

Institutional Factors Affecting Utilization of Nursing Process among Nurses in Selected Public Health Care Facilities in Kenya

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ABSTRACT

The nursing process is a systematic and scientific approach which is interpersonal and collaborative, with an aim of providing quality care to clients. It involves interaction between the nurse and other health care providers like the doctors, nutritionist and physiotherapists among other health care providers. The patient care approach is also universally applicable since it remains the same in whatever level or institution where it is being applied. This is made possible by the use of common nursing language and similar nursing terminologies worldwide. Despite all these advantages, utilization of the nursing process in various healthcare facilities is still quite poor, hence the current study to determine the institutional factors that influenced utilization of nursing process among the nurses in Kenya. In this study, the cross-sectional study design was used to collect data from 249 nurses who were sampled from five randomly selected health care facilities in Kenya. The data was collected using both qualitative and quantitative methods and descriptive analysis computed using STATA version 14.4 data analysis software to generate frequencies on the various responses from the study participants. The results identified various institutional factors that influenced utilization of nursing process among the respondents. These included heavy workload, shortage of nursing staff and lack of patient care resources to enable utilization of the nursing process. Other factors included poor staff motivation, lack of feedback after seminars and poor supportive supervision from the senior nurses. These called for measures to be implemented to promote utilization of the nursing process in the health care facilities in Kenya. The measures included employment of more nurses to reduce the workload and also a provision of patient care resources.

Key Words: Nursing process, Nurses, Utilization, Influence, factors.

1. INTRODUCTION

Globally, nurses form the largest work force in all the health care facilities. Subsequently, provision of planned quality nursing care plays a major role in determining the outcome of all clients who seek health care services. However, for the nurse to provide quality nursing care, there is need for a scientifically proven approach of the care provision. One of the major strategies through which this can be adequately addressed is through effective and efficient utilization of the nursing process [1]. Nursing process was first described by Lydia Hall in 1955, with Johnson (1959) and Orlando (1961) being some of the first nurses to identify the care provision strategy as a series of steps in the provision of nursing care [2]. Nursing process is interpersonal and collaborative. It involves interaction between the nurse and other health care providers like the doctors, nutritionist and physiotherapists among other health care providers. The patient care approach is also universally applicable since it remains the same in whatever level or institution where it is being applied. This is made possible by the use of common nursing language and similar nursing terminologies worldwide. Nursing process is said to be systematic since it is applied step wise through the five phases, from assessment to evaluation [2]. The client is actively involved in the planning of his/ her care. There is also a holistic approach to the care provided a situation that leads to high level of satisfaction [3]. When providing nursing care through nursing process, standard nursing diagnoses and defined formats of nursing care plans are utilized, which leads to a common language in the practice, hence unifying the nursing profession [4]. The client's expression of the need for assistance with health care marks the

initial phase of nursing process and ends when the patient no longer needs any assistance [5]. The nursing process is composed of five distinct steps which include assessment, nursing diagnosis, planning, implementation and evaluation [6]. These steps are aimed at achieving the ultimate goal of nursing where the nurse strives to promote, maintain, rehabilitate or assist clients to achieve a peaceful death and to enable the family or the community to manage their own health care to the best of their ability [5]. The patient becomes a partner in the care provision relationship based on trust and directed towards maximizing the client's strengths, maintaining integrity, and promoting adaptive response to stress.

2. LITERATURE REVIEW

Despite the fact that most of the health care facilities had formulated nursing care plans in the clients' files, these were not being updated according to the clients' health status, which demonstrated poor documentation of care hence poor utilization of nursing process. This has been attributed to some barriers towards utilization of nursing process which exist in different institutions. The same has been demonstrated by various studies as identified in the literatures searched. For example, a study conducted on the factors influencing the utilization of the nursing process in Ogun state (Nigeria) demonstrated that institutional factors had a strong correlation to the utilization of the nursing process among the nurses [7]. In the same aspect, a cross-section study to assess the factors affecting implementation of nursing process among nurses in selected governmental hospitals in Addis Ababa (Ethiopia) showed that nurses working in high level facilities were 2.2 times significantly and more likely to implement nursing process than those working in a low level facilities. The study also showed that 41.6% of the respondents who implemented nursing process were working in stressful working environments, 5.2% were worked in a neglecting environment, with the same percentage (5.2%) of the respondents working in a disorganized environment. In regard to the work load, most of the nurses (63.1%) had managed more than 10 patients per day while 26.6% cared for 5-10 patients per day. Most of the nurses (84.4%) had worked for more than eight hours per day. More than half of the respondents in this study (54.2%) cited caring for many patients as their source of job dissatisfaction, hence poor implementation of nursing process. Other sources of dissatisfaction which affected the nurses' implementation of nursing process included failure to be included in decision making, useless paper work and being unhappy with their profession [8].

A study to assess the implementation of nursing process and associated factors among nurses working in Debreworkos and Finoteselam Hospital in North West Ethiopia showed that availability of necessary patient care equipment in the hospital was three times more likely to influence the implement nursing process positively. In terms of patient acuity, the patients who were sick but did not have complications were about six times more likely to be nursed using nursing process [9]. Similar findings were realized in a study on the determinants of nursing process among nurses in Arbaminch general hospital (Ethiopia) which identified anxious working environment due to high patient flow (42.85%), misconception from physicians (9.18%), work place harassment (3.06%), demanding patients (2.02%) and unsympathetic managers (11.22%) as some of the factors that affected implementation of nursing process in the provision of patient care. The study findings also showed that nurses who were working in a stressful environment were less likely to implement nursing process than those working in an organized environment [10]. Similar findings were realized in a study on the professional nurses' perception of the nursing process at the University of Calabar Teaching Hospital (Nigeria) whereby 83.6% of the respondents cited inadequate staffing and excess workload as the barriers to implementation of nursing process. In the same study, 67.2% of the respondents said that insufficient material resources were hindrances to the implementation of nursing process. The study recommended that employment of more nurses to meet the WHO guidelines should be undertaken to promote the nurse-patient ratio, hence boosting the nurses' capacities which will in turn lead to improved efficiency in provision of nursing care. Provision of adequate patient care resources should also be put in place for effective and efficient implementation of nursing process in patient care [11]. Likewise, findings in another study on the barriers and facilitators for execution of nursing process from nurses' perspective in two hospitals at Najran region (Saudi Arabia) identified staff shortage (81%) and heavy workload (81%) as the most commonly encountered barriers [12]. A hospital based study conducted in Nigeria identified staff shortage, poor motivation on its use, and inadequate time as the factors that hindered the utilization of the nursing process [13]. Similar findings were realized in a study which was carried out in health care institutions in Ogbomoso town (South West Nigeria) to assess the factors affecting the utilization of nursing process. The results revealed that institutional factors affected utilization of nursing process with a predictive value of 0.222 [14].

Majority of the respondents (54%) in a study to evaluate the implementation of nursing process among nurse clinicians identified staff shortage, insufficient equipment, poor exposure of nurses to practical nursing process and insufficient nursing process forms as the main factor that affected their implementation of nursing process [15]. In a corresponding study to evaluate the utilization of nursing process by the nurses in the provision of care to patients in a psychiatric hospital in Port Harcourt (Nigeria) institutional factors were shown to have a predictive value of 0.222 in relation to the implementation of nursing process ($B = 0.063$). Others institutional factors which affect implementation of nursing process as identified in this study included shortage of staff, heavy work overload, patients' acuity, inadequate documentation materials and inadequate time [16]. Similarly, a study on the factors influencing implementation of nursing process in Naivasha District Hospital (Kenya) showed that reference materials, administrative support, availability of supplies and adequate staffing were the major factors influencing implementation of the

nursing process, hence the need to put measures in place to ensure that these inadequacies are addressed [17]. From these findings as identified in the literature review, it is evident that institutional factors exist which affect the implementation of nursing process. This formed the basis of conducting this study to determine the institutional factors that influence utilization of nursing process among nurses in selected public health care facilities in Kenya.

3. STUDY METHODOLOGY

The study involved 249 nurses from five randomly selected public health care facilities in Kenya. Descriptive cross-sectional study design was utilized to collect data from the respondents using both qualitative and quantitative methods. Authority to collect data was obtained from the relevant authorities and the management of each of the five selected health care facilities. An informed consent was also obtained from all the respondents before participating in the study. Self administered questionnaires were utilized to collect quantitative data from the respondents. Six nurses were randomly selected from each of the five health care facilities, making a total of 30 respondents who participated in the focused group discussion to generate qualitative data, using an interview guide. Quantitative data collected from the study was analyzed using STATA version 14.4 and descriptive computations performed to generate frequencies on the various responses. For the qualitative data analysis, all the collected information (from the notes made during group discussions) was read repeatedly, with highlights being made on the key words in each of the responses to capture the main concepts. The recorded data was documented per verbatim, in relation to each issue discussed and in line with the other notes made. Main headings in relation to the major responses were created. The data was refined and later sorted out into possible themes, according to the key responses and the main headings which had been created. The themes were coded after which descriptive analysis was carried out in STATA to generate frequencies on the responses.

4. STUDY RESULTS

4.1. Results from the responses of the participants' in the questionnaires

To establish whether there were institutional factors which affected the utilization of nursing process the respondents were asked to rate various aspects of the health care facilities where they were deployed in a scale of 1 to 5 on a Likert scale as shown in table 1. A score of 1 denoted that the respondents strongly disagreed with the statement, a score of 2 showed that they disagreed, while a score of 3 was an average. However, the first two scores (1 and 2) were an indicator that the respondents were totally not in support of the statement. A score of 4 showed that the respondents agreed with the statement while a score of 5 indicated that they strongly agreed with the statement. Scores of 3, 4 and 5 were taken as indicators that the respondents were in support of the statement, though at different levels. The respondents were also asked to indicate whether each of the aspects hindered their utilization of nursing process or not. One of the institutional factors which the respondents were to give their opinions on was whether they are highly supported by the institutions to practice nursing process. More than two thirds were in support of this statement in which case 21.3% (53) of them strongly agreed that they are highly supported by their institution to practice nursing process, 28.9% (72) agreed while 19.7% (49) of them scored an average on the same aspect. The respondents who were not in support of the statement included 12.4% (31) of them who strongly disagreed and 17.7% (44) who disagreed, showing that their institutions of deployment do not support them to utilize nursing process. Among the 249 respondents who were interviewed, 33.3% (83) indicated that failure to be supported by their institution of deployment hindered them from utilization of nursing process while more than two thirds [66.7% (166)] said that institutional support did not affect their ability to utilize the nursing process. The study respondents were also requested to rate the level of availability of the necessary resources to enable them utilize nursing process. In this respect, 19.7% (49) of the respondents strongly agreed that the resources were available, 25.7% (64) agreed while 17.7% (44) had an average score. Some of the respondents were not in support of the statement, with 8% (20) strongly disagreeing and 28.9% (72) disagreeing, which meant that according to them there were no adequate resources. This shows that among the respondents who were interviewed, 63.1% were of the view that their hospitals of deployment do not provide the necessary resources for proper utilization of nursing process.

In relation to work load, 34.9% (87) of the respondents strongly agreed that there is heavy work load in their places of work, 36.2% (90) agreed, while 13.3% (33) scored an average. However, 6.8% (17) of the respondents strongly disagreed while 8.8% (22) of them disagreed, an indication that the work load at their work places was not heavy. This showed that 84.4% of the respondents agreed that there was heavy work load in their places of work. When asked to indicate whether the work load in their areas of deployment hindered utilization of nursing process, more than three quarters [76.3% (190)] were in agreement while 23.7% (59) of them were not. Job satisfaction was another institutional factor the respondents were supposed to respond to. The statement read "I am not satisfied with my job". In this case, 9.2% (23) strongly agreed that they were not satisfied with their current job, 12.1% (30) agreed while 14.1% (35) of them had an average score. Almost two thirds of the respondents were satisfied with their current job, in which case 31.3% (78) strongly disagreed with the statement that "I am not satisfied with my job" while 33.3% (83) disagreed. This demonstrated that about one third (35.5%) of the respondents were not satisfied with their

job. When they were asked to indicate whether being dissatisfied by their jobs was hindering utilization of nursing process, more than three quarters [87.6% (218)] of the respondents disagreed, with only 12.4% (31) agreeing. Therefore this shows that most of the respondents were satisfied with their job and hence this was not a hindering factor to their utilization of nursing process among the respondents. Staff shortage was another factor which was assessed by the researcher. In this aspect, 40.6% (101) of the respondents strongly agreed that there was staff shortage at their areas of deployment, 24.5% (61) agreed while 12.4% (31) of them indicated staff availability in their work places as average. In the same issue on staffing, 7.6% (19) of the respondents strongly disagreed while 14.9% (37) agreed, showing that according to them there was no staff shortage at their areas of deployment.

Computation of the study findings showed that 77.5% of the respondents indicated that there was staff shortage in their areas of deployment. The respondents were asked to state whether the staff shortage hindered their implementation of nursing process. About three quarters [74.7% (186)] of the respondents agreed, showing that staff shortage was a hindrance towards their utilization of nursing process while 25.3% (63) disagreed. The respondents were also required to state whether their working environment was stressful. This statement was supported by almost half of the respondents at various levels of acceptance with 14.5% (36) of them strongly agreeing that the work environment was stressful, 17.3% (43) agreeing and 22.1% (55) of them scoring an average. Some of the respondents were not in concurrence, whereby 13.7% (34) of them strongly disagreed while 32.5% (81) disagreed, showing that according to them, the work environment was not stressful. These results indicate that 53.9% of the respondents agreed that their working environment was stressful. Despite the fact that more than half of the respondents said that they work in a stressful environment, when giving their opinions to whether this aspect of stressful work environment hindered utilization of nursing process, only about one quarter [24.9% (62)] of them agreed while the rest [75.1% (187)] disagreed. Concerning the filing system, 6.8% (17) strongly agreed that the filing system in their wards was poor, 32 (12.9%) agreed while 22% (55) scored an average. On the contrary, 18.5% (46) of them strongly disagreed while 39.8% (99) disagreed. Computation of the respondents' percentages showed that 41.7% of the respondents indicated that the filling system in their wards was poor. However, 82.7% (206) of the respondents said that the filing system in their wards did not hinder utilization of nursing process while 17.3% (43) were of the contrary opinion.

The respondents were asked to rate their level of availability of patient care resources in their areas of deployment. About 7.6% (19) of them strongly agreed that all patient care resources were available in their wards, 20.9% (52) agreed while 27.3% (68) of them scored an average. Among the respondents, 17.3% (43) strongly disagreed, while 26.9% (67) of them disagreed with the statement that "all the patient care resources were available in their wards of deployment". From these study findings, it shows that 71.5% of the respondents said that all the patient care resources were not available. The respondents were required to indicate their views in relation to the work shifts in their areas of deployment. The item in the questionnaire stated "my work shifts are not favourable." Regarding their opinions on their working shifts, eight percent (20) of the respondents strongly agreed that the work shifts in their wards of deployment were not favourable, 16.5% (41) agreed on the same while 26.1% (65) scored an average. However, 16.9% (42) of the respondents strongly disagreed while 32.5% (81) disagreed, meaning that the work shifts in their areas of deployment were favourable. These results demonstrate that about half (50.6%) of the total number of respondents agreed that the working shifts at their areas of deployment was not favourable. Consequently, the respondents were asked to indicate whether by the fact that their working shift was not favourable hindered their utilization of nursing process. From the total number of respondents interviewed, 20.9% (52) of them agreed that this hindered their utilization of nursing process while 79.1% (197) disagreed. Lastly, the respondents were asked whether the patients they nursed were very sick, in which case 26.5% (66) strongly agreed, 27.3% (68) agreed, while 26.1% (65) scored an average. About 8% (20) of the respondents strongly disagreed while 12.1% (30) disagreed, meaning that the patients they nurses were not very sick. The respondents were asked whether the health status of the patients hindered their utilization of nursing process. Out of the total respondents interviewed 46.6% (116) of them agreed that nursing very sick patients hindered their utilization of nursing process, while 53.3% (133) disagreed.

Table 1. Institutional factors that influenced utilization of nursing process among the nurses

Institutional factors	Scores on the institutional factors					Hindered utilization of nursing process	
	1	2	3	4	5	Yes	No
	No(%)	No (%)	No (%)	No (%)	No (%)	No (%)	No (%)
I am highly supported by my institution to practice of nursing process	31(12.4)	44(17.7)	49(19.7)	72(28.9)	53(21.3)	83(33.3)	166(66.7)
Resource are available for implementation of nursing process	20(8)	72(28.9)	44(17.7)	64(25.7)	49(19.7)	88(35.3)	161(64.7)

There is heavy work load	17(6.8)	22(8.8)	33(13.3)	90(36.2)	87(34.9)	190(76.3)	59(23.7)
I am not satisfied with my job	78(31.3)	83(33.3)	35(14.1)	30(12.1)	23(9.2)	31(12.4)	218(87.6)
There is staff shortage	19(7.6)	37(14.9)	31(12.4)	61(24.5)	101(40.6)	186(74.7)	63(25.3)
My work environment is very stressful	34(13.7)	81(32.5)	55(22.1)	43(17.3)	36(14.5)	62(24.9)	187(75.1)
Filing system in the ward is poor	46(18.5)	99(39.8)	55(22)	32(12.9)	17(6.8)	43(17.3)	206(82.7)
All the patient care resources are available	43(17.3)	67(26.9)	68(27.3)	52(20.9)	19(7.6)	87(34.9)	162(65.1)
Work shifts are not favourable	42(16.9)	81(32.5)	65(26.1)	41(16.5)	20(8)	52(20.9)	197(79.1)
I nurse very sick patients	20(8)	30(12.1)	65(26.1)	68(27.3)	66(26.5)	116(46.6)	133(53.4)

4.2. Results from the responses of the participants' during the focused group discussion

During focused group discussion, the respondents gave their views on the institutional factors which hindered utilization of nursing process among the nurses as illustrated in table 2. Heavy work load coupled with staff shortage were identified by most [15(50%)] of the respondents as the institutional factors that hindered their utilization of nursing process. Other factors included low staff morale as cited by 13.3% (four) of the respondents, a lot of competing tasks which was identified by 6.7% (two) of the respondents, with a similar number mentioning a lot of paper work and lack of refresher courses as the hindering factors. About 10% (three) of the respondents identified lack of supportive supervision from the nurse managers, 3.3% (one) respondent cited lack of supplies while a similar number cited lack of feedback after seminars as some of the institutional factors that hindered utilization of nursing process.

Respondents in the focused group discussion gave various suggestions on the measures that should be implemented to promote utilization of nursing process in their health care facilities and areas of deployment as listed in table 3. From the discussion, 26.7% (eight) of the respondents stated that the management should ensure that skills checks are conducted to identify the extent to which nursing process is being utilized and implement the appropriate measures, 23.3% (seven) of them said that the management should improve on supportive supervision while 16.7% (five) of the respondents cited the need to scale up continuous medical education/ seminars on nursing process. About 20% (six) of the respondents in the focused group discussion cited the need to improve the staffing ratios, while 6.7% (two) of them said that the management should develop measures to motivate the staff. In an effort to promote learning among the nurses in regard to utilization of nursing process, 3.3% (one) of the respondents was of the opinion that resource centers should be established in the health care facilities with an equivalent number saying that nurses should be encouraged to change their perceptions towards nursing process. Continuous education through the resource centers was cited as a major factor that will change the nurses' perceptions towards utilization of nursing process. The respondents said that the resource center will be of great importance since many nurses have a negative perception on nursing process due to inadequate knowledge on its implementation strategies.

Table 2. Responses of the participants' during the focused group discussion

Identified factors	Frequency	Percentage
Heavy work load and staff shortage	15	50
Low morale among the staff	4	13.3
A lot of competing tasks	2	6.7
A lot of paperwork	2	6.7
Lack of refresher courses	2	6.7
Lack of supportive supervision	3	10
Lack of supplies	1	3.3
Lack of feedback after seminars	1	3.3
Total	30	100

Table 3. Participants' views on the measures to promote utilization of nursing process

Measures identified	Frequency	Percentage
Scale up continuous medical education / seminars on nursing process	5	16.7
Improve on supportive supervision	7	23.3
Conduct skill checks to identify the extent of nursing process utilization and take appropriate measures	8	26.7
Motivate the staff	2	6.7
Encourage nurses to change their perception towards nursing process	1	3.3
Improve on staffing ratios	6	20
There should be resource centers in the health care facilities	1	3.3
Total	30	100

5. DISCUSSION

Various institutional factors were assessed to establish their effects on the utilization of nursing process. The study findings showed that 69.9% of the respondents were in agreement that their institutions of deployment supported them in regard to utilization of nursing process. Support from the institutional management plays a major role in promotion of quality patient care including utilization of nursing process. This is supported by the results of a study on the factors influencing the utilization of the nursing process in Ogun state (Nigeria) which demonstrated that institutional factors had a strong correlation with the utilization of the nursing process among the nurses [7]. Although more than two third of the respondents in the current study said that they were supported by their institutions, contrary findings were realized when the respondents were assessed on various aspects of institutional support. In terms of the resources required to enable proper utilization of nursing process (like standardized nursing care plans), 63.1% of the respondents stated that their hospitals of deployment did not provide such resources. Similar findings were realized in a study carried out to assess nurses' perception towards nursing process at the University of Calabar Teaching Hospital (Nigeria) whereby 67.2% of the respondents cited insufficient patient care materials as the major hindrance to the implementation of nursing process [11]. Related findings were realized in another study whose aim was to determine the implementation of nursing process and associated factors among nurses working in Debremarkos and Finoteselam Hospital (North West Ethiopia), whereby 57.3% of the respondents indicated that they lacked adequate equipment for patient care, a situation which hindered their implementation of nursing process [9]. In regard to work load in their areas of deployment, more than three quarters (76.3%) of the respondents said that this hindered utilization of nursing process. In the same way, a study conducted to establish the barriers and facilitators for execution of nursing process from nurses' perspective in two hospitals at Najran region, (Saudi Arabia) showed that 81% of the respondents identified heavy workload and staff shortage as the most commonly encountered barriers to utilization of nursing process [12]. Similar findings were realized in a study on nurses' perception towards nursing process at the University of Calabar Teaching Hospital whereby 83.6% of the respondents cited excess workload as one of the barriers to implementation of nursing process [11].

Staff shortage was cited by 74.7% of the respondents as a hindrance towards their utilization of nursing process. Corresponding findings were also realized in a hospital based study conducted in Nigeria which identified staff shortage as one of the factors that hindered the utilization of the nursing process among the nurses [13]. Similarly, a study on the factors influencing implementation of nursing process in Naivasha District Hospital identified shortage of staff as one of the factors that hinder utilization of nursing process in the health care facility [17]. More than half (53.9%) of the respondents in the current study agreed that their working environment was stressful. These findings were almost equivalent to the ones realized in a cross-section study carried out to assess the factors affecting implementation of nursing process among nurses in selected governmental hospitals in Addis Ababa (Ethiopia) which showed that 41.6% of the respondents who were implementing nursing process were working in a stressful working environment (by Aseratie et al (2014). Likewise, a study on the determinants of nursing process among nurses in Arbaminch general hospital (Ethiopia) showed that the factors that influenced implementation of nursing process included anxious working environment as cited by 42.85% of the respondents [10]. The study findings also showed that nurses who were working in a stressful environment were less likely to implement nursing process than those working in an organized environment. Lack of patient care resources was a hindrance to implementation of nursing process as cited by 71.5% of the respondents. In concurrence to these findings, a study to assess nurses' perception towards nursing process at the University of Calabar Teaching Hospital (Nigeria) showed that 67.2% of the respondents identified insufficient material resources as hindrances to the implementation of nursing process. The study recommended that Provision of adequate patient care resources should also be put in place for effective and efficient implementation of nursing process in patient care [11], on the professional). Other factors that hindered utilization of nursing process included low staff morale as cited by 13.3% of the respondents and a lot of competing tasks which was cited by 6.7% of the respondents, with a similar number mentioning a lot of paper work and lack of refresher courses as the hindering factors. Various studies from reviewed literature identified similar findings. For example, a hospital based study in Nigeria

identified poor motivation towards utilization of nursing process as one of the factors that hindered the utilization of the nursing process among the respondents [13]. Another study by on the factors affecting the use of nursing process in health institutions in ogbomoso town, Oyo state elicited similar results. In this case, nurses' motivation was cited as a key factor towards improvement of patient care planning systems that would translate into improved consistency in the utilization of nursing process [14].

Measures to promote utilization of nursing process among nurse included implementation of skill checks by the management as mentioned by 26.7% of the respondents, improvement of supportive supervision (23.3% of the respondents) while 16.7% of the respondents cited the need to scale up continuous medical education/ seminars on nursing process. Similar findings were realized in a study on the implementation of nursing process and associated factors among nurses working in Debreworkos and Finoteselam Hospital (North West Ethiopia). The authors recommended that there was need for update of knowledge and practical skills among clinical nurses which should be augmented with supportive supervision and close monitoring of newly qualified nurses. The authors also recommended that regular assessment of nurses' knowledge on nursing process should be carried out to identify existing gaps and necessary in-service trainings implemented appropriately [9]. Corresponding recommendations were provided in the results of a case study carried out in a psychiatric hospital in Port Harcourt (Nigeria) to evaluate the utilization of nursing process by the nurses in the provision of care to patients. Findings in this case study identified incorporation of supportive supervision in clinical areas as one of the strategies that can promote utilization of nursing process [16]. Need to improve the staffing ratios in the health care facilities was mentioned by 20% of the respondents. Similar recommendations were cited in a study on nurses' perception towards nursing process at the University of Calabar Teaching Hospital (Nigeria), with the authors recommending that more nurses should be employed to meet the WHO guidelines [11]. Implementation of measures to motivate staff was mentioned by 6.7% of the respondents in the current study. On the same aspect, a study on the factors affecting the use of nursing process in health institutions in ogbomoso town (Oyo state) recommended that nurses should be motivated to improve care planning systems in their places of deployment [14].

6. CONCLUSION

The institutional factors that influenced utilization of nursing process among the respondents included heavy workload, poor motivation, staff shortage and inadequate patient care resources. Other factors included poor supportive supervision and lack of feed back after seminars. To mitigate against these hindering factors, the management of various health care facilities in Kenya should scale up continuous medical education / seminars on nursing process and improve supportive supervision by the seniors. The nurse managers should also conduct skill checks to identify the extent of nursing process utilization among the nurses and take appropriate measures. Staff motivation should also be undertaken and staffing ratios improved, which will in turn reduce the workload among the nurses.

Conflict Of Interest

As the corresponding author and on behalf of the co-authors, I declare that there is no conflict of interest involved in this study. The researchers did not receive any funding from any institution/organization.

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