

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF NURSING AND MIDWIFERY
SCHOOL OF MIDWIFERY
POST GRADUATE PROGRAM

**CHALLENGES TO IMPLEMENTATION OF NURSING PROCESS
AMONG NURSES WORKING AT PUBLIC HOSPITALS IN ADDIS
ABABA ETHIOPIA: A QUALITATIVE STUDY**

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**THESIS TO BE SUBMITTED TO ADDIS ABABA UNIVERSITY,
COLLEGE OF HEALTH SCIENCES, SCHOOL OF NURSING AND
MIDWIFERY IN PARTIAL FULFILLMENT FOR THE
REQUIREMENT FOR THE DEGREE OF MASTER IN MATERNITY
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ADDIS ABABA ETHIOPIA

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COLLEGE OF HEALTH SCIENCES
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MATERNITY AND REPRODUCTIVE HEALTH NURSING
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STATEMENT OF DECLARATION

By my signature below, I declare and affirm that this thesis on challenges to implementation of nursing process among nurses working at public hospital in Addis Ababa, Ethiopia, is my own work. I followed all scholarly ethical principles in the preparation, data collection, data analysis, and completion of this thesis. All scholarly material included in the thesis has been acknowledged with citations. I confirm that I cited and referenced all sources used in this document. In preparing this thesis, every effort was made to avoid plagiarism.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of Allied Health Sciences department of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

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LIST OF ABBREVIATIONS AND ACRONOMYS

AAU	Addis Ababa university
ADPIE	Assessment, diagnosis, planning, implementation and evaluation
CDC	Communicable Disease Control
HER	Electronic health record
FGD	Focused group discussion
ICN	International council of nurses
KI	Key informant
MNC	Missed nursing care
MOH	Minster of health
NANDA	North America nursing diagnosis association
PI	Principal Investigator
TSEHAI	Technical Support for the Ethiopian HIV AIDS Initiative

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ABSTRACT

Background: The nursing process is a structured framework guides healthcare professionals in delivering personalized, goal-oriented care to patients. However the implementation of the nursing process in Ethiopia is currently suboptimal, particularly within public hospital settings. This is because of various challenges faced by nurses to implement effectively and efficiently in applying the necessary process steps.

Objectives: This study aims to explore challenges to the implementation of the nursing process among nurses working at public hospitals in Addis Ababa, Ethiopia, in 2024.

Methods: A descriptive qualitative study was conducted from February 26 to March 30, 2024, at Minlik, Yekatit, and Zewuditu hospitals in Addis Ababa. The study primarily involved fifteen nurses working in these three hospitals, along with three key informants from nursing managerial team. Data was gathered through individual, in-depth interviews utilizing a semi-structured interview guide by the principal investigator and the research assistant. The interview took an average of 55 minutes. ATLAS. Ti 9 qualitative software was used to support the analysis.

Results: The data revealed three overarching themes that are consistent with the study's aims, namely: organizational related challenges, nurses' related challenges, and patient-related challenges. In this study, nurses reported that the nursing management team, shortages in basic medical in our hospital is unsupportive; consistently imposing burdens on staff and worsening the challenges faced by nurses due to a lack of understanding management team, such as supplies, overcrowded patient rooms without privacy screens, and low payment for nurses ,insufficient staffing were reported as a challenge. and nurses posed significant obstacles to the effective implementation of the nursing process.

Conclusion and recommendation Most of the nurses identified organizational-related challenges, nurse-related challenges, challenges related to patients, and hindrances to effectively implementing the nursing process. To attain the intended outcomes, various stakeholders, including hospitals, healthcare professionals, and others, need to collectively work together to alleviate barriers and enhance patient care and healthcare delivery..

Key words: challenges, nursingprocess, nurses, public hospital,

CHAPTER ONE INTRODUCTION

1.1 Back ground

Nurses play a crucial role in providing autonomous and collaborative care to individuals of all ages, families, groups, and communities, regardless of their health status. They are responsible for promoting health, preventing illness, and caring for the sick, disabled, and dying. In many countries, nurses make up a significant portion of the healthcare workforce and have a vital role in organizing and implementing health actions, both at the frontline and managerial levels (1, 2).

The Nursing Process is a systematic approach using scientific reasoning, problem-solving, and critical thinking to guide nurses in providing effective patient care. It consists of five sequential steps: assessment, diagnosis, planning, implementation, and evaluation (3, 4).

Nursing theorist Lydia Hall initially introduced the term “Nursing Process” in 1955, she outlined three steps: observation, administration of care, and validation (5).

The introduction of a diagnostic stage in the mid-1970s led to the formulation of a five-step process known as ADPIE, which stands for assessment, diagnosis, planning, implementation, and evaluation (6).

In 1982, the North American Nursing Diagnosis Association (NANDA) accepted the concept of nursing diagnosis and published an initial list of diagnoses. Furthermore, Marjorie Gordon introduced Gordon's Functional Health Patterns in 1987, providing a structured approach to establishing a comprehensive nursing database. This framework enhanced the nursing process by enabling systematic assessment of various aspects of health and human function. It also improved the understanding and categorization of health-related patterns impacting individuals (7, 8).

Various studies carried out in diverse countries have shed light on the for effectively implementing the nursing process in the daily practices of nurses. These challenges include time constraints, heavy workloads, low levels of nurse knowledge, and inadequacies in preparedness to execute the nursing process (8-12).

In Ethiopia, nursing procedural guidelines were adopted in 2010 G.C, and all hospitals have since implemented them. However, in practice ,implementation of nursing process is not well developed (13, 14).

Considering the dynamic nature of health and the influence of technological advancements, it is important to examine the current challenges of implementing the nursing process in Ethiopia. This study aims to explore these challenges from the direct experiences of nurses working in the health facilities.

1.2 Statement of the problem

In modern healthcare settings, nurses have a crucial role in delivering high-quality and equitable healthcare by providing continuous care to patients. The nursing process is a systematic method that utilizes critical thinking, reasoning, and problem solving to efficiently and effectively deliver nursing care to patients (15-17).

Different world health care organizations, like the World Health Organization (WHO), the International Council of Nursing, and the American Joint Commission on Accreditation of Hospital Nursing Service Standards, highly recommend and emphasize that nursing processes should be used in nursing documentation and promoted with the use of every nursing care (18).

Currently, the health care system in Ethiopia requires all clinical practices to implement the nursing process. The Ethiopian Federal Ministry of Health, in cooperation with various non-governmental organizations such as the Clinton Foundation, ICAP - Ethiopia, and I-tech Ethiopia, has created and disseminated standardized nursing care plans and nursing care practice standards for all healthcare settings. Additionally, the ministry has promoted greater awareness of the administration of nursing through training (19). However, the effective application of the nursing process is not well developed. A systematic review conducted in Ethiopia revealed that the implementation rate of the nursing process only stood at 46.47% (20).

According to the current state of global health care quality report in low- and middle-income countries, between 5.7 and 8.4 million deaths each year are attributed to poor-quality care, reflecting the far-reaching impact of inadequate nursing care practices and the urgent need for improved implementation of the nursing process to enhance patient outcomes and reduce healthcare-related mortality (21).

Systematic review in Ethiopia revealed that It was found that only half of the nurses in Ethiopia implemented NP during patient care (22). Additionally, there is a recommendation for a qualitative study to further explore associated factors, as the previous review did not utilize a qualitative study design, potentially limiting its ability to address a broader range of challenges related to nursing process (3).

Many studies have indicated that the implementation of the nursing process is influenced by various challenges. However, there are few qualitative studies in Ethiopia that explore challenges to in implementing the nursing process among nurses. Therefore, this study aims to explore these challenges by conducting in-depth interviews to gain new insights about the nursing process.

1.3 Significance of the study

1. Enhancing Patient Care: understanding of the challenges that prevent the nursing process implementation is crucial for improving the quality of patient care. By identifying and addressing these challenges, this study will have the potential to positively impact patient outcomes and experiences.

2. Supporting Nurse Well-being: Examining the challenges faced by nurses allows for a deeper understanding of the factors that may affect their job satisfaction, well-being, and ability to provide effective care. Addressing these challenges can contribute to a better work environment for nursing professionals.

3. Filling a Research Gap: This study can contribute to filling a potential research gap, especially if there is limited existing a qualitative literature on the specific challenges to the implementation of the nursing process among nurses working in public hospital settings.

A comprehensive understanding of these challenges can offer a valuable addition to the existing body of knowledge.

CHAPTER TWO

LITERATURE REVIEW

The nursing process is currently being implemented in many countries throughout the world, although as several studies have shown, the state of implementation varies greatly throughout time, particularly in developing nations. The literature review will be structured into three sections: an overview of the implementation of the nursing process, nurse-related challenges, organizational-related challenges, and patient-related challenges in its implementation.

2.1 Introduction

Study Retrospective, comparative cross-sectional audit conducted in Madrid, Spain on effectiveness of nursing process use in primary care in area 11 of the public health institution of, the implementation of nursing process was that 58.2% (23).

Study conducted on the implementation of the nursing process in Sub-Saharan Africa, showed that underscored a concerning trend: inadequate implementation of the nursing process across the majority of hospitals in the region, on other hand study conducted in Kenya showed that only 29% of the nurses were able to carry out their procedures and document them according to the steps of the nursing process (24, 25).

A Systematic review and meta-analysis study conducted on Determinants of the nursing process implementation in Ethiopia, shown that the prevalence of nursing process implementation was 46.47% (20).

A institutional-based, cross-sectional study on the implementation of nursing processes among nurses at Tikur Anbessa Specialized Hospitals revealed that 57 % of nurses actively engaged in the implementation of the nursing process (26).

2.2 Nurse related challenges

A cross-sectional study was conducted in different African countries, Ghana, Sri Lanka, Cameroon, Tanzania, Kenya, and Ethiopia; knowledge gap, work experience, lack of attention to its importance, and lack of confidence in adhering to patient care standards. Negative attitudes about the nursing process, lack of cordial relationships with the client, and inadequate passion for their work are challenges to applying the nursing process (3, 23, 27-34).

Study conducted in Santa Catarina on the models professional in the implementation of nursing process the result showed that; lack of consideration of the Nursing Process by the multi professional team were challenges for implementing nursing process (35).

A situational analysis conducted in Namibia revealed that nurses' belief systems and attitudes about the nursing process challenges to implementation of nursing process (36)

In addition to that In a qualitative study conducted in Democratic Republic of Congo staff shortages and dissatisfaction with monthly salary were found to hinder nursing implementation(37).

Systematic review studies showed that the differences in understanding the meaning of nursing process by members of the healthcare teams, Intangible understanding of the concept of nursing process, and awareness about nursing process , Nurses believe that a patient-centered approach might compromise patient privacy, related to disclose all personal information, were the main challenges for implementation of nursing process (34, 38, 39).

Study conducted in Ethiopia Nurses who worked in a stressful environment of the workplace were 99% less likely to implement the nursing process than nurses who worked at a very good atmosphere (40).

A cross-sectional study conducted in 34 primary healthcare centers in Area 11 of the Community of Cross sectional study in Ethiopia different region on prevalence and associated factors of nursing

process the findings showed that level of education, and skills of nurse's experiences were identified as challenge to implement nursing process (40, 41).

Madrid (Spain) on the effectiveness of nursing process use in primary care revealed that low level of perceived self-efficacy in handling the nursing process was a challenge to the implementation of the nursing process (42).

2.3 Organizational related challenges

A study conducted at Mansoura University revealed a shortage of nursing staff, no format for writing, a lack of follow-up and monitoring, insufficient time for utilization, and a deficiency in clear instruction as organizational-related challenges to the implemented nursing process(31).

study conducted in Santa Catarina on the models professional in the implementation of nursing process nurses overloaded with responsibilities; and precarious physical space and lack of materials were challenges for urning process implementation (35).

Different studies conducted on challenges in the implementation of nursing processes in African countries revealed that the work load, limited time, lack of management support, resource allocation, lack of logistics, stressful work environment, lack of in-service training among nurses, and a lack of periodic nursing process workshops among nurses in various health facilities throughout the world. Furthermore, the managerial challenges of the nursing process include duplicative substitution of nurses, a lack of standards for writing, the absence of a nursing process policy, and poor monitoring and supervision of the nursing process resources, which challenge their capacity to effectively execute key elements of the nursing process (9, 24, 34, 43-49).

Another study an institutional-based cross-sectional study, conducted as a systematic review and meta-analysis in Ethiopia in also staff shortage, high patient flow and disorganized working environment the main challenges of implementation of nursing process (20, 42).

A cross-sectional study conducted in Addis Ababa Tikur Anbessa hospital revealed that ,rules made without considering staffs, presence of unorganized work environment nurses work more

than 8 hours per a day and high patient flow were identified as challenges for implementation for nursing process (26).

2.3 Patient related challenges

A mixed-methods study conducted on 'Exploring Factors Influencing Implementation of Nursing Process in Mathari National Teaching and Referral Hospital' and cross sectional study in ethiopia has indicated that patient turnover, patients' economic status affecting material collection for nursing care, early discharge, lack of patient cooperation, and complex patient problem, were challenges for implementation of nursing process (18).

A descriptive survey method conducted on factors influencing the utilization of nursing process care plans in patient care by nurse at nyamira district hospital, Shown that extended hospital stays and significant medical expenses, leading to patients leaving the hospital against medical advice. Furthermore, patients expressed hesitancy in responding to questions during the evaluation stage of the nursing process, citing excessive questioning as a reason for their reluctance (50).

A Cross sectional study conducted in The Practice of Nursing Process and Associated Factors Among Nurses Working in Public Hospitals of Harari: shown that early discharge of patient and low level of knowledge about nursing process were related with nursing process practice (51, 52).

A study conducted in Ethiopia, specifically in Addis Ababa, Debremarkos, and Finoteselam hospitals, showed that cooperative patients were more likely to receive the nursing process compared to those who were uncooperative (32, 53).

CHAPTER THREE

3. OBJECTIVES

3.1. General objective

- To explore challenges related to implementation of nursing process among nurses who are working at selected public hospital in Addis Ababa, Ethiopia 2024 .

CHAPTER FOUR

METHODS

4.1 Study Setting

This study is conducted in Addis Ababa, the capital city of Ethiopia. It is located on a well-watered plateau surrounded by hills and mountains, in the geographic center of the country. Administratively, it is divided into ten sub-cities and 116 towns, with an area of 540 square kilometers and more than 4,794,000 inhabitants (54).

For this study, three hospitals were selected purposively as the research setting at Minlik ii referral hospital, Yekatit 12 hospital medical college, and Zewuditu memorial hospital. Those three hospitals are oldest hospital in adiss ababa and menlik and zewuditu center of dialyasis and Yekatit renowned by buris need more this need more nursing care for this purpose selected this three hospitals . Menelik II Referral Hospital, Addis Ababa's historic facility near Jan Meda, has provided specialized care since 1909. Named after Emperor Menelik II, it serves 15,000 patients daily with over 2,300 staff members. Prime Minister Abiy Ahmed and Mayor Adanech Abebe inaugurated a new dialysis center there on May 30, 2022 The hospital is renowned for its expertise in dialysis treatment (55).

Established in 1923, Yekatit 12 Hospital Medical College, one of Ethiopia's oldest hospitals, offers a range of medical services. Originally named "Bete Saida Be Tefferi Mekonen Hospital," it was later renamed during the Derg Regime in the 1970s. Founded by Dr. Ayner, a Swedish Medical Doctor, the hospital boasts a rich history and serves as a pioneer in various medical fields, particularly renowned in burn management. Currently, it employs 130 specialists, 180 general physicians, residents, and public health professionals, along with 520 nurses and 59 pharmacy professionals (56).

Zewuditu Hospital, a leader in ART treatment with over 6,000 monthly patients, established Ethiopia's first ART program in 2003 with support from CDC-Ethiopia and Johns Hopkins University's TSEHAI Program. With a patient population of 14,000, it is the nation's largest HIV clinic. Additionally, Zewuditu operates a dialysis treatment center, providing comprehensive care ranging from HIV treatment to dialysis management (57).

4.2 Study Design and period

The data collection period was in March 2024. A descriptive-qualitative study design was utilized for this research. The rationale behind using this research design is that the study's main goals were to explore the challenges encountered by nurses during the implementation of the nursing process, as articulated in their own words and within the context of their professional (58).

4.3. Study participants

- The study population included all nurses and the managerial nursing team responsible for the implementation of nursing processes within the selected hospitals.

4.4. Sampling procedures.

A total of 18 participants (fifteen nurses working in medical, surgical, and pediatric wards, adult emergency, pediatric emergency, and three key informants) were selected using a purposeful sampling procedure, which was determined by the data saturation. The health care providers with PI recruited the nurses who fulfilled the eligible criteria to explain the study objective and procedures and request their participation. level of experience were taken into consideration during the selection of nurses, and for key informants (ward coordinator, nursing quality improvement and audit team, nursing department head).

4.5. Eligibility criteria

4.5.1. Inclusion criteria

For nurses

- Nurses who had more than six month of experience and are currently working in wards the who nursing process is applicable.
- Nurses who expressed willingness to participate in the study.

For key informants

- Coordinator Nurse in the ward with more than six months of experience.
- Nursing Quality Improvement and Audit Team member with more than six months of experience.
- Matron or head of hospital nursing with over six months' experience.

4.5.2. Exclusion criteria

- Nurses who provided free services.
- who are unwilling to participate in the study.

4.6. Operational Definition

- ✚ **Nurses:** nurse is defined as an individual who has completed a program of basic, generalized nursing education, been authorized by the appropriate regulatory authority to practice nursing, and is currently working in a governmental hospital where they are implementing the nursing process (51).
- ✚ **Nursing process:** is a systematic method that involves scientific reasoning, problem- solving, and critical thinking. It provides guidance to nurses in effectively caring for patients by following five sequential steps: Assessment, Diagnosis, Planning, Implementation, and Evaluation (ADPIE) (3, 6).
- ✚ **Challenges:** something or a situation that makes it difficult or even impossible to achieve a certain level of functioning. In the context of nursing process implementation, challenges encompass various factors that hinder the effective implementation of the nursing process (52).
- ✚ **Implementation:** is a standard of nursing care practice applying nursing process based on the patient's health conditions and the nursing diagnosis (3)

4.7. Data Collection Tools and procedure

A face-to-face, in-depth interview was conducted by me, a master student, in conjunction with my two-year experience in qualitative study as an assistant. It was guided by the semi-structured interview guide. According to the relevant areas required to address the study objective, interview guides were prepared. A pilot study was carried out using three volunteers who were employed in a hospital outside the study area and met the inclusion criteria. The interview process and questions were modified in line with the pilot interviews. The interview was taken place at Minlik, Yekatit 12, and Zewuditu hospitals in a quiet, private space in the store room of the ward. Initial contact with head nurses for each ward facilitated the recruitment of eligible nurses, and efforts was made to schedule interviews during off-hours, ensuring minimal disruption to nursing duties. The interviews was conducted in quiet and private areas within the hospital.

The assistant researcher took audio-record the interviews with participants' verbal consent and manually wrote down some responses and expressions in a notebook. The interview was taken average of 55 minutes and was conducted in Amharic. The collected data were checked for its completeness every day before the following day of data collection. When repetitive ideas arise and additional data stops revealing any new emergent codes or themes, saturation has been reached and data collection was stopped.

4.8. Trustworthiness

The report assessed the reliability of the data collecting, processing, and interpretation methods used. To ensure the Trustworthiness of the findings, four techniques were taken into consideration. These include credibility, dependability, transferability, and conformability.

Credibility (Truth Value)

To ensure the report's credibility, several procedures were used. The first was prolonged engagement: to maintain constant communication and involvement with participants and the study site, which assists the investigator in understanding the context of the study and reduces informational manipulation. The second method involved peer debriefing, in which, during

writing the reports the researcher received feedback from colleagues or staff members who have received training in qualitative data collection and analysis. The third tactic is to use an audio recorder and field notes while conducting interviews.

Transferability (Applicability)

In order to improve transferability, a thick description of the participant recruitment procedure is provided. The report also assessed the reliability of the data collecting, processing, and interpretation methods used. The other method was using purposive sampling method which helps the researcher focus on selected participants that particularly give rich information about the issues under investigation and maximize the range of in-depth findings obtained from purposely selected participants.

Dependability (Consistency)

To ensure dependability different techniques was used. The first was using an audit trail; the collected raw data will be checked by an external auditor and asked for clarification for any changes made. The second will be saving audio records of participants' interviews, notes taken during the interview, and transcription verbatim for cross-checking the process and to sustain the consistency of the interpretations.

Conformability (Neutrality)

For conformability, an audit trail with audio recordings, analytical notes, and coding information was maintained. The other method was using participants' word from interview transcripts to confirm that the data interpretation reflects the exact participants' word instead of the researchers' perspectives or biases.

4.9. Method of data analysis and processing

The analysis of data was done simultaneously with data collection in thematic analysis approach. ATLAS ti 9 qualitative software was used to support the analysis and management of the data by using inductive coding approach. The researcher followed systematic approach with the following six steps described by Braun and Clarke (43).

Step 1: Verbatim transcription: in this step, the audio recordings of individual interviews was transcribed and translated verbatim from Amharic to English. Afterwards, the consistency between the recordings and the transcripts was checked by other qualitative experts.

Step 2: Data were coded and organized in meaningful and systematic way. Code book was developed after interviewing a few study participants to guide the researcher made sure that coding consistency is in-place throughout the data analysis process. Emerging ideas during the interview were added to the code book and similar ideas were merged to previous codes after the researchers coded the transcripts independently.

Step 3: Themes were obtained from the coded data, the investigators checked the codes for clarity and consistency by selecting a given text, and several codes were combined into a single theme.

Step 4: Reviewing themes. The researcher tested themes are useful and accurate representation of the data.

Step 5: The researcher interpreted the coded data and described the themes and categories of the data. In this step, the final lists of themes were named and defined.

Step 6: The researcher wrote up the analysis of the data.

4.10. Ethical Considerations

Ethical clearance to conduct this research was sought from Addis Ababa University School of Nursing and Midwifery, Department of Midwifery. Permission to conduct the study was obtained from the menlik, Yekatit and Zewuditu research team office. The Principal Researcher obtained informed written consent from all participants to conduct the interviews. Detail explanation about the objective (purpose) and benefit of the study was described to the study participants to ensure their full cooperation. The voluntary nature of participation in this study was underlined. Confidentiality was also assured by using the pseudonym and other personal information of all interviewees.

4.11. Dissemination and Utilization of Result

The findings of this study will be submitted to Addis Ababa University, College of Health Science, School of Nursing and Midwifery Postgraduate Programs. After the document has been updated with all the feedback, the result of the study will be disseminated to Minlik hospital, Yekatit 12 medical college hospital and Zewditu memorial hospital where the data was generated. Finally, the findings will be sent to peer reviewed and reputable journals to both national and international research publishing institutions for publication.

CHAPTER FIVE

5. FINDINGS

5.1 Socio-demographic Characteristics of Participants

A total of 15 staff nurses and 3 key informants (Coordinator nurse, Quality improvement and audit team, Nursing Department head) with the mean age of 34.61 years (SD \pm 14.1) and with working experience of 3 -15 years with the mean of 6.3 years working experience have participated on this study. The participants were from medical, surgical, pediatrics ward, adult emergency and pediatrics emergency.

Table 1.Socio-demographic characteristics of participants

Variables	Categories	Frequency	Percentage (%)
Sex	Male	12	66.67
	Female	6	33.33
Age (Years)	< 30	2	11.11
	30-34	9	50
	35 - 39	4	22.22
	40 and above	3	16.67
Year of experience	1-5 years	7	38.89
	6 – 10 years	10	55.56
	10 years and above	1	5.55
Highest qualification	BSc	10	55.56
	MSc	8	44.44

5.2. Emerged themes

The analysis of the data from the in-depth interviews with nurses who working in pediatrics, medical, surgical, adult emergency and pediatrics emergency at the selected public health facilities revealed three overarching themes that are consistent with the study's aims, namely:, Management inefficiency, logistical constraints, nurses related factors, and patient related factors.

Table 2: variable, theme, and subtheme

Variable	Theme	Subtheme
Challenges to implementations of nursing process	Organizational related challenges	The Nursing quality audit team don't understand the situation on the ground
		Inadequate specific training opportunity
		Lack of clarity comprehensive client assessment
		Delays of rotation among nurses
		Lack of specific scope of nursing practice among nurses
		Shortage of medical equipment
		Inadequate number of nurses
	Nurses related challenges	Less motivation of nurses in nursing activity
		Staff low payment
		Knowledge and skill gaps of nurses to do nursing process
		Negative perception about the nursing process by the other professional team
	Patient related challenges	patient health conditions
		Underprivileged patients
Patients perception about medical treatment		

THEME 1: ORGANIZATIONAL RELATED CHALLENGES

Organizational related were identified as challenges that affect the use of the nursing process. These challenge include: The nursing quality audit team don't understand the situation on the ground ,deleyaness of rotation among nurses, lack of specific scope of practice amnong nureses, lack of clarity compheresive client assesement format , and Inadequate specific training opportunity, Lack of basic supplies (e.g., gloves, paper, alcohol, cotton balls, bandages, gauze) Limited access to equipment (e.g., computers, bed) Lack of space and privacy (e.g., screens, or crowded rooms) Inadequate staffing (e.g., too few nurses)

The successful implementation and longevity of the nursing process, much like any healthcare policy, hinge on management's backing. Apart from furnishing resources to enable staff efficiency, leadership must motivate employees, assign a good nursing quality improvement and audit team, implement rotation schedules for nurses, prepare specific scope of descriptions, address nursing challenges, respond to feedback, assess the comprehensive client assessment format, and Many participants voiced a sense of inadequacy in management support to optimize the utilization of the nursing process. This central theme gave rise to five subsidiary themes.

Subtheme: 1 The nursing quality audit team don't understand the situation on the ground

Almost all participants reported that the poor nursing quality improvement and audit team in our organization is not competent to evaluate or monitor. There is a lack of knowledge, communication skills, and clinical experience in nursing process implementation. This creates a challenging work environment characterized by inflexibility and lack of consideration. Consequently, our focus shifts towards merely documenting at the right time out of fear of compliance, rather than prioritizing patient care.

Sample responses:

“The evaluation and audit team visits our ward after visiting the ward, their main concern is why the nursing process is not completed within eight hours. When we justify our reasons,they don't understand the reality. (participant11)

“There is no organized quality monitoring and team. do not solve the problems; In my opinion, it would be better to merge similar objective teams” (participant7)

“the environmental and health education teams could be merged into one team to better support the wards. Otherwise, it is a burden for nurses. ” (participant12)

Subtheme 2: Lack of rotation for nurses

Most participants reported that rotating nurses from one unit to another takes a minimum of 2 years, which is better than rotating them every year, as it prevents exhaustion and boredom."

Majority of participants noted during the interview that there was no rotation among nurses for more than two years. Participants said that at least one year of rotation is very important, especially when working in an applicable nursing process, because it decreases boredom.

“Even sometimes some nurses stay one ward for > 4 years because of different reason like your senior so we trained others new staffs and you are certified in quality improvement like such reasons one nurses stay more than 4 years this not fair my friend done one ward 5 years she is not satisfied but due to above mention reasons still in medical ward.” (participant10)

“Almost all rotation usually occurs after two years. This causes the staff to become bored with their working area, especially in nursing implemented areas. This causes nurses to become bored with the nursing process, and they do everything by experience, not updating their knowledge.” (participant1)

Subtheme 3: Inadequate specific training opportunity

During the interview, majority participants expressed concern about the lack of specific training opportunities for nurses to stay up-to-date on current healthcare trends. They emphasized the importance of refresher training to enhance their knowledge and skills, enabling them to provide the best possible care to patients.

“Three years ago, I recall a new addition to the surgical ward staff that had recently completed their Bachelor of Science in Nursing (BSN). Although I had learned about the nursing process in

theory, I lacked confidence in applying it to real patient care situations. This lack of confidence caused me significant anxiety when I was assigned to care for patients, even though I was given three days for observation.” (Participant 04)

“In practice, data causes confusion and needs training. For example, pain management-related data. ” (participant 3)

Subtheme 4: Lack of specific scope of practice among nurses

The majority of participants reported that within our institution, there is no differentiation in the scope of practice for nurses based on their levels of education, Consequently, many nurses encounter challenges related to unclear delineation of responsibilities among these educational levels, resulting in dissatisfaction and conflicts among them. This, in turn, impacts their daily nursing practice when applying the nursing process.

Sample responses:

“Personally, I disagree with nurses bringing patient medication from the pharmacy. This is not my scope of practice, as far as I know. However, the ward coordinator and the management endorse this practice. Every time they introduce new ideas like this, it adds to the burden and causes nurses to disappointment their profession. Moreover, with one nurse attending to more than six patients, managing these additional tasks becomes challenging. The nursing process itself keeps one busy.” (participant 02)

“ The scope of my profession is very risky because I am assigned to 6 or more patients. If one patient desaturates, I couldn't provide oxygen without consent. So, if the physician is not available, I call and wait. What is the nurse's position if not to prevent potential risks to patients and provide intervention? I am learning that nurses intervene in this problem. This makes implementing the nursing process disinterested because if I do not manage my patients according to their needs, why document the nursing process only?.” (participant13)

“I am a surgical nurse in this ward, but almost all of the other staff are comprehensive nurses. However, our roles in this ward are similar to other nurses. This causes me dissatisfaction with my job ” (Participant 8)

“We acknowledge issues like the lack of specific scope of practice aligned with education levels, but despite our efforts, resolution remains elusive. we've communicated with the Ministry of Health, and they've stated they want to deal with it, but nothing has changed. ” (KII17t, quality and audit team)

Subtheme 5: Lack of clarity in comprehensive client assessment format

Lack of clarity in comprehensive client assessment format means a situation where nurses encounter confusion or uncertainty regarding the content or procedures involved in conducting a thorough asking the patient for assessment.

“the metabolic pattern: nutritional assessment is unclear. For example, when I asked the patient about their 24-hour food and fluid intake, no action was taken with that data. In our context, patients often struggle to recall their intake, and there's no continuous follow-up. What is the importance of asking? I'm not a nutritionist These results contribute feel bored and disinterested in asking every patient about seemingly unimportant details. ” (participant10)

“I always question myself regarding the cognitive and perception pattern. There are various objective data points such as tympanic membrane rupture, but we lack the necessary equipment like an otoscope; there is only one available in our hospital,. Additionally, assessing visual acuity and similar factors is not practical in our country due to a lack of equipment and inadequacies in nursing education curriculum. Therefore, modifications should be made. In my view, these factors contribute to the difficulty in implementing the nursing process.” (participant 04)

“I always curious why assessment tools don't change based on factors such as the specific ward and gender. For example, the tools used in an emergency ward should differ from those used in medical or surgical wards. Asking male or pediatric patients about obstetric history, or

discussing sensitive topics like sexual patterns when assessing diverse age groups, makes the implementation of the nursing process less practical. ” (participant 08)

Subtheme 6: Lack of basic supplies

Majority of participants reported that there is not enough supplies and limited access to equipment, hindering the effective implementation of the nursing process.

Sample responses:

“I work as a nurse in a busy hospital, and I often find myself lacking basic supplies that I need to provide adequate care to my patients. For example, I sometimes run out of gloves, which I need for tasks such as blood draw, medication administration. This can delay patient care and put patients at risk of infection.” (Participant 9)

“...usually, due to a shortage of blood pressure cuffs, I have to wait for one of my colleagues to finish using theirs before I can take a patient's blood pressure. This means that I am unable to complete my vital sign measurements on time.” (participant14)

“We have four computers in our ward that are used by nine nurses, one physician, and one intern. The computers are not new and they often turn off by themselves. This makes it difficult to implement the nursing process, as medication orders and documentation are entered into the electronic health record (EHR) system.” (Participant 2)

“I work in the emergency department, and most of the patients are sitting on the floor because there are few beds available and the patient flow is high. This makes it difficult to ask emergency patients for detailed information or subjective data, because they are not sitting in a comfortable area. There are also no volunteers available to help answer questions.” (participant15)

Subtheme 7 : Inadequate staffing

Inadequate staffing presents a significant challenge to the effective implementation of the nursing process. When there aren't enough nurses available to handle patient care responsibilities, each step of the nursing process, from assessment to evaluation, becomes strained. Nurses could struggle to allocate sufficient time and attention to individual patients, leading to compromised care quality, an increased workload, and heightened stress levels.

Sample responses:

“One major challenge in implementing the nursing process on our ward is patient flow. The recommended nurse-to-patient ratio in our ward is one nurse to six patients, but we are often assigned to one nurse for every eight patients due to the shortage of nurses in our hospital.” (Participant 8)

“Some nurses in our ward are not actively engaged in nursing activities due to physiological occurrences such as age and pregnancy. In this situation, although not explicitly acknowledged, we provide support beyond the responsibility of caring for seven patients. However, the workload of nurses remains high.” (participant1)

“Duty hours in our hospitals are limited to not exceed 280 hours, so even if some staff use their annual leave, others cannot substitute for them because exceeding 280 hours is not paid. Due to this, the number of nurses in the ward decreases, and often the ward is not fully staffed, requiring us to cover the responsibilities of absent colleagues.” (K118, nursing department head)

Subtheme 8: Lack of space and privacy

A significant number of respondents noted that The patient admission area's severe overcrowding and insufficient privacy screens, this not only compromise patient dignity but also raise concerns about care quality. These challenges worsen adherence to nursing process standards, hindering nurses' abilities to conduct thorough assessments, timely interventions, and maintain care continuity.

“The patient rooms are very crowded, with six beds in each room. This makes it difficult to ask patients private questions, and patients may be afraid to answer honestly in such a public setting. For example, it's especially challenging to inquire about a patient's sexual history or drug use when other patients are present in the room. This difficulty can impede the diagnosis and treatment of certain conditions, such as sexually transmitted infections or substance use disorders.” (Participant 12)

“Challenges related to patient privacy are often encountered. For instance, I once had a patient with deep wounds necessitating wound care. Upon entering the patient's room for the procedure,

I requested the family members to stay outside. Unfortunately, there were no privacy screens for the other patients in the room. Consequently, the patient appeared visibly embarrassed, hampering the execution of planned activities and hindering the proper addressing of the nursing care plan.” (Participant 2)

“The screen was available, albeit insufficient, but currently, it is not available in any patient room. I have asked the department to address this gap, but there has been no response. As always, the reason cited is budget constraints.” (K116, ward coordinator)

THEME 2: NURSES RELATED CHALLENGES

Under this theme, four subthemes were identified: namely Apathy among nurses, financial insecurity among nurses, negative perception about nursing process by the multi professional team and limitation of physical examination abilities and skills is needed to implement the nursing process.

Subtheme 1: Nurses show less motivation towards nursing activities

To successfully carry out any task, it is essential to have the motivation and determination to do so. In the case of the nursing process, nurses must have a passion for it and be committed to using it consistently. Unfortunately, many nurses have reported feeling apathetic and uncommitted towards the nursing process, which has been identified as a major barrier to its effective implementation.

Sample responses:

“At times, I find myself leaning on my general understanding rather than consistently assessing vital signs. For instance, knowing that a typical pulse rate falls between 60 and 100 beats per minute, I may forego measuring a patient's pulse if I anticipate it to be within the normal range. My tendency is to trust my baseline knowledge of what constitutes normalcy rather than consistently conducting precise measurements.” (participant1)

“Nurses appear to be disinterested in patient care. I believe that more than half of the nurses spend their time on their phones, watching TikTok, or sitting at the station. While I understand

there are challenges in delivering quality care to patients, the behavior of nurses is concerning."(K118'nursing department head)

I think the problem lies more in nurses not caring enough than in the shortage of nurses. Nurses don't seem to prioritize the nursing care plan and the nursing process. Senior nurses have also made dismissive comments about the nursing process, likening it to treating a computer or papers because nobody sees it after completion, not even the shift nurses." (participant15)

"Majority nurses are not helpful or compassionate towards new staff. When I rotated to this ward, I didn't know how to do the nursing process, so I asked a nurse to train or coach me until I became familiar with the ward activities. However, no nurse volunteered to help me." (participant10)

Subtheme 2: Staff Low payment

The majority of participants reported that our lives are very difficult, with even basic needs such as food and housing proving challenging, leading to a sense of hopelessness about our professions.

Sample responses:

"Usually, when a patient becomes critically ill, I become busy, and my mealtime passes while I continue to care for the patient, feeling hungry until the end of our shift. Because i cannot afford to order food delivery in working area , because my daily salary is only 270 birr. If we order food, it costs 100-180 birr this makes us angry and tired, and it can lead to compassionate fatigue and lack of interest implement nursing process . "(participant 13)

"Some nurses engage in other activities during working hours, such as running their own business. This often keeps them busy, as they are frequently on the phone or delivering business equipment to other staff members. While it is understandable that nurses may need to supplement their income, if we were satisfied with our salary and did not engage in this type of activity, we would currently be at risk of survival, as we know this leads to increased workload for other staff and patients may not receive the service they require." (Participant 6)

"I observe that nurses provide better care to wealthy patients, and it's not solely because they receive gifts. They also seek other opportunities that contribute to business growth. This phenomenon stems from the lack of job satisfaction, particularly regarding salary. I think job satisfaction is crucial for implementing the nursing process effectively." (Participant 9)

Subtheme: 3 Negative perception of nursing process by other professional team

Nurses' perceptions of the nursing process can have a significant impact on how they implement it in practice. Some nurses said they view the nursing process as a valuable tool that helps them to provide individualized care to their patients. However, the majority of participants said they view it as a time-consuming and bureaucratic exercise that adds to their workload.

Sample responses:

"I think the nursing process is sometimes seen as unimportant because it adds to nurses' workload. For example, if I am assigned to seven patients, I have to develop a care plan for each patient. Care plans have many different parts, including both relevant and irrelevant information. It can be very time-consuming to write a care plan for one patient, and it is often impossible to write ideal care plans for seven patients." (Participant 3)

"I think the nursing process is sometimes treated like computer or paperwork because the main concern is documentation. This is due to the fact that managerial positions such as ward coordinators, quality managers, and audit teams count the number of nursing process implementations. Therefore, we always document the nursing process, but the reality is that patients are not receiving adequate care because no one understands the problems of our ward or the problems of our patients. To avoid complaints from different bosses, my primary concern is documentation." (Participant 6)

"Some physicians crumple up the nursing process paperwork that is attached to the patient's chart when they need to write their own findings. They think that the nursing process is only for nurses to fill out, and they do not see the value of the nursing process in patient care. In my own work experience, I have seen this firsthand, which indicates that the nursing process is not mandatory for the patient or for all healthcare providers." (Participant 8)

Subtheme 4: lack of knowledge and skills

The majority of participants reported that limitation of physical examination abilities among nurses is common, characterized by a significant lack of ability, knowledge or skills in performing the duties required in a clinical setting to the extent that it jeopardizes patient safety. This can manifest in various ways and this includes:

“Most nurses have not updated themselves; this leads to less confidence and a weaker approach to patient care and diagnosis. From my experience, there are times when I couldn't evaluate the patient properly because it can be difficult. I care for cancer patients who experience severe pain. I administer the medication ordered by the physician, but sometimes the patient does not get relief from the pain. Therefore, my evaluation does not indicate a cure for the pain, although it is commonly said that if you administer pain relief, the evaluation should show that the pain has been alleviated. I think that when a nurse cannot control a cancer patient's pain, a deeper understanding and a change in management are needed. In my opinion, involving a physician in the evaluation process is better.” (Participant 2)

“I honestly admit that I usually copy the physical examination part from the physician; my only objective data comes from vital signs such as blood pressure (BP), pulse rate (PR), temperature (T0), and respiratory rate (RR). The other details are from the physician because I couldn't detect cardiac or respiratory abnormal sounds. By the way, this leads to less confidence and less patient involvement in practicing the nursing care plan.” (Participant 11)

“Our hospital follows a systematization approach, which means all data are recorded on a computer. However, I am not proficient with computer skills, and due to this, all activities are not registered in real time. My clinical practice is challenged by this documentation problem.” (Participant 2)

THEME 3 : PATIENT RELATED CHALLENGES

Patient related challenges due to patients different reason that affect nursing process implementation it includes;patient health condition,underprivileged patient and patient attitudes.

Subtheme 1: Patient health conditions

“Fortunately, my patients had so many diagnoses and they took different medications at different times. They had different complaints, so even one patient consumed a lot of time. If there were different diagnoses for these patients, it would be even more time-consuming.” (participant14)

“ICU patients are sometimes kept in my ward because of a lack of free beds in the HDU or ICU. These patients need more than one nurse, so other patients' nursing care is compromised. In this situation, it is difficult to implement the nursing process for other patients.”(participant15)

“Usually, in the surgical ward, patients scheduled for surgery are admitted one day before the procedure. In this case, the client may not have complaints other than possibly anxiety related to the surgery, but otherwise, they are fine. Why is the full nursing process done for these patients? I think some exceptions must be made. However, in our hospital, all patients are kept in the hospital for more than 8 hours, and implementing the full nursing process is considered a duty. This makes it challenging to implement the full nursing process because not all patients develop anxiety.” (participant15)

Subtheme 2: Underprivileged patients

The majority of participants reported that our hospital usually treats underprivileged patients. This situation makes it very challenging to provide support for these patients; some do not have a support person, while others cannot afford medication, and there are also communication barriers.

Sample response:

“Usually patients do not have an attendant; it is difficult to obtain medication at the necessary time. I planned to advise or encourage ambulation, but the patient is alone and unable to move. An attendant is essential in this situation, but they are not available. As a result, nurses can’t cover everything, which causes delays in patient service delivery.” (Participant 3)

” I’ve observed that financial constraints often hinder patients from accessing essential medications, treatments, and other necessary aspects of care, which can significantly impede the implementation of the nursing process. This limitation affects the quality of patient centered care. ” (Participant 1)

“...One day, I spoke to a patient during the assessment phase to collect subjective data. However, he was not willing to answer my questions. Coincidentally, my colleague entered the ward and spoke to him in his native language. The patient smiled and seemed happy to be attended to by her,. This made it challenging to implement the nursing process.” (participant4)

Subtheme 3: Patient’s perception about medical treatment

The majority of participants reported that patient attitudes could have a significant impact on the nursing process. Patients who are negative or resistant to the nursing process can make it difficult to provide effective care. This can be due to a lack of understanding of the nursing process, disagreement with the treatment plan, personal behavior and a belief about hospital.

“Some patients come to the hospital due to pressure from their family, even though they do not believe they need medical treatment. Instead, they may prefer religious activities such as prayer and Tsebel. As a result, they didn’t communicate well with nurses and refuse to follow the treatment plan that has been developed for them. This can make it difficult to achieve the desired outcomes of care and can lead to dissatisfaction among nurses, patients, and families.” (participant2)

“Some patients are chronically ill and therefore have detailed knowledge about their condition and medications. They are well-educated and may challenge nurses on their knowledge. In such cases, nurses may feel less attached to these patients because they intentionally ask questions to test the nurses' knowledge. This can make it difficult and embarrassing for nurses to care for these patients, especially if they are unable to answer the patients' questions.” (Participant 5)

“Usually the patient is be anxious about their health and care. They may be worried about the diagnosis, the treatment plan, or the outcome of their illness. This can make it difficult for the patient to focus on the nursing process and to participate in their own care.” (participant1)

5.3. Diagrammatic description of the study findings

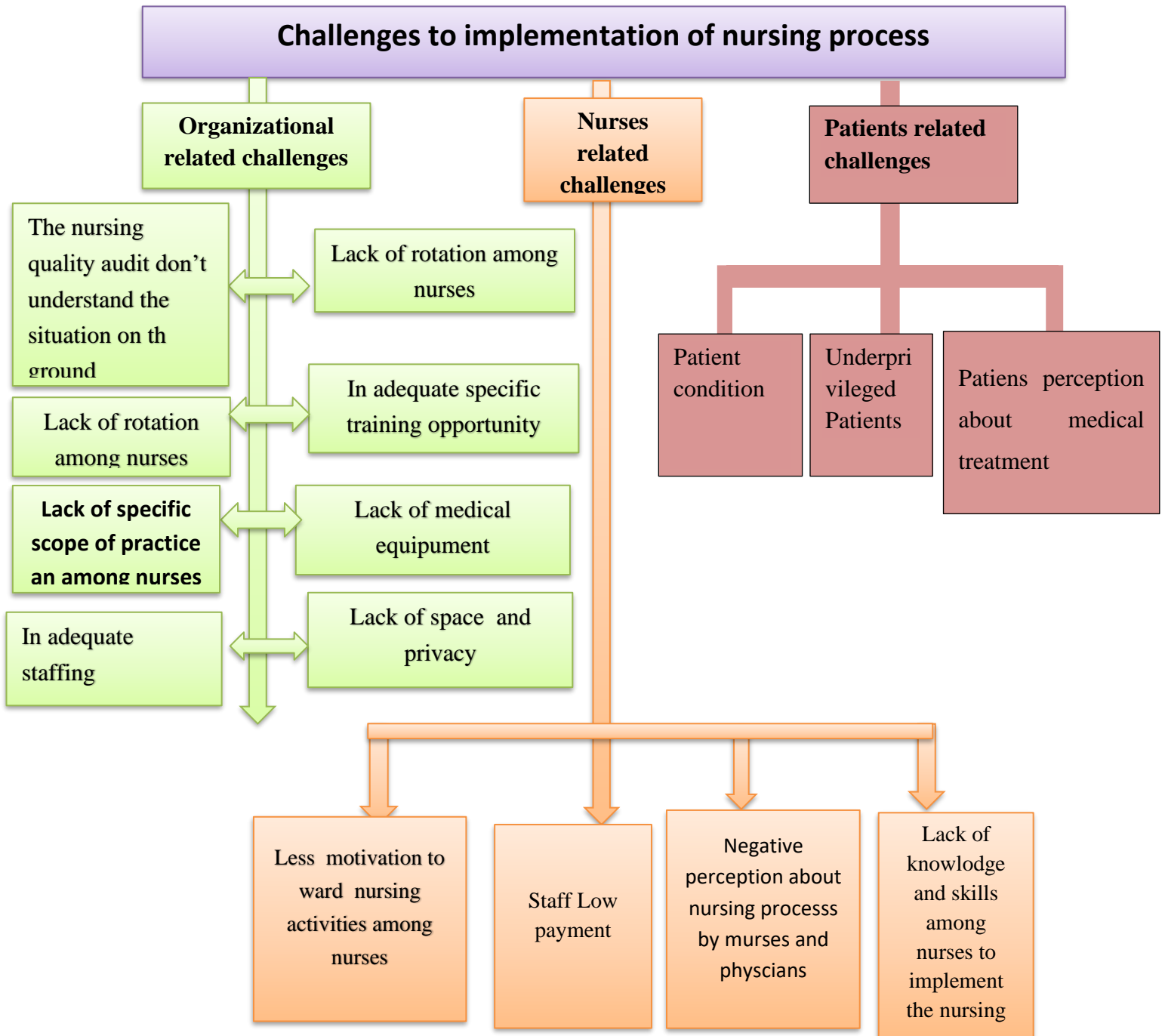


Figure 1: Diagrammatic description of the study finding challenges to implementation of nursing process among nurses working at public hospitals in Addis Ababa, Ethiopia

CHAPTER SIX

6. DISCUSSION

This qualitative study aimed at better exploring what are challenges related to implementation of nursing process among nurses in regional hospital in Addis Ababa Ethiopia. Respondents shared challenges that faced during nursing process implementation were the three identified themes; organizational related challenges, nurses related challenges, and patient related challenges.

The study revealed that organizational related challenges poses significant challenges to the successful implementation of the nursing process, as articulated through various expressions significant challenges to the successful implementation of the nursing process. They emphasized the nursing quality audit team don't understanding the situation on the ground, the absence of specific training, nonspecific scope of practice among nurses, and delayed rotation among ward staff as major hurdles. Similarly, related studies in Iran, Ghana and Ethiopia;addis ababa,Tigray and south Gondar have found that lack of refresher training, insufficient monitoring and supervision, and Non-specific scope of practice among nurses challenges hindering the implementation of the nursing process (11, 12, 34, 40, 48, 49). Notably, this study revealed that while there are nursing quality improvement and audit teams in place, they often fail to adequately support or understand ward-specific challenges. The evaluation methods employed by these teams tend to focus solely on documentation, thereby hindering the implementation of the nursing process. This suggests that challenges within the nursing quality improvement and audit teams themselves pose obstacles to nurses in effectively implementing the nursing process, beyond just the lack of monitoring and supervision. The consequences of these challenges include substandard nursing care and unfavorable patient outcome, this could lead to ineffective identification of patient issues, and interruptions in care consistency. Conversely, patients may experience extended hospital stays, frequent returns for treatment, and exacerbation of their conditions. Furthermore, this study revealed that a lack of clarity exists in comprehensive client assessment formats. Specifically, among the eleven functional health patterns, certain aspects such as nutrition: metabolic pattern and cognitive sensory-perceptual pattern are not applicable in our country's

context and nursing education curriculum. This causes the nursing process to be impractical and results in unrealistic documentation. Therefore, these formats should be modified to suit our country's context rather than adopting everything from developed countries.

Respondents revealed that shortage of medical equipment as a challenge, posing a significant obstacle to the effective execution of the nursing process within working wards. These constraints include shortages of medical supplies (such as gloves, cotton, gauze, plaster and medication), lack of space and privacy screen and computers for registration, inadequate staff member all of which directly impact the quality and efficiency of nursing process. Similarly, related studies have identified that nurses facing inconsistent access to materials essential for the nursing process, as well as shortages of basic supplies and equipment, experienced challenges in implementing the process Ghana, and Ethiopia; Tigray, systematic review (22, 34, 40, 47, 49). Unexpectedly, it was also found that the shortage of computers and network instability pose challenges to the implementation of the nursing process, unlike the unavailability of paper nursing care plans in previous studies conducted in Ghana, North East Ethiopia (34, 59). This difference may be attributed to the use of an electronic record system in our study area. Therefore, computers are not only mandatory for documentation purposes but also for ordering everything in the system, including medication, due to this shortage nursing process not implement entire time.

Nurse-related challenges refer to obstacles and difficulties encountered by nurses specifically in the implementation of the nursing process. These challenges encompass various aspects such as limitations in nurses' physical examination abilities, financial insecurity, perceptions of nurses and other staff about nursing process, and apathy among nurses. These factors contribute to challenges in the nursing process. Similarly, related studies found the lack of nursing skills, disparities in salary compared to workload, perceptions about the nursing process, lack of consideration of the Nursing Process by the multi professional team, and lack of interest and desire to implement nursing procedures in Brazil, India, Ghana, Congo, Tanzania and Ethiopia (29, 33-35, 37, 59). majority of respondents, often contribute to a lack of confidence in approaching holistic, patient-centered care. This results in comprehensive head-to-toe examinations being overlooked, which may be attributed to gaps in the nursing

education curriculum in Ethiopia. Nurses may not have had exposure to advanced physical examination techniques during their formal education or subsequent professional development. There is a prevalent misunderstanding among healthcare professionals regarding the roles and responsibilities associated with physical examinations. In some cases, there may be a perception that only physicians are qualified to perform certain aspects of physical assessments.

This study also revealed that patient health conditions, patient attitudes, and underprivileged patients (including those facing language barriers, elderly patients, those with low socioeconomic status, and those lacking support persons) pose challenges to implementing the nursing process. This study aligns with similar studies in Iran, Kenya, Ethiopia (specifically Arbaminch and Addis Ababa), which reported challenges including lack of patient cooperativeness, unaffordable medical supplies, language barriers, and patient attitudes toward nurses all of which impact the nursing process (18, 32, 50, 52).

CHAPTER SEVEN

7. STRENGTH AND LIMITATION

This study provides in-depth information on challenges related to the implementation of the nursing process, offering valuable insights into this critical aspect of healthcare delivery and study focus on three hospital and involving key informants, the study enhances the credibility and validity of its findings, ensuring that the data accurately and the study focus on three hospital are strength of this study.

The limitation of this study was that some participants were not comfortable with audio recording after even giving consent. This may lead to participant hiding some information that relates to my study.

CHAPTER EIGHT

8. CONCLUSION AND RECOMMENDATION

8.1. CONCLUSION

The successful implementation of the nursing process is hindered by a combination of challenges spanning organizational related challenges, nurse-related issues, and patient-related factors.

Organizational related challenges, characterized by the nursing quality audit team don't understanding the situation on the ground, lack of clear comprehensive patient assessment format, nonspecific scope of practice among nurses, delays in nurse rotation, and insufficient training, shortage of medical equipment, inadequate staffing, and lack of space for patient confidentiality, exacerbate the strain on nursing staff, impeding their ability to provide timely and quality care. Nurse-related challenges, including Nurse-related challenges include negative perceptions of the nursing process, inadequate skill and knowledge to implement nursing process, less motivations to implement nursing process, and low payment for nurses lastly, patient-related challenges, encompass health conditions, socioeconomic status, and patient behaviors. Overcoming these multifaceted challenges requires collaborative efforts, including streamlined administrative processes, infrastructure investments, workload management strategies, ongoing professional development, and patient-centered care approaches, ultimately fostering a culture of excellence in nursing practice and improving patient outcomes.

8.2. RECOMMENDATION

- Nurses should look for ways to increase their understanding of the nursing process and how to apply it so they can give their patients high-quality care.
- The nurses should give compassionate care to the patients and make an effort to address the disadvantaged patient.
- The hospital needs to fulfill basic supplies.
- The hospital needs to provide onsite training for the nurses.
- The hospital is need to asses quality and audit team actvties of the hospital
- Hospital concern for a collaborative care approach to foster interdisciplinary collaboration among health care professionals, including physicians, therapists, and social workers, to address complex patient needs compressively

To Researchers:

- Mixed study quality of nursing process implementation in Ethiopian public hospital.
- Implementation of nursing process among nursing students during practical time .
- Perform an evaluation study on the attitude of healthcare professionals toward the implementation of the nursing process

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9. ANNEXES

Annex I -English version

Information sheet

Hello dear respondent! My name is_____ and i am working as data collector for the study being conducted in Addis Ababa University selected hospital by **tinsae muluye** who is studying for her master's degree at Addis Ababa university school of nursing and midwifery postgraduate study. This study is being conducted for partial fulfillment of the requirement for the degree of master in maternity and reproductive health nursing. the main purpose of this study is to explore the challenges in implementation of nursing process among nurses in Addis Ababa selected governmental hospitals. Now you are being selected by chance to participate in the study. Your participation is based on your interest. You have right to say **yes** or **no** for the participation, also to withdraw from the study at any time for any reason. You have **no benefit or risk** for your participation in the study. To keep the confidentiality of your information I am not including your name. Also the information is used only for purpose of the study and not given for any one. Your active participation and interest has great role for success of study.

If there is any question or unclear idea any time about the study or the procedures, don't hesitate to contact to principal investigator with cell phone number: +251943059092 or e-mail address: tinsae.muluye36@gmail.com

Informed Consent Form

I have read/heard and understood the Information sheet telling me what will happen in this study and why it is important. I have been able to ask questions and to have them answered. I understand that while the information is being collected, I can stop being part of this study whenever I want and that it is perfectly ok for me to do this. If I stop being part of the study, I understand that all information about me will be discarded. I agree to take part in this research.

May I continue the interview?

Yes continue the interview

No Stop and thank the respondent

Participant's signature _____ Date _____

Data collector's name _____ Signature _____

Date _____

Checked by:

Supervisor Name _____ Signature _____

Date _____

Thank you!!

Part –I: Socio-demographic Characteristics

S.no	Questions	Possible Response
1	Age	----- completed year?
2	Sex	Male b. Female
3	What is your level of education?	Specialist Master science Bachelor science Diploma Other
4	Type of ward	Medical wards Surgical ward pediatrics ward
5	Your Work experiences (in years or months). -----.	

A. Semi-Structured In-Depth Interview Guide for nurses

Title challenges to implementation of nursing process among nurses working at public hospitals in Addis Abeba Ethiopia: a qualitative study

Participant ID: _____

INTERVIEWER INITIALS (XXX): _____

DATE: _____ **START TIME:** _____ **AM/PM** **End Time** _____

Introduction and Interview Purpose

Welcome and thank you again for agreeing to participate in this study. My name is _____ I am currently a Master's student studying the various challenges in implementing the nursing process. During our discussion, we will cover your understanding about nursing process , experiences, challenges, and improvement strategies related with the nursing process and related topics. We want to hear about what you know, think and believe. There is no right or wrong answer to the questions I'm going to ask. I want to hear, in your own words, your thoughts, experiences and opinions about the topics we'll be discussing. Please remember that you can choose not to respond to a question at any time and that your participation in this study is completely voluntary.

Do you have any questions before we begin?

Consent

- For the purpose of analysis, I would like to record our conversation. I will just take notes if you would prefer that our conversation not be recorded.

Understanding challenges faced by nurses in implantation of nursing process

1. Tell me about nursing process?

Probe:

- ✓ Could you guide me through the detailed stages of the nursing process as you perceive them?
 - ✓ Were you familiar with any guidelines? Can you describe what the guidelines or policies say about nursing process?
2. Do you think the nursing process contributes to patient care and to personal development? If so, what are they?
3. What kind of challenges of the nursing process do you face? At what stages of the nursing process do you face challenges?

Probe:

- ✓ How do we generally classify the challenges in your clinical practice based on their sources, and can you elaborate on those challenges previously mentioned?
4. What experience do you have in the implementation of the nursing process?
- Can you describe a situation where you found the implementation of the nursing process particularly challenging?

Probe:

- ✓ What did you learn from that experience?
5. What solutions would you propose for those challenges? What aspects do you think should be improved
6. Is there anything more you would like to add or share?

Socio-demographic Characteristics

Serial no	Questions	Possible answer
1	Age	----- completed year?
2	Sex	
3	Type of ward	
4	What is your level of education?	
5	Your Work experiences	-----.(in years or months).

Closing

Thank you for your time and thoughtful responses. That is all the questions that I have for you. Is there anything else that you think we should know that I did not ask about?

[Pause for participant response]

Thanks again for your time.

Semi-structured questionnaire for nursing managerial team (ward coordinators, nursing quality improvement and audit team and nursing department head.

Title: challenges to implementation of nursing process among nurses who working public hospital Addis Abeba Ethiopia: A Qualitative Study, 2024.

1. Are you a nurse background, so you work in the ward as usual?
2. What are the criteria for your request for this position?
3. Do you think the nursing process is challenging for nurses? If yes, what are the challenges? Could you explain it?
4. Do you think management inefficiency affect nursing process implementation? If yes what is your responsibility to overcome this challenges?
5. Any additional comments?

Socio-demography

1. Age _____
2. Educational status _____
3. Position/Role _____
4. Work experience _____

Thank you very much for taking part in this study!

Annex II- AMHARIC VERSION

የመረጃ ቅጽ

ሰላም ውድ ምላሽ ሰጪ! ስሜ _____ እባላላሁ በአዲስ አበባ ዩኒቨርሲቲ ነርሲንግ እና ሚድዋይራሪ የድህረ ምረቃ ትምህርት ሁለተኛ ዲግሪዎን በመማር ላይ ያለችው **ትንሳኤ ሙሉዩ** በአዲስ አበባ ዩኒቨርሲቲ በተመረጠው ሆስፒታል በምትሰራው ጥናት ላይ መረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው። ይህ ጥናት የሚካሄደው በወሊድ እና በሥነ ተዋልዶ ጤና ነርሲንግ የማስተርስ ዲግሪዎን በከፊል ለማሟላት ነው። የዚህ ጥናት ዋና አላማ ማሰስ በአዲስ አበባ በተመረጠው የህዝብ ሆስፒታል፣ በ ነርስ ሂደት መተግባር ላይ የነርሶችን ተግዳሮቶች እና ልምድ ለመዳሰስ ነው። አሁን በጥናቱ ለመሳተፍ በአጋጣሚ ተመርጠዋል። የእርስዎ ተሳትፎ በእርስዎ ፍላጎት ላይ የተመሰረተ ነው። ለተሳትፎ አዎ ወይም አይ የማለት መብት አለህ፣ እንዲሁም በማንኛውም ጊዜ ከጥናቱ የመውጣት መብት አለህ። በጥናቱ ውስጥ ለሚያደርጉት ተሳትፎ ምንም ጥቅም ወይም ስጋት የለዎትም። የመረጃህን ምስጢራዊነት ለመጠበቅ ስምህን አላካተትኩም። እንዲሁም መረጃው ለጥናቱ ዓላማ ብቻ ጥቅም ላይ ይውላል እና ለማንም አይሰጥም። የእርስዎ ንቁ ተሳትፎ እና ፍላጎት ለጥናት ስኬት ትልቅ ሚና አለው።

ስለ ጥናቱ ወይም አካሄዶቹ በማንኛውም ጊዜ ጥያቄ ወይም ግልጽ ያልሆነ ሀሳብ ካለ፣ ከዋናው መርማሪ ጋር በሞባይል ስልክ ቁጥር +251943059092 ወይም በኢሜል አድራሻ: tinsaemuluye 36@gmail.com ከመጠየቅ አያመንቱ።

በመረጃ የተደገፈ የስምምነት ቅጽ

በዚህ ጥናት ውስጥ ምን እንደሚሆን እና ለምን አስፈላጊ እንደሆነ የሚነግረኝን የመረጃ ወረቀቱን አንብቤ/ሰምቼ ተረድቻለሁ እንዲሁም ጥያቄዎችን መጠየቅ እና መልስ ማግኘት ችያለሁ። መረጃው በሚሰበሰብበት ጊዜ፣ በፈለኩበት ጊዜ የዚህ ጥናት አካል መሆኔን ማቆም እንደምችል እና ይህን ባደርግ ፍጹም ችግር እንደማይኖረው ተረድቻለሁ። የጥናቱ አካል መሆኔን ካቆምኩ ስለ እኔ ያለኝ መረጃ ሁሉ እንደሚጣል ተረድቻለሁ። ስለዚህም በዚህ ጥናት ውስጥ ለመሳተፍ ተስማምቻለሁ።

ቃለ መጠይቁን ልቀጥል?

ቃለ መጠይቁን ይቀጥሉ አይ ም እና ምላሽ ሰጪውን አመስግኑት።

የተሳታፊ ፊርማ _____ ቀን _____

የመረጃ ሰብሳቢው ስም _____ ፊርማ _____

ቀን _____

የተረጋገጠው በ:

የተቆጣጣሪ ስም _____ ፊርማ _____

ቀን _____

አመሰግናለሁ!

የቃለ መጠይቅ መመሪያ

ክፍል – I:- ማህበረ-ሕዝብ ባህሪያት

ተ.ቁ	ጥያቄ	ሊሆን የሚችል ምላሽ
1	እድሜ	
2	ፆታ	ሀ. ወንድ ለ. ሴት
3	የስራ ክፍልዎ ስም	ሀ የቀዶ ጥገና ክፍል ለ. የሕክምና ክፍል
4	የትምህርት ደረጃ	ሀ .ሰፔሻሊስት ለ .ሁለተኛ ድግሪ ሐ .የመጀመሪያ ድግሪ መ .ሌላ-----
5	የስራ ልምድ በወር ወይም በአመት	-----.

ክፍል - II ለ ነርሶች በከፊል የተዘጋጀ ቃለ መጠይቅ

ርዕስ:- በመንግስት ሆስፒታሎች ውስጥ በሚሰሩ ነርሶች መካከል የነርሲንግ ሂደት ትግበራ ተግዳሮቶች ማብራራት ፣ አዲስ አበባ ኢትዮጵያ

የተሳታፊው ሙሉ ስም _____

የቃለ መጠይቁ ጠያቂ መነሻ(XXX) _____

ቀን _____ የጀመረበት ሰዓት _____ ጥዋት/ከሰዓት ያበቃበት ሰዓት _____

መግቢያ፣ የቃለመጠየቅ ጥቅም

እንኳን ደህና መጡ በጥያቄ ለመሳተፍ ፍቃደኛ ስለሆኑ ከልብ አመሰግናለሁ፤

ስሜ _____ ይባላል በአሁኑ ሰዓት የማስተርስ ተማሪ ስሆን የነርሲንግ ሂደት ትግበራ ላይ

ያሉትን የተለያዩ ተግዳሮቶች በማጥናት ላይ እገኛለሁ። በውይይታችን፣ ስለ ነርሲንግ ሂደት ልምዶች፣

ተግዳሮቶች እና ከነርሲንግ ሂደት እና ተዛማጅ ርዕሰ ጉዳዮች ጋር የተያያዙ የማሻሻያ ስልቶችን በተመለከተ

ያለዎትን ግንዛቤ እንዳስሰለን። ስለምታውቁት፣ ስለሚያስቡት እና ስለምታምኑት ነገር ቢነግሩን በጣም ደስ

ይለኛል። ለምጠይቃቸው ጥያቄዎች ትክክለኛ ወይም የተሳሳተ መልስ የለውም። ስለምንወያይባቸው ርዕሶች የእርስዎን ሃሳቦች፣ ልምዶች እና አስተያየቶች በራስዎ ቃላት ብሰማ በጣም ደስ ይለኛል ። እባክዎ ለጥያቄው በማንኛውም ጊዜ ምላሽ አለመስጠት እንደሚችሉ እና በዚህ ጥናት ውስጥ ያለዎት ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ መሆኑን ልብ ይበሉ ።

ጥያቄውን ከመጀመሪያችን በፊት ጥያቄ አለዎት?

ፍቃድ

ለትንታኔ አላማ ሲባል ቃለ መጠይቁን የድምጽ ቅጂ አደርጋለሁ በድምጽ ፍቃደኛ ካልሆንክ በጽሁፍ መመዝገብ እችላለሁ

የነርሶች ሂደትን በመተግበር ላይ ነርሶች የሚያጋጥሟቸውን ተግዳሮቶች መረዳት

1. ስለ ነርሲንግ ሂደት ይንገሩኝ ? እርስዎ በተረዱት ስለ ነርሲንግ ሂደት ደረጃዎች በዝርዝር ያስረዱኝ?
 - ✓ ማንኛውም መመሪያ ስለ ነርሲንግ ሂደት እሚያወቁት አለ?
 - ✓ መመሪያዎች ወይም ፖሊሳዎች ስለ ነርሲንግ ሂደት ምን እንደሚሉ መግለጽ ይችላሉ?
2. የነርሲንግ ሂደት ለታካሚ እና ለርስዎ የግል እድገት አስተዋጽኦ ያደርጋል ብለው ያስባሉ መልስዎ አዎ ከሆነ ምን ምን ናቸው?
3. የነርሲንግ ሂደት ለመተግበር ምን አይነት ፈተናዎች ያጋጥሙዎታል? በነርሲንግ ሂደት ውስጥ የትኛው ደረጃ ላይ ምን ዓይነት ችግሮች ያጋጥሙዎታል?

ምርመራ:-

✓ በአጠቃላይ እርስዎ በስራዎ ውስጥ ያሉ ተግዳሮቶችን ከምንጮቻቸው በመነሳት እንዴት ትከፋፍሉት አላችሁ በመቀጠል ከዚህ ቀደም በተጠቀሱት ተግዳሮቶች ላይ ማብራሪያ ይስጡ?

4. የነርቪንግ ሂደት ትግበራ ላይ ያለዎትን ልምድ ማካፈል ይችላሉ?

ምርመራ:

✓ የነርቪንግ ሂደትን በተለይ ፈታኝ ሆኖ ያገኙበት ሁኔታ መግለጽ ይችላሉ?

✓ ከዚህ ተሞክሮ ምን ተማራችሁ?

5. ለእነዚህ ተግዳሮቶች ምን መፍትሄዎችን ያቀርባሉ? ምን ዓይነት ገጽታዎች መሻሻል አለባቸው ብለው ያስባሉ?

6. ማክል ወይም ማጋራት የሚፈልጉት ሌላ ነገር አለ?

በከፊል የተዋቀረ መጠይቅ ለነርቪንግ ሥራ አስኪያጅ ቡድን (የዋርድ አስተባባሪዎች፣ የነርስ ጥራት ማሻሻያ እና የአዲት ቡድን እና የነርስ ዲፓርትመንት ኃላፊ።

ርዕስ: በሕዝብ ሆስፒታል በሚሠሩ ነርሶች መካከል የነርቪንግ ሂደት አተገባበር ተግዳሮቶች በአዲስ አበባ ኢትዮጵያ: የሚጠና ጥናት፣ 2024።

1. በሙያሽ ነርስ ነሽ? አዎ ከሆነ ስለዚህ በዎርድ ውስጥ ሰርተዎል ወይስ አልሰርተዎም?
2. እንደ ሥራ አስኪያጅ ለጠየቁት ጥያቄ መስፈርቱ ምንድን ነው?

3. የነርቢንግ ሂደቱ ለነርሶች ፈታኝ ነው ብለው ያስባሉ? አዎ ከሆነ፣ ተግዳሮቶቹ ምንድን ናቸው? ሊገልጹት ይችላሉ?
4. የአስተዳደር ብቃት ማነስ የነርቢንግ ሂደት አተገባበር ላይ ተጽእኖ ያሳድራል ብለው ያስባሉ? አዎ ከሆነ እነዚህን ፈተናዎች ለማሸነፍ የእርስዎ ኃላፊነት ምንድን ነው?
5. ማንኛውም ተጨማሪ አስተያየቶች?

ሶሻል-ዲሞክራሲ

1. እድሜ _____
2. የትምህርት ደረጃ _____
3. የስራ መደብ/ድርሻ _____
4. የስራ ልምድ _____

በዚህ ጥናት ላይ ስለተሳተፉ በጣም እናመሰግናለን!