



ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH

**IMPROVING THE IMPLEMENTATION STATUS OF NURSING CARE
STANDARDS PROCESS AT MEDICAL & SURGICAL WARDS IN
JOGEL GENERALHOSPITAL, HARAR, ETHIOPIA**

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DECLARATION

The undersigned declare that this thesis is my original work and has not been presented for a degree in this or other university and all source of materials have been fully acknowledged.

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ACRONYMS

- **AAU**- Addis Ababa University
- **ADPIE**-Assessment, Diagnosis, Plan, Implementation & Evaluation.
- **A**-Agree
- **BSC**- Bachelor of Science
- **CCO**- chief clinical officer
- **CEO** - Chief Executive Officer
- **CMO** -Chief Medical Officer
- **D**- Disagree
- **EHSTG**-Ethiopian Hospital Service Transformation Guidelines
- **FGD**-Focused Group Discussion
- **FMGT**-Financial Management
- **GOPD**- General Out Patient Department
- **GP**-General practitioner
- **HRM** -Human Resource Management
- **IPD**-Inpatient Department
- **MSC**- Master of Science
- **M & E**-Monitoring & Evaluation officer
- **MRC**- Medical Record completes
- **NANDA**- North American Nursing Diagnosis Association
- **QIPM** - Quality Improvement and Performance Monitoring
- **SA**-Strongly Agree
- **SD**-Strongly Disagree
- **SMT**- senior management team
- **SPSS (PASW)** -Statistical Package and Predictive Analytics Software
- **NP**- Nursing care process
- **NCI**-nursing process implementation

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ABSTRACT

Background:-Despite the important role of nursing care standard practice plays for the betterment of the health care, its implementation status is far below expected, particularly in developing countries. Similarly, the baseline assessment in this study showed that the implementation of Nursing Care Process in Jogel general hospital is poor. Thus, in light of the national and regional efforts to improve health care delivery & improve a health care Quality. it is critically important to improve the implementation status of the Nursing care Process in Jogel General Hospital.

Objectives: To improve implementation of Nursing/midwifery Care Standard Practice from 42 % to 70% in Medical & surgical wards of Jogel Hospital, by the end of June, 2019.

Methodology: A facility based pre- post interventional study will be conducted from March to June, 2019 in Jogel General Hospital, Harar, Ethiopia. The interventions include give in service training for ward nurses; strengthening internal supportive supervision, nursing audit committee, and provide the update nursing care format preparation .observational questionnaires about the challenges in implementation of the standards for a total of **80** staff nurse(40 pre-40post). A total of **60** Medical Records (MR) have been reviewed (30 at baseline and 30 will be at the end of the study) to assess & compare the medical record completeness about the attached & complete documentation of necessary formats during pre and post-intervention periods respectively. The proportion of standard checklists which will meet Nursing Care Standard Practice with complete services, and observational self prepared questionnaires with 10 item total of **100** inpatient admitted(50 pre-50 post intervention) about the nursing care quality and client satisfactions documentation a addition reviews standard 10item contain checklists fill and conduct focus discussion with a total of **14** staff (CEO, Matron, 2director of nurses a n d 1 2 staff nurse) of formats, and Chi-square test is calculated to test the difference in the outcome of interest between the pre –and post –intervention periods.

Result:- The percentage of patient cards with complete Nursing Care Process increased from 42% in baseline to 70% after intervention. This change was statistically significant at ($df = 1.44$, $P = 0.0403$). Similarly, the implementation of all components of the Nursing Process has increased: Nursing Admission Assessment (from 56% to 82% / $P = 0.0201$), Nursing Diagnosis (from 38% to 78%, $P = 0.0301$); Nursing Care Plan (from 54% to 66% / $P = 0.0225$); Nursing Implementation (from 47% to 64% / $P = 0.0152$) and Nursing Evaluation (from 31% to 59%/ $P = 0.0173$), with all changes showing statistically significant at $P < 0.05$.

Conclusion and Recommendations: - continuous on job training continuous flow of related forms can improve the implementation of the Nursing Process followed by. Continuous internal Supportive Supervision of Nurses in wards. Jogel general hospital managers should consider strengthening the internal Supportive Supervision to improve their health facility.

Key words: Nursing car process, Nursing care standard practice, medical record completeness's, Jogel General Hospital

CHAPTER ONE: INTRODUCTION

1.1 Organizational Description of Jogel General Hospital

Harar is the main town of Harari regional state Administration. It is located in the eastern part of Ethiopia and about 525 Kms away from the capital city of Addis Ababa at an elevation of 1,885meters. Harari regional Administration has been subdivided into 19 town kebeles and 3 rural kebeles. According to statistics office census result, the total population of town is estimated to be 256, 000 of these 124,928 (48.8%) are male and 131,072 (51.2%) are females. The harar town has 5 governmental hospitals , 2 private hospitals and 1 army hospital totally the region have 7 hospital .among those Jogel general hospital (**Arbegnoch hospital**) established in **Meyazeya 27,1892 E.C** its one of the oldest hospital in the region it have established by regime of Menilek II. Jogel General Hospital was built by the emperor Menilek II, with catchment area population around 250,000.

Jogel General hospital renders a variety of services ,like Gyn & OBS, psychiatry, dental, eye clinic, Gender violence clinic ,MCH ,OPD & IPD, etc.& is utilized as referral hospital nearby towns and regions, It has central and emergency laboratory, x-ray and pharmacy services Jogel hospital is a general hospital with catchment area population of around 250 people and it is one of the most busy and crowded hospital in the region. Jogel General Hospital is the one who is resisted in UNESCO and it is a home and choice of thousands of HIV patients, because it provides services free of charges.

1.2 Vision, mission and core values

1.2.1 Vision

The vision of the hospital is to be one of the general hospitals in Ethiopia by 2025.

1.2.2 Mission

To contribute to the provision of Quality &affordable promotive, preventive &rehabilitative health care service to All people and performed research.

1.2.3 Core values

The core values of the hospital are community first, accountability, impartiality, respecting the law, be a role model, collaboration, professionalism and compassion.

1.3 BACK GROUND

The Nursing Care Standard Practice is the levels of safe and competent practice that all nurses must meet when providing nursing services. It is expected to provide the public with competent, safe and ethical nursing care for which the nurses are fully accountable and responsible for their entire practice. Nurses are professionals who are committed to the development and implementation of nursing care of standards through ongoing acquisition, application and evaluation of relevant knowledge, skills, attitudes and judgment. The goals of Nursing care standard practice in the hospital system are improving the health outcomes of individuals, families and communities. As individuals, members and coordinators of inter-professional teams; nurses bring people-centered care close to the communities where they are needed most. Thereby contributing greatly in improving the health outcomes of those under their care as well as improving the overall cost effectiveness of health care services (1,2).

The significant of the study for Nursing care standard practice is to give a better care with dignity and humanitarian reason, understanding the individual's needs, show compassion and sensitivity, and, provide care in a way that respects all people equally. A supportive and competent nursing workforce is required to ensure the nursing care standard practice (1,3). Cognizant of its importance in improving the quality of health care, the Ethiopian hospitals service transformation guideline sets the Nursing Care Standard Practice as one of the responsibilities of the Nurses. However, despite the important role of nurses have for the betterment of the health care, their independent work; the Nursing care Practice standards do not get enough emphasis as it is written in many books (3). Is the nursing care standard practice given for all patients? Does every nurse give a standard of care for each patient with knowledge based practice? Are there any challenges during the provision of the nursing standard of care and the likes will be replied by this project.

1.4 .Statement of the problem

Poor implementation of nursing care standard practice occurs commonly in health care facilities worldwide. The outcomes of such poor implementation have depicted a bad quality of nursing care standard practice, disorganization of the health service, conflicting roles among nurses, medication error, poor diseases prognosis, dissatisfaction of customers with the care provided, and increased mortality (4,6,7).

Despite the importance of the Nursing care standard practice, in various literatures showed that there exist different challenges in its implementation. The principles of the nursing care standards (the professional accountability & responsibility, client focused provision of service, knowledge based practice & ethical practice) were not integrated and that there was a lack of coherence in the prescribed actions related to patient health conditions. They additionally asserted that a lack of preparedness and a lack of a holistic view have hindered the perception and record of the essential care provided (4,5).

The other challenges to test to implement the nursing care standard practice were that the establishment of a validated model of nursing records aimed to promote individual care. The results showed limitations of the nursing/midwifery care standard practice conducted according to the nursing process formats particularly in the identification of problems presented by the patients and, consequently, diagnosis and the possible intervention procedures (6,8).

Similarly, the implementation of Nursing Care standard Practice in Jogel general hospital is still insufficient. Incomplete record of nursing process components, incomplete medical record & lack of awareness for nursing care standard checklists are basic implementation challenges of nursing care standards in our hospital .These problems are manageable if a nurse can properly implement nursing care standards by complete medical recording & self-awareness of the nursing care standard checklists.

This project aimed to improve the implementation of the Nursing care standard Practice at medical and surgical wards in Jogel General Hospital by addressing those major challenge for implementation. Thus, it is expected that the findings of the project will play its role in improving the overall nursing care standard practice ,increase patient satisfaction , improve the organization quality of health care delivery and decrease poor outcomes of the nursing care standard services.

1.5 Significance of the study

Nursing care standard practice is one of the major health care services. It contributes a lot to the patient healing process. Even though there are competent physicians present in a given health institution, it would not be adequate without appropriate nursing care standard practice. Nurses have 24 hour contact with patients as well as being near to them. Thus, as they are the frontline, the patients expect more from them and nurses should also fulfill patients' needs with competence and a compassionate approach. If the patient is denied appropriate nursing care standard practice, the healing process is obviously compromised.

This study will give theoretical as well as practical significance for researchers, policy makers and practitioners in order to use as base line data. Nursing care standard practice to contact admission assessment of nurses will provide nurse managers and professionals with useful information that could lead to reforms that encourage quality care in the health facilities. Therefore, this study aimed at identifying the gaps & intervening the nursing care standard practice and its determinants in medical & surgical wards of Jogel General Hospital and may generate important directions to be critically considered by nurse managers and staff nurses in different levels.

CHAPTER TWO: OBJECTIVES

2.1. GENERAL OBJECTIVE

To Improve implementation status of nursing care standard practice and evaluate the relation ship between improved nursing care standard practices and medical administration records completeness at medical & surgical wards of Jogel General Hospital.

2.2. Specific Objectives

- To provide the awareness of the nursing care standards for 15 nurse professionals working at the wards in the hospital in 3 months by the end of June, 2019Gc
- To provide the ability of 2 nurse internal supportive supervisors to mentor the nurse professionals working at the medical and surgical wards in the hospital, in 3 months by the end of June, 2019Gc.
- To strength the ability of 5 staff nurse audit committee on the system to measure performance rate of standards in the Hospital, in 3 months by the end of June 2019
- Improve the in patient admitted client perception on care giver competences and client-centered care of the hospital

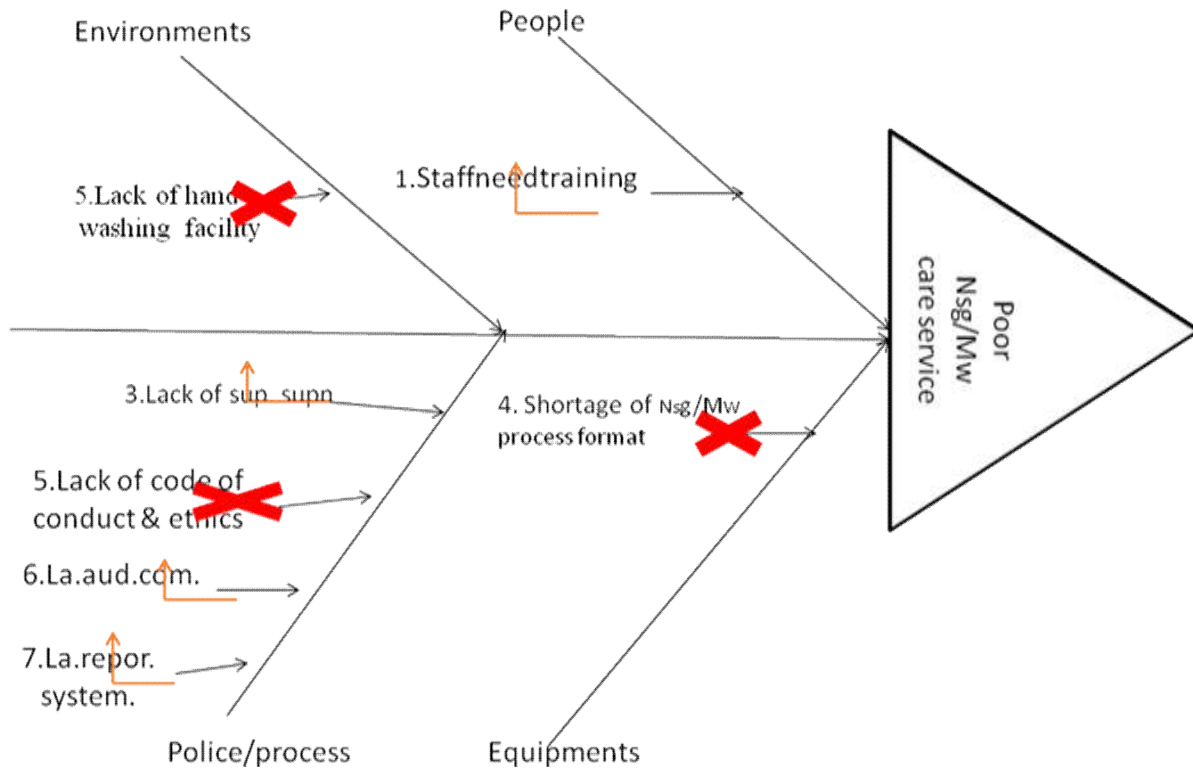
CHAPTER THREE - ROOT CAUSES ANALYSIS

3.1 Collection of information on the causes of the problem

We worked in a collaborative team of staff members to apply problem solving and quality improvement techniques to define the problem, understand its root causes, set objectives, consider alternative strategies to address the problems and fulfill the objectives and select strategy to implement a set of planned tasks. To identify the possible causes of the nursing care standard practice implementation problem, Focus Group Discussion (FGD) has been held with selected staffs from hospital wards, all ward head Nurses and matrons. Two FGDs have been held totaling 14 employees (for pre-intervention). We identified the root causes and scope of the problem; we identify the root causes and scope of the problem after the baseline assessment conducted at February, 2018. The pre-intervention assessment showed that the hospital had not created awareness and on service training for staff nurses, Lack of supportive supervision, Lack of experience of audit committee and Lack of reporting system for legal & illegal practice

The main root cause is lack of awareness and on service training for staffs on hospital reform and which leads to the hospital poor practice of nursing care standard practices in- Inpatient (medical and surgical wards) goes through inpatient staff implemented (report) it, as a result the facility based guideline and procedure develop but the implementation and supportive supervision has poor . In general the hospital does poor work on nursing care implementation and less than the standard of implementation of MR at inpatient department (medical and surgical wards). This leads to drop the hospital health care quality service. The result of the FGD is presented using Fishbone analysis in Figure 1 below. To prioritize the causes of the problem, all the participants have been asked to list the most important causes of the problem.

Finger -1:-Fish bone Analysis showing the result of FGD held to identify the possible causes of poor Nursing process Implementation in Jogel general Hospital,2019.



3.2 Possible root causes of the problem

- Staff need on service training
- Lack of supportive supervision.
- Shortage of Nursing process «formats»
- Lack of hand washing facility
- Lack of code of conduct & ethics
- Lack of audit committee
- Lack of reporting system for legal/illegal practice

3.3 Verification of possible root causes the problem

It is well documented that fishbone does not tell the real cause of the problem so it needs further analysis in order to know the real cause of the problem. Therefore, through discussion & interview questionnaires with key stakeholders at Jogel General Hospital the possible root causes were verified. Possible root causes were selected, verified & prioritized by interview questionnaires and focused group discussion participants by voting in the fish-bone (fig. 1 above) and Pareto Diagrams (fig. 2 see below) respectively.

■ **Low awareness about nursing care standards:** The nurses were interviewed with pre-test questionnaires on nursing care standards. 72.5% were with knowledgeable & 27.5% with not knowledge during pre-intervention time (table 7- on page 33).

■ **Lack of nursing supportive supervisors:** As Ethiopian Hospital Service Transformation Guidelines (EHSTG chapter-6 and 7) the nursing care standards should be implemented by continuous supervision of nursing supportive supervisors but the nurses had confirmed that supportive supervisors were established before Preintervention but not start supervise staff performance in the hospital (table 9 on page 37).

■ **Low experience of nursing audit committee:** As Ethiopian Hospital Service Transformation Guidelines (EHSTG); the implementation status of the standards should be audited by the committee every three months. Even though, the committee have been established; they have not been functional to carry-out their daily activity

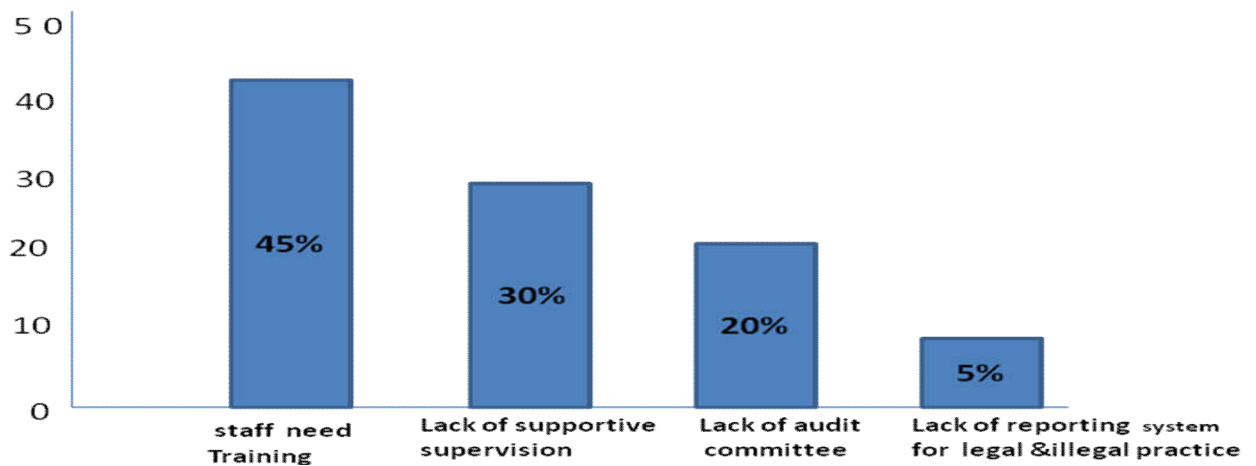
■ **Lack of reporting system for legal & illegal practice:** The respondents replied only 47.5% reports to supportive supervisor and 52.5% respondent not reported see (table 9 on page 37).

3.4 The Real Root Causes For The Problem Of Nursing Care Standard Practice

1. Lack of on service training
2. Lack of nursing supportive supervisor
3. Lack of experience of audit committee
4. Lack of reporting system for legal & illegal practice

3.5 To Identify the Magnitude of a problem causes by using pare to-analysis

Figure 2: A pare to-diagram showing the priority of the root causes of the problem (n=14).



3.6 Prioritization of the identified root causes by voting techniques

Among 14 staff that select the priority problems needs immediate action as follows . participate prioritization the problem problem by voting techniques. 6 participants (45%) vote to lack of staff training(on service trainig) ,4 participants (30%)vote to lack of supportive supervision ,3 participants (20%) vote to lack of audit committee and ,1 participants (5%) vote to lack of reporting system for legal & illegal .

CHAPTER FOUR: LITERATURE REVIEW

4.1. Nursing care standard practices

4.1.1 Nursing Care

Nursing is a complex profession and involves multiple types of consumers of nursing/midwifery care. Nursing care is a dynamic process involving change in the client's health status and age over time, giving rise to the need for new data, different diagnoses, and modifications in the plan of care. Therefore, evaluation is a continuous process of appraising the effect of nursing interventions and the treatment regimen on the clients health status and expected health outcomes (8).

4.1.2 Standard of Practice.

The Standard of Nursing Care Practice describes a competent level of nursing care as demonstrated by the critical thinking model known as the nursing process. The nursing process includes the components of assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. Accordingly, the nursing process encompasses significant actions taken by registered nurses and forms the foundation of the nurses decision-making (3). Nursing care Standard Practice is the professional nursing activities that are demonstrated by the nurse through the nursing process. The nursing process is also an organized, systematic and holistic approach to nursing through which nursing care provision is organized to achieve patient centered care (4, 9).

The Nursing Care Standard Practice can be used as a form of documentation, a means of organizing work that is patient allocation or primary nursing, an educational tool to help achieve patient centered nursing care. The nursing care standard practice involves the implementation of the nursing process i.e. Assessment, Diagnosis, Planning, Implementation and Evaluation of care (ADPIE). This should be done in collaboration with the patient and/or caregiver(s) (10).

The first step of the Nursing care standard is assessment, which includes the collection, organization, validation, and documentation of the data. It involves taking vital signs, performing a head to toe assessment, listening to the patients comments and questions about his health status, observing his reactions and interactions with others and is a systematic guide for data assessment that permits the identification of nursing problem (1, 4, 11-13).

The second step of the Nursing care standard is Nursing Diagnosis. It includes analyzing the data, identifying health problems, health risks, and the strengths the patient has, and formulating the

nursing diagnoses. The Nursing Diagnosis identifies the needs that require care and determines the degree of dependence on nursing care (11-13).

The third step of the Nursing care standard is the Nursing care Plan, it involves determining the overall nursing care that should be established based on the diagnosis. It also includes prioritizing the patients problems and diagnoses, formulating goals and desired outcomes. This will be used to select nursing interventions to enable the patient to meet those goals (11-13).

The fourth step of the Nursing care standard is Nursing Implementation. It includes the beginning and completion of actions required to achieve results, which involves the implementation and recordation of the interventions performed. It also includes reassessing the client, determining the nurses need for assistance, implementing the nursing orders and documentation of nursing actions (11-13).

The final step in the Nursing Care Standard is Nursing Evaluation. At this stage, it is possible to assess the human response to the nursing care provided (13). Evaluation includes collecting data related to the desired outcomes, comparing the data to see if the patient's goals or outcomes desired were met, relating the nursing actions to the goals and outcomes, evaluating the status of the problem, and continuing, modifying or terminating the patient care plan the human response. Thus, it includes not only analyzing the success of the goals and interventions, but examining the need for adjustments and changes as well (11-13).

Today we are experiencing a gap between patient need and the nursing care standard practice available to meet patient needs. This gap occurs because patients now remain in the hospital only as long as they are acutely ill and clearly in need of nursing care. Once these very acute care needs are met, patients are discharged soon other patients, likely with even higher acuity needs, will be admitted to these beds previously occupied by the recently discharged patients. A greater proportion of beds will then be filled by patients with very high acuity needs. Unfortunately, hospitals have not kept up with the need to provide more nurses to care for this increased number of patients requiring higher acuity care. This gap has led to discussions regarding the quality and safety of hospital nursing care currently provided. The increasing intensity of care, due to a greater number of invasive procedures, more powerful medications, and a growing number of patients with chronic acute illness, has markedly increased the intensity of nursing care needed. In addition, a growing elderly patient population with higher needs for help with activities of daily living has also contributed to the supply/demand gap for inpatient nursing care(14).

4.2. Implementation Status of Nursing Care standards

Despite the importance of the nursing care standard practice, various literatures showed that there exist different challenges in its implementation. A study developed in a Brazilian private hospital showed that the phases of the nursing process were not integrated and that there was a lack of coherence in the prescribed actions related to patient health conditions. They additionally asserted that a lack of preparedness and a lack of a holistic view have hindered the perception and record of the essential care provided (10, 15).

The Nursing care Standards of Professional Implementation describe a competent level of behavior in the professional role, including activities related to ethics, education, evidence-based practice and research, quality of practice, communication, leadership, collaboration, professional practice evaluation, resource utilization, and environmental health. All registered nurses are expected to engage in professional role activities, including leadership, appropriate to their education and position. Nurses are accountable for their professional actions to themselves, their healthcare consumers, their peers, and ultimately to society (11).

A study in Manitoba College explained that the College of Registered Nurses has the legislated authority through the Registered Nurses Act to establish standards of nursing care practice in order to protect the public. Standards of nursing care practice describe how a registered nurse is to practice, at a minimum. This minimum is evidenced by their observable behaviors and actions. It is the responsibility of all registered nurses in Manitoba to understand these standards and be accountable to apply them to their own nursing care standard practice, regardless of roles or practice settings. The policies of employers do not relieve individual registered nurses of accountability for their own actions or the primary obligation to meet the *Standards of Practice for Registered Nurses*. An employer's policies should not require a registered nurse to practice in a manner that violates the Standards of Practice for Registered Nurses. The College provides consultation to assist registered nurses with the application of standards for nursing practice (12, 16).

4.3. Professional Competence in Nursing care Standard Practice

The public has a right to expect nurses to demonstrate professional competence throughout their careers. The nurse is individually responsible and accountable for maintaining professional competence. It is the nursing professions responsibility to shape and guide any process for assuring nurse competence. Regulatory agencies define minimal standards of competence to protect the public. The employer is responsible and accountable to provide a practice environment conducive to competent practice. Assurance of competence is the shared responsibility of the profession, individual nurses, professional organizations, credentialing and certification entities, regulatory agencies, employers, and other key stakeholders (11).

Competent nurses can be influenced by the nature of the situation, which includes consideration of the setting, resources, and the person. Situations can either enhance or detract from the nurse's ability to perform. The registered nurse influences factors that facilitate and enhance competent practice. Similarly, the nurse seeks to deal with barriers that constrain competent practice. The expected level of performance reflects variability depending upon context and the selected competence framework or model. The ability to perform at the expected level requires a process of lifelong learning. Nurses must continually reassess their competencies and identify needs for additional knowledge, skills, personal growth, and integrative learning experiences (12).

4.4. Professional Evaluating Competence of Nursing care Standard Practice

“Competence in nursing practice must be evaluated by the individual nurse (self-assessment), nurse peers, and nurses in the roles of supervisor, coach, mentor, or preceptor. In addition, other aspects of nursing performance may be evaluated by professional colleagues and patients.

Competence can be evaluated by using tools that capture objective and subjective data about the individual's knowledge base and actual performance and are appropriate for the specific situation and the desired outcome of the competence evaluation... However, no single evaluation tool or method can guarantee competence” (8,17).

4.5. Related Risk factors with implementation of Nursing Care standards

Nursing care Standard Practice implementation is affected by different factors. Among those, lack of adequate knowledge and skill of nursing process, lack of adequate supportive supervision, lack of commitment, and lack of nursing audit program and lack of adequate materials for Nursing Process. The important factor in the implementation of the Nursing Process is the capacity of the nurses. The performance of a health organization depends on the knowledge, skills, and

motivation of individuals (4). The study in Addis Ababa showed that highly knowledgeable nurse respondents were 38.913 (Adjusted OR: 38.913, 95% CI: (10.3-147.006)) times more likely to implement nursing care standard than low knowledge group nurses adjusted for working environment, facility, and sex (14). The qualitative result of this study also showed that most of the nurse respondents described that nurses were not committed to implement nursing care standard. Among the reasons this negligence was absence of recognition for highly devoted nurses; their experience with declining value of nursing despite their efforts; and poor payment (14). After a theoretical– practical training during the implementation of the nursing care standard, nurses reported a positive change in their feelings after their initial discomfort and unfavorable perception of the nursing diagnosis ([18]).

The other factor that hinders the implementation of nursing/midwifery care standard is poor supervision. Clinical supervision enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations (3,19). If executed correctly, supervision could be a mechanism for encouraging professional development and improving worker job satisfaction and motivation. Generally, clinical supervision is also important as a tool to support quality improvement, risk management and performance management and building systems of accountability and responsibility (19). Consequently, it has been suggested that in all work settings nurses should receive adequate support and supervision to ensure that they have the opportunity to gain professional knowledge and expand their skills (19-20).

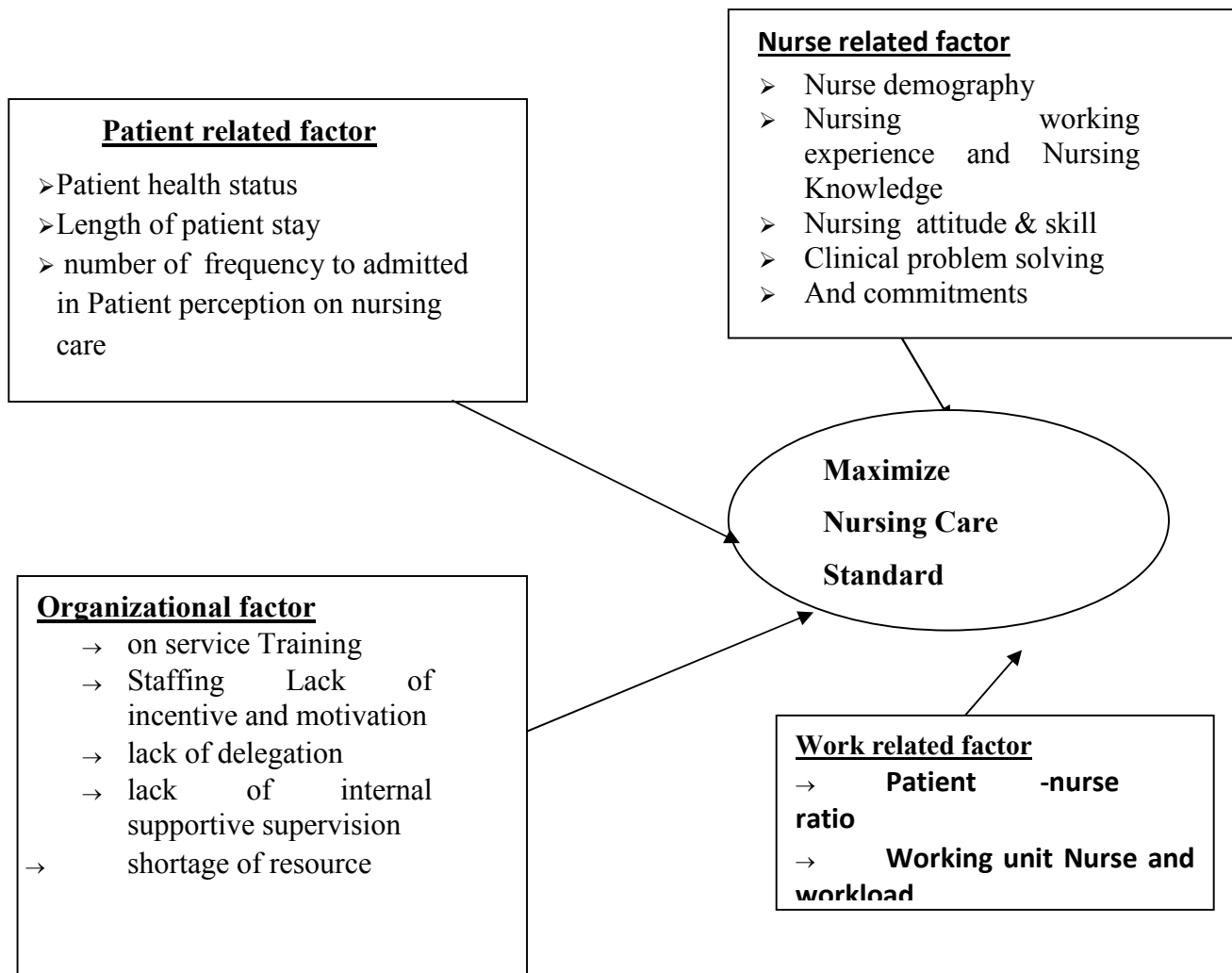
The Ethiopian Quality Improvement and Performance Monitoring (QIPM) guideline states that the responsibility of nurse managers & heads as: communicate and enforce QIPM decisions/action plans to staff in their units; identify problems in performance, discuss and analyze with unit staff; provide adequate and timely feedback and ensure that quality management activities, for Nursing Care Standards, take place within their Case Team (18).

It is reasonable to conclude that the nursing care standard practice is important for the practice of nursing; however, its use is not an easy task. Therefore, a continuous evaluation of how the nursing care standard practice is executed within the health services is required (4).

4.6 Conceptual frame work

The conceptual frame work was adapted and modified from reviewing of many previous studies conducted [17, 19, and 20]. According to the frame work factors like socio demographic of nurses (age, sex, educational level, year of service, position of nurses), knowledge and attitude of nurses, patient related factors (Cooperativeness, Length of stay) and organizational factors those may be either facilitator or barrier factors directly affect the implementation level of nursing process.

Figure 3: conceptual frame work of nursing care process standard implementation evaluation



CHAPTER-FIVE: METHODOLOGY

5.1 Project Area/Setting

Harar is the main town of Harari regional state Administration. It is located in the eastern part of Ethiopia and about 525 Kms away from the capital city of Addis Ababa at an elevation of 1,885meters. Harari regional Administration has been subdivided into 19 town kebeles and 3 rural kebeles. According to statistics office census result, the total population of town is estimated to be 256, 000 of these 124,928 (48.8%) are male and 131,072 (51.2%) are females. Most of the people living in the town are Orthodox and Muslim faith followers. Besides, the major ethnic groups are Oromo, Amhara, Harari, Gurage, Tigrayaweyan, and other ethnic groups live in. The town is surrounded by highland and it has normal temperature. It is bounded by its 3 rural kebeles and other regions such as oromiya regional state from the North and Dire-Dawa administrative from southern west. The harar town has 5 governmental hospitals , 2 private hospitals and 1 army hospital totally the region have 7 hospital .among those Jogel general hospital (**Arbegnoch hospital**) established in **Meyazeya 27,1892 E.C** its one of the oldest hospital and in the region it have established by regime of Menilek II. Jogel General hospital renders a variety of services ,like Gyn & OBS, psychiatry, dental, eye clinic, Gender violence clinic ,MCH ,OPD & IPD, etc.& is utilized as referral hospital nearby towns and regions, It has central and emergency laboratory, x-ray and pharmacy services. Jogel hospital is a general hospital with catchment area population of around 250,000 people and it is one of the most busy and crowded hospital in the region. Jogel General Hospital is the one who is resisted in UNESCO and it is a home and choice of thousands of HIV patients, because it provides services free of charges.

5.2 Project Design

A facility based cross-sectional pre- post interventional study will be employed. The status of the Nursing Care Standard practices before and after intervention, will be assessed by reviewing patient's Medical Records (MRs),at base line observing the care during the care given & patient satisfactions measured by receiving patient feedback by using self-questionnaires in 11 items , & checklists from guide line EHRIG chapter-7 to be used the evaluation checklist which is contain 10 items questions implementation of nursing care process standards already 3(30%) met and 7(70%) unmet measured during a baseline assessment measures of the implementation(adherence)to nursing standards and compared to the implementation status sometime after the introduction of the implement the interventions.

5.3 Data collection instrument

A total of (n=28)Checklist will be employed to identify met and unmet nursing standard, for the nursing director (Merton) will be interviewed using the checklist at the same time the observation will be made to confirm the documentary support. For the base line survey (n=14) and at the post of the intervention implementation for participants (n=14). Reviews a total of **80** participants (n=40 during pre test and n=40 during post intervention) participated on the Nursing care standard Process implementation. These tools are adopted from the EHSTG Nursing Care standard documentation (methods of evaluation).

Observes and reviewed the total of **60** medical records card of discharge patients before 3 month of the base line data collection and post intervention implementation were as (30 cards for pre and 30 for post survey) during base line of where select randomly to evaluate whether or not the nursing care plan documentation complete ,attached in their medical card or not complete and To evaluate the patient perception about the quality of nursing care received from ward nurses .the data collection will be conducted with some interview questionnaires completed by inpatient admitted patients a total of **100** (50 present and 50 post interview)clients who will present in the medical and surgical wards to be admitted in march, 2019, 2nd week before intervention and June, 2019, 2nd week after intervention. The self-prepared questionnaire which contains 10 items question for the clients will be measure patient perceptions by give response <<yes>> or<< no>>. The total score will calculate as the four-point liker scale responses summed across the 11 items on questionnaires. Therefore the possible range of the overall score is 11 to 44. Data are collected at baseline and at the end of the study to compare the nursing care standard implementation status score during pre and post-intervention periods. The same data collection tools, procedures and number of people will be used in both periods to facilitate comparison and avoid possible biases.

5.4 Project population

The study will be conducted in two wards of Jogel General Hospital, namely, Medical and surgical wards, which hosts around 58% of the total hospital admissions. The hospital they have a total of 105 beds among this 64 beds used on both medical and surgical wards (38 at Medical ward & 26 at surgical wards). There are a total of 121 nurse staff in hospital among this staffs 52 nurse work in both wards (33 at Medical & 19 at surgical wards) working at the end of June ,2019. These wards have been selected because of the host majority of the other wards in the hospital admission; having similar measurement tools & avail the majority of the clinical nurses in the hospital. Averagely more than 76% of patients will be admitted within 24 hours in the hospital.

5.5 Sample size and determinant

A total sample size was determined using a sample size calculation formula for comparative interventional study that allows detecting a 28% change in the primary outcome as compare to the possible interventional packages. The parameters used in the sample size calculation will be a 28% change (from p_1 to p_2) in the proportion of nurses who will meet a complete Nursing care standard practice with a confidence level (CI) of 95% and study power of 80%. A 10% contingency was considered to account missing information as a result of loss of respondents. Based on the above assumptions a total of 80 nurse interviewed by using observational checklist 40 nurse before & 40 after the intervention periods to measure the Nursing care Standard practice, A total of 60 medical records were reviewed from the two wards (30 pre intervention & 30 post intervention).The design was used a one-one control and intervention ratio and the sample size is equally divided into both groups. It contains 10 nursing care standard checklists. On the other hand to be taken medical records at each ward (from both wards) prior to three months to the data collection to review nursing process, medical record completeness & medication administration for performance rate of the nursing care standards. & take 100(50 pre intervention & 50 post intervention)respectively. the Sample size was taken from the HPMI manual volunteer participants of Inpatient admitted in wards were for assessing patient centeredness and perception of patients on care givers services. a sample constitutes; the total of sample size was allocated for both wars equally clinics two week prior to the start of data collection. The sample size calculation was shown below.

5.6 Sample size

The sample size calculation was shown below.

$$n = \frac{(Z\alpha + Z\beta)^2 * [P1(1-p1) + P2(1-P2)]}{(P2-P1)^2}$$

Where, n = the required sample size

P1 = the proportion of standard checklists which met a Nursing Care standard practice pre-intervention (before intervention) = 0.42

P2 = the target value of the proportion of standard checklists which met a Nursing Care standard practice post - intervention (after intervention) = 0.70

P2-P1 = the magnitude of a change that was a desired to be able to detect (70%-42%)= 28%

1- α = the level of confidence; (α = 0.05, $Z\alpha$ = 1.645) & 1 - β = the power of the study; (β = 0.8; $Z\beta$ = 0.84)

$$n = \frac{(1.645+0.84)^2 * [0.42(1-0.42)+0.70(1-0.70)]}{(0.70 - 0.42)^2}$$

$$n = \frac{(6.17522) * (0.2436+0.21)}{(0.0784)} \quad n=36$$

And 10% Contingency = 10%(36) = 3.6 Then the total Required Sample Size of nurses $n=36+3.6= 39.6 \approx 40$, but for both pre & post evaluation $n=2*(40)=80$ (40 nurses Pre-intervention and 40 nurses Post intervention)

Total n=80 & a total of n=100 patients participates (50 pre-test ,50 on post test) a sample size take as standard of HPMI by equally proportion for both wards .

5.7 Data collection procedure

Base line data were collected in February, 2018 follows up data in may, 2019, after three months of implementation of nursing care standard practice. The data collection could be conducted & measured by using: (1) Nursing care standard checklists. (2) A semi-structured interview administered questionnaire, with relevant information on socio demographic characteristics of nurses & on awareness & challenges of nursing care standards practice for nurses. Questionnaires were also prepared on managerial challenges of nursing care standard practice for hospital managers. The ten standard checklists were prepared for nurses who were working at the medical& surgical wards. The questionnaires for the data collection were commented by head nurses, matrons, staff nurses, quality officer, as well as interns of medical students. One day training was also given for the data collectors.

5.8 Inclusion and exclusion criteria

5.8.1. Inclusion criteria:

- All inpatient wards nurses/midwives
- Patient cards at medical & surgical wards, all patients admitted in In-patient, at age of >18 years and mentally well

5.8.2. Exclusion criteria:-

- Nurses at emergency department &outpatient department
- Free service nurses & absentees during data collection
- new hired or less than 1yearas work experience nurse/midwifery staff

5.9 Project Variable

5.9.1. Dependent variable

- Nursing care standard practice
- MR completeness standards

5.9.2. Independent variables

- Socio-demographic variables: Age, sex, educational status, working unit, working position, working experience &monthly incomes
- Organizational factors: on service training, supportive supervision, adequate nurses, evaluation, working load, working environment & challenges,
- Nurse related factors: knowledge & Attitude.
- Patient related factors:-staying day ,bed occupation rate

5.10. Operational definition

Attitude: Study participants who have scored above the mean score (≥ 18) of the attitude questions were categorized as favorable attitude (good attitude), and those who have scored less than the mean score (< 18) of the attitude questions were categorized as unfavorable attitude (poor attitude)

Challenge:-the situation of being faced with something that needs great mental or physical effort in order to be done successfully and therefore tests a person's ability.

Favorable attitude: for those who have a mean score of more than or equal to 50% of attitude related questions

Un favorable attitude: - for those who have mean score of less than 50% of attitude related questions.

Implementation of nursing processes in the five Liker scale is never, sometimes, I do not know, usually, and always; those responses of usually and always were taken as implemented and the other responses as not implemented.

Incomplete-refers the patient is classified as not received a complete Nursing Process if the patient has not a documented Nursing ADPIE.

Complete- refers A patient is classified as received a complete Nursing Process if he /she has a documented Nursing ADPIE

Knowledgeable Nurses:-Nurses awareness about nursing process.

- Highly knowledgeable(good) - nurses are those answers $\geq 80\%$ of the questions,
- Moderately(Fair) knowledgeable nurses are those answers in between 55-79.9%, and
- Low (**poor**) knowledgeable nurses those scored $< 55\%$ [12].

Medical Record Completeness (MR)-They are papers that document the nursing/midwifery process & other necessary patient medical records.

Nursing process practice: If nurses perform nursing process using the five steps of nursing process was taken as nursing process practiced, and those who performed less than five steps of nursing process was taken as nursing process not practiced.

Nursing care standard- It is the professional nursing activities that are demonstrated by the nurse through the nursing process.

5.11. Measurements

Nursing process implementation status was measured by using document review. A patient classified as received complete nursing process if she/he has a documented nursing admission Assessment, nursing diagnosis, nursing care plan, nursing implementation and nursing evaluation otherwise, the patient was classified as not received complete nursing process Nursing care process implementation status was also measured for each stage/phase/of nursing process. In this case a patient was classified as receiving a **complete** of the nursing care.

5.12. Data analysis procedure

To assess the overall Nursing care Standard implementation status; the proportion of patient cards with complete documentation of the Nursing Process forms, met & unmet nursing care standard checklist & assessing the number of patients by self-prepared questionnaires which are received the services or not for both pre intervention and post-intervention groups.

Implementation status would be assessed for each of five components of the Nursing Process. A Pearson's Chi – square test would be used to test the difference in the outcome of interest before and after intervention and a P – Value < 0.05 would be considered statistically significant.

5.13. Data quality management

The questionnaire and the checklist for the data collection was commented by staffs of head nurses, matrons, quality officer, M&E officer, other nurses as well as interns. The data collectors were given one day training about the study procedures prior to data collection. Regarding interview guide suggestion was give about questions to be in chronological order and it was corrected as commented.

5.14. Ethical consideration

This study would be approved by AAU ethical committee. an official letter was obtained from the university submitted to the respective organization (Jogel general Hospital)to obtain the permit prior to the starts of the study. Personal identifiers such as Name, and address of patients were not collected to safe guard the confidentiality of the patient

5.15. Plan for dissemination of results

The finalized study results will be presented at public defense forum and will be submitted to Addis Ababa University for possible documentation in the libraries. Copies will also be sent to

hospital management, Regional Health Bureau, Federal MOH, and involved in improving hospital performance. Different opportunities for scientific publications will also be sought.

CHAPTER SIX: INTERVENTION

6.1. INTERVENTION

Among the root causes identified the intervention was planned and implemented. The best intervention was selected based on the political feasibility, cost effectiveness, time required and impact on productivity from march to July, 2019 GC to achieve pre planned target. Initially the hospital would avail and introduce the inpatient standard nursing care process implementation, nursing care documents completeness and medical record formats that are health, nursing care plan formats, medication administration record and discharge summary sheet. On intervention plan the main focus was to create the intervention after selection of best intervention base on the selection criteria previously described.

6.2. Alternative interventions

After discussion with different nurse professionals as total of 14 staffs, comparative analysis of alternative were carried out to select the best interventions for the root cause of the problem.. The followings were comparative analysis of the alternatives.

- ✓ Training of nurses/midwives for supportive supervisor
- ✓ Strength in internal supportive supervisor
- ✓ Delegation of supportive supervisors among trained nurses
- ✓ Providing the nursing process formats as staff required

Table 1: Alternative interventions for root causes at Jogel general Hospital, Harar, 2019E.C

Possible Intervention	
Root cause	Intervention
<i>Lack of on service training</i>	Training of selected staff nurse on nursing care standard process implementation
	Strength Internal supportive supervision
	Delegation of selected nurse for supportive supervisor
	Providing the nursing process formats as staff required

6.3. Selection Of The Best Interventions

Based on the real root cause (lack in service training) of the problem for nursing care standard practice identified, the hospital CEO, matrons, quality officer, Monitoring & Evaluation officer, plan officer, the head nurses/midwives, the nursing audit committee & selected staff nurses with a total of 16 staffs had listed the alternative interventions as indicated below (see table-2 below).

The best intervention had been selected based on the following four Evaluative Criteria, participate in the comparative (comparison) and selection of the best alternative intervention after evaluation of each intervention .

-Based on the following **four** Evaluative Criteria, namely:- impact on the problem, resources (cost), time required to implement, and political feasibility select best intervention among as .see the following Table-2

Table -2: Comparative analysis of alternatives using the Qualitative Options Appraisal analysis at Jogel General Hospital, Harar, Ethiopia, 2019

Criteria	Impact	Cost	Time	Feasibility	Total
training of selected staff nurse for nursing care process implementation	5	4	5	5	19
Delegation of nurse for the supportive supervision among nurses	5	4	5	4	18
Strength internal supportive supervision	4	5	3	4	16
Provide nursing process forms	3	4	3	4	14

N.B:-The results showed that, if each evaluative criterion was weighted equally, training of selected nurse on nursing care process implementation (EHSTG-Vol-1) and medical record document completeness, it was best intervention with a total score of 19, followed by Delegation of nurse for the supportive supervision by scoring a total of 18, Strength internal supportive supervision with a total score of 16 and the lowest intervention alternative was Provide nursing process forms by a total score of 14, However, since the impact of Option 1 and 2 on solving the problem were highest compared to Option 3 & 4; because the hospital had a better understanding & financial capacity to solve the problem & the selected Option 1 was as the best alternative intervention for the solution.

CHAPTER-SEVEN: IMPLEMENTATION

7.1. Refreshment In Service Training For 15 Staff Nurses

Before this project initiated in our study area the practice of EHSTG and KPI was in place but, the operational standards was not achieved as planned because staffs didn't get adequate training as observed from training documentation, protocol developed by the Department to be used by the staffs when giving care to their clients but the activity was not reported for supportive supervision and nurse directors. Because of this problem based on previous proposal give three day onsite training for 15 nurses collected from Medical ward, surgical ward, 2 General practitioners, 2 general ICU staff and 1 medical record room staffs .the Training basically concentrated on EHSTG (Chapter 6 Medical Records Management and Chapter 7 Nursing and Midwifery Care Services). The training was given by quality unit officer and Matron Nurse who got training of trainers (TOT) on revised hospital performance monitoring and improvement manual, EHSTG and Nursing and Midwifery Care Services.

7.2. Delegation Of Supportive Supervisor Nurses

The Delegation of Nurse Supportive Supervisors to the wards was another strategic package for the better intervention of Nursing Care Standard Practice. Supportive supervision has played a great role to improve the Nursing Care Standard Practice in the wards during the intervention. The individuals involved in this package were selected & trained nurses at the wards. The nurse supportive supervisors have mainly direct, coach, mentor & supervises to the junior nurse care givers how to assess every health patterns of the patients by using and categorizing of North American Nursing Diagnosis Association (NANDA).

Supervisor Nurses: are responsible for the overall function of nursing activities in the hospital on duty and are accountable to the Nursing Director. A close follow up of the implementation of the Nursing Process was also been made by the Ward Head Nurses during the working hours. The Ward Head Nurses has checked the implementation status of the Nursing care Standard Practice on daily and weekly bases. In addition, implementation status of the Nursing Care Standard Practice has been evaluated every month by nurse audit Committee of the hospital and reported on the quarterly board of hospital meeting by SMT .Finally, the activity was incorporated in BSC which is part of Business Processing Reengineering and conducted two times per year that is every six months for medical record completeness evaluation and for nursing care standard evaluation at least staff nurse report what to perform monthly for internal supportive supervisor

/nurse directors /and SMT combined quarterly and reported on quarterly board meeting . The basic idea behind was that it grasped the attention of technical staffs to use their effort to get higher score for different incentive packages. The 2 main categories of questions to be answered in review form were presence of all 7 formats with all entries dated and signed and implement standard nursing care (five steps of nursing process ADPIE) for all in patient admitted clients. As it was noted from base line assessment completeness was 56% medical records were attached although and only for 42%or less than the average of inpatient admitted clients to be implement standard nursing care immediately within 24 hours practices by health care providers. were as completed medical records that indicated no format shortage. Therefore, all staffs in inpatient department were given duty to document correctly according to knowledge gained from training on EHSTG (Chapter 6 Medical Records Management and Chapter 7 Nursing Care Services practices) and complete inpatient medical record using the guideline developed as job aid in time for implementation accomplishment

7.3. Strengthening of Nursing audit committee

Nursing Audit committee was established in Jogel General Hospital 3 months before this capstone project had been conducted. Even though it had been established, the audit committee had not been skilled with practical experience & then, the Nursing Audit committee needs to be strengthened & supported by skilled professionals & equipped with necessary materials. A three Focus Group Discussion had been held with the committee to identify gaps, to exchange experiences on other similar hospital and to develop Term of Reference (TOR) & evaluating checklists during the intervention period.

7.4. Preparation of New Nursing/midwifery Process Formats based on the wards request

Another interventional package was provision of new Nursing/midwifery Process Documentation Forms. The former format had unclear & incomplete basic elements (components) like evaluation column. In addition to missed valuable points & it was wastage of time to record everything there. But the new format had avoided the above mentioned problems & facilitates the care givers to record, & selects the important interventions with simple alternatives. The orientation had been given for the in-patient staff nurses for how to record or document about the new nursing process formats. The overall Implementation was lasted from march-June 2019 for 5 months duration. We also developed facility based guide line on inpatient medical record completeness with specific

role and responsibility for all technical staffs (physicians, nurses, and other staffs (medical record staffs and SMT) working in Jogel General Hospital for enhancement and sustainability of the project

7.5. INDICATORS

➤ Process Indicators

- Availability of nursing care formats and other necessary resources
- Development of guide line and procedures
- Availability of on job training for staff of EHRIG manual

➤ Outcome indicators:-

- These are indicators which indicate the immediate result of an intervention to met.
- The overall percent score of nursing care standardize practices to all patient within 24 hours.
- The overall percent score of completeness of inpatient medical records % pre-intervention to % post-intervention was the outcome indicator of this projects.

CHAPTER-EIGHT: RESULT

8.1 Socio-demographic characteristics of nurses/midwives works in Jogel general hospital

A total of eighteens nurses (40 before & 40 after interventions) were interviewed & yielding a with responses rate 100%. were 27 (68%) was females respondents and 48% of the total were found within age categories of 30 to 39 at pre& post-intervention periods respectively. mean age of the respondent was 34.5 years were at pre & post intervention periods and standard deviation is $SD \pm 5.8$ at pre intervention and at post intervention periods. Socio demographic characteristics of the respondent showed in table-1below. The majority of respondents 33(82%) were BSC nurse professionals, the remaining 17(18%) were diploma nurses/midwives. Most of the respondents 25(62.5%) were working at medical, 13(32.5%) from surgical wards and 2(5%) from general ICU. Work experience of nurse/midwife varies from 1 to 5 years 13 (32.5%), the majority lies within the category of 6 to 10 years 16 (40%), were as 9(22.5%) of nurses had lied within the categories of between 11 to15 years, and the rest of 2(5%) working experience was greater than 15 years

Table:-3 Socio-Demographic Distribution of respondent, Jogel Hospital, East Ethiopia, 2019.

Characteristics N=40	Category	Frequency	Percentage	Cumulative.%
Age	20-29	13	32.5	32.5
	30-39	18	45	77.5
	40-49	6	15	92.5
	>50	3	7.5	100%
Mean age (SD)=32.2(5.8)& df=3 and t-value is 0.21				
Sex	Male	17	42.5	47.5
	Female	33	57.5	100
Marital status	single	8	20	20
	Married	25	62.5	82.5
	Divorce	4	10	92.5
	Windowed	3	7.5	100 %
Educational status	Diploma	7	17.5	17.5
	BSC(degree)	33	82.5	100Cuml%
Year of Experience	1-5	13	32.5	32.5
	6-10	16	40	72.5
	11-15	9	22.5	95
	>15	2	5	100%
Respondent working unit	Medical	25	62.5	62.5
	Surgical	13	32.5	95
	General ICU	2	5	100%

8.2 Implementation status of standard checklists (stand.1,2,3, 5, 6, 8,10)

A total of 10 nursing care standard checklists were used in this capstone project both in pre and post-intervention periods to evaluate the implementation status of nursing care standards in the Ethiopian Hospital Service Transformation Guidelines. Determine the improvement of the standards. In this section (section 8.2.) only had explained the 7 standards (except standard 4 & 7) were evaluated; because the two standards (4 & 7) orders to review the document for nursing process & for medication administration in medical record completeness (please see the above table-4 & 5 respectively). During the intervention period the improvement of the nursing care standard practices in 7 standards; which have each indicators has **14.2** (100 / 7) points. some changes were made in may to march, 2019 & the standards were met and improved in 28.4% ranges as a result of intervention taken in standards (see the above table-4). At the end of the project duration, the improvements had been achieved as a result of the standards performances & the analysis of data from the baseline regarding the number of met standards showed a change from 3(42%) to 5(70.8%) in 7 standards . Generally, the change in the number of nursing care standards practices in Jogel General Hospital ranged from 42% in pre-intervention to 70.8% in the post intervention.

Generally, There for the implementation status of nursing care standard practice was increased from base line of 42% to 70.8% in pre & post-intervention periods respectively and also the Medical Record completeness(MRC) a base line assessments before one years had only 56 % completed after create awareness' in services for 15 selected nurses it improved into 71%MR completed.

Table-4 The implementation status of nursing care standards from 7 observational standard checklists in Jogel General Hospital, in February to June, 2019Ec.

Accomplishments of activity	Time to be achieved	No. of standard indicators Mets	% of-standard indicators Mets
During pre- intervention	In February	3/7	42.4
On Intervention follow up	From march-May	2/7	28.5
Post intervention	At June	5/7	70.8%
Pre-post difference	At June,2019	2/7	28.5

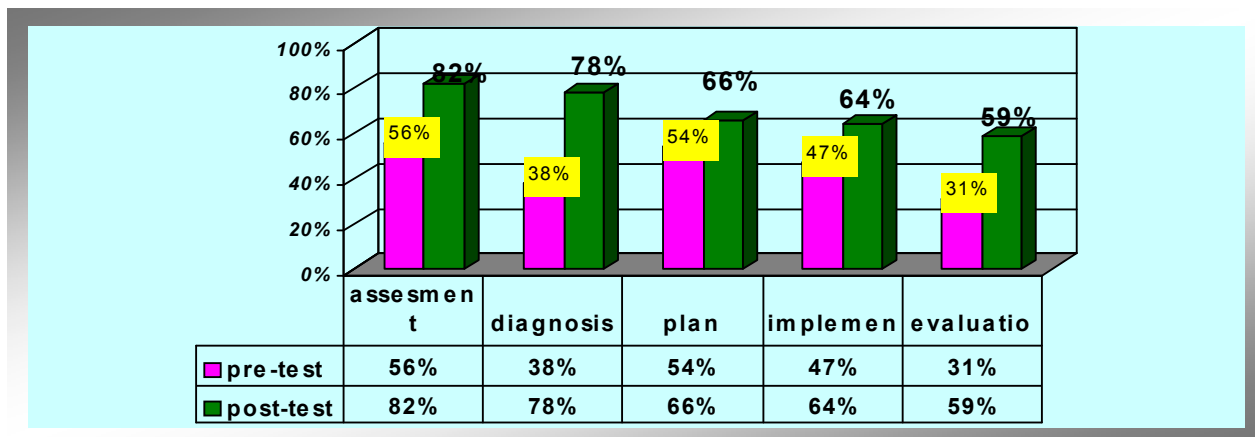
8.3 Implementation status of nursing care standards Practices (Standard 4)

A total of 80 Medical cards of Discharge patients was reviewed ,40 cards during pre intervention and the remain 40 during post intervention periods. For assessing and evaluation after implement intervention for met the unmet standard indicator-4 or (Standard 4) ,the proportion of patients who had documented nursing care process implementation improve after intervention Overall Nursing process evaluation increased from the base line of 42% to70% at Medical and surgical wards of Jogel general hospital that is Admission Assessment (56% to 82%) Diagnosis(38 to78%) , Nursing Care Plan(54 to 66%) , Implement (47 to 64%) and nursing Evaluation(31% to 59%) as shown below in table -4

Table 5: pre-post compactions of the nursing care standard practices evaluation checklist

1.Standard Nursing Care process component	Pre-intervention(n=40)		Post intervention(n=40)		Chi-square test(P-value)
	Complete	Incomplete	Complete	In complete	
Admission Assessment	56%	44%	82%	18%	0.073
Diagnosis	38%	62%	78%	32%	0.0201
Nursing Care Plan	54%	46%	66%	44%	0.0225
Implement	47%	53%	64%	36%	0.0301
Evaluation	31%	79%	59%	41%	0.0152
Overall Nursing process	42%	58%	70%	30%	0.0173
The chi-square statistic is significant at the 0.05 level.					

Figure 3: Show the achievement in specific indicators(indicator-4) in standard nursing care process in Medical and surgical ward of Harar Jogel general Hospital, 2019E.c



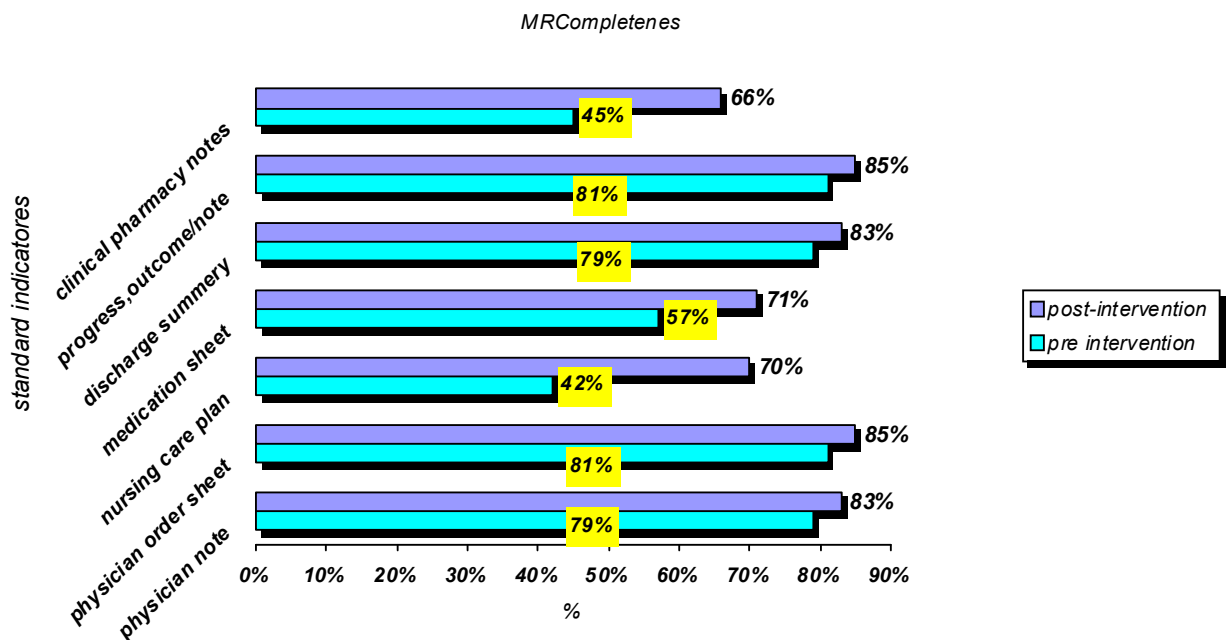
8.4 Implementation status of medication administration in medical record completeness (Standard 7)

A total of 60 Medical cards of Discharge patients was reviewed and observed 30 card during pre intervention and the remain 30 during post intervention periods. those 30 cards reviewed during standard indicator -7 data collected during base line Analysis and evaluation after implement intervention of The nursing care plan documentation attachments from medical card of discharge patients 3 month before data collectors take base line and take post intervention medical document attached in analysis of each indicators as shown below medical record completeness standard formats it have 5 indicators among those 3 were completed by physician such as In patient physician notes, physician orders and discharge summary including names and signature, and Two of them fill by nurse such as nursing care plan and medical administration sheets with name of nurse and signature after final evaluation availability Presence of patient form & physician signed (79% to 83% %), Physician order sheet note& signed (81% to 85%), Nursing care plan done & signed (42% to 70%), Record all medication administration & signed (57% to 71%), Discharge summary present & signed (53% to 67%), Discharge outcome (death Improve, disappear, self-discharge...) (45% to 64%) and Name of nurse clinical pharmacy records (30 % to 61 %). There for the improvement it has increases from base line of 56% to 71% in post intervention, but it has less than the objective of 79% showed that the following table -5 and

Table -6 - Comparison of the pre and post intervention the medical administration documented ,attachments and completeness of medical record.

Component of Medical documents completeness	Pre intervention(n=30)		Post-intervention(n=30)		Chi square Test(Value)
	Complete	incomplete	Complete	incomplete	
Presence of patient form & physician signed	79%	21%	83%	17%	0.037
Physician order sheet note& signed	81%	19%	85%	15%	0.0352
Nursing care plan done & signed	42%	58%	70%	30%	0.0238
Record all medication administration & signed	57%	43%	71%	29%	0.039
Discharge summary present & signed	53%	47%	67%	23%	0.0209
Discharge outcome (death Improve, disappear, self discharge...)	45%	55%	64%	36%	0.026
Clinical pharmacy records notes	30%	70%	61%	39%	0.015
Final result	56%	44%	71%	29%	0.027

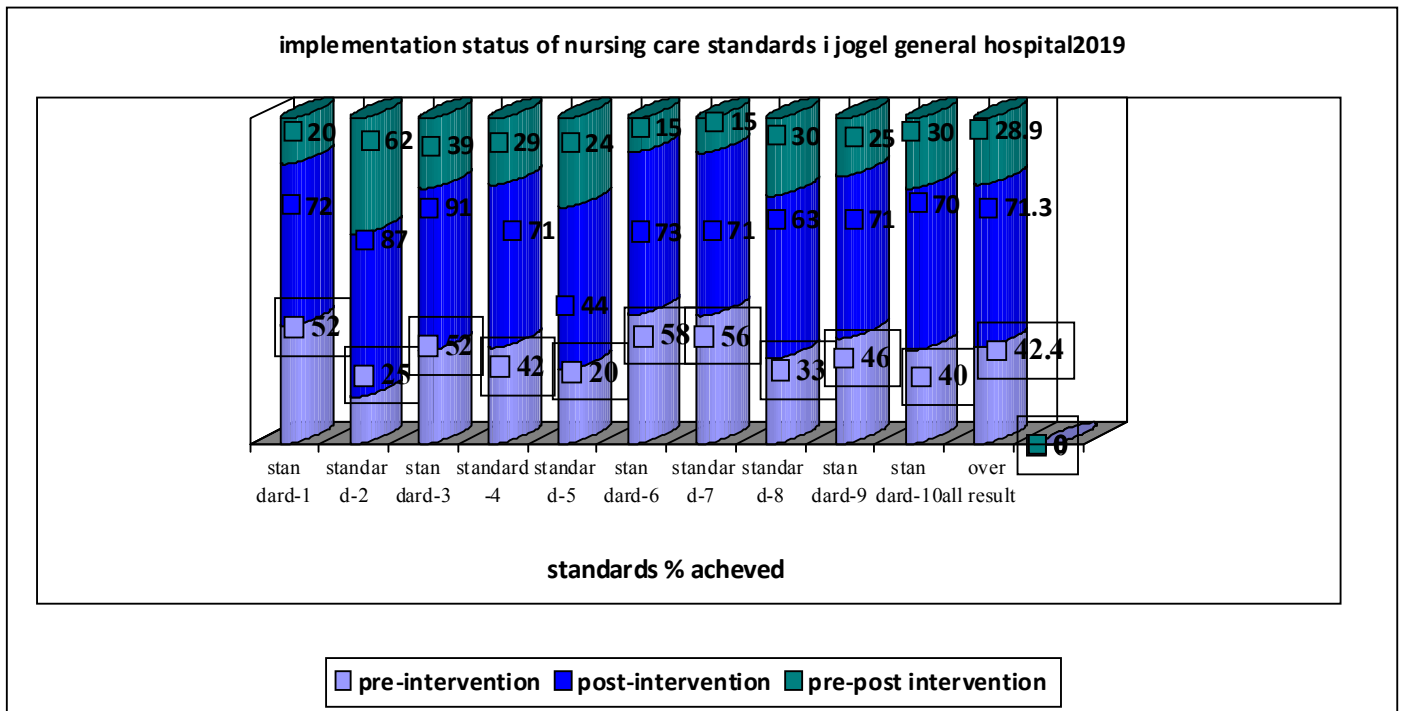
Figure 4: Show the achievement in medication documentation competence nursing care in Medical and surgical ward of Harar Jogel general Hospital, 2019E.c



8.5 The overall implementation status of the Nursing care standards .

Generally, the overall implementation status of the nursing care standards practices were the summation of the 10 nursing care standard checklists that had been displayed in the following graph (fig-5). Therefore, the implementation status of nursing care standard practice was increased from 40.2% to 71.7% in pre & post-intervention periods respectively.

Figure-5 he implementation status of Nursing care standards from all (10 standards) nursing care standard checklists



As Federal Ministry of Health the expected criteria that every component of standards should be implemented more 80% as a cutoff point with good performance rate. If every standard implements more than 80%, it will lead to the quality of service & patient satisfaction. According to this concept, in this study standard-2&3 have been implemented more than 80% and standard-1,4,5,6,7,8,9 & 10 have been implemented less than 80% as described in fig-5 above. The average implementation status of medical & surgical wards were increased from 42. % to 70.8% from baseline to post-interventions respectively.

8.6 Knowledge & Attitude of nurses on nursing care standards

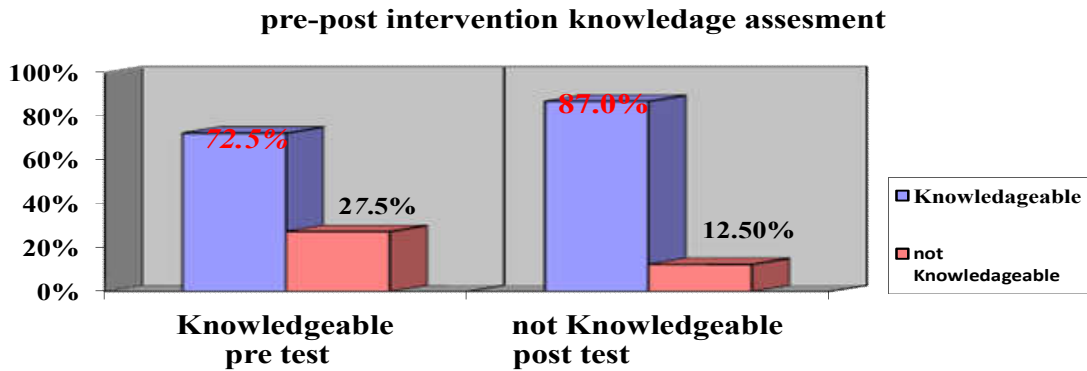
8.6.1 Knowledge assessment

A total of 80 participants assessed for Knowledge and attitude among this 40 assessed during base line period and 40 respondent assessed after implement intervention at the pre intervention regarding the Knowledge assessment of nurses majority of respondents related concepts about standards. Regarding the knowledge assessment of the nurses Questionnaires were measured as a correct answer and as Incorrect answer among 40 pre intervention respondents a majority of respondents **29(72.5%)** had give correct answer, the remain **11(27.5%)** respondents on the Incorrect answered given during pre intervention period. After post intervention to be categorize and over all evaluates as the following ,such as for the purpose of analysis and we believe that there is no as such difference between the good & and fair knowledgeable .Therefore the two group are combined together and have two category only, Knowledgeable and not knowledgeable. Regarding the knowledge assessment of the nurses, among 40 post intervention participants the majority of respondents **37(87.5%)** respondents given the correct answered on component of nursing knowledge evaluation questioners, the remain **3(12.5%)** respondents **not** knowledge on nursing care Process standard practices and given Incorrect answers see the following **table-6**. Highly knowledgeable nurses were 3 times more likely and significantly associated with implementation of nursing process than low knowledge group nurses (COR: 3, 95%CI: 6.348-73.6985), P: <0.0017). Knowledgeable nurses were positively and significantly associated with implementation of nursing process (COR:)

Table-7- pre post percentage distribution of nurses' knowledge about nursing process among nurses in Jogel general hospital, Harari regional state Ethiopia 2019E.c (n=80)

Variables	Preintervention (n=40)		Post-intervention(n=40)	
	Correct No/ (%)	Incorrect No /(%)	correct No/ (%)	Incorrect No/(%)
The first step on your nursing process	31(77.5%)	9(22.5%)	38(95%)	2(5%)
The primary aim of Gordon approach	18(45%)	22(55%)	32(80%)	8(20%)
One is not included under the activities to be performed in the planning phase of nursing process	27(67.5%)	13(32.5%)	36(90%)	4 (10%)
should do collection data at the first step of nursing process	23(57.5%)	17(42.5%)	37(92.5%)	3 (7.5%)
What makes nursing diagnosis different from medical	19(47.5%)	21(52.5%)	33(82.5%)	7(17.5%)
In your organization who is mandatory for the better accomplishments of nursing process	25(62.5%)	15(37.5%)	35(87.5%)	5 (12.5%)
select your roles during implementation phase of your nursing process)	27 (67.5%)	13(32.5%)	34 (85%)	6(15%)
One could not be a guide for evaluation of nurses performance in nursing process	19(47.5%)	21 (52.5%)	29(72.5%)	11(27.5%)
Write one full actual nursing diagnosis	21(52.5%)	19(47.5%)	37(92.5%)	3 (7.5%)
Disturbed sleeping pattern related to unresolved fears and anxieties as evidenced by difficulty in falling /remain asleep. Identify the problem, etiology and sign/symptom of the above nursing diagnosis	26 (65%)	14 (35%)	33(82.5%)	7(17.5%)
Which nursing diagnosis is better to solve a patients problem with diabetes mellitus chronic complication in the future?	22 (55%)	18(45%)	32 (80%)	8 (20%)
Over all evaluation result	29(72.5%)	11(27.5%)	37(87%)	3(12.5)

Figure-6-pre-post comparison of knowledge distribution on nurses work in jogel general hospital in 2019



8.4.2 Attitudinal assessment

For the attitude assessments of 80(40 pre-intervention &40participant on post intervention period respectively participates nurses who had work in Jogel general hospital medical and surgical wards.

During pre-intervention period around 27 (67.5%)strongly agree and agree respondent has willing to implement nursing process,4(10%)neutral respondents and 9(22.5) disagree &strongly disagree response. at the same time 34(85%) strongly agree and agree respondent has like(known)the aim of implementing nursing process,5(12.5%)of respondents neutral respondents&1(2.5%)strongly disagree known aim nursing process of respondents on like the aim of nursing process,15(37.5%)strongly agree and agree respondents to be fed up with frequently hearing of nursing care,3(7.5%)had neutral respondents and the remain 22(55%)had disagree or strongly disagree to fed up with hearing about nursing care process. staff response on introduction of NP will cause a problem where as 14(35%)strongly agree or agree responses ,4(10%)neutral response on introduction NP will causes problem and 22 (55%) disagree or strongly disagree respondents and also 22(55%)of respondents strongly agree or agree on staff not willing to apply NP,10(40%)neutral respondents and8(20%) disagree or strongly disagree on staff not willing to implement NP.12(30%)strongly agree or agree don` t see need to utilize NP,5(12.5%)neutral

respondents and 23(%)has disagree or strongly disagree on not see the need to implement the NP, lastly on the question of NP enable nurses to provide quality of nursing care 24(60%)strongly agree or agree,5(12.5%)neutral respondents and 1(2.5)disagree or strongly disagree respondents. But after implementing the selected intervention or post intervention the result dramatically changes During pre intervention period around 37 (92.5%)strongly agree and agree respondent has willing to implement nursing process,0(0%)neutral respondents and 3(7.5%) disagree &strongly disagree response. at the same time 37(92.5%) strongly agree and agree respondent has like the aim of implementing nursing process,2(5%)of respondents neutral respondents&1(2.5%)strongly disagree known aim nursing process of respondents on like the aim of nursing process, others 7(12.5%)strongly agree and agree respondents to be fed up with frequently hearing of nursing care ,83(20%)had neutral respondents and the remain 25(62.5%)had disagree or strongly disagree to fed up with hearing about nursing care process. staff response on introduction of NP will cause a problem 4(10%)strongly agree or agree responses ,7(12.5%)neutral response on introduction NP will causes problem and 29 (72.5%) disagree or strongly disagree respondents on introduction of NP to cause problem ., also 4(10%)of respondents strongly agree or agree on staff not willing to apply NP,2(5%)neutral respondents and34(85%) disagree or strongly disagree on staff not willing to implement NP.9(22.5%)strongly agree or agree don't see need to utilize NP,0(0%)neutral respondents and31(77.5%)has disagree or strongly disagree on not see the need to implement the NP, lastly on the question of NP enable nurses to provide quality of nursing care 34(85%)strongly agree or agree,2(5%) neutral respondents and 4(10%)disagree or strongly disagree respondents. After post intervention to be categorize and over all evaluates as the following ,such as for the purpose of analysis and we believe that there is no as such difference between the strongly agree /agree & strongly disagree/disagree. Therefore the two group are combined together and have in three category only, strongly agree, neutral and strongly disagree. When you compares pre-post tests the result changes significantly for more information see table -7.

Table-8 The attitude of the respondents toward the nursing process in Jogel general Hospital, East Ethiopia 2019(n=80)

Attitude-evaluators variable	Pre-intervention(n=40)			Post intervention (n=40)		
	SA+A%	neutral%	D+SD%	SA+A%	Neutral%	D+SD%
I am ready/willing to implement nursing process	67%	10%	23%	93%	0%	8%
I like the aim of nursing process	85%	13%	3%	93%	5%	3%
I am fed up with hearing About the nursing process	38%	8%	55%	18%	20%	63%
I think introduction of NP will cause a problem	35%	10%	55%	10%	18%	73%
I think the nursing staffs have no willingness to apply NP	55%	25%	20%	10%	5%	85%
I do not see the need to utilize the nursing process.(it take time)	30%	30%	12%	23%	0%	78%
Nursing process enable nurses to provide quality of nursing care	60%	13%	28%	85%	5%	10%
Over all evaluation in %	52.8%	15.7%	31.6%	47.7%	7.57%	44.7%

key SA+A= a sum of strongly agree and agree , SD+D=strongly disagree and disagree

8.5 Challenges Reported by nurses towards implementation of Nursing Care Standards

Almost all of the respondents (before 40 & after 40 nurses/midwives in both periods) mentioned that the major challenge in implementing status of nursing care standards process in the medical and surgical wards of hospital was 33 (82%) of respondent said that in adequate number of nurse (patient-nurse ratio is disproportion), the other main respondent complain were as Absence of in Service training 38(95%) during pre analysis, Most respondents including Matrons ,head nurse and administrative bodies had believed that the hospital had 2 years ago not give on job training because of lack of budget and commitments of managements body and currently not known the other factor that affect the on service trainings .other challenge has Knowledge gap on the standard nursing process format in EHSTG (chapter 6 and 7) it have another challenge in harar Jogel general hospital. As they stated that only some of higher officials or managers have known about Nursing Care Standards in the EHSTG, more than 31(77.5%) of nurse had no read or referred the nursing/midwifery care standards in the EHSTG during their intervention time at the wards. On the other hand, the majority of the respondents stated that there was lack of recognition

and motivation(74%) and other respondents` shortage of nursing care formats and other supplies material 25(63%) and Nursing medical administration record document not record correctly from 26(65%) at pre intervention period respectively. This result changes after implementation of intervention (post-intervention). Complain rate of respondent on the Patient –nurse ratio is change from (82% to 58%),other the Absence of in service training(workshops) from(95% to 60%), knowledge gap on the standard nursing process guideline of EHSTG Chapter7&6(77.5 % to 34%),Shortage of nursing process format and other resource from 25-11or(63% to28%),Nursing/midwifery process document not record correctly from(65% to 43%) and only staff recognition and motivation to be unchanged (74%)pre and post-intervention period respectively Please see in the following tables -9

Table-9 The challenge that reported by staff nurse on implementation of standard nursing care process guide

Challenge reported by staff nurse (n=80)	Pre Inter (n=40)		Post Inter. (n=40)	
	Number	%	Number	%
Inadequate Number of Staff in the wards	33	82%	23	57.5%
Absence of in service training(workshops)	38	95%	24	60%
knowledge gap on the standard nursing process format in EHSTG chapter 6 and 7	31	77.5%	16	34%
Nursing p process document not record correctly	26	65%	17	43%
Shortage of nursing process format and other resource	25	63%	11	28%
Lack of recognition and motivation	30	74%	30	74%

8.6 Professional related characteristics of practice of nursing process

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Regarding the data collected by self-administered questionnaire to 80 staff nurse during 40 during base line assessment and 40 during post intervention observe and characteristics of nurses related to nursing care process implementation. Among 40 respondent 36 (90%) of the respondents had no misbehavior record during pre intervention periods and 36(90%) during post intervention on their personal file while 4(10%) had misbehavior record on the personal file. Regarding on methods used to make work visible 22 (60%) of the respondents were recording every activities and 18(40%) the respondents were not recording every activities, 34(85%)respondents use the nursing process for patients, the remain 6(15%)respondent not implement , and 24(60%) what performed to work on patient problem,16(40%)not performed to work on patient problem and also 26 (65%) where reporting the work done for supportive supervisor and nurse directors ,the remain 14(35%) not reporting for supportive supervisor and nurse directors of practice of process and In this study, forty six (26.5%) of respondents were committed knowledge error on practice of nursing and (73.5%) not committed error on practice of nursing process implementation show on the following table-10.

Table -10 Professional related characteristics of practice of nursing process among nurses working in public Jogel general hospitals of Harari People Regional State, East Ethiopia, 2019 (n=80%)

Variables			Pre-test		Post-test	
			No.	%	No.	%
Misbehavior recorded in personal file get evidence from (HRM)	It have Misbehavior recorded	Yes	36	90%	36	90%
		No	4	10%	4	10%
Methods used to make work visible	Recording every activities what perform	Yes	22	55%	32	80%
		No	18	45%	8	20%
	Using nursing process	Yes	27	67.5%	34	85%
		No	13	32.5%	6	15%
	Working on patient problem	Yes	24	60%	31	77.5%
		No	16	40%	9	22.5%
Reporting to	Yes	19	47.5%	33	82.5%	

	supervisors and nurse director	No	21	52.5%	7	17.5%
	Is there Audited committee evaluate your performance	Yes	22	55%	30	75%
		No	18	45%	10	25%
	Nothing to do	Yes	23	57.5%	38	95%
		No	17	42.5%	2	5%
Clinical error	committed	Knowledge error	24	60%	11	27.5%
	Not committed	Knowledge error	16	40%	29	82.5%

8.7 Patient responses on quality of nursing care practices in Medical and surgical wards of Jogel general Hospital, Harar East Ethiopia 2019(n=100)

Socio-Demographic Characteristics of Patient Respondents that Admitted in Inpatient Departments of Harar Jogel general hospital, the response rate for patients was 98%. More than half of our respondents 59(60%) were females. Majority of respondents 51 (52.4%) were fall between the age of 19 - 40 years old (old adolescent age group) the others 47(47.9%) fall on the age of > 40. On the assessment, 47(47.9%) of respondents were married. On the other side nearly half of patients 39(48.7%) were illiterate and most of them were housewives. Beside this out of all patients, 41(51.25 %) were Muslims and most of patients had no history of previous admission 54 (55%) the remain 44 (45%) respondents are more than one time to admitted in this hospital and almost more than half respondents 59(60.2%) has comes from rural area see table-11

Table-11 Socio-Demography of patients admitted in medical and surgical ward at Jogel general hospital (n=100)

Variable	Category	Frequency	Percentage	Cuml. %
Age	<18	0	0	0
	19-40	51	52.4%	52.4%
	>40	47	47.9%	100%)
Sex	Male	39	40%	40%
	Female	59	60%	100%
Marital status	single	26	26.5%	26.5
	Married	51	52%	78.5
	Divorce	18	18%	96.5
	Windowed	3	3.5 %	100 %
Educational status	1-8	13	13%	13

	8-10	21	26%	39
	>10	16	16%	52
	illiterate	47	48%	100%
Living area	rural	59	60.2%	60
	urban	39	39.9%	100%
Admitted frequency	New	54	55%	55
	repeated	44	45%	100%

Among a total of 100 participants for this survey to take 50 in patient admitted clients participates during the baseline assessment period 24(48%)has give <yes >answer and satisfied by nurses services the rest 26 (52%)respondent <not>and not satisfied by nurse care process services ,but after intervention implemented the from post respondent of 50 participants that of 42(86%)had give <yes> we get the Quality nursing care process and satisfied by nurses services in the wards and the remain 7(14%) respondent <no > and not satisfied by nurses services .on overall evaluation the majority of inpatient admitted patients reviews to get quality nursing care process more than previous staying periods in this hospital and to be rate a quality health delivery get from organization see more detail information on following table-12

Table -12 pre-post Comparison of patient perception on Nursing care from care provider by say <yes>score that of patients admitted in medical and surgical ward of Jogel General Hospital .in 2019

No	Question on quality Nursing care perception	Pre-yes(n=50)		Post-yes(n=50)		Pre-post Yes	
		Yes	%	Yes	%	Yes	(%)
1	Do you the Nurse call you by you name	27	54%	45	90%	17	34%
2	Do you know the name of nurse to give you a care	24	48%	43	86%	19	38%
3	Do you nurse assesses you immediately during admission time	28	56%	47	94%	19	38%
4	Do you nurse inform you about the finding	22	44%	39	78%	17	34%
5	Do you the nurse give chance talk with you	21	42%	45	90%	24	48%
6	Do you your care giver nurse polite or not	27	54%	42	84%	16	32%
7	Do you the nurse keep your Privacy	19	47%	45	90%	26	52%
8	Do you the nurse willing to your request	23	46%	38	76%	15	30%
9	Before giving you new medication the nurse to explain the possible advantage and disadvantage of the drug	27	54%	44	88 %	17	34%
10	The nurse do you often bed making & bed side kept clean	23	46%	40	80%	17	34%

Over all evaluation result	24	48%	42	84%	19	36%
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8.8 Challenges in depth interviewed from hospital managers

An in-depth interview was done with the administrative body of hospital including CEO, CCOs, M/E officer, Quality officer, Nursing directors, and nurse heads. A total of 28 respondents were interviewed with 75% respondent rates it's involved in both intervention periods (14 before -intervention) and (14 respondents after intervention). Eight of the respondents were females. The mean age of participants were 34 years (SD=6.302). Participants of the interviewee had mean total work experience of 11.87 years (SD=8.157). The respondent's average number of years in their current job position was 2.53 (SD =1.552), ranging from 1 to 6 year. 12(86.7%) of the hospital managers & 13(92.8%) of them said that there were lack of its own budget allocation about the nursing care standards implementation in the hospital before intervention & after intervention respectively. And 12(86.7%) of the managers said that the nurses were without recognition & motivation in both in pre & post-intervention periods. According to the managers 12(86.7%) & 9(64.3%) of the nurses were unable to train the nursing care standards before & after intervention periods respectively. In addition to the above challenges, the managers had mentioned several important challenges that hindered the implementation status of the nursing care standards in following table (See table 13 below). The above mentioned challenges were also mentioned & supported by nurse respondents in more than 75% before & after intervention periods.

Table 13: The challenges that had been reported by hospital managers on nursing care standard practices (Organizational related factors)

Organizational related Challenge reported by hospital managements % CEO (n=28)	Pre-intervention (n=14)		Post-intervention (n=14)		Pre-post difference	
	number	%	number	%	number	%
Inadequate number of professions	6	42.8	2	14.3	4	28.5
Lack of budget allocation on standardize NCI	12	87.4	7	50	5	36
Nurse unable train on the nursing care standards	12	86.7	9	64.3	3	22.4
Nursing audit committee didn't continuously supported by M&E and quality officers	10	71.4	8	57	2	14.4
Workers work less than 8 hrs/	11	78.8	6	42.8	5	36
Lack of commitment nurses to do nursing care process	13	92.8	8	56.85	5	36
nurses were not recognition &	12	86.7	12	86.7	0	0

motivation on the last 2years						
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8.9The Over All Evaluation And RESULT

A total of 10 nursing care standard checklists were used in this capstone project both in pre and post-intervention periods to evaluate the implementation status of nursing care standards in the Ethiopian Hospital Service Transformation Guidelines. Determine the improvement of the standards. In this section (section 8.2.) only had explained the 7 standards (except standard 4 & 7) were evaluated; because the two standards (4 & 7) orders to review the document for nursing process & for medication administration in medical record completeness (please see the above table-4 & 5 respectively). During the intervention period the improvement of the nursing care standard practices in 7 standards; which have each indicators has **14.2** (100 / 7) points. some changes were made in may to march, 2019 & the standards were met and improved in 28.4% ranges as a result of intervention taken in standards (see the above table-4). At the end of the project duration, the improvements had been achieved as a result of the standards performances & the analysis of data from the baseline regarding the number of met standards showed a change from 3(42%) to 5(70.8%) in 7 standards . Generally, the change in the number of nursing care standards practices in Jogel General Hospital ranged from 42% in pre-intervention to 70.8% in the post intervention.

CHAPTER-NINE: DISCUSSION

Our project designed interventions like training (on EHSTG and Nursing care standard), incorporation of activity in BSC and development of guide line and come up with the result that could improve maximizing nursing care standards practices and hospital performance in -patient management whereas the projects done so far includes intervention such as training for In-patient Healthcare Worker (matrons, medical record personnel and Nurse) in which awareness and sensitization creation on the importance of nursing care standard process and medical records completeness , Medical record as part of hospital reform and Medical record as part of hospital key performance indicator for quality of care and availing medical record format. The others were standardization of nursing care practices, medical record forms and supervision. to improve the practice of standard nursing process implementation of Nursing Process in Jogel General Hospital of Harari Regional State by providing selected interventions.

For Nursing care standard implementation status Though the overall implementation of the Nursing Process pre-intervention (42%) was lower compared to the study reported from Addis Ababa (52.1%), higher than the study in Arbaminch General Hospital 32(32.7%),& in Mekelle Zone Hospital all of the 200 respondents reported that they did not apply any of the nursing process steps. Study from Debremarkos and Finoteselam Hospitals revealed that about 37.1% of nurses practiced nursing process [11–14]. Similarly it exceeded this value (70%) after intervention [13]. The implementation of Nursing Process has increased by around 28% from baseline. Similarly, This difference might be due to: the study area, sample size, size of the facility, s t u d y t i m e & measurement criteria to say nursing care standard is implemented. On the other hand, this study is lower than with a study conducted i n A s e l l a Referral Teaching Hospital with its **interventional difference** which was **46.8%** & from this study which was **interventional difference** 28.2% after interventions. This might be in addition to the above mentioned reasons: low organizing & administration, low commitment of some nursing staff members. Poor participation of Senior Management Team members except hospital CEO. Furthermore; this study is very low when it h a s b e e n compared with the study conducted in Sweden that was 137 (98%) (39), this might be due to study area, measurement criteria & developmental status of the country. In medical record documentation review; the total 80 cards were seen in pre-intervention (40 cards before) & post-intervention (40 cards after).The complete documentation was averagely increased from 22.4(56%) to 28.4(71.1%) from pre-post

interventions respectively. This means, those cards which were documented all steps of nursing process in completed way in pre- to post-intervention periods respectively with the range of 15%. It is lower when it compared to the study conducted in Mekelle hospital, which was completely recorded from 36(75.0%) to 47 (95.9%) cards were performed all steps of nursing process intervention of in completed way before & after intervention periods respectively with the range of 20.9% Mekelle hospital is higher than this study both in pre & post-interventions; but this study is higher than the study from Mekelle hospital it-self by its interventional difference (20.9%) from this study (32%). This difference might be due to: low availability of the charts, uninteresting of in documenting, lack of supportive supervisors, sample size of the cards, lack of awareness and commitment. On the other hand; it is very low when it compares to the study conducted in Brazil, which was documented 100% (26). This variation might be due to: study area, study time, lack of commitment, lack of recognition, shortage of staffs, lack knowledge & attitude about standards as well as the economic developmental status of the country, were the main constraints of this study. On other hand the medical care record completeness pre-intervention 56 % and post intervention 71% was lower than as compare to study done in Afar hospital of 36.8(73.6%) On average, 77 % of patients had medical records documented and completes, it showing an average increase by 15% from the base line of 56% to 71%.

Knowledge & Attitude about nursing care standards in Jogel general hospital staff study, The findings from this study had been increased from 72.5% to 87.5% with knowledgeable of respondents before & after intervention respectively.; & decreased from 27.5% to 12% with unknowledgeable respectively. were higher than with the study conducted in Tikur Anbessa hospital (32) which was 38(25.2%); 50(33.1%) & 63(41.7%) by its baseline respectively and with the study conducted in two governmental hospital in harar town namely Jogel general hospital and Hiwot fana specialized hospital which was 68(54%) knowledgeable and 58(45.1%) un knowledgeable by its baseline respectively. In this both study nurses who had knowledgeable & un knowledgeable were lower The difference might be the sample size, lack of commitment & recognition. On the other hand, this study categorize staff attitude in to three during Preintervention SA+A 52.8%, neutral 15.7% and 31.5% SD+D after interventions 47.7% SA+A, neutral 7.5% and 44.7% SD+D. for comparisons with other study I am categorized in two to the sum of SA+A, neutral =favorable and SD+D=as un favorable therefore during baseline 68.5% favorable and 31.5% Unfavour this study lower than Tikur Anbessa by 43.5% Un favorable able and

after intervention 55.2% favorable and Unfavorable. its in favorable lower than the favorable & unfavorable attitudes of the respondents was consistent by its baseline 20(40%) to 26(52%) & 30(60%) to 24(48%) respectively with the study conducted in Tikur Anbessa hospitals which was 64(42.4%) & 87(57.6%). As many studies revealed that knowledge is mandatory to implement the nursing care standard practice, for example a study in Egypt at Benha University (40) stated that lack of sufficient knowledge about the nursing care standard practice become a main barrier for the nurses compliance to its task in healthcare facility. If it is performed with the absence of knowledge, it is simply done as the completion of an institutional task, without the collective awareness of how important this standard is for the nurses development as health professionals with social responsibilities.

Organizational factories for the implementation of nursing care standard practices The nurse per patient ratio during the intervention period in the medical & surgical units was 1:5 & 1:4 respectively. The average nurse per patient ration in these two wards at this project time was 1:4. As stated in different literatures for example Pamela Tevington (41,42) had stated that nurse per patient ratio in the year 2011 was 1:4 for cold or ambulatory cases, 1:4 for post-anesthesia cases & 1;4 for under anesthesia cases. Therefore, during this study, the nurse per patient ratios in Jogel general hospital was working as above standards during day time especially before noon. But this working condition (1:4 ratios) was not consistent during the study time throughout 24 hours, meaning the nurse per patient ratios became below the standard in the afternoon & during night time. This might affect the implementation status of the nursing care standards. Therefore, there was a consistency to continue the nursing care standard practice throughout 24 hours in the same fashion. «Shortage of professionals» was not a challenge for a continuous execution of nursing care standards in Jogel general hospital. In the other hands during base line assessment among 49 nurses working in both wards only 17(42.5%) are take on job training before one years ago,. this is also lower with the study conducted in two governmental hospital in harar town namely Jogel general hospital and Hiwot fana specialized hospital which was 43.1% low access on job awareness site and 56.9% they have access on job .on this study training after implementing the selected intervention post intervention has been 42.5% higher than before one year trained staff of 15(37.5%) trainees on this study projects is higher .To overcome this challenge, Nurses who were working on patient problem and seeing the outcome to make work place visible were 2.4 times more likely to practice nursing process than nurses not working on

patient problem. Working on patient problem and seeing the outcome have positive association on practice of nursing process. It shows working on patient problem and seeing the outcome is important for patient better improvement from illness and decreasing day of hospital stay. Nurses who were low access of short and long term training as causes of employee turnover were nearly 81.5% less likely to practice nursing process than high access of short and long term training. This work related factors were negatively associated with practice of nursing process. It shows high access of training is important for retention of experienced staff. Nurses who have less knowledge of nursing process were 96% less likely to practice nursing process as compared to their counterparts. This finding in line with finding on Debremarkos and Finoteselam [14] and Nigeria Hospitals [20]. It shows knowledge is the most important and a prerequisite to practice NP. As limitation, the study didn't included nurses working in private and other government hospitals. The questionnaire was prone to social desirability bias; because everyone does not want expose his/ her weaknesses. The mismatch in the result of nurses' knowledge and their practice was a particular evidence for this bias. and the patient centered care of Jogel general hospital after interventions implemented improve significantly from base line of to 48% to 84%, pts centered care, it is a major impacts on your hospital it needs staff recognitions for sustainability

Project strength

- All most nurse willing to implement nursing care standard practices
- The Hospital manager committed to support the staff on create awareness
- Aggregated data from different sources were collected and used to assess the problem was considered as the strong side of this study
- The other strong side of this study was pre-prepaid designed tools were developed in FMOH used to measure the extent of the problem
- the staff understood new knowledge about strategic problem solving methods during FGD

Weaknesses

- Taking a small sample size
- The study come up with the result of a single hospital and from limited wards that in some circumstance hinders the generalize ability to similar settings (more research needed)
- Difficulty of measuring bed sore rate of the organization.

→ It needs Longer follow-up is required to assess the sustainability of the hospital improvements accomplished

CHAPTER TEN: CONCLUSIONS AND RECOMMENDATION:-

10.1. Conclusions

- The staff nurses willing to implement standard nursing care process.
- High response rate of study participants (100%).
- The data were collected by trained data collectors.
- In-service training could be continuously held in order to upgrade the skill and knowledge of nurses in the areas of nursing process as way to ensuring quality health service delivery in the hospital..
- The data collection tools were standardized from similar previous studies.
- The data were collected by using both self-administered questionnaire and observational checklist.

10.2. Recommendation

From our study, we can recommend the following points:

- **For Federal Ministry of Health & regional Health bureau**
 - ✓ Check the implementation of training whether it was according to the national or regional training protocol or not
 - ✓ Regular supportive supervisions on medical record system on quarterly base and
 - ✓ provide oral and written feedback as necessary on medical record completeness in Particular and all other KPIs in general
- **For Jogel General Hospital / senior management team**
 - ✓ Other factors contributing to cause for medical record completeness must be studied.
 - ✓ Other factors contributing to cause for implementation of nursing care standardizes practices must be studied.
 - ✓ To be scheduled for providing recognition and motivation of staff that good performance score on performing standard nursing care implementation and medical records completeness at least one time per years
 - ✓ Organize trainings on medical record completeness and nursing care process implemented for all in patient admitted client within 24 hrs

- ✓ Full implementation and proper management should be strengthened and the full support from hospital leadership is the key to success.
- ✓ Provide uninterrupted supplies for medical record completeness
- ✓ Nurse and physician accountability to implement the medical record should be developed Assign health personnel to medical record completeness as an ambassador
- ✓ Uphold/strengthen the internal supportive supervision which is aim based
- **For Departments/Case Teams**
- ✓ Make sure health care provider have adequate understanding of medical record completeness and start practicing it in a routine base
- ✓ To improve the Nursing care standard Process practices
- ✓ Strengthen continuous Supportive Supervision of Nurses and Networking
- ✓ Timely requested the supplies and formats use for medical record completeness and nursing care process implementation formats.
- **Health Care providers**
- ✓ A systematic approach (Such as PDSA Cycle) should be approached
- ✓ Do and document medical record completeness routinely
- ✓ Fully practice what they gained in training and experience and work to the medical record completeness
- ✓ Fully practice what they gained in training and experience and work to the nursing care process implementation as standards.

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Annex-I

Annex-a: Data collection Tools of Nursing care standards Process by over viewing the nursing process component completeness as baseline and post intervention for possible compares.

1.Nursing care process	Pre intervention(NPs)N=40		Post intervention=40	
	Complete	incomplete	Complete	incomplete
Assessment				
Diagnosis				
Nursing Care Plan				
Implement				
Evaluation				
Overall Nursing process				

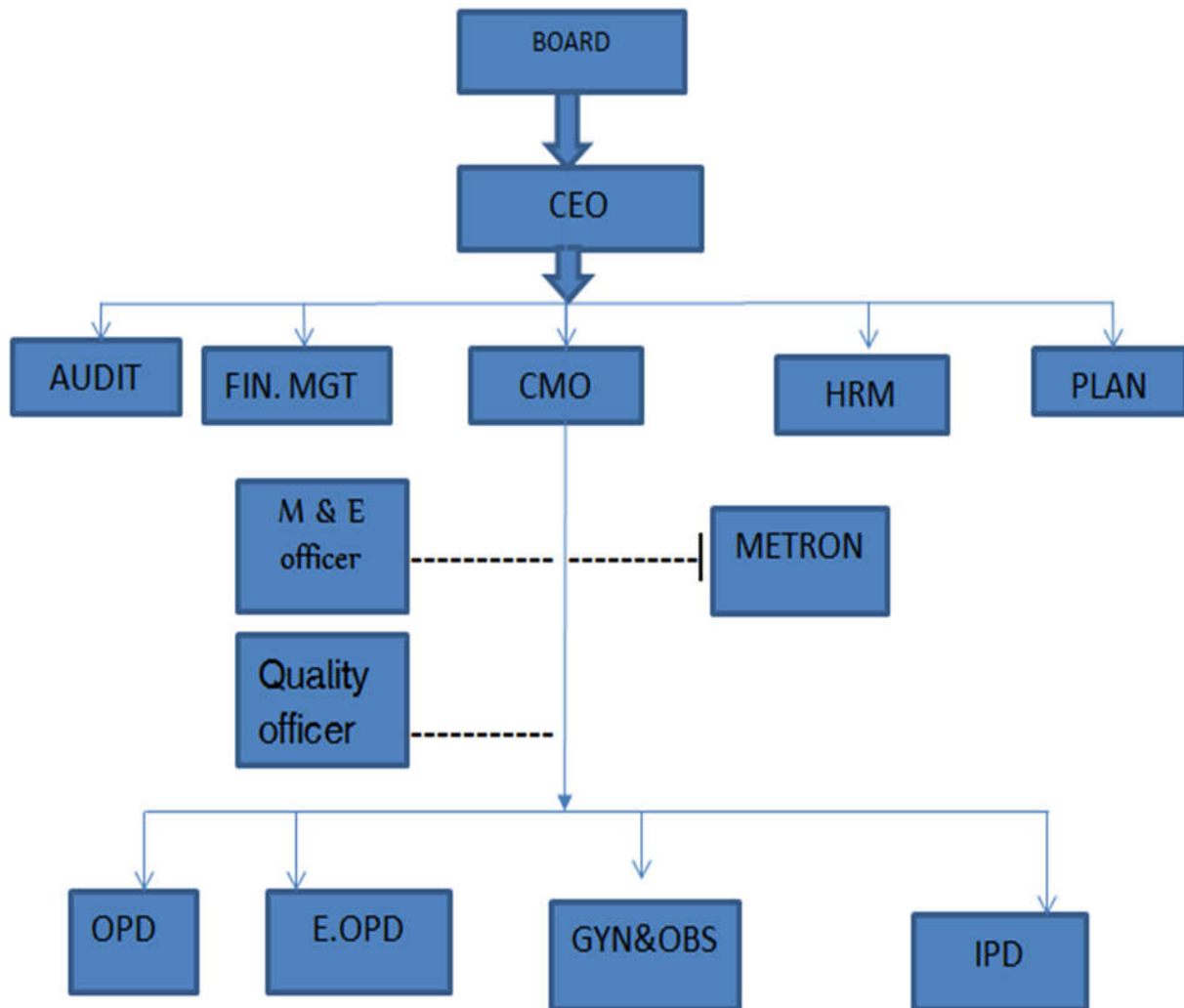
Annex-b: Data collection Tools of medical administration records completeness by over viewing Medical records as baseline for possible compares

2. MR completeness	Pre-intervention (n=30 MRs)		post-intervention(n=30	
	complete	incomplete	complete	incomplete
Presence of patient form				
Physician order sheet				
Nursing care plan done &				
Record all medication				
Discharge summary present & signed				
Discharge outcome (death Improve, disappear, self- discharge...)				
Name of nurse & nursing				
Average%				

**Annex-c: - Data collection Tools measuring over all Nursing care standards practices
Nursing care standards evaluation (checklist) for staff nurse, head nurses, matrons and
hospital manager (n=28)**

No	3.Nursing care standards(checklist) for the nurses	Methods of evaluation			
		Pre interventions		Post intervention	
		met	unmet	met	unmet
1	There is a system for coordinating and managing nursing staff.				
2	A nursing workforce plan has been developed				
3	The hospital's nurse staff requirements are defined in the nursing workforce plan				
4	Nurse to patient ratios for each service area are defined in the nursing workforce plan				
5	There is a written policy for the nursing process				
6	Nurses complete nursing admission assessments for inpatients				
7	Nurses complete a nursing care plan for inpatients				
8	There are guidelines for nursing communication				
9	There are written guidelines for medication administration				
10	There is an established nursing care practice audit programme				
11	Nurses implement regular nursing hours (eight)' shift				
Over all evaluation of standard indicators					

Annex-d: Organizational hierarchy of Jogel General Hospital.,2019



Annex-e: A Profile of professional human resource at Jogel General Hospital, Harar , Ethiopia ,July. 2019.

Hospital staffs		No.	Hospital staffs	No.
Number of beds		105	optometrist	1
Physician	GP	24	Anesthetists	5
	Specialists	8	Environmental health	1
	Total	32	Number of supportive staf	139
Nurses	BSC nurse	68	Lab. technology & technician	15
	Clinical nurse	53	Radiology technologist & radiographer	7
	Total	121	Number of outpatient visit per year	18,981
Midwives	BSC	19	Number of inpatient services per year	16,980
	Diploma	14	Average Length of Stay (4 days standard) including delivery ward	4.7 days
	Total	31	Pharmacist & druggist	20
Number of paramedics staffs		1	Number of delivery per year	1981
Dentist		1		

Annex II:

Participant Information Sheet My name is ----- Currently I am a graduate student at Addis Ababa University, College of Health Sciences, School of Public Health, Department of Health Care and Hospital Administration. And now I am conducting a capstone project to assess nursing care standard implementation status.

Title of the project: Improving the implementation status of nursing care standard practice in Jogel general Hospital of Harari regional states, Ethiopia, 2018.

Objective: To maximize the implementation status of the nursing/midwifery care standard practice in Jogel general Hospital of Harari regional states, Ethiopia, 2018.

Participants: randomly:- selected nurses/midwives designed title-related questionnaires for them working on Jogel general Hospital who meets the eligibility criteria.

Potential Risks: There is no foreseen risk by being in this project.

Benefits: No financial benefits are related with this project. But by participating in this project, you will give an input for the implementation of nursing care standards. I would like to ask you few questions. Your honest response to the questions can make the study to achieve its objective. All the information that you give will be kept confidential and private. Only the principal investigator and interviewer will have access to the information. You are kindly requested to respond voluntarily. You can also choose not to participate in this study totally or if you become uncomfortable during the study, you will be allowed to leave the study at any time.

If you have any question, you can contact me at any time by using the following addresses;

Aynie Ali Dawied

Tel: +251-915-743145/0912049214

Email = aynie127@gmail.com

Are you voluntary Yes No

Thank you in advance for your cooperation

Annex III. Quantitative questions)

Part I. Socio-demographic data

Instruction one ;-For closed ended questions circle on your responses and for open ended questions write your response on the spaces provided.

s/n	Question	response	skip	remark
101	Sex	1. male 2. female		
102	Age	-----years		
103	Marital status	1. Single 2. Married 3. Widowed 4. Divorced		
104	Religion	1. orthodox 2. protestant 3. Muslim 4. Catholic		
105	Ethnicity	1. Oromo 4.gurage 2. Amhara 5. others specify 3 Harari		
106	Educational status	1. Diploma 2. BSc 3. MSc 4.other		
107	Years of experience	-----years		
108	Institutions from where educational award is obtained	1. Government 2. Private		
109	The name of the hospital where you are working in	1.Jogel general hospital		
110	Monthly income in birr	---Ethiopian birr		

Part II; -Nursing process implementation related questions

Instruction;-For closed ended questions circle on your responses and for open ended questions write your response on the spaces provided under response column.

s/n	Question	response	skip	remark
201	Do you follow the steps of nursing process during provision of care?	1. Yes 2. No		
202	If your answer is no for Q#201 skip to Q#301	-----		
203	Have you developed nursing diagnosis from your assessment?	1. Yes 2. No		
204	If your answer is yes for Q #203, which of the following did you implement? (More than one answer is possible)	1. Actual 2. Risk/potential 3. Possible 4. Wellness		
205	Have you been preparing care plan based on your diagnosis?	1. Yes 2. No		
206	Have you been implementing the care plan you have developed?	1. Yes 2. No		
207	Have you been evaluating the effectiveness of your intervention?	1. Yes 2. No		
208	Have you been documenting your nursing care plan?	1. Yes 2. No		

Part III: knowledge related questions:

Instruction;-For closed ended questions circle on your responses and for open ended questions write your response on the spaces provided under response column

no	question	Response yes/No	Ski p
301	Do you know components Of nursing process?	1. Yes/correct 2. No	
302	If your answer is yes for # 301, list the steps of nursing process.		
303	Mention types of nursing assessment		
304	Mention types of nursing diagnosis		
305	A nurse should do one at the first step of nursing process	1. collect subjective & objective data 2. Directly intervening the problems of the patient 3. Evaluating what has be done for the patient 4. Indicating the activities to be done	
306	One is not included under the activities to be performed in the planning phase of nursing process	1. Assigning priorities to the nursing expected outcomes 2. Recording diagnoses and collaborative problems 3. Specifying the data base of the patient 4. Specifying the immediate, intermediate, and long-term goals of nursing action	
307	Which nursing diagnosis is better to solve a patient's problem with diabetes mellitus chronic complication in the future	1. Actual nursing diagnosis 2. Potential nursing diagnosis 3. Medical diagnosis 4.Laboratory investigation of sugar level	
308	What makes nursing process different from medical approach?	1. Nursing diagnosis always focuses on the diseases than other human responses 2. Nursing diagnosis always focuses on human responses than diseases process 3. Both focuses on human responses but nursing process is limited to pathological problems 4. Both have similar procedure to resolve a patient's problem	
309	The Gordon approach is directly targeted	1.The main physiological disturbance	

	at	2. Human responses toward physiological disturbances 3. Abram Maslow's hierarchy of need 4. Ethical principles	
310	Among the individuals in a hospital one is not mandatory for the better accomplishment of nursing process	1. Nurses 2. Patient 3. Family 4. No one should be excluded	
311	Disturbed sleeping pattern related to unresolved fears and anxieties as evidenced by difficulty in falling /remain asleep	Identify the Problem;- Etiology;- sign/symptom	

Part IV; - Attitude related questions :-Instruction; - circle on choices provided on the response column.

s/n	Question	Response	skip	
401	I am ready/willing to implement nursing process	1. strongly agree 2. agree 3. neutral 4. disagree 5. strongly disagree		
402	I like the aim of nursing process	1. strongly agree 2. agree 3. neutral 4. disagree 5. strongly disagree		
403	I am fed up with hearing About the nursing process	1. strongly agree 2. agree 3. neutral 4. disagree 5. strongly disagree		
404	I think introduction of NP will cause a problem	1. strongly agree 2. agree 3. neutral 4. disagree 5. Strongly disagree		

405	I think the nursing staffs have no willingness to apply NP	1. strongly agree 2. agree 3. neutral 4. disagree 5. Strongly disagree		
406	I do not see the need to utilize the nursing process.	1. strongly agree 2. agree 3. neutral 4. disagree 5. strongly disagree		
407	Nursing process enable nurses to provide quality of nursing care	1. strongly agree 2. agree 3. neutral 4. disagree 5. strongly disagree		

Part V; - Enabling and reinforcing factors for the application of nursing process by the nurses Instruction;-For closed ended questions circle on your responses and for open ended questions write your response on the spaces provided under response column.

s/n		response	skip	remark
501	Does the hospital administration support the implementation of NP?	1.yes 2. no		
502	Is the allocation of resources for implementation of NP adequate?	1. yes 2. no		
503	Is allocated time sufficient to implement the nursing process?	1.yes 2.no		
504	Is the nurse/patient ratio optimal to implement the nursing process?	1. yes 2. no		
505	Are there monitoring and evaluation for implementation of NP?	1. yes 2.no		
506	Are the salary and promotion motivating for implementation of NP?	1. yes 2. no		
507	Have you got on job training on nursing process?	1. yes 2. no		
508	If your answer is no for Q#507 why?	1.No training is adju 2. I'm not willing 3.Othe specify		

Qualitative Questions

In-depth interview

1. Is NP implemented in your hospital? _____
2. Do you think that nurses have adequate knowledge to implement NP? _____
3. What are the most challenging factors that affect implantation of NP? _____

Annex-V

_____ / ----- /

- 1 30

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0915743145

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Annex VI –patient perception on nursing care Standard Quality related answered by in patient
about how they feel quality care they were received in Jogel general hospital2019

No.	Question on Nursing care received	Pre-intervention(50		Post-Intervention(50)		difference	
		Yes	No	Yes	No	Yes	No
1.	Do you the Nurse call you by you name						
2.	Do you nurse assesses you during admission time						
3.	Do you nurse inform you about the finding						
4.	Do you nurse give you anti pain and other medication on time						
5.	The nurse give you necessary care						
6.	Do you the nurse give chance talk with you						
7.	Do you your care giver nurse polite or not						
8.	Do you the nurse keep your Privacy						
9.	Do you the nurse willing to your request						
10.	Before giving you new medication the nurse to explain the possible advantage and disadvantage of the drug						
11.	The nurse do you often bed making and bed side kept clean						
Over all evaluation result							

Annex-VII-:

(100)

----- / -----
 ----- :-----

1	()?				
2	() ()?				
3	() ()? ...				
4	()?				
5	()?				
6	() ? ()				
7	... / ?				
8	() ()?				
9	()?				
10	() ?				
	(%)				

Annex-VIII **CURRICULUM VITAL (CV)**

1. Personal details

- Name Aynie Ali Dawied
 - Sex female
 - Date of birth 22/10/1976 Ec
 - Place of birth Harar
 - Marital status Married
 - Nationality Ethiopian
 - Address telephone- +251915743145/+251912049214
-Email aynie127@gmail.com
- Occupation _ now work in Harari regional heath bureau on gender affair

2. Language

No	Language	Writing	Reading	Speaking	Lessoning
1	Amharic	Excellent	Excellent	Excellent	Excellent
2	Oromo	Excellent	Excellent	Excellent	Excellent
3	English	Excellent	Excellent	Excellent	Excellent
4	Somali	Well	Well	Well	Well
5	Harari	Well	Well	Well	Well

3. Educational back grounds

Grade	School(collage) Name	Year of Education
G1-8	Hamaressa primary school	From 1979-1987E.C(I Ethiopian Calendar)
9-12	Harar primary &secondary school(junior 2 nd school)	From1987-1990 E.C(I Ethiopian Calendar)
certificate	Junior clinical nurse from Goba h/science/collage	In 1993 E.C(I Ethiopian Calendar)
Diploma	Clinical nurse from Harar Health science collage	From 1999-2000 E.C (I Ethiopian Calendar)
BA degree	BA degree in management from Haromaya University	1997-2000 E.C (Ethiopian Calendar)
BA degree	BA degree in economics from unity university	From 2002-2004(Ethiopian Calendar)
BSC	BSC n clinical nursing from Harar health science collage	2014-2016EC(Ethiopian Calendar)

4. In service training

- on gender based violence
- In school community conversation, Social mobilization for prevention and control of HIV/AIDS
- Women in leadership and assertiveness
- Voluntary counseling and testing training
- Middle level EPI management
- Life skill training for school supervisors

5. Experience

- From1992-1992 work in eastern harar babile health center as Administration and finance officers
- From 1994-1997 work in eastern harar komblicha health center in junior clinical nurse
- From February 2012- January2014 work as human nutrition in Godey SOS children`s Village
- From February 2014-march 2016 under the youth friendly Reproduction Health Project in Jigjig a Town.

6. Additional Skill:

- **Basic Computer Skill:** certificate on basic computer courses (Introduction, Ms Dos, Word, Excel, Access and Power point).
- **Technical Skill:** Statistical Software: EPI Info ,SPSS, computer and mobile maintenance
- **Other skills:**
 - ✓ Good interpersonal communication skills
 - ✓ Ability to adapt new applications and technologies.
 - ✓ Ability to work independently and in team

7. Hobbies and interest

- Reading newsletters and magazine
- Reading psychology books