

## Nurses' Perspectives on the Challenges Hindering the Implementation of the Nursing Process: A Qualitative Study

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### ABSTRACT

Globally, the cornerstone of the nursing profession is the nursing process (NP). It is considered a scientific method accepted worldwide to guide procedures and provide the best quality of dynamic nursing care. Despite the benefits of the nursing process and the efforts of nursing professionals to implement it, the use of the nursing process is still lagging in most hospitals.

This study aims to explore the difficulties that nurses face while putting the nursing process into practice. The study was conducted in the Al-Najaf Al-Ashraf Health Directorate across five teaching hospitals: Al-Zahraa Hospital, Al-Furat Al-Awsat Hospital, Al-Sadder Hospital, Al-Hakim Hospital, and Al-Najaf Hospital. A purposive sample of 12 nurses was selected, most of whom hold a Baccalaureate degree in Nursing with experience ranging from 3 to 15 years.

The findings from the qualitative approach reveal several challenges. These include workload difficulties, such as lengthy work hours and extra tasks that are not part of a nurse's duties, as well as a lack of knowledge and training directly relevant to the nursing process. Additionally, there is a shortage of material and human resources. Other significant factors include the absence of incentives, such as poor pay, lack of professional autonomy, and insufficient support from colleagues or management. The lack of clear job descriptions, poor supervision, and the disconnect between what nurses learn in school and the realities of the hospital healthcare system were also identified as major issues.

Five themes emerged from the participants' perspectives on the challenges hindering the implementation of the Nursing Process: Professional Growth and Training, Overwhelming Workload, Insufficient Resources, Lack of Encouragement, and Management Support.

**Keyword:** *Nurses' Perspectives, Challenges, the Implementation of the Nursing Process*

### 1. INTRODUCTION

Globally, the cornerstone of the nursing profession is the nursing process (NP). It is considered a scientific method accepted worldwide to guide procedures and to provide the best quality of dynamic nursing care (Siemuri et al., 2014; Afolayan et al., 2013; Owusu-Ansah & Agyeman-Yeboah, 2022; Opare et al., 2017; Baraki et al., 2017; Lekenit et al., 2020; Zeleke et al., 2021; Mbithi et al., 2018; Shiferaw et al., 2020).

At the world level, applying the nursing process leads to positive and good results for patients. It gives the institution a clear vision of the work that nurses do in clinical practice and ensures that clients receive the best care in the shortest possible time (Afolayan et al., 2013; Mahmoud & Bayoumy, 2014; Mbithi et al., 2018; Gazari et al., 2021; Laybidi, 2020).

Despite the benefits of the nursing process and the efforts of nursing professionals to implement it, the use of the nursing process is still lagging in most hospitals (Leoni-Scheiber et al., 2019; Gazari et al., 2021; Baraki et al., 2017; Zeleke et al., 2021; Mbithi et al., 2018). Sustainable implementation has not been optimal in many low-and middle-income countries. It remains a challenge for the nursing staff (Opare et al., 2017; Mahmoud and Bayoumy, 2014; Mbithi et al., 2018; Zamanzadeh et al., 2015; Zeleke et al., 2021). Evidence has shown that the nursing process is replaced only by routine care performance (Zamanzadeh et al., 2015). Although the implementation of the nursing process has been well-researched in most parts of the developed world, this issue has rarely been researched in developing countries (Lekenit et al., 2020).

There are a large number of challenges faced by nurses in this regard, including time, insufficient resources, incompetence, funding, insufficient number of qualified personnel and lack of training, lack of recognition or follow-up by the authority,

lack of sufficient motivation for their implementation, lack of cooperation between professionals, engaging in other tasks unrelated to nursing work and an additional overload on the nurse, unclear job description of the nursing profession, high number of patients and failure of nurse leaders to motivate others and nurse characteristics such as age, level of education and experience were the main obstacles to the implementation of NP (Mbithi et al., 2018; Mahmoud and Bayoumy, 2014; Opare et al., 2017; Lekenit et al., 2020; Zeleke et al., 2021; Baraki et al., 2017; Gazari et al., 2021; Afolayan et al., 2013)

## 2. METHODOLOGY

**Design:** A qualitative descriptive design is used, this type of design allows participants to express what is on their mind and express their opinions freely without limiting the questionnaire they fill out (Hunter et al., 2019).

**Ethical consideration:** The researcher was provided with a consent form for individuals to participate in scientific research. The researcher explains to the research participants that the information obtained from them without mentioning their names and the resulting information will be treated with complete confidentiality and used only for scientific research purposes. After that, the signatures of the research participants are obtained as an agreement to use the information in the research.

**Setting:** The study was conducted in Al-Najaf City/ Al-Najaf Al-Ashraf Health Directorate in the five teaching hospitals (Al-Sadder Hospital, Al-Furat Al-Awsat Hospital, Al-Zahraa Hospital, Al-Hakim Hospital, and Al-Najaf Hospital).

**Sample of the study:** For the qualitative approach, the sample size consisted of 12 participants, with the researcher reaching saturation in data collection. Saturation is the point at which further data collection yields no new themes, insights, or information. It indicates that gathering additional data would not significantly alter the results or introduce new perspectives. Saturation is often used as a guideline for determining when to stop sampling (Hennink et al., 2017; Morse, 2015).

### Inclusion Criteria:

- 1- Bachelor and a nurse with a higher certificate who are working at AL-Najaf teaching hospitals
- 2- Nurses who agree to participate in the study and according to qualitative part, the participants agreed to have their interviews recorded on audio.

### Exclusion Criteria:

- 1- Nurses who are occupying administrative positions in the hospitals.
- 2- The nurses who work in the AL-Najaf teaching hospitals but a job service is less than one year.
- 3- Nurses who participated in the pilot study.

### Trustworthiness:

Lincoln and Guba introduced the term **trustworthiness** to establish rigor in qualitative research. Since qualitative research is subjective, ensuring trustworthiness strengthens the study's validity and ensures that the results are accurate and meaningful. They outlined four key criteria for trustworthiness: **credibility, dependability, confirmability, and transferability** (Boswell & Cannon, 2022; Castleberry & Nolen, 2018; Gunawan, 2015)

**Credibility (Internal Validity):** It refers to the accuracy of the interpretations provided by the researcher based on the collected data. It is considered the cornerstone and an essential aspect to ensure the reliability of the research and its findings in qualitative research. It relies on multiple strategies to guarantee the validity of the results.

Member checking is one of the strategies used to verify research credibility. In this process, the researcher returns to the participants after interpreting the results to ensure that their perspectives have been accurately understood. Here, the participants are considered active contributors to analyzing the findings and verifying the credibility of qualitative research. Moreover, the researcher did not limit the verification process to the participants alone but also sought feedback from the supervising professor, other faculty members, and colleagues in scientific research to ensure an accurate understanding and interpretation of the results.

Another strategy is triangulation to enhance the reliability of results. This can be achieved by using multiple data sources, such as interviews, texts, or field observations, to gain a broader understanding of the studied phenomenon. It can also involve employing multiple methods for data collection and analysis, such as a combination of quantitative and qualitative research approaches. Additionally, using more than one researcher to collect and analyze data helps reduce individual biases and enhances the accuracy of data analysis.

**Transferability (External Validity):** It refers to the transferability of the results to similar settings. The researcher maintained this aspect by providing a detailed description of the study, enabling other researchers to apply it to other settings.

**Dependability (Reliability):** It refers to the stability of results over time and under different conditions. It ensures that if the study is repeated using the same participants and methods, similar results will be obtained. Dependability in qualitative

research is similar to internal validity in quantitative research, but it focuses on ensuring consistency and coherence in data collection and analysis. Strategies used to ensure dependability include triangulation, member checking, maintaining detailed records of the research process, and peer review or external auditing, which facilitate the replication of the study when needed.

**Confirmability (Objectivity):** It refers to the neutrality of the study's results, free from any researcher bias. This can be ensured through member checking and thorough discussion of the study's findings with the supervisor and other colleagues to control for researcher bias.

#### **Data analysis for the Qualitative approach:**

Qualitative research does not deal with numbers as in quantitative research and does not analyze them statistically. Instead, it focuses on the words of the participants, understanding and analyzing them, and how they express their feelings and perceptions. The approach is closer to the participant, giving them the full freedom to express their opinion without being restricted to choosing a "Yes" or "No" answer, for example.

The researcher recorded the data after each interview by transcribing the audio file to ensure accurate data transcription. After the researcher read the files multiple times to understand them, codes were identified and then merged with other codes to reach a final theme.

The researcher used Microsoft Word and highlighting the words to assist in sorting the data. There are other methods for analyzing qualitative research data, such as using programs like ATLAS.ti and NVivo.

#### **Thematic analysis is conducted in six stages as outlined by Clarke & Braun (2013) and Nowell et al. (2017):**

- 1- All forms of qualitative analysis require the researcher to become deeply familiar with their data, which includes reading and rereading the data, and making notes on any preliminary analytical observations.
- 2- Coding is another common component of qualitative analysis. It entails creating succinct labels for significant data elements that are pertinent to the (broad) research question that directs the investigation. After coding each piece of data, the researcher compiles all of their codes and pertinent data extracts to conclude this phase.
- 3- Finding themes: A theme is a meaningful and cogent pattern in the data that is pertinent to the research issue. Finding themes in the data is akin to coding your codes to find patterns. This "searching" is an active activity; the researcher creates themes rather than having them lurk in the data waiting to be uncovered. This phase is completed by the researcher compiling all of the coded information pertinent to each theme.
- 4- Reviewing themes: This step involves verifying that the themes are meaningful in relation to both the coded extracts and the entire data set. The researcher should assess whether the themes effectively tell a coherent and persuasive story about the data. Additionally, the researcher begins to define the characteristics of each theme and examine the relationships between them. It might be necessary to combine two themes, divide a theme into multiple themes, or even discard some themes entirely and restart the process of theme development.
- 5- Defining and naming themes: This stage requires the researcher to thoroughly analyze and write about each theme. The researcher should ask, "What story does this theme tell?" and "How does this theme contribute to the overall narrative of the data?" The researcher must identify the core meaning of each theme and create a clear, impactful, and descriptive name for each one.
- 6- Writing-up involves combining the analytical narrative with detailed data extracts to present a clear and compelling story about the data. The researcher must also place this story in the context of existing literature to provide a broader understanding.

#### **Limitations of the Study:**

- For the qualitative part of the research, the study has been conducted by an interview only, whereas if it is done through focus groups and there is a discussion among them, the researcher can get more information and enrich the research with it.
- The data has been obtained from one province, it is possible to get different opinions from other regions of Iraq.
- Only nurses working in the health sector were included, it is possible to include professors at universities and get valuable information and opinions from them about the research problem.

### **3. RESULTS**

**Table (1): Demographic Information of Participants (Qualitative)**

Nickname	Sex	Age	Years of experience	Educational Qualification
P1	M	32	9	Master
P2	F	35	12	Doctorate
P3	F	28	6	Baccalaureate
P4	F	30	9	Baccalaureate
P5	F	27	2	Baccalaureate
P6	F	33	10	Baccalaureate
P7	F	30	8	Master
P8	F	26	3	Baccalaureate
P9	M	35	12	Doctorate
P10	M	36	13	Baccalaureate
P11	M	29	7	Baccalaureate
P12	M	37	15	Baccalaureate

**P:** participants of the study without mention their names.

This table shows the demographic distribution of the participants in the qualitative research, which includes five men and seven women and years of experience ranging from two to fifteen years. As for the educational qualifications, four of them were post-graduate nurses. The ages range from twenty-six to thirty-seven.

**Table (2): Main themes**

Themes	Sub-themes
Training and professional development	Lack of knowledge
	Lack of training
Excessive workload	Long working hours
	Working with other tasks that are not assigned to
Lack of resources	Staff shortage
	Lack of equipment necessary
Motivation	Salary
	Lack of support and appreciation
	Lack of Professional independence
Administration	Job description
	Superintendence
	A gap between theory and practice

## **Theme 1. Training and professional development**

### **A- Lack of knowledge**

Knowledge has a role in the implementation of the nursing process, according to some participants, where they said:

*P 10 "In fact, we studied it in college, but if there is no daily implementation, then this information is already forgotten, and even now we can find those who still do not distinguish between nursing and medical diagnostics"*

*P 4 "Any information that we have studied, if there is no continuity in education and application, as soon as practical reality enters the hospital and an application for this is not found, the information begins to fade"*

### **B-Lack of training (Lack of competent training)**

Training has an essential role in ensuring the correct and effective implementation of the nursing process, improving the performance of nurses, and ensuring the provision of effective and safe health care. According to the opinion of the participants, where they said:

*P1 "When we were appointed to the hospital, we did not find a competent person who adequately trained us on the care that should be provided, but we walked along the path of the Ancients before us and learned at their hands and followed in their footsteps, only a few of us were really looking for information from reliable sources, and this is the opposite of what we find when doctors appoint a specialist stays with him and examines him about the case, and thus he did not leave the field of education even in the field of health, but remained connected to education and continuous reading about cases management in the hospital."*

*P 12 "Training courses, most of which are held for promotion purposes, not for career development, and some may enter them to change the work routine only"*

*P 11 " Perhaps our training when we were in the study was not clear enough , as some students were copying from scientific sources, and maybe they did not fully understand them, but to hand them over to the professor for the purpose of the degree, and not real-life training on the patient"*

## **Theme 2. Excessive workload**

### **A-Long working hours**

Long working hours have a negative impact that leads to physical and mental exhaustion, which hinders the ability of nurses to apply the nursing process. Some of the participants mentioned:

*P 3 " Evening working hours are long, some for twelve hours and the other for eighteen hours, and these long hours negatively affect the quality of health care provided, the longer the time, the more exhausted and less focused the nurses in their work, and there is no doubt that fatigue nurses do not think about developing their work and trying to implement the nursing process"*

### **B- Working with other tasks that are not assigned to**

One of the participants mentioned that doing other duties burdens them with their tasks, where he said:

*P 11 "Some nurses do other work to be a burden on their additional work, such as drawing blood for patients and sending it to the laboratory, which is not their duties"*

## **Theme 3. Lack of resources**

### **A-Staff shortage**

Majority of the participants agreed that the number of nurses to the number of patients is not enough, they said:

*P1 " With a shortage of staff, nurses have an additional workload that includes a larger number of patients and multiple responsibilities. The result is fatigue for nurses, which may affect the lack of thought in the implementation of the steps of the nursing process "*

*P11" The shortage of nursing staff is one of the reasons, in the evening shift there are 2 nurses for a large number of patients, so the nurse tries as much as possible to meet the routine care only"*

*P10 " The health sectors are experiencing a shortage of nursing staff, which negatively affects the quality of care provided, as one nurse is responsible for many patients and therefore it is not possible to meet their needs and provide the best care for them "*

*P9 " The ratio of the number of nurses to patients is unbalanced, we find a lot of patients compared to the nursing staff, and therefore the nurse does not find himself empty to accomplish other tasks except routine patient care "*

*P4" I find myself having to deal with a large number of patients in a limited time, which affects the quality of care provided*



to the patient, so I do not give every patient quality care to the fullest"

*P7 "The shortage of nursing staff is a major challenge that directly affects the application of the nursing process and leads to several negative effects on the quality of health care. With a limited number of nurses, it becomes difficult to provide comprehensive and personalized care for each patient. This may increase the likelihood of nursing errors as a result of urgency or overwork"*

*P8 "The lack of staff means that I have to distribute my time to a large number of patients, and the resulting stress leads to a decrease in my attention and concentration, so honestly this makes me not even think about applying the nursing process as a result of overloads"*

#### **B-Lack of equipment necessary**

The opinions of the participants show the lack of the necessary equipment that help them carry out the nursing process where they said:

*P 4 "In my opinion, the ministry also has a role, so we find the patient's file distributed to the hospitals free of a special sheet in which the steps of the nursing process are filled, so we find a sheet in which the nursing notes are included, which includes routine writing about whether the treatment was given or the patient refused a particular treatment or procedure with writing the nurse's name and signature, not as organized steps of nursing assessment and diagnosis, etc. If the nurses finds this sheet among the patient's file, they must fill it with the necessary information"*

*P 5 "We do not have anything special that involves the steps of the nursing process, meaning that they do not pay attention to this process in the sanitary reality, and that what we have studied is just ink on paper"*

*P 2 "We do not have a sheet in the patient's file with fields for filling in the steps of the nursing process or a computer dedicated to this"*

#### **Theme 4. Motivation**

##### **A- Lack of support and appreciation**

Support has a role in the implementation of the nursing process according to the opinions of the participants, whether it is supported by the team, the administration, or the community's view, whether it frustrates them or motivates them to perform tasks properly, as they mentioned:

*P 7 "When I graduated, I was very motivated to apply what I learned in college from conducting a health assessment and collecting information from the patient as a very important step for the assessment then the other steps come, but I was shocked by the presence of some team members who did not like the development and turned against me and I sent a complaint not to do this work again and that this is not one of your work, but the work of the doctor exclusively. It makes us frustrated that we're applying what we've been taught, the nurse is restricted to tasks and they want him to be submissive to them."*

*P 3 "There is not enough support from the administration, as the nursing process, is completely forgotten"*

*P 4 "Perhaps one of the reasons is that not all medical staff accept the idea of applying the nursing process, and therefore this leads to conflicts within the institution".*

*P6 "Most of the time we lack the motivation to develop ourselves. A word of encouragement and praise from your manager is enough to make you do your best in front of your officials and also make your team strive to give the best".*

*P5 "Feeling underappreciated by society or health institutions. There was a negative view or underestimation of the importance of the nursing profession, which made some of them leave this profession and study a different specialty to transfer their job title, as those who do not like their profession cannot be expected to develop it for the better and apply the nursing process"*

##### **B-Salary**

Perhaps the salary may be one of the motivators, according to one of the participants:

*P8 "Some of us, as a result of the lack of salary, which is not enough with the current requirements of life, so they are forced to work another job, and this certainly reduces their focus and effort on performing their tasks, so they cannot even think about developing their work or trying to implement the nursing process"*

##### **C-Professional independence**

Blind obedience and lack of independence of the profession with its plan may be one of the frustrations of non-implementation, according to some participants:

*P 7 "Most likely, the role of a nurse is limited, they ignore their roles as active participants in the development of a nursing*

care plan, so you feel that the profession does not have its own entity".

P 2 "In fact, care in hospitals is mostly conducted according to blind obedience to the doctor only, although it is nice to cooperate between medical teams, but each of them has its own plan that is in the best interests of the patient. We may find that all of them have forgotten about the existence of the Nursing Diagnosis and the plan that they should have written, which is not only in the interests of the patient, but even in enhancing communication with the members of the health team"

## **Theme 5. Administration**

### **A-Job description (Lack of clarity of roles)**

The lack of a clear and applicable job description for each level of education in nursing is one of the challenges, according to the study participants, as they said:

P 2 " The nurse's lack of knowledge of their job duties in the exact form, and this is associated with the disparity in educational levels between nursing staff, which causes a difference in the lack of clarity of the tasks or roles assigned to each individual in the team".

P 9 "In fact, we lack that each of us knows what his assigned roles are, we find the absence of coordination of work between the team members, if each of us understands **his** role, we will find the appropriate competencies to be used in the right place".

P1 " When each nurse is familiar with his tasks, the application of the nursing process becomes more regular and accurate, which positively reflects on the quality of the health care provided".

### **B-Superintendence**

The absence of monitoring and follow-up of compliance with the application of the steps of the nursing process is an important matter, which is considered one of the solutions according to some of them:

P 10 "The absence of an experienced leader or supervisor who directs and motivates the team to apply the nursing process and makes sure that it is carried out accurately, and vice versa if it is not implemented, the defaulter will be held accountable".

P 9 "Follow-up is very necessary to complete the work as best as possible, employees from another country visited our hospital as a contract in the institution, when they came to the hospital on field tours and began to correct the mistakes that some of them work from mixing drugs with some and other things without relying on sober certified references, but according to the usual things to do in health, this is to say for all medical staff, of course, things have already started to improve and more attention was paid to the work by all medical teams, but unfortunately the follow-up was for a short period of time and then things returned to normal . In my opinion, constant monitoring may bring positive results in the health care provided to the patient"

### **C-A gap between theory and practice**

The existence of a difference or incompatibility between what is taught theoretically in colleges and what is practically applied in the real work environment is one of the challenges for implementation, according to some participants.

P2 " In fact, there is a huge difference between what we studied at the college and the reality of Health in hospitals. Where most of what we studied we didn't find applied"

P 7 " The reality that we studied in college is partly applied and the other is far from the reality that we live daily in our hospitals. There is a purely academic perspective and the real battle here with patients and their relatives is another world"

P 12 "Most of what we studied was more focused on the disease itself, how the disease occurs, what are its signs and symptoms, etc. The focus was not on what care the nurse should provide to the patient, and how he should formulate the care for each patient according to his basic need"

## **4. DISCUSSION**

The nursing process has many benefits in clinical practice, some of which are beneficial to the patient and others to the nurse, although this has not been applied in the health field (Mangare et al., 2016). Therefore, the study found the importance of understanding the challenges from the point of view of nurses working in the health field.

### **1-Training and professional development**

#### **A-Lack of knowledge**

The lack of knowledge may be one of the reasons that prevent the implementation of the nursing process, according to some participants in the study. This opinion agrees with previous studies, which noted that the lack of understanding or awareness about the importance of the nursing process prevents its implementation in their daily care practice, as it may result in the inability of nurses to develop an effective care plan depending on the patient's needs or the inability to analyze the information

correctly to reach the Nursing Diagnosis. (Gazari et al., 2021; Maitanmi et al., 2022; Benedet et al., 2020; Abebe et al., 2014). Shewangizaw & Mersha (2015) mentioned in a study conducted in Ethiopia that knowledge has a role in the implementation of the nursing process, where the more knowledge they have, the more likely they are to implement it. In addition, another study by Baraki et al., (2017) pointed out that about two-fifth of the respondents in Ethiopia, in the Tigray region in particular, have little knowledge.

Furthermore, Hussein (2020) noted that the nurses have little knowledge and that the program has had an impact in improving their knowledge. Also, Wube et al. (2019) and Adrar & Cherkos. (2021) stated that less than two-thirds of the respondents have little knowledge. Çakar & Avşar. (2020) and Andsoy et al. (2013) found that most of them face difficulties on how to write the appropriate nursing diagnosis for the patient, as well as the remaining of the other stages of setting goals or writing the appropriate plan and evaluating the case. The study by Avsar et al. (2014) revealed that nurses faced the greatest challenges during the application stage, while encountering the least difficulty in the evaluation stage. Tosun et al. (2022) pointed out that the different levels of nursing education from nursing schools, institutes and universities, this difference in education may be a reason to prevent the implementation of the nursing process in the correct form. In Egypt Mahmoud & Bayoumy. (2014) said that Limited understanding on the nursing process can hinder its application. In Iran Mohammadi et al. (2016) reported that lack of knowledge is one of the reasons that prevents the implementation of the nursing process.

Additionally, the conditions required for students to go from the knowledge stage to the application stage and higher levels of Bloom's taxonomy are not established by faculty members (Lotfi et al., 2020). A study in Iraq for students of the Universities of Selemani and Raparin by Lafi (2016) found that they had little knowledge about the nursing diagnosis based on NANDA. Also, in Mosul Governorate quantitative study conducted by Mayouf et al. (2019) found a lack of knowledge among nurses. In Saudi Arabia, Alshammari et al. (2019) found that knowledge is one of the barriers to carrying out the nursing process. In a Greece, Patiraki et al. (2017) noted that the nursing process failed in practice due to the lack of knowledge about the concept of Nursing Diagnosis.

A study in northern Ethiopia by Hagos et al. (2014) found that the more knowledge staff, the more likely the nursing process will be carried out, and this is also consistent with other studies that have reached the same result (Adeyemo et al., 2013; Yilak et al., 2022; Shewangizaw & Mersha, 2015; Agyeman-Yeboah et al., 2017; Miskir & Emishaw, 2018) explained that nurses did not understand it sufficiently during their academic education and have difficulty using it. A qualitative study in which fifteen nursing students were taken in Iran by Moghadas & Sedaghati Kesbakhi (2020) found that understanding the nursing process is one of the very important things to implement it. Most of the respondents do not know the exact number phases of the nursing process (Afolayan et al., 2013; Rajabpoor et al., 2018; Atafe et al., 2017). When it comes to patient care, Abdelkader & Othman. (2017) claimed that one of the main obstacles to the nursing process's implementation is a lack of faith in its use and insufficient understanding of the concept where More than three quarters of nurses do not use the nursing process.

Moreover, Lekenit et al. (2020) indicated that Most of them were trained in college but asked if nurses had enough expertise to practice NP, More than three-quarters said that they did not have enough knowledge to design and utilize NP in a skillfully. Poor comprehension of the nursing process by nurses, who are the method's primary implementers, is a significant obstacle to using it in patient management. Abebe et al. (2014) noted that compared to their peers, nurses with less understanding of the nursing process were less likely to practice it. In sub-Saharan African countries Tadong-Awasum & Dufashwenayesu. (2021) told that lack of knowledge is one of the obstacles preventing the nursing process from being implemented. Similar obstacles to employing the NP exist in Pakistan, such as a lack of expertise as demonstrated by Khan (2023).

Furthermore, Other studies discovered that one of the challenges faced by nurses is a complete and clear understanding of the correct application of the nursing process (Ribeiro et al., 2018; Abebe et al., 2014; Leoni-Scheiber et al., 2020; Adeyemo & Olaogun, 2013; Mahmoud & Bayoumy, 2014; Cabral et al., 2017; Gazari et al., 2021). According to Leoni-Scheiber et al. (2019), nurses in Austria are not well-versed in nursing diagnostic concepts. As previously stated by Haapoja (2014), personal factors that impede the proper application of the nursing process include a lack of readiness or understanding of the nursing process or certain aspects of it. More than three quarters of the nurses in Iran who work in hospitals at Ardabil and Khalkhal University reported "lack of complete knowledge of the concept of the nursing process" (Backzadeh et al., 2021).

The same is shown in other studies where the biggest obstacle to an effective process implementation has been inadequate understanding of the concept or how to carry out the process (Abdelkader & Othman, 2017; Mangare et al., 2016; Aseratie, et al., 2014). Besides, the study in Iran by Amouzeshi et al. (2015) focuses on how students' theoretical understanding and practical application of the nursing process are affected by the teaching methodology and how crucial it is to employ active learning techniques to improve students' comprehension of the nursing process in practical settings.

Moreover, Tadong-Awasum et al. (2022) noted in their qualitative study "Nurses' experiences with the adoption and use of the nursing process in four urban hospitals" deficient nurses knowledge in Yaounde-Cameroon are unable to carry out the NP. Also, little knowledge in Ghana could be one of the obstacle that prevent the NP implementation (Semachew, 2018).



## B- Lack of training

The current study concluded, according to the opinion of the study participants, that the lack of training related to the nursing process specifically may be one of the reasons that prevent the implementation of the nursing process. Many previous studies agree with the current result, which reported the lack of proper training can significantly impact the implementation of the nursing process where insufficient training can lead to difficulties in analyzing patient conditions and making informed decisions. (Gazari et al., 2021; Rajabpoor et al., 2018). In addition, more than two-thirds of the sample do not have training about the nursing process where lack of training necessitates strengthening national policy frameworks and interventions targeted at enhancing nursing process training and implementation in clinical settings, according to Zeleke et al. (2021). Evidence was found by Julie et al. (2017) told that the inadequacy of training which may be caused by the regulatory framework for the provision of courses that do not meet the standards, and the lack of places Proper training.

For the nursing process to be used, training is essential. Nurses risk forgetting or not updating their expertise on how to use the nursing process methodically if they don't receive regular training and refresher courses (Mahmoud & Bayoumy, 2014; Wube et al., 2019; Cabral et al., 2017).

Miskir & Emishaw. (2018) claimed that three-quarters of the sample said that they had not implemented the nursing process because they lacked the necessary training in the Afar region. Also, another studies which reported that training is the key to applying the nursing process effectively and efficiently, it is a crucial component in raising the standard of nursing care. To provide safe and thorough patient care, the nursing process phases, require specific clinical skills and specialized knowledge. As a result, ongoing training helps nurses become more proficient in carrying out these actions in a coordinated way, which improves patient outcomes (Mutshatshi et al., 2022; Lotfi et al., 2020; Azevedo et al., 2019).

Training is a vital method used for staff development to provide high quality services that enhance human resource efficiencies where employees who receive training more likely to implement it than others who have not had training to use the NP when caring for patients (Oronje et al., 2018).

Additionally, other research conducted in Turkey by Kol et al. (2017) stated that to improve planning, efficiency, and quality, an evaluation of employees' training needs should be conducted. To evaluate nurses' educational needs and establish the nursing process as a standard in nursing practice in order to avoid errors when providing patient care. On the same line, another study by Janati et al. (2017) showed the importance of training and that effective training depends on the actual training needs of nurses to ensure that the best care is given to the patient.

Studies have found that there are perceived advantages to the training program about the nursing process that includes empowering nurses with knowledge and Skills, providing high-quality patient care, raising staff morale and encouraging the exchange of information between the nursing staff the lack of training will serve as an obstacle to its implementation (Ngao, 2015; ).

The lack of in-service training is another factor impeding the proper application of the nursing process since it is essential for improving employee performance within the company as well as productivity and service quality. This should apply to all levels of nurses involved in patient care services (Chaghari et al., 2017; Abdelkader & Othman, 2017).

Likewise, Yazew et al. (2020) noted that the vast majority of nurses concur that in-service training is essential to raising the standard of patient care. Also, Lekenit et al. (2020) announced by studying at the Referral Hospital in Narok County that training is necessary for all nurses to improve the implementation of the nursing process. Besides, after graduation, training is necessary to close the knowledge and skill gap, according to the findings of a study conducted by Uğur et al. (2015).

Kallio et al. (2020) and Obonyo et al. (2019) found the need for training and their follow-up after training and evaluating the effects of it are important things to ensure the effectiveness of training to improve the health reality and provide the best care for patients.

Backzadeh et al. (2021) discovered that one of the potential reasons preventing the nursing process's implementation is the absence of training units, as well as the lack of repetition and practice of the nursing process as a basic concept in the nursing profession. Nurses who received NP training were more likely to implement it than those who did undergo training. This might be because training aids nurses in learning how to use NP when providing patient care (Siemuri et al., 2014; Zamanzadeh et al., 2015).

According to Osman et al. (2021), NP implementation in Ghanaian Teaching Hospitals is impacted by a lack of training. Matbouli et al. (2015) discovered that Tehran lacked in-service training. Besides, compared to nurses who had greater access to training, those who had less access to both short-term and long-term training were less likely to practice the nursing process (Atnafe et al., 2017; Mbithi et al., 2018).

## 2-Excessive workload

Another theme that emerged from the participants' expressed opinions is the increased workload, which could potentially be

a barrier to the implementation of the nursing process. There are other studies that agree with the result of the current study, where Agyeman-Yeboah et al. (2017) and Maitanmi et al. (2022) stated that the huge number of tasks assigned to the nursing staff is one of the barriers to the implementation of the nursing process.

In addition, Wube et al. (2019) mentioned in the study "Implementation Status of Nursing Process and Associated Factors among Nurses Working in Tikur Anbessa Specialized Hospital Addis Ababa, Ethiopia" that increasing the workload and stress increases the chance of mistakes in nursing activities. Likewise, Tadzong-Awasum & Dufashwenayesu. (2021) Excessive workloads limit the amount of time available for thorough patient assessment. Also, Andsoy et al. (2013) reported that more than half of the difficulties that nurses' face is workload as well as increased number of patients.

Increased workload among nurses working at Machakos Level 5 Hospital may be the reason why the majority of trained nurses are not implementing NP (Mbithi et al., 2018). Overwhelming workloads make it difficult to create customized care plans as explained by Osman et al. (2021) and Van den Oetelaar et al., (2021). The largest percentage, (57.9%), was attributed to workload as a barrier as indicated by Lekenit et al. (2020). Besides, Obonyo et al. (2019) indicated that there is a relationship between the workload and the application of the nursing process.

Shewangizaw & Mersha. (2015) noted that the amount of time a nurse may devote to different duties is undoubtedly impacted by their nursing workload. When nurses are overworked, they might not have enough time to complete duties that could directly impact patient safety. It demonstrates that when nurses experience job dissatisfaction, a systemic approach to nursing care will not be used.

Overwork has a detrimental effect on the nursing process, compromising patient care and raising stress levels in nurses (Anyasor & Oluwatoyin, 2017; Backzadeh et al., 2021; Zeleke et al., 2021; Lotfi et al., 2020; Mohammadi et al., 2016)

#### **A- Long working hours**

Among the things mentioned by the participants in the current study is the increase in the number of working hours, especially the evening shift. The studies that agree with this result are Atnafe et al. (2017) and Tosun et al. (2022), where they discussed that Long workdays can have a detrimental effect on how the nursing process is implemented, which in turn can impair the quality of patient care and the well-being of nurses. Common outcomes include exhaustion, burnout, and decreased productivity, which can result in mistakes and poor decision-making.

#### **B- Working with other tasks that are not assigned to**

Some of the participants mentioned that they worked with other non-nursing tasks, which is another burden on the nursing staff. This result is consistent with other studies, where they stated that assigning a nurse with non-nursing duties increases their burden and therefore is one of the barriers that prevent the nurse from thinking about applying the nursing process (Zeleke et al., 2021; Matbouei et al., 2015). In addition, Mahmoud & Bayoumy. (2014) study found that including the nurse with administrative tasks in addition to his tasks reduces his concentration at work and prevents him from implementing the methodological steps correctly.

Besides, Mynaříková & Žiaková. (2014) mentioned that the nurses' demand for administrative tasks in addition to patient care, which affects the accuracy of Nursing Diagnosis. To cover the shortage in Ethiopia in Addis Ababa specifically, Aseratie et al. (2014) found that the nursing staff may work as a laboratory employee by drawing blood.

### **3- Lack of resources**

#### **A- Staff shortage**

According to the results that appeared during the interview, the shortage of nursing staff may be one of the reasons that prevent the implementation of the nursing process. This result is consistent with previous studies, which state that the ratio of nursing staff compared to the number of patients is unequal (Gazari et al., 2021; Maitanmi et al., 2022; Hussein, 2020).

The application of the nursing process is greatly impacted by nursing staff shortages. When there are too few nurses, each nurse must care for more patients, reducing the time and attention given to each step of the nursing process as explained by Abdelkader & Othman (2017). The shortage of nursing staff constitutes more than three-quarters of the list of barriers that prevent the implementation of the NP, according to Zeleke et al. (2021).

Obonyo et al. (2019) found that three-quarters of the respondents do not implement the NP as a result of lack of nursing staff. According to Shewangizaw & Mersha (2015), more than one-third of the nurses provided care for more than 16 patients each day. The shortage of nurses compared to the admission of large numbers of patients affects the accuracy of the Nursing Diagnosis (Mahmoud & Bayoumy, 2014; Mynaříková & Žiaková, 2014).

Moreover, Maitanmi et al. (2022) mentioned that among the factors that prevent the implementation of the nursing process in neuropsychiatric hospitals is the lack of nursing staff. According to Rajabpoor et al. (2018), the discrepancy between the number of patients and nurses was perceived by nursing supervisors and nursing interns as a major obstacle. Human resources

are one of an organization's most valuable assets, as they enable the effective and efficient use of all other resources to their fullest extent. Nurses' heavy workloads lead to numerous problems, including an increase in infections, injuries, patient deaths, and the non-implementation of individualized care plans. Nurses who see fewer patients are often able to provide higher-quality care (Lekenit et al., 2020).

The majority of the respondents agreed that the nurse-to-patient ratio in the hospital affects the use of the NP as mentioned by Folami et al. (2019). Additionally, three-quarters of respondents cite the nursing staff's insufficiency as the primary cause (Julie et al. (2017). Rakuom et al. (2016) discussed in their study in Kenya that a shortage of nursing serves as a barrier to carrying out the NP. Buchan et al. (2018) mentioned the employment of a small number of nurses in exchange for a large number of patients and those with complex care needs.

Besides, Çakar & Avşar (2020) explained that the shortage of staff in Turkey is one of the reasons that hinder the implementation of the NP. Wube et al. (2019) found that each nurse provided care to more than six patients a day. In addition, Hagos et al. (2014) three-quarters of respondents do not apply the NP due to shortage of staff. Anyasor & Oluwatoyin (2017) and Aiyedun et al. (2014) studies in Nigeria found that the staff shortage affect nursing process implementation.

In addition, other studies have shown that the shortage of nursing staff may lead to failure in the implementation of all steps of the nursing process and sufficiency with routine care (Moghadas & Sedaghati Kesbakh, 2020; Tadzong-Awasum & Dufashwenayesu, 2021; Agyeman-Yeboah et al., 2017; Azevedo et al., 2019; Shewangizaw & Mersha, 2015; Mohammadi et al., 2016; Laybidi, 2020; Adraro & Mengistu, 2020; Lotfi et al., 2020; Cabral et al., 2017).

## **B- Lack of Equipment Necessary**

Among the things expressed by the participants is the lack of a special chart for the steps of the nursing process in the patient's file. This result was supported by Lekenit et al. (2020), in which they mentioned the lack of materials that help to apply it. According to Mahmoud and Bayoumy (2014), these difficulties are caused by a lack of resources and incapacity.

Ninety percent of the lecturers said that the absence of a checklist for documenting the nursing process in the patients' medical records was the biggest obstacle to its implementation as explained by Rajabpoor et al. (2018). According to Mazlom (2014), implementing this process in clinics can be facilitated by using the nursing process software. In Nigeria, Afolayan et al. (2013) discovered that nurses did not use it when caring for patients due to a lack of adequate work supplies. The more access they have to the necessary materials, the more likely they are to carry out the nursing process, according to a study conducted by Bayih et al. (2021).

Agyeman-Yeboah et al. (2017) brought out the ward's lack of a special chart for the NP. Besides, Maitanmi et al. (2022) discussed the scientific application of the Nursing Process may be hampered by the absence of required materials. Adraro & Mengistu (2020), found that more than half of the respondents said the resources are insufficient. Baraki et al., (2017) explained that one of the factors for not using the NP properly is the lack of necessary materials. Majority of the sample stated that lack of resources is an obstacle to implement the NP as reported by Backzadeh et al., 2021.

Studies conducted by Akhtar et al. (2018) and Ali & Javeed (2020) in Pakistan showed the lack of resources in nursing practice is one of the obstacles that nurses encounter. Youssef et al. (2018) study revealed that Jordanian and Egyptian nurses encounter obstacles such as a shortage of resources. The second reason the nursing process is not implemented in these countries is due to a lack of infrastructure, including, a lack of software for the NP, an inadequate nursing documentation system that is done by hand, a lack of standard tools for evaluating nursing care based on NP (Rahmani et al., 2016; Semachew, 2018).

Inadequate infrastructure and nursing report documenting system can affect NP implementation (Lotfi et al., 2020). A qualitative study by Frigstad et al. (2015) reported that availability of the NP through electronic means offers nurses and nursing students a significant chance to enhance their clinical performance. An integrative evaluation of the use of the computerized nursing process (CNP), which improves documentation, standardizes care, lowers errors, and boosts efficiency, is presented in the article by Domingos et al. (2017) in Brazil. The use of CNP improves clinical decision-making and care continuity, according to the review. The study by Julie et al. (2017) concludes that a shortage of essential nursing tools is a significant obstacle, and limited access to materials hinder the effective application of the nursing process. The likelihood of implementing the nursing process according to study by Shewangizaw & Mersha (2015) was (5.50) times higher for employees in hospitals with more facilities than for those without. According to Mbithi et al. (2018) and Abebe et al. (2014), nurses who acknowledge that resources are available are more likely to apply the nursing process than those who believe that the necessary materials are not readily available.

Furthermore, previous studies support the current result and show that the lack of tools is one of the barriers that prevent the implementation of the nursing process in all its steps (Anyasor & Oluwatoyin, 2017; Van den Oetelaar et al., 2021; Tadzong-Awasum et al., 2022;; Osman et al., 2021; Baraki et al., 2017; Cabral et al., 2017; Rakuom et al., 2016; Laybidi, 2020; Atnafe et al., 2017).

While, a study by Hussein (2020) in Saudi Arabia, specifically in Medina, where more than half of the respondents answered that the resources are sufficient to carry out the nursing process.

Also, the previous research that looked at NP software design and use. A trustworthy method for evaluating the caliber of diagnostic records is the NP electronically documentation, more effective than a manual documentation method in terms of nursing outcomes and interventions. The creation of this tool and its use can support quality of care and decision-making. Additionally, it lowers errors and improves the quality of inpatient care provided by nurses (Lima et al., 2018; Domingos et al., 2017; de Lima Silva et al., 2015; Paese et al., 2018).

#### 4- Motivation

The lack of motivation represented by the absence of support, whether from management or from co-workers, as well as an insufficient salary for the current life requirements, in addition to the absence of identity or independence, are among the things mentioned by the participants in the current study.

##### A- Lack of support and appreciation

The previous studies that agree with these results, Zeleke et al. (2021), reported that more than half of the respondents answered that lack of cooperation, authority recognition, and sufficient incentive to implement NP among the barriers to NP implementation.

One of the biggest obstacles to its successful implementation is frequently a lack of institutional support and nursing motivation. Nurses may feel overburdened by new documentation requirements and procedural changes if hospital management does not adequately encourage them, which could result in resistance or insufficient adoption (Julie et al., 2017; Cabral et al., 2017).

According to Mahmoud & Bayoumy (2014) explained that some nurses may find that there is no need to write a nursing care plan, which negatively affects the rest of their co-workers, and this reduces the supposed motivation to implement it. Also, a qualitative study by Mutshatshi et al. (2022) in which the participants stated *"These people do not do much to assist us, the audit team is the one that is trying to follow up the nursing process but there is not much progress as I see and this is demotivating us anyhow we are so discouraged."*

Backzadeh et al. (2021) discussed the lack of attention of managers to the concept of the nursing process as the basic and initial factors that affect the implementation of the NP. Abdelkader & Othman (2017) also noted that another problem impeding the nursing process application is the absence of support from the relevant authorities. Besides, Moghadas & Sedaghati Keshbakh (2020) with their qualitative study in Iran, added that the indifference of nursing officials in hospitals may be one of the reasons that prevent the implementation of the nursing process.

Lekenit et al. (2020) it was found that the lack of support provided by the foundation to the staff to carry out the nursing process may adversely affect them and therefore the quality of health care. Also, Lotfi et al. (2020) found that one major obstacle to the successful use of the nursing process in healthcare settings is the absence of institutional support. Likewise, More than two-thirds of the respondents strongly agree that the hospital administration need needs to be enlightened on the benefits of the nursing process (Folami et al., 2019).

Furthermore, other previous studies show that the support of the administration has an important role in the implementation of the nursing process, as the word of encouragement for the person who implements the NP motivates others to do it as well as provide them with necessary tools (Tadzong-Awasum et al., 2022; Zamanzadeh et al., 2015; Potter & Perry, 2017; ).

Haapoja (2014) discussed the lack of support provided by colleagues can negatively affect the implementation of the nursing process. Similarly, previous studies on the same line have shown that the support provided by co-workers can affect the implementation of the nursing process (Alshammari et al., 2019; Khan, 2023; Laybidi, 2020).

Yilak et al. (2022) explained by their study that nurses who have received adequate support from the administration are more likely to carry out the nursing process. Adrarro & Mengistu (2020), discovered that without administrative support, NP implementation is less feasible. The manager who does not provide support to the nursing staff and its development is possible this factor hinders the implementation of the nursing process as demonstrated by Atnafe et al. (2017). Wagoro & Rakuom (2015) pointed out that the nursing affairs official does not support the implementation of the nursing process may be one of the obstacles. A research conducted in Iran by Matbouei et al. (2015) showed that the lack of privileges for the staff who carry out the Nursing Diagnosis, this extinguishes their flame for self-development.

Mbithi et al. (2018) stated in their study that the majority of the sample praised that the administration does not care about the nursing process and does not consider it part of the objectives of the annual performance assessment. According to Rakuom et al. (2016), one of the obstacles to implementation is the absence of official assistance. Also, Busca et al. (2021) claimed in 2021 that a significant barrier to the nursing process's implementation was the absence of support from colleagues and superiors. While Hussein (2020) noted that the majority of the sample said that institutional support was found.



## B- Lack of Professional independence

One of the themes that emerged through the analysis of the participants' speech is the absence of independence. Previous studies have pointed to this topic. Abay et al. (2016) stated in their qualitative research in Turkey in 2016 that the lack of reference to the nurse's opinion in reaching decisions and insufficient independence. Khajehgoodari et al. (2020) indicated that nurses frequently delivered care in accordance with doctor's orders, without independently determining and documenting patients' nursing care needs, demonstrating a lack of autonomous nursing judgment in their practice.

Furthermore, Backzadeh et al. (2021) stated that there is no independent nursing care and excessive dependence on doctors. Agyeman-Yeboah & Korsah (2018) emphasized that Ward lacked a care plan, that nursing care in Ghana is dependent on the decisions of others and that nurses seem to be just assistants to doctors only. Mahmoud & Bayoumy (2014) and Rakuom et al. (2016) found that one of the biggest obstacles to using the nursing process is a lack of nursing autonomy. Zamanzadeh (2015) also mentioned how doctors predominate in management systems.

## C- Salary

One of the things mentioned by the participants, which is considered as an incentive for them if it is implemented, is that the salary they receive is not enough. Among the previous studies that supported this result was Abay et al. (2016) and Aseratie et al. (2014), who stated that insufficient wages force them to other work and therefore increase the burden on them and reduce their motivation to work systematically, but perhaps it may be just routine work without career development. According to Hussein (2020) and McCreedy et al. (2018), there is insufficient incentive to complete the nursing process in the form of a promotion or enough pay. Among the main obstacles is the lack of salaries that are not enough for living requirements as explained by Khan (2023) and Zeleke et al. (2021).

## 5- Administration

### A-Job description

The job description is one of the things that the participants pointed out in the current study and that each class of Nursing should know the work that he has to do, both according to his job title. This is what previous studies have agreed with, where Mynařiková & Žiaková (2014) showed in their research there is a need to define the roles of all categories of nursing staff. Besides, Zeleke et al. (2021) discussed that the unclear job descriptions of nurses that may be one of the reasons that the nursing staff is confused about exactly what their job is and does it perfectly

### B- Superintendence

Supervision and follow-up of the work progress are important things that the participants noted during the interview, and this result agrees with Rajabpoor et al. (2018), which showed that the lack of monitoring to carry out the nursing process properly by the authorities is one of the reasons that prevent its implementation. Also, Gazari et al. (2021) discussed it is necessary to follow up to find out if it was implemented correctly.

According to Backzadeh et al. (2021), the quality of care given declines as a result of improper nursing performance evaluation and some administrators' neglect of this issue. Similarly, Lekenit et al. (2020) found that the implementation of the Nursing Process is negatively affected by the lack of supportive supervision of nurses and they stated that this process is not part of their annual performance assessment. In addition, Zeleke et al. (2021) stated that more than half of the sample responded to the lack of follow-up to the implementation of the nursing process.

Furthermore, other studies have been noted on the subject of supervision, and they are necessary to ensure the progress of work and encourage its implementation. Continuous supervision helps to detect problems that nurses face during the implementation of the nursing process, whether related to lack of resources, poor training, or lack of coordination between the health team. In addition, the presence of supportive supervisors encourages nurses to take a scientifically evidence-based approach to care delivery, which enhances their confidence in efficiently applying the steps of the nursing process (Abdelkader & Othman, 2017; Khan, 2023; Anyasor & Oluwatoyin, 2017; Lotfi et al., 2020; Mangare et al., 2016; Mbithi et al., 2018).

### C- A gap between theory and practice

The participants mentioned that there was a difference between the reality in the hospital and the academic education they studied. This result is approved by Figueiredo et al. (2014) study, which highlighted the big difference between what is recommended and the actual practice. Additionally, Mbithi et al. (2018) found in another study that there can be a discrepancy between what is taught in the classroom and what is actually done in practice.

A qualitative study conducted by Löfgren et al. (2023) discovered that nursing students from Swedish universities face difficulties by not integrating theoretical knowledge with their practical practice, stating that it is academic and difficult to apply in hospitals. Lekenit et al. (2020) discovered that theory and practice differed greatly. In conclusion, it is not always evident that what is taught in class is applied.



## 5. CONCLUSIONS:

The study identified several reasons that may contribute to the failure to implement the nursing process, according to the opinions of the participants from teaching hospitals in Najaf Governorate. These include a lack of knowledge and training specifically related to the nursing process, as well as workload burdens such as long working hours and additional tasks that are not part of a nurse's responsibilities. Additionally, there is a shortage of both human and material resources.

Moreover, the absence of incentives, including a lack of support from management or colleagues, limited professional autonomy, and low salaries. Another key factor was the absence of job descriptions, inadequate supervision, and the gap between what nurses study and the realities of the healthcare system in hospitals.

## 6. RECOMMENDATIONS

Based on the results, the study recommends the following:

- This study may help the Ministry of Health identify the topics that should be covered in in-service nursing education to equip nurses with relevant knowledge aimed at delivering high-quality patient care.
- The researcher recommends providing instructional charts and textbooks in the wards to encourage nurses to read and update their knowledge
- The study recommends that hospital management reduce the working hours of the on-call staff or provide additional staff for night shifts to lessen their workload.
- The study recommends the administration for providing human and material resources, including the special chart necessary for the implementation of the nursing process. It is preferable to equip all wards with computers to facilitate the documentation of NP.
- The study recommends that management provide the necessary support to staff, motivating them through financial incentives or by creating a stimulating work environment. Also, recognizing their efforts will enhance their morale and improve patient care through the nursing process.
- It is recommended that the implementation of this process be mandated by the Ministry of Health across all provinces of Iraq. This would enhance the practice of what has been taught in universities and contribute to strengthening standards in the nursing profession.
- A recommendation for periodic evaluation of nurses with effective supervision over its implementation, ensuring that those who perform well are rewarded while those who fail to comply are held accountable.
- The study recommends collaboration between the Ministry of Health, and academic institutions to establish a mechanism that supports its application across the entire healthcare sector. This would enhance the quality of nursing care and reduce the gap between academic education and real-world healthcare practice.
- A recommendation for the Ministry of Health to define the roles of each nursing category under what is called the job description and to ensure its actual implementation in healthcare institutions. Further studies are needed, particularly on strategies for implementing the nursing process, to pinpoint the specific stages where implementation is either weak or strong, and training programs designed to enhance nurses' ability to apply the nursing process effectively

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