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Assessments of Knowledge, Attitude, and Practice (KAP) on Nursing Process Implementation among Nurses in Surgical Wards at Saint Paul's And AaBET Hospitals. Addis Ababa, Ethiopia, 2022/2023.

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Acronyms/ Abbreviation

AaBET	Addis Ababa Burn & Emergency Trauma
ADOPIE	Assessment, Diagnoses, Outcome, Planning, Implementation, Evaluation
ANA	American Nurses Association
CNE	Continuing nursing education
EBP	Evidenced-based practices
KAP	knowledge attitude practice
NANDA	North American Nurses Association
RN	Registered nurse
SPMMC	St, Paul's hospital millennium medical college
USA	United States America

ABSTRACT

Background:

The nursing process is a systematic method of planning, delivering, and evaluating individualized care for clients in any state of health or illness. Many countries have adopted the nursing process as the standard of care to guide nursing practice; however, the problem is its implementation.

Objectives:

The objective of this study was aimed to assess the knowledge, attitude, and practice (KAP) of nurses on the nursing process of implementation in the surgical ward at Saint Paul's hospital and AaBET hospital, Addis Ababa, Ethiopia, 2022/2023 E.C.

Method and material:

Hospital-based cross-sectional study design with a quantitative data collection tool was used to collect data through a total of 116 nurses who were working in the surgical ward at Saint Paul's hospital and AaBET hospital. The study was done from October to December/2022 E.C. Self-administered pre-tested Semi-Structured questionnaire and observational checklist were used to collect the data. Data were analyzed by using MS-Excel 2010 and presented the data in the form of percentage used tables, pie charts, and bar charts.

Result:

A total of 116 nurses with a response rate of 113 (97.4%) participated in this study. 12(10.6%) has poor knowledge, 64 (56.6%) were moderately knowledgeable and 37 (32.7%) were well knowledgeable, Based on quantitative findings 79 (69.9%) respondents have a favorable attitude to the nursing process whereas the rest 34 (30.1%) has unfavorable attitude. Based on chart completeness 78.4% were good practices and 21.6% were poor practices.

Conclusion:

The overall implementation of the nursing process in Saint Paul's hospital and AaBET Hospitals were found to be low (78.4%). While many nurses seem not to be sufficiently updated on the implementation of the nursing process, there is a strong need for training and regular continuing nursing education (CNE) programs for all nurses in Hospitals.

Recommendation:

To provide quality nursing care the management body of the hospital should flow and supervise the implementation of the nursing process in the hospital, the health professional should train periodically and information should be disseminated regarding the nursing process.

1. INTRODUCTION

1.1. Background:

The nursing process is a systematic method of assessing, diagnosing, planning, delivering, and evaluating individualized care for clients in any state of health or illness. Based on the scientific problem-solving method, it constitutes the foundation for nursing practice(1). The nursing process has been described as a theory of how nurses organize the care of individuals, families, and communities(1). Lydia Hall was the first person to introduce the concept of the “nursing process” into nursing in 1955 while addressing a group of nurses in New Jersey(2). The theory of the nursing process has been largely accepted by nurses since 1967 (3).

The nursing process is an organized scientific framework for providing essential health care services to patients that involves an orderly and systematic sequence of problem-solving techniques toward effective patient care(4). This concept was accepted for clinical practice by American Nurses Association (ANA). It is, therefore, a legal scope of nursing that provides an orderly, systematic method of planning, enhances nursing efficiency by standardizing practice, provides unity of language for the nursing profession, and strengthens the independent function of nurses(4). According to this leads to quality patient care services(4).

In the year 2000, North American Nurses Association (NANDA) adopted a classification system known as Taxonomy II. It involves nursing domains and nursing diagnoses(5). According to the NANDA report, this taxonomy led to the concept of nursing diagnosis with several dimensions. For example, the registered nurse (RN) chooses a nursing diagnosis from the NANDA list which most closely describes the patient’s problem related to his health status(5). With the continued demand for improved patient care services and improved training for nurses globally, there is an increasing need for important outcome measures with which to examine quality nursing care services(6).

Currently, a Patient assessment is one of the outcome measures capturing unique information about the provision of nursing services and looking at the patient in totality and not merely in terms of pathology. This provides an opportunity for nurses to implement evidence-based practices (EBP) to achieve quality healthcare services though it requires attention, resources, skills, and appropriate databases and information management systems(7).

It is a systematic method of assessing the clients' conditions, identifying their problems, designing plans to solve a problem, initiating the plans to put them into practice, implementing them, and evaluating the extent to which the plans were effective in resolving the identified problems(7). It has steps that guide nurses in the description of holistic nursing care(7). The steps are (ADOPIE) assessment, nursing diagnosis, outcome identification, planning, implementation, and evaluation. The nursing process decreases the hospital stay of patients and increased patient satisfaction(8).

1.2. Statement of the problem

Implementation of the nursing process allows the nurse to deliver quality nursing care using a systematic and goal-directed framework. An omission in the implementation of any of the steps of the nursing process leads to less optimal nursing care(9). Poor implementation of the nursing process can result in poor quality of nursing care, disorganization of the health service, conflicting roles among nurses, medication errors, poor disease prognosis, dissatisfaction of customers with the care provider, increased hospital stays and increased mortality(9).

There were an estimated 2.9% to 3.7% of acute care hospitalizations in the USA and an estimated 44,000 to 98,000 patients die in hospitals each year, with nearly half due to errors in the implementation of nursing care(10).

In Africa, many countries have adopted the nursing process as a basic requirement for quality healthcare services, but there is a problem with its implementation in the clinical areas of many hospitals. Studies conducted in many African countries found that while nurses generally accept the benefits of the nursing process, they do not use it practically(11).

In Ethiopia the nursing process of implementation study conducted by Yilak G, Getie A, Fitwi A, Wondmienneh A, and Gebremeskel T. (2018) 52.1% Addis Ababa(12)

The other category of factors is nursing factors for example knowledge, especially for formulation of nursing diagnosis in developing nursing care plans, skill, experience, interest, and beliefs of nurses on the importance of the nursing process(13). Theoretically, if nurses fail to carry out necessary nursing care, then the effectiveness of patient progress may be compromised and can lead to preventable adverse patient events(13).

1.3. Justification

The highest segment of health professionals in all countries is nurses. To achieve the quality of health care service, the quality of nursing care is the key element and to fill this demand application of the nursing process has a significant role, but, in practice, the application of the nursing process is not well developed and the cause of these poor implementations of the nursing process.

1.4. Significance of the study

This study was aimed at improving the quality of patient care services to the rate of patients' recovery and minimizing the death rate in all health facilities. It is against this background that nursing training programs in Ethiopia have been expanded or modified to include nursing process implementation.

In this study, the findings helped to develop an implementation program of the nursing process that improved patient care and outcomes. In turn, this led to improved professionalism, patient/ client satisfaction, and institutional and nursing image.

2. LITERATURE REVIEW

Nurses are the largest health care workers in all countries. To achieve a quality health care service, quality of nursing care is the key element and to fill this demand application of the nursing process has a significant role, but, in practice, the application of the nursing process is not well developed(14).

A study done by Khorasgan I. (2011) in Greece to assess the impact of nursing diagnosis indicated at the baseline only 32.5 % of patients had individualized care plans of them only 13 % were based on the North American nursing diagnosis association (NANDA) (15). After 6 month follow-up period, 82% of cases were diagnosed based on NANDA(15). The reason behind this was a poor commitment of nurses and a shortage of time(15).

The qualitative study in Taiwan Lee TT, Chang PC.(2006) identified the following emerging themes from the interview data care plan saving time, the handover report was time-consuming and it was not patient-centered but rather a paperwork only(16).

The principal findings from the study in Swedish were: The Nurses perceived that nursing diagnoses identified the patient's individual needs and thereby enabled them to decide on more individualized interventions, nursing diagnoses were found to facilitate a good relationship between colleagues concerning patient care and thus promoted continuity of care and saved time and that nursing diagnoses

were perceived to increase the Nurse's reflective thinking leading to the sustainable development of professional knowledge(17).

Patients' experiences are a reflection of what has happened during the care process, as the study in South Africa showed patients have negative experiences concerning the practices of healthcare providers(18).

The study done by Florin J, Ehrenberg A, and Ehnfors M.in (2005) report in Brazil showed Nursing records and physical examination were included in over 90% of them. Nursing diagnosis was not found in any of the records. Among the steps performed, prescription was the least frequent. Evolution of the case was described in over 95% of the records(4). A study were done by Lucero RJ, Lake ET, and Aiken LH. In (2010)in Nigerian hospitals, nursing process implementation level was 73.6%(19).

A study was done by Mulugeta A. In (2011) Addis Ababa Governmental hospitals showed 52.1 % of participants have implemented the nursing process(20). Whereas in Arbaminch General Hospitals, 32.7% have a nursing process implemented(4).

The studies were done by Aragaw Z, Tesfaye A. in (2014) at Bale zone hospitals among nurses 52% were nursing process implementing and 54.1% were highly knowledgeable, 22.6% were moderately knowledgeable and 23.3% had poor knowledge (7). A similar study was done by Abebe N, Abera H, and Ayana M. (2013) at Debre markose and Finoteselam hospitals showed that the nurses in the nursing process of implementation at various degrees of consistency 37.1% of participants have very good practice in the nursing process, 50% practiced somewhat and the rest 12.9% not at all implemented nursing (21).

2.1. Conceptual framework

Conceptualization involves the determination and explanation of the variables that were measured to determine the nursing process of implementation. This was determined by how Registered nurses in the nursing process implement to provide quality patient care.

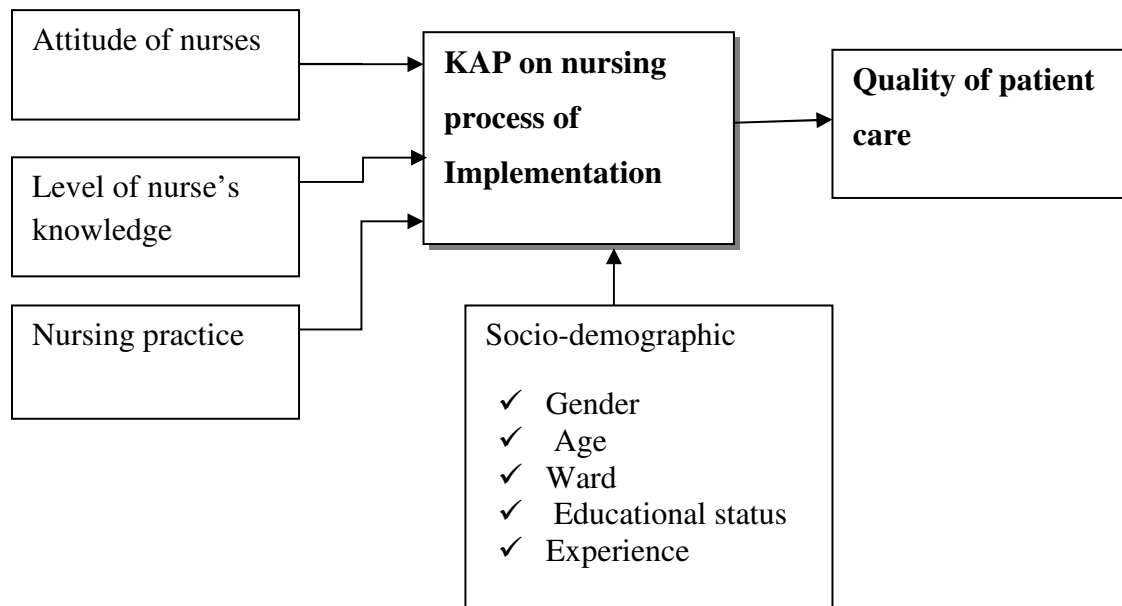


Figure: 1. Conceptual Framework KAP nursing process of implementation among nurses in the surgical ward at Saint Paul's hospital and AaBET hospitals, Addis Ababa, Ethiopia, 2023.

3. OBJECTIVES

3.1. General objectives

- To assess the knowledge, attitude, and practice (KAP) on nursing process implementation among nurses in the surgical ward at Saint Paul's hospital and AaBET hospitals, Addis Ababa, Ethiopia, 2022/2023.

3.2. Specific objectives

- ✓ To establish the extent to which nurses' level of knowledge in the nursing process implementing.
- ✓ To determine the extent to which nurses' attitudes towards work in nursing care.
- ✓ To investigate the extent to which nursing care practices quality service.

4. METHOD AND MATERIAL

4.1. Study area and study period

Saint Paul Hospital Millennium Medical College is located at Gulele sub city, Addis Ababa Ethiopia. It was built by Emperor Haile Selassie in 1969 with the help of the Germany Evangelical Church and aimed to serve the poor. Averages of 598864 clients are served annually and have more than 5 million populations. The hospital has 622 beds. The Hospital has more than 7000 clinical and non-clinical staff. In 2015, AaBET hospital was inaugurated as a public hospital under SPHMMC, and it is one of the first health sectors with an entire trauma and burns unit. The hospital has more than 250 beds and around 993 clinical and non-clinical staff. Out of these staff, there are 116 nurses in (Surgical wards of S, Paul's, and AaBET Hospitals. The study was conducted in Saint Paul's and AaBET hospital surgical wards from October to December / 2022.

4.2. Study design

The study was a hospital-based descriptive cross-sectional quantitative study design.

4.3. Source population

All patients' charts and all nurses working at Saint Paul's and AaBET hospital from October to December / 2022.

4.4. Study population

All nurses working in the surgical ward and all patient charts at Saint Paul's and AaBET hospital surgical ward from October to December/ 2022.

4.5. Inclusion and exclusion criteria

4.5.1. Inclusion criteria

- ❖ Nurses working at the surgical ward of Saint Paul's and AaBET Hospitals and available during the data collection period were included in the study.
- ❖ All Patient charts in the surgical ward during data collection at Saint Paul's and AaBET Hospitals were included in the study

4.5.2. Exclusion criteria

- ✓ Nurses having less than 6 months of work experience were excluded from the study.
- ✓ Free service worker nurses were excluded.

4.6. Operational definitions

- ❖ **Nursing process:** The nursing process is an organized framework of the practice of nursing, that is orderly and systematic(21).
- ❖ **Nursing process of implementation:** in which nurses are using the nursing process for patient care in a hospital setting(21).
- ❖ **Knowledge:** The ability of nurses to answer questions related to the nursing process highly knowledgeable Answers > 75 %, Moderately Knowledgeable Answers 50% - 75 %, and Poor knowledge Answers < 50% of questions(7).
- ❖ **Attitude:** Individuals' perception about nursing process implementation 50 % and above agree, it is an attitude favorable less than 50% is considered an unfavorable attitude (13).
- ❖ **Practice:** Practice is the application of rules and knowledge that leads to action(12).

4.7. Study variable

4.7.1. Dependent variable

- ✓ KAP on the nursing process of implementation

4.7.2. Independent variable

- Socio-demographic
 - ✓ Gender
 - ✓ Age
 - ✓ Ward
 - ✓ Educational status
 - ✓ Experience
- Level of nurse's knowledge
- Attitude of nurses
- Nursing Practice

4.8. Sampling method and sample size determination

The sample size for the quantitative study was determined using the population proportion formula. For sample size was determined by precision approach with $p=12.9\%$ taken from a study in Debreworkose and Finoteselam Hospitals (13) and with the assumption Z =standard normal distribution with CL 95%, level of significance= $\alpha= 0.05$ and maximum tolerable error $=d=0.05$. Sampling was performed by all nurses in two hospitals of S, Paul's, and AaBET Hospitals working surgical ward by calculating the proportion to the total number of nurses working in the surgical ward in each hospital. The overall minimum sample size was determined using single population Proportion calculation formula.

$$n = (Z \alpha/2)^2 (p (1-p))/d^2$$

n = number of study participants, $Z \alpha/2$ = the corresponding z-score level at 95% CL =1.96

p = population proportion =0.13 taken from Debreworkose and Finoteselam hospitals.

$\alpha = 0.05$ = level of significance, $d = 0.05$ = maximum tolerable error

$n = (1.96)^2 \times 0.13(1-0.13)/ (0.05)^2 = 3.84 \times 0.11/0.0025 = 169$ since the study population S, Paul's hospital surgical ward Adult =21, Pediatric surgical ward =12, Gynecology surgical ward =28, Maxillofacial ward =12 and AaBET Hospitals Orthopedics surgical ward =27 and Neurology surgical ward =16 total nurse are 116 which was less than the sample size. To get a sample from the total population we used the total

population for sample size. Accordingly, the sample size required for this study was 116; and there is no adding 10% for non-response rate the total sample size required was 116.

4.9. Sampling procedure

S, Paul's and AaBET Hospitals were purposively for the study and we study participants by using a stratified non-proportional allocation sampling method.

4.10. Data collection tools

Self-administered per-tested Semi-Structured questionnaires and observational checklists were used to collect the data.

4.11. Data collection method

Data was collected using quantitative data collection techniques. For quantitative data were collected with a per-coded self-administered questionnaire and chart review using a data extraction checklist. The questionnaire was four parts (demographic data, knowledge, attitude, and practice of nurses (checklist) about the nursing process of implementation which are going to be assessed by the principal investigator during the self-administered questionnaire. The questionnaire and checklist initially were prepared in English and the data was collected by the principal investigator.

4.12. Data quality assurance

Before data collection, a two-day theoretical and practical training was given to the data collectors. The data collectors were three nurses. To evaluate the clarity of the questionnaires, the validity of the instrument and the reaction of the respondent the questionnaire pretest in 10% of the study populations were done before the beginning of the actual data collection which was not included in the actual data. After the pretest, the finding and observations obtained were used to modify the questionnaire and the data collection process accordingly.

4.13. Data processing and analysis

After data collection, each questionnaire was checked for completeness, and code was given at the right margin of the questionnaire followed by almost all variables in the questionnaire. Then, using MS Excel

2010 to analyze the data. Detailed explanation and interpretation of the collected data was also made by presenting the data in the form of percentage used tables, pie charts, and bar charts.

4.14. Ethical consideration

Ethical clearance was obtained from Saint Paul's hospital department of nursing specialty. During the data collection, the purpose and objective of the study were explained and written consent was taken from each respondent. Confidentiality of the information was assured, freedom was given to the respondents to skip any question during the interview process and the dignity of the individuals was highly respected. Results of this study were provided to S, Paul's, and AaBET hospital surgical wards as well as operating theatre nurse managers.

4.15. Dissemination of the result

The positive or negative findings, the conclusions, and the constructed blueprint for the improvement of nursing process implementation were given to these hospitals' administrative, responsible persons, S, Paulo's hospitals, and AaBET hospital to make available for all participant

5. RESULT

5.1. Socio-demographic characteristics:

A total of 116 nurses with a response rate of 113 (97.4%) participated in this study. Of all respondents 72 (63.7%) were females, 57 (50.4%) were 21-30 years old, 77 (68.1%) were having 1 to 5 years of work experience and 102 (90.3%) were first-degree.

Table 1: Socio-demographic characteristics of nurses in Saint Paul's and AaBET hospital surgical ward in Addis Ababa, Ethiopia / 2023.

S.no	Characteristics		Frequency	Percentage
1	Gender	Male	41	36.3%
		Female	72	63.7%
2	Age	21-30 years	57	50.4%
		31-40 years	53	46.9%
		41- 50 years	3	2.7%
		>50 year	0	0%
3	Ward	Adult SW	20	17.7%
		Children SW	12	10.6%
		Gynecology SW	28	24.8%
		Neurology SW	15	13.3%
		Orthopedics SW	27	23.9%
		Maxillofacial SW	11	9.7%
4	Educational level	Diploma	8	7.1%
		First Degree	102	90.3%
		Master's Degree	3	2.6%
5	Work experience	<1 year	1	0.9%
		1-5 years	77	68.14%
		5-10 years	31	27.43%
		10-15 years	4	3.53%
		>15 years	0	0%

5.2. Knowledge assessment:

On knowledge assessment among 113 study participants 12(10.62%) has poor knowledge, 64 (56.64%) were moderately knowledgeable and 37 (32.74%) were good knowledgeable.

Table 2: Knowledge of nurses on nursing process implementation among nurses in Saint Paul's and AaBET hospital surgical ward in Addis Ababa, Ethiopia/ 2023.

No	Characters	Correct answer		Incorrect answer	
		No	(%)	No	(%)
1	The first step in your nursing process	105	(92.9%)	8	(7.1%)
2	Not a component of the nursing process.	101	(89.4%)	12	(10.6%)
3	Nursing diagnosis different from medical diagnosis	83	(73.4%)	30	(26.6%)
4	Responsible for the better accomplishment of the nursing process	101	(89.4%)	12	(10.6%)
5	Role during the implementation phase of your nursing process.	51	(45.1%)	62	(54.9%)
6	Not a guide for your nursing process evaluation.	71	(62.8%)	42	(37.2%)
7	List down the order of nursing process components	94	(83.2%)	19	(16.8%)
8	Implementation the nurse must write clearly the activities	33	(29.2%)	80	(70.8%)

Knowledge assessment:

12(10.62%) has poor knowledge, 64 (56.64%) were moderately knowledgeable and 37 (32.74%) were highly knowledgeable (See figure1 below).

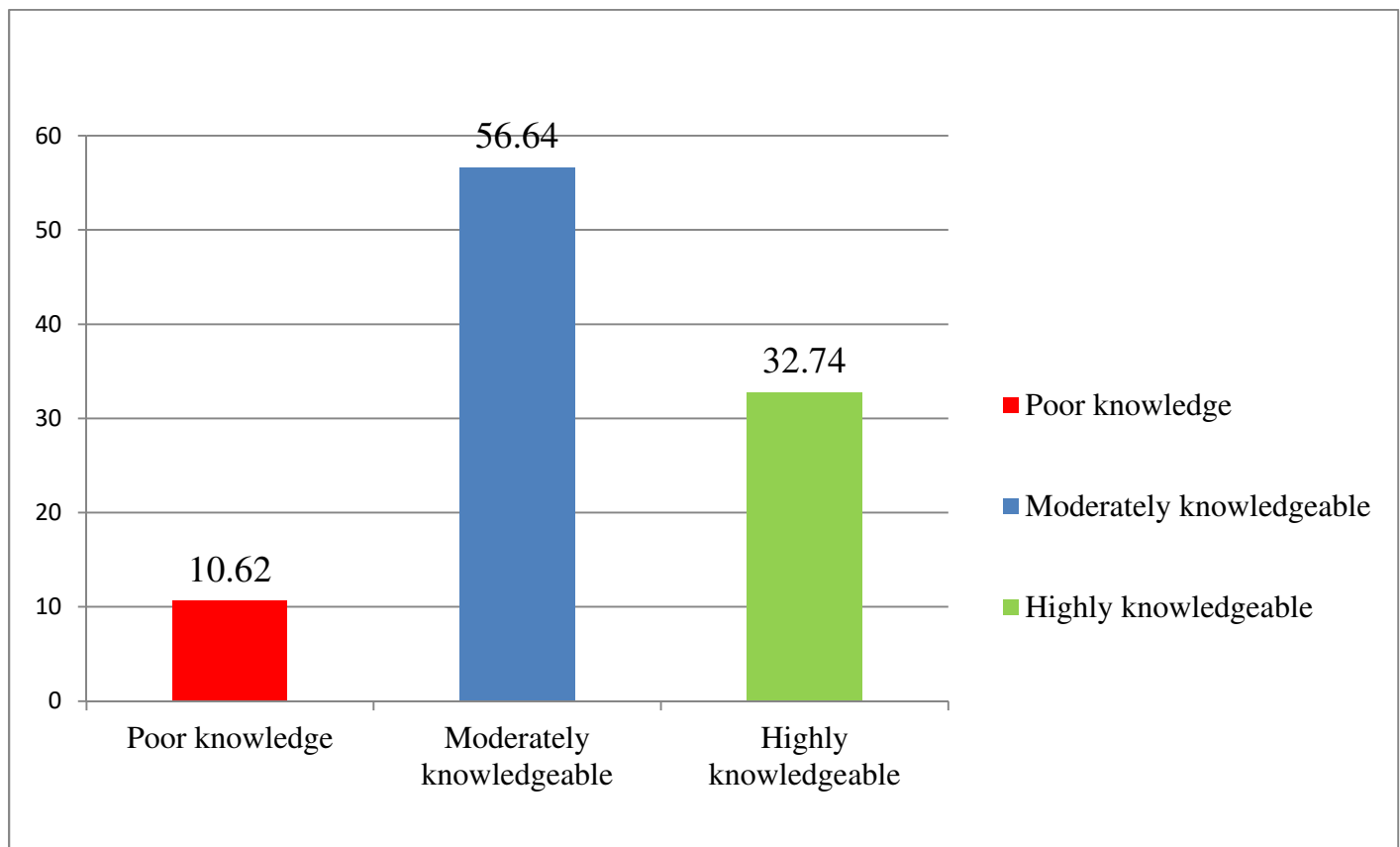


Figure: 2. Knowledge assessment of nurses on nursing process implementation among nurses in Saint Paul's and AaBET hospital surgical ward in Addis Ababa, Ethiopia/ 2023 G.C.

5.3. The attitude of nurses working at Saint Paul's and AaBET hospital surgical ward.

Based on quantitative finding 79 (69.9%) of respondents have a favorable attitude toward the nursing process whereas the rest 34 (30.1%) has an unfavorable attitude.

Table 3: Attitude of nurses working in Saint Paul's and AaBET hospital surgical ward in Addis Ababa, Ethiopia/ 2023.

S. no	Characters	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
		No	%	No	%	No	%	No	%	No	%
1	Practicing the nursing process improves patient care	2	1.8%	2	1.8%	5	4.4%	35	30.9%	69	61%
2	The nursing care plan should be used for all patients admitted to a surgical ward	5	4.4%	4	3.5%	3	2.6%	42	37.2%	59	52.2%
3	Nursing care will be effective if the nursing process is done properly	3	2.6%	2	1.8%	7	6.2%	58	51.3%	43	38%
4	The nursing process format is time-consuming	7	6.2%	11	9.7%	18	15.9%	51	45.1%	26	23%
5	The nursing care plan should be revised depending on the patient's condition	3	2.6%	4	3.5%	10	8.8%	59	52.2%	37	32.7%
6	Feedback about the nursing process will bring change to it	4	3.5%	12	10.6%	40	35.4%	34	30.1%	23	20.3%
7	Work related problems will affect practice of the nursing process	10	8.8%	17	15%	23	20.3%	43	38%	20	17.7%
8	Nursing process is valueless paperwork	35	30.9%	31	27.4%	12	10.6%	17	15%	18	15.9%

Attitude of nurses

79 (69.9%) of respondents have a favorable attitude toward a nursing process whereas the rest 34 (30.1%) has an unfavorable attitude (See figure2 below).

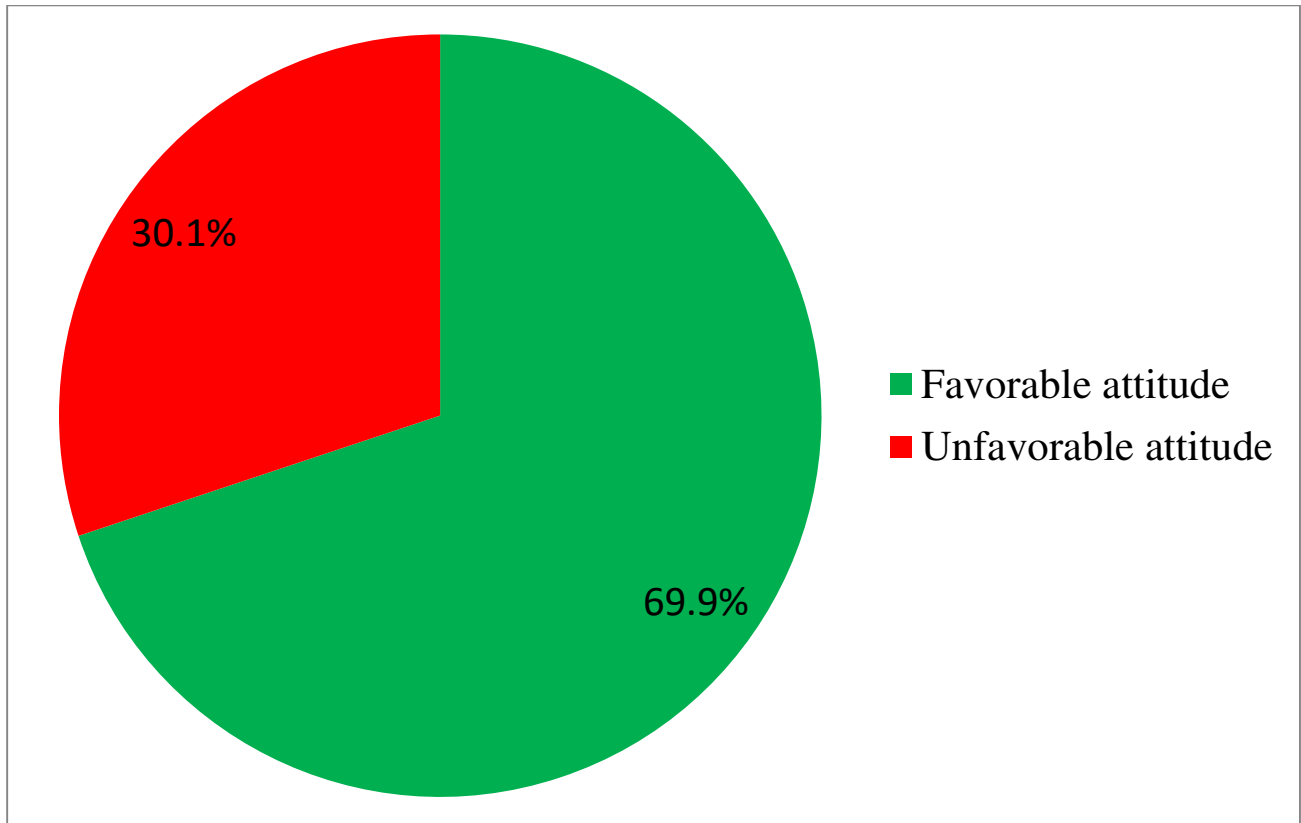


Figure: 3. Attitude assessment of nurses working in Saint Paul's and AaBET hospital surgical ward in Addis Ababa, Ethiopia/ 2023 G.C.

5.4. Practices of patients chart reviews among Saint Paul's and AaBET hospital surgical ward.

Based on the patients chart complete documentation in Adult SW 88.9%, Pediatrics SW 85.9%, Gynecology SW 80%, Neurology SW 70.1%, Orthopedics SW 56.1%, and Maxillofacial SW 79.2% were documented for each surgical ward

Table 4: Practices of patients chart reviews in Saint Paul's and AaBET hospital surgical ward in Addis Ababa, Ethiopia/ 2023.

S. No	Variables	Adult SW		Children SW		Gynecology SW		Neurology SW		Orthopedics SW		Maxillofacial SW	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Both subjective & objective data are documented	315	35	174	25	698	78	110	27	224	22	269	77
2	Nursing diagnosis is developed based on the standard of patient problem	350	0	199	0	621	155	110	27	128	118	269	77
3	Actual diagnosis includes full PES	350	0	174	25	698	78	110	27	128	118	231	115
4	Potential diagnosis stated well	350	0	199	0	543	233	110	27	128	118	269	77
5	A nursing care plan prepared based on the diagnosis	350	0	199	0	621	155	110	27	160	86	308	38
6	Nursing intervention documented	70	280	75	124	466	310	82	55	182	64	269	77
7	Implementation is written understandably and clearly	350	0	174	25	621	155	55	82	43	203	308	38
8	The evaluation statement was recorded properly	350	0	174	25	698	78	82	55	107	139	269	77

Practices on patients' chart reviews

Practices of patients chart reviews among Saint Paul's and AaBET hospital surgical ward (figure3)

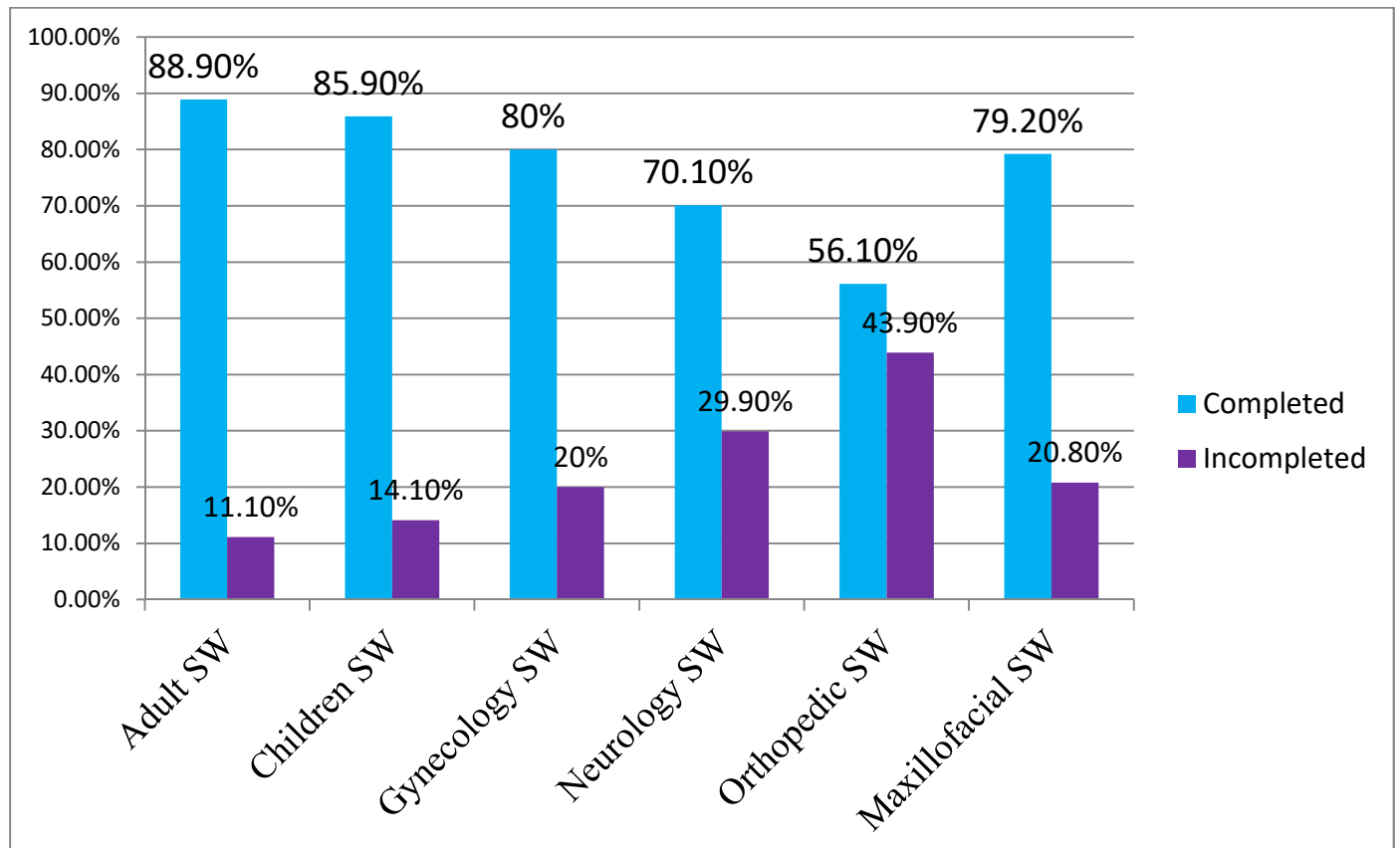


Figure: 4. Practices of patients chart reviews in Saint Paul's and AaBET hospital surgical ward in Addis Ababa, Ethiopia/ 2023 G.C.

Completed documentation of nursing process implementation

Overall on patient chart completeness, 78.4% were good practices and 21.6% were poor practices in Saint Paul's and AaBET hospital surgical ward.

completed documentation nursing process implementation among Saint Paul's and AaBET hospital surgical ward (figure 4)

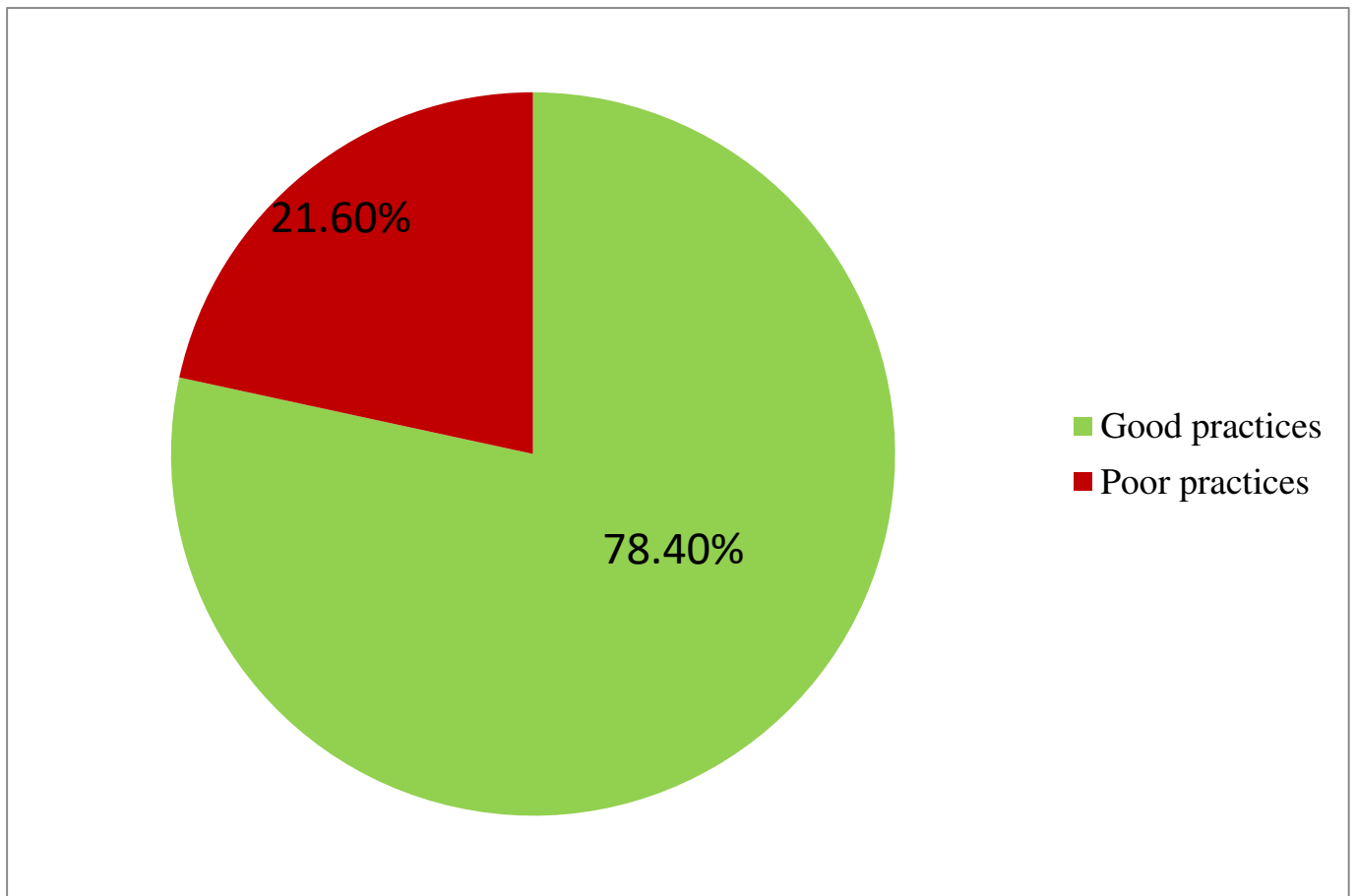


Figure: 5. nursing process implementation among Saint Paul's and AaBET hospital surgical ward in Addis Ababa, Ethiopia/ 2023 G.C.

6. DISCUSSION

This section aims to discuss the results of this study according to the study objectives. The results were compared with the literature reviews of studies conducted by other researchers to exchange opinions of authors on the set objectives. This study assessed the knowledge, attitude, and practices of nursing process implementation among nurses in Saint Paul's and AaBET hospital surgical wards in Addis Ababa, Ethiopia.

In this study among all the respondents 32.7% of them have good knowledge indicating that less of them have poor knowledge (10.6%). This study is contrary to the study conducted in Bale Zone Hospitals in which 54.1% of respondents were highly knowledgeable, 22.6% were moderately knowledgeable and 23.3% had poor knowledge(7). In this study (32.7% & 56.6%) of respondents were highly knowledgeable, and moderately knowledgeable respectively) is also different from a study done in DebreMarkos and Finote Selam Hospitals, the knowledge level of nurses on the nursing process as identified, 58.1% & 30.6% were highly knowledgeable and moderately knowledgeable respectively, but both studies were similar in poor knowledge (10.6% and 11.3% respectively). This could be because we need more training and more supportive supervision to improve our knowledge. After all, some of them had low knowledge.

The result of this study has shown that 79 (69.9%) of the respondents had favorable attitudes and the other 34(30.1%) had an unfavorable attitude towards 8 nursing process implementation attitude questions assessed. This study is relatively same to a study in Bale zone hospitals in which nurses of the study sites 75 % of the respondents had positive attitudes toward the implementation of the nursing process (7). The author identified that the problem was not related to attitude but rather mainly related to knowledge and enabling and reinforcing factors because they believe it qualifies nursing care: it strengthens nurse-patient relationships: and increases the competency of the nurses(18).

This study tried to address the level of nursing process implementation of nurses working in S, Paul's, and AaBET Hospitals, Addis Ababa, Ethiopia. The level of nursing process implementation was found to be 78.4% good nursing process implementation and 21.6% poor implementation of the nursing process. This result was lower as compared with other similar study were done in Brazil showed Nursing records were included in over 90% of them. Among the steps performed, a prescription was the least frequent. The evolution of the case was described in over 95% of the records(4).

This result was higher as compared with other similar studies done at Addis Ababa Governmental hospitals showing 52.1 % of participants have implemented the nursing process(20). The studies were done at Bale zone hospitals among nurses 52% were nursing process implementing(7). That means S, Paul's and AaBET hospitals showed that the nurses in the nursing process of implementation were at various degrees of consistency 78.4% of participants have very good practice in the nursing process and 21.6% of poor practice in the nursing process implementation.

7. Limitations and strengths of the study

7.1. Strength of the study

- ✓ This study used both quantitative and observational checklist data collection methods to explore KAP and the implementation of the nursing process among nurses.

7.2. Limitations of the study

- ❖ Exhaustively not included all variables that can KAP the implementation of the nursing process.
- ❖ The nursing process is a systematic and patient center service however this study didn't consider patients as a study participants.
- ❖ The time for data collection for the study was short. This, therefore, did not allow enough data collection from all nurses considering the type of duties they perform. On the other hand respondents (nurses) may not have been genuine in their responses on attitude issues.

8. Conclusion and Recommendation

8.1. Conclusion

The overall implementation of the nursing process in Saint Paul's hospital and AaBET Hospitals were found to be low (78.4%). The evidenced-based nursing practice aims to improve nursing care services for patients by promoting good health, preventing illness, and restoring health cost-effectively. While many nurses seem not to be sufficiently updated on the implementation of the nursing process, there is a strong need for training and regular continuing nursing education (CNE) programs for all nurses in Hospitals.

8.2. Recommendation

The introduction of educational programs will enhance nurses' ability to use the nursing process to improve the quality of patient care. The motivation of nurses is very important in improving care planning systems that would further promote consistency in the use of the nursing process. Health professionals train periodically regarding the nursing process as part of job training. Information dissemination for health professionals regarding the nursing process. To provide quality nursing care the management body of the hospital flow and supervises the implementation of the nursing process for a patient in a health institution.

9. Reference

1. Jepkosgei S, Ameldah O, Munyasa B. Knowledge Attitude and Practice on implementation of Nursing process at the County General Hospital , Kakamega. 2018;7(6):53–63.
2. Shewangizaw Z, Mersha A. Determinants towards Implementation of Nursing Process. 2015;4(3):45–9.
3. Article O. Nursing process implementation and associated factors. 2019;9(1).
4. Getie A, Wondmienen A. Implementation of nursing process among nurses at Woldia Referral hospital , Northern Ethiopia : An institution-based cross-sectional study. 2021;1–15.
5. Alebachew W, Yibeltal M, Mes D, Yeshambel A, Minuye B, Asnakew S, et al. Heliyon The implementation of nursing process during patient care in Ethiopia : A systematic review and meta-analysis. 2021;7(September 2020).
6. Hagos F, Alemseged F, Balcha F, Berhe S, Aregay A. Application of Nursing Process and Its Affecting Factors among Nurses Working in Mekelle Zone Hospitals , Northern Ethiopia. 2014;2014.
7. Adeyemo FO, Olaogun A. factors affecting the use of nursing process in health. 2013;(March).
8. Nnaemeka M, Ngozi P, Chinwe E, Henry C, Chibueze R. Factors that Influence the Implementation of Nursing Process among Nurses in Nnamdi Azikiwe Teaching Hospital Anambra State. 2022;5(4):1–12.
9. Akhtar S, Hussain M, Afzal M, Gilani SA. Barriers and Facilitators for Execution of Nursing Process among Nurses from Medical and Surgical Wards in a Public Hospital Lahore. 2018;5(3):170–86.
10. Pokorski S, Costanzi AP. Nursing process: from literature to practice. 1 what are we actually doing? 2009;17(3):302–7.
11. Bening AMY. i Digitized by UCC, Library. 2016;(July).
12. Wondmienen A. Implementation of Nursing Process and Its Associated Factor Among Nurses at Woldia Comprehensive Specialized Hospital , Northern Ethiopia : An Institution-Based Cross-Sectional Study. 2022;(July).
13. Moyo se. attitude influence and competency of the nursing process among higher diploma general nursing students of kanye seventh day attitude influence and competency of the nursing process among higher diploma general nursing students of kanye seventh day. 2017;(January).

14. Abouelfettoh AM. Nurses ' KAP related to research conduct and utilization : EBNP “ are we ready yet . 2018;(October).
15. Repository NA. View metadata, citation and similar papers at core.ac.uk. 2017;
16. Adraro Z. Implementation and factors affecting the nursing process among nurses working in selected government hospitals in Southwest Ethiopia. 2020;1–7.
17. Huitzi-egilegor JX, Elorza-puyadena MI, Urkia-etxabe JM, Esnaola-herrero MV, Asurabarrena-iraola C. Retrospective study of the implementation of the nursing process in a health area. 2013;21(5):1049–53.
18. Groningen H, Lavin M, Odenbreit M, Achterberg T Van. Evaluation of documentation before and after staff education in nursing diagnoses, interventions and outcomes and electronic health record implications. 2007;(November 2018).
19. Tadzong-awasum G, Dufashwenayesu A. International Journal of Africa Nursing Sciences Implementation of the nursing process in Sub-Saharan Africa : An integrative review of literature. Int J Africa Nurs Sci [Internet]. 2021;14:100283. Available from: <https://doi.org/10.1016/j.ijans.2021.100283>
20. Governmental S, Ababa A. Nursing and Care Assessment of Factors Affecting Implementation of Nursing Process Among Nurses in Selected Governmental Hospitals , Addis Ababa , Ethiopia ; Cross Sectional Study. 2016;(January 2014).
21. Moges NA, Areri HA. Nursing & Care The Implementation of Nursing Process and Associated Factors among Nurses Working in Debre markos and Finoteselam Hospitals , Northwest Ethiopia , 2013. 2014;(January).

ANNEXES

ANNEX 1. CONSENT FORM

Greetings!

Dear respondents our names are _____. We are postgraduate students at St. Paulo's millennium medical college department of operating theater nurses. We are researching to assess the knowledge, attitude, and practice (KAP) of nurses on the nursing process of implementation in the surgical ward at Saint Paul's hospital and AaBET hospital. We would like to ask you some questions about the knowledge, attitude, and practice (KAP) of nurses in the nursing process of implementation in the surgical ward at Saint Paul's hospital and AaBET hospital, Addis Ababa, Ethiopia, 2022/2023. Please be assured that the information will be confidential and your name does not need to be written on any page of the questionnaires, and you may choose to stop your participation at any time.

Refrain from any questions. Only the researcher had the information and uses it for the study purpose only you have a full right not to participate in this study. Are you willing to participate?

Yes ----- No-----

Data collectors' name_____

Signature_____ Date_____

ANNEX II QUESTIONNAIRE

Part 1: demographic data of the respondents

According to the order we **circle** on your chosen

1	Gender	1. Male 2. Female
2	Age	1. 21-30 years 2. 31-40 years 3. 41- 50 years 4. >50 year
3	Ward	1. Adult SW 2. Children SW 3. Gynecology SW 4. Neurology SW 5. Orthopedics SW 6. Maxillofacial SW
4	Your highest educational level in nursing?	1. Diploma 2. First Degree 3. Master's Degree
5	Your work experience in the health organization in a year?	1. <1 year 2. 1-5 years 3. 5-10 years 4. 10-15 years 5. >15 years

Part 2: Knowledge assessment

According to the order we **circle** on your chosen

1	What is the first step in your nursing process?	1. Collecting subjective & objective data 2. Evaluating what has been done for the patient 3. Indicating the activities to be done 4. Giving medication
2	Select from the given option that is not a component of the nursing process.	1. Assessment 2.Implementation 3. Planning 4. Evaluation 5.Evidenced-based practice 6.Nursing Diagnosis
3	What makes nursing diagnosis different from medical diagnosis?	1. Nursing dx focuses on the diseases than other patient's response

		2. Nursing dx focuses on the patient's problem than a medical diagnosis 3. Both focus on the patient's responses 4. Both have similar procedures to resolve a patient's
4	Who is responsible for the better accomplishment of the nursing process?	1. Physician 2. Patient's family 3. Nurses 4. Patients 5. No one should be excluded
5	Select your role during the implementation phase of your nursing process_____.	1. Propose the interventions 2. Implementing the proposed interventions 3. Performing the planned interventions by excluding activities of daily practice. 4. Stop the phase if the initial implementations fail to change patients' problem
6	Select that may be not a guide for your nursing process evaluation_____	1. The nursing diagnosis 2. Collaborative problems 3. Priorities and nursing interventions 4. Expected outcomes 5. All could be guidelines
7	Can you list down the order of nursing process components?	
8	During implementation, the nurse must write the activities.	

Part 3: The attitude of nurses toward the nursing process

Score the following Attitude questions according to the order. Mark by using '√' on your choice.

Strongly disagree = 5 Disagree = 4 Neutral = 3 Agree = 2 Strongly agree = 1

S. No	Practice	Strongly disagree 5	Disagree 4	Neutral 3	Agree 2	Strongly agree 1
1	Do you think practicing the nursing process improves patient care?					
2	Do you believe a nursing care plan should be used for all patients admitted to the surgical ward?					
3	Do you accept that nursing care will be effective if a nursing process is done properly?					
4	Do you think using the current nursing process format is time-consuming?					
5	Do you think that the nursing care plan should be revised depending on the patient's condition?					
6	Do you think that your feedback about the nursing process will bring a change to it?					
7	Do you believe work-related problems will affect practice of the nursing process?					
8	Do you think nursing process is valueless paper work?					

Part 4: The practice of the nursing process implemented by the nurse

Checklist to assess nursing process implementation from the patient chart

S. No	Variables	Yes	No
1	Is both subjective & objective data documented?		
2	Is Nursing diagnosis developed based on the standard of a patient problem?		
3	Does the actual diagnosis include full PES		
4	Does the potential diagnosis state well?		
5	Is a nursing care plan prepared based on the diagnosis?		
6	Is nursing intervention documented?		
7	Does implementation write understandably?		
8	Is the evaluation statement recorded properly?		