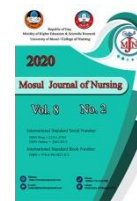




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ASSESSMENTS OF THE APPLICATION OF NURSING PROCESS IN SURGICAL WARDS

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Abstract

The nursing process is a problem-solving framework that enables the nursing staff to plan their care for a patients and clients as an individual or group basis . This requires nurses to be accountable for the care that they prescribe with care deliver and to keep clear and accurate records of the discussions .Today, one's ability to use the nursing process is governed by the standards for pre-registration for any nursing education as outline.

The present study aimed at utilize the nursing process in Mosul teaching hospitals

The initial sample consisted of (42) nurses whose were selected randomly from surgical and emergency units at Mosul teaching Hospitals .

the period of data collection for this study was carried out from 20-1-2019 until 20-2-2019 . in Ibn-Sina and AL-Jamhuori teaching hospitals.

The results shows a highly significant of all assessment for applications of nursing process at p. value (0.05)

In conclusions of this study The nursing process it's very important to enhancing the quality of care especially at surgical field and The highly significant number for all elements of nursing process. Furthermore, the nursing staff cant not be able to make any management without nursing process.

Thus the researcher put some recommendations for the current study such as ;the nursing process case sheet should be putting in patient case folder , to evaluate the patient and his health status systematically, the nursing staff and health care team must be educating to how could they using nursing process and updating, surgical wards should be formulate a time table for all clients to guide them about their care as a schedules .The head of nursing staff as a adviser must be enrolled with conferences and educations centers to discuss the implementation of nursing process .

Keywords: nursing care plan, recommender system, data mining.

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Introduction:

The nursing process is a problem-solving framework that enables the nursing staff to plan their care for a client on an individual or group basis. This requires nurses to be accountable for the care that they prescribe with care deliver and to keep clear and accurate records of the discussions (NMC, 2008).

Today, one's ability to use the nursing process is governed by the standards for pre-registration for any nursing education as outlined. (NMC, 2010)

The nursing care plan should be covering all aspects for the patient needs like physical, emotional, social, spiritual and cultural these demands leading to improvement the ability to make a systematic framework (DoH, 2000) and (NMC, 2010).

In addition the nursing records were of poor quality and showed little understanding of the nursing process (Darzi, 2008). Failure to keep a record of nursing care or to use the nursing process can lead to a breakdown in the quality of care that is provided.

The Delivering of standard quality care to patients based on patients' needs. the importance of applied and using a systematic plan like nursing process to the provision of nursing care which are can be estimating with in care time (Miller and Sanderson, 2000).

Flexibility

There has been some debate within the profession over the number of stages needed in the nursing process, some suggesting four and others five. With a four-stage approach, the nurse does not have time to reflect on the

assessment data that have been collected and instead moves from assessment to planning (Adoma et al 2005).

The nursing process make the nursing staff responsible to formulate the care plan depending on the patient needs and nursing diagnosis. (NMC, 2008).

This is important to remember in an effort to counteract any criticism surrounding who is ultimately responsible under a system of collective responsibility (Borgelt 2003).

the critical thinking of any care plan make the nursing staff a Flexibility to modify and update the patient management, care and intervention (Groen 1995).

the experienced nurses could link patient problems and interventions together so that problems can be resolved more efficiently (Grobe, Drew, and Fonteyn 1991).

The nursing process in intensive care units (ICU) is increasingly characterized by a heavy reliance on medical equipment. The variety of equipment is large and innovations appear on the market continuously.

Due to these technological developments, the profession of intensive care nursing has changed. Nurses are increasingly required to conduct complex therapeutic and diagnostic procedures using the equipment's (Effken, 1997).

Despite this increased functionality The task of selecting and integrating the vast amount of data into diagnostic information is still the responsibility of the nurse. Deciding which actions should be taken is often done under time-critical circumstances. There is a high work pace, and the cumulative work pressure

combined with working in shifts results in fatigue (Groen 1995).

On top of this, there is an increasing demand on medical and nursing staff should be a higher efficiency. (Kohn et al 2000).

To minimize inexperience, training is crucial. However, there is a lack of general training for nursing staff in the use of technology as well as adequate, task-specific training (Bogner, 1994).

Especially older nurses will suffer from this lack of focus on device usage. Furthermore, these products should be able to provide adaptive embedded support to users when appropriate. Several researchers claim that a successful application of modern nursing care to a large extent on its ability to function as a "team player" with human practitioners (Sarter and Woods,2000).

In other words, to collaborate with the user (We will need to know which technological innovations can be sensibly applied and how this should be done. The main goal of an intensive care nurse is returning the patient to as healthy a state as possible, by bringing the patient in a state of homeostasis and subsequently maintaining this state. Homeostasis is defined as an internal state of dynamic balance. It is reached when all physiological variables are operating within their normal bounds. This embedded nature of control influences the relation between nurse and patients(Han and Kamber 2006).

The core system of the patient follows its own logic, clinicians have to play two roles. Assuming the role of collaborator with processes tending towards homeostasis, and

saboteur of processes tending away from homeostasis (Miller 2000).

Another important factor in the use of nursing process related to the intended tasks is that the nurses are responsible not only for the device operation, but also for the larger performance goals of the overall

system. As a result, the system of people and artifacts evolve over time to produce generally successful performance, even if the usability of that system is poor(Moorhead et al 2004).

Utilization of the nursing process shall be evident in review of the completed Community Health and Safety assessment for all admissions, transfers, long term care stays, and significant changes in condition (Obradovich and Woods 1996).

The shorter Nursing assessment form shall be utilized by the nurse to document body checks, minor injuries, or returns from short hospitalizations with minor changes in condition. The short nursing assessment form has an area to document a focus nursing note data (Miller et al 2003)

Aim of The Study:

The present study aimed at utilized the nursing process in Mosul teaching hospitals

Methodology

Ethical consecrations

The first official permission was obtained from clinical science department director (research councilor) , depending on that permission the researchers team has a second official permission from the Nineveh health office to conduct the present study in Ibn-Sina and AL-Jamhuori teaching hospitals .

Design of the study:

The descriptive study design was applied for the period from 20-1-2019 until 20-2-2019.

Setting of Study:

The current study was carried out in Ibn Sina and Al-Jamhori teaching hospitals and Emergency care Unit at Mosul

The patient come to this hospital who is suffering from general diseases and surgical problems

The number of client for both hospital was is Approximately more than (150) patient per day.

Sample of Study:

The sample was (42) they are selected randomly of the first time for all nurses who are workers at surgical ward and Emergency departments

The percentage between male and female was different according to level of the education of the of nursing graduate ,Bachelors e and diploma of nursing .The researchers put some criteria for the selection of the sample according to how application of the nursing process in surgical wards.

Study Tool:

In the present study ,the following steps were applied in accordance to the a quantitative nursing research .

1-The literature review was searched and seek by research plain through using the following key word (emergency word ,surgical word ,

nursing process , assessment ,diagnoses, planning , intervention and evaluation or expected out com).

2-formalate the questioner survey based on the (application of nursing process).

3- Explore the initial draft to the experts to have a validity of tools.

4-the reliability of instrument was getting by doing assessment ,diagnosis, planning, Implementation and evaluation of nursing process and the sample was about (10 nurses pre-post test)

Testing the reliability and validity of the tool:-

The validity term refers to be measured and to degrees to which an instrument measures what it is supposed to be measuring. the researchers were had the face validity by experts However the Reliability refers to the degree of consistency or accuracy with an instrument measure an attribute. the higher reliability of an instrument. the lower the amount of error present in the obtained scores. several empirical methods assess various aspects of an instrument reliability(pilot and hunger 1999)

Statistical analysis

1. Percentage are used to the description of the sample.
2. frequency and percentage
3. SPSS version 17.

Results

Distribution of the study samples according to demographic data

Table (1) demographic characteristics of the sample.

<i>Variables</i>		<i>No.</i>	<i>%</i>
Age	<i>18-27 years old</i>	17	40.5
	<i>28-37 years old</i>	17	40.5
	<i>38-47 years old</i>	4	9.5
	<i>more than 48 years old</i>	4	9.5
Total		42	100%
Gender	<i>Male</i>	36	85.7
	<i>Female</i>	6	14.3
Total		42	100%
Training	Yes	22	52.4
	No	20	47.6
Total		42	100%
Years of services	Less Than 5 Years	22	52.4
	5-10 Years	14	33.3
	More than 10 Years	6	14.3
Total		42	100%
Education	Nursing junior high	9	21.4
	Institute	13	31
	BNS	19	45.2
	High Degree	1	2.4
Total		42	100%
Place of Work	Medical Ward	10	23.8
	Surgical Ward	18	42.9
	ICU	14	33.3
Total		42	100%
Work time	Morning	14	33.3
	Evening	28	66.7
Total		42	100%

Table (1) shows 66.7 work at night shafting, 42,9 working in surgical wards . however 23,8 in medical wards 45,2 university education , 52,4 have experience less than five years

Table (2) reveals the statement of assessment .

No.	Statement Diagnosis	Always	Sometimes	Never
1	I diagnosed the patient directly	16	2	4
2	I diagnosed the signs and symptoms	15	20	7
3	Nursing diagnosis it s the same of medical diagnosis	17	22	3
4	Ask the patient about main associated factors	25	16	1
5	Ask the patient about duration of disease	24	17	1
Chi-Sq. = 22.780, DF = 8, P-Value = 0.004				

table (2) indicates that the same highly significant results for assessment statement at (P 0.05).

Table (3) shows Statement Diagnosis

No.	Statement Assessment	Always	Sometimes	Never
1	I make the data collection from the patient	17	20	5
2	I doing all the vital sings	33	6	3
3	I take the health history from the physician	26	13	3
4	I depending on physician assessment	21	13	8
5	I taking the past history for the patient	21	15	6
Chi-Sq. = 17.559, DF = 8, P-Value = 0.025				

Table (3). indicates that the same highly significant results for diagnosis statement at (P 0.05).

Table (4) demonstrate the Statement Planning.

No.	Statement Planning	Always	Sometimes	Never
1	I putting the goals of nursing care	23	14	5
2	I make the nursing care plain	29	12	1
3	Caring the patient without make plain	7	19	16
4	I depending on the physician care plain	32	8	2
5	I putting the orders depending on assessment	19	22	1
Chi-Sq. = 58.121, DF = 8, P-Value = 0.00				

Table (4) appears the same highly significant results for planning statement at (P 0.05).

Table (5) appears the Statement Intervention.

No.	Statement Intervention	Always	Sometimes	Never
1	I make the intervention of nursing care	17	14	1
2	I make just physician orders for patent care	33	8	1
3	The intervention depending on assessment diagnosis and planning process	26	15	1
4	I make a document for patient care	32	9	1
5	Just give medication for patent I	6	14	22
Chi-Sq. = 88.619, DF = 8, P-Value = 0.000				

This table (5) the same highly significant results for intervention statement at (P 0.05).

Table (6) demonstrate the Statement Evaluation.

No.	Statement Evaluation	Always	Sometimes	Never
1	I observing the patient health improvement	37	5	0
2	I observing the application of nursing care plain	27	14	1
3	I assess the nursing care from time to time	22	19	1
4	I evaluate my experience for nursing care	30	11	1
5	I record all the nursing care steps	31	1	0
Chi-Sq. = 23.637, DF = 8P-Value = 0.000				

Table (6) the same highly significant results for evaluation statement at (P 0.05)

Discussion

The nursing process as a model its very important for any healthcare program .the application of any care plan or management should be formulate depending on systematic nursing process .In this study the researchers try to investigate the ability of nursing staff towered implementation of nursing process and their concept about this approach (Dochterman and Bulechek 2004).

Table (1) simply show the main points about demographical data . The age was 40% belong 18- 27 and 28-37 years , this indicate the majority of the sample at mid age and they don't has experience . The male number was higher than female which was about 36 nurse 85%.

With regard training program for nursing process the half of sample non enrolled with any educational or training program 20 nurse 50%. The same results for services duration 50% has less than 5 years, however just 6 nurse has more than 10 years .The educational level about 42% come from university education (Nursing college) 1 nurse postgraduate and 30 % from Institute .

The work setting higher percentage was in intensive care units 14 nurse 42% however

23% working in medical wards and 42% in surgical units .

With regard working time about 28 participants was night shifting 66% however 42% morning duty.

When the researcher talking about nursing process, must be starting with nursing assessment as the first step and last with nursing evaluation or expected out com.

Nursing Assessment:

Table (2) The nurses answer 55% of the questions related to taking the history of the disease ,which shows that the process of assessment and diagnosis of the patient is entirely based on the doctor , and also confirmed by 40% of nurses that they only collect general data from the patient (Lin 2002)

Nursing diagnosis :

Table (3) shows Statement Diagnosis the second question was (I diagnosed the signs and symptoms) about 40% answer sometimes this is another sings for lack of knowledge about nursing diagnosis and how to be getting it, and the sample answer some times 52 % for serious question which was (N about ursing diagnosis it s the same of medical diagnosis). Based on signs and symptoms the nursing

diagnosis should be belt ,however the sample answer for that question was sometimes 50% (NANDA 2005)

Nursing planning :

Table (4) demonstrate the Statement Planning. it's a good news for when we found about 69% from sample answer always about second question (I make the nursing care plain) but unfortunately 76% was answer always too for the forth question which was (I depending on the physician care plain) this result indicate there is no clear nursing care plan at our wards (Keenan 2006) accepting with us .

Nursing intervention:

Table (5) appears the Statement Intervention. In this table we have a two questions each one is opposite of other . the first one was (The intervention depending on assessment diagnosis and planning process) the percentage of that was 61% for always answer this is very good and its evidence for critical thinking during formulate nursing care schedule and time table . However other question was (I make just physician orders for patent care)the same answer was always and the percentage is 78% its similar of (DoH 1994) for some his results .

Nursing evaluation :

Table (6) demonstrate the Statement Evaluation. All the question and answers in this table was high percentage in always suction . if the nursing care plan was intensive and contain a faxable time with ability to updating from time to time to reducing the negative factor and increasing a positive factors .the highly number was 71% for fourth question which was (I evaluate my experience

for nursing care) and highest percentage was 88% other question was (I observing the patient health improvement (Billsus 2002) disagree with this interpretations

Conclusions And Recommendations

Conclusions:

The main target of all health care plane is to arranged the steps and process for any care or management time table , the quality should be interact with this process it lead to reflect to health care system as a positive factors .

The conclusions of this study include the following:

1. The Variation in the percentage of the sample with regards their variables was not influencing on their knowledge.
2. The nursing process its very important to enhancing the quality of care especially at surgical field
3. The highly significant number for all elements of nursing process .
4. The nursing staff cant not be able to make any management with out nursing process .

Recommendations:

Depending on the aims and objectives of this study, the researchers expecting the following recommendations:

1. The nursing process case sheet should be putting in patient case folder , to evaluate the patient and his health status systematically .
2. The nursing staff and health care team must be educating to how could they using nursing process .

3. The surgical wards should be formulate a 1 time table for all clients to guide them about their care as a schedules .
4. The head of nursing staff as a adviser must be enrolled at every health center in particular to discuss the implementation of nursing process
5. Assessment from time to time the positive and negative factors which was influencing on expected out come during evaluation care .

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