

Nursing Process: Perceptions and Experiences of nurses in a district public hospital in Lesotho

MZ Shelile
23917555

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Supervisor: Ms E van Waltsleven
Co-Supervisor: Dr E du Plessis

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DECLARATION OF HONESTY

I declare that this document is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. This work has not been submitted before for any other degree at any other institution.



Mpho Z. Shelile

29/04/2014

Date

23917555

DEDICATION

This Dissertation is dedicated to several Images of God who have played a vital role in my life:

I dedicate this work to my beautiful wife, 'Makananelo Tebello Taaso Shelile, and my two handsome boys, Kananelo and Phomolo Shelile, for their love, support and encouragement. I am truly blessed.

To my mother, Mookho Shelile, who, despite of her own lack of formal basic education, instilled in me the importance of education. She always supported me and scarified everything she had to help me with my education.

To my entire family, friends and colleagues for the support they granted me throughout my life.

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ABSTRACT

Key words: nursing process, professional nurse, experiences, perceptions, Lesotho

Background: The nursing process is a widely accepted method and has been suggested as a scientific method to guide procedures and qualify nursing care. More recently, the process has been defined as a systematic and dynamic way to deliver nursing care. This process is performed through five interrelated steps, namely: assessment, diagnosis, planning, implementation and evaluation, with subsequent modifications used as feedback mechanisms that promote the resolution of the nursing diagnoses. The Lesotho Nursing Council (LNC) adopted the nursing process over a decade ago and the LNC mandated nurse training institutions and clinical settings to utilise this methodology. However, there is a reluctance to implement the nursing process despite its importance in nursing care (LNC, 2009:7).

Purpose: The primary purpose of this research was to explore and describe the perceptions and experiences of nurses in implementing the nursing process in a district public hospital in Lesotho. On the grounds of these findings, the researcher ultimately makes recommendations for nursing education, nursing practice and nursing research.

Methodology: To explore and describe the perceptions and experiences of nurses implementing the nursing process in a district public hospital in Lesotho, the researcher chose a qualitative, exploratory, descriptive and contextual research design. The researcher used voluntary purposive sampling to identify participants who complied with the set selection criteria. The sample comprised of professional nurses with varying years of working experience and qualifications. The data was collected by means of narratives and two focus group interviews; n=10 and n=6. The data was captured on a digital audio recorder and was transcribed verbatim. The researcher took field notes during each focus group.

Both the researcher and independent co-coder analysed the narratives and transcribed data together, using narrative analysis and open coding (Creswell, 2009:185). Three main themes and nine subthemes emerged from the data collected from the narratives and focus groups. The researcher illustrated these themes through direct quotes by the participants. Each of these themes was discussed accompanied by relevant data obtained from literature, and reduced to conclusive statements, which serve as a basis for the derived recommendations to nursing education, nursing practice and nursing research. Trustworthiness was ensured in accordance with the principles of credibility, transferability, dependability and confirmability.

Conclusions: The researcher reached a number of conclusions. The participants perceived several factors and experienced them as interfering with the efficient implementation of the nursing process. Operational difficulties experienced in the systematisation of nursing care in practice, are amongst others a lack of knowledge of the steps involved in the process, an excessive number of tasks assigned to the nursing team, the poor quality of professional education, insufficient reports on the physical examination related to the disease and difficulty to formulate the nursing diagnosis. The research report concluded with the researcher's evaluation of the research and recommendations for nursing practice, nursing education and nursing research with the purpose of improving the implementation of the nursing process.

OPSOMMING

Sleutelwoorde: verpleegproses, professionele verpleegkundige, ervarings, persepsies, Lesotho

Agtergrond: Die verpleegproses is 'n algemeen-aanvaarde metode en word aanvaar as 'n wetenskaplike metode waarvolgens prosedures gelei word en verpleging gekwalifiseer word. Die proses is onlangs as 'n sistematiese en dinamiese manier om verpleging te lewer gedefinieer, en bestaan uit die volgende vyf interafhanklike stappe: beraming, diagnose, beplanning, implementering en evaluering, wat saam met die daaropvolgende wysigings as terugvoermeganismes gebruik kan word om die proses van suksesvolle verpleegkundige diagnoses te bevorder. Ongeveer 'n dekade gelede het die Lesotho Verpleegkundige Raad (LVR) die verpleegproses aanvaar en die LVR het aan verpleegkundige opleidingsinstellings en kliniese instellings die opdrag gegee om van hierdie metodes gebruik te maak. Ten spyte van die belang van die verpleegproses in verpleegsorg, is daar egter steeds 'n onwilligheid om die verpleegproses te implementeer (LVR, 2009:7).

Doel: Die primêre doel van hierdie navorsing was om die persepsies en ervarings van verpleegkundiges tydens die implementering van die verpleegproses in 'n openbare distrikshospitaal in Lesotho te verken en te beskryf. Op grond hiervan, maak die navorser uiteindelik aanbevelings vir verpleegonderrig, verpleegpraktyk en verpleegnavoring.

Metodologie: Die navorser het 'n kwalitatiewe, verkennende, beskrywende en kontekstuele navorsingsontwerp gekies om die persepsies en ervarings van verpleegkundiges in 'n openbare distrikshospitaal in Lesotho met betrekking tot die implementering van die verpleegproses te verken en te beskryf. Vrywillige, doelgerigte steekproefneming is gebruik om deelnemers, wat voldoen aan die gestelde keuringskriteria, te identifiseer. Die steekproef het bestaan uit verpleegkundiges met wisselende jare van werksondervinding en kwalifikasies. Data-insameling het plaasgevind aan die hand van verhale en twee fokusgroeponderhoude; n=10 en n=6. Die data is vasgelê op 'n digitale klankopnemer en is getranskribeer. Die navorser het veldnotas geneem tydens elke fokusgroep.

Beide die navorser en onafhanklike mede-kodeerder het die verhale en getranskribeerde data ontleed met behulp van onderskeidelik narratiewe analise (Coffey & Atkinson, 1996:58) en oop kodering (Creswell, 2009:185). Drie temas en nege subtemas het uit die data wat uit die verhale en fokusgroepe ingesamel is na vore gekom. Hierdie temas word aan die hand van direkte aanhalings van die deelnemers geïllustreer. Elkeen van hierdie temas is bespreek, tesame met die relevante data wat verkry is uit die literatuur en is gekondenseer

tot opsommende stellings wat dien as 'n basis vir aanbevelings aan verpleegonderrig, verpleegpraktyk en verpleegnavorsing. Vertroueswaardigheid is verseker in ooreenstemming met die beginsels van geloofwaardigheid, oordraagbaarheid, betroubaarheid en bevestigbaarheid.

Gevolgtrekkings: Die navorser kon 'n aantal gevolgtrekkings maak. Die deelnemers het verskeie faktore ervaar wat as belemmerend in die doeltreffende implementering van die verpleegproses gesien kan word. Operasionele probleme wat die sistematiesing van gesondheidsorg in die praktyk belemmer, is onder meer 'n gebrek aan kennis van die stappe wat betrokke is in die proses, te veel take wat aan die verpleegspan gegee word, swak gehalte van professionele opleiding, onvoldoende verslae oor die fisiese ondersoek wat verband hou met die siekte, en probleme met die formulering van die verpleegkundige diagnose. Die navorsingsverslag sluit af met die navorser se evaluering van die navorsing en aanbevelings vir die verpleegpraktyk, verpleegonderwys en verpleegnavorsing om die implementering van die verpleegproses te verbeter.

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CHAPTER 1:

OVERVIEW OF THE STUDY

This chapter provides an orientation to this study. The chapter commences with an introduction that highlights the inspiration for this study, followed by a background sketch to illustrate the situation that provoked the research questions and the purpose of the study. It further proposes the researcher's paradigmatic perspective, choice of research design and methods, and measures to ensure quality and adherences to ethical principles. An outlay of the research report and a brief chapter summary concludes this chapter.

1.1 Introduction

This study explores and describes the perceptions and experiences of nurses when implementing the nursing process in a district public hospital in Lesotho.

The Lesotho's health care system is experiencing great difficulties. With the explosion of the Human Immunodeficiency Virus (HIV), tuberculosis (TB), malnutrition, and other chronic illnesses, the health needs of patients are growing daily and becoming more complex (Lesotho Nursing Council, 2009:7). Added to this, the LNC shows that within this context, there is a need for an increased competent and compassionate nursing workforce. To obtain this, nurses must implement a scientific method and approach: the nursing process, while caring for their patients. Despite tremendous efforts made by the LNC to advocate for the use of the nursing process, nurses in Lesotho are still reluctant to utilise this scientific process, which the LNC prefers to refer to as the framework of care (LNC, 2009:7).

1.2 Background and problem statement

The nursing process has long been used as a framework for nursing and nursing documentation with the ultimate goal of preventing or resolving problematic situations and providing high quality nursing care (Ofi & Sowunmi, 2012:356; Yura & Walsh, 1978:12). Classifications are used to standardise nursing interventions and documentation in the application of the nursing process (Kim & Park, 2005:958). Different classifications such as the International Classification of Nursing Diagnoses (NANDA-I), the International Classification for Nursing Practice (ICNP), the Nursing Interventions Classification (NIC), and

the Nursing Outcomes Classification (NOC) have consequently been developed and validated by nursing researchers (McCloskey, 2000:45).

Furthermore, the nursing process consists of five major steps. The five steps of the nursing process are like five chambers in a container that are in a constant, five-way interaction with one another. The first step of the nursing process is the nursing assessment: in the assessment process, the nurse collects information from various sources, validates this information, sort and categorise the data, and summarises or interprets it (Wingard, 2005:211). When a nursing diagnosis is made in the end, it must be a judgment based on sound data and information (Pokorski *et al.*, 2009:303). In making a nursing diagnosis, the professional nurse may utilise specific information from the diagnosis, which other qualified persons have made (Pokorski *et al.*, 2009:303; Rothberg, 1967:1040). The nursing diagnosis is followed by the care plan that constitutes a base from which every stage of the nursing process can be recorded (Fernandez-Sola *et al.*, 2011:393). This recording has to act as a structured, written handbook, offering a systematic planning method and a record of the patient's care (Lee & Chang, 2004:39). The nursing evaluation is a daily report of successive changes that occur after professional assistance (Redman, 2004:78). The evaluation process should view the measurement of the met objectives, any indications for the clarification or revision of objectives, and the identification of barriers to meet the objectives (Wingard, 2005:214).

One factor that differentiates nursing care from other disciplines is the nurses' use of the nursing process, which has been practiced throughout nursing schools, and it becomes so ingrained in the nurses' thinking that they use it automatically (Huckabay, 2009:72). For this reason, the usefulness of the accurate nursing process has been widely described in nursing literature, as it provides information on the patient's progress, complies with legal requirements, and gives information on management and service assessment, as well as several ways to apply them in terms of quality research and policies (Saranto & Kinnunen, 2009:474). Despite being that important, the implementation of the nursing process can be problematic depending upon the nurses' understanding of what the nursing process is (Pesut & Sawatzky, 2005:129). One of the barriers to the development of the nursing process is the implementation of the nursing diagnosis.

Studies have shown that the implementation of the nursing diagnosis is a challenge for nurses (Lee, 2005:464). Medina *et al.* (2012:10487) and Yeh *et al.* (2009:3096) on the other hand explain that, in order to overcome this and improve recognition of nursing in the health sector, nursing work and the nursing process must be stored on computer systems as it can significantly improve the implementation of this methodology and satisfaction with nursing actions and documentation. In the light of this, Drexel University, College of Nursing and

Health Professions developed a tool that supports nursing students' mastery of the nursing process by providing a mobile method to collect and organise patient assessment data, select appropriate North American Nursing Diagnosis Association (NANDA) nursing diagnoses, and plan nursing care accordingly (Pokorski *et al.*, 2009:306).

Nursing theories and professional practice models are valuable for the improvement of nursing care, and the nursing process is still acknowledged as the main approach in nursing internationally (Smith, 2012:201). This is so because nursing theories and professional practice models are being incorporated based on the quest for achieving nursing excellence through best practices and evidence-based practice (Smith, 2012:201). The focus of this study is on the nursing process, because LNC advocates for its implementation, since it incorporates nursing theories that reflect a relational ethic with health consequences, especially because of the assimilation of caring and the extent to which the interests of patients and their significant others are taken into consideration (Turkel *et al.*, 2012:194). Moreover, Rivas *et al.* (2012:18) consider the nursing process to be the appropriate method to explain the nursing essence, its scientific bases, technologies and humanist assumptions that encourage critical thinking and creativity, and it permits problem solving in professional practice. Added to this, according to current American and Canadian practice standards, nursing practice demands the efficient use of the nursing process and professional participation in activities that contribute to the permanent development of knowledge about this methodology (Kogut, 2006:34).

Nursing today demands that nurses develop their knowledge and critical thinking skills, so that they can combine the developments that originated in the nursing process to individualise their patient's care (Castledine, 2011:131). A study that investigated the meaning of the nursing process among intensive care unit nurses, showed that their experiences regarding the nursing process were contradictory. They saw the nursing process as a form of professional recognition with regard to its role in society and something that allows nurses to have authenticity and freedom of action in their practice, but it was also viewed with feelings of anger, dissatisfaction, and frustration (Alvez *et al.*, 2008:653).

Despite the nurses' knowledge of the nursing process, certain factors limited the ability of nurses to implement it in their daily practice, including lack of time, high patient volume, and high patient turnover (Alvez *et al.*, 2008:654). In spite of these hurdles, the daily application of the nursing process is characterised by a scientific background of the professionals involved, since it requires knowledge and provides individualised human assistance (Alvez *et al.*, 2008:654). Ofi and Sowunmi, (2012:360) reinforce this and further state that nurses have a theoretical knowledge of the nursing process, but are reluctant to use it as their framework

of care. In their study conducted in Nigeria, out of the three hospitals examined, it was only evident at one hospital that nurses adhered to this methodology.

There is a demand to establish the nursing process in practical care in every health institution, within hospitals as well as in the community as a whole because the nursing process leads to improved quality care (Medina *et al*, 2012:10487; Maas & Delaney, 2004:47). In the light of this, the LNC adopted the nursing process over a decade ago and the LNC mandated nursing training institutions and clinical settings to utilise the five-step model that includes: assessment, diagnosis, planning, implementation and evaluation. However, there is a reluctance to implement the nursing process despite its importance in nursing care (LNC, 2009:7). Secondly, the researcher has experienced, while working in one of the hospitals, that nurses could only remember that they were once taught the nursing process in class, but they could not tell what it is and how it is applicable in their day-to-day work. Furthermore, the researcher was unable to locate literature on the perceptions and experiences of Lesotho nurses about the nursing process. In view of these, the researcher envisaged to explore and describe the experiences and perceptions of the nurses working in a district public hospital in Lesotho towards the application of the nursing process while caring for patients.

1.3 Research questions

The research question is similar to the research problem, except that the research question is stated in question format (Brink, 2008:80). The research wanted to answer the following questions:

- What are the perceptions of the nurses working at a district public hospital in Lesotho about the nursing process?
- What are the experiences of Lesotho nurses working at this hospital in the implementation of the nursing process?
- What recommendations can be made for nursing education, nursing practice and nursing research to encourage nurses to implement the nursing process?

1.4 Purpose and objectives

The purpose of this study was to explore and describe the perceptions and experiences of professional nurses working at a district public hospital in Lesotho with the objectives to:

- Explore and describe perceptions of nurses working at a district public hospital in Lesotho about the nursing process.
- Explore and describe experiences of nurses working at a district public hospital in Lesotho in the implementation of the nursing process.
- Make recommendations for nursing education and research; and recommendations for nursing practice by means of measures to encourage nurses to implement the nursing process.

1.5 Significance of the study

It was important to explore and describe the perceptions and experiences of nurses working in a district public hospital in Lesotho, because the researcher could make recommendations for nursing education with regard to the implementation of the nursing process from the research findings. The researcher could also make recommendations for nursing practice in the form of measures to encourage nurses to implement the nursing process, and the researcher suggested recommendations for further research.

1.6 Paradigmatic perspective

According to De Vos and Strydom (2011:40), the paradigmatic perspective describes the viewpoint from which the researcher perceives research. Researchers preparing a research proposal or plan should explicate the larger philosophical ideas they espouse (Creswell, 2009:5). The researcher based the paradigmatic assumptions of this research on meta-theoretical, theoretical and methodological assumptions. The statements to follow define the paradigmatic perspective of this study.

1.6.1 Meta-theoretical assumptions

The meta-theoretical assumptions that are not testable, refers to the researcher's personal beliefs regarding man and the environment in which man lives (De Vos & Strydom, 2011:42). Qualitative inquirers, such as the researcher, use theory in their studies in several ways

(Creswell, 2009:61). Therefore, the assumptions of the researcher in this study are similar to or resemble the nurse theorists' worldviews and include assumptions regarding man, the environment, health and nursing. These theorists are Hildegard E. Peplau, from her partial theory for practice of nursing, Helen C. Erickson, from her theory of modelling and role-modelling, and Jean Watson from her theory of nursing.

1.6.1.1 Man

Peplau (1988:12) defines man as an organism that strives in his/her own way to reduce the tension generated by needs. The researcher believes that nurses need to apply the nursing process and other strategies to reduce tension generated by their patients' needs. In this research, the people (as plural to man), who formed the core of the research, were professional nurses, who have experiences and perceptions regarding the implementation of the nursing process.

1.6.1.2 Environment

The researcher sees environment as internal and external and it includes both stressors and resources for adapting to stressors (Ericson, 1990:49). In this study, environment refers to the district public hospital where professional nurses take care of their patients to achieve full recovery.

1.6.1.3 Health

The researcher views health as a symbol that implies forward motion of personality and other ongoing human processes in the direction of creative, constructive, productive, personal and community living (Peplau, 1988:12). For the purpose of this research, the concept health refers to the situation where nurses correctly apply the nursing process as their framework of care.

1.6.1.4 Nursing

Furthermore, the researcher believes that nursing is nurturing and caring for someone in a motherly fashion and the focus of nursing is on caring factors that are derived from a humanistic perspective combined with a scientific knowledge base (Watson, 1990:15). Nursing, in this study, refers to caring for patients using the nursing process as a framework of care.

1.6.2 Theoretical assumptions

The theoretical assumptions of the research include the central theoretical argument as well as the conceptual definitions and clarification of key concepts applicable to this research. These are based on scientific knowledge and existing theories within the body of knowledge in the nursing discipline as well as related disciplines and these are testable (Brink, 2008:24).

1.6.2.1 Central theoretical statement

The focus of this study was on the nursing process, which the researcher considers as an appropriate method to explain the essence of nursing, its scientific bases, technologies and humanist assumptions. This nursing process encourages critical thinking and creativity, and permits solving problems in nursing practice. Exploring and describing Lesotho nurses' perceptions and experiences about the nursing process helped the researcher to make recommendations for nursing education, nursing practice and nursing research. This will in turn inform and contribute to the formulation of continuing professional development strategies, in-service training programs and a review of the nursing curriculum, specifically to encourage these nurses to implement the nursing process.

1.6.2.2 Key Concepts

The concepts below are central to this research, and are defined as follows:

1.6.2.2.1 Nursing process

The researcher concurs with Orem's definition of the nursing process, namely that it is a term used by nurses to refer to the professional-technologic operations of nursing practice and to the associated planning and evaluative operations (Orem, 2001:57; 1991:269). The focus of this study was on the nursing process, which is considered the appropriate method to explain the essence of nursing, its scientific bases, technologies and humanist assumptions that encourage critical thinking and creativity, and permits solving problems in nursing practice (Rivas *et al.*, 2012:18). The nursing process comprises assessment, nursing diagnosis, planning, implementation and evaluation, with subsequent improvements in the nursing interventions that promote the resolution of the nursing diagnoses (LNC, 2009:7).

1.6.2.2.2 Perception

Perception is a way of seeing, understanding or interpreting something. The characteristics of perception are that it is universally experienced; subjective or personal and selective for each person, meaning that any given situation will be experienced in a unique manner by each individual involved (King, 1990:10). In this research, perceptions referred to the nurses' views of the nursing process.

1.6.2.2.3 Experience

Experience involves gaining knowledge by involving oneself personally in an event, situation or circumstance (Grove *et al.*, 2013:10). The term experience further refers to the process of gaining knowledge and skills through doing something for a certain time, and also includes the things that have happened to a person that influence the way that person thinks and behaves (Wehmeier, 2005:513). In this research, the focus was on the nurses' first-hand experience of nurses in implementing the nursing process.

1.6.2.2.4 Professional nurse

This term refers to a person who is qualified and competent to independently practice comprehensive nursing care in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice (SANC, 2005:17). In this research, professional nurse referred to the registered and licensed nurses by the Lesotho Nursing Council practicing in a district public hospital in Lesotho.

1.6.3 Methodological assumptions

The researcher believes in "good" research, and views "good" research as a systematic process (Brink, 2008:3) of discovery by means of appropriate methods whereby new and truthful information (Babbie, 2007:87) is obtained, regarding the issue under study. The research must be performed in an ethically accepted manner with the purpose to initiate change and improve the current situation (Brink, 2008:12). In this research, the researcher followed a pragmatic approach in which the research results were used to influence practice. Furthermore, the researcher ensured openness, scrupulous adherence to a philosophical perspective, thoroughness in collecting data, and consideration of all the data in the subjective theory and development phase (Burns & Grove, 2009:54).

1.7 Research methodology

Botma *et al.* (2010:287) define methodology, which includes the research design and methods, as a theory of how researchers go about studying whatever they believe can be made known. A research design is a blue print for maximising control over factors that could interfere with a study's desired outcome (Burns & Grove, 2009:41). Mouton (2006:56) shows in simpler terms that research methodology focuses on the individual steps in the research process and the kind of tools and procedures that are used. Mouton further indicates that researchers often confuse research methodology and research design. The researcher adopted the distinction outlined by Mouton (2006:56). The research design and methods for this study are outlined in the next paragraphs, with a more detailed discussion following in Chapter 2.

1.7.1 Research design

The research design consists of the intersection of philosophy, strategies of enquiry and specific methods (Creswell, 2009:5). The design of this research was an explorative, descriptive and contextual qualitative research design. According to Maree (2007:257), qualitative research is an inquiry into the process of understanding in which a researcher develops a complex, holistic picture, analyses words, and reports detailed views of the informants. The researcher must also conduct the study in a natural setting. Qualitative research provides a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Creswell, 2009:4). The goal of qualitative research is to explore, describe and understand a central phenomenon; to seek questions in order to understand participants' perceptions and experiences of the central phenomenon, to allow sharing of the views about the experiences with the phenomenon.

Explorative research provides an accurate portrayal or account of the characteristics of a particular individual, event or group in real life situations for discovering new meaning, describing what exists, determining the frequency with which something occurs and categorising information (Burns & Grove, 2009:359).

A descriptive design refers to the description of an event or phenomenon. The purpose of descriptive studies is to observe, describe and document aspects of a situation as it occurs (Polit *et al.*, 2004:192).

Qualitative research is always contextual, since the data is only valid in a specific context (Brink, 2008:64). The researcher conducted the study within the context of a district public hospital in Lesotho. The hospital that is situated in the southern part of the country, received

the vast majority of its nurses when the old national referral hospital was closed. This implies that the largest number of professional nurses; as compared to other district hospitals, are working at this hospital. The focus will be on the quality of information that was obtained from the sample of professional nurses in a district public hospital in Lesotho (Burns & Grove, 2009:361).

This design was thus appropriate for this study, of which the purpose was to explore and describe perceptions and experiences of the nurses working in a district public hospital in Lesotho about the nursing process.

1.7.2 Research method

The research method includes the population and sampling, the setting, sampling method, sample, data collection, data analysis and rigour (Creswell, 2009:15), which are discussed in the following paragraphs.

1.7.2.1 Population and sample

The term population refers to the entire group of people (N) who meet the criteria the researcher is interested in investigating (Brink, 2008:123). In this study, one population was identified, that was, forty-five (N=45) qualified professional nurses working at a district public hospital in Lesotho. The researcher aimed to include at least fifteen participants initially to ensure data saturation, keeping in mind that the sample size of a qualitative study cannot be predetermined and it depended on the availability of nurses who met the following inclusion criteria:

Professional nurses who:

- a) were registered with Lesotho Nursing Council;
- b) were placed at a district public hospital,
- c) were willing to give written consent to participate in the study after being informed about the reasons and procedures of the research;
- d) were prepared to have interviews recorded on a digital audio recorder; and
- e) voluntarily participated.

1.7.2.2 Setting

Setting is a place where a study will be conducted (Brink, 2008:54). The setting for the study was a district public hospital in Lesotho. The hospital is situated in the southern part of the country, and received the vast majority of its nurses when the old national referral hospital was closed. This implies that the largest amount of professional nurses per patient, a ratio of 1:15, compared to other district hospitals; were working at this hospital.

1.7.2.3 Sampling method

Sampling is a process of selecting a sample from a population in order to obtain information (Brink, 2008:123). Purposive voluntary sampling was used to select participants who met the set criteria for inclusion. Purposive sampling is appropriate when the researcher wants to select unique cases, which can provide special information. Purposive sampling is also appropriate where members of the population are specialised (Rossouw, 2005:113), as in this case. The inclusion criteria were mentioned in 1.7.2.1.

The researcher worked with the Senior Nursing Officer of the hospital to recruit the participants as their participation also depended on the workloads, routines and shifts (day/night) of nurses working at this district public hospital. The researcher personalised invitations to the participants, so that each participant could be inspired to provide a written story (narrative) and participate in the focus group interview. The Senior Nursing Officer informed the researcher which nurses had accepted the researcher's invitations and scheduled a meeting with the researcher. The meetings were scheduled as follows: on the 1st of August 2013, story writing at 09:00 and focus group interview at 14:00 and on the 9th of August 2013, story writing at 09:00 and focus group interview at 14:00.

1.7.2.4 Sample size

A sample is a part of a whole, or a subset of a larger set, selected by the researcher to participate in the research project (Brink, 2008:135). The sample size of this study depended on the availability of the nurses who met the above inclusion criteria. Data saturation also determined the sample size (Morse, 1994:285). This meant that the recruitment of participants continued until data saturation was reached. Thus, the sample size could not be predetermined although the researcher aimed to include at least fifteen participants initially, to ensure rich data.

1.7.2.5 Data collection

Data collection involves various procedures for collecting the information (Brink, 2008:53). In this study, the researcher collected data through written stories (narratives) and focus group interviews. The narrative or life story is designed to reconstruct and interpret the life of an ordinary person (Burns & Grove, 2009:54). It is also designed to elicit the story of an individual, a family or a group as they interpret their experiences (Denzin & Lincoln, 2000:34). Participants were asked to give a written account of their perceptions and experiences of the nursing process and how best they can be assisted to implement the nursing process. Narratives (see appendix I) served as the point of departure for data collection to overcome group dynamics and to render all participants equal opportunities to share their perceptions and experiences (Babbie, 2007:231). Furthermore, the narratives preceded the focus group interviews to give the researcher an idea of the data that may transpire during the focus group interviews and this enabled him to further explore it to enrich the data collected.

Focus group interviews can be used for investigating perceptions, sharing experiences, validating concepts, sensitisation or conceptualisation (De Vos, 2005:268). They are convenient for exploring and describing the professional nurses' perceptions and experiences of implementing the nursing process. The focus groups comprised six to ten (6-10) professional nurses who complied with the said criteria. The researcher captured the data by digital audio recorder and transcribed it verbatim for analysis (See appendix J). Field notes were collected to expand the data. The Senior Nursing Officer agreed with the researcher on the schedule to meet the participants for the focus group interviews based on hospital routines, workloads and shifts of the participating professional nurses. The questioning focussed on the following phrases: What is your perception or view of the nursing process? What experiences have you had in implementing the nursing process in your day-to-day nursing activities? How can nurses be encouraged to implement the nursing process? A co-facilitator whom according to Burns and Grove (2009:543), is to remain neutral, non-judgmental and to be a good listener and have good writing skills, as she will be taking the field notes, was engaged to co-facilitate the focus group interviews (See Appendix F).

1.7.2.6 Data analysis

In qualitative studies, data analysis is a process of making sense, of finding and creating structure in the data and giving this meaning and significance (Burns & Grove, 2009:524). The data analysis began after the completion of the first narrative writing and focus group interview and it was carried out simultaneously with the data collection. The initial data analysis guided decisions concerning further data collection (Burns & Grove, 2009:524). Thematic narrative analysis was used to analyse the narratives. The researcher “unpacked” the structure of the stories (Burns & Grove, 2009:528) to make sense out of what was written by the participants. Open coding was used for analysing both the narratives and the transcribed data. The researcher used the method developed by Creswell (2009:185) to analyse the data whereby the researcher followed the stages of: Organising and preparing the data, developing a general sense, coding the data, describing and identifying themes, representing findings and interpreting the data (Creswell, 2009:185) for both the narratives and the transcribed data.

1.7.2.6.1 Co-coder

The co-coder is a person who can carefully read narratives or transcribed data paragraph by paragraph, line for line and divide the data into meaningful analytical units (Brink, 2008:160). In this study, the co-coder, who was a professional nurse with a PhD and well experienced in coding thematically, coded the data independently to be able to check the reliability of the coding and to revise the original coding when necessary (Brink, 2008:160).

1.8 Literature control

Literature control involves review and integration of the literature to support or oppose the research findings (Botma *et al.*, 2010:287). The researcher reviewed the literature of the themes that emerged from the narratives and focus group interviews, in order to provide a scientific basis for the research, and highlighted new insights gained from the research. The literature included journal articles, books, relevant research reports and electronic databases. The databases used include; HINARI, AtoZ Journal list, EbscoHost, GoogleScholar, JSTOR, ScienceDirect and SAePublications.

1.9 Rigour

This concept with four epistemological standards; truth value, applicability, consistency and neutrality, asks researchers to consider whether they are studying what they think they are studying (Botma *et al.*, 2010:232). The researcher ensured openness, scrupulous adherence to a philosophical perspective, thoroughness in collecting data, and consideration of all the data in the subjective theory and development phase (Burns & Grove, 2009:54).

Methods for establishing reliability and validity in qualitative research differ from those used in quantitative research. Qualitative researchers tend to reject the terms reliability and validity in favour of credibility, transferability, dependability and confirmability (Brink, 2006:118). Trustworthiness has four epistemological standards, namely truth value, applicability, consistency and neutrality (Botma *et al.*, 2010:232). These standards have specific strategies being credibility, transferability, dependability and confirmability respectively along with authenticity. The detailed description of the four strategies used follows in Chapter 2.

1.10 Ethical Consideration

The researcher took the following ethical considerations as described by Brink (2008:31) into account during the planning of this study:

1.10.1 The researcher obtained ethical approval for the study from the following authorities:

- The Ethical Committee of the NWU (Potchefstroom Campus) before data collection (NWU-00039-13-S1) (see Appendix A).
- The Ethical Committee of the Ministry of Health Lesotho (ID77-2013) (see Appendix C).
- The management of the District public hospital where data collection took place (See Appendix E).

1.10.2 The rights of the participants were respected through:

- Voluntary, informed consent in written format from the participants prior to data collection and after the details of the study were explained to them (Brink, 2008:35).
- An explanation of measures to be taken to ensure the participants' basic human rights of confidentiality, anonymity, protection from harm and justice.
- An explanation of the benefits of participation (see Appendix G).

The researcher committed himself to conduct this study in an honest and professional manner, to be sensitive towards the participants' right to autonomy, privacy and the intellectual property of other researchers. A detailed description of the application of the ethical principles will be provided in Chapter 2.

1.11 Subsequent Chapters

The forthcoming chapters will be the following:

Chapter 2: Research Methodology

Chapter 3: Discussion of Research Findings and Literature Control

Chapter 4: Conclusion, Limitations and Recommendation

1.12 Summary

In this chapter, the researcher presented an overview of the study in order to provide the context to the problem, explain the significance and purpose of the study, state the research questions, objectives, and paradigmatic perspective, pose the study design and the research methods as well as providing an explanation of the ethical considerations for the study. Chapter 2 will provide a full description of research design and methods.

CHAPTER 2:

RESEARCH METHODOLOGY

In the previous chapter, the researcher proposed an introduction, background and problem statement, purpose of the research, research questions, research objectives, the paradigmatic perspective as well as a brief orientation to the research design and methodology. The researcher highlighted the overall plan to obtain answers to the research questions. In this chapter, a detailed description of the methodology, which will include the research design and methods, is provided. As defined by Botma *et al.* (2010:287) a methodology is a theory of how the researcher goes about studying whatever he/she believes can be made known.

2.1 Research design

Grove *et al.* (2013:195) describes research design as a blueprint for maximising control over factors that could interfere with a study's desired outcome. It is a strategy (Babbie, 2007:107; De Vos *et al.*, 2005:269) for the study, the logical and systematic planning and directing of a piece of research (Liamputtong & Ezzy, 2005:293), based on a number of decisions (Babbie, 2007:113) regarding the most appropriate route to achieve the objectives. It involves the intersection of philosophy, strategies of enquiry and specific methods (Creswell, 2009:5). Based on this study's objectives, the study followed a qualitative, explorative, contextual research design, with the aim of exploring and describing the perceptions and experiences of nurses in the implementation of the nursing process in a district public hospital in Lesotho.

According to Maree (2007:257), qualitative research is an inquiry into the process of understanding in which a researcher develops a complex, holistic picture, analyses words, reports on the detailed views of informants and conducts the study in a natural setting. The goal of qualitative research is to explore, describe and understand a central phenomenon; to pose questions that seek to understand the participants' perceptions and experiences about the central phenomenon; and asking questions that allow the sharing of views about the perceptions and experiences of the phenomenon.

An exploratory study is aimed at exploring the dimensions of phenomena, the way they are manifested and other related factors (Burns & Grove, 2009:359). Explorative research provides an accurate portrayal or account of the characteristics of a particular individual, event or group in real life situations for discovering new meaning, describing what exists,

determining the frequency with which something occurs and categorising information (Burns & Grove, 2009:359). Furthermore, Babbie and Mouton (2001:79) note that explorative studies examine relatively unknown phenomena in order to gain new insight and to understand the phenomena with the aim of determining priorities for further research. This study was explorative in nature and focused on perceptions and experiences of professional nurses in the implementation of the nursing process in a district public hospital in Lesotho. The researcher posed central questions that the participants had to respond to by means of written stories (narratives) and focus group interviews. Then, the researcher explored the data further according to the participants' responses from the narratives and the focus group interviews. It therefore enabled the researcher to gain insight into the implementation of the nursing process in a district public hospital in Lesotho in order to make recommendations to nursing education, nursing practice and to recommend further nursing research.

The descriptive component of the research design refers to the interactive nature of the qualitative approach: the researcher explores the participants' perceptions and experiences by means of written (narratives) and spoken words (focus-group interviews), describes the data in words (verbatim transcription) and writes a research report to describe the proceedings as accurately as possible (Burns & Grove, 2005:544). The purpose of descriptive studies is to observe, describe and document the aspects of a situation as it occurs (Polit & Beck, 2006:554). Botma *et al.* (2010:110) propose that descriptive designs are further used when little is known about a topic, as is the case with this study. Here, the perceptions and experiences of professional nurses were explored and described. While exploring and describing the perceptions and experiences of professional nurses in a public district hospital in Lesotho, the researcher accumulated new data from the participants who are directly exposed to a particular context.

Brink (2008:64) describes qualitative research as always being contextual since the data is only valid in a specific context. The context here refers to the place, time and orientation of the circumstances and situation in which this study occurs. The researcher collected the data in the context of a district public hospital in Lesotho in this study. The hospital, situated in the southern part of the country, received the vast majority of nurses when the old national referral hospital closed. It has a total of 45 registered nurses, one Senior Nursing Officer and the hospital Nursing Service Manager. The hospital has male and female medical and surgical wards, a maternity wing, paediatric wards, outpatient department, maternal and child health, Antiretroviral Treatment Corner, dispensary, administration block; 120 beds in total.

2.2 Research methods

Research methods are the techniques that the researcher uses to organise and structure a study in a systematic manner (Polit & Beck, 2006:554). A short description of the research method was presented in Chapter 1. In this chapter, the following facets are described in detail: sampling, data collection, data analysis, ethical aspects as well as trustworthiness (Creswell, 2009:15).

2.2.1 Sampling

Sampling refers to the process of selecting a sample (a part or a fraction of a whole) from a population in order to obtain information regarding a phenomenon in a way that it represents the population of interest (Brink, 2008:124). The sampling process includes a description of the population, the sampling method and the sample size as applicable to this study. The qualitative nature of this study required a sample from a population with perceptions and experiences of the issue under study.

2.2.1.1 Population

The population is all the elements (individuals, objects or substances) that meet certain criteria for inclusion in a given universe (Grove *et al.*, 2013:44). In this study, the study population was the forty-five (N=45) qualified professional nurses working at a district public hospital in Lesotho.

2.2.1.2 Sample

A sample is a subset of the population (N=45) that is selected for a particular study (Botma *et al.*, 2010:114). The researcher based the sample of this study on the availability of professional nurses who met the following inclusion criteria:

Professional nurses who:

- were then registered with Lesotho Nursing Council,
- were placed at a district public hospital Lesotho,
- were willing to give written consent to participate in the study after being informed about the reasons and procedures of the research;
- were prepared to give written stories and willing to have interviews recorded on a digital audio recorder;
- voluntarily participated.

2.2.1.3 Sampling Method

Sampling involves selecting a group of people, events, behaviours or other elements with which to conduct a study (Grove *et al.*, 2013:351). In this study, the researcher used a voluntary, purposive, selective or judgmental sampling method. Purposive sampling is appropriate when the researcher wants to select unique cases that can provide special information (Rossouw, 2005:113). Purposive sampling is also appropriate where members of the population are specialised (Rossouw, 2005:113), as it was in this case. Brink (2008:133) shows that the researcher makes a judgment regarding the participants to be selected, and these participants should understand the topic to be researched. In purposive sampling, the researcher consciously selects certain participants to participate in the study (Burns & Grove, 2009:355). The participants are selected based on their knowledge to share their perceptions and knowledge of their experiences with the researcher (Brink, 2008:134). The researcher worked with the Senior Nursing Officer of the hospital to recruit the participants, since their participation was fully depended on the workloads and routines of these professional nurses working in this district public hospital. The researcher personalised the invitations to the participants, so that each participant felt welcome to participate in the focus group interview. Furthermore, the invitation stressed that such participants have special views and experiences that will be very informative to the study (Greeff, 2011:364). The voluntary participation in the research was explained to all professional nurses. The researcher obtained consent from those who showed interest to participate. The inclusion criteria were those provided in 2.2.1.2 above.

The participants received thorough information relating to their participation in the study. The information included the purpose of the research, what type of information is required, how participants were selected, potential benefits and risks, assurance of confidentiality, voluntary consent, the right to withdraw from the study at any stage (see Appendix G), and the researcher's contact information (Polit *et al.*, 2004:239). When the participants had fully understood and comprehended what their participation involved, the researcher completed the informed consent process by having participants sign the consent forms (see Appendix H).

2.2.1.4 Sample size

The sample size indicates the number of participants who complied with the criteria for inclusion and who actively participated in data collection (Polit & Beck, 2006:59). In qualitative studies, data saturation determines the sample size. The researcher obtains data saturation when themes and categories in the data become repetitive, and no new

information is obtained (Polit & Beck, 2006:59). This meant that the participants' recruitment continued until data saturation was reached. This is established when meanings are clear and data is fully explored (Brink, 2008:136). From the target population (N=45), a sample of sixteen (n=16) professional nurses participated in both narrative writing and focus group interviews.

2.2.2 Data Collection

Herewith is a description of the data collection. According to Grove *et al.* (2013:45), data collection is the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypothesis of a study. Narratives (See appendix I) and focus group interviews were used to collect data, therefore this section will reflect on the researcher's role, the co-facilitator's role and the data collection process.

2.2.2.1 Researcher's role

The researcher performed the roles as outlined by Botma *et al.* (2010:203) by gaining permission to enter the setting, in this case a district public hospital in Lesotho, from the Ministry of Health and the hospital management. This was achieved by writing letters to the said stakeholders asking for their permission. Prior to that, the researcher requested and received ethical approval from the North-West University ethics committee, as well as the Ministry of Health of Lesotho (See Appendix A and C).

The researcher asked the Hospital Senior Nursing Officer (SNO) to act as an intermediary to link the researcher with the prospective participants. The researcher provided the SNO with clear inclusion criteria to ensure that she communicates the information to the correct people. The SNO provided the researcher with names and addresses of prospective participants who would be at work based on their schedule and were eligible to participate in the study. The researcher then wrote a request letter to the co-facilitator explaining her role in this study, including the research objectives, the purpose of the study, benefits and inclusion criteria for the participants as well as the ethical aspects regarding confidentiality.

During the first contact with the prospective participants, the researcher explained the objectives of the study and what was expected from them. The participants were informed that the narratives and interviews would be confidential and that their names would be protected by using the letters A, B, C....., when referring to them and to each other. The researcher further informed the participants that the interviews will be audio-recorded to ensure that no information is lost and that the recordings will be kept confidential for a period of five years and will be destroyed thereafter.

2.2.2.2 Co-facilitator's role and qualities

The role of co-facilitator, according to Burns and Grove (2009:543), is to remain neutral, non-judgmental and to be a good listener and have good writing skills, as she will be taking the field notes. The co-facilitator holds a Masters Degree in Psychiatric nursing, has good communication skills, is a good listener, has good interpersonal relationships and is currently employed as the Senior Tutor at the National Health Training College. These qualities enabled her to co-facilitate and take field notes during the focus-group interview (See appendix F).

2.2.2.3 Data Collection Process

Data collection is the process of gathering data from the participants selected as the sample from the target population (Creswell, 2009:33). The researcher collected the data by means of narratives and focus group interviews. The data collected through both narratives and focus group interviews was obtained on the same day: story writing in the morning and focus group interviews in the afternoon. The narratives served as the point of departure for the data collection, because Polit and Beck (2006:231) reason that one or two persons may dominate the focus group interviews, resulting in biased findings. Furthermore, the topic of discussion may be considered sensitive (prefer anonymity) to other participants and as a result they may decide not to participate during the discussion. Therefore, the narratives were used to overcome such possibilities and to render all participants equal opportunities to share their information. The narratives also preceded the focus group interviews to ensure further exploration of the data obtained through narratives, hence ensuring richer data. The researcher and the co-facilitator went through the stories before the interviews to get an idea of what will transpire in the focus groups. The participants were asked to give written stories about their perceptions and experiences in relation to the implementation of the nursing process. This was followed by focus groups interviews on the same topic, conducted by the researcher with the help of a co-facilitator.

2.2.2.3.1 The Narratives

A narrative or a life story is designed to reconstruct and interpret the life of an ordinary person (Burns & Grove, 2009:54). It is designed to elicit the story of an individual, a family or a group as they interpret their experiences (Denzin & Lincoln, 2000:34).

- **Preparation**

The preparation for the data collection with the narratives included the following arrangements:

- a) Permission from the hospital management to conduct the study (granted on the 28th of July 2013)
- b) Voluntary, informed consent obtained from the potential participants
- c) The formulation of the instructions to the participants.
- d) The arrangement of a suitable venue and equipment (enough chairs arranged in a round table/full-circle, a quiet room, availed pens and blank papers to write on).
- e) Notifying the possible participants regarding the date and time of the story writing.

- **Writing process**

On the days of data collection, on the 1st and 9th of August 2013 at 09:00 and 09:08, the participants n=10 and n=6 respectively, were asked to provide written stories about their perceptions and experiences of the nursing process, and how best they can be encouraged to implement the nursing process. The participants were given papers with the following headings: Experiences of the nursing process, perceptions of the nursing process and how to be encouraged to implement the nursing process (See appendix H). The researcher guaranteed anonymity and confidentiality to all participants during the process. No potential risks involved, safe keeping of the information and liberty to withdraw at any stage were emphasised by the researcher (Burns & Grove, 2009:513). The participants were given name tags (letters A-J) and were asked to use those letters as their identity. The participants received the following instructions: Write legibly, be honest and do not copy from one another. The participants were given one hour to write their stories. The narrative writing started at 09:00 and 09:08 and ended at 09:45 and 10:04 respectively

2.2.2.3.2 The focus group interview

Focus group interviewing is one of the qualitative data gathering techniques used to obtain general background information and the participant's perceptions in a focused area in a setting that is permissive and nonthreatening (Burns & Grove, 2009:513). A focus group interview is an open conversation on a specific topic in which participants make comments, ask questions and in which there is a good interaction between the researcher, co-facilitator and the participants (Greef, 2011:360).

- **Preparations**

The preparation for data collection by means of a focus group interview included the following arrangements:

- a) Permission from the hospital management to conduct the study (granted on the 28th of July 2013)
- b) Voluntary, informed consent obtained from the potential participants
- c) The formulation of the central questions (perceptions and experiences) to direct the focus group interview and the formulation of tentative probing questions.
- d) The arrangement of a suitable venue and equipment (enough chairs arranged in a round table/full-circle, audio recorder, spare batteries, notebook and pen, drinking water and glasses).
- e) The notification of the possible participants regarding the date and time of the focus group interviews.
- f) Reading through the narratives obtained to get an overview of what might transpire during the focus group interviews.

- **Interview process**

The focus group interviews took place on the 1st and 9th of August 2013 at 14:00, with n=10 and n=6 respectively. The interviews began with a word of welcome from the researcher and a briefing session in which the researcher re-informed the participants of what the interview entails. The participants were told that the proceedings will be digitally (on a laptop and cell phone) recorded and audio taped. The researcher further informed the participants that there would not be a wrong opinion, therefore they should feel free to say or ask whatever they want to. The researcher guaranteed anonymity and confidentiality to all participants during the process, and emphasised that no potential risks will be involved, that the information will be kept safe, will not be linked to anyone and that the participants had the liberty to withdraw (Burns & Grove, 2009:513). The participants were given name tags (letters A-J) and were asked to use those letters while addressing and referring to each other and when asking questions. The researcher reminded them to talk in a clear voice and to be open and honest during the discussion. The participants had the freedom to use either English or Sesotho as medium of communication, and both languages were used. The first central question that was posed to the participants was: **“What experiences have you had in implementing the**

nursing process in your day-to-day nursing activities?” The researcher allowed the participants to talk freely about their experiences. Probing questions like “can you explain more?”; “what do you mean by...” that stimulated further discussion and clarification. The second central question asked was: “**What are your perceptions or views of the nursing process?”** The participants’ thoughts were probed by a list of open-ended questions. In all these instances the researcher and the co-facilitator, in order to create an atmosphere of comfort, acceptance and to stimulate a free flow of communication, used interpersonal and communication techniques such as nodding, maintaining eye contact, listening attentively, paraphrasing, summarising and restricting verbal responses to a minimum. The participants were proposing remedies for what they perceived and experienced in as far as the nursing process is concerned. The researcher had to probe further and the answers were coming. The participants were requested to avail themselves for content validation and follow-up interviews should there be a need to do so. The interviews ended at 15:04 and 14:58 respectively.

- **Field Notes**

Field notes are written accounts of the things the researcher hears, sees, feels, experiences and thinks about in the course of the interview or focus group discussion and they are much broader, more analytic and more interpretive than a listing of occurrences (Greeff, 2011:367). In this study, the researcher and the co-facilitator watched out for shyness, tone of voice, nonverbal cues and free flow of language, as well as their own impressions of the focus group interview. Reflective notes are records of personal thoughts like speculations of incidents, feelings, problems encountered during the focus groups interview, ideas generated and the impressive moments during the process (Polit & Beck, 2006:307). The field notes were typed and attached to each transcription, making them ready for data analysis. They served as confirmation of the research results and enriched the data.

- **Transcription of interview data**

After the participants gave permission, the information that transpired during the focus groups discussions was recorded on a digital audio recorder. The researcher transcribed the data verbatim (Appendix J) and this is described by Creswell (2009:185) as a process of converting digital audio recordings into text data to ease the process of data analysis.

2.2.3 Data Analysis

Polit and Beck (2006:570) put forth that the aim of data analysis is to organise and structure data in such a way that meaningful conclusions are drawn.

- **Narratives**

The researcher used narrative analysis to thematically analyse the stories. Narrative analysis may examine multiple stories of key life events and to gain a greater understanding of the impact of these key events; it may help to explain the relationship between social processes and personal lives; and it may be used to elucidate cultural values, meanings and personal experience (Burns & Grove, 2009:528). The researcher used narrative analysis to thematically analyse the narratives. Porter Abbott (2002:133) links thematic analysis (which is abstract) to repetition and interpretation (a concept closely aligned with analysis). In the process of analysis, it became evident that parts of the narrative were thematically connected (Roberts, 2002:121). Open coding was used for analysing the data. The researcher used the method developed by Creswell (2009:185) to analyse the data whereby the researcher went through the stages of: organising and preparing the data, developing a general sense, coding the data, describing and identifying themes, representing findings and interpreting the data (Creswell, 2009:185).

The researcher followed the following process in analysing the narratives:

- The narratives were read through thoroughly to get the gist of the whole, keeping the questions in mind.
- Words and themes were used as units of analysis.
- The researcher read the narratives several times underlining the themes, words and phrases used by the participants.
- All the ideas that came to the researcher's mind were written down.
- The identified themes were selected and written down.
- The identified themes were then grouped into main categories and subcategories.

- **Focus group interview**

After the focus groups interviews had been completed, the data was transcribed verbatim and reviewed for errors and omissions. The transcripts were reviewed alongside the digital records to ensure accuracy of the interview recordings. The researcher used open coding for analysing the transcribed data and the researcher used the method developed by Creswell (2009:185) to analyse the data, whereby the researcher went through the stages of: organising and preparing the data, developing a general sense, coding the data, describing and identifying themes, representing findings and interpreting the data (Creswell, 2009:185).

In the analyses of the focus group interviews, the researcher followed this method:

- The transcripts were read through thoroughly to get the gist of the whole, keeping the questions in mind.
- Words and themes were used as units of analysis.
- The researcher read the transcripts and narratives several times underlining the themes, words and phrases from the participants.
- All the ideas that came to the researcher's mind were written down.
- The identified themes were selected and written down.
- The identified themes were then grouped into main categories and subcategories.
- The researcher eliminated superfluous information in the themes that were incompatible.

The researcher consulted an independent co-coder to analyse the data. The co-coder received the research proposal, the narratives, the set of transcripts and the field notes, and steps to be followed in the analysis of the data, as explained above.

The researcher and the co-coder worked independently to analyse the data. For coding, both went through the transcripts line by line and through the narratives paragraph by paragraph looking for significant statements and codes connected to the topic. Then they both compared the various codes in terms of similarities and differences and sorted them into categories. They jointly decided when to meet (over the phone), discussed and reached consensus on the categories that emerged from the data, and they formulated these into themes.

2.3 Rigour

The researcher ensured openness, scrupulous adherence to a philosophical perspective, thoroughness in collecting data, and consideration of all the data in the subjective theory and development phase (Burns & Grove, 2009:54).

Methods for establishing reliability and validity in qualitative research differ from those used in quantitative research. Qualitative researchers tend to reject the terms reliability and validity in favour of credibility, transferability, dependability and confirmability (Brink, 2006: 118). According to Botma *et al.* (2010:232), trustworthiness has four epistemological standards, those being truth value, applicability, consistency and neutrality. These standards have specific strategies, namely credibility, transferability, dependability and cofirmability respectively as well as authenticity. The researcher took the measures provided in Table 1 to ensure that the study was rigorous or trustworthy.

Table 1: Measures to ensure trustworthiness (Botma *et al.*, 2010:232)

Aspect to ensure (Strategy)	Ways to ensure the aspect (Criteria)
<p>Credibility: Polit and Beck (2008:539) explain that for the research findings to be credible, a detailed description of the setting, all the components of the population and all the steps taken should be provided.</p>	<ul style="list-style-type: none"> • An evaluation of the research proposal by peer reviewers who are experts in qualitative research in the School of Nursing Science North-West University (NWU) and continuous assessment with the supervisor and co-supervisor was done. • An interview schedule was given to an expert in qualitative research for evaluation. • The researcher established a relationship of trust with the professional nurses through the explanation of the research objective and process. This allowed the participants to relax during the interviews and, as a result, they provided more in-depth information freely. • The researcher spent an extended time before, during and after the interview with the participants to allow enough time to verify their views and to ensure prolonged engagement. • The researcher spent more time on aspects from the responses that came up repeatedly. • The researcher reflected on himself as an interviewer ensuring that his own experiences, background and perceptions are separated from those of the participants. • Field notes were taken to ensure that all observations as well as the ideas in the interviewer's mind were noted, allowing the researcher to reflect on his own biases, pre conceived ideas, behaviour and experiences so that he could separate it from the findings. • The researcher used communication techniques where he reframed, repeated and expanded questions to increase credibility.

<p>Transferability: De Vos (2005:346) refers to transferability as the possibility of the study to be generalised and the extent to which the findings can be transferred to another setting.</p>	<ul style="list-style-type: none"> • The selection criteria in the research was such that professional nurses participating, could allow other professional nurses that fulfilled the selection criteria in a district public hospital to be used, in case of the withdrawal of the initial identified participants, thus ensuring comparison of demographic data. • Providing a detailed description of the research context, participants, research design and method, and allowing other researchers to assess how transferable the findings are, ensured a dense description of the research. • After the analysis by both the researcher and co-coder, they agreed that the data was saturated.
<p>Dependability: Polit and Beck (2008:540) propose that dependability refers to the stability of data over time and conditions. External coding should be used to ensure the dependability of the research findings (Creswell, 2009:192).</p>	<ul style="list-style-type: none"> • The researcher and the independent co-coder analysed the data. They held meetings after which consensus was reached on the categories that emerged from the data. • The written field notes and verbatim capturing of the interviews made auditing possible. • Detailed information on methods used in this research under applicability informs other researchers how repeatable the study might be or how unique the research is.
<p>Confirmability: This refers to the objectivity, accuracy, relevance and meaning of data as information provided by the participant. This step is taken to avoid subjectivity that may include biased interpretations, motivations and perspectives on the part of the researcher (Polit & Beck, 2008:539).</p>	<ul style="list-style-type: none"> • Colleagues with experience in qualitative research at the NWU in the School of Nursing Science (Potchefstroom Campus) evaluated the research proposal. • Field notes, a clean set of transcriptions as well as the interview schedule was made available for auditing. • Data saturation was ensured, and personal and interpersonal (researcher and study leaders) reflection regarding intentions and decisions were provided.

<p>Authenticity: Authenticity refers to the extent to which the researcher shows a range of different realities (Botma <i>et al.</i>, 2010:234).</p>	<ul style="list-style-type: none">• The researcher ensured scientific honesty by acknowledging all the sources referred to and adhered to scientific methods.• The research was peer reviewed in the form of an examination, ethical approval and permission to conduct the study.• The researcher adhered to ethical principles, through which the research gained ethical approval, permission granted, beneficence, justice, confidentiality and respect.
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2.4 Ethical consideration

The research proposal was submitted to the North-West University Ethics Committee for ethical clearance and the researcher obtained permission from the Ministry of Health research and Ethics committee and the district public hospital management.

2.4.1 Ethical Approval

The researcher obtained ethical approval from the Ethics Committee of the NWU, Potchefstroom Campus before data collection commenced; certificate number: NWU-00039-13-S1 (See Appendix A).

2.4.2 Permission to conduct the study

Permission to conduct the study was requested in writing from the following authorities:

- Ministry of Health Lesotho and permission was granted in writing (ID77-2013) (See Appendix C).
- District Public Hospital management where the study was conducted (See Appendix E).

2.4.3 Beneficence

The principle of beneficence and prevention from harm is concerned with the freedom from harm and exploitation of the participants (Grove *et al.*, 2013:125; Democratic Nurses' Organization of South Africa, 1998:1). It encourages the researcher to do well (Creswell, 2005:13). Before commencement of the research, the researcher presented the research proposal to a team of research experts and the North-West University ethical committee to ensure that participants are not exposed to an unscientific and unethical process. The written permission to conduct the research was granted by the research committee of the Ministry of Health in Lesotho as well as from the hospital management.

The researcher ensured that the research process is documented thoroughly in order to make it possible to monitor the aspects of research that could pose any discomfort to the participants. The participants were allowed to withdraw at any stage of the research if they felt uncomfortable or anxious to continue. The researcher explained the possible benefits to the participants without giving any unrealistic and false promises or hope.

2.4.4 Justice

The principle of justice is concerned with the participants' right to fair treatment, confidentiality and privacy (Burns & Grove, 2009:198). The author mentioned that to ensure fair treatment, the participants have the right to withdraw from the research if they wish to do so, and that the participants are not coerced into participating. The researcher provided a detailed explanation of the research process, after which the participants decided to participate voluntarily. The researcher explained to the participants that at no stage will they be prevented from withdrawing from the research if they felt uncomfortable to continue.

2.4.5 Confidentiality

Burns and Grove (2009:196) mention that the participants' privacy encompasses confidentiality and anonymity. For this reason, the letters A, B, C etc. were used during the interviews, in the labelling of stories, digital audio recorders, field notes and transcripts to protect the identity of the participants. Under no circumstances, was the data collected linked to the professional nurses' names. The researcher also explained that after completion of the research, the digital audio recorders that were used to record the information will be destroyed. The data gathered from the participants was kept confidential and the raw data will be kept for five years at the School of Nursing Science NWU, Potchefstroom Campus.

2.6.6 Respect

The researcher ensured respect for the persons involved through informed consent (Brink, 2006:33). Burns and Grove (2009:203) maintain that informed consent is the prospective participants' agreement to participate in research, but most importantly only after the assimilation of important information.

During the recruitment of participants, the researcher explained to and informed the nurses of the purpose and objectives of the research, and possible benefits. It is only after this information session that the participants gave written consent (See Appendix H) to participate before starting the interview. The researcher also explained to the participants that, even if they have signed consent, they still have the right to terminate participation (See Appendix G).

2.5 SUMMARY

Chapter 2 has provided a detailed description of the research methodology applied in this study, as well as the research design and methods for selecting a sample (n=16) from the identified population (N=45), data collection and data analysis. The methods applied to ensure trustworthiness and ethical aspects concluded the chapter. Chapter 3 provides the research findings and integrates the literature.

CHAPTER 3:

DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL

3.1 Introduction

In Chapter 2, the research process was described, as well as measures that were taken to ensure rigour and ethical accountability. This chapter will present a realisation of the data as well as a representation of the findings of the study, supported by relevant literature. Examples of direct quotations from the narratives and focus group interviews (sources reflected as “narrative” for narratives and “F.G 1 or 2” for focus group interviews) will enrich the discussion of these findings.

3.2 Realisation of the data

The study was conducted in a district public hospital in Lesotho from a target population of forty-five (N=45) professional nurses. Purposive voluntary sampling was used to select a sample (n=16). The researcher collected the data by means of narratives and focus group interviews. The narratives preceded the focus group interviews to avoid potential negative group dynamics and to ensure further exploration of the data obtained through the narratives; ensuring rich data. The researcher asked the participants to write stories (narratives) about their perceptions of the nursing process, experiences of the nursing process, and the way in which they can be encouraged to implement the nursing process. The participants were given papers with the headings: Experiences, perceptions, and how to be encouraged to implement the nursing process (See Appendix I). The instructions to the participants were as follows: Write legibly, be honest and do not copy from one another. The participants were given one hour to write their stories and the last participants submitted at 09:45 and 10:04 respectively on the days of data collection; the 1st and 9th of August 2013.

The researcher used the same sample for the focus group interviews. He thanked the participants for writing stories and they were asked to regroup in the same venue at 14:00 for the focus group interviews. The researcher conducted two focus groups; n=10 and n=6 on the 1st and 9th of August 2013 respectively. The focus group interviews began with a word of

welcome from the researcher and a briefing session, in which the researcher re-informed the participants what the interview entails. The researcher told the participants that the proceedings will be digitally (on a laptop and cell phone) recorded and audio taped. Then the researcher informed the participants, that since the purpose of the interview was to explore their perceptions and experiences, no opinion will be regarded as “wrong”, therefore they should feel free to share. The researcher guaranteed anonymity and confidentiality at all levels and to all participants during the process. Furthermore, the researcher emphasised adherence to ethical principles (Burns & Grove, 2009:513). The participants were given name tags (letters A-J) and were asked to use those letters while addressing and referring to each other and when asking questions. They were reminded to talk in a clear voice and to be open and honest during the discussion. The participants had the freedom to use either English or Sesotho as medium of communication and they mostly used English. Two open-ended questions were asked in both focus groups. The central questions were the following:

- “What are your perceptions or views about the nursing process?”
- “What experiences have you had in implementing the nursing process in your day-to-day nursing activities?”

The researcher had time to read the narratives before the focus group interviews commenced, and used his broad impressions from the narratives to probe and facilitate further discussion. A sample of 16 narratives by professional nurses and two focus group interviews of the same professional nurses provided data saturation. The researcher used all the data from the narratives and the focus group interviews for analysis. The narratives and interviews were analysed and divided into themes and sub-themes. The researcher used thematic analysis to analyse the narratives. Porter Abbott (2002:133) links thematic analysis (which is abstract) to repetition and interpretation (a concept closely aligned with analysis). While thematically analysing the narratives and the transcripts, the researcher used the method developed by Creswell (2009:185) to analyse the data in which the researcher went through the stages of: organising and preparing the data, developing a general sense, coding the data, describing and identifying themes, representing findings and interpreting the data (Creswell, 2009:185). The researcher and the co-coder agreed that the data was saturated. Three main themes and nine subthemes emerged from the data collected from the narratives and focus groups. These themes are discussed in this chapter, and illustrated with direct quotations from the participants. The researcher explored relevant literature and integrated it with the findings of this study.

3.3 Demographic profile

Table 2 below outlines the demographic data of the participants who narrated stories and participated in the focus groups interviews; their age, gender, qualifications and their working experience. :

Table 2: Demographic data of participants

Group	No of participants	Age range	Gender	Nursing Qualifications	Working experience range	Participants who worked in clinics before
01	10	28-55yrs	All Females	2 Degree 8 Diploma	4months-28yrs	6
02	06	23-28yrs	2 Males 4 Females	All Diploma	1-4yrs	4

The demographic data shows that the sample complied with the set inclusion criteria. It is furthermore clear from the data that the participants were of varying age, nursing qualification and were mostly experienced professional nurses. The participants also had exposure to work in settings other than the hospital, for example clinics.

3.4 Themes

A list and description of the themes that emerged from the study will now be produced:

- Theme 1: Professional nurses' perceptions about the nursing process.
- Theme 2: Professional nurses' experiences in the implementation of the nursing process.
- Theme 3: Measures to implement the nursing process.

3.4.1 Theme 1: Professional nurses' perceptions about the nursing process

The overall professional nurses' perceptions about the nursing process as identified from the narratives and the focus group interviews are described under the theme and subthemes, as identified by the data analysis. The theme and subthemes are listed in Table 3.

Table 3: Theme 1: Nurses' perceptions about the nursing process

THEME 1: Nurses perceptions about the nursing process	
<p>Sub-theme 1.1: Documentation of the nursing process</p> <p>According to the professional nurses:</p> <ul style="list-style-type: none"> • the nursing process is not well documented • the nursing process is a legal document • the documented nursing process is the evidence of work done 	<p>Sub-theme 1.2: The nursing process improves quality of care and professionalism</p> <p>According to the professional nurses:</p> <ul style="list-style-type: none"> • the nursing process helps to render quality care. • the nursing process helps to render individualised care. • the nursing process helps to advocate for patients • the nursing process is the backbone of nursing profession.

3.4.1.1 Subtheme 1.1: Documentation of the nursing process

The participants shared that they do not document the nursing process, although they view it as a legal document, as the core business of nursing and evidence that nursing work has been done.

The participants reported that they engage in all five steps of the nursing process in their daily activities, but fail to reflect that in the documents in such a way that it adheres to the nursing process format. They felt that due to the failure to document the nursing process, the kind of communication they convey might give the impression that they did nothing for their patients. The feeling that the nursing process is performed, but not documented, is confirmed by the following direct quotations:

“.....nurses fail to document what they have been doing for the patients therefore....errrr.... it ends up as if nursing process is not implemented.....” (F.G 1)

“.....in-fact nursing process is nothing new, it is what we do on daily basis but fail to document accordingly.....” (F.G 1)

“.....we fail to follow its systematic nature and fail to document it.....” (Narrative)

“.....for instance, signs of malnutrition. So it’s a matter of being systematic and documenting the nursing process....”

“.....that we engage in a number of activities aimed at helping our patients and we fail to document that according to the nursing process.....” (F.G 1)

“...the not documented not done policy applies with the nursing process and.....” (Narrative)

Professional nurses document their activities to communicate; and the nursing process documentation is defined as the transition of verbal and nonverbal information (Charlton *et al.*, 2008:385). Literature further confirms that nurses often perform tasks related to each stage included in the nursing process while they are on duty, but these tasks are not outlined beforehand or registered in clinical documentation with clear nursing records in every place and in every situation (Fernandez-Sola *et al.*, 2011:393). This has been a problem for decades because Kim (1992:158) showed that, in Korea, the nursing care provided was often not documented or the content of documentation was poor due to a lack of time, memory limitations, or nurses not being familiar with documenting in accordance with the nursing process.

Nursing records are often used as evidence in a court of law, panel of enquiry or before a regulatory body and the approach of examining documentation in law courts is that: ‘if it is not recorded, it has not been done’ (Ofi & Sowumni, 2012:360). In line with this literature, the participants stressed that the documented nursing process is a vital tool to use when defending themselves in courts of law. They indicated that if the nursing process is documented well, the nurses will survive lawsuits and will have evidence of what they do daily. This is evident in the following quotations from the narratives and focus group interviews:

“...we do lot for our patients but if we do not document, we can find ourselves behind bars....” (Narrative)

“....., no one will blame or charge you any how if it is in black and white....” (F.G 1)

“...I view it as an important weapon that we could use to defend ourselves in courts of law....” (Narrative)

“...Nursing process assists nurses in cases where legal action is to be taken against them because it will be evidence if documented...” (Narrative)

“.....documented nursing process is a tool that will fight for you in the court of law....” (F.G 2)

The findings further support the existing literature, indicating that effective documentation of the nursing process promotes communication and protects against litigation. This is in line with the opinions of Jonson *et al.*, (2014:78) and Dion (2001:196) that nursing records provide evidence of professional ability and competence.

Furthermore, the participants said that the correctly documented nursing process can be valid evidence to show what nurses are doing, so that they are rewarded accordingly. They showed that the documented nursing process can be used to showcase nursing work. These direct quotations from the narratives and focus group interviews reflect this:

“.....the nursing process is a tool that we could use to negotiate salaries because if it is well documented it can be a proof that we did our work...” (F.G 2)

“..it can be used as evidence that we do our work and legitimize our payment...” (F.G 2)

“...stipulated, done and makes it easier for other staff members to follow in nursing care and mangers to see nursing work...” (Narrative)

Literature shows that this documentation of the nursing process represents an attempt to secure evidence and to understand nursing work focused on care as a reflective practice (Jonson *et al.*, 2014:75; Thomaz & Guirardello, 2002:30). The nursing staff often view the nursing process as a documentation activity, and its methodology is often understood as a theoretical process and as evidence that nurses did their work and can be remunerated

(Coombs *et al.*, 2012:1365; Rossi & Casagrande, 2001:44). As a result, the application of the nursing process may occur solely to meet a professional duty.

3.4.1.2 Subtheme 1.2: The nursing process improves quality of care and professionalism

The participants said the nursing process can help them to render quality care, they believe it is the backbone of the nursing profession; it helps in identifying patients' problems, it provides the evaluation and re-planning of patients' progress and advocacy for patients.

Beyea (2008:460) indicates that the nursing process is a widely accepted method that has been suggested as a scientific method to guide procedures and to qualify quality nursing care. In this study, the participants also perceived the nursing process as a means through which the quality of care can be improved if implemented well. They added that the nursing process can help them to render quality care to their patients, because they can evaluate their care and re-plan it if there is a need to do so. The participants further said it can improve the standard of care whether in a hospital or clinic setting. The following direct quotations reflect this:

"...it helps us to render quality care to our patients and it also helps to reduce patients' stay in hospital....." **(Narrative)**

".....nursing process is very important as it can help us produce quality nursing care to our patients....." **(F.G 1)**

"....it helps to improve quality of care given to patients....." **(Narrative)**

"...the quality of care improves because after evaluation during re-planning we re consider the care given..." **(F.G 2)**

".....with the nursing process we can win and produce quality nursing care....." **(Narrative)**

".....with the nursing process and because it helps nurses to render quality care like we said earlier,....." **(F.G 1)**

Munro (2004:504) defines the nursing process as a systematic and dynamic way to deliver quality nursing care, operating through five interrelated steps: assessment, diagnosis, planning, implementation and evaluation. Furthermore, what these nurses perceived is not unique to this study. In a cross-sectional retrospective study conducted by Pokorski *et al.* (2009:303), that compared the steps of the nursing process as actually implemented in the daily routine of a general hospital, to those recommended in literature, they found that the

effective implementation of the nursing process lead to improved quality of care and stimulated the construction of theoretical and scientific knowledge based on the best clinical practice.

In theory, the majority of professional nurses have knowledge of the nursing process, but they do not apply it in practice (Lima & Kurcgant, 2006:670). The participants shared that the knowledge of the nursing process, if applied in practice, can help them to render individualised care to their patients. This is evident in the following direct quotations:

“...with the nursing process we can give an individualized and holistic care....” (F.G 1)

“.....the nursing process is a tool that helps nurses to render individualized quality nursing care instead of the routine care.....” (F.G 1)

“.....it helps us manage the human needs accordingly basing ourselves on the patient’s problem...” (Narrative)

“.....if we put it into practice, lots of lives could be saved because it ensures that nurses focus on individual patients’ problems....” (Narrative)

Oflaz and Vural (2010:235) and Wingard (2005:211) affirm that the nursing process provides a method for quality individualised patient care and education for each patient. Pazargadi *et al.* (2008:399) support this view when they state that incorporating the nursing process and research findings into clinical practice, bring about a higher level of nursing care as well as improved patient outcomes and provide a higher quality of service and cost. In spite of the serious gaps in the research undertaken on the clinical results after developing the nursing process, the evidence shows that the quality of nurses’ work improves, patients respond well to nursing care and there is good continuity of care when following the nursing process. Furthermore, evidence based practice, ultimately positively affects the patients’ outcomes during and after hospitalisation (Birch & Thabane 2012; Moloney & Maggs, 1999:56).

The participants further perceived the nursing process as an important tool that helps them to advocate for their patients and practice within their scope. According to them, it would be very difficult to advocate for the patients without the nursing process. They said the nursing process serves as evidence in all levels of negotiations. The following quotations provide proof for these perceptions:

“.... if we do not document the nursing process, we are going to be like advocates who lack evidence in courts of law....” (F.G 2)

“...we can always refer to the nursing process whenever we want to convince management on matters relating to our patients...” (F.G 1)

“...one may say “how does it help in advocacy?” I am telling u sir that if we use it, we will be able to convince many people...” (F.G 2)

Literature confirms this. Nurses form a pivotal part of the healthcare team and according to the ICN (2005:23) the profession can make a major contribution to shaping the health policy. Unfortunately, nursing is still often invisible in healthcare data and it can therefore have little or no influence on decision making in a health-related and socio-political policy (Jonson *et al.*, 2014:80; McCloskey & Bulechek 2000:33). Therefore, it is very important that every stage of the nursing process is recorded in the patient’s clinical history. In this context, the usefulness of the accurate nursing records has been widely described in nursing literature (Saranto & Kinnunen, 2009:474), as they provide information on the patient’s progress, comply with legal requirements, and give information on management and service assessment as well as several ways to apply them in terms of quality research, advocacy and policy development.

The participants in this study further regarded the nursing process as a tool that helps nurses to stick to their scope, as the backbone of the nursing profession and as a method that guide their actions. This is proven by the following direct quotations from the narratives and the focus group interviews:

“....it is what nursing is and it reduce patients’ stay in hospital as it helps nurses to do things correctly and timeously....” (F.G 1)

“....the nursing process helps nurses to stick to their scope of practice or it defines nurses’ scope of practice.....” (F.G 2)

“....you cannot say you are practicing nursing without the nursing process because it guides our actions.....” (F.G 2)

“.....; the nursing process define the core business of nursing,...” (Narrative)

According to Castledine (2011:131), the modern way of interpreting the nursing process is as a way of looking at the nursing profession and bringing it into perspective as a methodological thinking process that guides the professional nurses' actions. To further support the participants' views, Coombs *et al.* (2012:1365) and Woolley (1990:115) proposed that, although experts have little use for such diagnostic aids as the nursing process, these aids are nevertheless important as practice guidelines to the professional advancement of less experienced clinicians. In addition, due to the large patient populations that are frequently encountered and limited knowledge, clinicians tend to only pay attention to certain types of diagnoses and ignore others, forfeiting the patient's need for individualised care in the process (Chopra *et al.*, 2009:204; Carnevali & Thomas, 1993:345). All these facts imply that if they use the nursing process, they will hardly miss any opportunities for good care. Furthermore, Castledine (2011:131) notes that nursing today demands that professional nurses develop their knowledge and critical thinking skills so that they can combine the developments that have occurred in the nursing process to individualise their patient's care.

Conclusive statement for theme 1: Though professional nurses do not correctly document the nursing process, they perceived it as the backbone of the nursing profession, improving the quality of care, and ensuring individualised patient care. Furthermore, it can be used as advocate for patients and it bears evidence for nursing work.

3.4.2 Theme 2: Professional nurses' experiences in the implementation of the nursing process

The overall experiences of the professional nurses regarding the implementation of the nursing process are described under the themes and subthemes as it was identified by the data analysis and is listed in Table 4 below.

Table 4: Theme 2: Professional nurses' experiences in the implementation of the nursing process

THEME 2:Nurses' experiences in the implementation of the nursing process	
<p>Sub-theme 2.1: Time management and the nursing process</p> <ul style="list-style-type: none"> • The implementation of the nursing process is seen as time wasting/time consuming • Professional nurses experience that they have a lack of time to implement the nursing process 	<p>Sub-theme 2.2: The nursing process and workload</p> <p>Professional nurses experience that:</p> <ul style="list-style-type: none"> • there is a shortage of staff, therefore they cannot complete the nursing process • support staff, not trained in the nursing process, admit patients/initiate the process • there is a lack of continuity and revision of the nursing process • the nurses' notes template does not promote/support the nursing process
<p>Sub-theme 2.3: Professional nurses' experience and knowledge of the nursing process</p> <p>Professional nurses experience that:</p> <ul style="list-style-type: none"> • they don't have the necessary experience or knowledge to implement the nursing process • they find it difficult to formulate a nursing diagnosis • they implement the nursing process based on how each one was taught • they need supervision in the implementation of the nursing process 	<p>Sub-theme 2.4: Professional nurses' attitude of nurses towards the nursing process</p> <ul style="list-style-type: none"> • Professional nurses resistance, laziness and lack of interest in implementing the nursing process

3.4.2.1 Subtheme 2.1: Time management and the nursing process

The participants from both the focus groups and the narratives experienced the nursing process as a process that cannot be implemented due to time constraints. They found it time consuming, even a waste of time. The participants clarified their experiences as follows:

“..... Others are saying it is time consuming.....” (Narrative)

“.....your colleagues will tell you that you are wasting time, we are in hurry, and end up stopping you.....” (F.G 1)

“...nursing process takes time because nurse should go through each patient.....” (F.G 1)

“...Nursing process is very challenging to me because it requires a lot of critical thinking and clear mind. It needs a lot of time spend on one patient while the rest are left unattended or the nursing process being forged.....” (Narrative)

“...minimize our time with the patient hence failure to implement the nursing process...Nursing process requires lot of time to be done” (F.G 2)

What these participants are saying was a common element reported by the independent literature relating to the study. In their respective studies, Ledesma-Delgado and Mendes (2009:332) and Urquhart *et al.* (2009:67) showed that institutions had only a few nurses, something that made dedicating sufficient time to assessment, diagnosis, care plans, implementing and evaluation, very difficult. According to Urquhart *et al.* (2009:67), the time estimated to assess and document the nursing process is significantly higher on admission than during hospitalisation. A survey showed that the average time consumed for assessment and documentation at the time of admission ranged from 6.7 to 23.8 min; during hospitalisation, the time spent on assessment and documentation ranged from 6.2 to 19.7 min (Rezende & Gaizinski, 2008:156). The time spent on the assessment and documentation of the nursing process decreased when a computerised approach was employed (Bergin *et al.*, 2008:176; Langowski, 2005:123). When computers were used, the nurses had more time for direct patient care, and they reported greater efficiency and accuracy in their documentation.

3.4.2.2 Subtheme 2.2: The nursing process and workload

The participants experienced that the shortage of staff made it very hard to complete the nursing process. According to the participants, there is a poor nurse-patient ratio, a lack of continuity and revision of the nursing process, problems with the practicality of the nursing process, and templates that do not support the use of the nursing process. The determination of who is responsible for implementing the nursing process, so that there are no barriers to the implementation of the nursing process is also problematic.

In this study, workload and a poor nurse-patient ratio dominated the discussion, in which the participants indicated that they have too many patients and this implies a lot of work for them. With this in mind, they felt that it is impossible for them to implement the nursing process. The experience that workloads and a poor nurse-patient ratio hinder implementation of the nursing process is confirmed by these direct quotations:

“... if they are both on duty they cannot do it both because of the workload...” (F.G 1)

“....like I said there is lack of continuity may be due to poor nurse-patient ratio....” (F.G 2)

“...we do not practice the nursing process; we are in a hurry due to heavy workloads so we just render routine care solely to save lives....” (F.G 2)

“....it also needs to be done where there is availability of nurses so that a nurse could gather all necessary information concerning the patient...” (Narrative)

“..and that is totally impossible because we are understaffed noting the nature of work that we...” (F.G 2)

“....the implementation of the nursing process depends on how busy the ward or the unit is and the number of nurses working in the ward or unit....”

“... we fail to carry out the nursing process because of staff shortage...” (F.G 2)

“....is not done well because of many patients and few nursing staff therefore workload contribute in the failure in performing pertinent nursing process..” (Narrative)

Liu *et al.* (20012:305) proposed that nurse overloading is caused by a shortage of nurses. According to Lin *et al.* (2009:124), in support of what these participants are saying, nursing currently faces an overload of tasks and a lack of time. Cappsa *et al.* (2010:101) further indicated that it is opportune to work on a more cost effective, practical and reduced nursing process that focuses on patients' current needs, which is an issue that nurses, faculty members and students need to reflect on in order to find viable paths for its practice. In this perspective, nurses acknowledge that their care actions and use of the nursing process in the hospital context are being compromised, which results in evaluations focused on patients' signs, symptoms and needs, on their physical state and critical situations. If there are mediation by acquired knowledge, interiorised values and meanings attributed to the care act, only then can the nursing process be successful (Ledesma-Delgado & Mendes, 2009:331).

The other important experience that the participants shared is the matter related to the person that writes in the patients' charts. The participants said that, though support staff is there to minimise their workloads, they were firm in that the current system where everyone is at liberty to write in patients' charts also hinders the proper implementation of the nursing process. The following direct quotations are evidence of these statements:

“.....some are delegated to the junior staff “Nursing assistants” who write it any how.....” (F.G 1)

“.....has been admitted by the junior staff there won't be any documentation relevant to the nursing process....” (F.G 2&1)

“.....it has to be initiated by the right people (professional nurses) not mere supporting staff.....” (Narrative)

“.....it poses as serious challenge because those people were never trained on the nursing process...” (F.G 1)

In this regard, Alves (2008:652) reasons that since the nurses are responsible for the conception and management of the nursing process, they should seek strategies for the participation and involvement of the whole team, nurses and auxiliaries. This is necessary, so that the process can flow into an integrated and interconnected network of actions, not into activities that are performed by each person on the nursing staff independently.

While acknowledging workload as an obstacle, the participants reported that the nursing process is a cyclic and continuous process, and this characteristic is evident from its continuous documentation. They said that other professional nurses would correctly initiate and document the activities under the nursing process to honour the; “not documented not done” principle, but they have learned that there is a lack of continuity in this regard. These direct quotations provide proof to this regard:

“.....other nurse would have rightfully initiated the nursing process and the other one would not bother continuing with it.....” (F.G 1)

“.....we would start and continue with it for few days and thereafter.....” (Narrative)

“.....this nurse will be practicing the nursing process, that is she is doing it, but she hands over to someone who is not going to do it.....” (F.G 1)

“.....the thing is; there is lack of continuity because some of us just don't care.....” (F.G 1)

“.....sir which I think determines continuity in the implementing the nursing process is documentation.....” (F.G 2)

In a descriptive and retrospective study aimed at evaluating the nursing process used at a Brazilian Teaching Hospital, in line with the current study, the results showed that although all the steps of the nursing process were implemented, they were not always carried out in a consistent manner (Lopes *et al.*, 2010:122). Nurses reported in literature that the nursing process goes by unnoticed in the hospital routine most of the time, as if it existed only in their mind. This is the case because they performed it differently to what they have learned, and this constitutes a loss of continuity of actions, and this is not a viable, systematic and individualised conduct to all patients under their responsibility (Freitas *et al.*, 2007:210). If these phases were not carried out in a systematic manner as interdependent and complementary steps, the continuity of care could have been compromised (Paans *et al.*, 2010:1389; Cunha & Barros, 2005:570).

Furthermore, while appreciating workload as a challenge in implementing the nursing process, the participants indicated that the nurses' notes templates used in their facility do not promote the implementation of the nursing process. The participants also reasoned that the nature of the nurses' notes used in the institutions do not remind professional nurses to implement the nursing process. They showed that if the documents were designed in a way that would follow the nursing process; it would bind the professional nurses to implement the nursing process. The following direct quotations from the transcripts and narratives indicate what these nurses said:

“...we do is the nursing care plan and the nurses’ notes because of the kind of documents we have does not follow nursing process...” (F.G 1)

“.....yes and we end up not having a clear picture of what the nursing process is because of these documents are not in line with the nursing process...” (F.G 1)

“... it’s that some of us say the documents does not allow or provide for the nursing process.....” (F.G 2)

“.....nurses notes as a document, as I see it, causes a lot of confusion because you find people writing whatever they want.....” (F. G 2)

These experiences are in line with an observation made by Oroviogicochea *et al.* (2008:570) and Cunha and Barros (2005:570). They showed that deficiencies in the steps of the nursing process are attributable to inadequate standardised data collection instruments that do not contemplate the contents of these steps. In further support of the views of the participants, data reported on at the beginning of the 1990's in Europe showed concerns with the validation of tools to establish customised nursing care (Ehrenberg *et al.*, 2004:94; Ehrenberg *et al.*, 1996:864). This issue seems to be a long-standing problem. Walters (1986:36) noted two decades ago that another factor in saving time is content that is easy to read. Walters (1986:36) went on to propose that the formats of the written reports must be more readable and easier to change and related to the equality of care plans. Urquhart *et al.* (2009:67) also highlighted the importance of the nurses’ participation in designing documents and developing record systems along with conducting quality research and implementing comprehensive methods. This can shed new light on whether the improvement made in the documentation leads to positive patients’ outcomes in terms of measurable health indicators.

3.4.2.3 Subtheme 2.3: Professional nurses’ experience and knowledge of the nursing process

The participants indicated that they do not have the experience or knowledge to implement the nursing process, they do not execute it correctly or they partly perform it, and they confuse medical and nursing diagnosis. They were oriented in and their training on the nursing process was different, as a result they felt that they need supervision when coming to the implementation of the nursing process.

The matter of experience is very important when it comes to the implementation of the nursing process (Chung *et al.*, 2010:3024). This is what the findings of this study suggest, since the participants reflected that they lack the necessary experience to implement the nursing process. The participants clarified their experiences as follows:

“.....I am not experienced enough to do (indicating with hands) or write that....” (F.G 1)

“.....some are delegated to the junior staff.....” (F.G 1)

“...the new nurses were presenting, I sensed that they were a bit different.....” (F.G 1)

“.....the patient has been admitted by the junior staff there won't be any documentation relevant to the nursing process.....” (F.G 1)

“.....We have little experience that we gathered from school in as far as the nursing process.....” (Narrative)

Several studies support the above findings (Chung *et al.*, 2010:3024; Lopes *et al.*, 2010:122 & Meretoja *et al.*, 2004:334). In a study conducted by Chung *et al.* (2010:3024), they examined the inter-rater and intra-rater reliability of the nursing process records for patients with schizophrenia. It indicated that nurses with less work experience (in terms of employee years in the psychiatric ward) had higher agreement in their nursing diagnoses. Nurses could correctly judge the defining characteristics during a comprehensive nursing interview and process recording, independently of working experience. These findings are in conflict with results of earlier studies focusing on nursing competency: the longer the nurses worked in their current unit, the higher their self-assessed level of competence (Meretoja *et al.*, 2004:334). The problem is that nurses with more work experience in years became acquainted to the neglect of recording. On the other hand, nurses with less work experience would try to clarify the issue of patients' symptoms and they clearly write down the whole interview process (Chung *et al.*, 2010:3024).

The professional nurses who participated in the study further indicated that the worst nightmare in the implementation of the nursing process is the formulation of the nursing diagnosis. They indicated that even when the patient's health problem is obvious; they find it difficult to formulate the correct nursing diagnosis related to the problem. They further confused the medical diagnosis with the nursing diagnosis and ultimately ignored the nursing diagnosis completely. This is evident in these direct quotations from the narratives and the focus group interviews:

“.....it is still difficult because you will find that the diagnosis stage gives us tough time...”

(F.G 2)

“.....eish... it is very difficult, it requires pathophysiology and a lot of reading. Even when the patient’s problem is obvious, one needs to read to ensure that he/she comes with the proper nursing diagnosis....” **(F.G 1)**

“.....in addition to that, it is true that the nursing diagnosis can be difficult....”

“.....we ignore the nursing diagnosis because it give us tough time even when we have.....” **(F.G 1)**

“.....problems that we encounter as we implement the nursing process, problems like construction of the nursing diagnosis.....” **(F.G 2)**

“...diagnosis stage gives us tough time...ehhh...in that most of our nursing diagnosis are more medical than nursing.....”

“... We confuse medical and nursing diagnosis.....” **(Narrative)**

“.....when it comes to diagnosis no, we’ll wait for the doctor to come up with his/her assessment and provisional diagnosis.....”

“.....yes we do assess patient and take appropriate history but when it comes to diagnosis we often wait for the medical officer’s opinion.....” **(Narrative)**

Paans *et al.* (2011:2386) affirm that the accurate formulation and documentation of the nursing diagnosis is vital to nurses in daily hospital practice. Some authors consider the nursing diagnosis as one of the more complex steps of the nursing process, with many divergences in its realisation (Muller-Staub *et al.*, 2008:399; Lucena & Barros, 2006:144). This has been a long-standing problem. In England, a study about the apparent conflict between the expressions “nursing diagnosis” versus “nursing problem” showed that this step of the nursing process, on which care plans are based, is a critical and a very difficult phase that corresponds to the final product of data collection and organisation (Hogston, 1997:499). To further support this, a study conducted in Europe a decade ago, to test the establishment of a validated model of nursing records, aimed to promote individual care, showed limitations of the nursing process conducted according to the model, particularly in the identification of problems presented by the patients and, consequently, diagnosis and the possible intervention procedures (Mass & Delaney, 2004:46). An investigation of the steps of the nursing process actually implemented in the routine of a university hospital showed that the

nurses performed all phases; however, problems were identified in the nursing diagnosis process (Fernandez-Sola *et al.*, 2011:393).

Moreover, the participants indicated that the way in which they implement the nursing process directly depend on how they were trained. The participants further showed that even if the lecturers were from the same school, the way they approach the nursing process differ and this creates a lot of confusion for the professional nurses. The following quotes support this finding:

“.....to some who might have trained earlier on, were taught it differently.....” (F.G 1)

“.....even the way we approach the nursing process differ as we do it based on how we were taught in our respective institutions.....” (F.G 1)

“.....because someone who trained at a particular school will do it differently from someone who did it at the other school....” (F.G 1)

“..... you’ll find that the way they teach it completely differ even if they are from the same school.....” (Narrative)

“.....we end up not knowing what is right; especially when we get the confusion from the people we regard as experts.....” (F.G 1)

In many countries, nursing schools have become areas of encounters between students and faculty members from diverse backgrounds (Casey and Clark, 2011:934; Gibbs, 2005:358) and this implies different approaches to teaching and learning. To support what the participants are saying, in a study conducted to compare education in Greece and England, it was found that though the contents of the curricula were the same, the way in which the knowledge was imparted was different and that resulted in different approaches and behaviours at the workplace (Kelly & Ahern, 2009:916; Bakalis *et al.*, 2004:92). Therefore, it is not surprising that the participants in the current study are implementing the nursing process based on how they were taught. Anderson (2011:49) indicates that it is imperative to harmonise nursing education and mentorship programs, so that the approach to the nursing process is the same regardless of the training institution.

The participants experienced that it helps the nurses when engaging supervisors to assist and monitor what the professional nurses are doing in the implementation of the nursing process. They mentioned that nurses tend to do things when they know that someone is

following them. They said this supervision should go as far as auditing the patients' file. The following quotations indicate this:

"...I have a feeling that there has to be good supervision, if nurses are not supervised, nurses do things when they know that someone will come and check on them..." (F.G 1)

"...: I suggest the deployment of evaluators in our different hospitals..." (F.G 2)

"...even in the middle of the month I think nurses should be evaluated to keep them on their toes and recall..." (F.G 2)

"...There should be a nurse that will evaluate other nurses whether they are doing thorough nursing process..." (F.G 1)

"...patient evaluation chart must be done to check if the nursing process is done and take action to nurses who did not do it..." (Narrative)

In favour of what the participants are tabling, Duchscher (2008:1110) notes the need for supervision, especially during the transition process, the process during which the newly graduates with the necessary knowledge and skills adapt to their new professional roles. The supervision of nurses may become problematic due to the isolation of the supervisor and the supervisee (Li *et al.*, 2011:209). On the other hand, Monareng *et al.* (2009:125) who conducted a study in Botswana, argued that inadequate preceptor preparation and a lack of time to carry out the roles of the preceptor posed major challenges to the process of supervision and the role that the preceptor fulfil.

3.4.2.4 Subtheme 2.4: Professional nurses' attitudes towards the nursing process

The professional nurses' resistance, laziness and lack of interest in implementing the nursing process are regarded as determinants of the current situation where nurses do not implement the nursing process. The participants alleged that even when there are attempts to implement this framework, others would just not bother to carry it through. These direct quotations reflect this:

“.....she implementing the nursing process she would say “why should I do it while others are not?”.....” (F.G 1)

“.....the impression they want to create is that of carelessness.....the reason to that is laziness and may be.....” (F.G 1)

“.....Some of us are just here for money, they just don't care about their work.....some of us do not want to their work....” (F.G 2)

“..All I want to see is job being done, going to tea break, lunch and knock off....” (F.G 2)

“.....Implementation of the nursing process depends on our attitudes we may know it but our attitudes towards it and towards others is a stumbling block.....may be reviewed but it still depend on people's attitudes and determination.....” ...” (F.G 1)

*“.....the nurses are lazy to carry out the nursing process because they view it.....”
(Narrative)*

*“.....Others complained that it creates a lot of work especially (abbreviated esp.)....”
(Narrative)*

These findings are not unique to this study. Urquhart *et al.* (2009:68) insist that many nurses see the clinical records of the nursing process as bureaucracy that could be replaced by assistance in the patients' rooms. A study that investigated the meaning of the nursing process among intensive care unit nurses showed that their experiences were contradictory. Although the nursing process was seen as a form of professional recognition with regard to its role in society and something that allows nurses to have authenticity and freedom of action in their practice, it was also viewed with feelings of anger, dissatisfaction, and frustration (Alvez *et al.*, 2008:653). In a study conducted by Fernandez-Sola *et al.* (2011:397) aimed at identifying obstacles and enablers encountered when implementing the nursing process and to set clear strategies and actions so as to develop the nursing process and care plans in the Santa Cruz department (Bolivia) both in hospitals and at universities, some nurses disapproved of implementing the nursing process. This is related to their objections raised regarding the specific changes that could reduce the time devoted to assist patients. Furthermore, according to Ofi and Sowumni (2012:360), another possible contributory factor is resistance to change. Older and experienced nurses still find it cumbersome to effectively utilise the nursing process approach in caring situations. Most of

the responsibility is shifted to the junior nurses, thus reversing or eliminating supervisory roles (Ofi & Sowumni, 2012:360).

Conclusive statement for theme 2: Based on the experiences of the participants, the implementation of the nursing process requires supervision, ample time, enough nursing workforce with knowledge, experience and a positive attitude towards the nursing process.

3.4.3 Theme 3: Measures to implement the nursing process

The overall suggestions by the professional nurses regarding the way in which they can be encouraged to implement the nursing process were heard as participants were sharing their perceptions and experiences. The suggestions are described under the theme and subthemes listed in Table 5:

Table 5: Theme 3: Measures to implement the nursing process

THEME 3: Measures to implement the nursing process	
<p>Sub-theme 3.1: pre-service education and training of the nursing process</p> <p>Professional nurses recommended:</p> <ul style="list-style-type: none"> • standardisation between what students are taught and what is done in practice • involvement of clinical facilitators to mentor student nurses and professional nurses in the implementation of the nursing process. 	<p>Sub-theme 3.2: Professional nurses' in-service training on the nursing process</p> <p>Professional nurses recommended</p> <ul style="list-style-type: none"> • workshops and refresher courses on the nursing process • computerisation of the nursing process as an improvement aimed at ensuring its implementation • an awareness of the legal aspects of the nursing process
<p>Sub-theme 3.3: Role of nursing management in the implementation of the nursing process</p> <p>Professional nurses recommended:</p> <ul style="list-style-type: none"> • the employment of more professional nurses to improve the nurse-patient ratio. • regular evaluations by means of performance appraisal to encourage the implementation of the nursing process • incentives or rewards to professional nurses who implement the nursing process 	

3.4.3.1 Subtheme 3.1: pre-service education and training of the nursing process

The participants proposed standardisation between what students are taught and what is done in practice and continuous reading on the nursing diagnosis. They said harmony in nursing education is fundamental to the implementation of this methodology. The participants suggest this in the following quotations:

“...So I believe if the way institutions teach the nursing process is harmonious its implementation will not differ at all...” (F.G 1)

“...tutors from different nursing schools should also make sure that they give learners same information regarding the nursing process....” (F.G 1)

“...the student must be clearly taught it, so that they must understand it...” (Narrative)

A study conducted in Brazil to support the systematisation of care at a university hospital showed that the level of undergraduate studies has major consequences for the professional quality of nurses, resulting in a more scientific, organised and systematic approach to health care (Andrade & Vieira, 2005:364). These observations stress the fact that lecturers responsible for the education of nurses should contribute to the improvement of aspects related to semiology (Andrade & Vieira, 2005:364). The results of a study conducted by Pokoroski *et al.* (2009:306) showed that incomplete physical examinations are encountered regularly; suggesting poor training of the nursing team in basic semiology techniques, such as inspection, palpation, percussion and auscultation. LNC (2009:7) and Hedberg and Larsson (2003:323) indicate that despite the fact that the nursing process has become a symbol of contemporary nursing as well as professional ideology, the clinical settings that are involved in the training of students are not yet utilising the approach as a tool for care and the documentation process.

Furthermore, the participants recommended the involvement of clinical facilitators and instructors. They said the involvement of clinical facilitators will ensure that student nurses and professional nurses are assisted to implement the nursing process. They also recommended that facilitators must give presentations on the nursing process from time to time. This is evident in the following quotations:

“...student nurses need to be encouraged to practice the nursing process during their clinical placement...” (Narrative)

“...the student must be clearly taught it and practice it so that they understand and master it...” (Narrative)

“...student nurses should be given clinical instructor who is active and will guide them in practicing the nursing process....” (F.G 2)

“...there should be clinical facilitators in all teaching hospitals who will ensure that student nurses as well as the practicing nurses practice the nursing process...” (Narrative)

Student nurses need to be prepared for the role transition from student to professional nurse (Warren and Denham, 2010:5), and in addition, nursing education and training cannot succeed without proper correlation between theory and practice (Carson & Carnwell, 2007:221). The dichotomy between teaching and practice of this care method generates insecurity and disbelief in students and professionals who use these methods (Freita *et al.*, 2007:210).

Carvalho and Souza (2008:358) show that the need for greater interaction between schools and services by means of clinical instructors is evident, in order to link professional education to professional health practices. Cruz *et al.* (2009:125) and Vance (2003:43) confirm that it is not only nurses, but people in every walk of life, who believe that establishing strong mentor connections is essential to success and satisfaction. Vance (2003:43) further re-iterates that as human beings, we need the human relationships of caring, support and encouragement that come from good mentors, be it friends, family or colleagues. Paganin *et al.* (2008:155) and Allen (2002:440) also add that personal and professional relationships constitute the reciprocal, the interactive process of learning that connects professional nurses so that they can fulfil their potential and grow together.

3.4.3.2 Subtheme 3.2: Professional nurses’ in-service training on the nursing process

The participants recommended workshops to equip them with knowledge, refresher courses to remind them of what they learnt in school and improvements such as computerisation of the nursing process to aid in its implementation. They further suggested that they must be reminded of the importance of the nursing process and the associated legal aspects, since it is important in promoting the implementation of the nursing process.

Among all the suggestions provided to improve the implementation of the nursing process, training, workshops and refresher courses were dominant. The participants found it fundamental to engage nurses in training and workshops to equip and remind them of the implementation of the nursing process. This is evident from the following direct quotations:

"....I recommend that workshops are done to equip people with knowledge of the nursing process..." (F.G 1)

"...we need is capacitating in terms of using those documents correctly as evidence of the nursing process..." (F.G 1)

"...different from the way we were taught therefore refresher courses can help a lot...." (F.G 1)

"...we can mobilize workshops frequently to remind ourselves that our core business is nursing...." (F.G 2)

"...Even if we have forgotten how it is implemented such workshops will help with revival...." (F.G 2)

"...I recommend that refresher courses be done on the nursing process to assist new and old nurses..." (Narrative)

Literature has highlighted the need to establish training programmes to teach nurses how to implement the nursing process (Dahn & Wadensten, 2008:2142). The professionals imbued with the nursing process require continuous broadening and deepening of the specific knowledge of their area of action, without forgetting the interdisciplinary and multidimensional focus (Nascimento *et al.*, 2010:646). Lee (2005:644) also suggests that the use of educational programmes to improve the nurses' abilities when handling the nursing process, especially the nursing diagnosis, will also lead to an improvement in the quality of the patients' care. In further support of what the participants were saying, a Canadian retrospective study aimed at investigating factors associated with the implementation of nursing diagnoses, showed that nurses tend to register a diagnosis at institutions that have a formal program of continuous education (Higuchi *et al.*, 1999:145). Consistent with Dahn and Wadensten (2008:2142), the participants in the Fernandez-Sola (2011:398) study, believed that they had sufficient or satisfactory theoretical and technical knowledge to work with the nursing process and to utilise the standardised care plans, however, they felt that continuous training programmes were nearly always presented for the physicians only.

The participants also showed the importance of reading when it comes to implementing the nursing process. They indicated that the nursing process, especially the nursing diagnosis, requires a nurse to keep on reading about pathophysiology and related sciences. The following quotations highlight this:

“.....it is still difficult because you will find that the diagnosis stage gives us tough time and solution to that is to read more...” (F.G 1)

“.....eish... it is very difficult, it requires pathophysiology and a lot of reading. Even when the patient’s problem is obvious, one needs to read to ensure that he/she comes with the proper nursing diagnosis....” (F.G 1)

“.....problems that we encounter as we implement the nursing process, problems like construction of the nursing diagnosis can be overcome by habitual reading.....” (F.G 2)

“.....like C said earlier, the nursing diagnosis needs to be looked into very carefully that’s where we encounter the problem.....” (F.G 1)

Registration requirements in the jurisdictions of most developed countries contain an expectation that nurses will not only be competent to practise nursing on registration, but will maintain that they remain competent in their chosen field or scope of practice, as they progress in their careers and renew their registration. The nurses can achieve this through a number of activities, including reading (Chiarella *et al.* 2008:50). According to Santos and Nobrega (2004:466), nurses’ critical education should include the dimensions of applied science, knowledge and nursing practice. Knowledge is certainly of great importance for the professional conduct of the nurse, as it provides the professionals with security when making decisions related to the patient, to the team and to the administrative activities of the unit (Cutcliffe, 2010:1343). Therefore, the initiative to assume behaviour and attitudes is closely related to the knowledge that the professionals possess, as this gives nurses the certainty that they are acting in the correct and most appropriate manner (Domingues & Chaves, 2005:586). Furthermore, skills in making diagnostic and treatment decisions depend on theoretical and clinical knowledge and experience with specific patient illness processes, therefore it is imperative that professional nurses continue to read (Cutcliffe, 2010:1347).

The participants further suggested improvements such as the computerising of the nursing process. They added that the computerisation of the nursing process could be an alternative to the current situation. They said such improvements must be accompanied by the relevant communication and training. This is evident in the following direct quotations:

“...if the documents could be designed according to the nursing process it will be binding...otherwise be computerized (Narrative)

“...If you the (name withheld by the researcher) hospital their documents; computerized and non, binds them to implement the nursing process from admission to discharge...”
(F.G 1)

“...if we use computers which could help with a pool of nursing diagnosis which seem to be a challenge...” (F.G 1)

A computer-based nursing process could alleviate the problems with the paper-based systems, such as extensive writing (Pokoroski *et al.* 2009:306; Ammenwerth *et al.*, 2001:65). Electronic records may provide a significant contribution to the successful implementation of the nursing process, particularly if all the stages are connected (Oroviogicoechea *et al.* 2008:572). Ammenwerth *et al.* (2001:66) indicated that the quality of care was considerably better when computer-based nursing documentation was in use. A standardised assessment instrument is also helpful (Muller-Staub *et al.*, 2008:299), but this strategy lacks individuality, innovation and flexibility in the clients' care (Ting-Ting, 2003:644).

The participants said it would be imperative to create awareness and to remind professional nurses of the legal implications of not implementing the nursing process. The participants further recommended serious disciplinary actions against nurses who do not implement and document the nursing process. They called upon the Lesotho Nursing Council to impose serious punishment for those who do not implement the nursing process. The following direct quotations reflect that:

“...Advocacy is also required from our regulatory body so that nurses feel obliged to implement the nursing process....” (F.G 2)

“...Also the LNC should have serious punishment to people who does not implement it so that if one does not, they should know what comes with that negligence....” (F.G 1)

“...If we could from time to time be reminded of our pledge and obligation...” (F.G 2)

“...It should be made clear that whoever fails to implement the nursing process will be taken to task....” (F.G 2)

Professional and legislative standards govern professional nurses, and these standards require an accurate documentation of the care provided for the clients (Braaf *et al.*, 2011:1035). This will ensure the proper billing of clients and enhance the performance management system (Wang *et al.*, 2011:1872). In further support of the participants' suggestions, a study conducted by Blake (2013:332) to evaluate professional nurses' knowledge and practice of documentation at a Jamaican hospital, reveals that the nurses were implementing and documenting the nursing process extensively due to its medico-legal implications.

3.4.3.3 Subtheme 3.3: Role of nursing management in the implementation of the nursing process

The participants urged the hospital management to employ more staff to improve the nurse-patient ratio, to regularly evaluate and appraise their performances and to give incentives or rewards for nurses who implement the nursing process.

In the first place, the participants showed that to overcome heavy workloads that seem to impede the implementation of the nursing process; additional professional nurses need to be recruited. Recruiting more nurses will also improve the nurse-patient ratio and therefore it will improve the implementation of the nursing process. The following quotations suggest this:

“.....I therefore recommend the increase in the number of nurses.....more nurses should be employed to reduce workloads in the wards...” (F.G 1)

“...More staff should be employed so that we can have time...” (Narrative)

“...I suggest that the nurse-patient is improved i.e. putting more staff in any given health unit...” (F.G 1)

“...to increase nursing staff...” (Narrative)

“...may be lack of time due shortage of staff. This implies that we need more staff...”

(F.G 2)

“...I would encourage some more additional staff to facilitate the duties of the ward together with nursing care plan....” (Narrative)

In a study conducted by Ofi and Sowumni (2012:360) they found that many aspects of the nursing process were not well documented in the reviewed case notes. Ofi and Sowumni (2012:360) said this observation could be due to a shortage of manpower and a lack of organisational support. For situations like these, Ozkal and Kucuk (2012:200) recommended the employment of more nurses.

Secondly, the participants suggested that the hospital should give performance appraisals. They proposed that performance appraisals are an excellent measure to ensure that nurses implement the nursing process. The following quotations reflect this:

“there has to be some form of performance monitoring...” (Narrative)

“...there has to be performance appraisal so that for those who are doing the right thing, it could be easier to reward them while at the same time motivating and encouraging others to strive to do well...” (F.G 2)

In Turkey, they introduced a performance-based wage system in which the ministry of health employees were indexed for the number of nursing and medical procedures, examinations and surgeries they performed (Ozkal & Kucuk, 2012:201). The suggestions of the participants are therefore not unique to this study.

Lastly, the participants recommended rewards for nurses implementing the nursing process. They believe that this would also motivate even those who do not implement it to improve their performance and to take effort to implement it. These direct quotations proof this:

“...there has to be some incentives to motivate nurses to do good...” (Narrative)

“...Rewards must be done to all nurses who followed nursing process well, so as to improve the spirit of following it...” (F.G 1)

In line with what the participants suggested in the current study, Vernon *et al.* (2010) propose that it is evident that the role and context in which the nurse practises, are critical considerations when assessing their competence and remuneration. Vernon *et al.* (2010) emphasised that wages decrease with privatisation in developing countries and that led to the poor implementation of the nursing care methodology. Other studies also identified the lack of motivation among professionals. This is related to factors linked to professional and especially political and institutional issues (poor salaries) that hinder the implementation of the nursing process (Kletemberg, 2004:97).

Conclusive statement for theme 3: Based on the perceptions and experiences of the participants, standardisation in nursing education, mentoring, the employment of additional professional nurses, performance appraisals, remuneration and rewards for nurses can be possible solutions to the current situation where professional nurses do not implement the nursing process.

3.5 Summary

This chapter discussed the findings of the study, exploring and describing the perceptions and experiences of the nurses working in a public district hospital in Lesotho. The researcher also drew comparisons between the data analysed and existing literature. The researcher further supported the findings with direct quotations from the transcripts as verbalised by the participants. The exploration of the three themes provided conclusive statements that gave the researcher direction in terms of what to recommend to nursing education, nursing practice and nursing research. The next chapter will conclude the research, highlighting the limitations of this study, and providing conclusions and recommendations for nursing education, nursing practice and further nursing research.

CHAPTER 4:

CONCLUSIONS, EVALUATION, LIMITATIONS AND RECOMMENDATIONS

4.1 Introduction

The researcher discussed the research findings and supporting quotations from the narratives and focus group interviews in Chapter 3. A literature control was also performed to verify the research findings against the existing literature and to highlight unique findings from the research. This chapter will discuss conclusions and limitations, and will provide probable answers to the third objective of the study by formulating recommendations for nursing education, nursing practice and suggesting further research geared towards assisting nurses to implement the nursing process in their day-to-day patient care.

4.2 Conclusions

Having explored and described the perceptions and experiences of registered nurses regarding the implementation of the nursing process in a district public hospital in Lesotho, the researcher could draw conclusive statements on each theme, as well as an overall conclusion. The aforementioned has the purpose of guiding the formulation of recommendations for nursing education, nursing practice and suggested further research. The recommendations will focus on encouraging the implementation of the nursing process and will be based on each of the conclusive statements for each of the three themes obtained from the results:

Conclusive statements used as a basis for the recommendations.

Conclusive statement for theme 1: Though professional nurses do not correctly document the nursing process, they perceived it as the backbone of the nursing profession, improving the quality of care, and ensuring individualised patient care. Furthermore, it can be used as advocate for patients and it bears evidence for nursing work.

Conclusive statement for theme 2: Based on the experiences of the participants, the implementation of the nursing process requires supervision, ample time, enough nursing workforce with knowledge, experience and a positive attitude towards the nursing process.

Conclusive statement for theme 3: Based on the perceptions and experiences of the participants, standardisation in nursing education, mentoring, the employment of additional professional nurses, performance appraisals, remuneration and rewards for nurses can be possible solutions to the current situation where professional nurses do not implement the nursing process.

General conclusion: Through the narratives and focus group interviews, the researcher has been able to identify the participants' emphasis on the importance of implementing the nursing process as well as the challenges that it pose. The environment, which is believed to have stressors and shape behaviour, influence these challenges (Ericson, 1990:49). It is also influenced by man as an organism that strives in its own way to reduce the tension generated by needs (Peplau, 1988:12); and health, which is seen as a symbol that implies the forward motion of personality and other ongoing human processes in the direction of creative, constructive, productive, personal and community living.

The participants perceived and experienced several factors (positive and negative), as interfering in the efficient implementation of the nursing process. *Operational difficulties* involved in the systematisation of nursing care in practice, such as: *lack of knowledge of the steps involved in the process*, an excessive number of tasks assigned to the nursing team, the *poor quality of professional education*, *insufficient reports on physical examinations* related to the diseases and difficulty in formulating the nursing diagnosis, are among these factors. *The templates that are currently available, do not promote the implementation of the nursing process.* The nursing practice is also frequently linked to the performance of bureaucratic and technical activities, to the detriment of the nursing process. Consequently, the poor implementation of the nursing process gives rise to *poor patient care and advocacy, as well as legal actions being taken against nurses, and that negatively influences the status of the nursing profession.* It is therefore important *that nursing students should practice the nursing process and should be accompanied to the clinical areas*, and that there should be harmonisation of the nursing education to improve the implementation of the nursing process. *Good working relations, proper supervision and the frequent presentations of workshops to refresh the nurses' knowledge of the nursing process could encourage nurses to implement this methodology.*

4.3 Limitations of the research

The researcher acknowledges some limitations of this research. This helps the reader to understand the context in which the research claims are set (Vithal & Jansen, 2004:35). The limitations identified by the researcher for this research are as follows:

- The research was conducted at one district public hospital in Lesotho from one group of nurses. As with any qualitative method, there is no claim that the findings from this research can be generalised to the wider population of nurses. However, as Beukes *et al.* (2010:137) affirm, this research was contextual, as it emanates from the identified problem of reluctance to implement the nursing process in Lesotho (LNC, 2009:7).
- The participants in this research were essentially self-selecting, as they volunteered after receiving written information about the research. According to Middleton and Duffy (2009:485) this may be considered a limitation. On the other hand, these participants provided rich data that fulfilled the purpose of this research, namely to explore and describe the perceptions and experiences of nurses regarding the implementation of the nursing process.

4.4 Recommendations

The researcher, based on the findings and conclusions of this study, makes the following recommendations to nursing education, nursing practice and nursing research:

4.4.1 Recommendations for nursing education

Nursing education is aimed at preparing student nurses to function as persons who are qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed, and who are capable of assuming responsibility and accountability for such practice (SANC Nursing Act, Act no.33 of 2005) (SA, 2005). In accordance with this, and based on the findings and conclusions of this study, the researcher makes the following recommendations for nursing education:

- Educators should ensure standardisation and proper correlation between theory and practice for a more effective clinical teaching of the nursing process, with attention to consistency in teaching aspects of the nursing process, as well as ensuring that nurses are competent in implementing the nursing process

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- Educators should control the number of student nurses allocated to each clinical area to avoid overcrowding and promote effective mentoring to obtain optimum practice of the nursing process.
 - Educators should engage in continued professional development by means of workshops, in-service training and refresher courses to remind themselves of the importance and legal implications of the nursing process.
 - Educators should provide information to the service institutions about the student nurses' curriculum to familiarise them with the clinical components of the program, especially the nursing process.
 - Educators should put more emphasis on the nursing assessment, nursing diagnosis and adequate documentation of and reporting on the physical examination when teaching the nursing process so that these steps are fully understood by the students.
 - Educators should teach the value of the nursing process to the students to ensure individualised quality care and professionalism.
 - There should be a closer liaison between nursing practice and nursing education personnel. This liaison must be aimed at discussing the ways in which the nursing process can be effectively utilised.
 - Educators should ensure that students are accompanied to the clinical area to improve the quality of learning between the college and the clinical practical areas.

4.4.2 Recommendations for nursing practice: Measures to encourage nurses to implement the nursing process

The researcher formulates the measures to encourage nurses to implement the nursing process based on the results, relevant literature and conclusions. It seems that the main aspect that needs to be emphasised is the importance of management support to facilitate the implementation of the nursing process in hospitals by means of addressing operational difficulties and by providing appropriate education and training. The participants in this study expressed that they needed management to create a climate of support and encouragement that would assist nurses to implement the nursing process. Therefore, the researcher suggests the following measures to encourage nurses to implement the nursing process:

- Nursing and hospital managers should provide hospital and clinics with adequate resources, both human and monetary, to foster proper implementation of the nursing process.

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- Nursing managers and educators should present in-service training, refresher courses and workshops, in hospitals and clinics, on the nursing process, and on the value and importance of the nursing process in improving quality of care and professionalism. This information must be accurate and comprehensive to ensure that the nursing process is at the fingertips of the nurses and that it is implemented in a standardised manner. These workshops should also aim to facilitate good working relations, clarify professional nurses' perceptions of the nursing process, and facilitate a more positive view of the nursing process.
 - Hospitals, in collaboration with nurses, should develop and use a template that is designed according to the nursing process or consider employing information technology, in both hospitals and clinics, to promote the implementation of the nursing process in hospitals and clinics.
 - Nursing and hospital managers should improve supervision, performance management systems and mentoring, and should also create an awareness of the importance of the nursing process to patients, nurses and other healthcare professionals to promote collaborative care.
 - Nursing and hospital managers should create an awareness of the severity and implications of implementing or not implementing the nursing process, such as poor quality care, legal actions and limited advocacy on behalf of the patient.
 - Professional nurses should implement and document the nursing process every time while on duty.
 - The nursing managers has to clarify to all hospital staff that it is only the professional nurses who can initiate the nursing process in their hospitals and clinics to avoid legal actions being taken against any of them.

4.4.3 Recommendations for nursing research

This study on the perceptions and experiences of nurses in a district public hospital in Lesotho has triggered a number of related issues that need further scientific investigation. These include:

- The relationship between the level of education and implementation of the nursing process.
- The perceptions of other staff members about nursing and nursing care.
- Nursing in a multi-professional environment in a specific clinical area.

- The assessment of nursing documents against the nursing process in a particular setting.
- The impact of the implementation of the nursing process on patients' outcomes.
- The impact brought about by the introduction of nursing service managers in the implementation of the nursing process.

4.5 Evaluation of the research

The reluctance to implement the nursing process reported by the Lesotho Nursing Council (LNC, 2009:7), as experienced by the researcher while working in one of the hospitals and the lack of literature on the experiences and perceptions of Lesotho nurses about the nursing process, prompted the researcher to undertake this study. This study was performed so that the researcher could explore and describe the perceptions and experiences of nurses regarding the implementation of the nursing process. This research is important in that it provides the reality of the way in which professional nurses experience and view the nursing process. The researcher goes further to formulate recommendations for nursing education and nursing research, as well as recommendations for nursing practice, namely measures to encourage nurses to implement the nursing process in their day-to-day nursing care.

The major objectives of this research were to explore and describe the perceptions and experiences of nurses regarding the implementation of the nursing process and make the recommendations to the nursing education, nursing practice and further nursing research. Recommendations on how to encourage the nurses to implement the nursing process were made as they emerged from the perceptions and experiences of the nurses regarding the implementation of the nursing process.

Having selected an explorative, descriptive, contextual qualitative research design, the researcher was able to explore and describe the perceptions and experiences of nurses regarding the implementation of the nursing process in a district public hospital in Lesotho. The researcher interpreted the nurses' perceptions and views in relation to the literature that has been reviewed and integrated in this study. The research objectives have thus been met. The researcher has successfully upheld the central theoretical argument for this study:

Understanding the perceptions and experiences of the nurses regarding the implementation of the nursing process enabled the researcher to make recommendations to improve nursing education, nursing practice and nursing research with regards to the implementation of the nursing process, and suggested further research.

4.6 Summary

In this chapter, the conclusions are presented, followed by the researcher's acknowledgement of limitations. Thereafter, the researcher provided recommendations for nursing education, nursing practice and nursing research, and an evaluation of the study.

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APPENDIX A: ETHICAL APPROVAL; NWU



NORTH WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRMA
NOORDNES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Private Bag X81001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

To whom it may concern

Faculty of Health Sciences
Tel: 018 2992095
Fax: 018 2992088
Email: Annemarie.Kruger@nwu.ac.za

22 May 2013

Dear Ms. Van Waltzien

Ethics Application: NWU-00039-13-S1 "Nursing Process: Perceptions and Experiences of nurses in a district public Hospital Lesotho"

This application was evaluated by the Faculty of Health Ethics Sub-committee panel members and ethical approval is recommended.

Yours sincerely

A handwritten signature in black ink, appearing to be 'A. Kruger'.

Prof. A. Kruger
Ethics Sub-Committee Chair

Original sent to Prof. A. Kruger (0182095) C:\Users\13110272\OneDrive\18042013\ETHICS\999U-00039-13-01.docx
22 May 2013
File reference: 999U-00039-13-01

APPENDIX B:
REQUEST FOR PERMISSION; MINISTRY OF HEALTH

Mpho Z. Shelile

P.O. Box 1661

Maseru 100

24th June 2013

The Director General,

Ministry Of Health

P.O. Box 514

Maseru 100

Lesotho

Dear Madam,

Permission to conduct research

The above matter refers;

I hereby wish to request for permission and approval to conduct research on: "*Nursing process: perceptions and experiences of nurses in a district public hospital Lesotho*".

I am presently studying for my Masters Degree at the North West University, Potchefstroom campus. The research will be conducted under the supervision and guidance of Mrs. Richelle Van Waltsleven and co-supervisor Dr. Emmerentia Du Plessis from the School of Nursing Science, North-West University; Potchefstroom campus. The research has been approved by the North-West University Ethics committee and its ethics number is NWU-00039-13-S1.

Herewith find attached the following documents in request for permission and approval to conduct research at a district public hospital (Mafeteng Hospital):

- 1 Information to participants
- 2 Informed consent form
- 3 Primary investigator's Curriculum Vitae
- 4 Recommendation/clearance certificate from the university (North-West University).
- 5 The research proposal
- 6 Proposal summary

I intend to collect data from the 22nd to 26th July 2013.

I hope you will find this in order.

Kindest regards,



.....

Mpho Z. Shelile

23917555

(+266) 590 700 34/620 700 34

APPENDIX C:
PERMISSION FOR RESEARCH IN A DISTRICT
PUBLIC HOSPITAL



Ministry of Health
PO Box 514
Maseru 100

July 9, 2013

Mpho Z. Shelile
23917555
Masters Degree candidate
North West University
Potchefstroom campus

Dear Mr. Shelile ,

**Re: Perceptions and experiences of nurses in a district public hospital Lesotho
(ID77-2013)**

Thank you for submitting the above mentioned proposal. The Ministry of Health, Research and Ethics Committee having reviewed your protocol hereby authorizes you to conduct this study among the specified population. The study is authorized with the understanding that the protocol will be followed as stated. Departure from the stipulated protocol will constitute a breach of the permission.

We are looking forward to have a progress report and final report at the end of your study.

Sincerely,

A handwritten signature in blue ink, appearing to read 'P. McPherson'.

Dr. Piet McPherson
Director General Health Services (acting)

A handwritten signature in blue ink, appearing to read 'J. Sanders'.

Dr. Jill Sanders
Co-Chairperson
National Health Research and
Ethics Committee

APPENDIX D:
REQUEST FOR PERMISSION; DISTRICT HOSPITAL

Mpho Z. Shelile

P.O. Box 1661

Maseru 100

25th July 2013

The Nursing Service Manager

Mafeteng Hospital

P.O. Mafeteng

Dear Madam,

Permission to conduct research in Mafeteng Hospital

The above matter refers;

I hereby wish to request for permission and approval to conduct research on *Nursing process: perceptions and experiences of nurses in a district public hospital Lesotho*.

I am presently studying for my Masters Degree at the North West University, Potchefstroom campus. The research will be conducted under the supervision and guidance of Ms. Richelle Van Waltsleven and co-supervisor Dr. Emmerentia Du Plessis from the School of Nursing Science, North-West University; Potchefstroom campus.

Herein find the attached ethical approval letters from **the University (NWU-00039-13-S1) and the Ministry of Health (ID77-2013), Lesotho**. I intend to collect data on the 1st and 2nd of August 2013. Hoping this will meet your immediate approval.

Yours faithfully,



.....

Mpho Z. Shelile

23917555

(+266) 590 700 34/620 700 34

Cc: Senior Nursing Officer

APPENDIX E:

PERMISSION FROM THE DISTRICT PUBLIC HOSPITAL



The Nursing Service Manager
Mafeteng Hospital
P.O. Mafeteng
Lesotho
28 July 2013

Dear Shelile,

Nursing Process: Perceptions and experiences of nurses in a district hospital in Lesotho

The above mentioned correspondence bears reference.

Permission is hereby granted for the above mentioned research on the following conditions:

- Participation should be by consent
- Participants should be protected from all forms of harm
- Confidentiality of data collected will be ensured and no names will be used
- The study should not interfere with service delivery
- Results should be communicated to relevant stakeholders

I trust you find the above in order.

Kindest Regards,

Mats'ola Ntiale
.....

'Mats'ola Ntiale

Nursing Service Manager, Mafeteng Hospital

**APPENDIX F:
REQUEST AND INFORMATION TO THE
CO-FACILITATOR**

Mpho Z. Shelile

P.O. Box 1661

Maseru 100

26th July 2013

Mrs. Mampho Khashole

National Health Training College

Private Bag A189

Maseru 100

Lesotho

Dear Madam,

Request to be a co-facilitatoer

The above subject matter refers.

I am currently studying for Masters Degree (Professional Nursing) at the North-West University (NWU), Potchefstroom Campus. One of the requirements for this course is that I conduct a research. My proposal has been approved by NWU ethics committee (NWU-00039-13-S1) and the Ministry of Health (ID77-2013).

The title of the study is: *“Nursing Process: Perceptions and experience of nurses in a district public hospital Lesotho”* and the objectives of this study are:

-
- a) Explore and describe perceptions of nurses working at a district public hospital in Lesotho about the nursing process.
 - b) Explore and describe experiences of nurses working at a district public hospital in Lesotho in the implementation of the nursing process.
 - c) Identify measures to encourage nurses working at a district public hospital in Lesotho to implement the nursing process.

I have received permission to conduct this study from the Ministry of Health's Ethics Committee. The study will be conducted under the guidance and supervision of experts in Nursing Research, North-West University. The period during which I intend to collect data is between July and August 2013. I therefore humbly request your assistance in co-facilitating during the focus group interviews. You are a preferred person because you are a Senior Tutor at your College and have relevant experience in this field. Should you agree, your role will be to:

- Assist me in organizing the seminar room with minimal or no disturbance
- Allay anxiety of the participants
- Remain neutral and nonjudgmental
- Assist with note taking when the researcher facilitates the focus group interviews

Your favorable consideration of the matter and a positive response at your earliest convenience will be appreciated. I will personally contact you as soon as I get your response in this regard to discuss the content of this letter further.

Yours Sincerely,



.....

Mpho Z. Shelile

23917555

(+266) 590 700 34/620 700 34

APPENDIX G: INFORMATION TO THE PARTICIPANTS

Nursing Process: Perceptions and experiences of nurses in a district public hospital Lesotho

Place: District Public Hospital Lesotho

Group: Registered Nurses

Background: Mr. Shelile, RN, RM, is studying for Masters Degree (Professional Nursing) at the North-West University (NWU) Potchefstroom Campus. One the requirements for this course is that I conduct a research. My proposal has been approved by the ethics committee of the NWU, and the ethics number is: NWU-00039-13-S1 and permission to conduct this study granted by the Ministry of Health.

Purpose: The purpose of this study is to explore and describe experiences and perceptions about the nursing process by nurses working in a district public hospital in Lesotho.

Expectations: To give written stories of your experiences and perceptions about the nursing process. To be part of focus groups and engage in discussions with the investigator, ask questions where necessary and honestly answer the investigator's questions.

Discomforts/Dangers: There are no potential physical discomforts or dangers but the participant's credibility may be painted black if confidentiality is not maintained. But the investigator vows to adhere to principle of confidentiality. Should you feel any need for debriefing; the co-facilitator, being a psychiatric nurse and a counsellor will be more than ready to help.

Confidentiality: The raw data will be kept under lock and key in a safe kept in the researcher's office for the duration of data analysis (April-October 2013). Numbers A, B C and etc. will be used during interviews, labelling of stories, digital audio recorders, field notes and transcripts to protect identity of participants. Under no circumstances will the collected data be linked to the professional nurses' names. The researcher will keep narratives, transcripts and audio records under lock and key and will only destroy them after five years.

Benefits: No monetary benefits but from the research findings the recommendations will be made to improve nursing education, nursing practice and further research will be suggested. These will ultimately improve nursing care hence well being of the nation.

Results: If it is found worthy, the study will be published in accredited journals. The investigator will make presentations of the study findings at the place where the study was conducted; otherwise it will be presented in other nursing forums such as the Annual General Meeting of the Lesotho Nurses Association.

APPENDIX H: CONSENT FORM

<p style="text-align: center;">Nursing Process: Perceptions and experiences of nurses in a district public hospital Lesotho</p>
--

I, the undersigned (*Full names & surname*) have read the preceding information in connection with the study as discussed in the previous page of this consent form, and have also heard the oral version thereof and I declare that I understand it. I have also gone through every section of the previous page. I was given the opportunity to discuss relevant aspects of the study with the researcher and I hereby declare that I am taking part in the study.

Participant's Signature:..... **Date:**

Place:.....

Witness's Signature:..... **Date:**.....

Place:.....

APPENDIX I: NARRATIVES

Nursing Process: Perceptions and experiences of nurses in a district public hospital Lesotho

GENDER: Female

AGE: 47yrs

QUALIFICATIONS: DIPLOMA IN GENERAL NURSING DIPLOMA IN MIDWIFERY

WORKING EXPERIENCE: 24 years

EXPERIENCES

From the experience I have had in different departments, I found it hard for some of us nurses to carry out the nursing process. The challenges mostly consisted - Shortage of RNs in the Wd. It would happen that when 2 RNs are allocated in the Wd, one would do the nursing process, but when off-duty, then the other does not do it.

- Other nurses claimed to not know it despite the effort taken to train them on the job.
- Others complained that it creates a lot of work - esp. on writing, the RN writes the report + the nursing process while still having other tasks to perform.

9

PERCEPTIONS

I perceive the Nursing process as a very important tool in the nursing fraternity.

It helps us to improve more on patient care and thus shortening the length of hospital stay for patients through the quality of care offered.

The quality of care improves because after evaluation during the re-planning then the failures or ~~at~~ challenging areas can be addressed accordingly.

Nursing process assists nurses in cases where legal action is to be taken against them because all the necessary or the steps taken/offered to pts would be documented, unlike in writing the report in the report book which is sometimes not done.

It's true the time constraint is there, but at the end of the day, having worked so hard helping patients but not documenting is equal to ZERO.

NURSING PROCESS IS VERY IMPORTANT.

9

HOW TO BE ENCOURAGED

I recommend that refresher courses be done on the Nursing process to assist newly and old nurses on new ideas. eg. During my training it was not done as it is now with modern, new nurses.

Again the legal aspects related to nursing process have to be made clear to nurses so that they are aware of this important tool especially now that we nurse learned, civilized patients.

2F

Nursing Process: Perceptions and experiences of nurses in a district public hospital Lesotho

GENDER: FEMALEAGE: 28QUALIFICATIONS: Diploma in General Nursing.WORKING EXPERIENCE: A Year.

EXPERIENCES

- The nursing process is the backbone of nursing itself through my short & experience in the clinical area I have noticed that we as nurses do not fully use the nursing process. This is because yes we do assess a patient and take appropriate history but when it comes to diagnosis, planning, and we often wait for the medical officer's opinion and thereof to follow his orders rather utilising our nursing process as nurses.
- One other point is with regard to evaluation as a component of the nursing process. We do not evaluate the patient's progress. It is like we rely so much on our doctor's evaluations and plans that we forget to do our own for instance, After a doctor evaluates patient's progress many of us look into the doctor's notes - and pass on most of that information on our nurses' notes.
- Sometimes we fail to carry out the nursing process because when we go into the field we find a system that does not carry out the nursing process and we join in.

2F

PERCEPTIONS

Personally I think slowly we are killing the nursing process because we do not practice it to perfection, we only do what seems easy to us and the rest of the work we wait for someone else to do it.

Even if certain colleagues of ours do the right thing it has no point for the person being handed over work does not follow through affecting patients as a consequence.

Because we do not do our job to the full, it becomes difficult sometimes to speak out if a certain intervention is not working for our patients.

2F

Study of Nurses' Perceptions and Experiences of Nurses in a
District Public Hospital Lesotho

HOW TO BE ENCOURAGED

- I think staff members can be engaged in workshops frequently to remind them on the core of nursing which is the nursing process and how important it is to always carry it out.
- Even in the middle of the month I think nurses should be evaluated to keep them on their toes and recall on the importance of the nursing process.
- I also think we should always have our own provisional diagnosis without strictly waiting for our doctor's own diagnosis.

APPENDIX J: TRANSCRIPT OF FOCUS GROUP INTERVIEW

Mpho Z. Shelile

STUDENT NO: 23917555

**TITLE: Nursing Process: Perceptions and Experiences on nurses in a district
public hospital Lesotho**

Focus Group 2

CODES	TRANSCRIPTION	THEMES
<p>Not Experienced</p> <p>Do not practice nursing process</p> <p>Routine</p> <p>Implement it while fresh from school</p>	<p>R: (introduced self, co-facilitator, the details of the study, the purpose and the interview process.) Thank you very much colleagues for honoring my invitation.....</p> <p>R: Our discussion will comprise of three sections as highlighted in information sharing: The experiences, perceptions and how you can be encouraged to implement the nursing process. So what experiences have you had in the implementation of the nursing process?</p> <p>A: eh...Sir..! We have little experience that we gathered from school in as far as the nursing process is concerned, what we do here is to only save lives.</p> <p>R: aha....! What do you mean by only saving live?</p> <p>A: What I am saying is that: we do not practice the nursing process; we are in a hurry due to heavy workloads so we just render routine care solely to save lives.</p> <p>CF: oh...? But have you ever tried to practice it despite time constraints and workloads?</p> <p>A: Yes, the thing is; when you first arrive at workplace you try to implement what you were taught in school and at the same time you are learning how the system works and after a couple of weeks then you'll see that this is how things</p>	<p>have little experience that we gathered from school in as far as the nursing process is concerned</p> <p>we do not practice the nursing process</p> <p>Render routine care solely to save lives.</p> <p>you are wasting time, we are in hurry, and end up stopping you.</p>

<p>Time wasting</p>	<p>are done here.</p> <p>R: I am I right to say you once or twice implemented it?</p> <p>C: ..Even when you try to implement it, your colleagues will tell you that you are wasting time, we are in hurry, and end up stopping you. What I have see being preferred by nurses is to take history only. If in casualty it was said that the patient had head injury, we only focus our assessment on head injury and ignore the rest of the body. You will only discover other abnormality such as stab wounds when you perform a bed bath.</p> <p>F: we do not do even a mere assessment, we only take history and we are done.</p>	<p>history taking we do the right thing, but when it comes to diagnosis no</p>
<p>Take history</p>	<p>R: MhM....(nodding)</p> <p>F: and we give the patient bed.</p> <p>R: Oh...? Can you explain more colleagues?</p> <p>D: Hahahahaha....! Sir, with history taking we do the right thing, but when it comes to diagnosis no,</p>	<p>you find that in this ward we take history from relatives and in other ward we send them away and get it from the patient only</p>
<p>Different sources of history</p> <p>Continuity poor</p>	<p>we'll wait for the doctor to come up with his/her assessment and provisional diagnosis and there after we will copy and paste the doctor's assessment findings in our nurses' notes.</p> <p>F: and that does not happen in all wards, in different wards that I have been, you find that in this ward we take history from relatives and in other ward we send them away and get it from the patient only.</p>	<p>hands over to someone who is not going to do it</p> <p>All I want to see is job being done, going to tea break, lunch and knock off.</p>
<p>Not interested/careless</p>	<p>D:... In other cases you find that this nurse will be practicing the nursing process, that is she is doing it, but she hands over to someone who is not going to do it. So her effort ends up useless at the end of the day. If sister (name with held) sorry..., sister F would do the nursing process and everything nicely, and hand over the work to me and I copy what has been written by the doctor and different thing. It's even worse when she is off duty, next time when she is back; all the good work she has done is to waste because</p>	<p>She knows the nursing process but she does not have interest</p>
<p>Time wasting, demands dedication</p>	<p>are done here.</p>	

<p>Not interested</p>	<p>there was no continuity! R: eeehhhh....! Does it mean you are not interested? D: All I want to see is job being done, going to tea break, lunch and knock off. CF:.....So?</p>	
<p>Laziness</p>	<p>D: Nursing process is time wasting and demands dedication and that is totally impossible because we are understaffed noting the nature of work that we do R: D referred to lack continuity in the implementation of the nursing process; can you elaborate on that..? ALL: She knows the nursing process but she does not have interest..... D: the thing is; there is lack of continuity because some of us do not want to do the work. A: Some of us are just here for money, they just don't care about their work. R: colleagues what you are saying is that; what you have experienced about the nursing process is that; it is not implemented because of heavy workloads that you have, you do not have enough time to go through all those steps, you mainly follow doctors' orders and copy their assessment finding instead of doing your own assessment. Otherwise you are saying: yes, some of you implement the nursing process but problem comes with continuity as some of you are careless and are here for money.</p>	<p>get swallowed by the system and here I am following the doctors' orders despite having been taught the nursing process</p> <p>backbone of the nursing profession and it distinguishes us from the other health care professions.</p>
<p>Core business</p>	<p>ALL: YES....</p>	<p>we are not brave enough to speak out and say: in as much as you want to discharge this patient I as a nurse see it fit not to discharge</p>
<p>Swallowed by the system</p>	<p>CF: Anything else colleagues...? Silence R: ladies and gentlemen....in the absence of further inputs; what are your perceptions or views of the nursing process?</p>	<p>can help us produce quality nursing care to our patients</p>
<p>Backbone and distinguish</p>	<p>A: like we were taught in school, nursing process is a dynamic and a systematic process which has to follow that trend and it has to be circular in that one nurse hands it to the other until the patient is</p>	

<p>Good nursing care plans</p>	<p>discharged.</p>	
<p>Lack assertiveness</p>	<p>D: In my own opinion I would say; the nursing process define the core business of nursing, that is: you cannot say you are practicing nursing without the nursing process. But at the same time when I get to hospital, I get swallowed by the system and here I am following the doctors' orders despite having been taught the nursing process. We follow the doctors' orders even when we have good nursing interventions for our patients, for instance; the doctor may say alternate dressing. I will do that even if it is evident from the nursing point of view that the wound needs daily dressing.</p>	<p>Furthermore the nursing process is a tool that we could use to negotiate salaries because if it is well documented</p>
<p>Ensures quality, individualized patient care</p>	<p>R: Can you say more on the nursing process being core? D: like I said, the nursing process is the backbone of the nursing profession and it distinguishes us from the other health care professions.</p>	
<p>Routine care,</p>	<p>E: to further add on that; We may have good nursing care plans and you find that doctors would discharge patients regardless of how good our plans are and that causes cases of relapses and sepsis especially with laparotomy patients.</p>	
<p>Used in negotiation as evidence</p>	<p>R: Are you saying your care plans within your nursing process are good and need to be considered before patients are discharged? D:....Sir even if they do not consider our plans, we are not brave enough to speak out and say: in as much as you want to discharge this patient I as a nurse see it fit not to discharge.</p>	<p>no one will blame or charge you any how if it is in black and white</p>
<p>Workload</p>	<p>R: yes, Sister F, you were saying.....? F:...Sir nursing process is very important it can help us produce quality nursing care. The quality of care improves because after evaluation during re-planning we reconsider the care given to our patients and we can't just let the nursing process die a natural death or ignore the fact that it is not practiced and entertain it being taught in class for</p>	<p>implementation of the nursing process depends on our attitudes, we may know it but our attitudes towards it and towards others are a stumbling block</p>
<p>Documentation</p>		
<p>Do it daily but not documented</p>		

<p>Legal purpose/documents</p>	<p>the sake of getting credits we need to see to it that it is implemented.</p> <p>R: are you saying the nursing process is a tool that helps nurses to render individualized quality nursing care instead of the routine care that we are practicing?</p> <p>ALL: YES.</p> <p>C:routine care, otherwise nurses enjoy to be doctors assistants. They take most of their time helping and doing what should be done by the doctors.</p>	<p>we can mobilize workshops frequently to remind ourselves that our core business is nursing and we should do the nursing process and stop being translators or simply following doctors' orders</p>
<p>Attitudes to both NP and colleagues</p>	<p>R: are you saying the nursing process helps nurses to stick to their scope of practice or it defines nurses' scope of practice?</p> <p>D: Exactly my point sir! Furthermore the nursing process is a tool that we could use to negotiate salaries because if it is well documented, documented nursing process is a tool that will fight for you in the court of law, it can be used as evidence that we do our work and legitimize our payment, and our work is far different from what the doctors and other health care workers are doing.</p>	<p>there should be clinical facilitators in all teaching hospitals who will ensure that student nurses as well as the practicing nurses practice the nursing process</p>
<p>Evaluators/supervisors</p>	<p>F: the truth is; the implementation of the nursing process depends on how busy the ward or the unit is and the number of nurses working in the ward or unit. I am saying this because while I was working in a clinic we were able to implement it because there were fewer patients compared to here.</p> <p>D:....in the light of what F said, the other thing sir which I think determines continuity in the implementing the nursing process is documentation, if we fail to document the nursing process, yes, there won't be any continuity. It is very unfortunate that we engage in a number of activities aimed at helping our patients and we fail to document that because of work overloads and limited time and that gives an impression that we do not do the nursing process yet unaware</p>	<p>that I have seen it's that some of us say the documents does not allow or provide for the nursing process</p> <p>Advocacy is also required from our regulatory body so that nurses feel obliged to implement the nursing process</p>

<p>Workshops</p>	<p>we do it. CF: It is important to document it neh...? ALL: YES. D: the not documented not done policy still apply with the nursing process and because it helps nurses to render quality care like we said earlier, no one will blame or charge you any how if it is in black and white.</p>	
<p>ND difficult</p>	<p>C: hmm.....Sir, implementation of the nursing process depends on our attitudes, we may know it but our attitudes towards it and towards others are a stumbling block. R: noddingmore of your views colleagues. R:..Colleagues you made a couple of suggestions of what could be done to help nurses implement the nursing process, so what else could be done to help nurses implement the nursing process?</p>	
<p>Engage clinical facilitators</p>	<p>A: I suggest the deployment of evaluators in our different hospitals! R: Evaluators?</p>	
<p>Same information should be given to learners Motivation and appraisal of those doing good</p>	<p>A: .. or administrators..... D: Apart from evaluators, because we may feel threatened by them, we can mobilize workshops frequently to remind ourselves that our core business is nursing and we should do the nursing process and stop being translators or simply following doctors' orders. Even if we have forgotten how it is implemented such workshops will help with revival.</p>	
<p>Review documents used</p>	<p>B:... may be those workshops will help us to overcome the problems that we encounter as we implement the nursing process, problems like construction of the nursing diagnosis. R: Colleagues am I right to say; you are saying the supervisors are need to make sure that nurses implement the nursing process and you also suggest workshops and refresher courses?</p>	
<p>Advocate for the use of the Nursing Process</p>	<p>D: Yes, but the supervisors should come once in a while just to keep us in our toes, which means</p>	

	<p>they should come unannounced.</p> <p>E: there should be clinical facilitators in all teaching hospitals who will ensure that student nurses as well as the practicing nurses practice the nursing process. To make life easier for those facilitators, tutors from different nursing schools should also make sure that they give learners same information regarding the nursing process.</p> <p>PC: in addition to that sir, there has to be performance appraisal so that for those who are doing the right thing, it could be easier to reward them while at the same time motivating and encouraging others to strive to do well.</p> <p>R: Ok.....! What else?</p> <p>B: The other thing that I have seen it's that some of us say the documents does not allow or provide for the nursing process, but what I have seen is that; some of us, even with the documents that we have at the moment, are able to outline the steps of the nursing process, therefore, yes the documents may be reviewed but it still depend on people's attitudes and determination.</p> <p>D:Sir yes I concur with B but seriously it all depends on how we utilize the documents and use them correctly.</p> <p>C: Advocacy is also required from our regulatory body so that nurses feel obliged to implement the nursing process. It should be made clear that whoever fails to implement the nursing process will be taken to task.</p> <p>R:...Anything else colleagues?.....</p> <p>R: Thank you very much colleague for honoring my invitations though it was within a short time. Thank you once again and hey STAY BLESSED.</p>	
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