IMPLEMENTING THE NURSING PROCESS IN GYNAECOLOGY WARDS IN NAMIBIA

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ABSTRACT

Since its implementation in 1985, the nursing process in Namibia – for unknown reasons – had been utilised with difficulty. The purpose of this paper is to describe the development of a programme to operationalise the nursing process in gynaecology wards in Namibia.

A qualitative, explorative, descriptive and contextual design was used to perform this study. Seven in-depth interviews were conducted in the training hospitals in Namibia. The study was performed in four phases: a situation analysis was carried out to explore and describe the educational needs of registered nurses for internalising and operationalising the nursing process; a conceptual framework was compiled based on the results of phase 1; a programme was developed to internalise and operationalise the nursing process; and finally, guidelines were generated for the implementation of the programme.

The situation analysis revealed that the nursing process had been utilised ineffectively. The findings indicated that registered nurses' belief systems and attitudes should be reframed, that registered nurses should approach the nursing process differently and that the nursing process was a prerequisite for effective nursing care. Guidelines for internalising and operationalising the nursing process through programme implementation were described.

Since guidelines are important tools in the quest for evidence-based practice (Lawson, 2005:18), the guidelines include actions and activities for professional nurses about the nursing process.

KEYWORDS: gynaecology wards, Namibia, nursing education, nursing process, nursing programme.

INTRODUCTION AND BACKGROUND

The nurse practitioner's role involves responsibility for meeting the health care and nursing needs of individual patients, their families and significant others (Kärkkäiken & Eriksson, 2004:233). This dominant role of nurses could be achieved by the proper application of the nursing process.

The growth of nursing as a profession has necessitated the application of a logical and rational method of problem solving in making decisions about patient care, instead of relying on unsystematic and intuitive processes (Savett & Good, 2005:5-9). The nursing process is a special way of thinking and acting. It also provides the framework within which nurses apply their knowledge and skills in order to express human caring independently (Löfmark & Thorell-Ekstrand, 2004:296). The question may be asked: "Why does the nursing process need a special way of thinking?" The answer is that nurses have to think critically about the nursing care they render, examine nursing assumptions, clarify beliefs and propositions, and analyse the meaning of nursing care. Furthermore, it entails a special relationship of trust between nursing care provider and patient (Bandman & Bandman, 1990:52).

PROBLEM STATEMENT

Although the nursing process has become the standard for nursing worldwide over the past thirty years, the perception persists that it is time consuming and impractical. If the nursing process is not valued and not used, then nurses might continue to intervene in standardised nursing procedures on the basis of medical diagnoses rather than a rationale based on nursing assessment, planning, evaluating, record keeping and feedback. If the nursing process is not used, the question might be asked in what way nurses assume accountability and responsibility for the patient and how the quality of nursing care could be measured. The challenge for many institutions remains to assist professional nurses with refining their understanding of nursing diagnosis and charting skills in order to identify patient problems and to propose appropriate care plans (Ting-Ting, 2005:1).

It was unclear whether the nursing process had been operationalised in the gynaecology wards of training hospitals in Namibia. The consequences could have been that patients/clients were at risk of not receiving the expected quality of nursing care. Patients have the right to receive high quality services and nurses have a responsibility to provide such care.

PURPOSE AND OBJECTIVES OF THE STUDY

The overall purpose of the research was to develop and describe a programme to internalise and operationalise the nursing process and to develop and describe guidelines for implementing this programme.

The first objective of the study was to carry out a situation analysis in order to explore and describe how the nursing process had been utilised in the gynaecology wards of Namibian training hospitals. This objective served to explore practices in the training hospitals that had never been studied previously. The second objective was to explore and describe the educational needs of registered nurses and midwives in utilising the nursing process in Namibia. The third objective was to describe an educational programme for the utilisation of the nursing process in the gynaecology wards. The researchers regarded it as the communication channel; the means by which the research would be shared with the rightful owners of practice, that is, the registered nurses of the gynaecology wards. The fourth objective was to compile guidelines for implementing the educational programme.

Key concepts

The **nursing process** is a methodology and is the essence of professional nursing practice. It is the "tool" that helps nurses to arrive at decisions about a patient's health needs. It is a cyclical process and takes place in phases of assessment, making a nursing diagnosis, planning, implementation, and evaluation (Kozier, Erb, Berman & Snyder, 2004:261).

Internalisation refers to the integration of an attitude, belief and behavioural regulation to operationalise the nursing process (Asakawa & Csikszentmihalyi, 2000:1).

Operationalisation of the nursing process refers to its everyday use in practice. Information gathering activities, necessary to make informed judgements about the effectiveness of patient care, are carried out by nurses (Barrett, Wilson & Woollands, 2009:56).

Education is seen as a continuous process of growth and development in the theoretical and in the clinical situation in order to equip the professional nurse to utilise the nursing process.

Programme refers to the developed plan of action to internalise and operationalise the nursing process for registered nurses and midwives in the gynaecology wards of training hospitals in Namibia after a situation analysis had been carried out.

METHODOLOGY

A qualitative design had been selected for this study because the researchers wanted to explore and describe the utilisation of the nursing process within the context of the gynaecology wards of training hospitals in Namibia. The research method used in this study was the questioning approach by means of interviews.

Phase 1: Situation analysis

A situation analysis was conducted to explore and describe the constituents of a programme for internalising and operationalising the nursing process in order to facilitate its implementation.

The population included all eleven registered nurses on day duty in the gynaecology wards of training hospitals in Namibia. Registered nurses on night duty were excluded because they had not been allocated solely to gynaecology wards, but to different disciplines.

The sample size was not predetermined because data were collected until saturation had occurred. In this study purposive sampling was appropriate because the selected registered nurses should have had a minimum of one year's experience in a gynaecology ward. Devers and Frankil (2000:2) see purposive sampling strategies as being conducive to enhancing the understanding of selected individuals' or groups' experiences or for developing concepts.

Data collection

The participants produced data from "the real world" (Ducharme, LéVesque, Gendron & Legault, 2001:183). Participants agreed to be audiotaped. After nine interviews, data saturation occurred as no new information was forthcoming. During each interview the researchers kept field notes.

Phase 2: Conceptual framework

A conceptual framework was described on the basis of the results in phase 1 and the literature control. This framework formed the basis of the programme.

Phase 3: Development of the programme

The third phase comprised developing a programme to internalise and operationalise the nursing process. Themes extracted from the transcripts of the in-depth focused interviews and the information derived from exploring the literature, were used to develop the programme.

Phase 4: Guidelines for programme implementation

During phase 4 guidelines were compiled, based on the conceptual framework and aiming to put the programme into practice in the gynaecology wards.

Data analysis

Data analysis of the interviews used Tesch's (1990:142) method of qualitative analysis. Themes were systematically identified from the data. The stages of analysis included making sense of the whole phenomenon, identifying topics, identifying categories and identifying themes.

Trustworthiness

The measures of credibility, dependability, transferability and inferential validity were used.

In this study credibility was achieved by means of the following procedures:

- *Prolonged engagement.* In-depth focused interviews with nine registered nurses in three training hospitals had been conducted until the data had been saturated. Each interview lasted 45 to 60 minutes. Therefore, the views of the registered nurses on the utilisation of the nursing process could be explored and described in depth. All three training hospitals in Namibia were included in the study. It increased the possibility of shedding light on the research question from various aspects and processes of the phenomena under study as supported by the views of Graneheim and Lundman (2003:110).
- *Referential adequacy.* In this study an audiotape recorder and field notes had been used to collect data. Verbatim transcripts were typed afterwards.
- *Peer debriefing*. A colleague outside the context of the study, with a general knowledge of the nursing process as well as the nature of the research process, reviewed insights and views, and performed co-coding of the data. Rossouw (2000:193) argues that a critical discussion of data analysis and interpretation by a co-coder is an important aspect of the research in order to verify that conclusions are supported by the data collected.
- *Member checks* were performed by giving the typed scripts to the registered nurses who had been interviewed in order to identify any shortcomings and misinterpretations (Graneheim, Worberg & Jansson, 2001:259).
- *Limitation of subjectivity.* In this study subjectivity was limited by using open coding as a data analysis method. Rossouw (2000:191) refers to data collection, data analysis and interpretation as aspects that could impact on credibility.

The dependability of this study was ensured by describing the research methods in detail so that another researcher would obtain the same results if the same question was posed to the same group of registered nurses under the same circumstances. Triangulation was assured by using the interview transcripts of the registered nurses, the researchers' experience and field notes, and research reports.

Ethical considerations

Registered nurses gave informed consent for the study. Participants were informed about the research purpose, benefits of the study and the data collection procedures that would be used. The anonymity and confidentiality of interview data were maintained. Although interviews had been audio taped, it was done only for the purpose of analysing the data thoroughly using open coding. The identity of the registered nurses were not

disclosed. The audiotapes would be kept for three years under lock and key after which they would be destroyed.

RESULTS

The description of the results of the study took place according to the final themes and corresponding categories that emerged from the registered nurses' experiences of utilising the nursing process in gynaecology wards in Namibia (see table 1).

Table 1: Themes and categories

Themes	Categories
Registered nurses experience the nursing process as esoteric	• No need for the nursing process is seen • Negative and positive attitudes and beliefs
Registered nurses experience the nursing process as labour intensive	• The nursing process is time consuming and lengthy • Staff shortage hampers the utilisation of the nursing process • Management do not demonstrate support for the utilisation of the nursing process
Optimum utilisation of the nursing process is determined by cognitive impediments	• Registered nurses experience a lack of in-service education in utilising the nursing process • The nursing process includes repetition • The nursing process is not relevant

Theme 1: Registered nurses experienced the nursing process as esoteric

The nursing process is the essence of the thinking and doing in nursing practice. It is the means by which nurses identify patients' responses to illness situations, design ways to assist patients in dealing with those situations, implement the nursing care required and determine the effectiveness of appropriate care by looking for changes in patients' behaviour (Quan, 2008:1).

Category 1: Nurses did not see the need for the nursing process

Some participants doubted the usefulness of the nursing process; claiming that they knew what to do concerning nursing care. One stated:

"We know that if a patient comes from theatre, you have to provide something for pain. I will make the patient comfortable. No, the nurses know everything, but if it has to be written down, it just shows that it has been done. I don't really know what the meaning is. I think it is just a waste of paper." Rovithis and Parissopoulos (2005:1) state that experienced nurses have an "intuitive grasp" of the whole situation, and do not need a step-by-step approach to achieve such a "grasp". Another participant stated: *"I don't see the need to utilise the nursing process. I know what to do."*

- These roles and functions of the nursing process are described in the scope of practice for registered nurses in Namibia (Government Gazette 2040:65):
- The diagnosis of a health need and the prescription, provision and execution of a nursing regimen to meet the need of a patient or a group of patients
- The execution of a programme of treatment prescribed by a registered person
- The treatment and care, including monitoring the patient's vital signs
- The prevention of disease by teaching and counselling individuals and groups
- Prescription, promotion or maintenance of hygiene, physical comfort and reassurance of the patient.

Category 2: Negative and positive attitudes and beliefs

Negative beliefs about the nursing process were communicated: *"Nurses don't learn from bad experience – they don't know how important a nursing care plan is. Nurses like talking and sitting at the post but don't plan the nursing care."* Unexplored prejudice might cloud or influence a nurse's judgement. Attree and Murphy (1999:595) are of the opinion that any tool is as good as its operator and the system within which it operates. By implication it means that nurses' belief systems about the nursing process might determine how they utilise it.

Theme 2: Registered nurses experiences of the nursing process as being labour-intensive

Nurses have left the Namibian government service to work in the private sector where the environment is more conducive to the provision of quality nursing services. Rogers (2000:1) is of the opinion that such changes create unsettling work environments.

Category 3: The nursing process was time consuming

The nursing process requires proper assessment of the patient, analysis and synthesis of data to arrive at a nursing diagnosis, the formulation of goals and expected outcomes, the identification of nursing interventions, the implementation of the process, the evaluation thereof and meticulous documentation, implying that time is an important factor. A participant stated: *"…people are having time, they are talking, sitting at post, talking, talking, talking and people don't have nursing care plans."* Another participant

articulated it as follows: *"…the ward is always full; it is not possible time-wise to write a nursing care plan for each and every patient."*. Time management is an important aspect of everyone's daily practice. The planning of care remains an essential part of health care providing a "road map" to guide all involved with a patient's care (Sox, 2005:1).

Category 4: Staff shortage hampered the utilisation of the nursing process

Nurses reportedly experienced a shortage of staff as being an important reason why the nursing process was not being utilised. One participant stated: *"The shortage of staff is the main problem… we tell management how many staff we need, but really they say they don't have staff."* Another participant verbalised her experience of the shortage of staff as follows: *"…those who are in the profession they resign and most of them who are staying, they overwork themselves and they become sick."*

Category 5: Management did not demonstrate support for the utilisation of the nursing process

Another category that emerged from this study had been the lack of support from management pertaining to the utilisation of the nursing process in the gynaecology wards. Ward managers expressed their concerns about not receiving guidance from their supervisors in achieving the goals of the ward: *"…there was a meeting, of head office to come and visit each ward… each ward was having care plans… and the records are put up to date. Even the chief, the supervisor, chief registered nurses… come down from their offices to the wards, they are involving in the wards, stock and everything, and now, with the Permanent Secretary not coming, everybody is in his place and sister in charge has to answer for everything. …must be a combined effort …w*e *tell management how many staff we need, but really they say they don't have staff." "It is extremely discouraging for a ward sister when appeals to utilise something that is for the good of patients continuously falls on deaf ears*."

It is imperative for nurses to work with and through others; and the ability to delegate, assign, manage and supervise has never been as critical and challenging as in the complex and complicated world of 21st century health care (Working with others, 2003:3). The following statements indicate that nursing care in Namibia could be burdened with increasing numbers of patients: *"…number of patient are increasing. ... patient-nurse ratio not balancing." "…the one who was starting… nursing care plan ... people from the management level, nursing division, and later on they include UNAM people, but you see only UNAM people coming here and not the nursing division. This also demoralises people."*

In achieving the goals, the goals of any institution require supervision, guidance and support. Nurses need support at the workplace from managers who understand their work, respect their expertise and offer security. It means rebuilding a team where the focus is on the patients and on manageable workloads.

Theme 3: Optimum utilisation of the nursing process was determined by cognitive impediments

The utilisation of the nursing process requires scientific knowledge, clinical problem-solving skills and positive attitudes towards the nursing process. Scientific knowledge facilitates critical thinking skills that are appropriate to the demands of contemporary nursing practice. Cholowski and Chan (2004:85) are of the opinion that clinical problem solving in nursing is based on the nursing process. In such a process, prior and interconnected knowledge play an important role.

Category 6: Registered nurses experienced a lack of in-service education in utilising the nursing process

Although in-service education training sessions on the nursing process were provided, the shortage of staff and time prevented nurses from attending these sessions. Participants expressed their needs for in-service training as follows: *"Even if in-service training is given, we might have a shortage of personnel and the in-service training cannot be attended." "...will be glad if all registered nurses can get in-service training so that we can understand it..."* Some registered nurses had not been trained to use the nursing process *"...in many instance you don't know what to write..."*

Category 7: The nursing process included repetition

Some participants experienced the nursing process as being merely record keeping. *"You just repeat, repeat, repeat the things in the same time, but I think it's not necessary here because it is just repetition with the report you write already and the whole nursing process."*

The documentation of nursing care and patients' responses to such care are indispensable parts of patient care (Bjorvell, Mattiasson & Randers, 2006:936).

Category 8: The nursing process was irrrelevant

Nursing theory and practice should correlate. The nursing process is taught in theory and it should be applied in practice. One participant stated: *"The ward just remains full and it is not possible to write a care plan for every patient"*. According to Quinn (2000:55), theoretical concepts like the nursing process should be framed by the context of the real world – the busy hospital ward. Instead of sitting for long hours writing a nursing care plan, the needs of patients could be prioritised and dealt with.

Conceptual framework

Phase 2 of the study aimed to develop guidelines to implement the nursing process in the gynaecology wards in Namibia. The reasoning map of Dickhoff et al (1968) was used, referring to a structure of concepts. Chinn and Kramer (1995:69) define conceptual as "pertaining to concepts" and a framework as "features of a structure or network". During this phase six questions had to be answered.

Who or what performed the activity? (agency)

The agent (in this case the team of researchers) was the person who provided the educational programme for internalising and the guidelines for operationalising the nursing process in the gynaecology wards of the training hospitals of Namibia. It required establishing a special relationship with the recipients.

Who or what was the recipient of the activity?

Professional registered nurses practise within organisations that have goals, values and missions. Integration into an organisation's value system and identification with organisational goals meant that employees should develop similar feelings about the adequacy and quality of performance and the nursing process. One of the reasons why the nursing process had not been utilised was because of internal factors such as negative attitudes.

In what context was the activity performed? (famework/context)

The dynamics involved in utilising the nursing process occurred within legal, ethical and professional boundaries at different levels. The implementation of teamwork and the strengthening of support systems would facilitate the utilisation of the nursing process

What was the guiding procedure, technique, or protocol of the activity? (pocedure)

The utilisation of the nursing process would ensure continuity and individualised care of the patient. Benefits for the nurses included increased job satisfaction, enhanced learning experiences, increased self-confidence and improved standards of practice.

What was the energy source for the activity? (dynamics)

First line managers should facilitate these qualities, since it would enable professional nurses to see the importance of utilising the nursing process and not to view it as a waste of time, duplication, routine execution of labour intensive tasks. Because participants had indicated that their workload was too heavy and that they did not always understand the nursing process, they might need guidance to prioritise their tasks.

What was the end-point of the activity? (terminus)

The health care environment requires registered nurses to have the ability to internalise and operationalise the nursing process (Kärkkäiken & Eriksson, 2004:233). It expects nurses to modify their professional values by means of autonomy, competence and relatedness.

Programme development

Educational sessions were conducted on the nursing process in Namibian training hospitals. What nurses knew about the nursing process was sometimes ad hoc knowledge because some were trained in countries where the nursing process was not taught or not applied. The programme comprised four sessions: reframing belief system and attitudes; prioritising within the nursing process; regarding the nursing process as a prerequisite for effective nursing care; and internalising and operationalising the nursing process. Each session was developed and described according to the aims and process outcomes, content (compulsory literature) and expected learning outcomes.

Aims and process outcomes

The aim of this session was to explore skills that would enable nurses to organise their time wisely in order to facilitate the utilisation of the nursing process (as a role model for students).

Compulsory literature included textbooks and articles on time management.

Example of an activity

A group reflected on activities/strategies for effective time management. They recommended: learning to say no and to delegate; surrounding oneself with good staff; improving one's skills; and start projects at the right time.

Guideline: Prioritising in the nursing process

The rationale of this guideline was to inform registered nurses about expectations with regard to effective time management to operationalise the nursing process within the available time. The outcome of this guideline was for the registered nurse to make the best use of time by means of self management.

Recommendations for the recipient (registered nurse)

The registered nurse had to accept and demonstrate responsibility for her own learning; assume responsibility for carrying out the activities prescribed in this session; and negotiate a completion date for the activities with colleagues.

Recommendations for the agent

The researchers had to actively collaborate with the educational institutions and the Ministry of Health in the area of time management and related areas; and assume co-responsibility for collaboration with the registered nurses, the managers and the professional development educators in the implementation of this session of the programme. The clinical audit criteria, developed from the guideline recommendations, were useful for measuring adherence to guideline recommendations and for improving the quality of care pertaining to time management.

RECOMMENDATIONS

Although the purpose of the study was not to address factors such as staff shortages and the establishment of an environment conducive to effective and efficient nursing practice, these were important aspects that affected registered nurses' ability to conduct "good" practice (Khowaja, Merchant & Hirani, 2005: 32). The researchers therefore recommended that these factors should be investigated and addressed by the Ministry of Health to assist registered nurses in their task of delivering effective nursing care.

Lecturers play an important role in preparing students to internalise and operationalise the nursing process effectively. The quality of care given to the health consumers in Namibia depends on the quality of education provided by lecturers and registered nurses in the clinical environment. The nursing process must be included as a basis of providing nursing care at all levels in Namibia.

The outcomes of the implementation of the guidelines should be researched in future.

CONCLUSION

The nursing process is the tool and methodology of the nursing profession and, as such, it should assist nurses in arriving at decisions and in predicting and evaluating the consequences of nursing interventions.

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