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RESEARCH ARTICLE

Qualitative exploration of the challenges and the benefits of the nursing process in clinical practice: A study among registered nurses in a municipal hospital in Ghana

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Abstract

Aim: This study aims to explore the challenges and benefits of using the nursing process in a Ghanaian Hospital.

Design: The study employed a *qualitative descriptive design* to explore the challenges and the benefits of the utilization of the nursing process.

Methods: Twelve (12) Registered Nurses were recruited for the study using purposive sampling. Recorded in-depth interviews were conducted and data were analysed using thematic analysis.

Results: The study found a low nurse-to-patient ratio, inadequate knowledge, apathy, inadequate logistics, poor supervision as challenges. However, quality and cost-effective care improved nurse–patient relationships, and job satisfaction was found to be the benefits of nursing process use. Interventions to improve its utilization should be targeted towards improving the nurse-to-patient ratio, provision of adequate resources and inclusion of the nursing care plan in patient folders.

KEYWORDS
challenges, clinical practice, nursing, nursing process, Registered Nurse

1 | INTRODUCTION

The nursing process is a systematic method used to identify, treat and prevent actual and potential health problems and promote wellness (Thuvaraka et al., 2018). It provides guidelines to orderly reasoning in the clinical milieu (Isika, 2018; Stonehouse, 2017) to provide quality individualized care in a holistic and organized manner (Isika, 2018; Mahmoud & Bayoumy, 2014; Varcarolis, 2016). However, nurses encounter challenges in implementing and documenting the nursing process (Leoni-Scheiber et al., 2019).

The application of the nursing process yields good patient outcomes globally (Afolayan et al., 2013), gives visibility to the work nurses do (Figueiredo et al., 2014) and is used in clinical practice to provide quality individualized care to clients (Mahmoud & Bayoumy, 2014). The nursing process constitutes a systematic and dynamic approach to deliver nursing care, operating through five phases: assessment, nursing diagnosis, planning, implementation and evaluation (Mbithi et al., 2018; Munro, 2004; Pokorski & Costanzi, 2009).

Earlier studies in DR Congo (Ndayi et al., 2017), Ethiopia (Baraki et al., 2017), Nigeria (Afoi et al., 2012; Afolayan et al., 2013; Aiyedum

& Chukwu, 2014; Akbari Kaji & Farmahani Farahani, 2011), Brazil (Takahashi et al., 2008) and South Asia (Thuvaraka et al., 2018) have reported inadequate understanding, an inadequate number of qualified staff and lack of resources as challenges for the implementation of the nursing process. A good understanding of the challenges experienced by nurses in utilizing the nursing process could aid in the planning of nursing education curricula and in-service programmes and expose some impediments for successful clinical implementation (Prideaux, 1991).

The benefits of the nursing process, according to Afolayan et al. (2013), include the following: the goal-directed application of the knowledge and skills of nurses improves communication among nurses and other healthcare professionals, enhances improved documentation and sets a worldwide standard for auditing nursing care among several others.

The utilization of the nursing process entails benefits to the client, the nurse and nursing as a profession. The client benefits from quality care get the opportunity to participate in his/her care that is individualized and continuity of care is ensured (Akpan-idiok et al., 2017). The nurse gets job satisfaction upon utilization of the nursing process, enhanced professional growth and development, a meaningful nurse–client relationship is established, experience and knowledge can be shared among nurses and there is maximized utilization of time and resources (Prideaux, 1991).

Though there is a lack of studies in Africa on the nursing process, the few focused on the identification of barriers or factors militating or hindering the implementation of the nursing process (Abdelkader & Othman, 2017; Adeyemo & Olaogun, 2013; Ngao, 2015). According to Rivas et al. (2012), its effective utilization is vital for improved quality of nursing care. However, its implementation in most hospitals especially in low and middle-income countries reportedly remains a challenge despite efforts being made (Mahmoud & Bayoumy, 2014), and Ghana being in this class of low and middle-income countries is not absolved from these challenges. No study has however simultaneously explored the challenges and the benefits of the nursing process. A pellucid appreciation of the challenges and the benefits of the utilization of the nursing process is pivotal to planning measures that will enhance its usage.

1.1 | Aim

This study aims to explore the challenges encountered by Registered Nurses and the benefits of using the nursing process in a Ghanaian Hospital.

Research questions

1. What challenges exist to the utilization of the nursing process?
2. What benefits are realized owing to the utilization of the nursing process?

2 | METHODS

2.1 | Study design and study setting

The study employed a qualitative descriptive design. The study was conducted at the War Memorial Hospital of the Kassena-Nankana Municipal in Navrongo. It is the second-largest Government health facility in the Upper East Region with an over 160-bed capacity. It has over twenty-nine (29) specialized units and wards that offer a variety of healthcare services.

2.2 | Population, sampling technique and sample size

The target population for this study was Registered Nurses with at least 4 years of clinical experience at the Municipal hospital. A non-probability sampling method (purposive) was used to recruit participants for the study. A total of twenty potential participants were contacted but fifteen indicated their willingness to participate in the study. However, twelve participants were included in the study as there were repeating findings with no new information obtained.

2.3 | Data collection tool and procedure

A semi-structured interview guide was developed by the authors based on prevailing literature and the objectives of the study for data collection. The guiding questions were reviewed by the second author who is a qualitative researcher with a depth of experience in both clinical nursing and nursing education. This offered an avenue for participants to freely articulate their thoughts, opinions, and views in their own words to gather rich data (Bonsu, 2016; Mayan, 2001, 2009). Before the actual data collection, the tool was piloted in a nearby facility with similar geographical, socio-economic, and staff calibre as the study site. The results of the pilot study were used to address concerns of the data collection tool to ensure its clarity but were not included in the main results of this study. The interviews were conducted by the first author (G.T) in the various offices of the ward in charge with each session lasting between 35–90 min (60 min being the mean) and were audio-recorded with the permission of the participants. Detailed field notes were kept by the first author and were used during the data analysis to add context and depth to the findings (Mayan, 2001). During the interviews, clarifications and explanations were sought; thus, there was no need for a second interview.

2.4 | Data analysis and management

Data were analysed using thematic analysis to identify patterns or themes within the qualitative data that are important or interesting

to interpret and make sense of it (Clarke & Braun, 2013; Maguire & Delahunt, 2017). The following steps were followed.

All interviews were transcribed verbatim by the first author. All the transcripts were familiarized with by the first and second authors via reading and re-reading to make sense of the challenges and the benefits associated with the use of the Nursing Process. To generate meaningful information, recurring words, statements and phrases were highlighted and extracted as codes. Multiple statements and phrases with similar meanings were clustered to generate initial themes. This was repeated for all the transcripts to identify the prevailing experiences as common to all the study participants. All formulated meanings were then grouped into themes depending on their similarities.

The final refinements of the themes were done to identify the essence of what each theme is about and their interaction with subthemes if any (Clarke & Braun, 2013; Maguire & Delahunt, 2017). All the exhaustive description as was generated was compiled into a database. The final write-up of the themes was done upon summarizing the results and incorporated into a rich and comprehensive description of the challenges and benefits of the NP by participants. The credibility of the findings was ensured through member checking.

2.5 | Trustworthiness

Lincoln and Guba concepts of credibility, transferability, dependability and confirmability that parallels the conventional quantitative assessment criteria of validity and reliability (Nowell et al., 2017) were adhered to as measures of ensuring the trustworthiness of the study.

Measures to ensure the credibility of the current study included the following: selecting an appropriate data collection method and member checking. Dependability and transferability were achieved through the detailed description of study methodology and characteristics of participants' years of working experience, rank among others. This will enhance the applicability of the research findings to similar settings. Confirmability was established as credibility, transferability and dependability were all achieved (Nowell et al., 2017).

2.6 | Ethical considerations

The study protocol received research ethics committee approval from the Ethics Review Board of the Kwame Nkrumah University of Science and Technology (KNUST) School of Medical Sciences, Ghana (Ref: CHRPE/AP/517/18). Written permission was obtained from the hospital authorities before conducting the study. Informed consent was obtained from all participants included in the study. Anonymity was ensured by assigning pseudonyms (P1 to P12) to each participant during recruitment. The pseudonyms were used when quoting verbatim expressions of the participants in the findings of the study. For confidentially and data preservation, the transcripts were saved in a passworded personal computer and encrypted.

3 | RESULTS

3.1 | Biographic information of participants

Pseudonym	Sex	age	Years of clinical experience	Rank	Highest qualification
P1	Fz	34	5	Senior staff nurse	Diploma
P2	F	39	8	Nursing officer	BSc
P3	F	36	12	Senior nursing officer	MPhil
P4	M	36	8	Nursing officer	Diploma
P5	M	35	8	Nursing officer	Diploma
P6	M	45	12	Senior nursing officer	BSc
P7	F	38	8	Nursing officer	BSc
P8	M	39	12	Senior nursing officer	BSc
P9	F	33	5	Senior staff nurse	Diploma
P10	M	36	8	Nursing officer	BSc
P11	M	30	5	Senior staff nurse	Diploma
P12	M	33	5	Senior staff nurse	Diploma

Twelve Registered Nurses (RNs) participated in the study with ages varying from thirty–forty-five. The female population among the participants was five and the remaining seven were males. With regard to work experience, those who have worked for five years were four, eight years were five and the remaining three have worked

for 12 years. With regard to ranks, four of the participants were senior staff nurses, five were nursing officers and three were senior nursing officers. One of the participants had a master's degree in nursing, five were Bachelor of Science degree in nursing holders and six were diploma in nursing holders.

3.2 | Main themes

The Registered Nurses narrations bothered on their experiences with the challenges and benefits of the nursing process. Five main themes emerged from their narrations as shown in the Table 1 below.

3.3 | Challenges with the utilization of the nursing process

Several challenges militating against the effective utilization of the nursing process were identified during the in-depth interviews among the participants. Three themes with sub-themes emerged, thus; human resource challenges, logistical shortages and managerial inefficiencies.

3.4 | Human resource challenges

Almost all the participants used diverse expressions to portray the challenges associated with the human resource in the facility. Notable among them was the inadequate number of nurses, deficient knowledge and apathy among nurses.

3.5 | Inadequate Number Nurses

The majority of the participants held the view that the number of Registered Nurses was inadequate. Several factors are accountable for this in the opinions of the participants. Notable among them include the following: retirements, staff on study leaves, Registered Nurses exiting bedside nursing and non-posting of qualified Registered Nurses. These are what some participants said;

> The patients are more than the staff. If you want to give quality care, then the patient per nurse should be limited.
>
> P4

> Inadequate staffing, the nurse-patient ratio is another issue, more patients few nurses, if I come and I know I am to work on three patients I can equally draw my care and give it out....
>
> (P2).

3.6 | Deficient knowledge

Inadequate knowledge of the nursing process posed a challenge to its implementation. The curriculum for training the NAC does not include the nursing process. Currently, the majority of the nurses at the Hospital are products of the NAC programme. Even the Registered Nurses as a result of lack of its use have forgotten the nursing process. Deficient knowledge of the nursing process was expressed by participants and is apparent in the following quotes.

> Some of us even after school we forget the nursing process, forgetfulness after school. If you ask most of the staff right now, I don't even know whether they know what the nursing process is
>
> P5.

> I think the greatest challenge with regards to the use of the nursing process has to do with we the nurses even understanding the nursing process. Even though we were taught in school very well the nursing process .... it becomes very problematic to even understand the nursing process itself very well, so it's one of the challenges
>
> P7.

TABLE 1 Summary of findings

Variable	Main theme	subthemes
Challenges to the utilization of the nursing process	Human resource challenges	Inadequate number of nurses Deficient knowledge of the nursing process Apathy among nurses
	Logistical shortages	Lack of consumables Non-availability of the nursing care plan
	Management inefficiencies	No refresher training Lack of monitoring and supervision
Benefits of the utilization of the nursing process	Clients benefits	Needs identified Quality care and good outcomes Improved interpersonal relationship and interaction with nurses
	Nurses benefits	Job satisfaction Avoidance of legal suits Promotes teamwork and continuity of care

We can also talk of the knowledge and the insight in the nursing process. Talking of the care plan for instance it brings a lot of confusion with regards to what to write and what not to write, how to formulate your nursing diagnosis...... the whole thing sounds so confusing. It is very technical

P9.

3.7 | Apathy among nurses

The desire and drive to execute an action are paramount to accomplish it. In the utilization of the nursing process, the passion for it must be present and sustained among nurses. However, most participants noted that apathy and non-commitment on the part of nurses towards the nursing process were major obstacles as illustrated in the following quotes.

Lack of willingness to use the process and continuity, I might draw a care plan but if I hand over and my colleague does not continue what happens...... I will come back the next day and where do I start from

(P3)

I will associate it to apathy on the side of the nurses. We don't give it so much importance... So I see it to be apathy more than lack of staff. Apathy on the side of the nurses towards the nursing care plan and the process

(P9)

In addition to that, another challenge when it comes to the use of the nursing process has to do with the support of other staffs. We all know that nursing is a continuous process and there is no need you will run twenty-four hours in the facility.

(P7)

3.8 | Logistical shortages

Logistical constraints was also identified as a factor that affects the use of the nursing process. Some participants expressed concern about the acute lack of consumables such as hand gloves, paper, spirit, cotton, plaster and gauze. They also express concern about the lack of the nursing care plan in client folders.

3.9 | Lack of consumables in the wards

Inadequate supply of basic consumables was noted to have a hampering effect on the utilization of the nursing process in the facility.

A participant expressed frustration about the unavailability of water, liquid soap, gloves and paper which thwart the process of care.

Some of the challenges are lack of logistics .... Because sometimes there is no water, liquid soap to wash hands, gloves and sometimes even plaster. Those small, small things can also disturb us in our plan of care

(P11).

We have a very short supply of consumables such as gloves, spirits, and others. The combined effects of NHIS delay in reimbursing the hospital have aggravated the situation. The consumables are simply in short supply

(P5).

3.10 | Non-availability of the nursing care plan

For nurses to document the use of the nursing process, the nursing care plan which is a primary document should be available in the patient's folders or better still made available in the ward. This is however not the case at the Hospital. It was the issues the participants lamented about which is hampering their documentation of nursing procedures. Some participants noted as follows;

We don't even have the care plan in the wards

(P3)

...the second one is it (nursing care plan) is not even in our folders. So if you need a care plan, you have to find an extra sheet and draw to fix it in the folder

(P4).

Certain times you may want to improvise the nursing care plan by drawing it but you may not get a plain sheet to do that

(P1)

3.11 | Management inefficiencies

The nursing process like any health policy requires management support for effective implementation and sustenance. Aside from provision of resources for staff to work effectively, leadership have to motivate staff, supervise supportively what the staff is doing and provide refresher training to update staff with the current trend of events in the delivery of health care. Most of the participants expressed a lack of management support to enhance the utilization of the nursing process. Two subthemes emanated from this main theme.

3.12 | No refresher training

Some participants noted during the interview that there was no refresher training in the facility for nurses to abreast themselves on current issues. Participants opined that refresher training is necessary to upgrade their knowledge on current trends in health care.

> Another thing is refresher training which is a challenge, theoretically we know, we may have some challenges and there is no refresher training for us to be able to be abreast with the current trend of events in health care
>
> (P6).

> … For this facility, retraining or refresher courses is one of the bigger challenges. Maybe once in a while, the clinical coordinator or the one in charge of the upgrading of knowledge and organization of workshops should be up and doing so that we can review some of these things but it seems to be dying off in this facility
>
> (P7).

3.13 | Monitoring and supervision

Lack of monitoring and supervision on the part of the hospital management was observed as a factor militating against the effective use of the nursing process. Some participants were of the view that the lack of monitoring and supervision implies there is no authority backing its use. A participant noted that even if the staffing improves and there is no monitoring, they will relapse on the usage of the nursing process.

> If there is no authority backing what you are doing…, somebody has to push you to do what is right. Even if the staff strength is there and somebody is not there to give you the pushing (monitoring) so that he will put you on your toe, sometimes we seem to relax as if nothing is happening
>
> (P8)

> The monitoring is a challenge. Lack of supervision and monitoring from higher authorities
>
> (P10)

> Lack of supervision is a challenge to the utilization of nursing process, supervision is key
>
> (P6)

3.14 | Nursing process benefits to clients

The client needs are identified.

Most of the participants believed that the utilization of the nursing process enhances adequate identification of client's needs. This is attributable to the comprehensive assessment that is made when the nursing process is used. The nurse can identify the client's current problems, potential problems and clients potential for optimal wellbeing. These were some of what the respondents said.

> …if you can implement the nursing process very well you can identify the actual problems of the patient so that you address them and if you can address them very well they can recover and then go home……
>
> (P1)

> The nursing process helps in identifying their problems so that you can prioritize them to help them out
>
> (P2)

3.15 | Quality care and good outcomes

The majority of the participants disclosed that the nursing process is a means to render quality nursing care to clients. The nurse can prioritize and give holistic care and the client participates in the process of care delivery. Participants also observed that the nursing process yields good outcomes to clients when used. Outcomes like speedy recovery, cost-effective care, shorter hospital stay and satisfaction with care rendered are attained.

> …there is speedy recovery and good patient outcomes in that if you can implement the nursing process very well…
>
> (P1)

> at the end of the day, the client condition get better faster as compared to nursing them without the care plan
>
> (P11)

Another respondent narrated that;

> And when it is also used well, sometimes what the patient does not expect the nurse to render to him will be rendered and it gives satisfaction to the client.
>
> (P6).

3.15.1 | Improve interpersonal relationship/interaction with nurses

Most of the participants felt the nursing process promotes good interpersonal relationships and interaction between clients and caregivers. This is essential to establish a therapeutic relationship to foster the healing process. Here are some excerpts from the interactions.

It also improves the nurse-patient relationship, the more you assess the patient the closer you become

(P10).

It also enhances the relationship between the client and the caregiver. It also allows the client to freely give out his/her challenges

(P6) in an in-depth interview.

3.16 | The nurse benefits from the nursing process

3.16.1 | Job satisfaction

The majority of the participants observed that the utilization of the nursing process brings about job satisfaction among nurses as a result of the good outcomes the client realizes. Some participants have this to say.

It (the nursing process) gives satisfaction to the nurse if you give care to the client and the client becomes satisfied, you the nurse feels fulfilled

(P6) in an in-depth interview.

...you will be satisfied with the job seeing that all your patients can recover and go home without complication after you have successfully implemented the nursing process

(P11).

3.17 | Avoidance of legal suits

Most of the participants also expressed their opinions that the nursing process utilization will minimize legal issues and serve as a defence in the event of legal suits. The views of participants are illustrated in the following quotes:

It also saves you from legal battles, as we said if you can implement it, document everything, and there are any legal issues those will be weapons in your support

(P9).

Another participant in the in-depth interview also noted that:

...it (the nursing process) also saves the nurses from legal issues because whatever you do is properly documented...

(P6)

3.18 | Promotes teamwork and care continuity

The nursing process further promotes teamwork and documentation among nurses. There will be proper coordination of care as handing and taking over the client's care will be communicated effectively. The interpersonal relationship among nursing staff is strengthened and there is continuity of care. These were vividly expressed by participants during the in-depth interviews thus;

There is the coordination of nursing care because if you are using the nursing process, in handing over and taking over, there are certain vital information that you may not be able to say verbally but as it is being documented in the folder the taking over nurse can get whatever you have done for every patient

(P1).

It also builds relationships among the nurses because I start from somewhere, I get to a point you have to continue. So there is continuity of care to the patient and there that kind of good relationship existing between the nurses

(P6).

4 | DISCUSSION

The utilization of the nursing process in clinical practice is hampered by some factors (Ndayi et al., 2017). A good understanding and appreciation of the challenges can aid in planning nursing education curricula and refresher in-service training to overcome them for successful implementation of the nursing process (Prideaux, 1991).

The study found out that, human resource constraints was a hampering factor to the application of the nursing process and participants used diverse expressions to portray it. Inadequate number of Registered Nurses, knowledge deficiency on the nursing process, apathy, unwillingness and lack of teamwork among nurses were diversely expressed as challenges to using the nursing process in the facility. These findings are consistent with an Ethiopian study (Baraki et al., 2017) where lack of knowledge and skills among nurses was a factor affecting the utilization of the nursing process. Similarly, studies from Nigeria, DR Congo and Ghana found inadequate staff numbers, lack of deficient knowledge and lack of interest among nurses (Afoi et al., 2012; Agyeman-yeboah et al., 2017; Ndayi et al., 2017) as challenges for the implementation of the nursing process. On the contrary, a study on factors associated with nursing process implementation in paediatric care found that majority of the participants were highly positive that inadequate staff and staff professional qualification were not a critical factor that may be a challenge to the effective use of the nursing process in the Pediatric Unit (Clarke, 2017). The findings in this study and other related studies are probably due to ineffective teaching of the nursing process during training or the lack of its use has led to forgetfulness among nurses over time.

Logistical constraints were also identified as a challenge to the utilization of the nursing process. It was discovered in the study that lack of consumables such as gloves, cotton, gauze, plaster and

stationary affect the use of the nursing process in various ways. It was also strikingly discovered that the nursing care plan, a document that is central to documenting the nursing process was not available in the wards or included in patients folders. Similarly, the study by Agyeman-yeboah et al. (2017) found out that the care plan was unavailable in the hospital records. This implies that most hospitals in Ghana do not have the care plan as part of the patient records and this can hamper the utilization of the nursing process within the Ghanaian context. Most studies conducted in sub-Saharan Africa have also found resource scarcity as a barrier to applying the nursing process (Afolayan et al., 2013; Hagos et al., 2014; Isika, 2018; Ndayi et al., 2017; Thuvaraka et al., 2018). These findings imply that most hospitals in sub-Saharan Africa are poorly resourced and this affects the use of the nursing process and quality of nursing care rendered.

More so, lack of managerial support in terms of organizing refresher training, monitoring and supportive supervision was seen as constraints to the use of the nursing process. Similarly, related studies found a lack of institutional processes, administrative support, lack of commitment of managers, unsympathetic managers and workplace atmosphere (Baraki et al., 2017; Bening, 2016; Ndayi et al., 2017; Oware-Gyekye, 2009; Thuvaraka et al., 2018) as constraints to the use of the nursing process. This implies that most nurse managers in Ghana and sub-Saharan Africa do not prioritize the nursing process hence no efforts are instituted by them to facilitate its implementation. The implications of these challenges will be poor quality of nursing care and poor patient outcomes. With regards to nursing care, it will result in improper documentation, inefficient identification of patient problems, and disruption in the continuity of care. Patients on the other hand will encounter prolong hospitalization, frequent readmissions and complications of their conditions.

To effectively implement the nursing process in the facility, the identified challenges need to be addressed. It is therefore recommended that recruitment of more Registered Nurses to augment the shortage, organizing refresher training on the nursing process, provision of adequate resources, redesigning the current folders to include the care plan and supportive supervision from management would enhance the utilization of the nursing process. This implies that nurses, nurse managers, hospital management and the government all have various roles in addressing the challenges confronting the utilization of the nursing process.

The nursing process is a recommended tool for the provision of care, offers a means for evaluating the quality of nursing care that is rendered to the patients. Its use, therefore, illustrates nurses' accountability and responsibility in client care (Githemo et al., 2017).

The views of the participants were explored on its benefits using in-depth interviews in this qualitative study. It found that the use of the nursing process leads to the proper identification of clients' needs and quality care given. This will then yield good outcomes for the patient like speedy recovery, cost-effective care, reduced duration of hospitalization and avoidance of frequent readmissions. When a good interpersonal relationship is established with nurses, clients get the opportunity to participate in their care and eventually

become satisfied. In agreement with the finding, Hamilton and Price (2013) state that assessment is the cornerstone in establishing the needs of the patient and if done well, the nursing process will be a success. Similarly, Waddell (2010) and Akpan-idiok et al. (2017) observe that the client benefits from quality care, get the opportunity to participate in his/her care that is individualized and continuity of care is ensured as the nursing process is used in care delivery while Afolayan et al. (2013) and Ngao (2015) affirm that the nursing process promotes client satisfaction.

It was also found in the current study that the nurse will get job satisfaction, free from legal confrontations and there will be teamwork and continuity of care. However in variation to these findings, a study on Barriers and Facilitators for Execution of nursing process from Nurses' Perspective found out that 96% of participants perceive the nursing process as a means of unifying nursing practice, 95% agreed that it provides an opportunity for ongoing learning, 93% agreed that it helps nurses to appreciate the reasons for nursing actions and 95% agreed that the process allows for review and evaluation on nursing interventions (Mahmoud & Bayoumy, 2014). The differences in the findings might be a result of different methodological approaches. Waddell (2010) observed that the nursing process offers the nurse job satisfaction, increase self-confidence and standard practice, an opinion similar to the finding of this study.

5 | CONCLUSION

The current study has highlighted human resource challenges, logistical shortages and lack of managerial support as challenges that variedly hamper the utilization of the nursing process. Quality and cost-effective care, improved nurse–patient relationship, job satisfaction and good image for nurses were found among others to be the benefits derived from the nursing process utilization. Interventions to improve its utilization should be targeted towards improving the nurse-to-patient ratio, provision of adequate resources and inclusion of the nursing care plan in folders.

6 | SUMMARY

The current study has highlighted the challenges that hamper the use of the nursing process. Quality and cost-effective care, improved nurse–patient relationship, job satisfaction and a good image for nurses were found among others to be the benefits derived from the nursing process utilization.

6.1 | Implication for practice

The nursing process is used globally in clinical practice settings to provide quality individualized care for clients. Lack of its use i0s reported to negatively impact the quality of health care. The findings of the study send a strong signal to policymakers to adopt strategies

to overcome the challenges militating against effective implementation of the nursing process to realize the benefits of its use.

What is known on the subject?

1. The nursing process is unsystematically used in most clinical settings in sub-Saharan African countries.
2. Inadequate knowledge and number of nurses, time constraints are known challenges to the usage of the nursing process.

What the paper adds to existing knowledge

1. Apathy and low commitment were identified as challenges to the implementation of the nursing process.
2. This paper also identified the absence of the nursing care plan, a primary document for using the nursing process as a major challenge.
3. The paper has comprehensively reported on the benefits of the nursing process in clinical practice.

6.2 | Limitations of the study

Some limitations of the study are worth mentioning. Firstly, the findings of the study reported on the experiences of Registered General Nurses with at least four years of clinical experience. Hence, these findings should be carefully applied to novice nurses and other cadres of nurses. Secondly, the study was focused on a single site. Finally, the study is exposed to the inherent weaknesses of qualitative studies, such as limited interpretations, difficulty to verify findings, not statistically representative and inability to generalize findings.

6.3 | Implication for further research

Researchers can base on the findings of the study to conduct further studies on the nursing process. Potential areas of investigations could include the following:

1. A comparative study on the quality of nursing care, client satisfaction and outcomes between a facility that uses the nursing process and one that does not.
2. A survey on student nurses' understanding and appreciation of the nursing process during pre-service training.
3. Nurses' perspectives on the application of the nursing process and costing of nursing services.

7 | ETHICAL CONSIDERATIONS

The study protocol received research ethics committee approval from an Ethics Review Board (CHRPE/AP/517/18). Written permission was obtained from the hospital authorities before conducting the study. This was granted after the first author presented a request alongside an introductory letter and research ethics committee approval. Participants' privacy, confidentiality, anonymity, and voluntary participation were ensured throughout the research process. Informed consent was obtained from all participants included in the study.

AUTHOR CONTRIBUTIONS
Timothy Gazari and Felix Apiribu: **Conceptualization**. Timothy Gazari: **Data curation**. Timothy Gazari and Felix Apiribu: **Formal analysis** Timothy Gazari (a nurse educator and MPhil Nursing candidate at the time of the study): **Interviews**. Timothy Gazari, Felix Apiribu and Philemon Adoliwine Amooba: **Methodology**. Timothy Gazari, Felix Apiribu and Veronica Millicent Dzomeku: **Project administration**. Timothy Gazari and Felix Apiribu: **Resources**. Felix Apiribu, Veronica Millicent Dzomeku and Adwoa Bemah Boamah Mensah: **Validation**. Felix Apiribu, Veronica Millicent Dzomeku and Philemon Adoliwine Amooba: **Supervision**. Timothy Gazari: **Writing original draft**. Timothy Gazari, Felix Apiribu, Richard Adongo Afaya, Atanuriba Gideon Awenabisa, Veronica Millicent Dzomeku, Adwoa Bemah Boamah Mensah, Philemon Adoliwine Amooba and Margaret Wekem Kukeba: **Writing—review and editing**.

DATA AVAILABILITY STATEMENT
The data supporting the study is available upon written request to the main author.

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