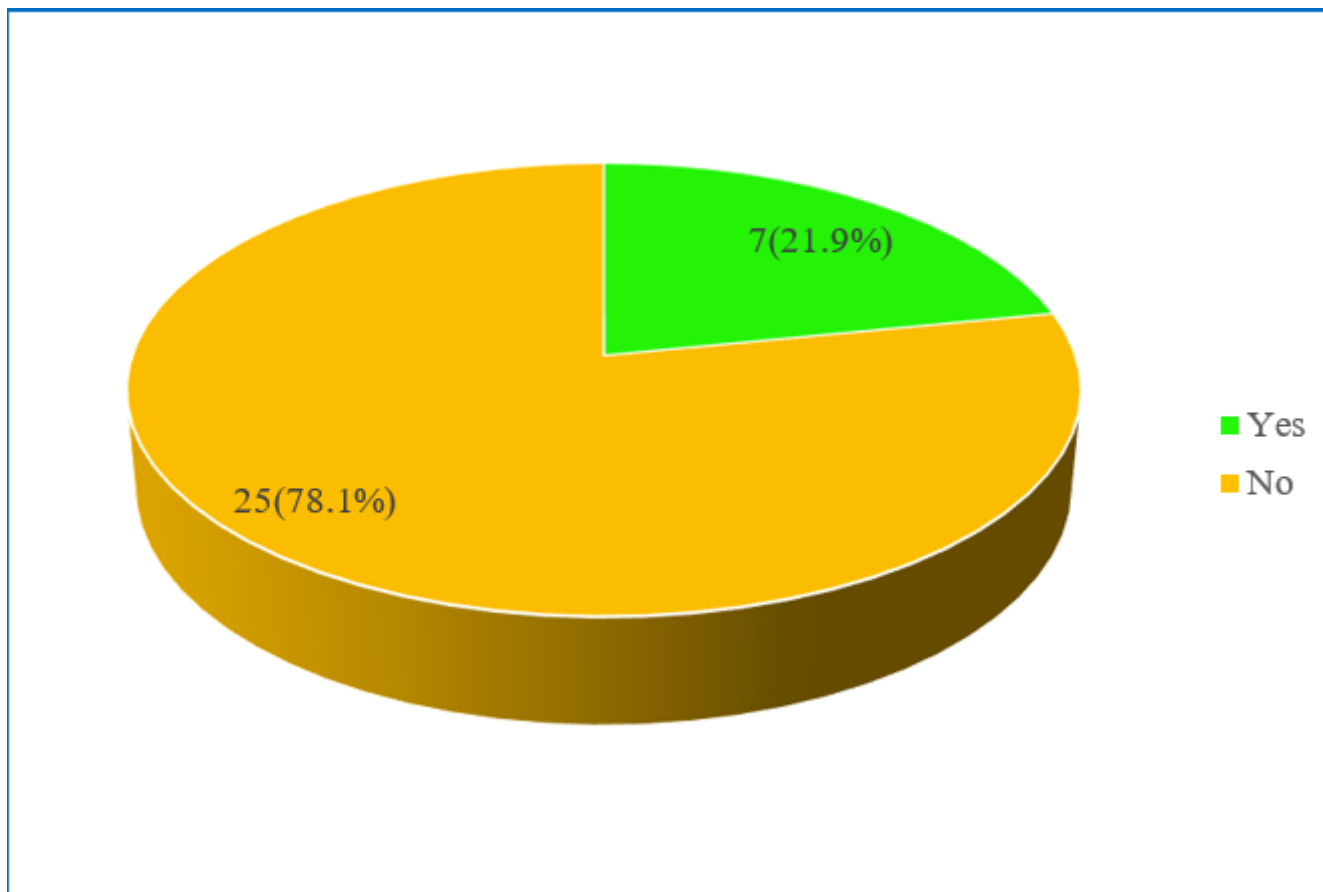


Figure 1: **Reception of refresher training of nursing process. n = 32**

The majority of respondents, 24(81.2%) were unwilling to use the nursing process always while the minority of the respondents, 6(18.8%) were willing to use the nursing process always.(Table 3)

Figure 2 shows that almost all respondents, 30(93.7%) did not have enough time to use the nursing process while only 2(6.3%) had enough time to implement the nursing process.

3.2. Institutional factors affecting the implementation of the nursing process.

Table 4 shows that three-quarters of respondents, 24(75%) did not have laws regarding the use of the nursing process while a quarter, 8(25%) had laws regarding the use of the nursing process. Among those who reported the existence of laws, the majority 7(87.5%) mentioned that all patient's nursing plans should be updated daily while the minority, 1(12.5%) mentioned critical

patients should be managed with the nursing process.

The majority of the respondents, 27(84.4%) were never supported during the use of the nursing process while the minority of the respondents, 1(3.1%) always received support during the use of the nursing process. Among them, 3(60%) were guided on interventions needed while 1(20%) were monitoring the effectiveness of the plan.(Table 4)

Table 4 shows that of all respondents, 32(100%) reported an absence of designed forms for the nursing process.

Table 4 shows that half of the respondents, 16(50%) had nurse to patient ratio of 1:>20 while only 7(21.9%) patient ratio of 1:1.

Table 4 shows that nearly all respondents, 31(96.9%) were never supervised while using the nursing process while only 1(3.1%) was supervised.

Table 4 shows that the majority of the respondents, 29(90.6%) were not motivated to use the

Table 3: Attitudes towards use of nursing process. n = 32

Statement	Variable	Frequency (f)	Percentage (%)
Use of nursing process is necessary	Strongly agree	11	34.4
	Agree	18	56.3
	Neutral	0	0
	Disagree	3	9.3
	Strongly disagree	0	0
Nursing process should be mandatory	Strongly agree	0	0
	Agree	2	6.3
	Neutral	3	9.4
	Disagree	9	28.1
	Strongly disagree	18	56.3
Nursing process is time consuming	Strongly agree	19	59.4
	Agree	8	25
	Neutral	0	0
	Disagree	3	9.3
	Strongly disagree	2	6.3
The nursing process improves the quality of nursing care	Strongly agree	4	12.5
	Agree	5	15.6
	Neutral	3	9.3
	Disagree	9	28.1
	Strongly disagree	11	34.4
Nursing care plans should be drawn for very sick patients only	Strongly agree	29	90.6
	Agree	2	6.3
	Neutral	0	0
	Disagree	0	0
	Strongly disagree	1	3.1
Writing a nursing process is a burden	Strongly agree	5	15.6
	Agree	5	15.6
	Neutral	0	0
	Disagree	8	25
	Strongly disagree	14	43.8
Am willing to use the nursing process always	Yes	6	18.8
	No	24	81.2

Source: Primary Data 2023

nursing process while only 1(3.1%) was motivated through promotion.

Table 4 shows that most of the respondents, 28(87.5%) reported the working environment to be unfavorable regarding the use of the nursing process while the least, 4(12.5%) regarded it to be favorable.

Figure 3 reported that most of the respondents,

13(40.6%) reported challenges of inadequate staff at the facility while 1(3.1%) reported poor lighting system could limit them from using the nursing process.

Table 5 shows that three quarters of respondents, 24(75%) suggested recruitment of more staff, 7(21.9%) suggested increase on supply of documentation sheets while only 1(3.1%) sug-

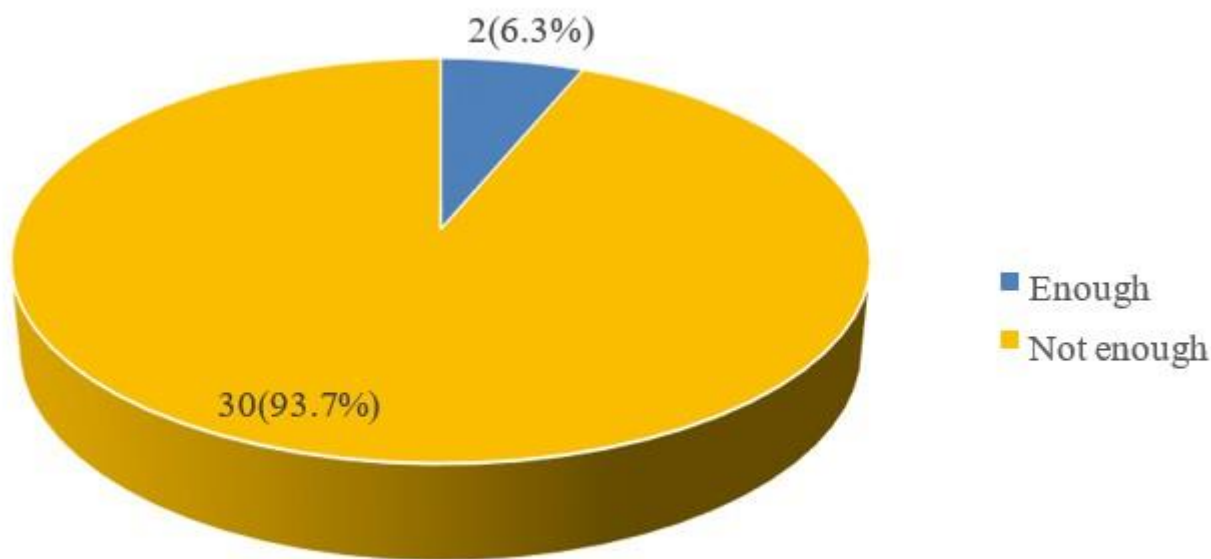


Figure 2: Presence of enough time use nursing process. n = 32 Source: Primary Data 2023

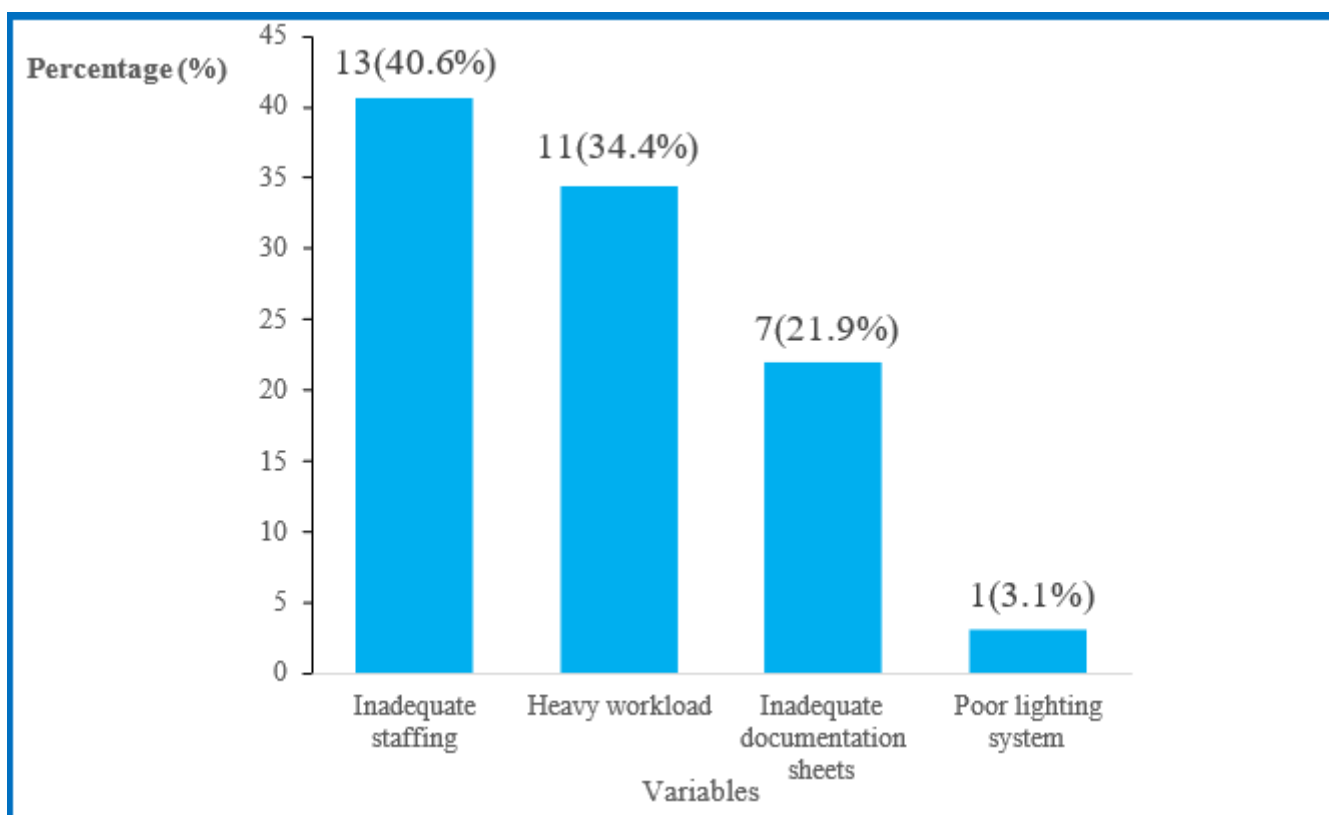


Figure 3: Other factors that negatively affect implementation of the nursing process. n = 32 Source: Primary Data 2023

Table 4: **Institutional factors affecting the implementation of the nursing process. n= 32**

Variable	Response	Frequency (f)	Percentage (%)
Presence of laws regarding the use of the nursing process	Yes	8	25
	No	24	75
	Total	32	100
Existing laws at the units	All patient's nursing plans should be updated daily	7	87.5
	Critical patients should be managed with the nursing process	1	12.5
	Total	8	100
Support during the use the of nursing process	Always	1	3.1
	Sometimes	4	12.5
	Never	27	84.4
Form of support offered	Total	32	100
	Guiding on intervention need	3	60
	Monitoring of the effectiveness of the plan	1	20
Presence of designed forms for the nursing process	Directing on how to develop it	1	20
	Total	5	100
	Yes	0	0
Nurse-to-patient ratios	No	32	100
	Total	32	100
	1:2	7	21.9
Supervision of the use the of nursing process	1:2-20	9	28.1
	1:>20	16	50.0
	Total	32	100
Motivation strategies for using the nursing process	Yes	1	3.1
	No	31	96.9
	Total	32	100
Description of tthe working environment in relation to the nursing process	Certificate appraisal for use	3	9.3
	Promotion	1	3.1
	None	29	90.6
Description of tthe working environment in relation to the nursing process	Total	32	100
	Favorable	4	12.5
	Unfavorable	28	87.5
Description of tthe working environment in relation to the nursing process	Total	32	100

Table 5: Measures that should be put in place to address these challenges. n = 32

Variable	Frequency (f)	Percentage (%)
Recruitment of more staff	24	75
Increase on supply of documentation sheets	7	21.9
Replacement of old lights	1	3.1
Total	32	100

Source: Primary Data 2023

gested replacement of old lights.

4. DISCUSSION.

4.1. Demographic characteristics of respondents.

The findings of the study revealed that the majority of respondents, 23(71.9%) were female. This might be because nursing was traditionally a vocation of female individuals therefore, their dominance in the study sample indicates they are responsible for the low implementation of the nursing process. This is contrary to a study by Miskir & Emishaw, (2018) that found that 51.9% of male nurses were using the nursing process as compared to female nurses (31.2%).

Of most of the respondents, 17(53.1%) were certificate holders. This meant that most nurses had acquired limited information about the nursing process as well as identification of the nursing needs of the patients therefore unable to implement the method. This is in agreement with a study by Miskir & Emishaw, (2018) revealed that bachelor holders (65.7%) were implementing the nursing process, unlike the diplomaholders.

According to the findings, the majority of the respondents, 22(68.7%) had working experience of 10 – 20 years. This meant that nurses had adequate experience and exposure to the nursing process thereby likely to implement and use the method. This contradicts a study by Oronje & Munyasa (2018), nurses of experience less than five years had implemented the nursing process compared to nurses of experience more than five years.

4.2. Nurses-related factors affecting the implementation of the nursing process among nurses.

The study results showed that the majority 25(78.1%) knew less than three steps involved in the nursing process. This could be due to a lack of refresher training about the nursing process. This implies that the majority were incapable of developing a complete nursing care plan. This is in disagreement with a study by Aseratie *et al.* (2014) showed that 25% of those that had moderate knowledge of the nursing process as they could identify the five steps involved were implementing it.

Findings showed that the majority of the respondents, 25(78.1%) had not received refresher training about the nursing process. This could be due to limited continuous professional development (CPD) opportunities hence creating knowledge gaps that affect the appropriate use of the method. Similarly, a study by Aseratie *et al.*, (2014) revealed that a 21.4% lacked training about the use of the nursing process was hindering the implementation among nurses, and also a study by Adraro *et al.*, (2020) found that trained nurses on the use of the nursing process were 3.8 times likely to implement the nursing process than the untrained.

Nursing care plans are known to be used for critically ill patients as demonstrated by, 90.6% to ensure close monitoring and early interventions. However, its implementation in the care of patients is attributed to their attitude during patient care. Isaiah *et al.*, (2019).

The majority of respondents, 24(81.2%) were unwilling to use the nursing process always. This could be due to beliefs that some patients do not

require the use of the nursing process as well as thoughts that writing the nursing process is burdening. On the contrary, another study done by Hagos *et al.*, (2014) found out that more than three-quarters of participants were convinced that the nursing process will work if applied in patient care.

Almost all respondents, 30(93.7%) did not have enough time to use the nursing process. This might have been due to the heavy patient workload in addition to the many stages and steps involved in designing the nursing process which is believed to be time-consuming. This is in agreement with a study by Mwangi *et al.*, (2019), it was found out 81.2% felt that the nursing process is time-consuming. Similarly, a study by Adraro *et al.*, (2020) revealed that 53.6% of nurses reported inadequate time to use the nursing process as a limiting factor.

4.3. Institutional factors affecting the implementation of the nursing process.

Three-quarters of respondents, 24(75%) did not have policies regarding the use of the nursing process. This created reluctance among nurses from implementing the nursing process as they do not expect any penalty for not performing it. Similarly, a study by Sadeghzahed *et al.* (2016) lack of punishment and reward system for using the nursing process could act as a strong factor in poor nursing care plan use practices among nurses.

The majority of the respondents, 27(84.4%) were never supported during the use of the nursing process. This was because the nursing process was usually developed based on personal judgment and assessment thereby the absence of support offered. This is contrary to a study by Hagos *et al.*, (2014) 47.0% revealed that the hospital supports the use of the nursing process as well as a study by Kigongo (2019) found that all respondents reported that the hospital administration support the use of the nursing process.

Of all respondents, 32(100%) reported an absence of designed forms for the nursing process. This could cause variations in forms to use since they are based on individual knowledge thereby

leading to the low implementation of the nursing process. In line with a study by Mwangi *et al.*, (2019) found out that, 66.7% suggested lack of standard forms was a factor that limited the implementation of the nursing process also a study by Kigongo, (2019) identified that 9.5% of nurses reported a lack of supplies necessary for drafting a nursing process hence limiting its implementation.

The majority of the respondents, 29(90.6%) were not motivated to use the nursing process. This was due to the absence of a standard appraisal program at the health facility and this created reluctance among nurses from implementing the nursing process as they did not expect any reward. This is in disagreement with a study by Mote *et al.*, (2016) which revealed that nurses who were motivated by the leaders practiced 47.1% of good nursing documentation using the nursing process.

Most of the respondents, 28(87.5%) reported the environment to be unfavorable regarding the use of the nursing process. This might be due to poor lighting and spacing in the ward. This causes discomfort to nurses thereby ignoring the use of the nursing process. This is in line with a study by Aseratie *et al.*, (2014) which revealed that 72.9% had stress full working environments that constrained the implementation of the nursing process.

5. CONCLUSIONS.

Both nurse-related and institutional factors were hindering the implementation of the nursing process.

Nurse-related factors ranged from lack of awareness of steps involved in the nursing process, time inadequacy, negative perceptions towards the nursing process, and absence of refresher training.

Institutional factors such as the absence of laws, designed nursing process forms, lack of motivation, and unfavorable working conditions hindered the implementation of the nursing process.

6. LIMITATIONS OF THE STUDY.

The researcher used a cross-sectional study design which was hard to generalize.

Financial constraints were predicted due to variations in the prices of logistics.

7. RECOMMENDATIONS.

7.1. *Recommendations to the Ministry of Health.*

The Ministry of Health should design and supply standard nursing process documentation sheets as this will offer guidance to nurses on what and how to present it.

7.2. *Recommendations to Entebbe Regional Referral Hospital.*

Entebbe Regional Referral Hospital should develop policies pertaining implementation of the nursing process, supervision, and motivation of nurses as this will enhance its implementation.

The hospital should address the working station challenges like lighting systems by installing new lights and repairing loose connections. This will create a favorable environment that favors the implementation of the nursing process.

7.3. *Recommendation to researchers.*

Generalization of the Future researchers should employ and use other study designs while conducting related studies to enable findings.

7.4. *Recommendations to Nurses.*

Nurses should seek CPD opportunities using available means like internet channels (google and you tube) which will assist in improving their knowledge about the nursing process.

Interested nursing researchers are urged to conduct related studies in similar settings.

8. Implications to nursing practice.

The implementation of the nursing process is constrained by the absence of hospital policies and Systems can be changed if nursing managers take the initiative to advocate and develop such systems and policies.

9. Source of funding.

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11. ABBREVIATIONS AND ACRONYMS.

MoH: Ministry of Health

UNMC: Uganda Nurses and Midwives Council

UNMEB: Uganda Nurses and Midwives Examinations Board

WHO: World Health Organization.

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