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Determinants of Inadequate Utilization of Nursing Process among Registered Nurses in State Hospital Abeokuta, Ogun State

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Abstract

Nursing process is a framework used to provide an effective, coordinated, and organized quality care for patients, which result in improved quality of care and decrease potential complication, hospital length of stay, and cost of care. This study sought to investigate the determinants of inadequate utilization of Nursing process among registered Nurses in State Hospital, Abeokuta, Ogun state, Nigeria. This descriptive cross-sectional study involves 105 consenting respondents purposively selected among Registered Nurses in State Hospital, Abeokuta. A pretested semi structured interviewer administered questionnaire was used to obtain information from the respondents. Data were entered into SPSS version 25 and analyzed using descriptive statistics, Chi-square test and logistic regression model with level of significance set at 5%. Data were presented using frequency distribution tables and pie chart. Majority (82.9%) of the respondents were females, 66.7% were married, 33.3 % had completed their BNSc education. Eighty percent had good knowledge score, while 76.2% had good perception score. Eighty nine (89.5) percent confirmed that there was irregular in-service training on nursing process, resulting in inadequate utilization. More than 80% affirmed that there was shortage of nursing staff in the facility and 81.0% confirmed that Nursing process supervision with specific instructions mandating the use of nursing process in the facility were inadequate. There was significant relationship between perception of nursing process utilization and nurses' years of experience, rank and qualifications (p< 0.05). Though, utilization of Nursing process was inadequate due to shortage of staff, irregular in-service training, lack of

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adequate supervision, and low level of commitment on the part of nurses, still, registered nurses' knowledge and perception of nursing process was said to be good.

Keywords: Determinants, Inadequate utilization, Nursing process, Registered nurses**,**

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Introduction

Nursing process remains the framework used in providing effective, coordinated, and organized quality care to patients, resulting in improved quality care and decreases potential complication, hospital length of stay, and cost of care. Nursing process has become the basis of contemporary practice, core component of nursing education as well as a point of reference in providing nursing care globally. Most importantly, it has been placed centrally in all nursing actions, which is applicable in any setting and within any reference frame[1]. Studies have revealed difficulties in utilization of nursing process among institutions especially in developing countries[2, 3].

Nursing process has been adopted in many African countries; still, its implementation in the clinical setting has been problematic. Nursing process started in Nigeria in the 1980s in most University degree programs but the implementation in the clinical areas did not start until the 1990s. Inadequate implementation of nursing process in both government and private health institutions is one of the problems currently facing nursing profession in Nigeria[4]. The Nursing and Midwifery council of Nigeria has fostered increased awareness as regards the utilization of nursing process through seminars and workshops.

Effective implementation of nursing process leads to improved quality of care, facilitates, and healing process and in doing so minimizes hospital stay, increases patient satisfaction, and increases service utilization[5]. In spite of the numerous benefits of the utilization of nursing process for patient care delivery by nurses as suggested by literature; the poor utilization is quite appalling[6, 7]. Studies have shown that there are many barriers that interfere with the utilization of the nursing process, some of these barriers are lack of sufficient motivation in using the nursing process, lack of enough skill for using the nursing process, lack of interest in using the Nursing process, lack of cooperation among the nurses, shortage of nursing staff, lack of adequate monitoring, lack of adequate facilities, lack of enough time, lack of attention to the importance of nursing process, lack of specific instructions, and lack of enough trained nurses [8, 10, 11, 12, 13, 14]. This study therefore sought to identify the determinants of inadequate utilization of the nursing process among registered nurses in State Hospital, Abeokuta, Ogun state, Nigeria. The study specifically assessed the level of knowledge of the nursing process among registered nurses; determined the perception of registered nurses about nursing process; and ascertained the determinants of inadequate utilization of nursing process among registered nurses.

METHODOLOGY

Study Area: The study setting is State Hospital, Abeokuta, Ogun State. It represents a secondary health care facility located in Ijaiye, an urban area of Abeokuta, in Ogun state. State Hospital, Abeokuta was established in 1914 at Wasimi, Ake, and later moved in to the present site at Sokenu, Ijaiye, in Abeokuta after the World War II. It has a total bed capacity of 250 and renders services to patient in Abeokuta and environs. The hospital provides inpatient, outpatient, a 24hours emergency service and other secondary health care services to patients and clients. The hospital currently has 8 wards as well as children emergency room, theatre, accident and emergency unit, family planning unit, catering department, pharmacy department, outpatient department, ophthalmology unit and medical laboratory department. The total number of nurses working in the hospital is 146 and they operate a three (3) shifts system (i.e morning, afternoon, and night).

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Study Population: The study population were all registered nurses working in State Hospital, Abeokuta, Ogun state.

Study Design: The study was a descriptive cross- sectional study which was carried out among registered nurses working in State Hospital Abeokuta, Ogun state, Nigeria from December 2019 to May 2020.

Sample size calculation: sample size was calculated using the Cochran formula. Standard normal deviation was set at Z= 1.96, with 95% confidence level and level of significance set at 0.05. Proportion of nurses utilizing nursing process in Nigeria was 57.1%[15]. With the use of Cochran formula, calculated final sample size was 105.

Sampling Technique: All registered nurses working in the hospital who met the inclusion criteria were eligible to take part in the sampling procedure. Stratified random sampling technique was employed to select the study participants. All the wards and units of the hospital where nurses work formed the strata. Simple random sampling technique was used to select study participants from each of the strata.

*Inclusion criteria and exclusion criteria***:** All consenting registered nurses with valid Identity card or professional licence at the State Hospital Abeokuta was included in the study. Any non-consenting Nurse without the above criterial were excluded from the study.

Study Instrument: The instrument for the data collection was a pretested semi structured interviewer administered questionnaire. The study objectives were used as a guide in the development of each section of the questionnaire. The questionnaire was pretested for content validity, using 10% of estimated sample size. For face validity, a draft of the questionnaire was constructed, same underwent an independent review among peers and experts in the field of nursing. Supervisor's final review for quality and consistency was then used to fine-tune the instrument. Special care was taken to monitor the quality of data collected through supervision. The questionnaire was pre-tested in a similar facility to ascertain suitability and appropriateness. Suggested corrections were made before the final instrument was administered. The reliability of the questionnaire was determined by considering the content and item analysis from the pre-test using Cronbach's Alphawith computed result of 0.84, which was interpreted as reliable.

Data Collection: Quantitative data was collected using a semi-structured interviewer-administered pretested questionnaire. This was because the respondents are literate and would allow for individual privacy. They were however assisted where necessary. The instrument was designed after a review of the literature. Each respondent was given a maximum of an hour to complete the questionnaire after which it was collected. This is to ensure their true responses were collected and also, they would not have the opportunity to read about the topic before giving their responses.

Data management: A manual of field operation was prepared to explain how entries were made, how key information was met, how questionnaires were administered and how the variables were coded. Processing of the data included sorting, scoring, cleaning and coding of the questionnaire. Serial number was written on each questionnaire for easy identification and recall of any instruments that might got missing or any not properly answered. A coding scheme guide was developed after carefully reviewing the respondents' responses. The questionnaire was stored in a place that was safe from destruction and unauthorized person were not allowed to have access to the research instrument

Statistical Analysis: Data entry was done using Statistical Package for Social Science Software (IBM SPSS Version 25) Simple percentages, tables and inferential statistics like chi-

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square were used to present the analyzed data. As quantitative data, analysis was done using descriptive statistics, Null hypotheses were tested using Chi square test at 0.05 level of significance.

Ethical Considerations: Ethical approval was obtained from the Babcock University Health Research Ethics Committee (BUHREC) Ilishan Remo for approval and to administer questionnaires. A letter of introduction and permission from the school was taken to the ethical committee of State Hospital Abeokuta, and permission to conduct the study was obtained. The respondents' consent was obtained after provision of adequate, clear and complete information about what the study entailed. A written informed consent was obtained from each participant. Ethical standard principle was adhered to in order to ensure confidentiality. Names of the respondent and any other personal identifiers was not written on the copies of questionnaires. Participants were informed that participation is voluntary and that data collected would be used mainly for research purposes. Anonymity and confidentiality of responses was ensured.

Results (N = 105)

Socio-demographic information of respondents

Figure 1 shows the age distribution of respondents. Thirty nine (37.1%) (n = 39) of respondents were between age 20-29. Thirty four (32.4%) were between age 40-49, and 18 (17.1%) were between age 30-39. Fourteen (13.3%) of respondents were between the ages 50-59 years. The mean age was 2.2±1.09.
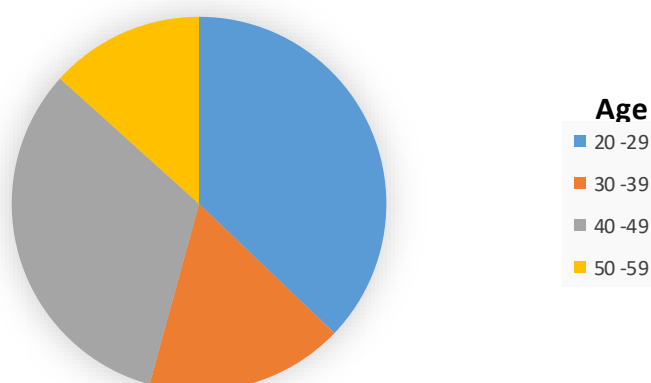

Figure 1: Age distribution of respondents

Table 1 shows qualifications of respondents. Out of 105 respondents, 35(33.3%) had RN/RM, 35(33.3%) also had BNSc, followed by 24 (22.9%) with only RN qualification, while 11(10.5%) had other degrees or certificates

Table 1: Qualifications of respondents

Level of Education	Frequency	Percentage (%)
RN	24	22.9
RN/RM	35	33.3
BNSc	35	33.3
Others	11	10.5
Total	**105**	**100**

Knowledge of Nursing Process among Respondents
Table 2 shows the knowledge score of respondents. Eighty four (80%) of respondents had a good knowledge of nursing process while 21(20%) had a poor knowledge of nursing process.
Table 2: Knowledge score of respondents.

Knowledge score	Frequency	Percentage (%)
Good knowledge	84	80.0
Poor knowledge	21	20.0
Total	**105**	**100**

Determinants of Utilization of Nursing Process
Table 3 discussed lack of adequate practical skills as a determinant of inadequate utilization of nursing process among registered nurses. Ninety three (88.6%) of respondents had enough understanding and practical skill on utilization of nursing process while 12 (11.4%) were not. Fifty five (52.4%) of respondents confirmed that registered nurses in the facility didn't receive periodic training on nursing process, while 42(40.0%) affirmed the existent of periodic training. Ninety four (89.5%) of the respondents confirmed that irregular nursing process in-service training remains a significant barrier to its inadequate utilization, but 11(10.5% are not in support of this statement

Table 3: Lack of adequate practical skills determinants

Understanding/practical skills on the use of nursing process.	Frequency	Percentage (%)
Yes	93	88.6
No	12	11.4
Total	**105**	**100**
Periodic training on the utilization of nursing process for nurses in the facility.		
Yes	42	40.0
No	63	60.0
Total	**105**	**100**
Irregular in- service training on nursing process result in its inadequate utilization		
Yes	94	89.5
No	11	10.5
Total	**105**	**100**

Table 4 Discussed shortage of staff determinants. Ninety three (88.6%) of the respondents confirmed shortage of nursing staff while 12(11.4%) objected to this fact. Eighty nine (84.8%) of respondents attributed shortage of nursing staff to inadequate utilization of nursing process while 16(15.2%) objected to this fact.
Table 4: Shortage of staff determinant

Shortage of nursing staff in this facility.	Frequency	Percentage (%)
Yes	93	88.6
No	12	11.4
Total	**105**	**100**

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Shortage of nursing staff has contributed to inadequate utilization of nursing process.		
Yes	89	84.8
No	16	15.2
Total	**105**	**100**

Table 5 Discussed non-availability of nursing process materials determinants. Fifty nine (58.2%) of the respondents confirmed inadequate of nursing process documentation materials while 46(43.8%) agreed that materials for nursing process documentation were adequate. Fifty-five (52.4%) confirmed that the nursing process materials were not available, but 42(40.0%) confirmed the availability of the materials while minority 4(3.8%) promised to either inquire or admit that they can't recollect.

Table 5: Non-availability of nursing process materials determinants

Inadequate materials for nursing process documentation in the facility.	Frequency	Percentage (%)
Documentation was inadequate	59	56.2
Documentation was adequate	46	43.8
Total	**105**	**100**
Nursing process materials are not available at all.		
Materials were unavailable	55	52.4
Materials were available	42	40.0
I don't know	8	7.6
Total	**105**	**100**

Table 6 discusses lack of adequate supervision determinants**.** Eighty five (81.0%) of the respondents confirmed non- existence of specific instructions mandating the use of nursing process, but 16(15.2%) affirmed that specific instructions mandating the use of nursing process were on ground while minority; 4(3.8%) agreed to inquire if there are specific instructions. Eighty-five(81.0%) of the respondents admitted that there was no adequate nursing leaders' supervision on utilization of nursing process but 20(19.0%) confirmed the presence of adequate supervision while 4(3.8%) promised to inquire. Eighty five(81.0%) of the respondents admitted that there was no form of punishment for nurses that refuse to utilize nursing process, 12(11.4%) admitted that there was standby punishment for nurses while minority 4(3.8%) agreed that they can't recollect and others pleaded for permission to inquire.

Table 6: Lack of adequate supervision determinants

Specific instructions mandating the use of nursing process in the facility.	Frequency	Percentage (%)
Yes, there are	16	15.2
No there aren't	85	81.0
I don't know	4	3.8
Total	**105**	**100**
Adequate supervision from nursing leaders on the use of nursing process.		

Yes, there is	20	19.0
No. there isn't	85	81.0
I don't know	4	3.8
Total	**105**	**100**
Punishment for nurses who refuse to utilize the nursing process.		
Yes, there is	12	11.4
No, there isn't	85	81.0
I don't know	8	7.6
Total	**105**	**100**

Hypothesis 1: There is no significant association between nurses' years of experience and their perception of utilization of nursing process

Table 7

Years of experience of the respondents	Perception of utilization of nursing process in hospital facility					
	Excellent	**Good**	**Fair**	**Poor**	**chi square**	**P-value**
1-10	0(0.0%)	4(9.3%)	31(72.1%)	8(18.6%)	32.204	<0.001
11-20	0(0.0%)	4(100.0%)	0 (0.0%)	0(0.0%)		
21-30	4(7.4%)	21(38.9%)	22(40.7%)	7(13.0%)		
ABOVE 30	0(0.0%)	4(100.0%)	0(0.0%)	0(0.0%)		
Total	**4(3.8%)**	**33 (31.4%)**	**53(50.5%)**	**15 (14.3%)**		

Table 7 showed the association between nurses' years of experience and their perception of utilization of nursing process. It was discovered that there was significant association between respondents' years of experience and their perceived utilization of nursing process (chi-square = 32.204, p-value<0.05). The null hypothesis is thus rejected.

Hypothesis 2: There is no significant association between Nurses rank and their perception of utilization on nursing process

Table 8:

Present rank	Nurses rank and their perception on utilization of nursing process.					
	Excellent	**Good**	**Fair**	**Poor**	**chi square**	**P-value**
Nursing Officer II	0(0.0%)	8(38.1%)	9(42.9%)	4(19.0%)	74.794	0.000
Nursing Officer I	0(0.0%)	0(0.0%)	17(81.0%)	0(0.0%)		
Senior Nursing Officer	4(36.4%)	3(27.3%)	4(36./4%)	0(0.0%)		
Principal Nursing Officer	0(0.0%)	4(16.7%)	13(54.2%)	7(29.2%)		
Chief Nursing	0(0.0%)	15(78.9%)	4(21.1%)			

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Officer				0(0.0%)		
Assistant Director of Nursing	0(0.0%)	3(33.3%)	6(66.7%)	0(0.0%)		
Total	**4(3.8%)**	**33(31.4%)**	**53(50.5%)**	**15(14.3%)**		

Table 8 showed the association between respondents' level of qualification and their perception of the utilization of nursing process. From the table, there was significant association between respondents' level of education and their perception of utilization of nursing process (chi-square= 32.204, p-value<0.05). The null hypothesis is thus rejected.

Discussion

The study aimed at investigating the determinants of inadequate utilization of nursing process among registered nurses in state hospital Abeokuta, Nigeria.

Findings from this study revealed that 80% of the respondents had good knowledge score on nursing process. This is in line with the findings of Anyasor and Alowolodu (2017)[15] The findings however contrast with that of Kaiga (2017)[9] in a study carried out in University of Nigeria which revealed that majority (85.7%) of nurses perceived that the image of nurses would be promoted if utilization of nursing process is made compulsory. This agrees with the findings of Adeyemo & Olaogun (2013)[4] which revealed that some nurses felt utilization of nursing process was cumbersome. Oji (2017)[8], reported time consuming as a negative attitude among nurses towards nursing process. Also few nurses preferred the previous method of documentation than the use of nursing process. Twenty four (22.9%) of the respondents believed that nursing process is meant to educate students alone, 20(19%) perceived that introduction of nursing process as unethical while 51(48.6%) believed that high quality nursing care can be achieved without adequate utilization of nursing process. This agrees with the findings of Adeyemo & Olaogun (2013)[4] that some nurses felt the nursing process booklet are meant to teach students.

The findings also revealed that 93 (88.6%) of the respondents had enough understanding/practical skill on utilization of nursing process. But 55 (52.4%) agreed that registered nurses do not receive periodic training on the utilization of nursing process, while 94 (89.5%) of the respondents confirmed that irregular in-service training on nursing process result in its inadequate utilization. This agrees with the findings of Miskir & Emishaw (2018)[12] that absence of training is one of those factors contributing to inadequate utilization of nursing process. Mbithi, Nweda & Karonjo (2018)[8] in their study, also revealed that nurses who reported to have ever been trained on nursing process were more likely to practice nursing process skill compared to those who were not trained.

Also in this study, majority 93 (88.6%) of the respondents affirmed that there was shortage of nursing staff resulting in too much workload. 89 (84.8%) revealed that this had contributed to inadequate utilization of nursing process. Also, 75 (68.8%) of the respondents confirmed that inadequate time for nursing process documentation contributed to its inadequate utilization. These findings agree with that of Akpan Idiok (2017)[13] that lack of time and excess workload contributed to poor utilization of nursing process and Mangare (2016)[7] also revealed that shortage of nursing staff and lack of time adversely affected the utilization of nursing process.

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This study also revealed that majority 85 (81.0%) of the respondents affirmed that there were no specific instructions mandating utilization of nursing process while 85(81.0%) of the respondents affirmed that there was no adequate nursing process supervision from nursing leaders; and no form of punishment for nurses who refuse to utilize the nursing process. These findings agree with the findings of Mbithi, Nwenda & Karonjo (2018)[8], and that of Mangare… (2016)[7].

Most importantly, majority 76(72.4%) reirtrated that low level of commitment among nurses contribute to inadequate utilization of nursing process. This is in line with the findings of Atnafe… (2017)[17] which showed that negligence at work among nurses was a contributing factor to inadequate utilization of nursing process. Significant association was also discovered between perception of nursing process utilization and nurses' years of experience, rank and qualifications ($p < 0.05$).

> Based on these findings, we recommend that regular training on nursing process should be put as priority, with special reference to qualified nurses before the integration of nursing process in Nursing profession. The hospital management should endeavor to employ sufficient manpower that would reduce excess workload, thereby promoting standard and evidence based nursing care through the utilization of nursing process. Nursing leaders should through regular in service training ensure knowledge on nursing process are impacted and evaluated.

Conclusion

The result of this study provided a comprehensive picture on determinants of inadequate utilization of the nursing process among registered nurses in state hospital Abeokuta. Based on the objectives raised, the conclusion was drawn. The study concludes that respondents had a good level of knowledge and perception of nursing process. Non-availability of nursing process materials in the facility was not a challenge.

Declarations:

(a)Ethical consideration:

Permission to conduct the study was obtained from designated authorities in State Hospital Abeokuta and Ethical approval was obtained from Babcock University health research ethical committee. Informed consent was obtained from each respondent. and anonymity, privacy, safety, confidentiality, right to withdraw from the study at any time were assured. Clarification of the study purpose was intensified and the researchers emphasized that participation was absolutely voluntary.

(b)Consent for publication:

The authors hereby transfer all copyright ownership exclusively to the journal that published this original article.

(c)Conflict of interest:

The authors have no conflict of interest.

(d)Funding:

No research funding was received from any organization

(e)Author contributions:

All authors were involved in topic design, documenting suitable objectives, data collection, writing of the result and approval of the final submission.

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