



A STUDY TO ASSESS THE PRACTICE OF NURSING PROCESS APPLICATION IN CRITICAL CARE UNIT, SURGICAL CARE UNIT AND MEDICAL CARE UNIT AMONG STAFF NURSES IN SELECTED HOSPITALS OF JABALPUR CITY

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ABSTRACT

A non experimental research regarding application of nursing process in the critical care unit , surgical care unit and medical care unit was done. The data was collected from 100 staff nurses as subjects working in Jabalpur Hospital And Research Center, Marble City Hospital, City Hospital and Neta Ji Subash Chandra Bose Medical College of Jabalpur City, using random sampling technique for this structured observational checklist was used for collection of necessary data for assessing practice of nursing process. The demographic findings of the study indicated that Most of the subjects were between age group 25-35 , n=41(41%), the sex was female, n =75 (75%), Most of the nurses were B.Sc. nursing professionals n= 45(45%), had experience between 2-5 years n = 31 (31%), attended certification for nursing education, in-service programme or national seminar on nursing process n=60 (60%),worked in the critical care unit n= 34 (34%) surgical care unit n=33 (33%) medical care unit n=33(33%)and were from private hospital n=56 (56%). The finding related to application of nursing process by 100 staff nurses revealed that the majority of nurses practicing nursing assessment was non satisfactory n=42(42%) ,the maximum practice of nursing diagnosis was non satisfactory n=75(75%),the maximum practice of outcome identification was non satisfactory n=73(73%),the maximum practice of planning was non satisfactory n=52(52%), the maximum practice of implementation was non satisfactory n=52(52%), the maximum practice of evaluation was non satisfactory n=73(73%). Hence, the practice of nursing process was not satisfactory the hypothesis was rejected and null hypothesis accepted. It is imperative for nursing personnel working in the critical care unit, surgical care unit, medical care unit to provide quality and standardized pattern of care to the patient. The study also have implications in the field of nursing education, nursing administration, nursing research, and nursing process.

KEYWORDS: Practice of Nursing Process, Application of Nursing Process, Critical Care Unit , Medical Care Unit, Surgical Care Unit, India

INTRODUCTION

The Nursing Process is the procedure nurses use to manage patient care. This process is the basis of how nurses think and operate in clinical patient care. It becomes engrained in their subconscious rather than being a checklist that they go through with each patient. It involves several distinct steps, including:

NURSING ASSESSMENT : During this phase of the nursing process, nurses collect information about their patients. Information may be objective or subjective in nature. For example, nurses may collect quantitative measures of the patient's vital signs, along with a subjective report of the patient's current symptoms. In addition to information that is directly related to the patient's health, nurses should also pay attention to economic, spiritual, sociocultural and psychological characteristics when assessing the condition of a patient

NURSING DIAGNOSIS AND EXPECTED OUTCOME: After collecting data, the nurse must organize and interpret the information. The primary goal during this part of the process is to

establish a nursing diagnosis or modify an existing diagnosis of the patient's health conditions or needs. Once a diagnosis has been established or modified, the nurse should also report this information to other members of the health care team.

PLANNING: During the planning stage of the nursing process, the nurse uses information collected during assessment, as well as the current nursing diagnosis, to establish short-term and long-term goals for patient care. All of this information is recorded into a written plan that all members of the healthcare team can access.

IMPLEMENTATION: Once a plan for patient care has been established, the nurse can provide care to the patient in accordance with the plan. All care provided should be documented in the patient's record for later review

EVALUATION : Throughout the duration of the nurse's relationship with the patient, they should continually evaluate the patient's health status. The effectiveness of the patient's current plan for care should also be reevaluated on a regular basis.



When necessary, the nurse should modify the patient's care plan and report the changes to all members of the healthcare team. According to current American and Canadian Practice Standards, nursing practice demands the efficient use of the nursing process and professional participation in activities that contribute to the permanent development of knowledge about this methodology.

There is a demand to establish the nursing process in practical care in every health institution, within hospitals as well as in the community as a whole. The nursing process should be established in care practice at all health care institutions, in hospitals as well as in the community as a whole. In practice, however, not all steps are systematically implemented. Studies have revealed difficulties in establishing and using the nursing process within institutions during the last years.

MATERIAL AND METHOD USED

Setting of the study: this study was conducted in Marble City Hospital, Netaji Subhash Chandra Bose Medical College and City Hospital and Jabapur Hospital and Research Center Of Jabalpur City. The accessible population of the present study includes the critical care unit nurses, medical care unit nurses and surgical care unit nurses of the selected hospitals of Jabalpur city total 100 nurses were found from three hospitals.

Study Approach, Study Design, Sampling Procedure : Research approach used in this present study is Evaluative Research Approach. In this study Simple Random Sampling Techniques was used to select the samples. In this study the sample comprises of 100 staff nurses working in critical care unit, medical care unit and surgical care unit of selected hospitals of Jabalpur city

Ethical consideration: letters were obtained from Jabalpur Institute of Nursing Science and Research Hitkarini Sabha, Letter for cooperation from each hospital was obtained; verbal consent was obtained from each nurse for participation in the study. Privacy and confidentiality were ensured during the interview, and name and address of the interviewee were not recorded in the questionnaire.

RESULT

SECTION I : deals with finding demographic data of 100 staff nurses

Demographic variable In The present study results revealed that out of 100 staff nurse the majority of the subjects 41 (41%) were in age group between 25-35 years.(75%) of staff nurses were female, While in the present study 46% of professionally qualified staff nurses were GNM , the majority of work experiences of nurses were 31% which is between 2-5 years In present study the majority of 60% of staff nurses have attended certification for nursing education, in-service programme on nursing process and majority of 34% nurses were working in the critical care unit area and 56% were an employee of private hospital and (30.5%) of the respondents have been working at the medical ward at the time of the study.

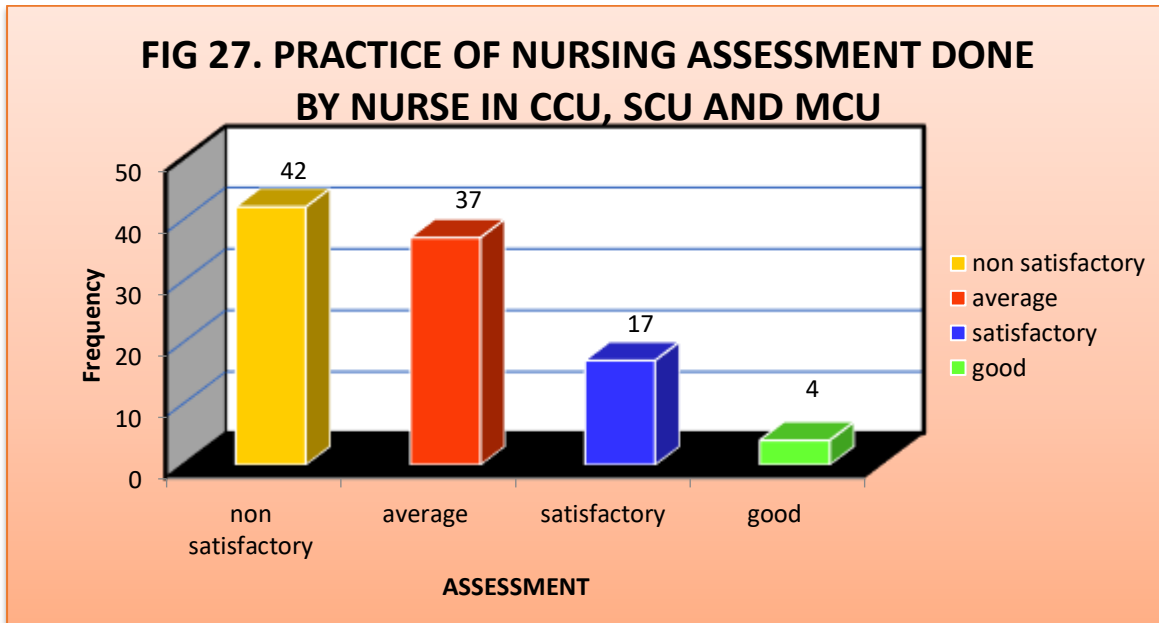
SECTION II: deals with the analysis of the data related to practice of nursing process among 34 staff nurses in the critical care unit. In the **critical care unit** the practice of nursing process there was 56.37% of non-satisfactory practice, 27.45% was average only 12.74% was satisfactory practice and 2.94% was good practice

SECTION III : deals with the analysis of the data related to practice of nursing process among 33 staff nurses in the Surgical Care Unit.

In the **surgical care unit** the practice of nursing process application 63.13% had non-satisfactory practice while 24.24% were having average practice and 11.11% nurse were only having satisfactory practice and 1.51% were having good practice

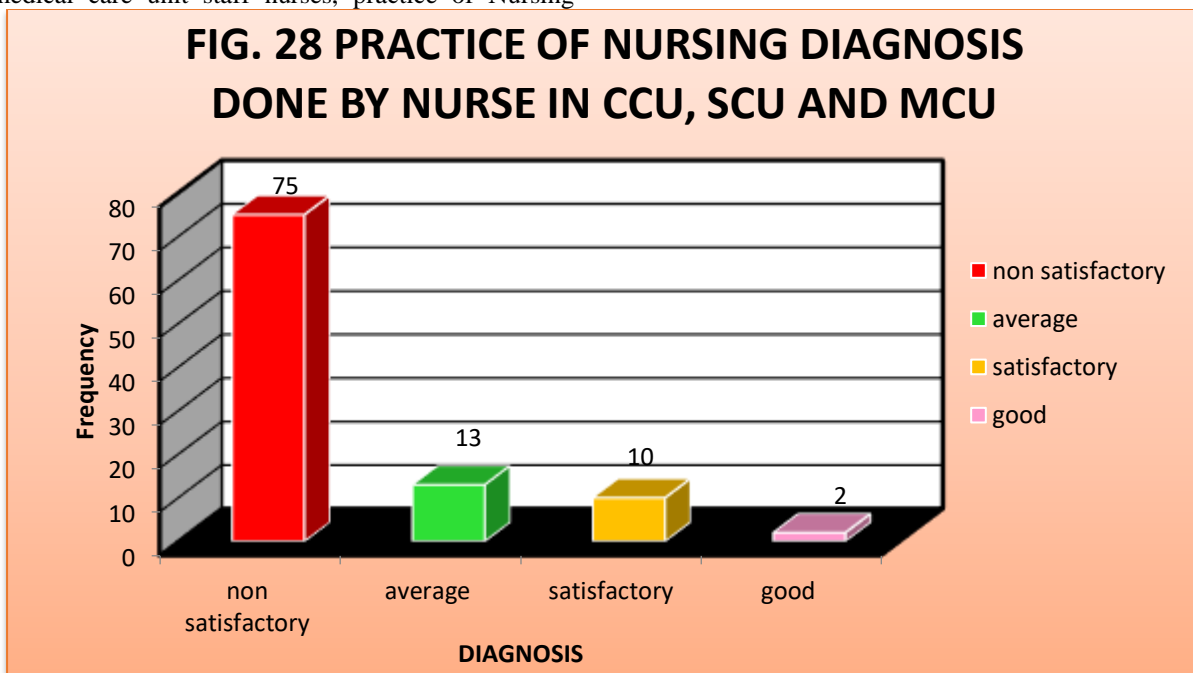
SECTION IV deals with the analysis of the data related to practice of nursing process among 33 staff nurses in the medical care unit. In the **medical care unit** the practice of nursing process application 64.14% had non-satisfactory practice, 23.73% were having average practice while 11.11% were having satisfactory practice and 1.01% were only having good practice.

SECTION V : Deals with the analysis of the data related to practice of nursing process among 100 staff nurses in the critical care unit, surgical care unit and medical care unit



The findings of the present study revealed that out of 34 critical care unit staff nurses, **in the practice of Nursing Assessment** 16 (47%) was averagely performed and 8(24%) of practice was non-satisfactory and good was barely 1(3%). Among 33 surgical care unit and medical care unit staff nurses, practice of Nursing

assessment was average i.e. 17(51.51%) and non-satisfactory was 23(70%), good practice of nursing assessment was 2(6%) but in medical care unit it was only 1(3%).

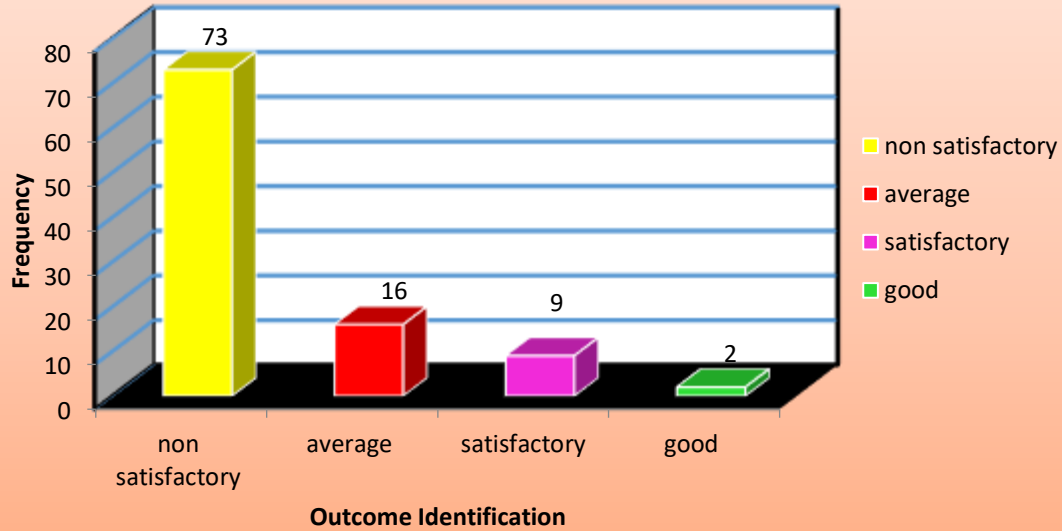


In the practice of Nursing Diagnosis :The findings of the present study revealed that out of 34 staff nurses in critical care unit, practice of nursing diagnosis was 28(82%) i.e non-satisfactory, and among 33 surgical care unit and medical care unit staff nurses, practice of diagnosis 24 (72.7%) and 23(69.69%) was

non-satisfactory which showed that the nurse did not derived diagnosis from assessment data, the actual and potential risk of the patient were not considered there was no use of standardized classification system, there was no documentation and practice of diagnosis by nurse.



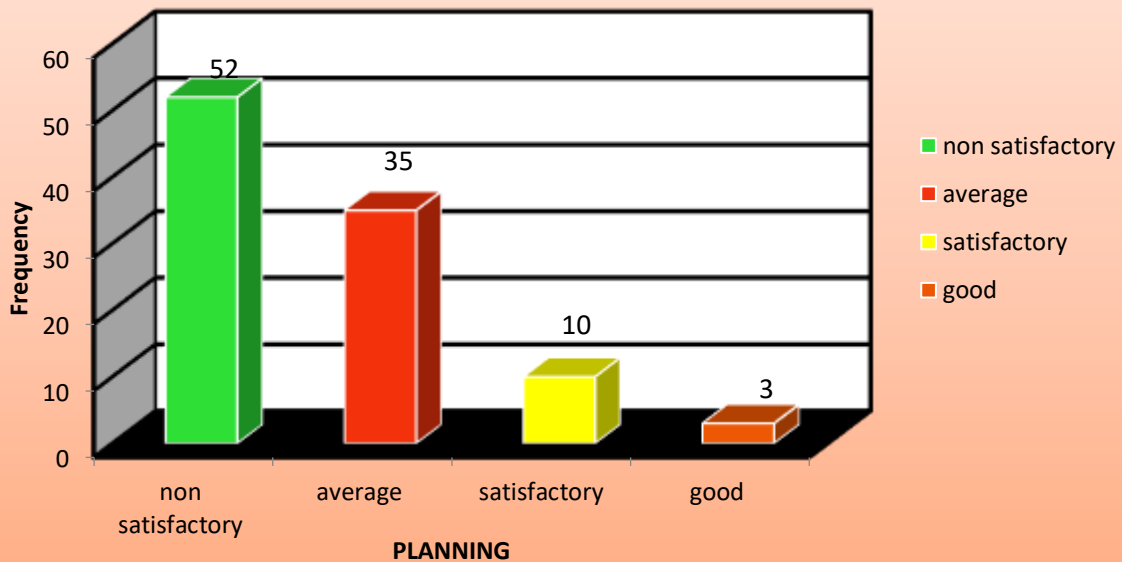
FIG. 29 PRACTICE OF OUTCOME IDENTIFICATION BY NURSE IN CCU, SCU, AND MCU



The findings of the present study on **expected outcome** practiced by staff nurse revealed that out of 34 staff nurses in critical care unit, 20(58.82%) were non-satisfactory among 33 staff nurses of surgical care unit and medical care unit revealed that the practice

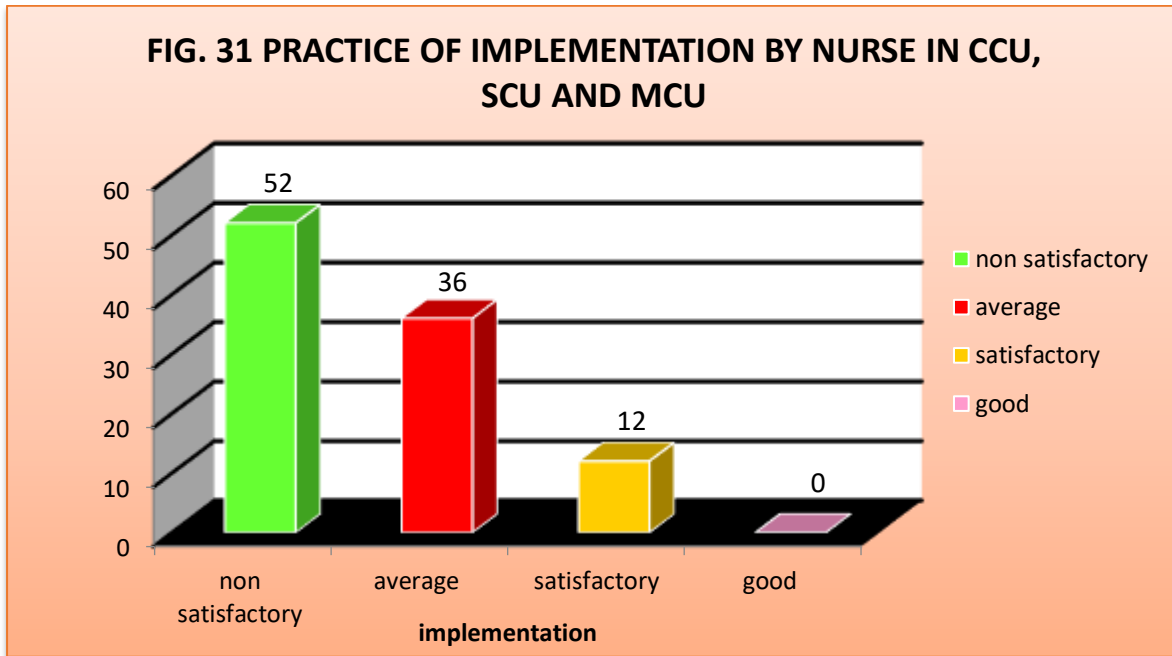
of expected outcome by the staff nurse was non-satisfactory i.e 26(78.78%) and 27(81.81%).

FIG. 30 PRACTICE OF PLANNING BY NURSE IN CCU, SCU AND MCU



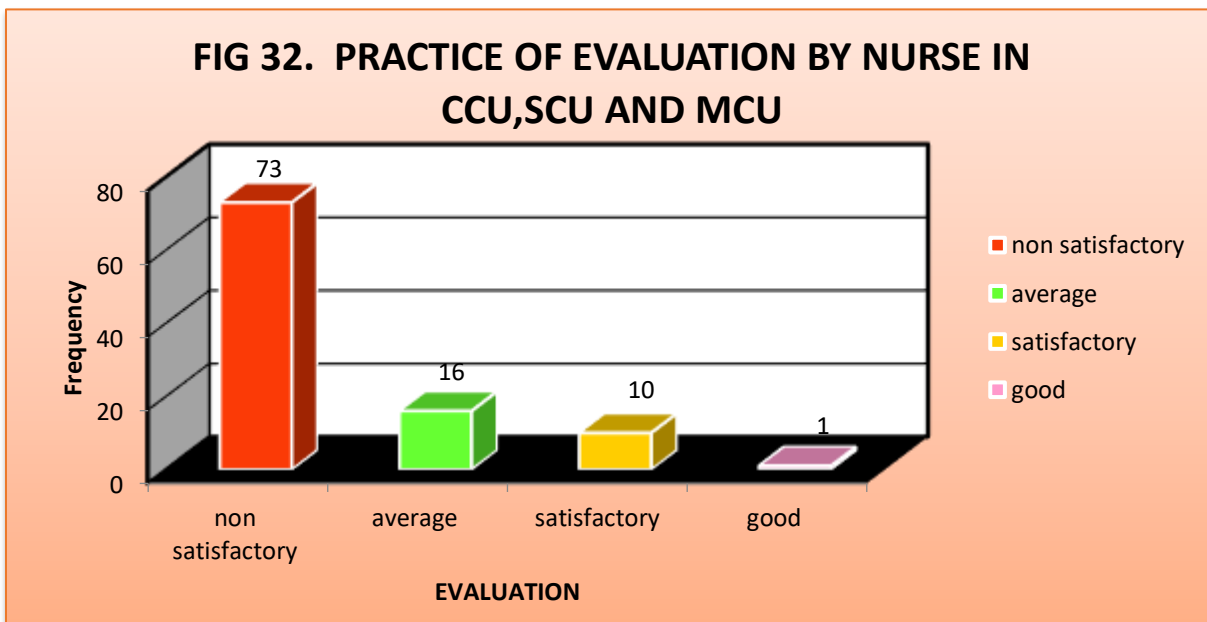
In the nursing process the practice of Nursing **Planning** the present study revealed that out of 34 staff nurses, practice of planning by the staff nurse in critical care unit, was non-satisfactory i.e 16(47.05%) among 33 staff nurses in surgical care

unit and medical care unit was 21(63.63%) and 15 (45.45%) practice of nursing planning was non-satisfactory



The findings of present study revealed that out of 34 staff nurses, **Practice of Implementation** in critical care unit, was non-satisfactory 23(67.64%), and the findings among 33 staff nurses,

practice of implementation by the staff nurse in surgical care unit and medical care unit 17 (51.51%) and 12 (36.36%) was non-satisfactory.



The finding of the present study shows the practice of **Evaluation** revealed that out of 34 critical care nurses staff nurses, practice of evaluation was non-satisfactory 20(58.82%) among 33 staff nurses in surgical care unit and medical care unit staff nurses , practice of evaluation was 26 (78.78%) and 27 (81.81%) which was non-satisfactory.

not apply nursing process into practice there was no good practice of nursing process the practice was non satisfactory in all the care units.

Section VI It deals with the association of the practice score of nursing process with selected demographic variables using the “Chi Square” test for association.

The study shows that most of the demographic variables indicate **most-significant** relationship with practice score such as age in

The staff nurses working in the critical care unit, surgical care unit and medical care unit of the selected hospitals in Jabalpur city did



years, total work experience. Some variables indicates **significant** relation with practice score such as professional qualification, attendance of certification or in-service programme on nursing process and nurse is an employee of. Some variables indicate **not-significant** relations with practice such as sex and area of working.

Age in years and practice of nursing process In the present study The P value of assessment, diagnosis, expected outcome, planning, implementation, evaluation is $P=0$ which is most significant at 0.05 level.

Sex and practice of staff nurse The present Study shows that The p value for sex in assessment 0.28, diagnosis 0.308, expected outcome 0.2793, planning 0.294, implementation 0.2793, evaluation which is not significant at 0.05 level. **Eneida Rejane Rabelo** study describes Nurses' practice toward the nursing process the female students had more positive attitudes than male students regarding the ability to use the nursing process in providing high-quality caring.

Professional qualification and practice of staff nurse The present Study shows there is significant relationship with professional qualification and practice of nursing process of staff nurse. The P value for professional qualification in assessment (, diagnosis (48.84), expected outcome (44.29), planning (46.62), implementation (44.28), and evaluation (48.95) which is significant at 0.05 level. **Angelita Paganin Costanzi** study showed that the practice of the respondents on nursing process has a significant relationship with their educational status. Compared to the practice of diploma nurses, the practice of B.Sc nurses on nursing process is higher by about 11.5 times.

Work Experience and practice of staff nurse The present Study shows that there is most significant relationship with work experience and practice. The Chi square value for work experience in assessment 139.3, diagnosis (153.2), expected outcome (138), planning (146.2), implementation (138.9), evaluation (153.5) which is most significant at 0.05 level.

In-service education attended by staff nurse and practice of staff nurse: The Present study shows that there is significant relationship between in-service education attended by staff nurses and practice. The Chi square value assessment (9.4), diagnosis (10.34), expected outcome (93.76), planning (98.7), implementation (93.76), evaluation (103.6) is significant at 0.05 level.

Area of working and practice of staff nurses Study shows that there is no significant relationship between area of working and practice of staff nurses. The Chi square value for area of working in is assessment (9.5) diagnosis (10.45), expected outcome (9.023), planning (9.5), implementation (9.02), evaluation (9.97) which is not significant at 0.05 level.

Employment of nurse and practice of staff nurse

The present study shows that there is significant relationship between employment of nurse and practice of nurse. The Chi square value of assessment 21.3, diagnosis (23.43), expected outcome (20.23), planning (21.3), implementation (20.23), evaluation (22.36) which is significant for employment of nurse at 0.05 level.

Most nursing students (80%) believed that nursing process was able to uniquely define nursing actions and presented an appropriate practice in the units. However, only 50% of students thought that using the nursing process is only a way for providing nursing cares. In the viewpoints of 14% of students, nursing cares on nursing process can be very difficult

CONCLUSION OF THE DATA ANALYSIS

- ✓ Hence, there was significant association between practice score of nursing process with selected demographic variables, thus H1 there will be significant association between practice score of nursing process application with selected demographic variables.
- ✓ Hence the practice score of nursing process in the critical care unit was non satisfactory, thus H2 There will be satisfactory practice score of nursing process in the critical care unit was rejected and null hypothesis was accepted
- ✓ Hence the practice score of nursing process in the surgical care unit was non satisfactory, thus H3 There will be satisfactory practice score of nursing process in the surgical care unit was rejected and null hypothesis was accepted
- ✓ Hence the practice score of nursing process in the medical care unit was non satisfactory, thus H4 There will be satisfactory practice score of nursing process in the medical care unit was rejected and null hypothesis was accepted

CONCLUSION

A quantitative study with an exploratory, descriptive and contextual design was conducted on the nursing process as a means of improving patient care using random sampling technique whereby every second element in the total nursing staff list was randomly chosen by opportunity to select 100 nurses who had clinical work experience in a particular hospitals. The nurses were requested to complete a questionnaire to assess their understanding and utilization of the nursing process, nursing care plans and nursing documentation.

A response rate of 100% was acquired. Uncertainties and difficulties in understanding and implementing the steps of the nursing process were expressed. Major problems focused on the level of understanding of the nursing process particularly on formulating the nursing diagnoses and goals, the need for evaluation and re-assessment of patients were required and the effect of high patient loads and limited time on the implementation of the nursing process. The research findings indicated that most of the subjects had inadequate practice of the



nursing process and they may also lack practical skills. It is therefore recommended that in-service training on the nursing process and the implementation therefore be done to improve the quality of nursing care. This should be combined with supportive supervision by qualified nurses. Nurses noted that lack of staff and heavy workload may interfere with the use of nursing care plans.

The objectives of the study were met in that the respondents' understanding of the nursing process and its value was assessed, the extent to which they were comfortable and skilled in developing and implementing nursing care plans was determined and their views about documentation were ascertained. The findings enabled a better understanding of the limitations nurses experience in the implementation of the nursing process, which will allow for remedial action to support and enable the nurses working in the specific hospitals. Recommendations were made for a specific training programme focused on all facets of the nursing process. Hopefully, implementation of this training programme will build the knowledge and confidence of nurses in applying the nursing process which will be to the advantage of the patients as the quality of patient care should improve.

There were 100 subjects included in this study. The majority of nurses practicing nursing assessment was non satisfactory n=42(42%), the maximum practice of nursing diagnosis was non satisfactory is n=75(75%), the maximum practice of outcome identification was non satisfactory is n=73(73%), the maximum practice of planning was non satisfactory n=52(52%), the maximum practice of implementation was non satisfactory n=52(52%), the maximum practice of evaluation was non satisfactory n=73(73%).

Socio demographic variables: out of 100 samples 41(41%) were in the age group between 25-35 years. 75(75%) were females. 45(45%) were bachelor in nursing science 31(31%) were having experience between 2-5 years. 60 (60%) have attended certification for nursing education, in-service programme or national seminar on nursing process. 34(34%) of the nurses worked in the critical care unit. 65(56%) of the nurses were from private hospital.

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