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RESEARCH ARTICLE

THE NURSING PROCESS AND ITS PHASES: ASSESSING THE ASSESSMENT PHASE BY NURSES OF THE REGIONAL HOSPITAL BAMENDA

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ABSTRACT

The assessment phase is the first phase (out of five) of the nursing process which provides all the information needed to initially plan for patient care. It is often performed by nurses when patients are admitted to a health facility, within a maximum of 8hours for stable patients and 24hours for unstable patients at the point of admission. Sometimes, the activities of this phase are well performed. In other times, the performance might not be satisfactory. Opinion seems to suggest that a knowledge gap is responsible for these inconsistencies. The objectives of this study were to identify the activities of the assessment phase, assess the definitions of the assessment phase, identify parameters used in the assessment phase of the nursing process. The study population were nurses at the Regional Hospital Bamenda. Sampling was done using the convenience sampling method. The sample size was 80 nurses. Instrument for data collection was a questionnaire which was self-administered. Ethical clearance was sought as well as informed consent from the participants. Data collected was sorted for completeness, tallied and was analyzed using Microsoft Excel and the Statistical Package for Social Sciences (SPSS) version 21. The results were considered statistically significant when p value was less than 0.05. The results reveal that majority (87.5%) of the nurses were female, 50% were in the age group 20-30years, 55% had a diploma and 58.8% had a working experience of 1-5years. Ninety percent of the nurses knew that assessment was the first step of the nursing process and 50% gave a definite definition of the assessment phase. In all, 68.8% of the participants agreed that all the listed activities were part of the assessment phase of the nursing process. A significant representation of the population, 37.5% of the nurses surprisingly left assessment as a medical doctor's role, while 52.5% held that it provides the needed data to care for the patient. There was a statistically significant association of $p=0.009$ between those responsible for assessment and those who neglect it. The results can be used in the sensitization of nurses on the assessment phase of the nursing process through seminars and workshops, as well as reinforce it in training institutions.

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INTRODUCTION

The nursing process (NP) is one of the key tools used as a framework for providing professional, quality nursing care. It directs nursing activities for health promotion, health protection, and disease prevention and is used by nurses in every practice setting and specialty (DeLaune, 2005). It "stands out as a care technology that guides the sequence of logical reasoning and improves the quality of care through the systematic clinical assessments, diagnoses, interventions, and outcomes of nursing" (Yildirm Belgin, 2011 and Akbari, 2011). The components of the nursing process are assessment, diagnosis, planning, implementation, and evaluation (Smeltzer, 2010). Assessment is the first phase of the nursing process. Data is gathered both from the patient and their families on their perceived health problems. This stage is a cornerstone in establishing the patient's problems and needs, and the success of the entire nursing process depends on how this stage is done (Stonehouse, 2017). The assessment phase has been defined as a stage that "involves the

systematic and continuous collection of data; sorting, analyzing, and organizing that data; and the documentation and communication of the data collected" (Toney-Butler, 2024). Dillon M (Dillon, 2007) holds that "It is the first and most important step in the nursing process. The assessment phase sets the tone for the rest of the process, and the rest of the process flows from it. If your assessment is off the mark, then the rest of the process will be too", and any errors or omissions at this stage negatively affects the patients' care process (Gordon, 2008). The assessment phase has several types, and each type has different activities. The types are initial assessment, focus (problem-focused), emergency and time-lapsed (expired) reassessment (Batiha Abdu-Monim, 2021). Hagos et al. (2014) in rating the level of utilization of the nursing process in Ethiopia found that in initial assessment, the patients' demographic information is got, medical surgical, obstetrical, medication, social and family histories, vital signs and physical examination. Mwangi et al. (2019), in their study found that 20% of nurses had inadequate knowledge, while 34.5% acknowledged gaps of the assessment step of the nursing process. During file review, only 4% of the files had daily episodic assessment done, and 64% of the files had no diagnosis following the initial assessment (Catherine Mwangi, 2018). Gordon states that the American Nurses Association have two of its six Standards of

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Nursing Practice based on assessment and diagnosis (Gordon, 2008), These are:

Standard I: The nurse collects health data systematically. The ongoing collection involves the patient, family and, when appropriate, other care providers.

Standard II: The nurse analyzes assessment data in determining diagnoses. When possible, judgments are validated with the patient. Assessment data and diagnoses are documented and used in therapeutic decisions”.

Patient assessment, as a step of the nursing process is the nurse’s responsibility, which has to be performed by nurses on admission of the patient, with the aim of collecting necessary data for the nursing care plan (Stonehouse, 2017). The nursing process is a scientific approach used in identifying and solving patient’s problems. Its first step is assessment, which is very important because it provides all the needed data to plan for the patient’s care. Loh et al. (Yuh, 2010) found in 2020 that 60% of nurses were not able to list the steps of the nursing process. A study on the utilization of the Nursing Process in Kenya found that 34.5% of nurses had a knowledge gap in patient assessment (Catherine Mwangi, 2019). It has been observed that often times, this very important step is overlooked, reducing the quality of care to the patient, increasing the patient’s dissatisfaction and hence devaloring the profession. It therefore brings to light the need to seek the nurses’ understanding and the parameters used in this first step of the nursing process. An appropriate understanding will guide nursing institutions and even training institutions on the possible actions to take to remedy the situation.

MATERIALS AND METHODS

The study was a descriptive cross sectional design. It was carried out at the Regional Hospital Bamenda, in the male and female medical wards, male and female surgical wards, pediatric ward, gynecologic, the post-natal, the private ward and the intensive care unit. The study duration was May to August 2021, and the population were nurses at the hospital. All nurses with at least a diploma in nursing providing bedside care at the Regional Hospital Bamenda, consenting nurses and all nurses who were available at the time of data collection were included in the study. While those who did not completely fill their questionnaires were excluded.

The sample size was determined using the following Cochran’s formula (Polit, 2020).

$$\frac{Z^2pq}{d^2} = n_0$$

Where n_0 = minimum sample size required for the study, Z(standard normal distribution) ($Z=1.96$) with confidence interval of 95%, P(prevalence/ population proportion) ($p=0.5$)

$q=1-p$, d (tolerable margin of error) ($d=0.05$), $n_0 = 1.96(1.96) (0.5(0.05))/0.05(0.05) = 384$

Using the finite correlation factor, and none response rate, the sample size was 80participants. A convenience technique was used and the instruments were a questionnaire and checklist. Ethical clearance was sought from the Institutional Review Board of the University of Bamenda. Authorization was obtained from the Administration of the Regional Hospital and informed consent from participants. Data collected was sorted, tallied, coded, keyed into excel spreadsheets and then SPSS version 21 and analyzed.

RESULTS

Sociodemographic characteristics of participants: As in table 1, most 40 (50%) of the participants were aged 20-30years, majority 70 (87.5%) were female, most 44 (55%) had a diploma SRN/HND/HPD) and majority, 47 (58.8%) had 1-5years of working experience. The

mean age of the participants was 32 ± 6.18 . Most of the participants 31 (38.8%) nursed in the pediatric unit.

Table 1. Distribution according to socio demographic characteristics of the study participants (N=80)

Variables	Frequency(n)	Percent (%)
Age groups (years)		
20-30	40	50.0
31-40	33	41.3
41-50	7	8.7
Gender		
Male	10	12.5
Female	70	87.5
Academic qualification		
HND/SRN/HPD	44	55.0
BSc	36	45.0
Years of working experience		
1-5	47	58.8
6-10	24	30
≥ 11	9	11.2
Present working unit		
Medical	20	25
Surgical	23	28.8
Paediatrics	31	38.8
Gynaecological	6	7.5

HND: higher national diploma, HPD: higher professional diploma, SRN:State Registered Nursing Certificate BSc:Bachelor in nursing sciences

Activities of the assessment phase of the nursing process: Majority, 72 (90%) of the participants knew that assessment is the first step of the nursing process and on their opinion on the definition of assessment, half 40 (50%) knew that that it was a step in the nursing process that involves gathering information about the patient. 35 (43.7%) said it was a process to solve problems and a step to gather information, seen in table 2.

Table 1. Identification of the assessment phase (N=80)

Parameters	Frequency	
	N	%
Position (step) of assessment in the Nursing Process		
First	72	90
Second	6	7.5
Third	1	1.3
Fourth	1	1.3
Opinion on the definition of assessment		
It is a systematic problem-solving process	5	6.3
It is a step in the nursing process that involves gathering information about a patient	40	50
It is a problem-solving process and a step in the nursing process	35	43.7

All activities of the assessment phase: In table 3, the majority 55 (68.8%)of the participants indicated that all the listed aspects of history were part of the nursing process, 14(17.4%) said past and present medical, surgical, medication and vital signs are part of history while the least 11(13.8%) said only vital signs are considered as patient history. For spiritual, psychosocial and cultural assessments, most of the participants said they are not activities of the assessment process with results 52 (65%), 49 (61.3%) and 59 (73.8%) respectively. 58 (72.5%) said physical assessment is an aspect of data collection while 22(27.5%) said it is not. On data validation, organization, reporting and identification of needs, majority of the participants all said “no” with statistics 73 (91.3%), 74 (92.5%), 70 (87.5) and 62 (77.5%) respectively. Needs identification had the highest number 18 (22.5%) of participants amongst all these who indicated it was part of the assessment process. The results in table 4 show that most, 50 (62.5%) participants said nurses were responsible against 30 (37.5%) who said doctors. On where detailed assessment should be done, 52 (65%) said the patient’s bed while 28 (35%) said the nurses’ station. Majority of the participants, 42 (52.5%) said

assessment provided data to care for patients while 28 (47.5%) it is done because it is a step in the nursing process.

Table 2. Distribution of participants based on their opinion on all the activities of the assessment phase (N=80)

Activity	Freq(N)	%
History		
All aspects of history	55	68.8
Past and present history (medical, surgical, medication, vital signs)	14	17.4
Vital signs	11	13.8
Spiritual assessment		
Agree	28	35
Disagree	52	65
Psychosocial assessment		
Agree	31	38.7
Disagree	49	61.3
Cultural assessment		
Agree	21	26.2
Disagree	59	73.8
Physical assessment		
Agree	58	72.5
Disagree	22	27.5
Validation of data		
Agree	7	8.7
Disagree	73	91.3
Organization of data		
Agree	6	7.5
Disagree	74	92.5
Reporting of data		
Agree	10	12.5
Disagree	70	87.5
Identification of patient's needs		
Agree	18	22.5
Disagree	62	77.5

Table 4. Distribution of participants based on who is responsible, place and reason for assessment (N=80)

Parameters	Freq (N)	%
Care provider responsible for patient assessment:		
Doctors	30	37.5
Nurses	50	62.5
Place for detailed assessment:		
Patient's bed	52	65
Nurses' station	28	35
Reason for assessment:		
Provides needed data to care for the patient	42	52.5
It is a step of the nursing process	28	47.5

Association between those responsible for assessment and those who neglect assessment: Some of the participants, 9 (30%) who said the doctor is responsible for assessment said the nurse is the one who neglects assessment, while 21 (70%) said it is the doctor that neglects. On the other hand, 30 (60%) of nurses who said nurses are responsible said nurses are those who neglect, while 20(40%) it was the doctor who neglects. there is a significant association between participant's responsible for assessment and those who neglect (pvalue=0.009).

Table 5. Association between those responsible for assessment and those who neglect assessment

Responsible for Assessment	Who neglects assessment		X ²	p value
	Nurse N (%)	Doctor N (%)		
Doctor	9 (30.0)	21 (70.0)	6.74	0.009
Nurse	30 (60.0)	20 (40.0)		

Association between the participants' opinion on definition of assessment and reason for assessment: Table 6 shows that there exists no statistical significance between definition of assessment and reason for assessment (p>0.05).

Table 6. Association between the definition of assessment and reason for assessment

Definition of assessment	Reason for assessment		X ²	p value
	Provides needed data	It is a step of the nursing process		
	N (%)	N (%)		
It is a systematic problem solving process	4(9.5)	1 (2.6)	3.22	0.200
It is a step in the NP that involves gathering information about the patient	23 (54.8)	17 (44.7)		
A problem solving process and step to gather information	15 (35.7)	20 (52)		

DISCUSSION

The findings of this study showed that half (50%) of the participants were in the age group 20-30years with a mean age of 32.05 ±6.18. Most 44 (55%) of the participants had a diploma in nursing and 34 (45%) had a bachelor's degree. It was found that academic qualification and biographical data was significant (0.005). In this study, 47 (58.8%) of participants had 1-5years of working experience, similar to a study in Ethiopia where 75% of participants had, 5years of working experience (Aseratie, 2014). That a majority, 70 (87.5%) were female is very consistent with other researchers (Catherine Mwangi, 2019; Aseratie, 2014 and Mayouf, 2019). This should be owing to the fact that nursing is more a feminine profession, though lately, more men are becoming nurses. Most, 72 (90%) of the participants knew that assessment is the first step of the nursing process. Although 75 (93.7%) knew that assessment is a step in the NP that involves gathering information, 35 of them added that it is a problem solving process, which is not. This might account for the reason why there is no significance between the nurses' definition of assessment and their reason for assessment. Although 50 (62.5%) of participants said assessment has to be done by nurses and only 30 (37.5%) said the doctor, it is quite disturbing that nurses expect doctors to do work that is part of a NP. Most 55 (68.8%) of the participants were of the opinion that history must be taken completely, but on observation, majority of the participants observed did not appropriately perform this activity. Less than half of the participants each said spiritual, psychosocial and cultural assessments are not part of the assessment, while 58 (72.5%) said physical assessment has to be done. The low percentage (22.5%) who indicated that needs have to be identified in assessment may be related to the fact that most institutions follow the five step nursing process, where nursing diagnosis is a separate step, and not the British with four steps (DeLaune, 2005 and Stonehouse, 2017). This reason however, does not completely dismiss the thought that it may be due to ignorance given that Loh *et al.* (Yuh, 2020) only in 2020 found that 60% of the nurses were not even able to list the steps of the nursing process. Julie *et al.* (Julie, 2017), also confirms this lack of knowledge in their study where they found out that 99.3% of participants did not know the exact number of steps and 62.6% did not even cite one of the steps. Majority of the participants, 50 (62.5%) said the nurse is responsible for assessment. It seems positive that majority of the participants said nurses were responsible for assessment, but at the same time embarrassing that some nurses are of the opinion that assessment, as part of the nursing process, should be done by doctors. It was however confirmed on observation where in physical assessment, the only aspect attempted was inspection, where all recorded was whether the patient came in a wheelchair, conscious or unconscious, with Intravenous line or not.

CONCLUSION

Majority of the nurses knew that assessment was the first step of the nursing process and agreed to the definition that it is a step in the

nursing process that involves gathering information about a patient. Most of the participants were of the opinion that a complete patient history and physical examination are necessary, but spiritual, cultural and psychosocial assessment were not part of it. Also, data validation, organization and reporting and need identification are not aspects of assessment. Most of the participants knew that initial assessment, as part of the nursing process is done by nurses, to provide data for patient care and should be done at the patient's bedside. Although these results look good, they highlight the urgent need to reinforce an understanding of the nursing process among nurses and facilitate its implementation.

RECOMMENDATIONS

Nurses should challenge themselves and stay self-motivated to properly assess their patients, which in turn translates to quality nursing care and shortened hospital stay for the patients. The nursing administration should continually plan for workshops and seminars to drill the nurses with knowledge on the assessment phase in particular, and the nursing process as a whole. Training institutions should lay the due emphasis on assessment as they teach the nursing process.

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