Original Research Article

Knowledge, Practice and Barriers to the Use of Nursing Process and Standardised Nursing Languages in Selected Hospitals in Nigeria

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Abstract

Background: The Nursing Process and the Standardised Nursing Languages (SNLs) were incorporated into nursing practice to improve documentation of care. ***Aims***: This necessitates the need to assess the knowledge, practice and barriers to the use of Nursing Process and Standardised Nursing Languages. ***Methods***: This study adopted a descriptive cross sectional research design. Questionnaires were used to obtain data from clinical nurses in the University College Hospital and Adeoyo Maternity Hospital, Ibadan. A simple random technique was used to select 337 nurses who participated in the study. Data was analysed using IBM SSPS version 25.0. Results were presented using frequency distribution and association between variables were tested using chi square at p value ≤ 0.05. ***Results***: The respondents were within the age group 21-30 years and majority (89.6%) were female. Half (50%) of the clinical nurses have a good knowledge of both the nursing process and the standardised nursing languages. Also, 59% of the nurses have a good practice of nursing process and 41% have a good practice of the standardised nursing languages. The major barriers identified to the use of the nursing process and standardised nursing language were (lack of funding for nursing process 63.5% and inadequate knowledge for SNLs 67.4%). There is a statistically significant association in the knowledge of nurses on the nursing process and standardised nursing languages and age with p value ≤ 0.00. ***Conclusion:*** it was revealed in the study that more nurses practice the nursing process than the SNLs. Therefore, there is a need for further training on SNLs. Also, the reference books on SNLs should be made available to nurses on the wards.
Keywords: Knowledge, Practice, Barriers, *Advance Nursing Process,* Standardised Nursing Language.

BACKGROUND

The majority of healthcare workers are nurses, who also serve as the system's primary front-line carers (Maicieiria *et al*., 2018). As a result, there is a tremendous desire for healthcare providers to provide more precise, well-documented, and cost-effective patient care. Additionally, a professional phrase for nursing practise and communication is required. Standardised nursing languages were created as a result.

An accepted word for describing the clinical judgements used in nursing assessment is Standardised Nursing Language (SNL) (Rabelo-Silva *et al*., 2017). It's crucial to try to implement SNLs and document their effects since they make it possible to document holistic, tailored nursing care, which raises nurses' profile and enhances nursing practise and communication. It also outlines the particular function of the nurse (Patiraki *et al*., 2015). The North American Nursing Diagnoses Association-International, Nursing Intervention Classification, and Nursing Outcome Classification are the most well-known nursing languages, although the American Nurses Association has authorised a number of them. (Sevinc et al, 2014). They are three separate terminologies that are very often used together and are referred to as "terminology set" (Maicieira *et al*., 2017). They are well developed and most applicable, and well-incorporated into the nursing process.

Nurses use the nursing process as a planning tool and to provide patients with tailored, holistic care (Kozier and Erbs, 2016). It is generally considered to refer to the sequence of actions the nurse conducts when organising and providing nursing care.

From history, the nursing process was first used by Lydia Hall in 1955 (Soyinka, 2020). The Nursing and Midwifery Council of Nigeria adopted the nursing process into nursing practice in Nigeria in the 1980s to provide a framework for nursing practice and to improve the quality of healthcare service delivery in the country (Ojewole and Samole, 2017).

To advance the nursing profession and boost its efficacy through bettering the results of interventions, the Nursing Process and Standardised Nursing Languages were adopted into nursing practise (Adubi *et al.*, 2018). Since their acceptance, a wide range of efforts have been made to sensitize nurses to put them into use, such as being incorporated into school curricula, seminars and workshops for nurses, post-basic courses, and so on to ensure that they are effectively put into practice (Ajayi *et al.*, 2015). Certain elements, such as a nurse's knowledge, critical thinking abilities, familiarity with standardised nursing languages (SNLs), evidence-based practise, and competency in evaluating the outcome of intervention to the patient, determine the effective and efficient utilisation of the nursing process (Ojewole and Samole, 2018).

The first step in selecting the best actions to achieve the desired nursing outcomes is to use accurate nursing diagnosis. Therefore, consistency in the application of the classifications of diagnoses, therapies, and outcomes is essential (Thomé *et al.*, 2014).

Contrary to the ideal, however, studies have shown that a large percentage of nurses still have little or no knowledge of SNLs and the nursing process.

Although most nurses were exposed to nursing diagnoses during their academic training, NANDA-I (Nursing diagnosis) is not employed in these settings, hence their knowledge and abilities were not transferred (Frauenfelder *et al.*, 2016). Poor knowledge of the standardized nursing languages and nursing process has been seen to limit their effective use among clinical nurses. Feedbacks from clinical settings have indicated that despite the acceptance of standardized nursing languages and the nursing process, there is still no or little effective utilization by nurses and numerous factors that are limiting their use. According to a study done by Mutasha and Mothiba, this is obvious (2020).

Although the nursing process is taught as a foundation for nursing care when patients are cared for in healthcare facilities, it can still be difficult to apply effectively (Osman et al, 2021). Nursing process is still difficult for nurses to use in clinical practise, despite nursing training curricula include them as a foundation for nursing care, which leads to poor-quality nursing documentation (Semachew, 2017). The purpose of this study was to evaluate nurses' knowledge, practise, and barriers related to the use of the nursing process and standardised nursing languages. This was done in light of the aforementioned factors.

Specific Objectives
The specific objectives of the study are to;
   a) Assess the level of knowledge of the standardised nursing languages and the nursing process among clinical nurses in selected hospitals.
   b) Determine the practice of nurses to the use of nursing process and standardised nursing languages among clinical nurses in selected hospitals
   c) Identify the barriers to practice of the standardised nursing languages and the nursing process among clinical nurses in selected hospital.

Research Hypotheses
There is no significant association between the socio-demographic variables (Age, gender, educational qualifications) and clinical nurses' knowledge, practice, of the Standardised Nursing Languages and the Nursing Process.

RESEARCH METHOD
Research design
This study employs a descriptive research design to assess the knowledge, practice and barriers to the use of nursing process and standardised nursing languages.

Research settings
The study was conducted in two (2) hospitals namely; University College Hospital and Adeoyo Maternity Hospital, Yemetu. In Nigeria's Oyo state, in the city of Ibadan, are these hospitals. In 1957, a federal government hospital called the University College Hospital in Ibadan was founded. .It is located in Ibadan-North local. The hospital has about 65 administrative and clinical departments. There is an average of 3000 workers of which 1453 are nurses.

Adeoyo Maternity Teaching Hospital, Yemetu, Ibadan is a state-owned hospital. It was established in 1928. The hospital provides maternal and child health services to people in and its surrounding. It is made up of antenatal clinic, labour ward, postnatal ward, immunization clinic, post caesarean section ward, gynaecological clinic and family planning clinic. There are 165 nurses in the hospital. Both settings are adjudged to be good for the study because these settings utilise the nursing process and SNLs in the documentation of nursing care.

Sampling techniques

The simple random technique was used to select 337 nurses in the study setting. They were nurses working in a tertiary and state hospitals in Ibadan, Nigeria. First, balloting was carried out to select three out of six clinical departments at the hospitals. The number of nurses selected from each department was determined using probability proportional to size. This was performed by dividing the number of nurses in each department by the number of nurses in all the departments and multiplying by the estimated sample size. The selection of study participants was conducted by using the balloting method. Where any nurse that falls into number two (2) at the study center were recruited for the study until the estimated sample size for each department was obtained.

Inclusion/ Exclusion criteria

Regardless of their year of experience, clinical nurses from the University College Hospital and Adeoyo Maternity Teaching Hospital were included in the study. Clinical nurses who were absent in any way at the time the data were collected were not included.

Instrument for Data collection

A self-developed structured questionnaire with 64 items was used to obtain information from the respondents. The questionnaire consists of four different sections; Section A: elicited demographic data of respondents. Section B: was on knowledge of nurses on the nursing process and standardised nursing languages Section C: elicited information about the practice of the nursing process and standardised nursing languages by nurses. While section D: information was on the barriers to the use of the nursing process and standardised nursing languages. The validity of the instrument was ascertained by experts in nursing diagnosis. The test re test method was caried out and the internal consistency of the instrument was rated. The Cronbach's alpha value was 0.8. Below is the rule of thumb on the result of reliability test. An alpha value less 50% is considered unreliable while a value greater is a welcome reliability value (Bahadur, 2021)

Method of Data collection

The University of Ibadan/University College Hospital ethical review board requested and granted ethical approval before the study commenced with approval number UI/EC/21/054. A copy of the research proposal, the ethical approval and a letter were presented to the appropriate bodies at the hospitals where data are to be collected (University College Hospital, Ibadan and Adeoyo Maternity Hospital, Yemetu, Ibadan). Participants in the study gave their informed consent before receiving the questionnaires, which were given to those who agreed to take part in the study during the nurses' break and in their respective break rooms. Instructions were written on the uppermost section of the structured questionnaire in order to ensure an adequate understanding of what is expected of the study participants. The questionnaires were then retrieved only after the respondents have clearly stated that they have completed them but not later than one day. Personal information such as names, home address, phone number were not collected to ensure the data obtained are as anonymous as possible. The participants of the study were not be treated inhumanely and the method of data collection was not invasive in any form. The nurses were given the right to choose if they want to participate in the study or not and they could withdraw at any time. Data collection spanned over the period of three weeks in both settings.

Method of Data Analysis

The gathered information was entered and coded in SPSS version 25.0. To analyse the data, descriptive statistics were utilised. Frequency and percentages were used to present the results. While utilising Chi square with a 0.05 p value, associations between variables were evaluated.

RESULTS
Table 1 Socio-demographic variables of respondents

Table 1 revealed that the less than half of the respondents were between the age group 21-30 years (48.1%), while majority were female (89.6%), more than half (61.4%) were married, majority (74.8%) of the respondent were Yoruba, more than half (67.7%) of the respondent have bachelor of nursing science and majority (74.5%) of respondents were Christian.

Table 1: Socio Demographic information of the respondents, n=337

Variables	Categories	Freq. (%)
Age	21-30	162(48.1)
	31-40	89(26.4)
	41-50	71(21.1)
	51-60	15(4.5)
Sex	Male	35(10.4)
	Female	302(89.6)
Marital Status	Single	122(36.2)
	Married	207(61.4)
	Divorced	6(1.8)
	Widowed	2(0.6)
Religion	Islam	80(23.7)

Variables	Categories	Freq. (%)
	Christianity	251(74.5)
	Others	6(1.8)
Ethnicity	Hausa	17(5.0)
	Igbo	60(17.8)
	Yoruba	252(74.8)
	Others	8(2.4)
Highest level of Education	Diploma (RN)	57(16.9)
	BNSc	228(67.7)
	MSc	42(12.5)
	Ph.D.	10(3.0)

Key: BNSc- Bachelor of Nursing Science
MSc.- Masters of Nursing Science
PhD.- Doctor of Philosophy

Table 2 Knowledge of the Nursing Process and Standardised Nursing Languages

The table below revealed that the majority (95.9%) of the respondents identified correctly that the meaning of nursing process is the "*Systematic patient care data collection for identifying nursing care requirements and assessing patient care.*" Also, more than half (53.1%) could not identify correctly what step is Nursing Outcome is in the nursing process. Eighty percent of the respondents could identify the full meaning of NNN.

Table 2: Assessing the Knowledge of Nursing Process and Standardised Nursing Language

Knowledge Assessment	Response	Freq. (%)
Nursing process is the systematic patient care data collecting for identifying nursing care requirements and assessing patient care.	Yes	323(95.9)
	Neutral	6(1.8)
	No	8(2.4)
Nursing process has 4 steps	Yes	166(49.3)
	Neutral	19(5.6)
	No	152(45.1)
Outcome identification is the second step of the nursing process	Yes	179(53.1)
	Neutral	19(5.6)
	No	139(41.2)
A complete, uniform classification of nursing interventions is known as NOC.	Yes	234(69.4)
	Neutral	47(13.9)
	No	56(16.6)
A clinical assessment of an individual's, family's, or community's reactions to actual and potential health issues as well as normal life processes is called a nursing diagnosis.	Yes	322(95.6)
	Neutral	7(2.1)
	No	8(2.4)
The steps of nursing process are cyclical	Yes	295(87.5)
	Neutral	17(5.0)
	No	25(7.4)
NNN means NANDA, NOC and NEC	Yes	133(39.5)
	Neutral	56(16.6)
	No	148(43.9)
NNN means NANDA-1, NIC and NOC	Yes	271(80.4)
	Neutral	46(13.6)
	No	20(6.0)
The nursing process is a means of documentation of care	Yes	294(87.3)
	Neutral	23(6.8)
	No	20(6.0)
The standardized nursing language are means of documentation of care	Yes	286(84.8)
	Neutral	26(7.7)
	No	25(7.5)

Key: NNN- NANDA-I, Nursing Intervention Classification, Nursing Outcome Classification.

Table 3. Practice of the Nursing Process

The table 3 shows that majority (90.8%) of the respondents utilise nursing process. However, it was evident that more than half (55.8%) use it not for only critically ill patient, while 62% do not use it at the point of admission. Despite, 85.5% of the respondents have been trained by the hospital.

Table 3: Assessing the Practice of Nursing Process

Practice of Nursing Process	Responses	Freq. (%)
I use nursing process in my facility	Yes	306(90.8%)
	Neutral	17(5.0%)
	No	14(4.2%)
I use nursing process for critically ill patient only	Yes	116(34.4%)
	Neutral	33(9.8%)
	No	188(55.8%)
I use the nursing process only at the point of admission	Yes	96(28.4%)
	Neutral	32(9.5%)
	No	209(62%)
I use nursing process for older patients only	Yes	66(19.6%)
	Neutral	23(6.8%)
	No	248(73.6%)
I document my findings on nursing process after assessing patient	Yes	307(91.1%)
	Neutral	16(4.7%)
	No	14(4.2%)
I diagnose patient's problem on the nursing process	Yes	315(93.4%)
	Neutral	16(4.7%)
	No	6(1.8%)
I document my interventions for the patient on the nursing process	Yes	311(92.3%)
	Neutral	20(5.9%)
	No	6(1.8%)
I document nursing outcomes after interventions in the nursing process	Yes	297(88.1%)
	Neutral	25(7.4%)
	No	15(4.5%)
Nurses are taught how to use the nursing process by the hospital.	Yes	288(85.5%)
	Neutral	31(9.2%)
	No	18(5.3%)

Table 4. Practice of Standardised Nursing Languages

The table 4 revealed the distribution of the respondents on the practice of standardised nursing Language. It was observed that 83.9% of the respondents use standardised nursing language in their facility. The practice of using NANDA-1 to diagnose patient's problem has majority 84.6% in agreement. While, the use of NIC label, activities and NOC respondents' practice were 18.4% and 16.5% respectively. It was also observed that 79.4% of the respondent said the hospital train them on the use of Standardised Nursing Language.

Table 4: Assessing the Practice of Standardised Nursing Languages

Practice of Standardised Nursing Process	Responses	Freq. (%)
Standardised Nursing Language are used in my facility	Yes	283(84%)
	Neutral	15(4.5%)
	No	39(11.5%)
I use standardised nursing languages for critically ill patients only	Yes	88(26.1%)
	Neutral	67(19.9%)
	No	182(54%)
I use standardised nursing languages only at the point of and admission	Yes	80(23.8%)
	Neutral	49(14.5%)
	No	208(61.8%)
I use standardised nursing languages for older patients only	Yes	73(21.7%)
	Neutral	47(13.9%)
	No	220(64.4%)
I use NANDA-1 to diagnose patient's problem	Yes	285(846%)

Practice of Standardised Nursing Process	Responses	Freq. (%)
	Neutral	16(4.7%)
	No	36(10.7%)
I use NIC labels and activities to document my interventions to patients	Yes	62(18.4%)
	Neutral	49(14.5%)
	No	226(67.1%)
I use NOC to document patient's outcome	Yes	57(16.9%)
	Neutral	72(21.4%)
	No	208(61.8%)
The hospital Trains nurses on the use of standardised nursing languages	Yes	269(79.4%)
	Neutral	32(9.5%)
	No	36(10.7%)

Table 5. Barriers to the use of Nursing Process and Standardised Nursing Languages

Table 5 the table shows that lack of knowledge (59.3%) on NP and SNL (65.3%), Lack of funding for necessary equipment on NP and SNL (65.3%; 67.4%) and the use of the NP and SNL can be cumbersome (55.2%; 61.5%) respectively. Other barriers can be seen in the table 5.

Table 5: Barriers to Practice of Nursing Process and Standardised Nursing Language

Barriers to practice of Nursing and Standardized Nursing Process	Response	Nursing Process Freq. (%)	Standardized Nursing Language Freq. (%)
Lack of knowledge	Yes	200 (59.3)	220 (65.3)
	Neutral	40 (11.9)	26 (7.7)
	No	97 (28.8)	91 (27.0)
Lack of funding for necessary equipment	Yes	220 (65.3)	227 (67.4)
	Neutral	56 (16.6)	50 (14.8)
	No	61 (18.1)	60 (17.8)
Inadequate research	Yes	214 (63.5)	227 (67.4)
	Neutral	45 (13.4)	55 (16.3)
	No	78 (23.1)	55 (16.4)
Current documentation system does not include the processes	Yes	119 (35.3)	174 (51.7)
	Neutral	58 (17.2)	61 (18.1)
	No	160 (47.5)	102 (30.3)
Use of the processes can be cumbersome	Yes	186 (55.2)	214 (61.5)
	Neutral	46 (13.6)	45 (13.4)
	No	105 (31.2)	78 (23.1)
The processes cannot be practiced even with adequate staffing	Yes	99 (29.4)	132 (39.1)
	Neutral	26 (7.7)	46 (13.6)
	No	212 (62.9)	159 (47.2)
Lack of reference book	Yes	152 (45.1)	202 (59.9)
	Neutral	66 (19.6)	60 (17.8)
	No	119 (35.2)	75 (22.2)
Lack of mandate from educational system	Yes	173 (50.9)	196 (58.1)
	Neutral	56 (16.6)	70 (20.8)
	No	108 (32.0)	71 (21)
The process of changing the regular means of documentation practice	Yes	179 (53.1)	215 (63.8)
	Neutral	67 (19.9)	56 (16.6)
	No	91 (27.0)	66 (19.6)
Time to learn a new system of documentation	Yes	187 (55.5)	209 (62.0)
	Neutral	56 (16.6)	58 (17.2)
	No	94 (27.9)	70 (20.8)

Bivariate analysis

Table 6 shows that there is significant association between age, sex and knowledge, practice of Nursing process and standardised nursing language.

Table 6: Socio demographic variables and knowledge, practice of Nursing process and Standardised Nursing Language

Variables		X²	Df	P value
Age	Knowledge about Nursing and Standardised Nursing Language	24.156	3	0.000
Sex		4.080	1	0.043
Educational Level		2.757	3	0.431
Age	Practice of Nursing Process	2.254	3	0.521
Sex		0.172	1	0.678
Educational Level		4.052	3	0.256
Age	Practice of Standardised Nursing Language	1.367	3	0.713
Sex		0.234	1	0.629
Educational Level		2.762	3	0.430

DISCUSSION OF FINDINGS

Less than half of the respondents, according to the survey, were between the ages of 21 and 30 years. This is similar to the findings from the study carried out by Zehirun *et al.*, (2022), in Ethiopia where majority (71%) of the workforce are equal to or less than 28years. The distribution by gender base of the respondents has majority being female compared with the male respondents. This is in contrast to the study in Ethiopia by Adraro *et al.*, in 2020 where more than half (53.4%) of the respondents were males. The distribution of the respondents by Marital status has majority being married. This agrees with the findings of the study conducted in Nigeria by Akpan-idiok *et al.*, (2017). It was discovered in the study that majority (93.3%) were also christians. The findings from this study shows that study was carried out in south west Nigeria were christian are the majority.

Knowledge of the Nursing Process and Standardised Nursing Languages

According to the study's findings, more than half of clinical nurses are knowledgeable about the nursing process. Nearly half of those polled disagreed that there are four steps in the nursing process. More than half are unaware that the second phase in the nursing process is not outcome identification.

This is in line with the research done in Kenya by (Githemo *et al.*, 2017). However, the majority of respondents concurred that the nursing process is a method of documenting and that its processes are cyclical. The understanding of the nursing process was found to be more widespread among nurses than the knowledge of the standardised nursing languages. This is consistent with a study conducted in Nigeria in 2017 by Abiodun-Sanni, which found that nurses have little knowledge of the standardised nursing languages. Only around a third (37.4%) of the population under investigation provided accurate definitions for the terms. The majority (95.6%) of respondents correctly identified NANDA-I, while more than half (69.4%) of respondents knew the proper meaning of NOC. However, Gusen *et al.*, (2017) found that most of the respondents (more than one-third) had adequate knowledge about NANDA-I diagnoses and more than half of the respondents had adequate knowledge about NIC in their study in Jos, Nigeria. The majority of the respondents recognised NANDA-I, NIC, and NOC as standardised nursing languages. The majority of responders, however, lacked appropriate knowledge of NOC. It is conceivable that nurses in these study settings receive ongoing training on the nursing process in place of standardised nursing languages, providing the nurses in these settings with adequate knowledge of the nursing process. NANDA I is also the most commonly used standard language for training.

Practice of the Nursing Process and Standardised Nursing Languages

The study's authors conducted additional research to determine the clinical nurses' level of nursing process practise. More than half of the respondents were found to have a solid understanding of the nursing process. This is consistent with the research done in Ethiopia in 2020 by Andraro and Meginstu. The general study population was found to practise the standardised nursing languages at a high level. This contrasts with the results of a study carried out in Iran in 2019 by Taghaavi and Saatchi. The results of their investigation into the frequency of use of NANDA-I, NIC, and NOC (the NNN system) indicate that mental wards employed the NANDA-I Nursing Diagnoses, NIC, and NOC (the NNN system) at a low level prior to performing intervention. Additionally, Abiodun-Sanni (2017) found that only approximately 50% of nurses use the standardised nursing languages. And the majority of people who use them misuse them. It's feasible that nurses in these study environments receive continual training on nursing process as opposed to standard nursing languages, which would give nurses sufficient knowledge of the nursing process in practise. In these situations, NANDA-I has the most experience.

Barriers to the use of Nursing Process and Standardised Nursing Languages

The study's findings showed that the following factors prevent the use of nursing processes and standardised nursing languages: inadequate research, a lack of understanding of the concepts, a lack of funding for necessary equipment, a lack of current documentation systems that include the processes, the use of the processes can be difficult, and the processes

cannot be used even with sufficient staffing, lack of a reference book, lack of a school system mandate, time needed to learn a new documentation system as well as the process of changing the standard methods of documenting practise. This is comparable to the difficulties that Lofti *et al.*, (2019) identified in Iran in their study, which included issues with recording the nursing process and intangible understanding of the concept of the nursing process, as well as disparate perspectives on the process and a lack of knowledge and awareness among nurses regarding its execution. Additionally, the majority of respondents believed that lack of expertise is a barrier to using Standardised Nursing Languages, which is consistent with the findings of Pjetri *et al.*, (2017). Because there are so few nurses in Nigeria who are skilled in nursing diagnosis, the author makes the assumption that it may be challenging to teach this standard nursing language to others.

Bivariate Analysis

The results of this study shows significant relationship between age, sex, knowledge, nursing process practise, and standardised nursing language. The study by Akpan-Idiok *et al.*, (2020) in Calabar, Nigeria, which found that knowledge influences the practise of nursing process, supports the conclusion. However, Olatubi *et al.*, (2018) found that among the study participants, knowledge of standardised nursing languages was not significantly related with the frequency of its use.

When controlling for all other variables, it was found in the cross-sectional study conducted in Ethiopia by Baraki *et al.*, (2017) that nurses with a BSc. degree in their educational level are 6.972 times more likely to implement the nursing process than nurses with only a diploma. It was discovered that nurses with high levels of expertise were 15.09 times more likely than nurses with low levels of knowledge to use the nursing process. And after controlling for all other variables, highly trained nurses were 22.16 times more likely to use the nursing process than these less skilled nurses (Baraki *et al.*, 2017). According to the study's findings, nurses with greater levels of education are more likely to use Standardised Nursing Languages and Nursing Processes. This is reasonable because more experienced nurses ought to be able to use these technologies efficiently. This study also revealed that nurses who are well-versed in standard nursing languages and processes are more inclined to use them. This suggests that in order to make sure that nurses have a solid understanding of the tools, it is crucial to teach nursing process and Standardised Nursing Languages at various stages of nursing school.

Implication of Findings for Nursing

According to the survey, clinical nurses generally have solid knowledge of the nursing process and standardised nursing languages. Again, clinical nurses have noted a number of obstacles to using standardised nursing terminology and nursing processes.

This deficient knowledge of these nursing process tools is found to have hindered their use by nurses. The inadequate knowledge and practice of this tool might lead to lack of quality of nursing services. With the poor practice of standardised nursing languages, adequate evaluation is not ascertained in the course of patient's care. Also, the process of care will not be in an organized manner without the adequate practice of these tools.

Limitations of Study

A federal and a state hospital were used in the south western part of the country. This do not represent the six geogpolitical zone in the country. Also, questionnaire was utilised in this study. Inspite, of the limitations the study still provide empirical data on the subject under review and has policy implication.

CONCLUSION

This study has led us to the conclusion that nurses generally have above-average knowledge of the nursing process. Compared to the Standardised Nursing Languages, more nurses have a greater understanding of the nursing process. The majority of nurses accurately perform the nursing process, however most do not use the Standardised Nursing Languages, particularly NOC and NIC.

Additionally, inadequate research, a lack of funds for necessary equipment, and a lack of experience were impediments to the application of the nursing process and standardised nursing language. There are several issues with the current system of documentation, including the lack of processes, the difficulty of using them, the lack of a reference book, the absence of educational system requirements, the process of changing the standard methods of documentation practise, and the amount of time needed to learn a new system.

RECOMMENDATIONS

The authors thereby recommend the following;
- Clinical nurses should have more in-service trainings on the nursing process and standardized nursing languages. This should be done periodically. The constant trainings will help to solidify their knowledge.
- There should be a hospital policy that mandates the use standardised nursing languages.
- Periodic assessment of nursing documentations and practices should be done will ensure that nurses are using the nursing process and standardized nursing languages correctly.
- There should be a reference book on standardised nursing languages in the hospital

wards for nurses to consult in case of difficulties.
- There should be adequate staffing. This increases the possibility of the use of nursing process and standardised nursing languages. Role strain on nurses might hinder the chance to use these tools correctly.

Suggestions for Further Studies
Future research can focus on determining the elements that will encourage the application of nursing processes and standardised nursing languages, as well as their efficiency in patient care.

Conflict of Interest Statement: The authors declare no conflict of interest.

Authors Contribution
Iyanuoluwa Oreofe OJO: Consulted Conceptualized the study, performed the review of the literature, and prepared the manuscript. Aderinsola Akesire: Conceptualization of study and data collection. Olufemi O. Oyediran: reviewed and revised the draft. Prof. Prisca O. Adejumo: Collaborated in data collection and edited the manuscript.

Ethical Consideration: The study was approved by the University of Ibadan/ University College Hospital ethical board with approval number UI/EC/21/054.

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