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Title Page

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School of Nursing and Midwifery

***NURSES' PERCEPTIONS REGARDING THE USE OF THE NURSING PROCESS; A
DESCRIPTIVE QUALITATIVE STUDY AT HAYATABAD MEDICAL COMPLEX,
PESHAWAR, PAKISTAN***

By

KASHIF KHAN

Student of Master of Science in Nursing (MScN)

A thesis submitted in partial fulfillment

Of the requirements for the degree of

[Master of Science in Nursing]

Karachi / Pakistan

20th October, 2023

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Aga Khan University

School of Nursing and Midwifery

Submitted to the Board of Graduate Studies

In partial fulfilment of the requirements for the degree of
Master of Science in Nursing

Members of the Thesis Evaluation Committee appointed to examine the

thesis of

Kashif Khan

Find it satisfactory and recommend that it be accepted



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Declaration

I declare that this thesis does not incorporate any material previously submitted for a degree or diploma in any university without acknowledgment. To the best of my knowledge, it does not contain any material previously published or written by another person, except where due reference has been made in the text.

The editorial assistance provided to me has in no way added to the substance of my thesis, which is the product of my research endeavours.



(Signature of Candidate)

20th October, 2023

Dedication

Upon finishing my thesis, I feel a tremendous sense of appreciation and intense emotions during the quiet moments of reflection. The enduring encouragement and inspiration I have gotten from those who have had significant roles in my life is reflected in this work. I am eternally grateful to my late grandparents for their knowledge and unwavering love, even if you are no longer with me. This thesis is devoted to you, as your faith in me has permanently altered my spirit. The foundation of this accomplishment is you, my parents—your selfless love, steadfast support, and sacrifices. I dedicate this thesis to you with deep affection and thanks, as your belief in my potential has helped me to succeed.

My inspiration and strength have come from my siblings, who have been my constant traveling companions. Thank you for your support, faith, and boundless tolerance. This piece, a tribute to the unshakable links of family, is as much yours as mine.

Your advice, tolerance, and commitment to the admirable goal of education, teachers—from the very beginning of my schooling to the mentors who have moulded my academic aspirations—have been the cornerstones of my development. This thesis has been strengthened by every lesson, every word of support, and every bit of wisdom you have imparted. Your significant impact on my life has my sincere gratitude.

This commitment holds the weight of innumerable hours of labour, tenacity, and the love and support of those who have been essential to my path; it is more than just words on paper. It's a celebration of the future and a sincere way to offer gratitude for the past.

I hope that my work will be a tribute to everyone who has helped me improve both academically and personally.

I am grateful that you have been my life's beacons.

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List of Abbreviations / Acronyms

CINAHL	Cumulative Index to Nursing and Allied Health Literature
EBP	Evidence-Based Practice
EDQ	Exploratory Descriptive Qualitative
HMC	Hayatabad Medical Complex
ISO	International Standardization Organization
NCP	Nursing Care Plan
NP	Nursing Process
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses

Abstract

Background

The Nursing Process (NP) is a comprehensive approach to care, integrating nursing intuition, goal-oriented tasks, patient-centered care, critical thinking, and evidence-based practice (EBP). It aims to enhance patient outcomes and well-being by identifying, treating, and preventing health problems. Widely acknowledged as a valuable instrument in healthcare, it emphasizes the crucial function of nursing. This study fills the gap in the literature by exploring nurses' perspectives on the utilization of the NP in Pakistan.

Purpose

The study aimed to explore nurses' perceptions regarding the use of the nursing process and to identify the barriers and facilitators to its implementation in a public sector hospital in Peshawar, Pakistan. Additionally, the study sought to identify recommendations from the nurses' perspective to enhance the integration of the nursing process in the future within the public sector hospital.

Method

An exploratory descriptive qualitative study was conducted, employing a purposeful recruitment strategy with fifteen participants selected to achieve data saturation. Data were collected through in-depth interviews and subsequently analyzed using manual content analysis.

Finding(s)

Five themes emerged: Nursing Process from the Nurses' Lens, Ramifications of the Nursing Process, Enabling Factors to Practice the Nursing Process, Hindrances in the Application of the Nursing Process, and Nurses' Recommendations to Enhance the Nursing Process Integration. Nurses in the public sector value the NP in patient care because of its

positive ramifications but are unable to apply it, due to barriers like burdensome, inadequate organizational support, and lack of autonomy in the decision-making process.

Conclusion

This research emphasized the importance of the Nursing Process (NP) in nursing care in Pakistan's public sector. Despite being aware of the potential advantages of the NP, nurses encounter numerous obstacles that prevent them from using it. It is imperative to tackle these obstacles to optimize the potential of the NP and elevate the standard of patient care within Pakistan's public healthcare infrastructure.

Keywords

Nurses, Nursing Process, Utilization, Barriers, Facilitators, Pakistan

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Chapter One: Introduction

This chapter includes a brief background of the topic. It discusses the importance of the Nursing Process (NP) while providing care to the patient, its use in nursing and its effectiveness, and what the literature says about it. Furthermore, this chapter narrates the researcher's reflection, problem statement, research questions, research objectives, the study's significance, and the chapter's summary. It also highlights the significance of the study, particularly in developing countries.

Background

The Nursing Process (NP) is characterized as a systematic method of care that applies the core principles of critical thinking, client-centered treatment approaches, task-oriented goal-setting, recommendations based on evidence-based practice (EBP), and nursing intuition (Toney-Butler & Thayer, 2022). The recent interpretation of the Nursing Process (NP) describes it as a systematic and dynamic approach to delivering nursing services to patients, encompassing assessment, diagnosis, planning, implementation, and evaluation (Yazew et al., 2020). The NP aims to diagnose, prevent, and treat present or potential health problems while promoting wellness (Potter & Perry, 2005). Moreover, it is a systematic, patient-focused, and purposeful plan that offers a foundation for nursing performance (Zamanzadeh et al., 2015). The consistent application of the NP contributes to developing positive patient-nurse relationships and compliance with medical protocols, improving patient outcomes (Lotfi et al., 2020).

The Nursing Process (NP) has been extensively recognized as a valuable scientific instrument and a tactic for guiding nursing practice that helps uphold the quality of nursing care globally (Gazari et al., 2020). In 1958, nurse theorist Ida Jean Orlando established NP, followed by evidence-based practice, client-centered, and goal-oriented tasks (Toney-Butler & Thayer, 2022). Nurses are the most essential pillar of the healthcare system. They play a

vital role in the healthcare system, dedicating a significant amount of time to patient care and delivering approximately 80% of primary healthcare services within the hospital (Darega et al., 2016). Moreover, nursing quality is closely interlinked with the healthcare system's efficiency (Salmond & Macdonald, 2021). Nursing care that is provided through the Nursing Process will be quality care (Bayih et al., 2021).

It is demonstrated that the NP significantly enhances critical thinking, problem-solving, creativity, and scientific reasoning among nurses in the clinical setting (Ahmady & Shahbazi, 2020). As a result, it is used effectively to care for sick patients, encouraging well-being (Akhtar et al., 2018b). NP is also a vital care standard that is increasingly necessary for decision-making as it considers the patients' psychological, sociocultural, spiritual, and economic dimensions (Wagoro & Rakuom, 2015).

Additionally, effective utilization of the NP enables the best outcomes essential for creating strong nurse-patient relationships (Lotfi et al., 2020). Consequently, patients' health conditions improve greatly (Bayih et al., 2021). While using the NP, nurses can communicate more effectively about patient care, which promotes the quality of nursing care, worldwide (Osman et al., 2021). Moreover, through the use of the NP, nurses can plan and implement patient care more effectively and achieve better patient outcomes (Semachew, 2018). In other words, it provides a framework for the nurse to take care of a patient's condition (Meg Gulanick, 2007). Therefore, nurses utilize the NP for better patient outcomes, including reducing the length of hospital stay and mortality and morbidity rates (Eletu, 2022).

NP has a notable role in improving the quality of care delivered (Adraro & Cherkos, 2021). Nursing is a vital profession that plays a crucial role in the healthcare system. As the healthcare system continues to evolve, nurses are increasingly being called upon to use critical thinking and decision-making skills to provide high-quality care to patients. One

important aspect of nursing practice is the use of the NP, which is a systematic and structured approach to assessing, planning, implementing, and evaluating the care of patients. A nursing care plan lessens the hospital stay of the patients as it helps the nurses to provide quality care through a proper plan. Patients' specific needs were outlined in their care plans, which allowed healthcare workers to deliver more precise treatment (Ajibade, 2021).

The NP has been widely adopted as a framework for nursing practice and has been shown to advance patient outcomes and the overall quality of care. Recent studies have investigated nurses' perceptions regarding the use of the NP in their practice. In 2019, a study found that nurses positively perceived the NP and believed it helped improve their ability to provide patient-centred care (Ghane & Esmaeili, 2020). Similarly, another study found that nurses believed that the NP helped improve the quality of care they provided. However, not all studies have found positive perceptions about the NP among nurses (Seçer & Karaca, 2021).

Nurses face challenges in developing the Nursing Process, particularly in nursing diagnosis, prioritizing nursing problems, and evaluation (Zamanzadeh et al., 2015). It is also affirmed that substantial perceived barriers hinder NP implementation in a clinical setting, like insufficient human and material resources, lack of supervision, demotivation by the hospital management, and stressful working conditions (Grace et al., 2022). Moreover, there are also barriers to the use of NP in practice, such as scarcity of time and resources, lack of understanding of the process, and resistance to change the system.

A study found that some nurses felt that NP was time-consuming and burdened their already busy workload (van den Oetelaar et al., 2021). Additionally, a study found that some nurses felt that the Nursing Process did not apply to certain patient populations or care settings (Lee & Cho, 2022). This study aimed to examine the usefulness and the barriers to

using the Nursing Process in nursing practice and to identify strategies to overcome these barriers (Zelege et al., 2021).

Overall, the literature suggests that nurses have mixed perceptions regarding the use of the Nursing Process in their practice. While many nurses believe that the Nursing Process helps improve the quality of care they provide to patients, others feel that it is time-consuming and not applicable to certain patient populations or care settings. Therefore, healthcare organizations must provide nurses with the necessary support and resources to effectively implement the Nursing Process in their practice.

Numerous studies have been carried out recently worldwide to assess the degree of NP implementation. Studies carried out, for instance, in Kenya revealed low levels of NP implementation (33.1 %) in the nation. In addition, the overall rate of Nursing Process adoption is 50.8% in Iran, 57.1% in Nigeria, 81.77% in Brazil, and 98% in Sweden (Inger Jansson et al., 2010; Kamau et al., 2016; Lotfi et al., 2020; Siemuri et al., 2014).

NP has been implemented as a standard for the quality of nursing care in healthcare systems in most developed countries (Zamanzadeh et al., 2015). In contrast, an integrative review revealed that NP is not applied correctly in lower-income countries due to a lack of human resources, lack of proper knowledge, and unavailability of electronic or manual tools (Lotfi et al., 2020). Moreover, another study also exhibited that all the steps of NP are not followed systematically (Azevedo et al., 2019).

Researcher's Reflection

The researcher, having a one-year tenure in a public sector hospital, observed a noticeable lack of utilization and underutilization of the NP in patient care. This deficiency was primarily attributed to the absence of an available nursing care plan format. Subsequently, recognizing the potential for enhanced care quality through the implementation

of NP and the development of comprehensive nursing care plans, the researcher perceived an opportunity for improvement in patient care within the institution.

Drawing a comparative perspective, the researcher also brought forth experience from a private organization where NP was effectively employed in clinical practice. This comparison highlighted a significant disparity in the quality of care between the two healthcare settings. Intrigued by this contrast, the researcher sought to investigate the barriers impeding the execution of the Nursing Process in the public hospital, aiming to identify and convey these impediments to the administration for future consideration.

Problem Statement

The nursing process is a practical tool guiding nurses' critical thinking for independent decision-making, crucial in addressing clients' needs and facilitating healing (Alfaro-Lefevre, 2006). Globally, the nursing process has been extensively recognized as a valuable scientific instrument and a tactic for guiding nursing practice that helps to uphold the quality of nursing care (Gazari et al., 2020). Moreover, nurses utilize this process for better patient outcomes, including a reduction in the length of patients' stay and a decrease in mortality and morbidity rates (Eletu, 2022). An integrative review by Lotfi et al. (2020), revealed that NP is not applied correctly in lower-income countries due to a lack of human resources, lack of proper knowledge, and unavailability of electronic or manual tools.

As we all know that the nursing process is a core component of various theoretical and practical nursing courses, embedded in the nursing curriculum (Bayih et al., 2021). However, graduating from nursing schools, where the nursing process is taught, doesn't automatically qualify individuals to implement it in their professional settings (Lotfi et al., 2020). As, Lotfi et al. (2020), highlight that its successful implementation is influenced by diverse individual and management factors. Therefore, it is important to explore the nurses'

perceptions regarding the use of the NP and to identify the barriers and facilitators to its usage. This may eventually help the policymakers to take actions for the advancement of the profession, and quality care.

It is also affirmed that substantial perceived barriers hinder NP implementation in a clinical setting like insufficient human and material resources, lack of supervision, demotivation by the hospital management, and stressful working conditions (Tadzong-Awasum et al., 2022).

The rationale for this study was that the insufficient number of studies conducted is particularly noteworthy considering the critical nature of the topic. The researcher's interest in this matter is grounded in direct experience within the public sector of KPK. During this experience, it became evident that nursing care lacks uniformity due to the non-utilization of the NP. This observation underscores the need for more comprehensive research in the region. Importantly, to the best of the researcher's knowledge, there is a noticeable gap in qualitative studies on this topic in KPK or any other part of Pakistan.

Research Questions

- What are the nurses' perceptions regarding using the Nursing Process in their clinical practice at a public sector tertiary care hospital in Peshawar?
- What are the obstacles and facilitators in using the Nursing Process at a public sector tertiary care hospital in Peshawar?

Purpose

The study aimed to explore nurses' perceptions regarding the use of the nursing process and to identify the barriers and facilitators to its implementation in a public sector hospital in Peshawar, Pakistan. Additionally, the study sought to identify recommendations

from the nurses' perspective to enhance the integration of the nursing process in the future within the public sector hospital.

Significance of the Study

Incorporating the Nursing Process in patient care improves hospital nursing, enabling health team nurses to enhance professionalism and achieve better outcomes. The study's significance lies in its critical findings for hospital administration, guiding the provision of high-quality healthcare. It identifies barriers hindering nurses from using the Nursing Process, offering insights for management to optimize patient care. Additionally, the study evaluates nurses' knowledge of the Nursing Process, informing future improvements. Nurse educators can use study results to update curricula, aligning education with current nursing practices. It was revealed by the study that NP is a crucial tool for nurses. Despite favouring the NP for patient care, nurses face barriers in the public sector—excessive workload, inadequate organizational support, and limited role in the decision-making process. Facilitators for NP usage include nurses' acceptance, their desire to use the process, and the availability of a Hospital Information Management System (HIMS).

The Unique findings of the research were that the Nursing Process (NP) enhances and boosts nurses' social image and lack of autonomy in the public sector, aligning with the literature on factors prompting nurses to leave Pakistan. If these factors are worked out on time this will lead to improve the quality of care within the public sector hospital of Pakistan.

Summary of the Chapter

This chapter highlighted the importance of the NP in care. It has further pointed out the significance of NP in the care of patients globally through literature support and indicated the literature that has supported the importance of NP while caring for patients. Using the NP in care can reduce the stay of patients in hospitals and can improve the quality of care.

This chapter has also highlighted the barriers to using the NP in different hospitals, revealing that most obstacles are present in developing countries. Research has also shown that nurses use NP practically but have less theoretical knowledge regarding NP and its use. This research has helped explore nurses' knowledge regarding the NP and their importance in the care of patients. This research also explored the barriers that hinder the use of the NP in the public sector, i.e., at Hayatabad Medical Complex Peshawar, Pakistan.

Chapter Two: Literature Review

This chapter includes a literature review related to the "Nursing Process" (NP), its use in clinical practices, barriers, and facilitators to its use in clinical practice. The chapter is divided into four parts. The first part focuses on the search strategy and PRISMA flow chart, the second part is on the theoretical framework, Ida Jean Orlando's theory on the "Nursing Process," and the components of the Nursing process. The third part is on the literature regarding the practical implication of the NP worldwide, perspectives of the nurses regarding the NP and its usage, and barriers and facilitators to the use of the NP in clinical practice, and the 4th part consists of the present research gap and conclusion of the whole chapter.

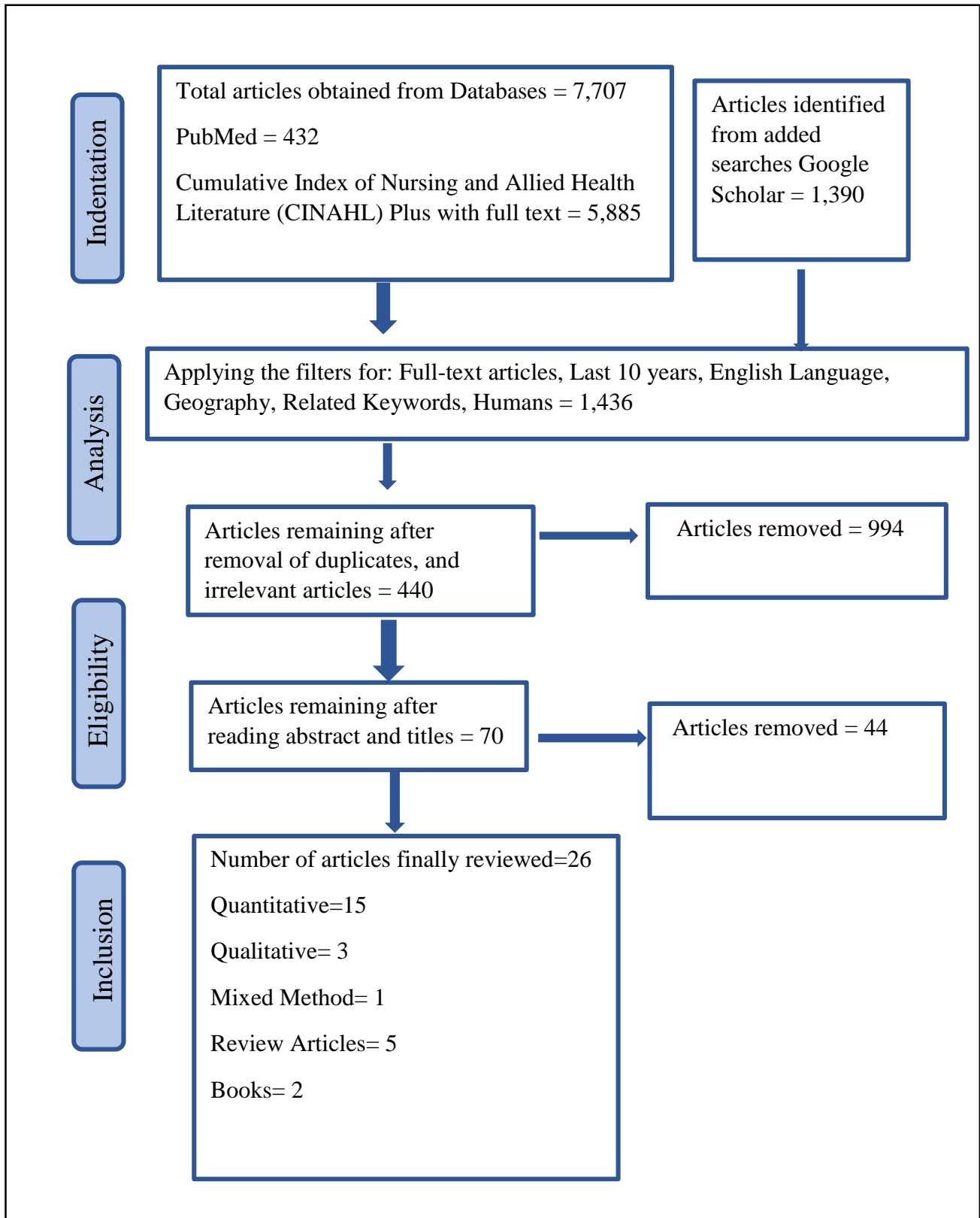
Search Strategies

A search strategy was used while collecting the literature from PubMed, CINAHL (Cumulative Index to Nursing and Allied Health Literature), and Google Scholar. Boolean operators AND/OR were used to extract relevant publications. Moreover, publications were retrieved after applying certain filters, such as ten years (80% of the articles are included from 2017-2023), full text, free full text, English language, and human subjects. Some articles from very old studies have been included due to their relevancy, and a few studies were excluded based on irrelevancy and duplication. Most of the studies were from LMICs like Ethiopia, Ghana, and Kenya, few of the studies were conducted in Western countries, some were from Asia, and one study was from Pakistan. Original articles, review articles (literature reviews, systematic reviews, and meta-analysis), and books were included. Moreover, editorials, and letter to editors were excluded. Figure 1.0 shows the PRISMA flow of the literature.

The keywords included were "Nurses Perceptions" OR "Nurses Attitudes" OR "Nurses Knowledge" AND "Nursing Process" OR "Nursing Care Plan" AND "Barriers"

AND "Enablers" OR "Facilitators" properly combined by the Boolean operators. This chapter includes a total of twenty-six articles after thorough filtration related to the research topic.

Figure 1. PRISMA Flow Chart of Literature Search Strategy



Theoretical Framework

Ida Jean Orlando 1958 established the nursing process theory, which directs nursing care. The theoretical basis of this study is Ida Jean Orlando's Nursing Process Theory. This theory guides the delivery of care through a systematic application of critical thinking, client-centred treatment approaches, goal-oriented tasks, evidence-based practice (EBP) recommendations, and nursing intuition. It combines holistic and scientific principles to establish the foundation for delivering compassionate, quality care. Orlando's theory uses the term need while discussing individuals finding themselves in need of nursing care in an event or situation (Toney-Butler & Thayer, 2022). Orlando's hypothesis has been tested in different healthcare settings, and the outcomes support its use in practice in several nursing contexts (Faust, 2002). This theory will guide this literature review.

Nursing Process Theory by Ida Jean Orlando

Since its initial publication in 1961, Ida Jean Orlando's Nursing Process Theory has been widely applied in nursing practice and instruction. The idea highlights the relationship between the nurse and patient and the nurse's responsibility for meeting the client's current desires. The theory's five primary elements are "assessment, diagnosis, planning, implementation, and evaluation" (Toney-Butler & Thayer, 2022).

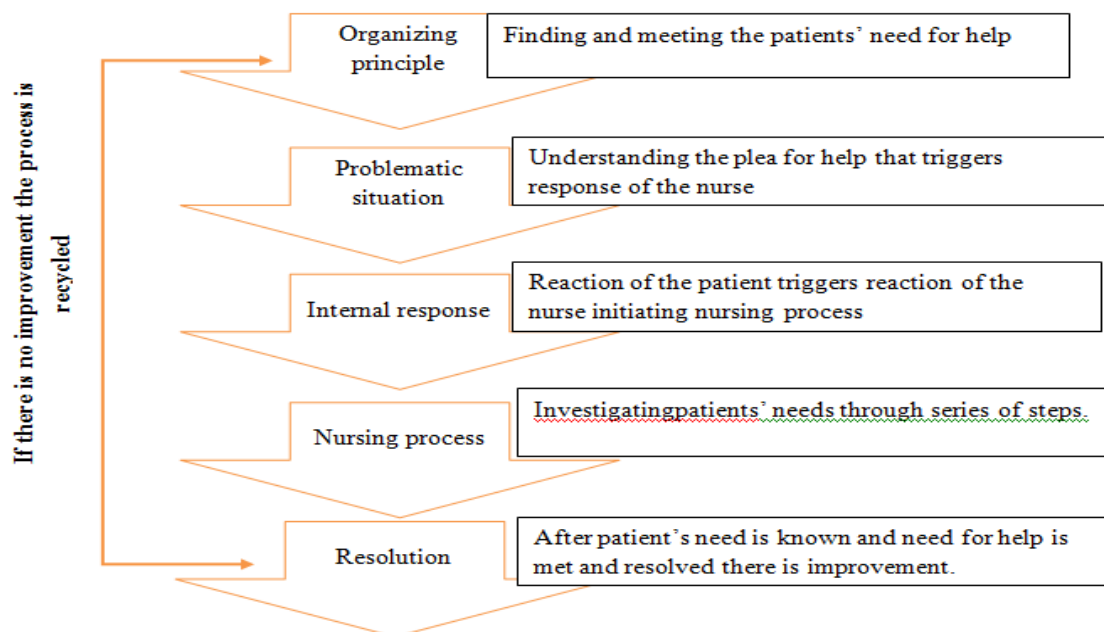
Subsequent research has looked at the relevancy of Orlando's theory in modern nursing practice. For instance, a study discovered that the Orlando theory helps enhance nursing competencies, particularly concerning clinical reasoning and decision-making, and also emphasized how crucial the theory is to encourage patient-centred care and empower nurses to prioritize patients' needs (Melin-Johansson et al., 2017).

Orlando's Nursing Process Theory is still useful for nurses who want to deliver patient-centred care and encourage good patient outcomes. It has been demonstrated that the

idea helps raise nursing skills, raise patient satisfaction, and lower patient anxiety. Nursing Care Plan (NCP) is the written manifestation of the Nursing Process (*How to Develop a Nursing Care Plan for Your Hospital*, 2020).

Nursing care plans are essential due to the vast purposes they serve. The plans define the nurse's role and provide direction for individualized care, continuity of care, coordination of care, and documentation. This serves as a guide for assigning a specific staff to a specific client, helps monitor progress, guides reimbursement, and defines clients' goals (*Nursing Care Plans (NCP): Ultimate Guide and List*, 2023).

Figure 2. Conceptual Framework of the Nursing Process Theory

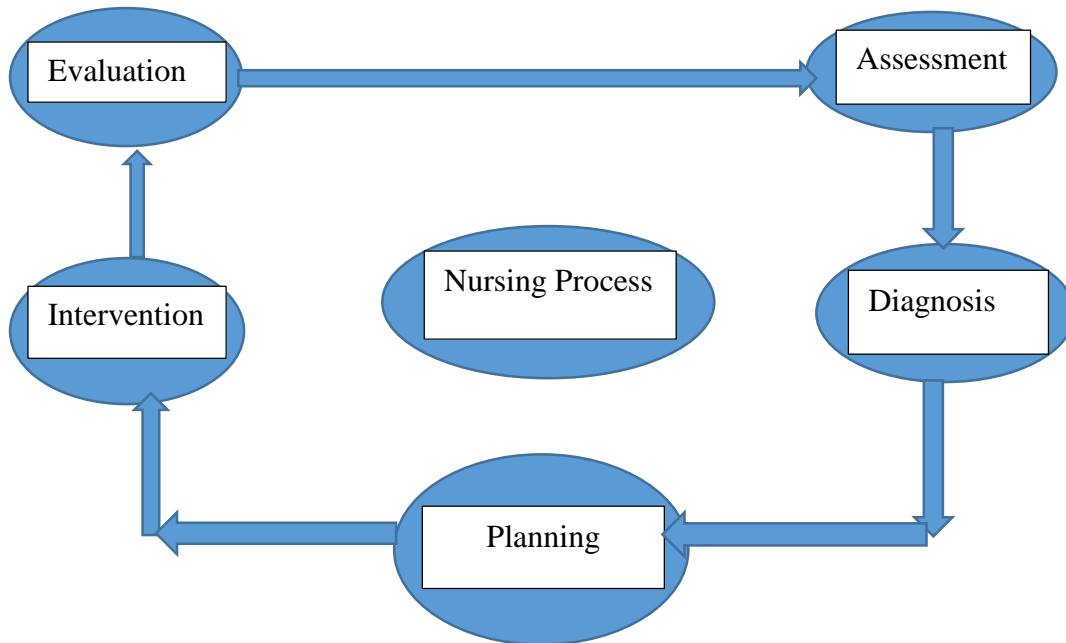


Constituents of the NP

"Assessment, diagnosis, planning, implementation, and evaluation" comprise the recent description of NP as a systemic and zestful method to provide nursing services to

patients (Gebeyehu Yazew et al., 2020), with recording and documentation at every level, the numerous steps assist in organizing and prioritizing patient care.

Figure 3. Steps of the Nursing Process



Assessment (Collecting Information)

Assessment is the first phase of the five phases in the NP, and it comprises organizing and continuing data assemblage, compiling, analyzing, documenting, and transferring the collected data (Toney-Butler & Unison-Pace, 2022). A care plan for the client that integrates the principles of an evidence-based approach can be established and directed by the nursing process with critical thinking skills. A one-size-fits-all, trial-and-error method is less effective than precision education, which personalizes care to meet a patient's unique cultural, spiritual, and physical demands (Toney-Butler & Unison-Pace, 2022).

Information on the patient's unique physical, cognitive, sociocultural, and spiritual needs is acquired during the assessment. This method includes the collection of both subjective and objective data. Vital indicators, such as the patient's temperature, heart rate,

blood pressure, respiratory rate, and level of discomfort using a suitable pain scale, are recorded as part of the data collection for the evaluation. The assessment allows the development of a nursing diagnosis, which determines the patient's present and future care needs. Prioritizing activities and treatments is aided by the nurse's perception of normal and aberrant patient physiology (Jamieson et al., 2019).

The nursing process assessment phase allows for collecting the best nursing interventions to address the patient's needs. Determining the assessment standards and accountabilities is necessary to strategize and allocate proper, specialized care to patients using the initial nurse assessment (Cruz-Oliver et al., 2019).

Physical examination is nurses' primary data collection method because it enables them to detect any anomalies and comorbidities (Kabir, 2016). Better patient outcomes frequently occur when issues that potentially risk life are recognized during the early history taking and physical inspection. The more thoroughly assessed the patient is at the beginning, the more likely it is that a problem that could negatively affect their life will be identified, a nursing diagnosis will be made, an appropriate interference or therapy will be started, and steady care will be given (Brosolo, 2019; Epstein et al., 2019; Prado et al., 2019).

Physiological anomalies that manifest as changes in vital signs and level of awareness frequently serve as early warning indicators that a patient's condition is deteriorating. These need prompt intervention to prevent a poor outcome and reduce the risk of morbidity and mortality. Although a complete assessment may be difficult for the healthcare practitioner in today's highly competitive, asset-limited healthcare environment, it is essential for secure, primary, and specialty care (Brosolo, 2019; Epstein et al., 2019; Prado et al., 2019).

Diagnosis-(Identifying Problems and Strengths)

Based on collected data, a nursing diagnosis is established. The nurse relies on the assessment-phase data to construct nursing diagnoses and clinical determinations regarding the patient's reaction to current or future well-being apprehensions. When it comes to nursing diagnosis, the focus is on a patient's health signs and symptoms, whereas medical diagnosis is more concerned with the underlying health issue (Toney-Butler & Thayer, 2022).

Maslow's Hierarchy of Needs is covered in a nursing diagnosis, which aids in planning and prioritizing nursing focuses on patient-centred outcomes. Abraham Maslow created a hierarchy in 1943 based on the fundamental needs that each person is born with. Basic physiological needs and desires must be satisfied before achieving higher objectives and aims, like self-esteem and self-actualization. At the base of Maslow's pyramid, physical and social demands guide nursing care and nursing interventions, setting the foundations for both physical and emotional wellness (Maslow & Mezey, 2008; Shih et al., 2019).

To adequately treat a patient, it is vital to have a diagnosis with a defined etiology to guide therapy options. Additionally, a study found that nurses must document their results in a manner that is apparent to their colleagues and the rest of the healthcare team rather than depending primarily on classifications during the diagnostic process (Frigstad et al., 2015).

Planning

According to the EDP (Electronic Data Processing) rules, goals and outcomes that directly impact patient care are created at the beginning of the project. The achievement of these client objectives helps in providing positive results. Plans for nursing care are crucial in this goal-setting phase. Health plans offer a guide for delivering individualized care that is catered to a person's unique needs. The treatment strategy is influenced by both the primary illness and any comorbid conditions. Care plans improve the healthcare system's ability to

coordinate care, document it, pay for it, and provide continuity of care (Toney-Butler & Thayer, 2022). Goals should be Particular Actionable, Attainable, Results-intended, Practical, or Time-Oriented (Toney-Butler & Thayer, 2022).

The planning process includes identifying and prioritizing issues, establishing goals, evaluating prospective outcomes, choosing nursing treatments, and documenting these interventions in the medical records (Toney-Butler & Thayer, 2023). Planning ensures that the appropriate amalgamation of actions and assets is used to achieve the needed outcome (Ballantyne, 2016). Establishing patient-centred goals and developing ways to achieve them is the primary emphasis of planning. These goals should be SMART, the acronym for Smart, Measurable, Attainable, Realistic, and Timely Oriented (Stonehouse, 2020).

Implementation

Implementation necessitates taking action, doing something, and executing the nursing interventions framed in the Nursing care plan (Toney-Butler & Thayer, 2022). This entails carrying out the strategies and assigning accountability for each action. A single nursing action intended to produce a result for a nursing diagnostic or a medical measure for which the nurse is responsible is referred to as a nursing intervention (García-Garcés & Bellver Capella, 2021).

Evaluation

NP is a never-ending exercise. It entails, besides evaluating the attainment of the objectives, determining modifications needed and changing plans accordingly. Throughout the nursing process, a nurse assesses whether or not sufficient data has been gathered to generate nursing diagnoses. The precision of the nursing diagnoses is assessed, and the likelihood that the goals and interventions will be realistic and achievable is assessed after that (Toney-Butler & Thayer, 2022).

This step must be the last for the NP to complete to ensure successful treatment outcomes. Every time they engage in or deliver services, a healthcare professional must reassess or evaluate the situation to make sure the intended result has been reached. Depending on the patient's overall state, a review may be necessary often, time and again. According to the current evaluation results, the care plan can be altered (Toney-Butler & Thayer, 2022).

Practical Implication of the Nursing Process in Clinical Settings

Applying the NP in practical care is essential and needs to be implemented; however, the perception is that it is tedious and unnecessary. If nurses do not value and do not use the nursing process, they might infer based on a medical diagnosis rather than rationale Nursing Process steps.

Numerous individual studies have been carried out recently, all around the world, to assess the degree of nursing process implementation. Studies carried out, for instance, in Kenya revealed low levels of NP implementation in the nation. In addition, the overall rate of nursing process adoption was 50.8% in Iran, 57.1% in Nigeria, 81.77% in Brazil, and 98% in Sweden (Inger Jansson et al., 2010; Kamau et al., 2016; Lotfi et al., 2020; Siemuri et al., 2014). In Sweden, 137 nurses were recruited for the study; 98 % were executing NCP in patient care. This study concluded that experienced nurses can implement NCP in their care easily. The main factor behind the 98 % implementation of NCP was easy to understand and follow (I. Jansson et al., 2010).

Furthermore, a meta-analysis that included 2,819 nurses from 17 primary studies in Ethiopia estimated that 50.22 percent were executing the nursing process in their care (W. A. Bayih et al., 2021). In contrast, another study in a Ghanaian Teaching hospital revealed that the knowledge level of nurses was very significant regarding the nursing process (71%), but

the practical application was lacking (32.3%). The significant barriers were a hectic working environment, lack of policy, little NP-related training, lack of supply of consumable items, and lack of NP-related clinical skills practice (Osman et al., 2021). Additionally, a descriptive cross-sectional study conducted in 2020 in Lahore, Pakistan, recruited 124 nurses and found that 89.5% of nurses had good knowledge regarding NP and 67.7 % of the nurses executed NP in their clinical practice (Rukhsana Bibi, 2020).

Yet, another cross-sectional study conducted in Southwest Ethiopia showed that 73.9 percent of the nurses were executing the nursing process in their clinical practice in government hospitals. Moreover, the study showed that Bachelor Nurses were more likely to implement NP in their care than diploma holders. This study also found that implementing the NP is less possible without administration support. The most significant thing was the importance of training regarding the execution of the NP. It was identified that this should be given to all the staff nurses, as this will help in the execution of the Nursing Process and the assessment of the patient's needs; it is through executing the nursing process that these needs will be properly met (Adraro & Mengistu, 2020).

Moreover, another descriptive quantitative research study conducted in Iran, which recruited 400 discharged patients from a public hospital, has shown that the Nursing Process can improve patient outcomes by ensuring individualized and evidence-based care (Seyyed Rasooli et al., 2013). This study has highlighted that patients also preferred NCP in their care.

A systematic review in Iran, published in 2015, highlighted that the NP was being implemented as a standard for the quality of nursing care in healthcare systems in most developed countries. This study also indicated that the barriers in the execution of the NP would be discussed later in the barrier section; the appendices also had the study's key findings (V. Zamanzadeh et al., 2015).

In contrast, an integrative review published in 2015 revealed that NP is not applied correctly in lower-income countries due to a lack of human resources, proper knowledge, and unavailability of electronic or manual tools (M. Lotfi et al., 2020). A descriptive quantitative study in Brazil recruited 416 nurses responsible for different sectors. It concluded that the documentation of NP was good in all sectors, but in some sectors, the documentation did not follow the criteria. It is exhibited by current research that all the steps of NP are not followed systematically (Azevedo et al., 2019).

Perspective of Nurses on the Usage of the Nursing Process

The NP is a methodical problem-solving approach that provides safe, effective, and client-centred care. NP includes "assessment, diagnosis, planning, implementation, and evaluation" (Gebeyehu Yazew et al., 2020). Furthermore, the practice of NP is essential in giving excellent care to patients. The use of the NP in the United States has been well-established for several decades.

In 1955, the nursing process was introduced as a way to standardize the care delivered by nurses. Since then, the NP has become integral to nursing practice in the United States. In 1958, nurse theorist Ida Jean Orlando initially developed the NP, followed by evidence-based practice and client-centred and goal-oriented tasks (Toney-Butler & Thayer, 2022).

A phenomenological study was conducted at a Ghana district hospital where 12 nurses were recruited through purposive sampling. The study revealed that NP has been widely recognized as a valuable scientific instrument across the globe and a method for directing the practice of nursing that aids in advancing the standard of nursing care. However, it was found that the nursing process was not executed in the setting due to some barricades (T. Gazari, F. Apiribu, & V. M. Dzomeku, 2020). Moreover, a descriptive quantitative cross-sectional study was conducted in three selected public sectors of southwest Ethiopia in 2016.

The study results showed that 60% of the nurses had poor knowledge regarding the Nursing Process but had positive attitudes toward the Nursing Process (50%). Furthermore, the study concluded that most nurses had fragile knowledge but a good attitude toward the nursing process (Zerihun Adraro, 2021). This study was published in 2021 in the *Advances in Nursing and Midwifery* journal.

Another quantitative cross-sectional study was conducted in the Naivasha District Hospital Kenya (2016), where 83 nurses were recruited through Quota Sampling using Cochran's formulae. This study concluded that nurses use the NP incompletely and unsystematically. Moreover, this study showed that nurses have a positive attitude but face hurdles in executing all steps of the NP. Additionally, nurses had a constructive attitude towards the Nursing Process, where 51.8 % strongly agreed that the Nursing Process accelerates total patient care. In comparison, 32.7 % agreed, and 86.7 % strongly agreed that setting goals would enable expressive care evaluation. Most nurses favoured the NP (Mangare N. L, 2016).

Furthermore, a qualitative study conducted in 2022 at the Soroti Regional Referral Hospital in Uganda revealed that nurses utilize NP for better patient outcomes, including reducing the length of hospital stay, mortality, and morbidity rates (Eletu, 2022). Additionally, a unique mixed-method descriptive observational study in 2019 explored patient perspectives regarding bedside nursing reports and concluded that the NP should enhance patient outcomes in the United States (Baldwin & Spears, 2019).

Yet, another cross-sectional study in 2020 by Yoon and his fellows that recruited 204 nurses revealed that the practice of NP in Asia has resulted in improved patient outcomes, and many researchers in Asia conclude that nurses in Asian countries to practice NP should be motivated to improve patient outcomes and nurse-patient communication (Yoon et al.,

2020). Moreover, a descriptive cross-sectional study in 2020 revealed that 89.5% of the nurses in Pakistan have good knowledge regarding the NP (Rukhsana Bibi, 2020).

Barriers and Facilitators in the Use of Nursing Process in Clinical Settings

Barriers are the hurdles executing or applying NP in patient care. Developed countries have a well-developed healthcare system, which is the reason behind the excellent execution of the NP there. In contrast, developing countries face many hurdles in its execution. That is why nurses' perceptions regarding the use of NP vary globally and in Pakistan.

An integrative review in 2015 in Saudi Arabia revealed that nurses in Saudi Arabia face barriers such as limited time, knowledge, and support from their colleagues and supervisors (Alshammari et al., 2019). Similarly, another study found that nurses in Jordan and Egypt face barriers such as a lack of resources and inadequate training in the practice of the NP (Youssef et al., 2018). Furthermore, a qualitative inquiry in Iran recruited fifteen nursing students through purposive sampling. The inclusion criteria were the sixth to eighth-semester students of the nursing baccalaureate program to determine the influencing factors in the use of NP. The study revealed that the understanding of NP, administrative support, and the reflection on NP are the factors that facilitate the use of NP in clinical practice (Tahere Moghadas, 2020).

Moreover, a quantitative cross-sectional survey of 286 nurses was conducted in Mekelle Zone Hospital, Ghana, in 2019, which found that nurses lacked the skills needed to put NP into practice and that barriers like patient-nurse ratios were the obstacles in executing NP. Moreover, 90% of the research participants lacked the necessary experience to apply the nursing process to routine practice. This study also concluded that NP was not implemented in the provision of patient care due to lack of resources, increasing workloads due to high patient-nurse ratios, and other factors (Osman et al., 2021).

Correspondingly, another cross-sectional study was conducted in Ethiopia in 2019, in which 249 nurses were recruited. The data was collected through a self-administered questionnaire that concluded that time constraints, heavy workloads, non-recognition by authority, lack of motivation, lack of cooperation, unrelated tasks, unclear and poor job descriptions, and lack of good salaries were the key obstacles stated by critical care nurses in using the nursing process in patient care (Zelege et al., 2021). Besides, an integrated review published in BMC Nursing in 2021 has concluded that a lack of support from supervisors and colleagues was a significant barrier to the execution of the NP in the community's well-being. The facilitators were the nurses' adaptability to various contexts, recognizing the patient's role, and the desire to develop multidisciplinary and influential working groups to respond to the population's health needs in the primary care context (Busca et al., 2021).

According to a systematic review published by Iranian authors, the main obstacles in integrating the NP were a lack of comprehension of the nursing process concept, disparate perspectives on the process, nurses' lack of understanding and curiosity regarding its execution, management system support, and issues with documenting the NP. A thorough analysis of the papers revealed various difficulties with the nursing process's execution. The main points that emerged from a systematic review of the literature included a deficiency of understanding of NP, disparate opinions of the course, nurses' shortage of knowledge and understanding of how the process is being carried out, management system support, and issues with recording the nursing process (V. Zamanzadeh et al., 2015). Similarly, Another systematic review in the sub-Saharan African region in 2021 regarding the implementation of NP revealed three barriers to the implementation of NP: inadequate knowledge of NP, stressful working environment, and understaffing (Tadzong-Awasum & Dufashwenayesu, 2021).

Likewise, According to a cross-sectional study conducted in Brazil, the Nursing Process, as it currently exists, is unclear, time-consuming, and challenging to carry out. Moreover, Baccalaureate nurses have higher knowledge regarding NP than auxiliary nurses (Guedes Ede et al., 2012). These findings suggest that nurses globally face similar barriers in the practice of the NP. Similarly, in Pakistan, nurses have reported facing obstacles in the execution of the nursing process (Abuhammad et al., 2020). Also, a descriptive cross-sectional study in Iraq, in 2017 and 2018, that recruited 313 nurses reported that nurses in Iraq face hurdles such as lack of time, knowledge, and support from their colleagues and supervisors to execute the NP in their practice. Moreover, nurses lack knowledge regarding the NP, and that could be a hindrance in the execution as well (Mayouf et al., 2019).

Moreover, another quantitative cross-sectional study in 2018 found that nurses in Pakistan face barriers such as lack of resources and absence of training in the practice of NP (Akhtar et al., 2018b). Another descriptive cross-sectional study, carried out in 2020 in Lahore, Pakistan, by Rukhsana, concluded that nurses have a good knowledge of NP, and most of them practice it. The main hurdles in its implementation are scarcity of time, insufficient resources, and some managerial inadequacies (Rukhsana Bibi, 2020). These findings suggest that nurses in Pakistan face similar barriers as nurses globally in the NP. Despite these barriers, nurses globally and in Pakistan have valued the nursing process.

Hence, the literature suggests that nurses globally and in Pakistan face similar barriers to using the NP, such as the absence of time, deficiency of knowledge, insufficient educational resources, and collaboration from superiors and coworkers. However, nurses globally and in Pakistan value using the nursing process because it helps them provide safe, effective, and patient-centred care.

Research Gap

The literature stipulates those participants perceived NP as a scientific method that assists nurses in delivering quality care to clients. However, despite its positive effect on patient outcomes, it is not widely applied in the clinical setting because of barriers. The above literature also suggests that NP is a crucial instrument for patient care, but nurses face many obstacles while implementing the nursing process in care. Nurses' lack of understanding of the proper way to carry out the approach, support for managing the systems, and their issues with documenting the nursing process were the main barriers to implementing the Nursing Process. Some studies have also shown that lack of resources, increasing workloads due to high patient-nurse ratios, and other factors are also obstacles in the execution of the NP.

While using NP, patient needs relating to specific goals are developed. Therefore, patient care provided by nurses can improve significantly, leading to patients' prompt recovery. However, although the Nursing process provides significant patient outcomes, it is not employed practically in hospital settings. This is because it is tedious and tough to apply in clinical settings. There are extensive barriers that deter the execution of the Nursing Process.

No qualitative study that was carried out in the Pakistani context on such a topic was highlighted in the literature search. Due to its immense significance. Hence, conducting this study has helped the researcher in finding out the barriers and facilitators in the execution of the Nursing Process in the public sector hospitals of Pakistan.

The findings of this research will provide a platform for all the public sectors of Pakistan to recognize the barriers and the facilitators, based on nurses' perspectives, in the execution of the nursing process, which will lead to better patient outcomes and quality care.

Summary

This chapter provided an in-depth overview of NP, the components of NP, the importance of utilizing NP, the practical implications of NP, and the challenges and facilitators in the use of NP. This chapter has also highlighted the overall challenges in the execution of the Nursing Process. Moreover, this chapter also indicated the need for this study as no qualitative research study was carried out in Pakistan, especially in the public sector of Khyber Pakhtunkhwa, Pakistan, on the use of NP and the obstacles and facilitators in the use of NP.

Table 1 Extraction Table Literature Review

Year Of Publication/Author	Study Design	Key Finding/Sample Size	Place of Study
Adraro, Z. (2021).	Quantitative Descriptive Cross-Sectional	138 Nurses responded to the self-administered developed questionnaire. Sixty percent of Nurses had poor knowledge, but 50% had good attitudes toward the NP.	Southwest Ethiopia
Mangare, N. L. (2016).	Quantitative Cross-Sectional	83 Nurses were recruited through Quota Sampling while using Cochran's formulae. This study concluded that Nurses use the NP in an incomplete and unsystematic manner. Further, this study showed that Nurses have a positive attitude but face hurdles in executing all steps of the NP.	Kenya

Gazari, et al. (2020).	Qualitative Phenomenological Study	In In-depth and Focus Group interviews, 12 nurses were recruited by purposive sampling, revealing that the NP has been widely recognized as a valuable scientific instrument across the globe and a method for directing the practice of nursing that aids in advancing the standard of nursing care. In contrast, it was found that the nursing process was not executed in the setting due to some barricades.	Ghana
Eletu, E. (2022).	Descriptive qualitative study	Nurses utilize the NP for better patient outcomes, including reducing the length of hospital stay, mortality, and morbidity rates.	Uganda
Baldwin, K. M., & Spears, M. J. (2019).	Mixed Method Study	Improving the Patient Experience and Decreasing Patient Anxiety With Nursing Bedside Reports, the NP should be used to enhance patient outcomes.	US
Yoon, et al. (2020).	Quantitative Cross-sectional Study	This study recruited 204 nurses and revealed that the practice of NP in Asia has resulted in improved patient outcomes, and many researchers in Asia concluded that nurses in Asian countries should be motivated to practice NP to improve patient outcomes and nurse-patient communication.	South Korea

Adraro, Z., & Mengistu (2020).	Quantitative Cross-sectional study	One hundred thirty-eight nurses were included through simple random sampling; 73.9 % of the nurses were executing the NP in clinical practice.	Southwest Ethiopia
Rasooli, et al. (2013).	Quantitative Descriptive Cross-sectional Study	This study recruited 400 discharged patients from a public hospital through a Proportional stratified random sampling method and has shown that the nursing process can improve patient outcomes by ensuring that care is individualized and evidence-based	Iran
Jansson, et al. (2010).	Quantitative Retrospective Cross-sectional	A total of 137 nurses were recruited in the study.98 % of the nurses were executing the NCP in patient care. This study concluded that experienced nurses can implement NCP in their care easily. The main factor behind 98 % of implementation was that it was easy to understand and follow.	Sweden
Kamau, et al. (2016).	Quantitative Cross-Sectional Study	50 % of the nurses execute the nursing process in patient care.	Brazil
Siemuri, et al. (2014).	Quantitative Cross-Sectional Study	87 % of the nurses execute the nursing process in their clinical practice.	Nigeria

Bibi, R. (2020).	Quantitative Descriptive cross-sectional	This study recruited 124 nurses and found that 89.5% had good knowledge of NP, and 67.7 % of the nurses executed the NP in their clinical practice.	Lahore, Pakistan
Zamanzadeh, et al. (2015).	Systematic Review	NP has been implemented as a standard for the quality of nursing care in healthcare systems in most developed countries. The main obstacles to integrating the NP were a lack of comprehension of the nursing process concept, disparate perspectives, nurses' lack of understanding and curiosity regarding its execution, management system support, and issues documenting the NP.	Iran
Lotfi, et al. (2020).	Integrative Review	NP is not applied correctly in lower-income countries due to a lack of human resources, proper knowledge, and unavailability of electronic or manual tools.	Integrative Review

<p>Azevedo, et al. (2019).</p>	<p>Descriptive Quantitative Study</p>	<p>This study recruited 416 nurses responsible for different sectors. It concluded that documentation of the NP is good in all sectors, but some sectors do documentation that does not follow the criteria. It is exhibited by current research that all the steps of NP are not followed systematically.</p>	<p>Brazil</p>
<p>Osman, et al. (2021).</p>	<p>Quantitative Cross-Sectional Study</p>	<p>A survey of 286 nurses was conducted, which found that nurses lacked the skills to put the NP into practice and that barriers like patient-nurse ratios were the obstacles to executing the NP. Moreover, 90% of the research participants lacked the necessary experience to apply the nursing process to routine practice. This study also concluded that NP was not implemented in the provision of patient care due to lack of resources, increasing workloads due to high patient-nurse ratios, and other factors.</p>	<p>Ghana</p>
<p>Zelege, et al. (2021).</p>	<p>Quantitative Cross-Sectional Study</p>	<p>Two hundred forty-nine nurses were recruited, and data was collected through a self-administered questionnaire. The study concluded that time constraints, heavy</p>	<p>Ethiopia</p>

		workloads, non-recognition by authority, lack of motivation, lack of cooperation, unrelated tasks, unclear and poor job descriptions, and lack of good salaries were the key obstacles stated by critical care nurses in using the nursing process in patient care.	
Busca, et al. (2021).	An integrated review	This review concluded that a lack of support from supervisors and colleagues was a significant barrier to the execution of NP in community well-being. The facilitators were the nurses who could adapt to various contexts; they could recognize the patient's role and desire to develop multidisciplinary and effective working groups to respond to the population's health needs in a primary care context.	BMC Nursing
Zamanzadeh, et al. (2015)	Systematic Review	The main obstacles to integrating the NP were a lack of comprehension of the nursing process concept, disparate perspectives, nurses' lack of understanding and curiosity regarding its execution, management system support, and issues documenting the NP.	Iran
Guedes Ede, et al. (2012).	Quantitative cross-sectional study	This study recruited 1,105 nurses and revealed that the Nursing Process, as it currently exists, is unclear, time-consuming, and challenging to carry out. Moreover, Baccalaureate nurses have	Brazil

		higher knowledge regarding NP than auxiliary nurses.	
Akhtar, et al. (2018).	Quantitative cross-sectional	This study was conducted in 2018 and recruited 124 Nurses through convenience sampling. It found that nurses in Pakistan face barriers such as lack of resources and absence of training in the practice of the NP.	Pakistan
Malouf, et al. (2019).	Quantitative Descriptive cross-sectional study	This study recruited 313 nurses and reported that nurses in Iraq faced hurdles such as a lack of time, knowledge, and support from their colleagues and supervisors to execute the NP in their practice. Moreover, nurses lacked knowledge regarding the NP, which could hinder the execution.	Iraq
Toney-Butler, & Unison-Pace (2022). & Toney-Butler, T. J., & Thayer, J. M. (2023).	Books for Nursing Process Theory	These two books were used to take the theoretical framework for the study.	

Tadzong-Awasum & Dufashwenayesu (2021).	Systematic Review	This systematic review in the sub-Saharan African region in 2021 regarding the implementation of NP revealed three barriers to implementation of the NP: inadequate knowledge of the NP, stressful working environment, and understaffing.	Sub-Saharan Africa
Moghadas, T. (2020).	Qualitative Study	The study recruited fifteen nursing students through purposive sampling. The inclusion criteria were the sixth to eighth-semester students of the baccalaureate nursing program to determine the influencing factors in the use of NP. The study revealed that the understanding of NP, administrative support, and the reflection on NP were the factors that facilitated the use of NP in clinical practice.	Iran

Chapter Three: Methodology

This chapter discusses the research methodology used to explore nurses' perceptions regarding using the Nursing Process (NP) in the Hayatabad Medical Complex, Peshawar. It includes the study design, setting, and duration of the study. It also includes the sample size and sampling technique, inclusion and exclusion criteria, and participant recruitment details. Moreover, this chapter also explains the data collection process, data analysis, study rigor, and ethical considerations. This chapter will be concluded at the end.

Study Design

A Qualitative Descriptive Exploratory Design was used to explore the nurses' perceptions regarding the use of the Nursing Process and to identify the barriers and facilitators in the use of NP in a public tertiary care hospital. The Qualitative Exploratory Descriptive Design is preferably used for qualitative research in healthcare settings (McCallum & Howes, 2018). This design was considered the best fit for the current study, to explore the nurse's perceptions regarding using the Nursing Process. This study design allowed for exploring the possible information through open-ended questions and reflective probing (McCallum & Howes, 2018).

Moreover, qualitative descriptive exploratory studies are carried out to gain in-depth insight into the phenomenon from the participants' perceptions and experiences (Kim et al., 2017). This design focuses on discovering in-depth details about who, what, and where of the phenomenon under study. Moreover, this type of study design provides the researcher with a natural and clear picture of a poorly understood phenomenon, to generate new and comprehensive knowledge (Quick & Hall, 2015). Since no qualitative study has been carried out on this topic, as per the researcher's knowledge, this design helped explore this phenomenon.

Study Setting

The study was carried out at Hayatabad Medical Complex (HMC), a public tertiary care teaching hospital in Peshawar, Pakistan. It provides medical, allied, and surgical services to people. It has about 1,280 beds, and about 450 registered nurses are currently working there as of November 15, 2022. HMC recently achieved ISO 9001-2015 certification on 28 January 2023 for its quality care.

Moreover, the researcher also approached other public sector hospitals in Peshawar, Pakistan, to get permission to conduct this study there, but the permission was not granted. Therefore, only HMC was selected for this research.

Study Duration

The data collection started from piloting; the first interview was on the 2nd of May 2023, and the 2nd interview was on the 10th of May 2023. After completing the pilot test, the data collection procedure started at the beginning of June 2023 and ended in mid-July 2023. The total duration of the study was six months, from May 2023 to October 2023, including thesis compilation.

Sample Size and Sampling Technique

Purposive sampling was used to collect the data. When the study participants are selected based on certain qualities and characteristics, the sampling technique used is called purposive sampling (Etikan et al., 2016). Moreover, Purposive sampling is a technique used for recruiting participants purposefully for the study who are willing to share their perceptions and experiences and can provide detailed information related to the phenomenon of interest (Campbell et al., 2020). It is a non-probability sampling method which was utilized to enroll the participants in the study. The nurses who were voluntarily willing to participate were recruited for the study.

The sample size was determined through data saturation when further interaction with nurses produced no new information. According to a study, saturation refers to the point where the repetition of information is observed, which simply means no generation of new information from further interviews (Saunders et al., 2018). Moreover, the sample size of a qualitative study tends to be small to deliver richly textured information appropriate to the phenomenon of the study (Vasileiou et al., 2018).

A total of 15 participants were recruited for this study, based on data saturation. The researcher himself conducted the interview to have a better understanding of the phenomenon under study.

Eligibility Criteria

The participants of the study were recruited according to the below criteria.

Inclusion Criteria

- Bedside registered nurse with at least one year of recent experience as a bedside nurse.
- Participants were willing to give consent and have their interviews tape-audio recorded.

Exclusion Criteria

- Recent traumatic event (e.g., bereavement, personal injury) to support mental health and emotional well-being.

Participants Recruitment Process

The researcher followed the following process for the recruitment of the study participants.

1. Written approval was obtained from the Medical Director and Nursing Director of the public tertiary care hospital and the institution's Ethical Review Committee (Appendix G).
2. Following this, the researcher wrote an email to the hospital's Nursing Director to gain access to the nurses of different units.
3. Before collecting the data, the head nurses of the units were informed through a proper meeting, and then, upon approval from the head nurses, the participants of the unit were informed regarding the study's purpose and the significance of the study.
4. Then, after the willingness of the registered nurse to participate, the interview was recorded.
5. Those participants were interviewed who met the inclusion criteria.

Data Collection Tool

For data collection, the researcher developed a demographic questionnaire and a study guide to conduct in-depth participant interviews. The demographic tool comprised five questions, related to gender, age, marital status, professional qualification, and length of employment (Appendix D). The researcher ensured the inclusion of participants with different age groups, different lengths of experience, and different employment categories.

Semi-Structured Interviews

Semi structure interviews permit the study participants to share their feelings and experiences related to the phenomenon of interest, irrespective of any boundaries (DeJonckheere & Vaughn, 2019). This involves a dialogue between the researcher and the participants, which is directed through a study guide, and complemented by probes. This method also permits the researcher to explore the participants' thoughts and feelings that are related to the phenomenon of interest. Hence, a semi-structured interview guide was

prepared, based on the prior knowledge of the researcher, the literature review, and the theoretical framework of NP by Ida Jean Orlando (1951), to encourage free expression of the participants' thoughts and feelings.

The interview guide consisted of six open-ended questions related to the usage, barriers, and facilitators in the execution of NP. The study guide questions are given below in the appendices (Appendix E). Moreover, certain planned and unplanned probes were also used during the interview to obtain depth and richness in the participants' responses. According to the participants' comfort, they gave the responses in both English and Urdu. The researcher maintained simultaneous field notes throughout the interviews, to capture the participants' non-verbal gestures and emotions, which assisted in synchronizing the verbal data.

Pilot Testing of the Interviews

Pilot testing guides the research process as it provides feedback to the researcher to make adjustments and refine the interview guide, and it identifies potential obstacles that might occur in the phase of data collection (Abdul Majid et al., 2017). Therefore, two participants were recruited for the pilot testing of the study' interview guide. The interview guide seemed to be clear and understandable for the participants, therefore, no major amendments were made, except for the addition of some possible probes. However, the participants of the pilot testing and their interviews were not included in the study.

Pilot testing was conducted with one participant from another hospital and one from the same hospital setting where the research study was conducted. Piloting was done one month before the main study. The main purpose of the pilot study was to determine the clarity and relevance of the questions in the interview guide. The Piloting demonstrated that the interview guide was clear, brief, and specific, and the participants' questions were easily

understandable. The committee members and supervisor suggested additional probes to gain in-depth insight into the topic. These probes were added in the interview guide. The additional probes helped the researcher increase the interview length and gain more in-depth knowledge from the participants.

Data Collection Procedure

Data collection was conducted after the ERC's approval, from the beginning of June 2023 to the end of July 2023, per participants' availability. The researcher booked a separate room. The interviews were mostly conducted in the head nurse's office, and some were conducted in the conference room. This process reduced the discomfort and ensured the privacy of the participants. In addition, to avoid interruption, a sign stating "Do Not Disturb" was hung outside the head nurse's office or conference room. Depending on the participants' responses, each interview lasted for approximately 40 minutes, and, as per the interviewees' preference, all interviews were conducted in Urdu.

The researcher used therapeutic communication with the participants and provided reassurance regarding maintaining confidentiality, along with which the participants were given the option to discontinue the interview at any point if they felt any discomfort. Written informed consent (Appendix A and B) was obtained from each participant in the study. The researcher audio-recorded all interviews, with the participants' consent.

Data Analysis

Data analysis is a process of organizing, structuring, and generating the actual meaning of the data (Bengtsson, 2016). The data collection and analysis were done simultaneously. The data analysis involved the identification of patterns and themes and determining how these themes answered the research question (Levitt et al., 2018). During

the manual analysis of the data, the researcher followed several steps proposed by Creswell (2013):

- Data organization and preparation for analysis
- Reading and reflecting
- Start coding all the data
- Categories and Themes Generation
- Representation of data
- Data Interpretation

These steps were followed to transcribe the data properly.

Data Organization

Firstly, after conducting each interview, the researcher secured the participants' data in a locked cabinet, while the recordings of the interviews were saved in a locked password-protected folder, to maintain the confidentiality of the participants. Participants were provided an identification number (ID#) to maintain their confidentiality, the interviews were first transcribed in the Urdu language and then translated into the English language by the researcher, with the help of a language expert. The researcher heard each interview multiple times to ensure its accuracy, and also ensured that the meaning of the phenomenon remained the same as stated during translation. All the interviews were organized in a Microsoft word document as text-based data.

Reading and Reflecting

The researcher read and reflected upon the transcripts several times and compared each of them with the audio-recordings to understand and identify the key concepts from the data. The researcher also reviewed the reflective notes written soon after each of the interviews,

which helped eliminate the researcher's bias and understand the sense of the data as a whole (Palaganas et al., 2017).

Data Coding

Coding is an essential process in qualitative data analysis. It is a deductive process of breaking down data into smaller units that reflect the participants' responses to the question under study (Stuckey, 2015).

Categories and Themes Generation

It is a process of aggregating multiple codes stating a common idea (Elliott, 2018). Moreover, to form categories, the researcher compiled all similar and related codes together in a separate column. Similar categories were then merged to develop themes, classify the findings and have a clearer understanding of the phenomenon. A total of five themes emerged from this research.

Representation of Data

The researcher displayed the demographic data in a tabular form, to comprehensively present the study findings. Whereas, the themes were presented in a hierarchical form, where major themes were divided into categories and assisted through participants' narrations, for thorough reporting and understanding of the study findings.

Data Interpretation

The last and most important step of data analysis is data interpretation. It provides actual meaning to the data. This process involves the final interpretation of the study findings through codes, categories, and themes. Data interpretation was performed with the assistance of the thesis supervisor and committee members.

Study Rigors

The word trustworthiness was introduced by Lincoln and Guba in 1985 to ensure rigor in qualitative studies. The trustworthiness criteria which they proposed consisted of credibility, dependability, confirmability, and transferability.

Trustworthiness

To maintain the reliability of the qualitative research findings, the researchers employed the technique of data triangulation. Various validation approaches were used to assess and verify the research's quality, including credibility, transferability, dependability, and confirmability.

Moreover, to enhance the applicability and reliability of the study, thorough details about the study context, participants, research methodology, and field notes were provided. This augmented the transferability and dependability of the research, ensuring its credibility. To establish the objectivity and reliability of the study outcomes, an audit trail was also created.

Credibility

Credibility, in a qualitative study, is examining the truth value (Lincoln & Guba, 1985). To maintain credibility, the researcher achieved saturation during the interviews of the participants and confirmed that no new themes were emerging. The researcher stopped the data collection process when no new information was forthcoming from the participants.

Furthermore, member checking was also essential for maintaining credibility; the researcher requested the study participants to read their transcripts and confirm that whatever information they had shared was included in the transcripts. Moreover, the participants' non-verbal expressions were also observed and mentioned in the researcher's field notes to ensure the study's rigor. The researcher used bracketing by writing reflections to minimize conflict

and the influence of the researcher's values on the participants' views (Polit & Beck, 2012).

Dependability

Dependability in a qualitative study requires evaluating the consistency in data analysis (Lincoln & Guba, 1985). The researcher ensured dependability by cross-checking the organization and documentation of the data. Moreover, the researcher re-listened to the recordings and re-read the transcripts to make sure that the analysis was comprehensive. Furthermore, the thesis supervisor and the committee members were also involved throughout the process of data analysis.

Confirmability

Confirmability in a qualitative study includes evaluating the content of the data through member checks, audio audits, and participant checks (Lincoln & Guba, 1985). It is described as the neutrality of the study findings without any researcher bias. The researcher in this study ensured confirmability by writing field notes and reflections.

In addition, a step-by-step approach was used to analyze the data, and the findings were thoroughly discussed with the thesis committee members and supervisor to ensure appropriate bracketing of the researcher's own biases. Lastly, to maintain the integrity of the findings, the researcher supported each theme and category with participants' narrations.

Transferability

Transferability was maintained through the thick description. The researcher conducted the participants' in-depth interviews. They provided a rich description that might help the readers decide whether this study's findings can be transferred to other similar settings. The researcher maintained transferability through the use of the purposive sampling technique, which helped in selecting participants having maximum variation, and allowed the researcher to explore information from multiple experiences. Moreover, a detailed explanation of the study processes has been provided to assist future researchers in

replicating this study in their context.

Also, in Pakistan, all public hospitals have similar contexts and similar environments. This can help in the transferability of the information gained from this research. The findings of this research can also help all public organizations in ensuring the future usage of the Nursing Process in patient care. Moreover, most of the participants in this setup who were interviewed had come from different organizations and knew the different public as well as private organizations. This variation has also helped the rigor of transferability.

Ethical considerations

The Ethical Review Committee of AKU approved (Appendix H) the proposal before the researcher could begin conducting the study. Permission was taken from the Tertiary Hospital present in Peshawar to conduct the research in the required setting. Two permission letters were properly printed on the AKU letterhead; one permission letter was addressed to the Nursing Director of the hospital while one was addressed to the Medical Director of the hospital.

The public sector has a well-developed Institutional Ethical Review Board (IERB). The proposal was submitted to the IERB, and they gave the approval letter to conduct the study in the hospital setting. After the approval from IERB (Appendix G), the permission letters were signed by the Medical Director and the Nursing Director. A consent form given by the researcher to individuals who desired to take part in the study, which they signed. The participants had the option to leave the study at any point in time; the researcher would not compel them.

Only the researcher had access to all the participants' information, which were kept under lock and key. Confidentiality was maintained, as the names of the participants were kept confidential throughout the study period by assigning an ID to each interviewee. Moreover, pseudonyms were used to identify participants throughout the study.

The hard copies of data collected were kept in a safe, private, locked place, and the soft copies of data were saved with a strong safety password in the computer. The collected data were only shown and discussed with the thesis supervisor and the members of the committee and then the data were coded. The researcher will discard the data after completing the research. The researcher will follow the seven-year disposing policy of the Aga Khan University Hospital to discard data.

It was conveyed to the participants, before initiating data collection, that although taking part in the study would not directly benefit them, they will have the opportunity to express their emotions, discuss their experiences, and learn from others' experiences, all of which can help improve the therapeutic services.

Summary

In conclusion, the chapter has described the research methodology employed in the study. The study utilized the Exploratory Descriptive Qualitative research design to explore the phenomenon of interest. The study was conducted at Hayatabad Medical Complex, Peshawar a public tertiary care hospital. Through the purposive sampling technique, 15 participants were recruited. Creswell's steps were applied for the analysis of the data. The study rigor was maintained throughout the study. Lastly, the chapter described the ethical considerations of the study.

Chapter Four: Results and Findings

This chapter presents the data analysis findings on the topic "Nurses' Perceptions Regarding the Use of the Nursing Process: A Qualitative Inquiry at a Public Tertiary Care Hospital in Peshawar, Pakistan." The chapter includes the demographic characteristics of the research participants and, the analysis of the findings in the form of themes, categories, and codes related to the study questions.

Demographic Characteristics of the Study Participants

The study sample comprised 15 registered nurses from the Hayatabad Medical Complex (HMC), Peshawar, Pakistan. Their mean age was 27.93 years with a standard deviation of ± 2.93 . The majority of the participants were 28 years old; that is why 28 was the Mode of age. The study comprised registered nurses with different experiences; the mean of the experience was 4.52, with a standard deviation of ± 3.167 . Of these study participants, 60% (n=9) were male and 40% (n=6) were female nurses. Moreover, the data was obtained from single 60% (n=9) and married 40% (n=6) nurses.

Most of the participants had a qualification of Bachelor of Science in Nursing. The qualification level of the participants was: Bachelor's BScN Generic 80% (n=12), General Nursing Diploma 6.7% (n=1), Post RN 6.7% (n=1), and Masters of Science in Nursing (MScN) 6.7% (n=1).

The overall descriptive analysis of demographic information is presented in Table 2.0 and Table 3.0. SPSS version 22.0 was used to calculate the mean and standard deviation for quantitative variables, and percentages for qualitative variables.

Table 2 Demographic Variables (Quantitative Variables)

Demographic Variables	Mean	Standard Deviation
Age	27.93	2.93
Length of Experience	4.52	3.17

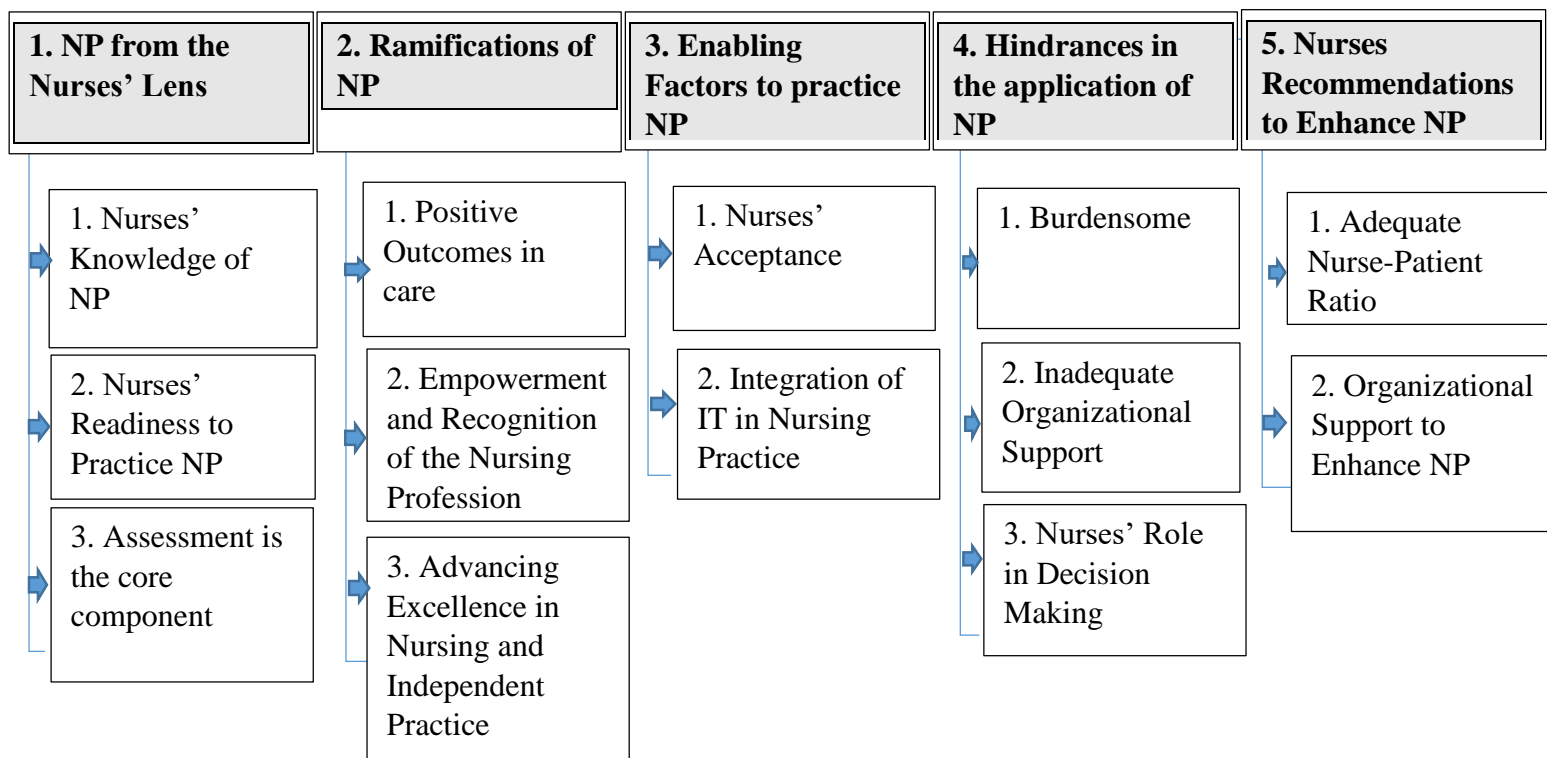
Table 3 Demographic Variables (Qualitative Variables)

Demographic Variables	Number of Participants (n)	Percentage (%)
Gender		
Male	09	60
Female	06	40
Marital Status		
Single	09	60
Married	06	40
Professional Qualification		
General Nursing Diploma	01	6.7
Bachelor (BScN)	12	80.0
Post RN	01	6.7
Masters (MScN)	01	6.7

Content Analysis of the Registered Nurses Interviews

The researcher followed the steps proposed by Creswell (2013). Following those steps (Data organization and preparation for analysis, reading and looking at the data, coding all the data, categories and themes, representation of data, and data interpretation), the five main themes that emerged from the data were further divided into categories. The main themes with their categories are given in Figure 4.0.

Figure 4. Themes and Categories



The first theme, "Nursing Process from the Nurses' Lens", emerged from three categories: i) Nurses' Knowledge of NP, ii) Nurses' Readiness toward Execution, and iii) Assessment is the core component. The second theme, "Ramifications of the Nursing Process", also arose from three categories: i) Positive outcomes in care, ii) Empowerment and Recognition of the Nursing Profession, and iii) Advancing Excellence in Nursing and Independent Practice. The third theme, "Enabling Factors to Practice Nursing Process",

developed from two categories: i) Nurses' Acceptance and ii) Integration of Information Technology in Nursing Practice. The fourth theme, "Hindrances in the application of NP", developed from three categories: i) Burdensome, ii) Inadequate Organizational Support, and iii) Nurses' Role in Decision Making. The final theme, "Nurses Recommendations to Enhance the NP", emerged from two categories: i) Adequate Nurse-Patient Ratio and ii) Organizational Support to Enhance the Nursing Process.

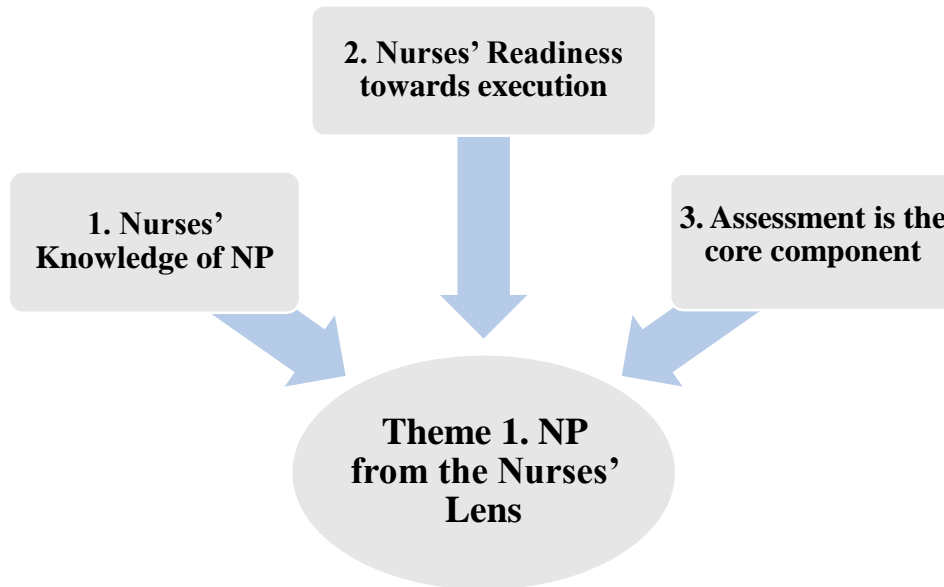
In this chapter, the themes and categories are comprehensively expounded upon and authenticated by citing appropriate quotations from the participants' conversations present in the data. To facilitate improved reader comprehension and transparency, the discourse of each participant has been meticulously reviewed and rectified for grammatical inaccuracies, all while retaining the intrinsic message conveyed by the participants. Furthermore, to uphold confidentiality, the verbatim accounts of the participants have been anonymize using pseudonyms and numerical labels. The referenced dialogues of the participants are outlined employing these designated pseudonyms and numerical titles, which correspond to the sequence of participant enlistment, for example, RN-01. RN-01 means participant Registered Nurse number one.

Theme 1. Nursing Process from the Nurses' Lens

Within this theme, the researcher explored public sector bedside nurses' comprehension of the Nursing Process (NP) and its practical application. Bedside nurses exhibited substantial proficiency regarding NP and acknowledged its significance as a valuable tool. The bedside nurses emphasized the immense importance of this process and demonstrated a keen interest in the research. A notable majority of staff nurses concurred that such research holds substantial significance, as it serves to illuminate the needs, which will undoubtedly contribute to the future advancement of the nursing profession.

Moreover, this theme has been derived from three categories, after a detailed analysis of the participants' responses. The categories are given below in Figure 5.0.

Figure 5. First Theme and its Categories



Category 1: Nurses' Knowledge of the Nursing Process

Most bedside nurses were confident that they possessed extensive knowledge about the Nursing Process (NP). As per their perspectives, the NP represents a meticulously organized system that equips bedside nurses with a crucial and pivotal tool. This dynamic and adaptable procedure mandates skilful application of critical thinking to implement the standardized framework meritoriously, facilitating the seamless assimilation of evidence-based practices into patient care. This precisely outlined plan operates continuously and cyclically, underscoring its unequivocal significance in healthcare delivery. As one of the participants stated, "The nursing process is a dynamic and essential approach that allows us (Nurses) to thoroughly assess a patient's condition, enabling us to develop a comprehensive and effective therapeutic plan" (RN-01). Similarly, another participant shared, "In my

perspective as a male nurse, the nursing process is a crucial mechanism that guides me in providing daily patient care" (RN-07).

Furthermore, the participants stated that this process is essential for nurses to thoroughly assess the patient and guide their care. As one of them mentioned, "The nursing process is a dynamic and essential approach that allows us to thoroughly assess a patient's condition, enabling us to develop a comprehensive and effective therapeutic plan" (RN-08).

Almost all participants shared that NP has five steps, which should be followed systematically; if one step is missed, it will be difficult to achieve the respective goals. As one of the participants verbalized,

The nursing process is a systematic process that involves five steps. First is assessment, followed by diagnosis, planning, implementation, and evaluation. It is a dynamic process that allows us to revisit and initiate the process again, based on the patient's condition. (RN-15)

Category 2. Nurses' Readiness to Practice NP

In this particular category, most participants revealed their readiness to utilize the Nursing Process (NP) within patient care. A prevailing sentiment among bedside nurses is that this practical method enhances a sense of serenity in nursing professionals and patients. Moreover, a considerable number of nurses exhibited readiness to implement the NP in patient care, underlining the idea that this procedure is a legal safeguard for nurses, in the form of a nursing care plan.

Furthermore, male nurses showed interest in using this process. They expressed that it will empower the nurses, as they will have a proper tool to provide care to the patients. Traditionally, the senior staff nurses discourage the practice of NP in patient care, which demotivates the fresh staff nurses to follow this process in patient care. As one of the

participants expressed, "Our nursing staff is very competent and confident. We all can use it, and we want to use it" (RN-03). Similarly, another participant expressed, "If this process comes into practice, it will equip me with a power through which my patient will recognize me as a valuable person, enhancing my and patients' satisfaction. I wish to use this process in patient care" (RN-07).

Moreover, one more participant verbalized, "Most of our staff nurses in this public sector are BScN and Post-RN graduates. They (Nurses) have strong theoretical knowledge regarding NP. We all know that this process carries a lot of significance if it comes into practice" (RN-09).

In the same way, another participant stated,

When I was a student, I used this process and found it beneficial. I also wish to use it now but cannot use it due to many challenges. I hope this research makes some difference in bringing the NP into practice in this public sector. (RN-14)

Three of the staff nurses had previous experiences working at a JCIA-accredited hospital, and they had used this process in practice before. They shared that they had used this process there and found it very beneficial. They showed interest in this research and shared that it would be an outstanding achievement if the NP were to be used in public hospitals. One of them verbalized, "If this process comes into practice in public sectors, it would be a great achievement for nurses, and this will bring a significant change in the quality of care" (RN-15).

Category 3: Assessment is the Core Component

Most participants stated that the first step, Assessment of the NP, is the most crucial step that lays the foundation for the entire nursing process. This step helps the nurses to obtain all the necessary information from the patient. As one of the participants stated, "In my

opinion, all steps are important, but assessment is the most crucial one because it involves collecting patient data and identifying their problems. Thus, it lays the foundation for the entire nursing process" (RN-05). Similarly, another participant shared, "Assessment is the most crucial step. The nursing assessment is again revised in every step" (RN-06).

Moreover, another participant expressed, "The most crucial step for me in the nursing process is assessment. This step holds utmost significance because the entire nursing process relies heavily on it" (RN-11). Yet, another participant stated, "The first step I want to highlight is the assessment, which I consider the most crucial. If we accurately collect data during the assessment, it meaningfully affects our subsequent steps" (RN-10).

Mainly, all emergency department nurses prioritized this step and showed interest in the assessment step, as one of the emergency department nurses stated,

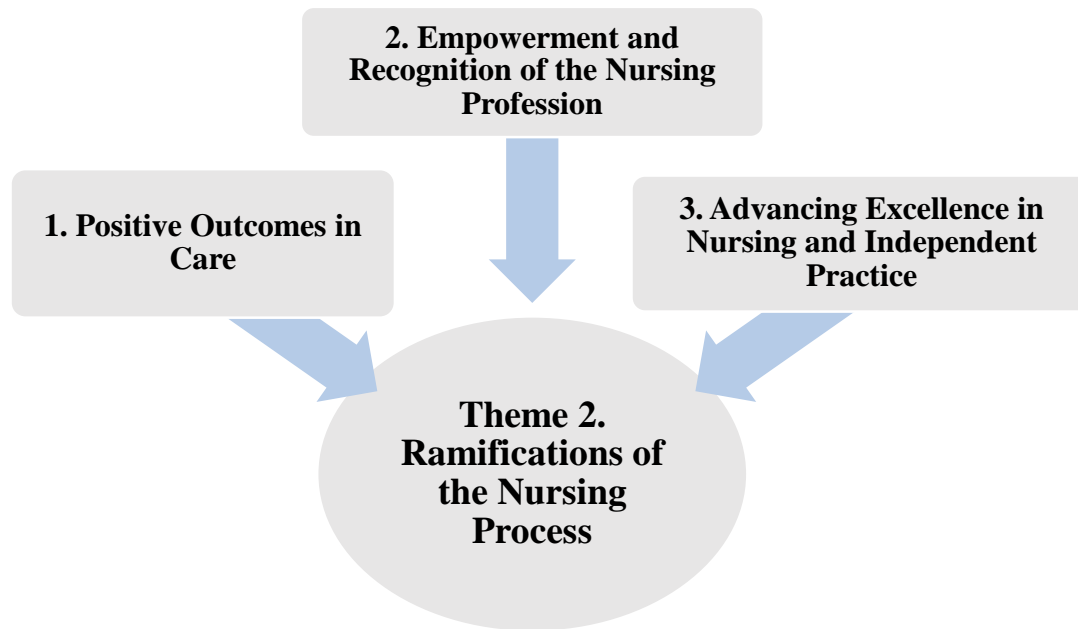
Every step is important because you cannot complete the process and get good results if you miss one step. But for me, as an emergency registered nurse, the most important step is the assessment, as it helps me to get proper data on the patient's problems, and this step leads me to the proper usage of the nursing process. (RN-13)

Theme 2: Ramifications of the Nursing Process

This theme emerged from three categories: i) Positive Outcomes in Care, ii) Empowerment and Recognition of the Nursing Profession, and iii) Advancing Excellence in Nursing and Independent Practice. Within this theme, the researcher explored the positive outcomes of the NP from the public sector's nurses' perspective. Most participants reported that this process would enhance patient outcomes and lead to a reduced hospital stay for patients and a reduction in financial burden on them. Moreover, according to them, they are undervalued and underappreciated. This process will meaningfully improve the nurses'

autonomy and their empowerment. Moreover, nurses will work independently through this process, with evidence-based practices that will lead to continuous professional development.

Figure 6. Theme Two and its Categories



Category 1: Positive Outcomes in Care

In this category, the outcomes of NP were explored by the participants. The findings revealed that NP is a valuable tool for nurses. Almost all participants expressed the NP as a significant and essential tool. Most participants reported that this process would enhance patient outcomes and lead to a reduced hospital stay for patients and a reduction in financial burden on them. Some participants said this process helps the nurses build therapeutic relationships with patients.

Furthermore, a few participants stated that this process benefits the nurses as it enhances their critical thinking. Moreover, they stated that this process will build up a sense of accountability in nurses, thereby improving patient safety. Some participants also stated that this process enhances inter-disciplinary collaboration enabling better communication about patient's progress. As one of the participants stated,

It (usage of the NP) helps ensure that care is individualized, holistic, evidence-based, and continuously evaluated. By following this process, nurses can enhance patient outcomes, promote efficient communication among healthcare providers, and facilitate collaboration within interdisciplinary teams. (RN-02)

Another participant stated,

The nursing process fosters teamwork and collaboration among healthcare professionals. It allows us to communicate and coordinate care effectively with doctors, senior nurses, and other healthcare team members. By working together, we can address patient needs comprehensively and enhance the overall quality of care. (RN-11)

Another participant expressed, "This structured approach ensures that patients receive appropriate and timely interventions, leading to improved health outcomes and potentially shorter hospital stays" (RN-09). Yet, another participant verbalized, "By implementing the nursing process effectively, we can have a significant impact on controlling infection rates and improving patient morbidity and mortality rates" (RN-05).

Category 2: Empowerment and Recognition of the Nursing Profession

The majority of the participants shared that if NP is used in patient care in the future, it will ultimately improve the social image of nurses, due to which the nurses will gain morale. Nowadays, people recognize them with the stigmatic word "injectable nurses." But if they approach patients with a proper tool, this will negate this stigma, further enhancing the nurses' morale. As one of the participants conveyed, "Usage of this process will greatly enhance our image in patients' perspective. They (patients) call us injectable nurses because we only inject medicines in this public sector" (RN-02).

Similarly, another participant shared,

I strongly believe that implementing the nursing process will improve nurses' image. Suppose nurses take the initiative to implement the nursing process in their practice, in that case, it will greatly benefit patient flow toward the public sector and enhance patient care. (RN-03)

One more participant expressed, "When we follow evidence-based practices and demonstrate the effectiveness of our care through positive patient outcomes, it can enhance perceptions about nurses as skilled and valuable members of the healthcare team" (RN-06). Furthermore, one more participant shared, "It (usage of NP) will showcase our expertise, dedication, and holistic approach to patient care, ultimately earning us the respect and recognition we deserve" (RN-09). Yet, another participant verbalized, "The nursing process also fosters nurse integrity and professionalism. By adhering to established standards and best practices, we can deliver consistent, high-quality care, earning the trust of patients and their families" (RN-12).

Category 3: Advancing Excellence in Nursing and Independent Practice

Most participants stated that if the NP is used in patient care, it will ultimately lead to patient satisfaction with public sector care, thereby attracting patients to the public sector. Moreover, nurses will work independently through this process with evidence-based practices that will lead to continuous professional development. Also, through this process, the nurses will communicate with other healthcare professionals in an evidence-based way. Highlighting how NP can enhance nurses' knowledge, one of the participants stated, "If I use the nursing process myself and perform even one nursing process in a day, I receive a significant amount of knowledge. This benefits us by increasing our knowledge" (RN-12).

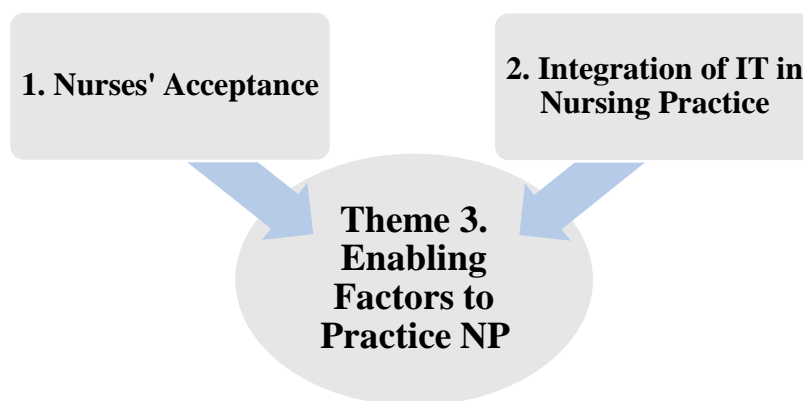
Another participant verbalized, "We encounter a wider range of patient scenarios. Using this process will enhance the capability to deal with patients independently, enhancing

our critical thinking skills to deal with a patient" (RN-07). Moreover, one more participant responded, "Following a systematic approach and providing evidence-based care through the nursing process, we can address patients' needs more efficiently and effectively, which will lead to faster recovery and shorter hospital stays" (RN-06).

Theme 3: Enabling Factors to Practice NP

This theme emerged from two categories: 1) Nurses Acceptance and 2) Integration of Information Technology in Nursing Practice. Almost all the participants showed a willingness to practice NP in patient care. According to them, this public sector had a well-developed Hospital Management Information System. Nurses have the skills to use this software, and they are using it but only for medication indentation. This system can be a facilitator in practicing NP in patient care.

Figure 7. Theme Three with its Categories



Category 1: Nurses' Acceptance

Most of the participants stated that they accept the Nursing Process in patient care, recognizing the benefits of this approach, which will enhance the quality of care. They expressed motivation to apply this process in patient care, anticipating improvements in

nurses' value and professionalism. Moreover, some participants mentioned that this process will bring satisfaction in care for both nurses and patients. Additionally, they conveyed motivation to apply this process to enhance nurses' autonomy in the public sector. As one of the participants stated, "I know the benefits of the NP in patient care, and this is the reason I am motivated to apply it" (RN-01).

Another participant stated,

It is satisfying that the care is applied appropriately. Moreover, according to my concern, this should be applied in every organization to deal with patients' problems as it gives a real identity to nurses when something is solved with a proper approach, and this is a proper approach to solve a problem. (RN-02)

Moreover, another participant verbalized, "It goes beyond the limited scope of simply administering injections to patients. People call us injectable nurses in our community. We will happily use this process because it will change this perception" (RN-03).

One more participant shared, "By adhering to the steps of the nursing care plan, we can provide holistic and evidence-based care. It empowers us to fully utilize our knowledge and skills, contributing to better patient outcomes and fostering a sense of professional satisfaction" (RN-04). Moreover, one more participant stated, "I think I am one of the biggest facilitators, and I know the benefits of NP in patient care, so I am ready to use it" (RN-07).

Category 2: Integration of Information Technology in Nursing Practice

Most participants stated that the hospital had a well-developed HMIS (Hospital Management Information System) software that could be used for the practice of NP in patient care. They shared that this software was already being used in a hospital they previously had experiences and could be used to write patient nursing care plans. In the current setup, nurses were using this software for medication indentation. Hence, this can be

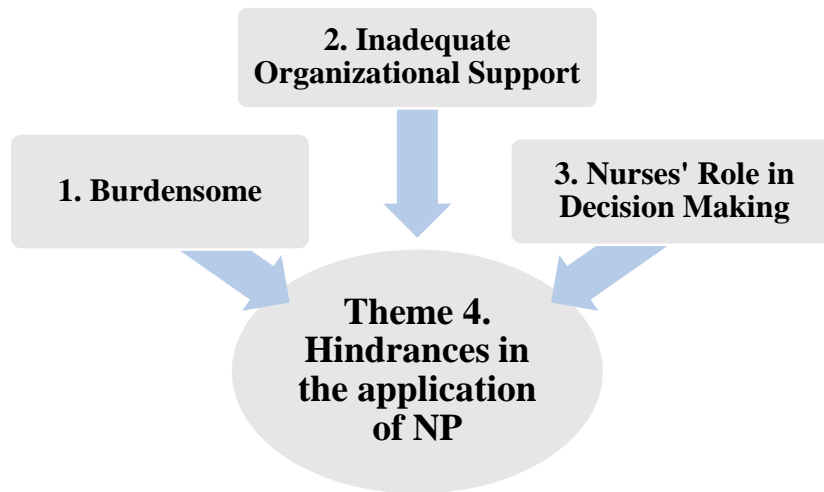
used in the future for documenting the NP. As one of the participants stated, "By incorporating the nursing process documentation into the HMIS, we can streamline the documentation process, reduce paperwork, and ensure easy access to patient information" (RN-11).

Another participant shared, "The HMIS can provide a centralized platform where nurses can input and retrieve patient data, including assessments, care plans, and interventions" (RN-15). One more participant verbalized, "I think for the facilitation, it's better to have the online system or the software system" (RN-02). Yet, another participant expressed, "Aah, providing resources such as time-saving tools and technologies to support the nursing process implementation can enhance its efficiency and effectiveness" (RN-05).

Theme 4: Hindrances in the application of NP

This theme comprises three categories: i) Burdensome, ii) Inadequate Organizational Support, and iii) Nurses' Role in Decision-making. Workload is a prominent factor in the public sector, which hinders the practical application of the NP in patient care. Moreover, management has a vital role in the practical application of the NP in patient care, hence, lack of support from the administration, hinders the practical application of the NP in patient care. Moreover, nurses are not autonomous in decision-making, which also hinders the NP's practical application in patient care.

Figure 8. Theme Four with its Categories



Category 1: Burdensome

Almost every participant stated that there is high patient flow and less staff in the public sector, which hinders the practical application of the NP in patient care. The improper nurse-to-patient ratio is prominent, leading to time constraints and making the task difficult for the nurses. Some participants shared that one bedside nurse has to handle 60 to 70 patients in one shift, and if they perform the NP in patient care with such flow, it will be difficult to complete other necessary tasks. One of the participants stated, "Here, in government hospitals and similar settings, as you mentioned, there is a high patient flow and a significant burden" (RN-01).

Another participant shared his opinion in these words, "The Hayatabad Medical Complex is a public sector with a high flow of patients, and we cannot utilize the process appropriately. As we have a deficient number of nurses for the patients that come here" (RN-02). Moreover, one more participant stated, "Patient flow is a significant challenge, with an overwhelming ratio of 50 patients per nurse, making it nearly impossible to handle effectively" (RN-03).

Yet, another participant verbalized, "One major challenge is the patient workload and the high patient-to-nurse ratio. As a result, we have limited time to spend with each patient (RN-06). Similarly, another participant verbalized, "The shortage of nursing staff further exacerbates the situation. With limited human resources, allocating sufficient resources to effectively carry out the nursing process for all patients becomes challenging" (RN-13).

Category 2: Inadequate Organizational Support

Most participants expressed that insufficient organizational support presented a formidable challenge for bedside nurses in executing the nursing process (NP). This deficiency in organizational support manifests primarily as a lack of effective leadership, which stems from a lack of awareness at the administrative level. As stated by a participant, "The next one is the administration also does not support this process. It may be due to the lack of information regarding the importance of the nursing process at the administration level" (RN-02). The administration's disregard for the significance of the NP in patient care also leads to ignoring this issue. As one participant expressed, "It is disheartening that in clinical practice, we often find ourselves restricted to mere medication and interventions, deviating from the comprehensive approach we learned during our student years. This lack of implementation in real-life scenarios may lead to a sense of incompetence among young nurses" (RN-08). The participants also emphasized that the absence of well-defined job descriptions, inadequate policy frameworks, the lack of appropriate guidelines, and the scarcity of electronic devices collectively impeded the integration of the NP into the patient care protocols. As one participant shared,

Proper job descriptions are unavailable in this organization for the staff nurses, which is also a hurdle in the implementation of nursing processes. There are no proper boundaries; mostly, our nurses do unnecessary work unrelated to them, but still, due to the lack of a proper job description, our nurses do a lot of unrelated tasks. (RN-11)

Another participant stated, "Additionally, the administration's lack of focus on the nursing process is a significant challenge. The absence of proper guidelines, policies, and sessions specifically dedicated to the nursing process in this public sector hampers its effective utilization" (RN-05). Additionally, the absence of comprehensive documentation about the NP in patients' medical records compounds the difficulty. As one of the participants shared, "There is no documentation specifically for nursing care plans here. We only document nursing notes, events, and any medication administration" (RN-01). Another participant verbalized, "I would prioritize ensuring the availability of necessary materials for conducting assessments. Having the required tools and resources would facilitate accurate and comprehensive data collection" (RN-03).

Some participants underscored that unsupportive leadership engenders a challenging environment for bedside nurses. One participant verbalized, "The lack of motivation and support from the administration adds to the demotivation among the nursing staff. It becomes discouraging" (RN-09). Moreover, participants highlighted that successful implementation of NP in patient care necessitates structured training sessions and motivational initiatives from the administration, elements notably deficient in the public sector. The deficiency of proper remuneration and performance evaluations also hinders effective patient care through the NP.

Several participants also shared that a comprehensive review by proficient nursing instructors and managers was imperative, the lack of which further added to the barriers hampering the integration of the NP into patient care. As one participant shared, "This public sector lacks the instructors and managers for conducting regular audits and evaluations. This can help identify areas for improvement and ensure adherence to the nursing process" (RN-04).

Category 3: Nurses' Role in Decision Making

The majority of the participants stated that they cannot make decisions on their own. They verbalized this as a lack of autonomy of nurses in the public sector. Mostly, the doctors' community is dominant in the public sector, and the nurses often do things that the doctors want them to do. Doctors always do the initial assessment of the patient mainly due to a lack of awareness in doctors regarding the benefits of the NP and this barricades in the practical application of NP in patient care. As one participant shared, "Nurses are not autonomous in the public sector, and their dependence on doctors makes it difficult to perform NP in patient care" (RN-14). Moreover, one more participant stated, "It is important to consider the nurses significant in the public sector; mostly doctors do the initial assessment, and nurses cannot take the initiative because of the doctors' dominancy" (RN-04).

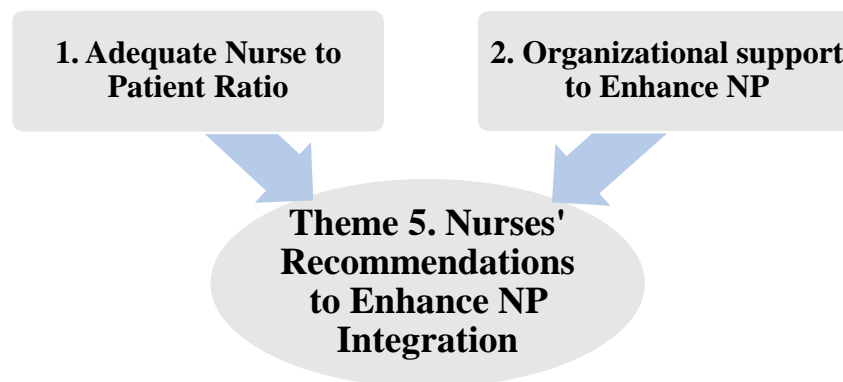
Moreover, senior nurses and head nurses invariably prohibit the nurses from following the NP in patient care. They tell the nurses that this will lead to time constraints, and other necessary tasks will be left incomplete. As one participant verbalized, "Sometimes we felt resistance from doctors and the head nurse that if we spent more time on nursing process documentation the patient care would be neglected" (RN-11). Another participant shared, "Nurses' are dependent on the doctors in this public sector as they consider the nurses their auxiliary staff" (RN-07). One more participant shared, "They (Doctors) consider stethoscopes their personal property, and they feel bad when nurses use this instrument" (RN-15).

Theme 5: Nurses' Recommendations to Enhance NP Integration

This theme emerged from two categories: i) Adequate Nurse-Patient Ratio and ii) Organizational Support to Enhance NP. Most nurses recommended that NP integration can be possible if an adequate nurse-to-patient ratio is maintained in the public sector. Most experienced nurses left the hospital due to the high workload and inadequate nurse-to-patient

ratio. In recent years, most of the nurses from this public sector have gone abroad. The second most important thing is adequate organizational support in creating a supportive environment, conducting appraisals, increasing salaries, organizing training sessions, and having standardized job descriptions, proper policies, and adequate resources for assessment.

Figure 9. Theme Five and its Categories



Category 1: Adequate Nurse-to-Patient Ratio

Most bedside nurses highlighted that this public sector had a higher patient volume than nurses. They stated that a proper nurse-to-patient ratio can enhance the integration of the NP in patient care. Nurses should be hired according to the standard ratio. This will reduce burnout and strengthen the NP's integration into patient care. As one of the participants shared, "One nurse has to deal with more than fifty patients in one shift; it is impossible to provide care with this framework. More nurses should be hired to decrease the workload" (RN-01).

Similarly, another participant stated, "It is impossible to integrate the NP in patient care in this public sector with such a high volume of patients. It would be possible if nurses were in an appropriate ratio to the patients" (RN-05). Moreover, another participant said, "Most of our experienced staff nurses have left the bedside job and have gone abroad because

they were burning out here. How can someone deal with more than fifty patients in one shift and integrate the NP in patient care" (RN-12).

One more participant shared, "Public sectors should hire more staff nurses to enhance the quality of care. Quality care can only be possible with the integration of the NP in patient care" (RN-13).

Category 2: Organizational Support to Enhance NP

Most participants stated that the Nursing Process integration in patient care is possible with adequate organizational support. The organization should manage sufficient resources for precise patient assessment, create supportive environments for nurses, ensure strategic implementation of educational sessions, have expert instructors for nurturing skilful nursing practice, empower nursing education systems within organizations, invest in training for nursing process proficiency, foster an educational climate for effective nursing processes, develop standardized job descriptions for all professionals, design proper policies and guidelines to execute the NP in patient care, develop awareness in doctors to accept nurses as autonomous professionals, increase the salaries, and appraisal should lead to motivation; all this will enhance the integration. As one of the participants expressed, "Look, brother! You know we are dealing with a very burdensome environment. It is difficult to integrate the NP in patient care if nurses are not appraised for the struggles they are carrying out" (RN-03).

Similarly, another participant stated, "Nurses need a conducive and supportive environment in the public sector; it is impossible without administrative support to integrate the NP in patient care (RN-04). Another participant said, "We are getting inadequate salaries and dealing with many patients. Nurses should be given adequate salaries for their work; this will ultimately motivate nurses, and they will provide quality care" (RN-07).

One more participant shared, "There is no proper policy or guidelines related to the integration of the NP in patient care. It should be made and should be implemented in real practice" (RN-12). One more participant expressed, "Alas! Most of our doctors do not know the significance of this process in patient care. This awareness could come if policies are made regarding the usage of this process" (RN-13).

Summary of the Chapter

This chapter presented the analysis of the participants verbatim, through content analysis. The chapter comprises of two parts: the first consists of the participant's demographic information, and the second consists of the data's content analysis. Through content analysis, five themes emerged: Nursing Process from the Nurses' Lens, Ramifications of the NP, Enabling factors to practice NP, Hindrances in the practical application of NP, and Recommendations from the Nurses to Enhance NP. Each theme arose from categories that best fit a theme.

Overall, nurses perceived the NP as a valuable tool with several positive outcomes, and were ready to practice the process. Still, the nurses cannot apply the process in patient care due to many barriers. However, this process was considered to have a significant impact; through this process, the nurses could work independently and enhance their professional image.

Chapter Five: Discussion

This chapter discusses the study's key findings from the in-depth interviews of registered bedside nurses regarding the nursing process and its use, followed by the strengths and limitations of the study, recommendations, and conclusion.

This discussion is based on the following themes: i) the Nursing Process from the Nurses' Lens, ii) Ramifications of the NP, iii) Enabling Factors to Practice NP, and iv) Hindrances in the application of NP, v) Nurses' Recommendations to enhance NP integration. The discussion of this chapter is organized according to the themes and their categories that respond to the study objectives. The current study had two goals: i) to explore the nurses' perceptions about using the Nursing Process in a public sector tertiary care hospital in Peshawar, and ii) to identify the barriers and facilitators in using the Nursing Process at a public sector tertiary care hospital in Peshawar.

Nursing Process (NP) from the Nurses' Lens

Under this theme, the participants shared their perceptions regarding the NP and its use in patient care. The first theme, "Nursing Process from the Nurses' Lens," emerged from three categories: Nurses' Knowledge of the NP, Nurses' Readiness toward Execution, and Assessment is the Core Component. The current study results revealed that the nurses have good knowledge about the Nursing Process.

The findings underscore the significance of the Nursing Process in the Pakistani public healthcare landscape. The high level of confidence and the perception of the NP as a meticulously organized system and a pivotal tool are encouraging, as they highlight the professionalism and dedication of the nursing staff at the Public Tertiary Care Hospital in Peshawar. However, it was essential to explore further how this knowledge translates into practice, patient outcomes, and the overall quality of care. The results of the current study are

congruent with the results in Saudi Arabia, which revealed that 94.6% of the staff nurses had good knowledge of the NP, and 79.8% had shown confidence in executing it (Mahmoud & Bayoumy, 2014). Additionally, another quantitative descriptive cross-sectional study conducted in the public sector of Lahore, Pakistan, also revealed that most public sector nurses had moderate knowledge of the NP (Akhtar et al., 2018a).

The findings of the current study are aligned with several international studies, reinforcing the notion that diverse contextual factors shape nurses' perceptions of the NP. For instance, a descriptive cross-sectional study conducted in the State Hospital of Nigeria reported results that resonate with the present study findings. Notably, 80 percent of the participants in that study demonstrated good knowledge regarding the NP (Agbonjinmi et al., 2022). This congruence suggests a degree of consistency in the understanding and proficiency of the NP among nurses, transcending geographical boundaries. Similarly, a qualitative study in Uganda echoed the current study results by indicating that nurses exhibited good knowledge and positive attitudes toward the NP (Eletu, 2022). These findings across different regions highlight the global recognition of the NP as a fundamental aspect of nursing practice.

However, the results of the current study stand in contrast to a cross-sectional study in Tanzania, where a substantial number of respondents demonstrated low knowledge about the nursing process and its purpose (Obonyo et al., 2019). Likewise, a study in Northern Ethiopia revealed that 90% of the respondents exhibited low knowledge of the NP (Hagos et al., 2014). These disparities highlight the contextual variations that influence nurses' perceptions about the NP.

Moreover, the present study also explored whether the public sector nurses considered the NP a scientific and pivotal process. The findings in this regard revealed that the public

sector nurses considered it so. This viewpoint shows that the NP is deeply rooted in evidence-based practice and scientific principles. As revealed in this study, public sector nurses consider the NP as a systematic approach that relies on critical thinking, clinical judgment, and scientific evidence to guide their care decisions. This recognition of the scientific underpinnings of the NP is significant because it emphasizes the alignment of nursing practice with the evolving body of healthcare knowledge. These findings are coherent with qualitative research conducted in Ghana, where the participants also perceived the NP as a scientific tool (T. Gazari, F. Apiribu, V. M. Dzomeku, et al., 2020). Furthermore, a systematic review and meta-analysis in Ethiopia concluded that the nurses working in Ethiopia had extensive knowledge of the NP, which could be helpful in its implementation (Shiferaw et al., 2020).

This study revealed that a significant number of participants expressed a strong readiness to employ the Nursing Process (NP) in their patient care responsibilities. This sentiment reflects a prevailing notion among bedside nurses that this systematic approach enhances the sense of serenity for nursing professionals and patients. These findings harmonize with the results of various international studies, signifying a global inclination among healthcare professionals to embrace the NP as an effective tool for patient care. For instance, a quantitative descriptive cross-sectional study conducted in Lahore, Pakistan, which specifically focused on a public sector hospital, demonstrated that participants were willing to execute the NP in their patient care roles (Akhtar et al., 2018a). This congruence in the Pakistani context shows the shared commitment of nurses in public healthcare settings to employ the NP for the betterment of patient care.

Moreover, an integrated review conducted by Iranian scholars, spanning articles from 1975 to 2018, revealed a similar inclination. This extensive review disclosed that nurses and nursing managers expressed a keen interest in implementing the NP in patient care (Lotfi et

al., 2020). This international perspective showcases a collective global enthusiasm for adopting the NP as an effective patient care methodology.

Similarly, a qualitative study conducted in Uganda provided further corroborating evidence. The study found that nurses in Uganda exhibited positive attitudes toward the NP and expressed their willingness to execute it in patient care (Eletu, 2022). This resonates with this study's findings, indicating that the readiness to utilize the NP is not confined to a specific geographic region but reflects that it is a universal approach in the nursing community.

In the current study context, a surprising revelation emerged within the chosen theme. It was noted that most participants placed a particularly high value on the assessment step as compared to the other steps of the nursing process. They perceived the assessment process as being essential in the entire nursing practice, emphasizing that the initial Assessment of a patient's needs and condition is the basic foundation upon which the entire nursing process is built. While an extensive literature search yielded no direct references to these specific findings, some related studies shed light on the significance of the assessment step in nursing practice. For instance, a study by Pokorski et al. (2009), indicated that nurses strongly adhere to nursing record-keeping and physical examinations, with more than 90% of the participants prioritizing the assessment step. This alignment with the current study's findings shows the consistent importance placed on the assessment phase by healthcare professionals.

Moreover, a separate study conducted in Northeast Ethiopia, by Miskir and Emishaw (2018), also indicated a notable trend. In this study, 56.9 percent of the participants were observed to be engaging in assessments while providing care through the nursing process. This further supports the notion that the assessment phase holds substantial relevance and significance in nursing practice.

Ramifications of the Nursing Process

This theme emerged from three categories: Positive Outcomes in Care, Empowerment and Recognition of the Nursing Profession, and Advancing Excellence in Nursing and Independent Practice.

The current study's results highlight the positive impact of the NP on public sector nurses' perspectives. Participants were optimistic that NP implementation would enhance patient outcomes, decrease hospital stays, and ease financial burdens. These results are similar to a phenomenological study conducted in Ghana. The study revealed that NP has been widely recognized as a valuable scientific instrument across the globe and a method for directing the practice of nursing that aids in advancing the standard of nursing care (T. Gazari, F. Apiribu, V. M. Dzomeku, et al., 2020). Yet another quantitative cross-sectional study conducted in Kenya also revealed that most nurses strongly agreed that using the NP enhances patient care (Mangare et al., 2016).

Moreover, another qualitative study conducted in 2022, in Uganda, revealed that nurses utilize the NP for better patient outcomes, including reducing the length of hospital stay, and mortality and morbidity rates (Eletu, 2022). Another study has also concluded that inadequate utilization of the nursing process results in diminished care quality, chaotic systems, role conflicts, medication mistakes, recurrent readmissions, patient dissatisfaction, and higher mortality rates (Aseratie et al., 2014). Similarly, a systematic review in Iran, published in 2015, highlighted that the NP was being implemented as a standard for nursing care quality in healthcare systems in most developed countries (Vahid Zamanzadeh et al., 2015).

An unforeseen result under this theme was most of the participants stated that using the NP in patient care would enhance nurses' social image, and could improve nurses'

autonomy and the overall image of nursing, potentially attracting more patients to the public sector for care. Moreover, the participants of the current study reflected that the usage of the NP will enhance the autonomy of the nurses, which will lead to professional satisfaction and quality care. These findings are similar to the conclusion of a qualitative meta-synthesis study, which showed that professional independence is attained through patient-focused competence, self-reliance, and effective collaboration with other healthcare professionals to make informed decisions and improve patient health (Rouhi-Balasi et al., 2020).

The current study participants' perception that using the NP can lead to professional development, ultimately enhancing nurses' social image and quality care, is also similar to a descriptive cross-sectional study conducted in Nigeria, which showed that the top priority for respondents was to enhance the quality of patient care. This was closely followed by the goal of fostering more excellent nursing professionalism and improving nursing documentation. The respondents also emphasized improving patient care quality, with a strong emphasis on advancing nursing professionalism and enhancing care documentation (Edet et al., 2012).

The current study also showed that this process enhances inter-professional collaboration for communicating the patient's progress. The results are similar to a survey which revealed that documenting nursing care encourages organized communication between the nursing staff and other healthcare professionals, guaranteeing the seamless continuity of personalized patient care plans (Björvell, 2002). Similarly, another study's results are also similar to the current study results, which revealed that teaching the nursing process aimed to provide a framework for organizing nursing care and promoting a mutual and supportive connection between the patients and the nursing personnel (Sheldon & Ellington, 2008).

Enabling Factors to Practice NP

This theme emerged from two categories: Nurses' Acceptance and Integration of Information Technology in Nursing Practice. Almost all the participants showed a willingness to practice NP in patient care.

The majority of the participants of the present study showed a willingness to execute the NP in patient care; these results are congruent with a study conducted in a public tertiary care hospital in Lahore, Pakistan, where the majority of the participants showed a willingness to execute this process in patient care (Akhtar et al., 2018a), indicating that public sector nurses are willing to execute the NP in patient care. Yet, another study's results are also similar to the current study results, which showed that 76.2 percent of the registered nurses in a hospital in Ogun state perceived the NP as a good tool for patient care (Agbonjinmi et al., 2022). Similarly, another study conducted in Nigeria concluded that most nurses had a favourable perception of the NP and favoured it in patient care (Edet et al., 2012).

According to the current study results, the use of software, instead of paperwork can facilitate the practice of the NP, these results are similar to a review paper, which showed that the NP needs a lot of paperwork, which should be reduced to implement the process in the real sense (Desai et al., 2019). These results are similar to the current study, as the participants opted for software utilization for better usage, instead of paperwork. Yet another quantitative study, at a Magnet hospital in Southwest Florida, revealed that 36% of the nurses experienced reduced workload with Electronic Health Records (EHRs), 64% preferred bedside documentation but faced barriers, and the majority (75%+) believed that EHRs improved documentation quality and patient care (Moody et al., 2004).

Hindrances in the Application of the NP

This theme comprises three categories: Burdensome, Inadequate Organizational Support, and Nurses' Role in Decision Making. The current study results showed that the workload was the prominent hindrance in the public sector hospital, in the practical application of the NP in patient care. The results of the current study are similar to a cross-sectional study conducted in Iran, in 2014, which showed that nurse to patient ratio was a barrier to the execution of the NP in patient care (Rajabpoor et al., 2018). Yet, another study in Nigeria identified two significant barriers: excess workload and inappropriate staffing (Edet et al., 2012).

Moreover, another cross-sectional study, carried out in a teaching hospital in Srilanka, in 2018, has results congruent with the current study results, as it also identified time constraints and workload as significant barriers to the execution of the NP in patient care; moreover, this study also showed that institutional factors also hindered the execution (Thuvaraka et al., 2018). Yet another study's findings, in Nigeria, are also coherent with the current study findings: workload, unavailability of resources for documentation, and lack of seminars related to the NP were the main challenges identified in using the NP in patient care (Maynard, 2021).

Similarly, one more descriptive cross-sectional study, conducted in the southwestern Nigeria, in the Ogun State hospital, has also revealed that the lack of proper training sessions, nurse force crises, and lack of supervision were the challenges causing inadequate execution of the NP in patient care (Agbonjinmi et al., 2022). Furthermore, one more cross-sectional study conducted in Ethiopia has also shown that 75.5 percent of the participants stated that the absence of training sessions related to the usage of the NP is a significant challenge in execution (Miskir & Emishaw, 2018).

The current study results supported that management has a vital role in the practical application of the NP in patient care, without support from the administration, the practical application of the NP in patient care is impossible. Similarly, one more study results, in Kenya, are also congruent with the current study results, as it reported that inadequate nurse-to-patient ratio, inadequate organizational support, and lack of evaluation and monitoring were the main hindrances in the execution of the NP in patient care (Isika, 2018). One more study conducted in Ethiopia has also reported that the organizational factors are most important in the execution of the NP in patient care; this study also recommended that necessary materials should be supplied to nurses to properly execute the NP in patient care (Alemu & Kebede, 2020).

The current study results also showed that the nursing leaders are not supportive, and lack of support is a barrier in the execution of the NP in patient care. These results are congruent with a study conducted in Kenya, which revealed that poor staff motivation, lack of conducive and supportive leadership from senior nurses, and lack of feedback were the challenges in executing the NP in patient care (Mbithi et al., 2018). Similarly, another study in West Ethiopia, also concluded that supportive leadership is important (Tadie, 2017).

The current study also revealed that the lack of policy was a challenging factor in the usage of the NP. Similarly, a study conducted in Tanzania also reported a need for a policy to enhance the use of the NP in patient care (Obonyo et al., 2019). Moreover, the current study results also reported a lack of adequate salaries and appraisals. A phenomenological study conducted in the urban hospitals of Cameroon also found that the provision of good wages to nurses would enable the NP in patient care (Tadzong-Awasum et al., 2022).

An unexpected result of the current study, under this theme, was that the public sector nurses are not autonomous in decision-making. This study revealed that doctors are dominant

in decision-making in the public sector, while nurses are not autonomous in decision-making, which hinders the practical application of the NP in patient care. These results are unique and are very much linked to the Pakistani culture and context. After an extensive literature search, no study was found that was congruent with these results. However, these results are somewhat similar to a study conducted in Saudi Arabia, where the main barrier to evidence-based nursing practice was a lack of authority among nurses and knowledgeable mentors (Mustafa Bakr, 2016). Similarly, one more review paper has also reported that nurses are not following all the steps of the NP in patient care due to several barriers, such as heavy workload, nurse crises, increased paperwork, and lack of motivation. Moreover, this review has also reported that nurses' dependency on doctors was a barrier to evidence-based practices by nurses (Desai et al., 2019).

Nurses' Recommendations to Enhance NP Integration

This theme emerged from two categories: i) Adequate Nurse-Patient Ratio and ii) Organizational Support to Enhance NP. The current study results showed that the registered nurses believed that NP integration would be possible if an adequate nurse-to-patient ratio is maintained in the public sector. The second most important thing was adequate organizational support; by creating a supportive environment, appraisals, increasing salaries, training sessions, standardized job descriptions, proper policies, and adequate resources for Assessment. The results of the current study are similar to a study conducted in Northwest Ethiopia, which also reported the same recommendation from the nurses' perspective, that an optimum nurse-to-patient ratio could enhance the integration of the NP in the sector (Tadie, 2017).

Similarly, a study conducted in Lahore, Pakistan, also recommended that nursing administration provide sufficient materials and nurses to enhance NP usage in patient care

(Akhtar et al., 2018a). The recommendations of this study are congruent with the current study results; moreover, both were conducted in Pakistan's public sector.

The current study recommended that adequate organizational support is essential for the utilization of the NP in patient care. Similarly, a survey conducted in Northern Ethiopia has also concluded that good organizational support is mandatory for the proper utilization of the NP in patient care (Yilak et al., 2022).

Moreover, the nurses recommended that two things could enhance NP utilization; adequate salaries and appraisals. In Pakistan, the salaries are low, as compared to foreign countries. The participants suggested that this was the reason behind the exhaustion and burnout of nurses in the public sector and could lead to the non-execution of the NP in patient care. This issue was also highlighted in a news article, that medical professionals are leaving Pakistan to seek higher income and access to advanced medical technology abroad, exacerbating the existing staffing shortage in the country's fragile healthcare system (Nazir, 2023).

Moreover, an evidence-based analysis, by Meo and Sultan (2023), revealed that from 1971 to 2022, more than six million highly qualified and skilled professionals had left the country, mainly for higher salaries and better job prospects, this figure was alarming because, in a single year, in 2022, the number of migrants was more than three hundred and fifty thousand. Amongst these, more than fifty thousand healthcare professionals left the country from 1971 to 2022, while in the previous year (2022), more than four thousand healthcare professionals left the country. These results are linked to the Pakistani healthcare system and need deep consideration as to why so many healthcare professionals are leaving the country. Moreover, what would be the impact of this migration on the future healthcare system of Pakistan?

Strengths of the Study

- As per the researcher's knowledge, this was the first study in Pakistan that explored the nurses' perceptions regarding the NP and its use in the public sector.
- This study has produced some unique findings related to nurses' perspectives of the NP and barriers to its usage.
- Due to purposive sampling and thick descriptions in the narratives, this study can be transferred to a comparable population in a similar context.
- The researcher conducted all the interviews and transcriptions to protect the data's integrity and to thoroughly understand the participants' perceptions.
- The study's findings are consistent with previous research in the nursing field, which increases its stability and reinforces its validity.

Limitations of the Study

- The data was obtained from only one public sector hospital, so the results can only be transferable to a similar public setting but not to the private sector.
- The study was carried out only through in-depth interviews of the participants, while focus group discussion could produce richer descriptions.
- The study was conducted in only one public sector hospital, while it could provide rich data if conducted in multiple public sector hospitals.
- The study could have provided more information if both public and private sectors had been included as settings.

Recommendations

Enhancing Skills to Apply the NP

To enhance the application of the Nursing Process (NP) among nurses in public sector hospitals, it's crucial to capitalize on their already strong knowledge by translating it into

practical patient care. This can be achieved through dedicated sessions on NP utilization in patient care. To further support this initiative, public hospitals should prioritize hiring quality Nursing Instructors who can impart valuable skills to the nursing staff.

Nursing Documentation

Turning attention to nursing documentation, there is a clear need for improved practices in this area. Strengthening documentation skills not only contributes to heightened patient satisfaction with nursing care but also serves as a legal safeguard for nurses. Proper documentation ensures clarity and protection against potential objections, fostering a more comprehensive and secure patient care environment.

Decreasing the Burden

To alleviate the burden and workload on nurses, hospital administrations must prioritize hiring additional nursing staff. This strategic move not only lessens the strain on existing nurses but also contributes to enhanced patient care outcomes.

Nurses' Autonomy

Shifting focus to nurses' autonomy, it is crucial to empower them to make autonomous decisions in patient care. This involves recognizing and valuing their contributions, ensuring their performances are appraised, and actively involving them in the decision-making processes within the healthcare setting.

Adequate Resources and Sufficient Material Supply

Ensuring the effective implementation of the NP in patient care requires a focus on adequate resources and material supply for nurses. Hospitals must prioritize providing nurses with all the necessary materials required for the execution of the NP. This includes ensuring sufficient availability of computer systems or laptops in each ward or unit, along with the integration of software systems to streamline the NP.

Conducive Organizational Support

In addition to material support, creating a conducive organizational environment is essential. Hospitals should offer comprehensive organizational support, including regular appraisals, competitive salaries, targeted training sessions, standardized job descriptions, transparent policies, and dedicated resources for the NP. This holistic approach not only facilitates the seamless integration of the NP into nursing practice but also contributes to a supportive and empowering work environment for healthcare professionals.

The Need for a Policy

Recognizing the importance of standardized practices, there is a pressing need for a policy governing the execution of the Nursing Process (NP) in patient care. Such a policy would provide a structured framework, ensuring consistency and quality in nursing practices across various healthcare settings.

The Need for Future Research

Furthermore, considering the evolving nature of healthcare, there arises a need for future research. Conducting quantitative studies can offer a more comprehensive understanding of the barriers and facilitators associated with the implementation of the NP. This approach allows for a broader exploration of factors influencing nursing practices. Moreover there is a need to conduct Mix-method studies, and interventional studies in future.

Summary of the Chapter

This chapter discussed the key findings of the study related to the nurses' perceptions regarding the use of the NP and the perceived barriers and facilitators in the usage of the NP in patient care in the public sector of Peshawar, Pakistan. Almost all the findings of the study were consistent with previous literature. Finally, the chapter presented the study's strengths, limitations, and recommendations.

Conclusion of the Study

This study is probably the first descriptive, exploratory, qualitative study conducted in Pakistan that explored nurses' perceptions regarding the NP and its usage in patient care in the public sector hospitals of Peshawar, Pakistan. Moreover, this study also explored the perceived barriers and facilitators in the use of the NP in patient care in a public sector hospital.

The findings revealed five themes: Nursing Process from the Nurses Lens, Ramifications of the NP, Hindrances in the Application of the NP, Enabling Factors to Practice NP, and Nurses Recommendations to Enhance NP Integration. Moreover, the study discussed the findings in the light of previous literature. Finally, the study concluded that nurses value the NP and are ready for its use in patient care but cannot do so because of barriers. However, there are some facilitators that can be used to ensure the future usage of the NP in patient care.

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Appendices A Informed Consent English

Study Title: Nurses' Perceptions Regarding the Use of Nursing Process; a Descriptive Qualitative Study at Hayatabad Medical Complex Peshawar, Pakistan

ERC application no: 8461	<p>Dr. Rubina Barolia</p> <p>Associate Professor and Assistant Dean, Clinical Practice at AKU-SONAM.</p> <p>Supervisor</p> <p>rubina.barolia@aku.edu</p>
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	<p>Mr. Kashif Khan</p> <p>MScN Student, AKU-SONAM</p> <p>kashif.khan2@scholar.aku.edu</p> <p>Contact: 03480056492</p>

Introduction:

I **Kashif Khan**, student of Master of Science in Nursing (MScN) at the Aga Khan University School of Nursing and Midwifery (AKU-SONAM). As part of my thesis, I am interested in conducting a study to determine **“Nurses’ Perceptions Regarding the Use of Nursing Process; A Descriptive Qualitative Study at Hayatabad Medical Complex Peshawar, Pakistan”**.

Purpose of the study:

- To explore the nurses, perceptions about the use of the Nursing Process at a public sector tertiary care hospital in Peshawar.
- To identify the barriers and facilitators in the use of the Nursing Process at a public sector tertiary care hospital in Peshawar.

Procedure:

As a participant, your interview will be conducted and you are requested to answer the questions. The questions are divided into two parts: Demographic details and the questions about **“Nurses’ Perceptions Regarding the Use of Nursing Process; a Descriptive Qualitative Study at Hayatabad Medical Complex Peshawar, Pakistan”**. Your participation in this research is voluntary. If you consent to participate then the date, time, and venue for the interview will be decided based on your availability and convenience. The interview will be conducted as per your preference of language, i.e., English or Urdu. The interview time is expected to be 40-60 minutes. Simultaneously, the interview will be recorded.

The secrecy of your responses will be maintained as your data will be assigned a code number and your employee numbers will not be used as an identifier. Also, throughout the process your confidentiality will be maintained; the research report

will be disseminated through an oral defense of the thesis, an oral presentation at scientific forums, and publication in scientific journals.

Possible Risk:

There are no potential harms, risks, or threats to any participants associated with this study. You might feel a sense of distress from being interviewed. To relieve your discomfort and to enhance your comfort you will be allowed to ventilate about it. Also, you have the right to refuse to answer any question that you are not comfortable answering. You can also refuse to continue with the interview.

Benefits:

There will be no monetary compensation provided to you for your participation. This study is for academic purposes only.

- There will be no direct benefit to you, but your participation is likely to help us explore the nurse's awareness and views about the use of the nursing process in Hayatabad Medical Complex, Peshawar. The nurses involve from the CCU, CICU, SICU, and general wards, Furthermore, this study finding might help management staff to formulate guidelines, on how to effectively utilize and implement of nursing process among nurses for the betterment of the patient.

Financial Considerations

There is no payment to participate in this study and will not receive any payment for participation.

Right of refusal to participate and withdrawal

You do not have to take part in this study if you do not wish to do so and choosing to participate will not affect your care. You may stop participating in the interview at any time you may wish. If you are uncomfortable answering any question, you have the right to refuse.

Confidentiality:

Your privacy will be ensured throughout the duration of the study. Moreover, all the collected data will be kept in locked cabinets, and data in soft copies will be secured by a password. The data will only be accessible to the principal investigator and committee members. However, the monitoring and evaluation team of the human ethics committee, AKU may review the data for quality assurance.

Right, to ask questions:

If you have any queries or questions related to the study or consent form, kindly contact Mr. Kashif Khan at Aga Khan University School of Nursing and Midwifery on cellphone number: **03480056492** or email address: kashif.khan2@scholar.aku.edu

Authorization

I have read and understand this consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or another legal fault of anyone who is involved in this study.

1. Participant Name and Signature:

Name: _____ Sign: _____ Date: _____

2. Principal Investigator Signature:

Name: _____ Sign: _____ Date: _____

3. Name/ Signature of Person obtaining consent:

Name: _____ Sign: _____ Date: _____

تحریری رضامندی

مطالعے کا عنوان:

نرسنگ کے طریقہ کار Nursing Process کے استعمال سے متعلق نرسوں کے احساسات ؛
حیات آباد میڈیکل کمپلیکس پشاور، پاکستان میں ایک توضیحی کیفیاتی مطالعہ

ڈاکٹر روبینہ برولیا ایسوسی ایٹ پروفیسر و اسسٹنٹ ڈین، آغا خان یونیورسٹی اسکول آف نرسنگ اینڈ مڈوائفری سپروائزر rubina.barolia@aku.edu	اخلاقی جائزہ کمیٹی درخواست نمبر: 8461
آنسہ زہرہ آصف جیٹھا سینئر انسٹرکٹر آغا خان یونیورسٹی اسکول آف نرسنگ اینڈ مڈوائفری کمیٹی رکن zohra.jetha@aku.edu	
اورنگ زیب اسسٹنٹ پروفیسر کمیٹی رکن aurang.zeb@rmi.edu.pk	
کاشف خان طالب علم، ماسٹر آف سائنس ان نرسنگ آغا خان یونیورسٹی اسکول آف نرسنگ اینڈ مڈوائفری kashif.khan2@scholar.aku.edu رابطہ: 0348 0056 492	

تعارف:

میرا نام کاشف خان ہے اور میں آغا خان یونیورسٹی اسکول آف نرسنگ اینڈ مڈوائفری میں ماسٹر آف سائنس ان نرسنگ کا طالب علم ہوں۔ اپنے مقالے کے حصے کے طور پر، میں "حیات آباد میڈیکل کمپلیکس پشاور، پاکستان میں نرسنگ کے طریقہ کار کے استعمال سے متعلق نرسوں کے احساسات" کا تعین کرنے کے لئے ایک مطالعہ کرنے میں دلچسپی رکھتا ہوں۔

مطالعے کا مقصد:

- حیات آباد میڈیکل کمپلیکس ، پشاور میں نرسنگ کے طریقہ کار کے استعمال سے متعلق ایک نرس کی آگاہی کی چھان بین کرنا
- حیات آباد میڈیکل کمپلیکس ، پشاور میں نرسنگ کے طریقہ کار کے استعمال سے متعلق ایک نرس کے مشاہدات کو سمجھنا اور نرسنگ کے عمل کے استعمال میں رکاوٹوں اور سہولت کاروں کی نشاندہی کرنا

طریقہ جات:

مطالعے میں شریک کی حیثیت سے آپ کا ایک انٹرویو کیا جائے گا جس میں آپ کے سوالات کے جواب دینے کی درخواست کی جاتی ہے سوالات دو حصوں میں تقسیم کئے گئے ہیں: شماریاتی تفصیلات اور " نرسنگ کے طریقہ کار کے استعمال سے متعلق نرسوں کے احساسات ؛ حیات آباد میڈیکل کمپلیکس پشاور، پاکستان میں ایک توضیحی کیفیاتی مطالعہ " سے متعلق سوالات۔ اس تحقیق میں آپ کی شرکت رضاکارانہ ہے۔ اگر آپ شرکت پر رضامند ہوتی/ہوتے ہیں تو آپ کی دستیابی اور آسانی پر مبنی انٹرویو کی تاریخ، وقت اور جگہ کا فیصلہ کیا جائے گا۔ انٹرویو آپ کی تجویز کردہ زبان میں کیا جائے گا یعنی انگریزی یا اردو میں۔ انٹرویو کا ممکنہ دورانیہ چالیس سے ساٹھ منٹ ہوگا۔ اس کے ساتھ ساتھ، انٹرویو ریکارڈ بھی کیا جائے گا۔

آپ کے جوابات کی رازداری کو برقرار رکھا جائے گا کیونکہ آپ کے معلوماتی مواد کو ایک کوڈ نمبر نامزد کیا جائے گا اور آپ کے اجیر نمبر کو شناخت کے طور پر استعمال نہیں کیا جائے گا۔ اس کے علاوہ، تمام تر طریقہ کار کے دوران آپ کی گمنامی برقرار رکھی جائے گی ؛ تحقیقی رپورٹ کو مقالے کے ایک زبانی دفاع کے طور پر ، اور سائنسی فورمز پر اور سائنسی جرنلز میں اشاعت کے ذریعے مشتہر کیا جائے گا۔

ممکنہ خطرات :

اس مطالعے سے منسلک کسی بھی شرکاء کو کوئی نقصان، خطرہ یا خوف کا اندیشہ نہیں ہے۔ آپ کو انٹرویو کئے جانے سے پریشانی کا احساس ہوسکتا ہے۔ آپ کی بے چینی کم کرنے کے لئے اور آپ کے اطمینان میں اضافہ کرنے کے لئے آپ کو موقع فراہم کیا جائے گا۔ اسکے علاوہ، اگر آپ کسی سوال کا جواب دینے کے لئے غیر مطمئن ہوں تو اس کا جواب دینے سے انکار کرسکتے ہیں۔ آپ انٹرویو جاری رکھنے سے بھی انکار کرسکتے ہیں۔

فوائد:

آپ کی شرکت کے لئے آپ کو کوئی مالی معاوضہ فراہم نہیں کیا جائے گا۔ یہ مطالعہ صرف اکادمی مقاصد کے لئے ہے۔

آپ کو براہ راست کوئی فائدہ حاصل نہیں ہوگا لیکن آپ کی شرکت سے ہمیں حیات آباد میڈیکل کمپلیکس پشاور میں نرسنگ کے طریقہ کار کے استعمال سے متعلق نرسوں کی آگاہی اور مشاہدات کی چھان بین میں مدد حاصل ہونے کا امکان ہے۔ نرسوں میں سی سی یو، سی آئی سی یو، ایس آئی سی یو اور جنرل وارڈز کی/کے نرسیں شامل ہیں۔ مزید یہ کہ اس مطالعے کے نتائج انتظامی عملے کو گائیڈ لائنز مرتب کرنے میں مدد کر سکتے ہیں مریض کی بہتری کے لئے نرسوں میں نرسنگ کے طریقہ کار کا موثر طور پر کس طرح اطلاق کیا جائے اور کس طرح استعمال کیا جائے۔

مالی معاوضہ جات:

اس مطالعے میں شرکت کے لئے آپ کو کوئی ادائیگی نہیں کی جائے گی۔

شرکت سے انکار اور دستبردار ہونے کا حق:

اگر آپ نہ چاہیں تو آپ کو اس تحقیق میں حصہ لینے کی ضرورت نہیں ہے اور شرکت کا انتخاب نہ کرنا آپ کی دیکھ بھال پر اثر انداز نہیں ہوگا۔ اگر آپ چاہیں تو انٹرویو میں اپنی شرکت کسی بھی وقت روک سکتے/سکتی ہیں۔ اگر کسی سوال کا جواب دینے میں آپ کوئی بے چینی محسوس کریں تو آپ کو جواب نہ دینے کا حق حاصل ہے۔

رازداری:

آپ کی خلوت مطالعے کی تمام تر دورانیے میں یقینی بنائی جائے گی۔ اس کے علاوہ، آپ سے اکٹھا گیا تمام معلوماتی مواد مقفل کابینٹ میں رکھا جائے گا اور اس مواد کو سافٹ کاپی میں پاس ورڈ کے ذریعے محفوظ کیا جائے گا۔ اس مواد تک صرف مرکزی تحقیق کار اور کمیٹی کے ممبران کو رسائی حاصل ہوگی۔ البتہ، آغا خان یونیورسٹی کی اخلاقی جائزہ کمیٹی کے نگرانی اور جائزہ ٹیم معیار کی یقین دہانی کے لئے مواد کا جائزہ لے سکتی ہے۔

سوالات کرنے کا حق:

اس مطالعے سے متعلق یا رضامندی فارم سے متعلق آپ کوئی سوالات کرنا چاہیں یا کوئی استفسارات ہوں تو براہ مہربانی کاشف خان سے ، آغا خان یونیورسٹی اسکول آف نرسنگ اینڈ مڈوائفری میں، سیل فون 0348 0056 492 پر یا ای میل kashif.khan2@scholar.aku.edu سے رابطہ کیجئے۔

اجازت نامہ

میں نے اس رضامندی کے فارم کو پڑھا اور سمجھا ہے ، اور میں رضاکارانہ طور پر اس تحقیقی مطالعے میں حصہ لیتا ہوں۔ میں سمجھتا ہوں کہ مجھے اس فارم کی ایک نقل فراہم کی جائے گی۔ میں نے رضاکارانہ طور پر حصہ لینے کا انتخاب کیا ہے ، لیکن میں سمجھتا ہوں کہ اس مطالعے میں شامل کسی بھی شخص کی غفلت یا دیگر قانونی غلطی کی صورت میں میری رضامندی کسی بھی قانونی حق سے محروم نہیں کرتی ۔

شرکت کنندہ کا نام: _____ دستخط: _____ تاریخ: _____

مرکزی تحقیق کار کے دستخط _____ تاریخ: _____

رضامندی حاصل کرنے والے کا نام اور دستخط: _____ تاریخ: _____

Appendices C Demographic Form English

Title: “Nurses’ Perceptions Regarding the Use of Nursing Process; a Descriptive Qualitative Study at Hayatabad Medical Complex Peshawar, Pakistan”.

Section One: Socio-demographic Data:

1. Gender:

Male

Female

2. Age in years:

3. Marital status:

Single

Married

Divorced

Separated

4. Professional Qualification:

General Nursing Diploma

Bachelor (BSN)

Post RN BSN

Master (MSN)

5. Length of employment (In years)

Appendices D Demographic Form Urdu

مطالعے کا عنوان:

نرسنگ کے طریقہ کار (Nursing Process) کے استعمال سے متعلق نرسوں کے احساسات ؛
حیات آباد میڈیکل کمپلیکس پشاور، پاکستان میں ایک توضیحی کیفیاتی مطالعہ

پہلا سیکشن: سماجی شماریاتی معلومات

1. جنس

مرد خاتون

2. عمر سالوں میں:

3. ازدواجی حیثیت :

شادی نہیں ہوئی شادی شدہ
 مطلقہ علیحدگی

4. پیشہ ورانہ اہلیت:

جنرل نرسنگ ڈپلہمہ بیچلر (نرسنگ) (بی ایس سی این)
 پوسٹ رجسٹرڈ نرس ماسٹرز (ایم ایس سی این)

5. ملازمت کی لمبائی (سالوں میں)

Appendices E Semi Structure Interview Guide English

Title: Nurses' perceptions regarding the use of Nursing Process; A Descriptive Qualitative Study at Hayatabad Medical Complex Peshawar, Pakistan

Interview Guide:

Interview protocol project:

Nurses' perceptions regarding the use of Nursing Process; A Descriptive Qualitative Study at Hayatabad Medical Complex Peshawar, Pakistan.

Time of Interview: Will be selected upon the availability of the interviewee nurse

Date: Place: June 2023, **Peshawar**

Interviewer: Kashif Khan

Interviewee: Staff Nurses

Position of Interview: Staff nurse

Briefly describe:

Questions:

1. What are your opinions regarding the nursing process and its use?
2. In your experience, can you provide specific examples where the utilization of the nursing process has had a discernible impact on your daily practice?
3. What are the key factors that play a significant role in facilitating the successful implementation of the nursing process in your practice?
4. Could you share the barriers that you encounter in your practice that impede the effective implementation of the nursing process?

5. What are the perceived benefits or advantages that you have experienced by utilizing the nursing process in your practice?

6. What are your recommendations to enhance the usage of NP in this public sector?

مطالعے کا عنوان:

نرسنگ کے طریقہ کار Nursing Process کے استعمال سے متعلق نرسوں کے احساسات ؛
حیات آباد میڈیکل کمپلیکس پشاور، پاکستان میں ایک توضیحی کیفیاتی مطالعہ

انٹرویو گائیڈ

انٹرویو پروٹوکول پروجیکٹ:

نرسنگ کے طریقہ کار کے استعمال سے متعلق نرسوں کے احساسات ؛ حیات آباد میڈیکل
کمپلیکس پشاور، پاکستان میں ایک توضیحی کیفیاتی مطالعہ

انٹرویو کا وقت: انٹرویو کی جانے والی / کئے جانے والے نرس کی دستیابی پر طے
کیا جائے گا

تاریخ اور جگہ: مئی 2023ء، پشاور

انٹرویور: کاشف خان

انٹرویو کئے جانے والے: اسٹاف نرسیں

انٹرویو کا درجہ: اسٹاف نرس

مختصراً بیان واضح کیجئے:

سوالات:

1- نرسنگ طریقہ کار اور اس کے استعمال کے بارے میں آپ کی کیا رائے ہے؟

چہاں بین:

- نرسنگ کے اقدامات
- اپنی کلینیکل پریکٹس میں آپ نرسنگ طریقہ کار کتنی کثرت سے استعمال کرتی/کرتے ہیں؟

2- اپنی روز مرہ پریکٹس میں نرسنگ طریقہ کار کے استعمال سے متعلق آپ کا کیا تجربہ ہے؟

چہان بین:

3- آپ کی پریکٹس میں نرسنگ طریقہ کار کے اطلاق کرنے میں کون سے سہولت کار ہیں؟

4- آپ کی معمول کی پریکٹس میں نرسنگ طریقہ کار کے اطلاق کرنے میں کون سی رکاوٹیں ہیں؟


5- آپ کی رائے میں، مریضوں کی دیکھ بھال میں نرسنگ طریقہ کتنا اہم ہے؟

چہان بین:

• نرسنگ طریقہ کار استعمال کرنے سے آپ کو کیا فوائد حاصل ہونگے؟

6- اس پبلک سیکٹر میں استعمال کو بڑھانے کے لیے آپ کی کیا سفارشات ہیں؟

Appendices G Institutional Ethical Review Board Approval

	MTI - HAYATABAD MEDICAL COMPLEX	Doc. No:	HMC-QAD-F-00
	OFFICE OF THE CHAIRMAN	Version No:	00
	Hospital Research and Ethical Committee (IREB)	Date:	6/9/2022

ETHICAL APPROVAL CERTIFICATE

The Ethical Review Board of the Hayatabad Medical Complex has reviewed the under mentioned Synopsis/Article in accordance with the declaration of Helsinki (2013) and found it to meet the requirements and be approved.

Approval No:	1171
Synopsis / Research Article	Nurses Perceptions Regarding the use of Nursing Process; A Descriptive Qualitative Study at Hayatabad Medical Complex Peshawar, Pakistan
Investigators / Authors	Kashif Khan
Approval Date	10/2/2023
IREB Decision	Approved

Standard conditions of Approval Apply.

The Principal Researcher is required to notify the Secretary of the Ethical Committee about:

- Any significant change to the project and the reason for that change, including an indication of Ethical Implication (if any).
- Serious adverse effects on participants and actions are taken to address those effects.
- Any other unforeseen events or unexpected developments that merit notification.
- The inability of the Principal Researcher to continue in that role, or any other change in research personnel involved in the project
- Provide the progress report / Final report / discontinuation report.



Chairman IREB / Secretary

Professor Dr. Wajid Ali Akhunzada
Chairman
Institutional Research & Ethical Board
Hayatabad Medical Complex Peshawar

This document is internal and confidential. The format and version of this document is controlled, in case of any need for amendment please coordinate with Respective DGL / QA Department.	Page 1/1
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Appendices H ERC Approval



14-Mar-2023

Dr. RUBINA BAROLLA
Department of School of Nursing and Midwifery
Aga Khan University
Karachi

Dear Dr. RUBINA BAROLLA,

2023-8461-24345, RUBINA BAROLLA: Nurses' perceptions regarding the use of Nursing Process: A Descriptive Qualitative Study at Hayatabad Medical Complex Feshawar, Pakistan

Thank you for submitting your application for ethical approval regarding the above mentioned study.

Your study was reviewed and discussed in ERC meeting. There were no major ethical issues. The study was given an approval for a period of one year with effect from 14-Mar-2023. For further extension a request must be submitted along with the annual report.

List of document(s) approved with this submission.

Submission Document Name	Submission Document Date	Submission Document Version
RBCITI	01-Feb-2023	1
citCompletionCertificate_11605945_51751358	01-Feb-2023	1
ERC	01-Feb-2023	1
ZJ certificate (1)	01-Feb-2023	1
Study Guide	06-Feb-2023	1
Study Guide in Urdu	06-Feb-2023	1
Medical Director Permission Letter	06-Feb-2023	1
Nursing Director Permission Letter	06-Feb-2023	1
Affidavit for Translation in urdu final	06-Feb-2023	1
Demographic Tool in Urdu	06-Feb-2023	1
Demographic tool English	06-Feb-2023	1
consent form in urdu	06-Feb-2023	1
consent form in english final	06-Feb-2023	1
Ethical Approval Certificate	12-Mar-2023	1
ERC Response	12-Mar-2023	1
Final Protocol Version 2	12-Mar-2023	2

Any changes in the protocol or extension in the period of study should be notified to the Committee for prior approval. All informed consents should be retained for future reference.

Please ensure that all the national and institutional requirements are met.

Thank you.

Sincerely,

Dr. Hamid Ather

Chairperson
Ethics Review Committee