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PERFORMED AND UNPERFORMED ACTIVITIES OF THE ASSESSMENT PHASE OF THE NURSING PROCESS BY NURSES OF THE REGIONAL HOSPITAL BAMENDA

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ABSTRACT

Assessment is the first step of the nursing process. It is performed by nurses when patients are admitted, within a maximum of 8hours for stable patients and 24hours for unstable patients. Sometimes, the activities of this phase are well performed. In other times, the performance might not be satisfactory. The objective of this study was to identify the activities of the assessment phase that are regularly/irregularly performed by nurses. Convenience sampling method was used with 80participants. Instruments for data collection were a questionnaire and checklist. Ethical clearance and informed consent was sought. Data was analyzed using the Statistical Package for Social Sciences version 21. Results: about half (55%) had a diploma and 58.8% had a working experience of 1-5years. Fifty-one percent of participants said they did regular patient assessment but on observation 40% had performed but only 20% had well performed. Biographical data collection and academic qualification were statistically significant with p= 0.005. Although 80% of participants regularly did present history, other aspects were not up to 80%. this is not satisfactory given their crucial role on patient care. The nursing administration should organize seminars, workshops and do proper follow-up of practices.

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INTRODUCTION

The nursing process (NP) is one of the key tools used as a framework for providing professional, quality nursing care [Delaune *et al*., 2005]. It stands out as a care technology that guides the sequence of logical reasoning and improves the quality of care through the systematic clinical assessments, diagnoses, interventions, and outcomes of nursing (Yildirm & Ozkahraman 2011, Akbari 2011). The phases of the nursing process are assessment, diagnosis, planning, implementation, and evaluation (Smeltzer *et al* 2010). During the assessment phase, data is gathered both from the patient and their families on their perceived health problems. This stage is a cornerstone in establishing the patient's problems and needs, and the success of the entire nursing process depends on how this stage is done (Stonehouse 2017). The assessment phase has been defined as a stage that "involves the systematic and continuous collection of data: sorting, analyzing, organizing that data; the documentation and communication of the data collected (Toney-Butler 2020). Dillon holds that it is the first and most important step in the nursing process (Dillon 2007). Any errors or omissions at this stage negatively affects the patients care process (Gordon 2008).

Initial assessment provides preliminary data (Batiha 2021). In a study to rate the utilization of the nursing process in Ethiopia, it was found that in initial assessment, the patient's demographic information is got, medical surgical, obstetrical, medication, social and family histories, vital signs and physical examination (Hagos *et al*., 2014). Mwangi *et al.*, in their study found that 20% of nurses had inadequate knowledge, while 34.5% acknowledged gaps in assessment (2019). It is very common that some of its components are assessed while others are not. Incomplete assessment leaves out meaningful data that will be needed to get diagnosis and plan the patient's care. In a study on the implementation of the nursing process, it was found that all participants had identification data on the patient's notes, 64 (77.1%) assessed the chief complaint and 40 (48.2%) of the participants assessed the history of presenting illness. Most of the participants did not assess the socioeconomic (57.8%, n=48), family history (61.4%, n=51) and physical examination (61.4%, n=51). None of the participants assessed the current health state, allergies and treatments. On observation of patient files, only 80.7% had identification data, 51.8% did not chart vital signs correctly (Mangare *et al*., 2016). As revealed by Hagos *et al*., 58.5% of nurses did initial assessment before planning and 40.2% used a specific form. Fifty percent of the

nurses said initial assessment is done within 24hours of admission. Identification and documentation of nursing problems was done by 71.5%, while 55.9% said they consider the patient /relative's opinion when collecting data (Hagos *et al*., 2014). Despite the importance of a complete patient assessment to nursing care, some of its activities are not done. Davis *et al*. (1994) found out that the assessment phase was poorly documented. The study also revealed that the psychological and social aspects of assessment were not mentioned at all. Several other studies have shown that nurses do not complete these activities (Hagos *et al*., 2014, Mangare *et al*., 2016). A study on the utilization of the Nursing Process in Kenya found that 34.5% of nurses had a knowledge gap in patient assessment (Mwangi *et al.*, 2019). These gaps can lead to a wrong or missed nursing diagnosis. Identification of the activities not performed can guide in emphasis during workshops or seminars.

Objectives

1. To identify the activities of the assessment phase of the nursing process that are regularly performed by nurses of the Regional Hospital Bamenda
2. To differentiate the activities of the assessment phase regularly performed per unit
3. To identify the activities of the assessment phase of the nursing process not regularly performed

MATERIALS AND METHODS

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

The sample size was determined using the following Cochran's formula (Polit & Beck 2020):

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

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

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

Using the finite correlation factor, and none response rate, the sample size was 80 participants. A convenience technique was used and the instruments were a questionnaire and checklist. Ethical clearance was sought from the Institutional Review Board of the University of Bamenda. Authorization was obtained from the Administration of the Regional Hospital and informed consent from participants. Data collected was sorted, tallied, coded, keyed into excel spreadsheets and then SPSS version 21 and analyzed. Descriptive analysis and associations were done using chi square test. The cut off value for p was set at 0.05.

RESULTS

Sociodemographic characteristics of participants: As in, most 40 (50%) of the participants were aged 20-30years, majority 70 (87.5%) were female, most 44 (55%) had a diploma (SRN/HND/HPD) and majority, 47 (58.8%) had 1-5years of working experience. The mean age of the participants was 32±6.18. Most of the participants 31 (38.8%) nursed in the pediatric unit.

Activities of the assessment phase of the nursing process regularly performed

- According to, most 62 (77.5%) said biographical information was regularly performed, 64 (80%) did present history, 62 (77.5%) did vital signs, 56(70%) past medical and surgical history, obstetrical 51 (63.7%), 56 (70%) for past and present medication history, while 51(63.7%) accepted family history.
- Regarding the spiritual, psychosocial and cultural assessment, most of the participants said they were not regularly done with percentages 45 (56.3%), 49 (61.3%), and 59 (73.8%) respectively.
- Majority of the participants agreed that physical assessment was a regularly performed activity with inspection 52 (65%), auscultation and palpation 49 (61.2%), and percussion 46 (57.5%).
- Most of the participants said validation 71 (88.7%), organization 70(87.5%), reporting 67 (83.7) and identification of patients' needs 61 (76.3%) were not regularly done. Averagely, 51% of participants were of the opinion that assessment was regularly done.

In associating regular activities with longevity of service of participants, majority, 62.9% with 1-5years experience said biography was taken, 59.4% said present history, 56.5% said vital signs, 62.5% said past medical and surgical, 62.7% said obstetrical, 60.7% said medication and 62.7% said family history. Still, majority with 1-5years working experience said "no" to regular assessment of the spiritual, psychosocial and cultural issues of the patient with percentages 71.1%, 61.7% and 5% respectively. Only spiritual assessment had a statistical significance with p-value 0.017.

In associating academic qualification and regular history, only the association between academic qualification and biographical history regularly taken was statistically significant with $p = 0.005$.

In associating activities regularly carried out and present working unit, majority of participants in the paediatric unit said biographical information (44.4%), present history (43.8%), family (41.4%) and vital signs (44.4%) were not regularly assessed. In the same unit, most said "yes" to past medical/surgical history and medication (42.9%), spiritual (40%), psychosocial (51.5%) and cultural (42.1%). No statistically significant association. In associating activities regularly carried out with longevity and present working unit most of the participants with longevity of service 1-5years were of the opinion that inspection (63.5%), auscultation (61.2%), palpation (61.2%) and percussion (60.9%) were regularly done, while majority answered in negation for validation of data (59.2%), organization (60%), recording (59.7% and identification of patient's needs (62.3%).

There was no statistical significance with this association. In associating activities with present working unit, majority of participants working in the Paediatric unit responded in the negative to regularly doing inspection (42.9%), auscultation (41.9%), palpation (41.9%), percussion (44.1%), organization of data (41.4%), recording (43.3%), and identification of patient's needs (41%). Majority (55.6%) in the male/female surgical unit affirmed the validation of data. No association was statistically significant.

Observed activities of assessment phase: Out of the 30 participants observed, all (100%) monitored vital signs and took biographical data, family, past medical and surgical history, and present history was obtained by 73%, 73.6%, and 76.7% respectively, while medication and obstetrical history was obtained only by 33% and 36.7% respectively (Fig. 1). All (100%) of the participants did recording, 60% identified patient's needs and none considered validation and organization. Participants only recorded what they had assessed and one need only. Regarding physical examination, 80% of the participants did inspection, palpation and auscultation were done by 6.7%, and none did percussion. All the 80% that did inspection when further ranked as performed and well performed, none of them

had "well performed". Palpation and auscultation was only done on pregnant women.

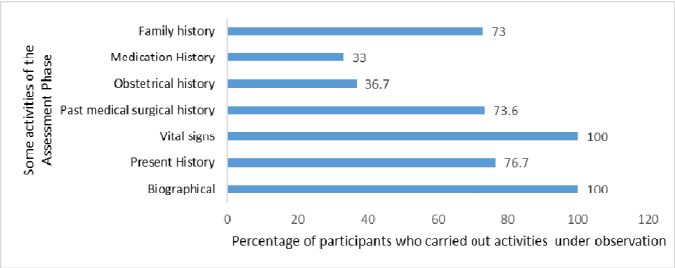

Figure 1. Distribution of participants based on observed activities of assessment

In spiritual assessment, 93.3% did, but none of them had "well performed" as all that was asked was which church they attended. Out of the 40% who did psychosocial assessment, only 16.7% had "well performed". Only 6.7% did cultural assessment.

Activities not regularly carried out: Most of the participants 51(63.8%) said none of the aspects of history is left out, and the aspect of history neglected the most was family history with 16 participants indicating so. The other aspects of data collection were reported to be done as follows: spiritual assessment; 44 (55%), psychosocial assessment; 53 (66.3%), cultural 34 (42.5%). In physical assessment, 32 (40%) indicated that either all or some aspects of physical examination are not regularly done. Majority of the participants, 65 (81.3%) reported that data was not regularly validated, 58 (72.5%) that it was not organized, 66(82.5%) said it was recorded while 77 (96.3) reported that the patient's needs were not identified.

DISCUSSION

The findings of this study showed that half (50%) of the participants were in the age group 20-30years with a mean age of 32.05 ±6.18. Most 44 (55%), had a diploma in nursing. It was found that academic qualification and biographical data was significant (p=0.005). This may be due to the fact that a lot of emphasis is at diploma level. These results are in line with those of Miskir (2018) who also had significant association (p=0.002), but contrary to the results of Ngao (2015) where academic qualification was not significantly associated with the implementation of the nursing process (p=141. However, in this study, age and years of work had no significant impact on the collection of patient's history. In this study, 47 (58.8%) of participants had 1-5years of working experience, similar to a study in Ethiopia where 75% of participants had 5years of working experience (Aseratie *et al*., 2014). Majority, 70 (87.5%) were female which is consistent with other researchers and the feminine nature of the profession (Mwangi 2019, Aseratie *et al*., 2014, Mayouf *et al*., 2019). In all aspects of history, the majority of the participants said it is usually done, which agrees with the observation that they were performed. An exception of this is medication history which on observation, very few (33%) of the participants did. In confirmation of the opinion that all aspects of history were regularly assessed, majority 51(63.8%) said none of the aspects in history taking is left out. On observation, all biographical data was collected, which is in line with the findings of Mangare *et al*. (2016). These findings are contrary to those obtained by Mwangi *et al.(2019*) where only half of the participants did a complete patient identification. The data collection may be accounted for by the fact that the patients file has designated areas where these need to be filled in. Especially with the Performance Based Financing programme where files are evaluated, all these spaces have to be filled. Consistent with this study, Mangare *et al*. (2016) had also observed, that none of the participants assessed allergies and patients' treatments. This is very detrimental to patient care, given that could be served drugs they have been taking or are allergic to. On the other hand, spiritual, psychosocial and cultural assessment had a minority score of 43.7%, 38.7% and 26.2% respectively. Following observation, the only spiritual information sought from the patient was which church they attend for spiritual assessment, whether they smoke or drink for psychosocial assessment, and for cultural assessment, only 20% participants asked for the tribe. In confirmation, most of the participants also indicated that these aspects of assessment were not regularly done with percentages 56.3%, 61.3% and 73.8% respectively. This results are similar to Mangare *et al*. (2016) who found that most of the participants did not carry out socioeconomic assessment and family history. The gathering of adequate information about the patient is commensurate to providing effective nursing care. Also, Davis *et al*. (1994) in their study found that psychological and social aspects were not even mentioned during patient assessment. Incomplete or lack of these important data has caused nurses to find it difficult rendering holistic care to the patients, and specifically about language, nursing is rendered in Pidgin English. This sometimes embarrasses patients who have not grown the culture of using Pidgin English.

Despite majority (60%) of participants indicating that physical assessment was regularly performed, and 40% indicating it was not regularly performed, observations proved that 80% casually performed inspection which was essentially whether how the patient entered the ward, 93.3% did not do auscultation, palpation and percussion. Palpation was only done on pregnant women. This finding is consistent with the studies of Mwangi *et al*. (2019) and Mangare *et al* (2016) where only 28% and 38.6% did a complete physical examination respectively. Almost all participants observed left out auscultation, which is confirmed by the fact that there were no stethoscopes in the units. Our study revealed that minority of the participants said validation (11.3%), organization (12.5%), recording (16.3%), and identification of patient's needs (23.7%) were regularly done. This was confirmed when identifying activities not regularly carried out where majority, 81.3%, 72.5%, 82.5%, and 96.3% said they were not done. Further on observation, 100% did no validation nor organization, 100% did recording while 60% identified the patient's need. This results are contrary to 25 who found that documentation was not adequately done. That 100% did recording but the participants said it was not regularly done suggests a knowledge deficit of the activities (Mwangi *et al*. 2019, Miskir 2018, Ngao 2015, Yuh *et al*., 2020). Also, 60% identification of patient's supports the idea that even those who did so did not know that it was part of the assessment phase. Accurate patient assessment is so central to care that the researcher strongly agrees with Mikami *et al*. (2014) that a lot has to be invested to drill nurses through and thoroughly in assessment.

CONCLUSION

Most of the participants regularly collected patient's history, did a casual spiritual psychosocial assessment and some reporting. Physical and cultural assessment, data validation, organization and need identification were not regularly performed.

Recommendations

Nurses should challenge themselves and stay self-motivated to properly assess their patients, which in turn translates to quality nursing care and shortened hospital stay for the patients. The nursing administration should continually plan for workshops and seminars to drill the nurses with knowledge on the assessment phase in particular, and the nursing process as a whole. Simulations and demonstration methods can be used for practice. Nursing administration should follow-up nurses and motivate those regularly performing assessment. This can be done through 'cout part" where a percentage of it is based on the individual's application of assessment. With technological advancements, the hospital administration can study possibilities to implement the assessment process electronically. This will provide a standard file to be filled, and further documentation like drugs administered can only be filled in when the required fields in assessment have been documented.

***Limitations**:* Almost no study has been done focusing only on the assessment phase of the nursing process, hence it has been quite challenging getting empirical literature for the study, and even appropriate works to relate them.

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