

Knowledge, Attitude and Practices of Nurses Towards Implementation of Nursing Process: China- Uganda Friendship Hospital, Naguru- Kampala, Uganda

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ABSTRACT

The study entitled Knowledge, Attitude and Practices of Nurses towards Implementation of Nursing Process was conducted in China-Uganda Friendship Hospital, Naguru- Kampala, in December, 2021. Globally, use of nursing process is considered integral part of nursing education, dynamic client care and critical thinking to address client needs. Inadequate nursing clinical knowledge, staffing, work overload, and management's inability to provide needed materials were implicated as factors that hindered its use in the hospital, therefore this study intended to assess the knowledge, attitude and practices of nurses towards implementation of nursing process. The study employed a descriptive cross-sectional study design using quantitative data methods with 97 nurses, data was collected using a structured questionnaire including Likert scale for knowledge, attitude and practices, it was entered using Excel version.16 and analyzed using Stata version.16. The data was presented in form of tables, graph and pie charts. More than half of the nurses (51.55%) were knowledgeable on nursing process compared to 47(48.45%) who were not knowledgeable, 92% of the nurses had good attitude about nursing process while only 8% of the nurses had negative attitude, about 76(78.35%) had good practice, while only 21(21.65%) with bad practice, toward implementation of nursing processes. Nurses with knowledge about implementation of the nursing process were more than those without adequate knowledge a strong cognitive tool in provision of a standard nursing process. Majority of nurses agreed having continuous medical education to improve their understanding nursing process. Majority nurses had positive attitude towards implementation of nursing process, most thought nursing process was for ill patients therefore time wasting.

Policy makers should develop policies on routine use of nursing process and mechanism of supervision and follow- up in providing patient care. Administration should provide way of improving capacity building for nurses and midwives.

Keywords

Attitude, Knowledge, Nursing process, Practices.

both administrative and enabling achievement of realistic patient goals [2].

Introduction

The study on knowledge, attitude and practices of nurses towards implementation of nursing process was conducted during the month of December, 2021. Nursing process is a framework used to provide an effective, coordinated and organized quality care for patients [1]. Nursing process utilization ensures that there is a comprehensive patient care whereby the nursing care plans are

Background

Globally, use of nursing process is considered to be an integral part of nursing education, practice, dynamic client care and critical thinking to address the client needs [3]. However, there is varying adoption rates in various regions and countries [4].

In several countries such as Finland, Sweden, the United States,

United Kingdom and Ethiopia today, the use of the nursing process is a legal and policy requirement for patient care by nurses. Registered nurses are expected to make use of the nursing process in rendering patient care and care documentation. However, inadequate nursing clinical knowledge, inadequate staff, work overload, management's inability to provide the needed materials among others were implicated as factors that hindered its use in the hospital [5].

In most African countries, use of nursing process is approved although the implementation is unsatisfactory. A study done in Ghana indicated although nurses had adequate theoretical knowledge about the nursing diagnosis, only 30.5% were practically implementing it [6]. Another study in Ethiopia revealed that only 37.1% of nurses practiced well the nursing process which directly affected the quality of care given to patients.

A Kenyan study indicated that 93% of nurses are aware of the nursing process despite successful implementation lie between 25 – 40% among nurses [7]. A study conducted in Kenya showed a knowledge gap in relation to utilization of the nursing process and negative attitudes which lead to incomplete or total failure of use among nurses in practice [8]. According to Mangere et al., the nursing council in Kenya recommends that the practice of nursing should be entirely based on the systemic application of the nursing process, but it is noted that only a few nurses are aware of the implementation plan.

Ugandan nurses just like many other Sub Saharan African nurses lack adequate knowledge and training on use of the nursing process which has been a great hindrance to its implementation [9]. On the other hand Nyakato & Batte [10], reported the negative attitude of Ugandan nurses towards nursing documentation as a factor that prevents routine implementation of the nursing process. Most of the nurses are aware of the nursing process implementation in patient care, but they cannot provide a detailed description in nursing documentation and its use during patient care [11].

At Mulago National Referral Hospital, nursing documentation practices for the nursing process in patient care is critically poor due to various constraints such as staff shortage work overload and management's inability to provide the needed materials. These have resulted into gaps in the continuity of patient care as a result of incomprehensible nursing documentation as stated by Kaye et al., [12]. This has also been noted at China-Uganda Friendship hospital Naguru therefore prompting the researcher to carry out a study to assess the knowledge, attitude and practices of nurses towards implementation of nursing process during patient care.

Problem Statement

The Nursing Process is a technology of care that guides the sequence of clinical reasoning and improves the quality of care. The use of nursing process in most hospitals is lagging behind despite all the effort of nursing professionals to implement its use [13]. Failure to use of the nursing process is one of the major reasons for lack of continuity of patient care [2]. Inconsistent use of the methods is

attributed to knowledge and health facility deficiencies like lack of documentation sheets and heavy load.

In Uganda, use of nursing process among nurses is still a very big challenge especially in many government hospitals [11]. For instance, a study done at Mulago national referral hospital found out that use of the nursing process had not been highly adopted. Related to this, there has been no any documented study on nursing process that has been done at China-Uganda Friendship Hospital Naguru. This concludes that its implementation is still below the desired target which is likely to lead increased morbidity and mortality of patients due to inconsistent care. It is on the magnitude of the problem that prompts the researcher to conduct the study at China-Uganda Friendship Hospital Naguru to identify the gaps that was addressed accordingly.

Specific objectives

To establish knowledge, determine the attitude and identify the practices of the nurses towards implementation of nursing process during patient care at China-Uganda Friendship Hospital Naguru. Kampala District. (UGANDA)

Justification of study

Implementation of nursing process is aimed at improving the quality of patient care services to the rate of patient's recovery and minimize death rate in all health facilities it is against this background that the nursing training programs in Uganda in collaboration with ministry of education and sports (BTVET) included nursing process in the nursing curriculum. However, despite all these interventions, Ugandan nurses, especially those in china Uganda friendship hospital are still far from achieving full involvement in implementation of nursing process.

In this study, the researcher assessed the Knowledge, Attitude and practices of the nurses in implementation of the nursing process during patient care and identified the gaps and the challenges which in turn will be of great use to the policy makers and health facility management to develop implementation programs of nursing process that will improve patient care outcomes improving professionalism, patient/client satisfaction, institutional and nursing image.

Geographical scope

This study was conducted at China-Uganda friendship hospital Naguru (CUFH).

China Uganda friendship Hospital is located in Nakawa division of Kampala City Council Authority. It is found in Naguru hill and boarded to the west of the Indian crematorium, to the east by the Uganda Manufacturers Association (UMA) show grounds, to the north by the former Naguru Housing Estate ground and to the south by Namela Health Centre, Katikati restaurant, Legends restaurant, Lugogo forest mall, Carregour, Game (former Lugogo shoprte), Lugogo Rugby Ground and Philip Omondi Stadium (KCCA football ground)

Literature Review

Knowledge of nurses on nursing process

According to the study done by Oronje et al., it was revealed that nursing process begins with a patient behavior, either verbal or non-verbal indicating need for help. This behavior results into a reaction from a nurse in which the nurse perceives a need, applies thoughts to the need and produces a feeling about the need to address the patient's concern. The nursing process has been considered the appropriate method to explain the nursing care because it is scientific based technological and humanist assumptions that encourage critical thinking and creativity and permits solving problems in the professional practice [5]. The concept of a nursing process involve five major steps i.e. assessment, diagnosis, planning, implementation and evaluation [4,7].

Studies conducted in relation to nurses' knowledge on nursing process demonstrated varying results. For example, a study carried out in Federal Medical Center (Owerri-Nigeria) revealed that out of 100 randomly sampled nurses, only 41% had good knowledge on nursing process [13]. Similarly, a study carried out to evaluate the factors that affect application of Nursing Process among 200 nurses in Mekelle Zone Hospitals in Ethiopia, 90% of the respondents had poor knowledge on nursing process.

Ngao [14] in his study on assessing barriers on the implementation of nursing Process among nurses working at Machakos level 5 Hospital, it was revealed that 43.3% of the respondents rated their knowledge on nursing process as good with 35% of them rating their knowledge as average. On the contrary, a case study carried out by Afolavan, et al., [15] to evaluate the nurses' utilization of nursing process in a Psychiatric hospital in Port Harcourt, Nigeria 92% of the nurses had good knowledge on nursing process.

In a descriptive cross-sectional study conducted in Kenya by Mwangi et al. on Utilization of the nursing process among nurses working at a level 5 hospital, it was reported that a knowledge gap exists among 78.3% of the nurses regarding the use of the nursing process which significantly prevented its implementation. However, Mbithi et al. [8] in their study on Knowledge on nursing process among nurses in selected county hospitals stated that 30.5% of nurses had excellent knowledge on the nursing process.

In a cross-sectional study by Aseratie et al. [16] to assess the factors affecting implementation of nursing process among nurses in selected government hospitals in Addis Ababa, results showed that 21.4% of the respondents lacked knowledge on the use of nursing process which was a crucial factor on its implementation. A similar study done by, Alemu and Kebede [17] identified that only 31.7% had received on job training regarding the use of the nursing process and the majority 68.3% of the respondents had not received any training.

Attitude of nurses towards use of nursing process

According to the study by Helena & Marziale, on the nursing process, at Mekelle the capital city of Tigray the findings revealed that 99.5% of the respondents had positive attitudes towards the

use of nursing process. The findings of Helena & Marziale, are consistent with findings of a study conducted in US by Zamanzadeh [18], on attitude and knowledge of the nurses in which the mean attitudes of nurses towards the nursing process was 73.57%.

Mwangi et al., in their study stated that negative attitudes regarding use of nursing process were limiting its implementation for instance 81.2% felt that nursing process is time consuming and 43.5% believed that it is not necessary to adhere to the nursing process all the time. While Isaiaho et al., reported out that nurses' attitude towards the use of a nursing process was a key factor on the degree of implementation of the nursing process in patient care.

According to the study done by Helena & Marziale at Mekelle Zone Hospitals, northern Ethiopia about the nursing process, results indicated that almost all of study participants had positive attitude towards the nursing process. Around 190 (95%) of the respondents in the same study reported that they either strongly agreed or agreed that the aim of the nursing process is appreciable, at same time 177 (88.5%) either strongly agreed or agreed that they were convinced that nursing process would work if applied in patient care. Slightly above 60% of the respondents showed their disagreement that the nursing process should be used only by BSc and above nurses. Seventy-nine percent of the respondents either strongly agreed or agreed that the nursing process works well in practice. Slightly above half of the respondents reported that there were time constraints to apply the nursing process; at same time 43% said that the nursing process is time wastage. In contrast, 81.5% indicated their readiness to apply the nursing process. Around 88% of the respondents said that the nursing process enables to provide quality nursing care, while 12.5% said that patients may not like to be cared for using nursing process. Around 55% of the respondents also either disagreed or strongly disagreed to the statement "nurse staffs have no willingness to apply the nursing process.

Practice of nursing process by nurses

Kigongo [11], in his study done at St Francis hospital Nsambya, Uganda on factors that influence clinical utilization of nursing process reported all respondents stating that the hospital administration supports the use of the nursing process in patients care in the hospital. Similarly, Hagos et al. [5] in their study stated 47.0% of respondents saying that the hospitals support the use of the nursing process in patient care. Oronje and Munyasa revealed that nurses of high cadre practiced the nursing process more often than those of lower qualifications. While Miskir and Emishaw [1], also revealed that bachelor holders (65.7%) were implementing the nursing process unlike the diploma holders.

According to the study done in Brazil, by Azevedo et al. [19], it was reported that 81.77% nurses used nursing process. While in Democratic republic of Congo a study conducted there showed that there was no implementation of the nursing process [20]. There has been a progressive adoption of the nursing process among nurses in Spain it originated as well as in United States of America and Canada.

Miskir and Emishaw [1], found out that 51.9% of male nurses were using the Nursing Process as compared to female nurses (31.2%). Another study by Aseratie et al., [16] stated that 32.8% of nurses were not implementing the nursing process. According to Andualem et al. [21] study, 54.7% male nurses were willing to document unlike 43.6% female nurses.

A Kenyan based study by Isika [7] reported that 42% of the respondents found out that follow up by the authorities to ensure whether patients have been managed using nursing process. This is related to a study done by Aseratie et al. [16] in which the findings indicated 14.6% of the respondents poor supervision regarding the use of nursing process. Similarly, in a study by Isiaho et al. [22] it was reported that 67% of nurses reported poor supervision as one of the barriers to effective implementation of the nursing process.

A study by Kigongo [11] identified that 9.5% of nurses reported lack of supplies necessary for drafting a nursing process as a limiting factor for its implementation. Mwangi et al. in their study identified that 66.7% suggested lack of equipment like pens as a factors that limits there implementation of the nursing process. Furthermore, Alemu and Kebede [17], in their study reported that 61% of respondents stated inadequate resources for carrying out the nursing process being their major challenge in their implementation of nursing process in patients care. In addition to that, participants reported that factors such as shortage of resources, lack of knowledge, high patient nurse ratio/work load, and lack of training and motivating factors such as salary affected the application of the nursing process [5].

Methodology

A cross-sectional study design which utilizes quantitative method of data collection was used to assess knowledge, attitude and practice of nurses at China-Uganda friendship hospital Naguru towards implementation of nursing process. China-Uganda friendship hospital Naguru, located in central and capital city of Uganda. It offers both outpatient and inpatient services ranging from general surgery, obstetric care and management, minor and major surgeries, HIV testing, counseling and care, immunization, laboratory services, and outpatient services among many others. The hospital was donated by the Government of the People's Republic of China to the Government of Uganda. The hospital has a bed capacity of 100 beds and employs 356 staff led by the Executive Director. The study population was the Nurses working at China-Uganda friendship hospital Naguru.

The researcher used simple random sampling procedure where the researcher picked a nurses randomly to participate. This technique was used to ensure that the sample is a representative of the study population as well as reducing bias in the sample.

Using a quantitative data collection approach, a semi-structured questionnaire was used to obtain data from eligible respondents. The questionnaire was developed using closed and open-ended questions based on related literatures and input from my supervisor. The questionnaire had four (4) sections namely; Section A:

demographic data; section B; health facility related factors c: health worker related factors and section D ways to improving documentation.

Face and content validity was used to assess eligibility of the measuring instrument. The questionnaire was developed in line with the specific objectives and related literature, this was reviewed by the supervisor to ensure that the instrument measures what it is intended to measure. Pre-testing the questionnaire was done before the actual data collection to ensure logical sequence questions flow. In order to ensure consistence of results from the research data collection tools, the researcher was ensured that the tools are constructed using a simple language and appropriate vocabulary for the selected respondents. Two research assistants were identified and trained on how to use the tool prior to the data collection. This enabled the research assistant to familiarize with the questions.

Ethical considerations

Introduction letter was obtained from the management of Health Tutors' college Mulago, and permission letter received from the management of the hospital. The report and study protocols were presented to the department of research for permission to collect data from CUFH. Written informed consent was sought from all study participants before enrolment into study.

Limitations of the study

Information was based on self-reporting this is likely to introduce a recall bias into the study that might affect internal validity. The study is not able to identify the actual association between low and high knowledge and attitude since this can be effectively explored qualitatively. The sample size was relatively small which could have affected the power of the study resulting to inability to generalize the study, however it was overcome by none biased sampling procedure such that each unit and participant had equal opportunity as per number of legible nurses.

Presentation of Results

The socio-demographic factors

This section covers the respondent's sex, age, education level, working experience, years of working in years and whether a nurse has ever worked in a private setting.

From Table 1 above, majority 84 (86.6%) of the respondents were females while 13 (13.4%) were males. Respondents ages were distributed in such a way that 36 (37.11%) were 30-39yrs, 28 (28.87%) were 40-49yrs, 20 (20.62%) were 19-29yrs while 13 (13.4%) were above 50yrs. Nearly half 47 (48.96%) of the nurses had a diploma, 27 (28.13%) were certificate holders, 21 (21.88%) had a bachelors degree while only 1 (1.04%) had attained a masters degree. 35 (36.46%) had worked at CUFH for less than 5yrs, over a third 33 (34.38%) had worked for 5-10yrs, 16 (16.67%) had worked for 11-20yrs while 12 (12.5%) had worked at CUFH for over 20yrs. Generally, over two thirds 66 (68.75%) of the nurses had ever worked in a private health care setting while 30 (31.25%) had never worked in a private setting.

Table 1: Demographic characteristics of the participants.

Variable		Frequency	Percentages
Sex	Male	13	13.4
	Female	84	86.6
Age	19-29	20	20.62
	30-39	36	37.11
	40-49	28	28.87
	>50	13	13.4
Education level	Certificate	27	28.13
	Diploma	47	48.96
	Bachelor	21	21.88
	Master	1	1.04
Working Experience in years	<5	32	33.33
	5-10	37	38.54
	11-20	19	19.79
	>20	8	8.33
Years of working at CUFH	<5	35	36.46
	5-10	33	34.38
	11-20	16	16.67
	>20	12	12.5
Ever worked in private	Yes	66	68.75
	No	30	31.25

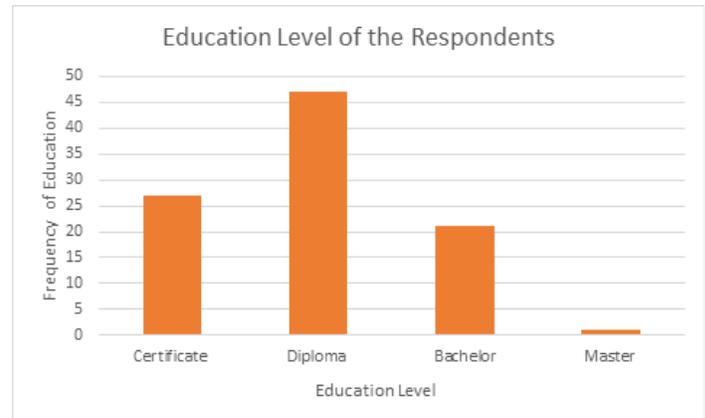


Figure 3: Education Level of the Respondents.

Of the 97 respondents majority of the nurses attained at least a diploma level of education 47 (48.98%), followed by those with certificate 27 (28.13%) and bachelors 21 (21.88%) respectively, and the least were those who had masters level 1 (1.04%).



Figure 4: The working experiences of nurses at CUFH-Naguru.

Of the 97 nurses interviewed majority had worked for 5-10 years 37 (38.54%) followed by those who had worked for less than 5 years 32 (33.33%) those within 11-20 years 19 (19.79%) the least were those who had worked for more than 20 years 8 (8.33%).

Knowledge of nurses towards patient management using Nursing process

From Table 3, of the 97 participant, over half 50 (51.55%) were knowledgeable on nursing process compared to 47 (48.45%) who were not knowledgeable

Of the 97 nurses, majority of the nurses agreed that nursing process should be mandatory 44 (45.36%), and further agreed that nursing process increases the nursing care quality 56 (57.73%), however, few use nursing care process 35 (36.1%), some considered nursing process as a wastage of time, 29 (29.9%) and it was not seen as a priority to very sick patient 45 (46.4%), and majority disagreed that nursing process should be used all time 32 (11.3%).

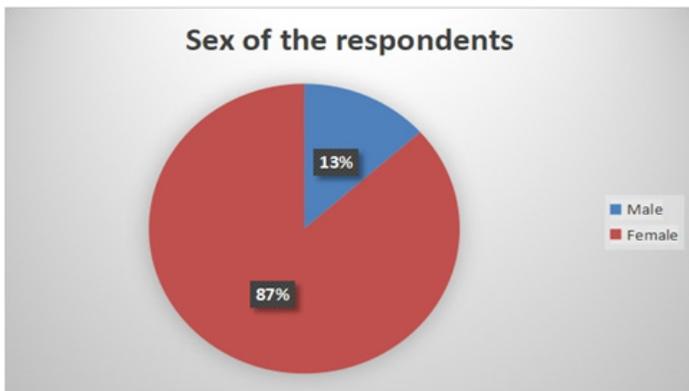


Figure 1: Sex of the respondents to nursing process at CUFH-Naguru.

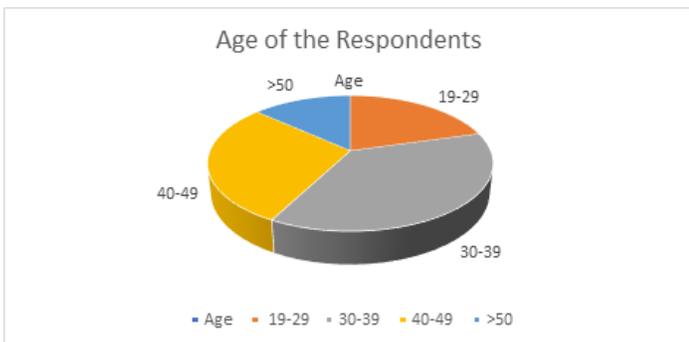


Figure 2: Age of the respondents.

Of the 97 nurses interviewed majority of the nurses 36 (37.11%) were within the age of 30-39years followed by those within 40-49 years 28 (28.87%) and the population of nurse within 19-20yrs and above 50 years were the least among the nurses with 20 (20.60%) and 13 (13.4%) respectively.

Table 2: Knowledge on nursing process among nurses at Chain-Uganda friendship Hospital.

Statement	Strongly agree N (%)	agree N (%)	Neutral N (%)	Disagree N (%)	Strongly disagree N (%)
A framework used to provide effective, coordinated, organized and quality care for patients	23(23.71)	52(53.6)	5(5.2)	15(15.5)	2(2.1)
A framework used to only diagnose patient's conditions only	11(11.3)	33(34.0)	13(13.4)	39(40.2)	1(1.0)
The systematic steps of nursing process are; subjective and objective data collection, planning, implementation	19(19.59)	34(35.1)	11(11.3)	32(33.0)	1(1.0)
Steps followed when using Nursing process are implementation, planning, assessment and evaluation	19(19.59)	37(38.1)	8(8.2)	22(22.7)	2(2.1)
Nursing process is taught at all levels of nursing training	28(28.87)	33(34.0)	24(24.7)	31(32.0)	1(1.0)
I need continuous training on how to use nursing process	63(64.95)	12(12.4)	6(6.2)	15(15.5)	1(1.0)

Table 3: Overall knowledge on nursing process among nurses at Chain-Uganda friendship Hospital.

knowledge levels	frequency(n)	Percentage (%)	95% CI
Knowledgeable	50	51.55	41.5-61.4
Not knowledgeable	47	48.45	38.5-58.5

Table 4: Attitude on nursing process among nurses at Chain-Uganda friendship Hospital.

Statement	Strongly agree N (%)	agree N (%)	Neutral N (%)	disagree N (%)	Strongly disagree N (%)
Nursing process should be mandatory	30(30.9)	44(45.4)	7(7.2)	16(16.5)	0(0.0)
Nursing process improves nursing care quality	11(11.34)	56(57.7)	14(14.4)	10(10.3)	6(6.2)
I always use nursing process care plan in patient care	15(15.46)	35(36.1)	12(12.4)	25(25.6)	10(10.3)
Nursing process is time wasting and a burden	6(6.18)	29(29.9)	17(17.5)	44(45.4)	1(1.0)
Nursing process is for very sick patients only	6(6.18)	23(23.7)	11(11.3)	45(46.4)	12(12.4)
I like using nursing process at all time	14(14.43)	22(22.7)	11(11.3)	32(33.0)	18(18.6)

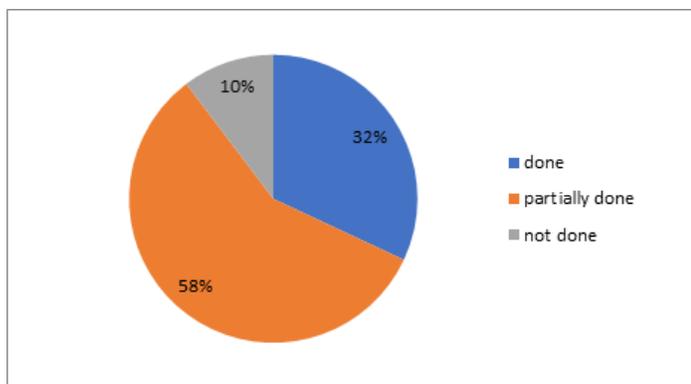


Figure 5: Care of a patient using nursing process N=97.

From Figure 5 above, out of the 97 nurses, 31(32%) used nursing process to care for patients, more than half 56(57.7%) partially followed the nursing process steps during care of patients while 10(10.3%) did not use nursing process in care of patients.

Of the 97 observed nurses, majority partially assessed patients systematically 56(57.73%), only 31(32.0%) were assessment was fully done, while 10(10.3%) did not do assessment, majority 46 (47.42%) partially collected both subjective and objective data of the patients, but 45(46.4%) fully collected subjective and objective data, with 6 (6.2%) that did not collect the data subjectively and objectively, implementation of planned intervention was partial

for majority of the nurses with 64.0 (66.0%), but full implemented among 25(25.8%) and 8(12.4%) did not attempt to implement the plan. About 52(53.61%) re-assessed and evaluated their patient after the treatment, 33(34.0%) full did the re-assessment and evaluation and 12(12.4%) did not, most of the nurses 57(58.8%) documented the intervention partially, 35(36.1%) full documented, but 5(5.2%) did not document, majority of the nurses gave prescribed treatment only and signed 52(53.6%), 42(43.3%) partially gave the prescribed treatment and signed while 3(3.1%) did not give prescribe treatment and did not sign.

Table 5: Nursing care process practice among nurses at Chain-Uganda friendship Hospital.

Task given	Done	Partially done	Not done
Assessed patient using Nursing process systematically	31(32.0%)	56(57.7%)	10(10.3%)
Collected subjective and objective data (diagnosis made)	45(46.4%)	46(47.4%)	6(6.2%)
Planned and Implemented interventions.	25(25.8%)	64(66.0%)	8(8.2%)
Evaluated the patient after intervention	33(34.0%)	52(53.6%)	12(12.4%)
Documented the intervention and signed.	35(36.1%)	57(58.8%)	5(5.2%)
Only gave prescribed treatment and signed.	52(53.6%)	42(43.3%)	3(3.1%)

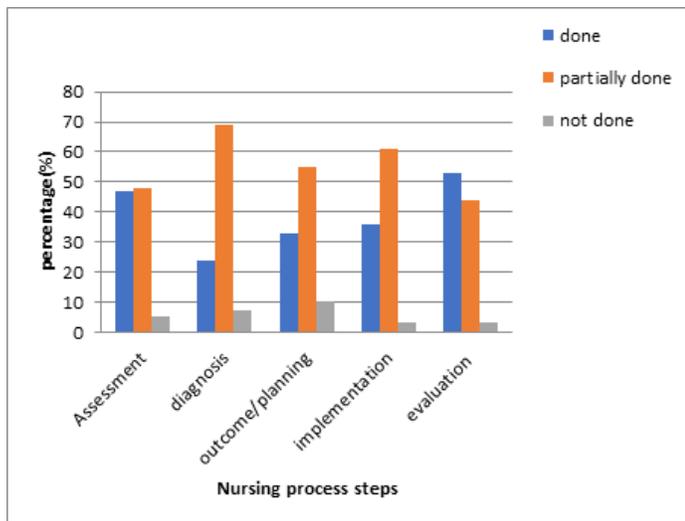


Figure 6: Performance of Nursing Care steps N=87.

From Figure 2 Of the 87 nurses who managed patients using nursing process, nearly equal numbers 41(47%) and 42(48%) assessed or partially assessed patients respectively, 4(5%) nurses did not perform the step of assessment. Less than a third 21(24%) of the nurses diagnosed patients while Over two thirds 60(69%) partially diagnosed their patients, 6(7%) did not carry out diagnosis of the patients. A third (33%) carried out the planning and outcome stage, over half 48(55) partially planned while 10(10%) missed the planning stage. 31(36%) implemented their plan, 53(61%) partially implemented their plan while 3(3%) did not implement the planned outcome. Over half 48(46%) evaluated the process, 38(44%) partially evaluated while 3(3%) did not carry out an evaluation of the nursing care plan.

Discussion, Conclusion and Recommendation

Knowledge of the nurses towards implementation of nursing process during patient care

The overall knowledge of nurses among those who were knowledgeable towards nursing process was found to be 51.55% and 48.45% among that were not knowledgeable about nursing process. This means that for every 100 nurses over 52 were knowledgeable about implementation of the nurses processes compared to over 49 that were less knowledgeable on the same matter. Further still, about 54.0% were able to define nursing process has a framework used to provide effective, coordinated, organized and quality care for patients while 35% agreed to define it as the systematic steps of nursing process which are; the subjective and objective data collection, planning, implementation. This is in line with the standard definition of nursing process, this therefore means that at least majority of the nurse understood the principles of the nursing process which at the end influence their knowledge for the implementation, this could have been attributed to the fact that majority of all respondents agreed that nursing process is taught at all levels of nursing training.

The finding of 51.55 percent on the other hand is below the

percentage recommended in the scheme of service for nurses which recommend that one hundred percent should be having adequate knowledge about nursing process. This finding is on the other hand slightly higher than the finding by Mbithi, et al. [8] and Mwangi bugua, where only 30.5% and 12.3% had sufficient knowledge about the nursing process respectively.

Knowledge on implementation of nursing process among nurses of CUFH was higher than those found in other studies, this could be due to the fact that majority of the nurses had obtained at least a diploma level in nurses with more five years of working experience. This is further emphasized by Mwangi and Mbugua that continuous training on nursing process at each level of nurses improves on the planning, implementation and evaluation of the nurse's process, this is typical of the nurses at CUFH were most of the nurses progress in their carrier by upgrading which facilitates attainment of more knowledge and skills on addition to the previous learnt skills. A study by Zerayet et al. noted that nurses that had attained more than a diploma level had higher chances of implementing nursing process compared to those with low education this could be due to more knowledge and skills that is likely to be obtained from further studies. On the other hand however, attitude plays significantly to the level of nursing process utilization as show below.

Attitude Towards Implementation of Nursing Process During Patient Care Among Nurses

About 92% displayed good attitude while 8% had poor attitude about the implementation of the nurse's process. This means that for every 100 nurses 92 had positive attitude about nurse's processes compared to 8 with poor attitude on the same matter. The finding from this study is below the minimum recommendation from scheme of service that recommend one hundred percent with positive attitude about nursing process. The findings of this study is lower that found in Tigray Ethiopia which showed that 99.5% of the nurses had a positive attitude towards implementation of nursing process. The study finding on the other hand had a respondents with higher attitude compared to the findings by Zamanzadeh [18] which indicated that only 73.57% of the nurses had a positive attitude toward the implementation of nursing process. The possible reason for the lower attitude of the study finding compare to that conducted in Tigray could be because in the amount of theoretical knowledge that could have been possessed by the nurses in Tigray compared with those at CUFH which could have promoted their attitude towards implementation of nursing process.

In the study by Mwangi et al., indicated that negative attitudes regarding use of nursing process were limiting its implementation and further affecting patient care and ultimate outcome for instance in our study 29.9 % felt that nursing process is time consuming and 23.71% believed that it should only be left for the severe ill patient which affect the care of the other un ill but sick patient. While Isiaho et al. [22], reported out that nurses' attitude towards the use of a nursing process was a key factor on the degree of implementation of the nursing process in patient care.

Practices of Nurses Towards Implementation of Nursing Process During Patient Care

The study identified that about 78.4 % had good practices towards implementation of nursing process and only 21.7% having bad practice to the nursing process. The finding of our study on good practice is lower than that conducted by Azevedo et al. [19] which indicated that only 18.23% did not practice nursing process towards their patient as compare to 21.23% in our study that had bad practices of nursing processes. On the other hand however, the study finding of 78.4 % of nurses practicing good practices was higher than that seen by the findings from the study by Aseratie et al., [16] which found good nursing practice implementation at 32.8%.

The difference in study finding among different studies on practice towards nursing process implementation could be the difference in the levels of education which increases their theoretic and positive attitude towards nursing process [1], secondary the difference in support supervision for the implementation of nursing process could have causes the difference in practice those with continuous supervision usually exhibit good practice compared to those with no or limited supervision [16].

Consequently, even in the presence of adequate theoretical knowledge and good attitude bad practice can affect the implementation of nursing process affecting patient treatment care and outcome.

Conclusion

Nurses with knowledge about implementation of the nursing process were slightly more than those without adequate knowledge which is a strong cognitive tool to in provision of a standard nursing process. Further still, majority of the nurses agreed on having continuous medical education in order to improve their understand of the nursing process.

Majority of the nurses had a positive attitude towards the implementation of nursing process, however most of them thought nursing process was for severely ill patient and therefore time wasting due to low nurse patient ratio hence causing work load and nurse burnout.

Generally, there was good practice of the steps involved in care of a patient using nursing process, except that majority of the steps were partially conducted which implies a gap that need to be bridge to have all the activities full performed.

Recommendations

Based on the study finding and conclusions, the following recommendations are suggested.

To the policy makers they should develop policies on the routine use of nursing process and mechanism of supervision and follow-up of nurses in their course of providing patient care.

To the nurses and midwives, they should actively engage in

continuous professional development and also develop a spirit of carrier development. It has been noted that upgrading in nursing carrier from nursing to further levels increase changes of utilizing nursing process.

To the management; there should be continues supervision is a key in promoting good practices towards achieving the best standard of nursing process. The nurse management should intergrade in the key output of the appraisal form to include implementation of nursing process in patient's care as one of the key out puts. This must be closely monitored by the immediate supervisor / ward or unit in-charge. Further still, there should be incentives for those that have exceeded others in the implementation of nursing processes.

To the researchers, further studies should be conducted to assess the factors associated with relative lower levels of knowledge and attitude among nurses towards the implementation of nursing process, such as nurse patient ratio, resources as related to implementation of nursing process.

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