

## **Knowledge and Practice of Nursing Care Plan in the University of Calabar Teaching Hospital (Ucth) Calabar, Among Nurses**

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### **ABSTRACT**

The research study aim at investigating the knowledge and practice of nursing care plan in the university of Calabar teaching hospital (UCTH) Calabar, among nurses. The objectives of the study were to determine: the knowledge of nursing care plan, the practice of nursing care and the factors that hinder the practice of nursing care plan. Three research questions were formulated based on the objectives and one research hypothesis was postulated for the study. Donabedian quality model of 1966 was theoretical framework adopted. Non-experimental descriptive survey design was the design used and population of the study was 129 respondents. Questionnaire was the instrument used in the gathering data while chi-square was used to analyze the data gathered from the field. Results of the study revealed that 60(47.62%) of the respondents strongly disagreed with the statement that nursing care plan is not done for patient care due to limited time for nurses. 26(20.63%) disagreed with the statement, 30(23.81%) strongly agreed with the statement and 10(7.94%) agreed with the statement. 50(39.68%) agreed with the statement that, lack of adequate staff causing excess workload for nurses on duty hinders the practice of nursing care plan. 49(38.89%) agreed with the statement while 20(15.87%) disagreed and 7(5.56%) strongly disagreed with the statement. The finding of the study indicated that there is significant relationship between knowledge and practice of nursing care plan. More so, institutional factors, nurse's attitude and lack of stationeries hinder the implementation of nursing care plan. It was recommended among others that Regular courses should be organized for nurses to update their knowledge on nursing care plan and current nursing diagnosis.

**Keywords:** Knowledge, Practice, Nursing care plan, UCTH

### **INTRODUCTION**

Nursing is universally practiced with the use of tools unique to the profession, such as the nursing care plan for implementing the nursing process ensuring improved patient outcome. In Nigeria, nurses are faced with the challenge of utilizing the nursing care plan for patient care, due to their busy schedules from shortage of nursing staff imposing excess workload for nurses on duty, leading to its use only for the newly admitted and the acutely ill patient. This is what is obtainable in the University of Calabar Teaching Hospital, Calabar. Similarly in some African countries like Kenya, many barriers exist which interfere with the practice of nursing care plan, some related to individual factors and others due to managerial or policy factors. Individual factors as lack of interest, lack of motivation and lack of cooperation among nurses. While managerial factors include; repetitious replacement of nurses, shortage of nursing staff causing excess workload for nurses on duty, lack of specific instruction, absence of implementation of continuing education and lack of hospital policies on non-implementation of the nursing process [1]. However, if nursing care plan is efficiently practiced, it ensures promotion of health and prevention of illness as nurses spend significant amount of time with their patient providing continuous care throughout the period of treatment with subsequent evaluation of care.

Knowledge is the understanding or information of a subject matter or an action gotten from experience or study, either known by an individual or a group of person, practice is the act of doing something regularly as a habit or tradition to improve one's skill at doing it, while barrier is an obstacle that stops the occurrence of something or prevent someone from carrying out a task [2]. Therefore, knowledge of nursing care plan implies how well do nurses understand nursing care plan, a tool for implementing the nursing process and the practice of nursing care plan involving how often do nurses use the care plan tool to provide care for patient and subsequently improve their skills at doing it. However, poor knowledge of nursing care plan lead to it poor application for patient care and the knowledge needed can be gotten from individual study, seminar and conferences .knowledge and practice of nursing care plan involve carrying out assessment, planning and application of care [3]

Observation has shown that, in University of Calabar Teaching Hospital (UCTH), the practice or use of nursing care plan is done only for the newly admitted patient and for those who are critically ill, of which evaluation may not be strictly followed. In some ward in the hospital, nursing care plan is drafted out for all patients present in the ward to include both the acutely ill and the critically ill patient, leaving the acutely ill patient without nursing care plan being made for them. This affect the effectiveness of monitoring the achievement of patient health outcome as opposed to it being used from the time of admission to the time of discharge to evaluate client response to care rendered.

Consequently, management of the University of Calabar Teaching Hospital (UCTH) has made efforts to ensure updating of nurse's knowledge on current nursing diagnosis by providing platform for continuing education, while individual efforts made by nurses involves attending seminars and conferences relating to nursing process. Unfortunately, shortage of workforce in nursing has caused excess workload for nurses on duty, thus limiting the regular practice of nursing care plan for patient care. In addition to that, government has made poor effort to reduce the workload as seen by their failure in employing more nurses into the healthcare system. The practice of nursing care plan both internationally and nationally aims at promoting quality care of individuals and promotes professionalism in nursing. Many health institutions in the country are not enforcing use of nursing care plan despite its aim of providing individualized care. Some nurses still fail to practice care plan as they may ascribe it to shortage of nurses and lack of stationeries in the hospital making poor client care delivery still a major health problem. In University of Calabar Teaching Hospital, nursing care plan is made only for the newly admitted and critically ill not routinely, of which evaluation may not be strictly followed. While the acutely ill patients, are left without any nursing care plan draft out for them. These affect the effectiveness of monitoring achievement of patient health outcome as nursing care plan is not regularly used from the time of admission to the time of discharge. However, if nursing care plan is efficiently practiced, it ensures promotion of health and prevention of illness as nurses spend significant amount of time with their patient providing continuous care throughout the period of treatment with subsequent evaluation of care.

A study carried out on knowledge, practice and outcome of quality nursing care among nurses in University of Calabar Teaching Hospital [UCTH], identified the influence of knowledge on the practice of quality nursing care and thus recommended that hospital management should regularly notify nurses of their duty to patient through continuing education and government should employ more nurses to ensure quality nursing care to patient [4].

## **RESEARCH METHODS**

### **Study Design**

This study used a non-experimental descriptive survey design to determine the knowledge and practice of nursing care plan among nurses in the University of Calabar Teaching Hospital. Choice is appropriate because a descriptive survey enables a researcher describe conditions as they occur in their

natural setting.

### **Setting**

The study setting is Calabar and the study site is University of Calabar Teaching Hospital located in Calabar Teaching Hospital located in Calabar municipality, Cross River state. Calabar, is an ancient city in the Federal Republic of Nigeria. It is the capital of Cross River state and has an area of 1535.9km square and it is located in the peninsula between Calabar River and the Great Kwa River. It lies in latitude 4<sup>0</sup>56 North of the equator and longitude 8<sup>0</sup>22 East of the Greenwich Meridian. University of Calabar Teaching Hospital was established in the year 1979. It is a tertiary health institution and a major referral center in the locality providing preventive, curative and rehabilitative. It is bordered to the north by Calabar International airport, east by UNICAL hotel, west by Kwa river and south by the University of Calabar. The hospital has forty unit, twenty-five wards and five training school. At the apex of administration is the chief medical director and has staff which includes nurses, doctors, physiotherapist, oncologist, midwives, technicians and others. The hospital has about 576 nurses headed by the Deputy Director of Nursing Services.

### **Participant**

The target population for the study is all the nurses working in the University of Calabar Teaching Hospital and they sum up to 514. The Accessible population for the study involve 190 nurses randomly selected from 19 wards were the nursing care plan ought to be practiced, which include; Male Medical Ward, Female Medical Ward, Male Surgical, Pediatric Medical, Pediatric Surgical, Male Orthopedic, Female Orthopedic, Gynea Ward, Eye Ward, Post Natal Ward, Antenatal Ward, Cardiothoracic Ward, Ear Nose and Throat Ward, Casualty Ward, Children Emergency, Diarrhea Therapy Treatment Unit Ward, Sick Baby Unit and labor ward.

The sample selected for the study is 129 nurses working in the 25 wards. Sample was obtained using the Taro Yamane formula where,

$$S = N/1+N(e)^2$$

Where N = accessible population

e = level of precision which is 0.05

$$S = 190/1+190(0.05)^2$$

$$S = 129$$

### **Sampling**

The sampling technique used for the study is the Convenience Sampling Technique. It is a non-probability sampling technique also known as accidental, non-judgmental and haphazard sampling technique subjects who meet the researcher required characteristics and are readily available.

### **Procedure**

To determine or measure reliability a test retest method was used on similar subject (nurses in General hospital) possessing some characteristics but not part of the target population. Twenty questionnaires were administered twice to the subject with an interval of one week, after which it will be collected at the spot. The two scores will be correlated using Pearson product moment correlation.

### **Ethical Consideration**

A letter of introduction was obtained from the Head of Department of Nursing science of the University of Calabar, submitted to the Chief Medical Director of the hospital through the office of the Deputy Director of Nursing Services and same was forwarded to the hospital ethical committee for due approval. Also, a letter was attached to the questionnaires requesting for voluntary participation of the

respondents, the purpose of the study were clearly explained to the participant so as to obtain their consent. Participation was voluntary and to ensure ethical principle of beneficence and maleficence, the names of the respondents were excluded from the instrument of data collection.

## DATA ANALYSIS AND PRESENTATION OF RESULTS

**Table 4.1 Socio-Demographic Variables of Respondents**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage %</b>
<b>Age in years</b>		
20-30 years	43	34.13
31-40 years	50	39.68
41-50 years	18	14.29
50 years and above	15	11.90
<b>Total</b>	<b>126</b>	<b>100.00%</b>
<b>Sex</b>		
Male	11	8.73
Female	115	91.27
<b>Total</b>	<b>126</b>	<b>100.00%</b>
<b>Marital Status</b>		
Married	87	69.05
Single	35	37.78
Separated	0	0.0
Widow	4	3.7
<b>Total</b>	<b>126</b>	<b>100.00%</b>
<b>Religion</b>		
Christianity	126	100.00%
Islam	0	0
Traditional	0	0
Others	0	0
<b>Total</b>	<b>126</b>	<b>100.00%</b>
<b>Rank</b>		
ADNS	4	3.17
CNO	17	13.50
ACNO	12	9.52
PNO	15	11.90
SNO	19	15.08
NO1	10	7.94
NO11	12	9.52
Nurse Intern	37	29.37
<b>Total</b>	<b>126</b>	<b>100.00%</b>
<b>Academic Qualification</b>		
RN	1	0.79
RN/RM	30	23.81
B.N.Sc	82	65.08
M.Sc	8	6.35
Ph.D	5	3.97
<b>TOTAL</b>	<b>126</b>	<b>100.00%</b>

Table 4.1 indicate that 50 (39.68%) of the respondents were within the age bracket of 31-40 years;

43[34.13%] were within the age range of 20-30 years, 15[14.29%] were within the age limit of 41-50 years and 15 [11.90%] were 50 years and above. 115[91.27%] of the respondents were female while 11 [8.73%] were male. Also, 87[69.05%] of the respondents were married; 35[37.78%] were single and 4 [3.17%] were widow. In terms of religion, 126[100%] of the subject of the study were Christian. 37[29.37%] of the respondents were Nurse Intern; 19[15.08%] were on the rank of SNO; 17[ 13.5%] were PNO, 12[9.57%] were on the rank of ACNO and NO11 respectively, 10[7.94%] of the respondents were on the rank of NO1 and 4[3.17%] were ADNS. 82[65.08%] of the respondents were holders of B.N.Sc., 30[23.81%] were holders of RN/RM, 8[6.35%] were holders of M.Sc while 5[3.97%] were holders of Ph.D and 1[0.79%] was RN.

**Table 4.2 Knowledge of Nursing Care Plan**

ITEM	YES	%	NO	%
Do you have knowledge of nursing care plan?	126	100	0	0.0
Do you have knowledge of Nursing assessment?	126	100	0	0.0
Nurses do not have knowledge of NANDA-I current nursing diagnosis	50	39.68	76	60.32
Nurses are aware of the pattern of nursing care plan	96	76.19	30	23.81
The nursing care plan involves five components, which are; nursing diagnosis, objective, implementation, rationale and evaluation	125	99.21	1	0.79

Table 4.2 indicates that 126 [100%] of the respondents have knowledge of nursing care plan. 126[100%] of the subjects have knowledge of nursing care plan. 126[100%] of the subjects have knowledge of nursing assessment. 76[60.32%] said no to the question ‘nurses do not have knowledge of current nursing diagnosis’ and 50[39.68%] said yes. 96[76.19%] said yes to the item” nurses are aware of the pattern of nursing care plan” and 30[23.81%] said no. 125[99.21%] said yes to the item” the nursing care plan involves five components, which are; Nursing diagnosis ,objective ,implementation, rationale and evaluation”, while only 1[0.79%] said no.

**Table 4.3 Practice of Nursing Care Plan**

ITEM	SA	%	A	%	D	%	SD	%
Nursing care plan is practiced for only the critically ill.....	1	0.79	0	0	10	7.94	115	91.26
Nursing care plan for only the newly admitted.....	1	0.79	1	0.79	120	95.24	4	3.18
Nursing care plan should be for all patients.....	120	95.24	5	3.97	1	0.79	0	0
The practice is a routine activity of nurses	118	93.65	5	3.97	2	1.59	1	0.79

Table 4.3 shows that 115(91.26%) strongly disagreed with the statement that, nursing care plan is practiced for only the critically ill patient at the end of the shift. 10(7.94%) disagreed with the statement while 1(0.79%) strongly agreed with the statement. 120(95.24%) of the entire respondents disagreed with the statement that, Nursing care plan should be done for patients newly admitted into the ward. 4(3.18%) strongly disagreed, while 1(0.79%) each strongly agreed and agreed respectively with the statement. 120(95.24%) of the subjects strongly agreed with the statement that Nursing care plan should be done for all present in the ward. 5(3.97%) agreed with the statement while 1(0.79%) disagreed. 118(93.65%) strongly agreed with the statement that, the practice of nursing care plan is a routine activity of nurses. 5(3.97%) just agreed, while 2(1.59%) disagreed and 1(0.79%) strongly disagreed

**Table 4.4 Factors that hinders the practice of nursing care plan**

ITEM	SA	%	A	%	D	%	SD	%
Nursing care plan not done for due to limited time....	30	23.81	10	7.94	26	20.63	60	47.62
Lack of adequate staff causing excess workload hinders practice...	49	38.89	50	39.68	20	15.87	7	5.56
Lack of cooperation among nurse hinders practice..	30	23.81	13	10.32	63	50	20	15.87
Lack of stationeries e.g. nursing process booklet hinders practice.....	50	39.68	30	23.81	16	12.70	30	23.81
Poor nurse patient relationship hinders practice...	14	11.11	12	9.52	60	47.62	40	31.75
Nursing care plan is not a unique practice carried out by nurses only	3	2.38	2	1.59	71	56.35	50	39.68

Table 4.4 shows that 60(47.62%) of the respondents strongly disagreed with the statement that nursing care plan is not done for patient care due to limited time for nurses. 26(20.63%) disagreed with the statement, 30(23.81%) strongly agreed with the statement and 10(7.94%) agreed with the statement. 50(39.68%) agreed with the statement that, lack of adequate staff causing excess workload for nurses on duty hinders the practice of nursing care plan. 49(38.89%) agreed with the statement while 20(15.87%) disagreed and 7(5.56%) strongly disagreed with the statement. 63(50%) of the subjects disagreed with the statement that, lack of cooperation among nurses hinders the practice of nursing care plan. 30(23.81%) strongly agreed with the statement while 20(15.87%) strongly disagreed and 13(10.32%) disagreed with the statement. 50(39.68%) strongly agreed with the statement that, lack of stationeries, for example nursing process booklet, hinders the practice of nursing care plan. 30(23.81%) each agreed and strongly disagreed respectively, 16(12.7%) disagreed with the statement. 60(47.62%) of the respondents disagreed with the fact that, poor nurse patient relationship hinders the practice of nursing care plan. 40 (31.75%) strongly disagreed while 14(11.11%) strongly agreed and 12 (9.52%) agreed with the fact. 71(56.35%) disagreed with the statement that, nursing care is not a practice carried out by nurses only, 50(39.68%) strongly disagreed while 3(2.38%) strongly agreed and 2 (1.59%) agreed with the statement.

**Table 4.6 Computation of X<sup>2</sup> of relationship between knowledge and practice of nursing care plan**

O	E	O-E	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
60	48.00	12	144	3.00
12	24.00	-12	144	6.00
24	36.00	-12	144	4.00
30	18.00	12	144	8.00

$$X^2 = 21$$

\*Significant at 0.05 level, df = 1

Table 4.6 shows that chi-square calculated at 0.05 level of significance is 21 while the critical value of X<sup>2</sup> with degree of freedom be 1 at 0.05 level of significance is 3.841. Since the calculated X<sup>2</sup> is greater

than the critical value, the null hypothesis which states that, there is no significant relationship between knowledge and practice of nursing care plan among nurses in the University of Calabar Teaching Hospital is rejected and the alternative hypothesis accepted. This means that there is significant relationship between knowledge and practice of nursing care plan.

## **DISCUSSION**

The finding of the study indicated that the nurses (respondents of the study have knowledge of nursing care plan). This finding is in line with the submission of [4] that adequate knowledge of nursing care plan is imperative in the practice of nursing care plan in the university of Calabar teaching hospital. Also, confirming the findings, [5] stated that nurses in UCTH have good theoretical knowledge of the nursing process which could enhance the practice of nursing care plan. From these findings it is therefore certain that knowledge is imperative in the practice of nursing care plan.

The study revealed that, nursing care plan is not practiced in the University of Calabar teaching Hospital. This finding contradict the submission of [6] that it is in line with the best practice of nursing cares obtained in advanced countries of the world. The findings agreed with the report of [5] which stated that nurses in UCTH fail to utilize the nursing care plan frequently in the ward as it is done only for the critically ill. The finding is in line with submission of [7] that poor utilization of the nursing process hinders the practice of nursing care plan.

The study revealed that one of the factors that hinder the practice of nursing care plan is time, excess workload and insufficient required materials such as nursing process booklet or stationeries. The findings quite agree with the report of the study carried out by [7] that time , workload and facilities required for the practice of nursing care plan are not available hence the inability of the nurses to practice of nursing care plan. For nursing care plan practice to be effective adequate provision in terms of time, adequate staff and adequate materials should be made available.

## **Test of hypothesis**

The finding of the study indicated that there is significant relationship between knowledge of nursing care plan and practice of nursing care plan among nurses in the University of Calabar Teaching Hospital, Calabar. This implies that for nursing care plan to be carried out, a good knowledge of it must be gotten by nurses. This findings is in line with the submission of [4] that, it is necessary for nurses to be knowledgeable and able to be make prompt clinical decision to meet the immediate needs of the patients based on assessment done. In medical and allied medical professions, it is knowledge of a particular procedure first before the actual implementation of the procedure. Even though implementation of nursing care plan may be hindered by other factors peculiar to the hospital, it should not be hindered by the knowledge of nursing care plan.

## **CONCLUSION**

Based on the findings of the study, it is therefore concluded that knowledge of nursing care plan is the highest factor contributing to the practice of nursing care plan. More so, institutional factors, attitude of nurses and lack of stationeries hinder the practice of nursing care plan.

## **Financial Support and Sponsorship**

NIL

## **Conflict of Interest**

There are no conflict of interest

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