

Evaluation of the utilization of nursing process and patient outcome in psychiatric nursing: Case study of psychiatric Hospital Rumuigbo, Port Harcourt

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ABSTRACT

The nursing process, upon introduction by North American Nurses Diagnosis Association (NANDA) has proved to be a means of standardizing nursing care and in maintaining professional autonomy. However, despite its benefits, many nurses are yet to fully understand and put to practice the nursing process. This may have led to poor patient care and outcome; and it is the basis for this study which evaluated the utilization of the nursing process and patient outcome at Neuro Psychiatric Hospital Rumuigbo. Data was collected using a structured questionnaire of the Likert type, and analysis of findings was done using percentages and non-parametric statistics t-value. Findings from the study showed that although the trained nurses at the hospital had good theoretical knowledge of the nursing process, they did not apply it in the care of their patients. There are several challenges to this lack of application including inadequate practical knowledge, inadequate staff, work overload, management's inability to provide the needed materials among others. It was recommended that the Nursing and Midwifery Council of Nigeria should embark on regular seminars, workshops and symposia focused on practical implementation of the nursing process in Nigeria. Non implementation of the nursing process especially in the psychiatric hospital the study maintained would compound the burden of disease on relations, promote relapse and chronicity.

Keywords: Evaluation, Nursing, Nursing Process, Patient Outcome, Utilization

INTRODUCTION

Nursing care has evolved over the years from the era of disease model to the present day scientific and holistic approach to patient care. In the past, the patient was treated and cared for based on the illness suffered with little or no consideration for his or her psychological and social interplay that often accompany physical illnesses and disabilities. The present day nursing however, considers the patient holistically with due regard to the biopsychosocial interactions and dynamism in disease production and symptom presentation. To this end, nursing is now practiced based on sound scientific principles embedded in a process called the nursing process. Nursing is both an art and science, and the application of the nursing process is the blending of the two which has proven to be a valuable tool that is revolutionizing nursing practice as well as patient outcome globally. Therefore, practitioners of nursing must keep abreast with good scientific understanding of the task applied; or must apply scientific knowledge in every task to be done. To a large extent, this is the only way in which the 'trained nurse' is superior to the non qualified individuals rendering nursing services at whatever form or stage of healthcare delivery. Nursing process is about information i.e. adequate information from the patient to the nurse and from the nurse to the patient which enhances therapeutic interaction between the duo. [5] asserted that whether one is sick or healthy, one has need for information to perform his day – to – day activities. Man is always an information seeker to safeguard him in his

daily life. To [9] adequate knowledge of nursing process by the nurses is critical to the implementation. While the understanding of the procedure to the health consumers has significant relationship with the outcome.

The nursing process as defined by [1] as an interactive, problem-solving process. It is systematic and individualized way to achieve outcome of nursing care. The nursing process has been accepted by the nursing profession as a standard for providing on-going nursing care that is adapted to individual client’s needs. In her own view, [7] described the nursing process as a problem-solving method of five steps (assessment, nursing diagnosis, planning; intervention, and evaluation) that nurses systematically apply to the care of clients. However, recent studies have identified nursing process as a cycle of six steps which is schematically represented in Figure 1.

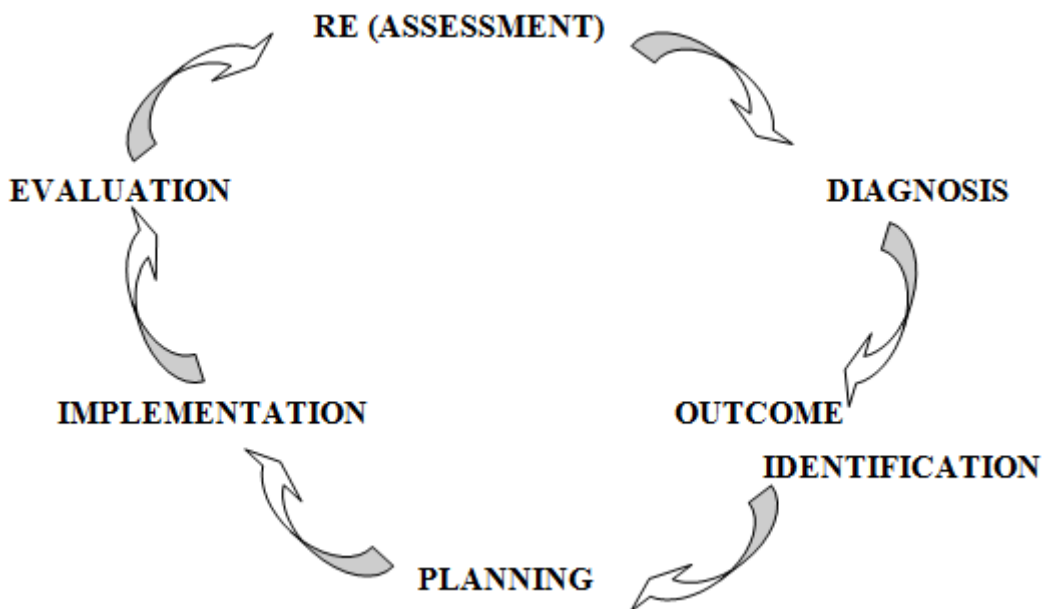


FIGURE 1: Steps in the Nursing process

Nursing process is a goal-directed, dynamic, non-static but on-going process, with the objective being delivery of quality care. Its application continues for as long as the nurse and the client have interactions directed toward change in the client’s physical or behavioral responses. For many years, the nursing process has provided framework for the delivery of nursing care, and proved to be a yardstick of measuring quality nursing care. It is a means for nursing to fulfill scientific methodology and autonomy as a profession. As a process of critical thinking, it requires gathering data, analyzing and interpreting data, making judgments, setting goals, establishing priorities, selecting appropriate interventions, implementing these interventions and evaluating the outcomes to determine if the plan has been effective [8].

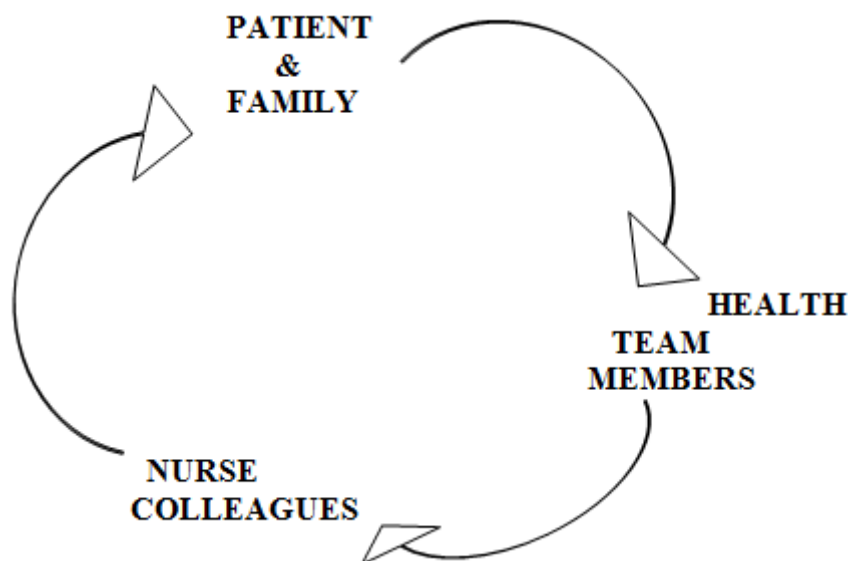


Figure 2: Collaborative relationships for psychiatric nurses

In the clinical setting, the patient or client who requires the healthcare service is the pivot upon which the various professionals from different specialties carry out their trade. This therefore requires shared planning, decision making, problem solving, goal setting, and assumption of responsibilities by these professionals who work together cooperatively and with open communication. As an essential part of contemporary practice, the nurse collaborates and coordinates the activities of other professionals ensuring synchronous relationship for patient's maximum benefit as shown in figure 2.

In performing the coordinating role within the health team members and yet maintain professional autonomy, the nurse has to apply dependent, independent and inter-dependent actions while caring for her patients. Hence, the nursing process, as a critical thinking process ensures that nurses take independent actions first to solve their client's problems before giving consideration to the interdependent ones. This is one of the ways of maintaining professional autonomy

With nursing process, the nurse and patient emerge as partner in a relationship built on trust and directed toward maximizing patient's strengths, maintaining integrity, and promoting adaptive response to stress.

The benefits of the nursing process could be summed as following;

- a) It allows the nurse apply her knowledge and skills in an organized and goal-directed manner.
- b) It enables the nurse communicate about professional topics with colleagues from all clinical specialties and practice setting.
- c) It is essential to documenting nursing role in the provision of comprehensive quality patient care.
- d) It sets a global standard upon which nursing care can be audited.

However, despite these benefits and the standard the nursing process maintains globally, nursing practitioners in most hospitals and clinics especially in Nigeria are yet to fully understand and put to practice the approach to solving patient's problems; and this may be due to a number of factors such as inadequate staff, increased workload, poor knowledge of the nursing process application, lack of materials for documentation; etc

STATEMENT OF THE PROBLEM

The nursing process involves a series of stages that begins with assessing the patient, identifying problems, setting goals, implementing care to achieve those goals and finally evaluating the effectiveness of care given. Writing down of copious notes, by hand, to cover each of these stages lies at the heart of the problem. If individualized care sensitive to patient needs is to be delivered, the process is very sensible. The problem however, lies in the massive amount of documentation generated by the implementation of this process which nurses feel they have not got the time for

While nurses exhibit due diligence and high commitment to the care of their patients, it is observed that the application of the nursing process in patient care is conspicuously absent in most healthcare facilities. What is the effect of this non-application of the nursing process on patient outcome? Could the non-application of the nursing process in patient care by the psychiatric nurses be due to lack of knowledge of the process? These and other questions are therefore the basis for the study.

AIMS / OBJECTIVES OF THE STUDY

The major aim of this study was to evaluate the utilization of the nursing process and patient outcome in a psychiatric hospital in Nigeria. However, it will also achieved these specific objectives:

1. Determine the knowledge base of practicing psychiatric nurses at Neuro Psychiatric Hospital Rumuigbo about the nursing process.
2. Assess the acceptability and willingness to put to practice the nursing process in patient care by psychiatric nurses in the hospital.
3. Establish if there is any relationship between the application of the nursing process and patient outcome in the Neuro Psychiatric Hospital Rumuigbo, Port - Harcourt
4. Identify other factors that hinder the effective implementation of the nursing process in the care of the patients by psychiatric nurses at the Neuro Psychiatric Hospital, Rumuigbo, Port – Harcourt, Rivers State, Nigeria.

RESEARCH QUESTIONS

In an attempt to evaluate the utilization of the nursing process and patient outcome in a Nigeria psychiatric hospital, the following research questions will be answered by the study:

1. Do psychiatric nurses at Neuro Psychiatric Hospital Rumuigbo have adequate knowledge of the nursing process and its application?

2. Given the challenges in the application of the nursing process in psychiatric practice; are these psychiatric nurses ready to accept and willingly apply the nursing process in the care of their patients?
3. What is the relationship between the non-application of the nursing process and patient outcome in the Psychiatric Hospital Rumuigbo?

RESEARCH HYPOTHESES

The following hypotheses stated in Null (H_0) were formulated and used for the study.

1. Knowledge of the participants on Nursing Process will not make significant relationship with their application.
2. Professional qualification of participants on Nursing Process will not have significant difference in the practice of the nursing process.
3. The relationship between the non-application of the nursing process by psychiatric nurses and patient outcome will not differ significantly at the Neuro Psychiatric Hospital Rumuigbo.

SIGNIFICANCE OF THE STUDY

The study evaluated the utilization of the nursing process and patient outcome in a psychiatric setting. It will therefore be of great benefits to the following people and groups;

1. **Psychiatric nurses:** The study will remind psychiatric nurses, especially in Nigeria, of the global standard set through the application of the nursing process in patient care. The task of identifying and managing patient's problem will become systematic and holistic. It will therefore spur them to greater responsibility and enable them maintain high level of professionalism in the mental health team.
2. **Hospital Management:** The main mission of a hospital is to render quality healthcare to all those who will require such services. In actualizing this mission, nursing services therefore become indispensable. Implementing the nursing process requires constant documentation as it renders account to actions taken by the nursing team in resolving patient problems. The study will therefore keep management reminded of the need for steady supply of stationery and other equipment necessary for patient care.
3. **Nurse educators (especially in psychiatric nursing):** The study will help nurse educators reappraise the curriculum and course content of psychiatric nursing; and identify areas that will require review to meet up with current trends in psychiatric nursing practice.
4. **Researchers:** The study will assist nurse-researchers appreciate the setbacks militating against effective implementation of the nursing process in psychiatric nursing practice in Nigeria.

LITERATURE REVIEW

A study on evaluation on how the nursing process has been registered at a Brazilian Teaching Hospital by [4] descriptively and retrospectively examined 68 medical records from the hospital. The study found out that the data collection of history was more frequent on the admission day. The documentation of physical examination was prioritized. Sometimes there were records of nursing interventions but not of nursing diagnoses. The study found some failures in the record of some steps of the nursing process. Although all steps had been used, they were not carried out consistently. The implications of this for nursing practice was that, some aspects deserved to be considered to improve the use and registration of all steps of the nursing process as to develop specific protocols, redesign the formulary of data record with careful and equal consideration of all steps, and empower all members of the nursing staff to implement the nursing process more effectively. [12] also conducted a study with the aim of exploring audit approaches, identifying audit instruments and describing the quality status of nursing documentation in America. According to the study, quality nursing documentation promotes effective communication between caregivers, which facilitates continuity and individuality of care. The quality of nursing documentation has been measured by using various audit instruments, which reflected variations in the perception of documentation quality among researchers across countries and settings. Searches were made of seven electronic databases. The keywords 'nursing documentation', 'audit', 'evaluation', 'quality', both singly and in combination, were used to identify articles published in English between 2000 and 2010. A mixed-method systematic review of quantitative and qualitative studies concerning nursing documentation audit and reports of audit instrument development was undertaken. Relevant data were extracted and a narrative synthesis was conducted. Seventy-seven publications were included. Audit approaches focused on three natural dimensions of nursing documentation: structure or format, process and content. Numerous audit instruments were identified and their psychometric properties were described. Flaws of nursing documentation were identified and the effects of study interventions on its quality. The study concluded that research should pay more attention to the accuracy of nursing documentation, factors leading to variations in practice and flaws in documentation quality and the effects of these on nursing practice and patient outcomes, and evaluation of quality measurement. [6] reviewed the relationship between research and the nursing process in clinical practice in the United Kingdom. The study reviewed the early theoretical developments and fate of the nursing process as a tool for clinical practice and research. It also examined recent attempts to revitalize and modernize the theory for practice through research into nursing diagnosis. The study concluded it has been

maintained that the theoretical basis from which the nursing process was derived, together with the theoretical developments in diagnostic and intervention studies, has established the nursing process as a key element of the nurse's role in research, education and practice. [2] conducted a study on 'Minnesota Nurses' Perceptions of Nursing Diagnoses'. The aimed of the study was to identify Minnesota nurses' perceptions regarding nursing diagnoses and to examine how these perceptions have changed over time. Five hundred and sixty-four out of 2,000 randomly selected registered nurses in Minnesota responded to the Perceptions of Nursing Diagnosis Survey. Nurses were discovered to have neutral to slightly negative perceptions of nursing diagnoses. This result differed slightly from the results of the original study which demonstrated neutral to slightly positive perceptions. After 30 years of use, it is concerning that more than half of nurses surveyed have a negative perception of nursing diagnosis. [8] in Germany embarked on a systemic review on the outcomes of nursing diagnostics; and in specific terms, examined effects on documentation of assessment quality, frequency, accuracy and completeness of nursing diagnoses; and on coherence between nursing diagnoses, interventions and outcomes.

MATERIALS AND METHODS

The study was a descriptive survey, and aimed at evaluating the utilization of the nursing process by psychiatric nurses and patient outcome at the Neuro Psychiatric Hospital Rumuigbo, Port Harcourt. The study population included all trained nurses working at the Neuro Psychiatric Hospital Rumuigbo irrespective of rank, gender, specialization and years of service. A total of 90 trained nurses constituted the study population. However, data was collected from those available as at the time of data collection (that is, those met on duty during the 2-weeks period of data collection and included 75 nurses (55 psychiatric-mental health trained nurses and 20 non-psychiatric trained nurses). The instrument for data collection was a structured questionnaire consisting of three sections – 'A', 'B' and 'C'. Section 'A' consisted of five (5) items that revealed the respondent's personal data. Sections 'B' consisted of 14 testable items that revealed the utilization of the nursing process and patient outcome at the facility. Section 'C' consisted of 10 perceived challenges in the utilization of the nursing process. To each item in Section 'B', the respondent was required to tick 'Strongly Agree (SA)' or 'Agree (A)' or 'Disagree (D)' or 'Strongly Disagree (SD)' as applicable and best describe his/her views about the nursing process and patient outcome, while the respondent was expected to tick 'Low', 'Medium' or 'High' to the challenges listed in Section 'C'. The questionnaire adopted for the study was of Likert type thus validating the instrument. This is because the Likert scale is a globally accepted instrument for measuring human behaviors. The reliability of the instrument was tested using the 'Test-Retest' method. 10 nurses were drawn from the University of Port Harcourt Teaching Hospital (UPTH) for the Test-Retest. The data obtained from the Test-Retest method was analyzed using Spearman Rank Order Correlation Coefficient to ascertain its reliability and score of 0.88 was obtained.

Data was collected using a structured questionnaire administered directly by the researchers and through research assistants. Information on how to fill the questionnaire was given to enable the respondents supply accurate information needed for the study. The Research Questions were answered based on the responses given by respondents, and analysis was done using tables and percentages. The Null Hypotheses (H_0) were tested using inferential statistics T-Test at 0.05 Level of Significance.

DATA ANALYSIS

Table 1: DESCRIPTION OF SAMPLE CHARACTERISTICS

SECTION A – DEMOGRAPHIC VARIABLES (n = 75)				
Variable	Characteristic	Frequency	Percentage	Cumulative percentage
Gender	Male	20	26.7	26.7
	Female	55	73.3	100
Age	20 – 25 years	7	9.3	9.3
	26 – 30 yrs.	11	14.7	24
	31 – 35 yrs	11	14.7	38.7
	36 – 40 yrs	15	20	58.7
	Above 40 yrs	31	41.3	100
	TOTAL	75		
Rank	NO II	14	18	18
	NO I	8	10.7	28.7
	SNO	3	4	32.7
	PNO	2	2.7	35.4
	ACNO	6	8	43.4
	CNO	33	44	87.4
	DDNS	9	12.6	100
	TOTAL	75		
Years in Service	Less than 5yrs	9	12	12
	5–10 yrs	14	18.7	30.7
	11-20 yrs	16	21.3	52

	Above 20 yrs TOTAL	36 75	48	100
Minimum Qualification	RN	9	12	12
	RN, RPN	46	61.3	73.3
	BNSC	2	2.7	76
	MSC (Nursing)	2	2.7	78.7
	Others TOTAL	16 75	21.3	100

TABLE 2: KNOWLEDGE BASE OF PRACTICING NURSES AT NEURO PSYCHIATRIC HOSPITAL, RUMUIGBO

ITEMS		SD	D	A	SA	TOTAL	MEAN (X)	ST. DEV. (SD)	T-TEST (cal)
I have good knowledge of the Nursing Process	FREQ. (f) %AGE	1 1.3	5 6.7	48 64	21 28	75 100	3.2	0.48	0.64
I got this knowledge from the training school I attended	FREQ.(f) %AGE	1 1.3	6 8	45 60	23 30.7	75 100	3.2	0.47	0.05
I got the knowledge of the Nursing process from seminars/ workshops	FREQ.(f) %AGE	13 17.3	33 44	24 32	5 6.7	75 100	2.3	0.41	0.82
I need more information and tutorials to put to practice the nursing process	FREQ.(f) %AGE	3 4	11 14.7	38 50.7	23 30.7	75 100	3.0	0.41	1.2

Table 3: ACCEPTABILITY AND WILLINGNESS TO PRACTICE THE NURSING PROCESS BY NURSES AT THE NEURO PSYCHIATRIC HOSPITAL RUMUIGBO

ITEMS		SD	D	A	SA	TOTAL	MEAN (X)	ST. DEV. (SD)	T-TEST (cal)
I am willing to apply the nursing process in the care of my patient	FREQ. (f) %AGE	4 5.4	1 1.3	25 33.3	45 60	75 100	3.4	0.52	1.8
I find it difficult to understand the nursing process	FREQ.(f) %AGE	26 34.7	35 46.7	10 13.3	4 5.3	75 100	1.9	0.47	0.87
I will prefer to be left out of this nursing process practice	FREQ.(f) %AGE	42 56	29 38.7	1 1.3	3 4	75 100	1.5	0.54	1.06
Application of the nursing process should be left for those with degrees in Nursing	FREQ.(f) %AGE	48 64	20 26.7	3 4	4 5.3	75 100	1.5	0.54	1.4

Table 4: RELATIONSHIP BETWEEN APPLICATION OF THE NURSING PROCESS AND PATIENT OUTCOME

ITEMS		SD	D	A	SA	TOTAL	MEAN (X)	ST. DEV. (SD)	T-TEST (cal)
Applying the nursing process makes no difference in patients' recovery	FREQ. (f) %AGE	31 41.3	30 40	9 12	5 6.7	75 100	1.9	0.45	2.23
The application of the nursing process in patient care has improved patients' response to care	FREQ. (f) %AGE	5 6.7	8 10.7	32 42.6	30 40	75 100	3.2	0.47	0.07

Table 5: FACTORS THAT HINDER THE IMPLEMENTATION OF THE NURSING PROCESS

ITEMS		SD	D	A	SA	TOTAL	MEAN (X)	ST. DEV. (SD)	T-TEST (cal)
Applying the nursing process requires tedious documentation that nurses cannot sustain	FREQ. (f) %AGE	22 29.3	34 45.3	14 18.7	5 6.7	75 100	2.0	0.44	0.27
Management of hospitals cannot sustain supply of the necessary materials for the nursing process practice	FREQ. (f) %AGE	17 22.7	24 32	24 32	10 13.3	75 100	2.4	0.41	2.16
The nursing staff strength is inadequate to fully practice the nursing process	FREQ. (f) %AGE	12 16	18 24	31 41.3	14 18.7	75 100	2.7	0.41	1.42
The hospital management needs to be enlightened on the benefits of the nursing process	FREQ. (f) %AGE	3 4	3 4	39 52	30 40	75 100	3.3	0.48	0.79

Table 6: SECTION 'C' – PERCEIVED CHALLENGES TO EFFECTIVE UTILIZATION OF THE NURSING PROCESS

CHALLENGE		LOW	MEDIUM	HIGH	TOTAL	MEAN (X)	ST. DEV. (SD)
Inadequate staff	FREQ. (f)	8	30	37	75	2.39	0.18
	%AGE	10.7	40	49.3	100		
Workload	FREQ. (f)	3	20	52	75	2.65	0.21
	%AGE	4	26.7	69.3	100		
Experience	FREQ. (f)	12	43	20	75	2.11	0.17
	%AGE	16	57.3	26.7	100		
Nature of patients' condition	FREQ. (f)	14	32	29	75	2.20	0.17
	%AGE	18.7	42.7	38.6	100		
Staff knowledge of the nursing process	FREQ. (f)	17	41	17	75	2.00	0.16
	%AGE	22.7	54.6	22.7	100		
Availability of materials for documentation	FREQ. (f)	33	17	25	75	1.89	0.17
	%AGE	44	22.7	33.3	100		
Staff inexperience	FREQ. (f)	40	26	9	75	1.35	1.81
	%AGE	53.3	34.7	12	100		
Unavailability of time	FREQ. (f)	29	26	20	75	1.88	1.43
	%AGE	38.6	34.7	26.7	100		
Staff professional qualification	FREQ. (f)	16	29	30	75	2.19	1.45
	%AGE	21.3	38.7	40	100		
Gender	FREQ. (f)	40	28	7	75	1.37	1.63
	%AGE	53.4	37.3	9.3	100		

DISCUSSION

Discussion of the findings would be based on research questions and hypotheses.

Research Question 1:

Do psychiatric nurses at Neuro Psychiatric Hospital Rumuigbo have adequate knowledge of the nursing process and its application?

Findings from the study showed that nurses at Neuro Psychiatric Hospital Rumuigbo have adequate theoretical knowledge and understanding of the nursing process. This is evident from the analysis on Table 2, which showed that 69 respondents (or 92 percent) have good knowledge, while only 6 respondents (or 8 percent) exhibited poor knowledge of the nursing process. This knowledge was acquired mainly from the training institutions and affirmed by 68 respondents (or 90.7 percent). Workshops and seminars it was shown have not significantly improved knowledge of the nursing process among the nurses. Only 29 respondents (38.7 percent) gained knowledge of the nursing process through workshops and seminars. 46 subjects did not agree that workshops and seminars have provided the needed understanding of the nursing process as they believed the workshops are rarely organized or even lack the quality to enhance any positive change about the nursing process.

Research Question 2

Are trained nurses at Neuro Psychiatric Hospital Rumuigbo ready to accept and willingly apply the nursing process in the care of their patients?

Findings shown on Table 3 indicate that 70 out of the 75 respondents (93.3 percent) affirmed their willingness to apply the nursing process in the care of their patients as shown on Table 6. The helping role is fundamental to all nursing practice. PMH nurses are expected to enter into partnerships with the clients, and through the use of the human sciences, and the art of caring, develop helping relationships and therapeutic alliances with clients. A primary goal of psychiatric and mental health nursing is the promotion of mental health and the prevention or diminution of mental disorder [9]. This can be achieved through effective application of the step-by-step process of identifying client's health problems and systematically solving them as they arise. In furtherance of their willingness to practice the nursing process, these nurses are ready to acquire more skills and training organized for the purpose. Table 3 indicated that 61 respondents (81.3 percent) agreed they need more information and tutorials to apply the nursing process in patients' care. Also, 61 (81.3 percent) respondents disagreed that they should be left out of the nursing process practice; while 71 (94.7 percent) disagreed to the view that the application of the nursing process should be left for those with degree in Nursing as seen in Tables 8 and 9 respectively.

Research Question 3

What is the relationship between the non-application of the nursing process and patient outcome in the Psychiatric Hospital Rumuigbo?

The nursing process application has revolutionized nursing practice, set the standard of care and improved patients' outcomes [1]. This position is seen from the analysis on Table 4.4 with 61 respondents (81.3 percent) disagreeing that applying the nursing process makes no difference in patients' recovery. Rather, its application has

enhanced the nurse-patient therapeutic relationship that improves patient's response to care; thus making the nurse a better friend, surrogate and professional as posited by [3]. Although the application of the nursing process requires serious documentations, nurses are prepared to practice it if the needed materials are provided. Table 5 indicated that 56 subjects (74.7%) insisted that nurses can sustain the tedious documentations that go with the utilization of the nursing process. However, in line with the observations by [4], 19 respondents (25.3 %) believed that documentation of the nursing procedures may be tedious and exhaustive that nurses cannot sustain. This may be compounded by other challenges such as inadequate staff and increasing workload.

Hypothesis 1

There is no significant difference between knowledge of the nursing process and its application among nurses of Neuro Psychiatric Hospital Rumuigbo.

Analysis of findings shown on Table 2 (Items 1-3) indicated that the Knowledge of participants on Nursing Process has no significant relationship with its application. With calculated t-values of 0.64; 0.05 and 0.82 respectively; which are below the Critical value of t at 1.98, the above stated Null Hypothesis is therefore upheld. This means that specialization in psychiatric-mental health nursing does not offer any knowledge difference related to the application of the nursing process in the care of psychiatric patients. Table 2 indicated that out of 75 respondents, 69 (comprising 19 non-psychiatric trained and 50 psychiatric trained nurses), representing 95 and 91 percent respectively agreed they have good knowledge of the nursing process. NANDA approved nursing diagnoses are applicable to all fields of nursing irrespective of locality [1]. From the study, it can be deduced that gender, age, rank and years in service do not confer any additional knowledge of applying the nursing process. All trained nurses at the Neuro Psychiatric Hospital Rumuigbo acquired the knowledge of the nursing process either through the training schools or seminars/workshops, and indicated their willingness to apply it in the care of their patients.

Hypothesis 2

There is no significant difference between professional qualification or training and the implementation of the nursing process among nurses of Neuro Psychiatric Hospital Rumuigbo.

Table 3 (Items 5-7) showed t-values of 1.8, 0.87 and 1.06 respectively. Since these values are less than the t-critical table value of 1.98, the stated Null Hypothesis is accepted; thus, it is clearly indicated that the professional qualification of participants or training does not have significant effect on application of nursing process. 70 respondents out of the 75 agreed to willingly put to practice the nursing process. This number consisted of 18 non-psychiatric trained nurses (out of 20) or 90 percent, and 52 out of the 55 psychiatric trained nurses representing 94.6 percent. On the difficulty to understand the nursing process in patient care, 61 subjects (18 non-psychiatric trained and 43 psychiatric trained nurses), representing 90 and 78 percent respectively indicated that they have no difficulty with understanding and application of the nursing process. Opting out of the practice of the nursing process was considered by the respondents as not an alternative to effective nursing care. 71 respondents (18 non-psychiatric trained and 53 psychiatric trained), representing 90 and 96 percent respectively disagreed that they should be left out of the nursing process practice.

Hypothesis 3

There is no significant difference between the non-application of the nursing process and patient outcome at the Neuro Psychiatric Hospital Rumuigbo.

From Table 4 (Item 10), the calculated t-value is 2.23 and exceeds the critical table value of 1.98. Thus, the above Null Hypothesis is rejected in favor of the Alternate Hypothesis. The relationship between the non-application of the nursing process and patient outcome differ significantly. There is a strong correlation between application of the nursing process and patients' recovery. Therefore, the non application of the nursing process by trained nurses at the Neuro Psychiatric Hospital is a mark of poor nursing care and may have impacted negatively on patients' outcome.

Table 5: Mean score and Standard Deviation of the perceived challenges to the utilization of the Nursing Process at Neuro Psychiatric Hospital Rumuigbo

S/N	CHALLENGE	RESPONDENTS		
		Mean (\bar{X})	Standard Deviation (SD)	Ranking
1.	Inadequate Staff	2.39	0.18	5 th
2.	Workload	2.65	0.21	6 th
3.	Experience	2.11	0.17	2 nd
4.	Nature of patients' condition	2.20	0.17	3 rd
5.	Staff knowledge of the Nursing process	2.00	0.16	1 st
6.	Availability of materials for documentation	1.89	0.17	4 th
7.	Staff inexperience	1.35	1.81	9 th
8.	Unavailability of time	1.88	1.43	7 th
9.	Staff professional qualification	2.19	1.45	8 th
10.	Gender	1.37	1.63	10 th

CHALLENGES TO THE EFFECTIVE UTILIZATION OF THE NURSING PROCESS

Despite having good theoretical knowledge and willingness to apply the nursing process in the care of their patients, several challenges are being encountered by the trained nurses at the Neuro Psychiatric Hospital Rumuigbo. These challenges are presented in table 5.1.

From the above findings, a major challenge to the application of the nursing process in the Neuro Psychiatric Hospital is knowledge of nurses. This is in sharp contrast to their separate responses to item I shown on Table 4.2. Although the trained nurses at the above hospital have good theoretical knowledge of the process, it has not been translated into practice. In practical terms, their inadequate knowledge and experience (the second ranked challenge) have affected the application of the nursing process in the hospital. Another major challenge to the utilization of the nursing process in the hospital was the chronic nature of mental disorders most of which required follow – up even after discharge. This may not be possible to accomplish owing to inadequate nursing personnel (5th ranked challenge) and the lack of a community psychiatric unit in the hospital. Yet another challenge affecting the utilization of the nursing process was unavailability of materials for documentation. The needed charts for effective practice of nursing care in the hospital were lacking. Application of the nursing process requires steady supply of materials for observations, monitoring, assessment and documentation; these were observed to be in short supply. There was no significant difference in the practice of the nursing process between males and females in the hospital. The above findings are in contrast to the observations made by [4] and [10] in Brazil where documentations were made about the nursing process but not systematically followed. This study found no documentation at all in the hospital suggesting that the nursing process is not applied in the care of patients because what is not documented is considered not done. This may have contributed to the frequent relapses seen among the patients receiving treatment in the hospital.

IMPLICATION OF THE STUDY TO NURSING CARE

Effective utilization of the nursing process brings about professionalism and accelerated patient outcome. It makes the nurse skillful in care and lubricates the wheel of nurse-patient contract. It is beneficial to the patient, profession, the hospital management and government through realization of her health policies to the people. Therefore, its non implementation especially in the psychiatric hospital can compound the burden of disease on relations, promote relapses and chronicity.

CONCLUSION

The Nursing Process has emerged as the cornerstone of clinical judgment in nursing practice. It has standardized the language of nursing and helped in improving the response of patients to care through improved nurse-patient relationship, maximum utilization of available resources toward patient care, good communication among practicing nurses. Despite the benefits derivable from the application of the nursing process, trained nurses have not fully implemented it in their various clinical settings owing to several challenges. Findings from this study revealed that a greater percentage of trained nurses have good theoretical knowledge of the nursing process, but have failed to or are not willing to translate this knowledge into action.

Recommendations

Based on the findings from the study, the following recommendations were made;

1. The Nursing and Midwifery Council of Nigeria (N&MCN) and her representatives at the various states should organize regular seminars, workshops and symposia focused on the practical implementation of the nursing process in Nigeria. Communiqués generated from such educational formations should be fully implemented.
2. The Directorates of Nursing in the states should collaborate with the N&MCN in ensuring the smooth practice of the nursing process through supervision of nurses at work.
3. The curriculum used in the training of nursing students (both in nursing schools of nursing and university) should be reviewed. It should not be theory based alone, but a period of internship should be provided for the fresh graduates with specific interest in the application of the nursing process.
4. Hospital managements including the medical directors should be enlightened on the benefits of the process in terms of patients' outcome. This will enhance regular supply of the needed materials for the practice of the nursing process.
5. Nurses should be proactive in practice and be interested in improving care through reading and attending continuing education programs in Nursing.

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