

## Identification of Barriers and Lack of Facilitators of Nursing Process in Tertiary Care Hospitals of Lahore

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**Abstract:** The nursing process is a core framework of professional nursing practice that enhances the quality, safety, and consistency of patient care. Despite its inclusion in nursing curricula and global recognition, its implementation in clinical settings in Pakistan remains inconsistent. **Objective:** To identify the barriers and lack of facilitators affecting the implementation of the nursing process among nurses working in tertiary care hospitals in Lahore, Pakistan. **Methods:** A descriptive cross-sectional study was conducted over four months (Dec 2024–Mar 2025) across three tertiary hospitals: Shaikh Zayed Hospital, Sir Ganga Ram Hospital, and Punjab Institute of Cardiology. A total of 133 registered nurses were selected through convenience sampling. Data were collected using a structured, self-administered questionnaire containing validated barrier and facilitator scales based on a 5-point Likert scale. Data analysis was performed using SPSS version 25. **Results:** All participants (100%) reported excessive barriers to implementing the nursing process, while 89.5% reported excessive facilitators. Major barriers included inadequate nurse-to-patient ratios (91%), purposelessness of care plans (84.2%), and heavy documentation. Facilitators such as educational preparation were acknowledged, yet essential supports like adequate time (only 3% neutral or positive) and access to resources were largely missing. **Conclusion:** Despite some level of training and awareness, systemic constraints hinder the effective implementation of the nursing process in Pakistani tertiary care settings. Addressing staffing shortages, improving administrative support, and enhancing access to clinical resources are critical to promoting structured, process-based nursing care.

**Keywords:** Nursing process, barriers, facilitators, staffing ratio, documentation, tertiary care, Pakistan

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### Introduction

The nursing process is a systematic, patient-centered approach designed to ensure safe, effective, and individualized care. It consists of five key stages: assessment, diagnosis, planning, implementation, and evaluation. These components provide a structured method through which nurses apply clinical judgment and critical thinking to improve patient outcomes and healthcare quality. Globally, the nursing process is acknowledged as the backbone of modern nursing practice and is embedded in both academic curricula and professional guidelines across many healthcare systems (1).

Despite its theoretical prominence, the practical application of the nursing process in clinical settings, especially in low- and middle-income countries (LMICs), remains inconsistent and often suboptimal (2). In Pakistan, where the healthcare system is burdened with limited resources, high patient loads, and workforce shortages, the nursing process is underutilized despite being part of nursing education and licensure requirements (3). The gap between what is taught and what is practiced can be attributed to several systemic, institutional, and individual-level barriers. These include but are not limited to poor staffing ratios, insufficient training, excessive workload, lack of managerial support, and deficient documentation systems (4,5).

In tertiary care hospitals in Pakistan, particularly in urban centers like Lahore, nurses are often responsible for caring for large numbers of patients under high-stress conditions. Studies have reported that when nurse-to-patient ratios are inadequate, nurses are compelled to rely on routine and experience-based care rather than following structured nursing care plans (6). This compromises patient safety, undermines the professional role of nurses, and limits the overall effectiveness of care delivery. Additionally, the absence of supporting infrastructure, such as adequate documentation tools, access to continuing education, and

policy-level commitment, further inhibits the successful implementation of the nursing process (7).

Conversely, several facilitators have been recognized as crucial for enhancing the adoption of the nursing process. These include supportive leadership, access to educational resources, in-service training, interprofessional collaboration, and a positive work environment (8). In countries with better nurse-patient ratios and ongoing professional development programs, the implementation of the nursing process has been shown to improve patient satisfaction, reduce medical errors, and enhance clinical outcomes (9). However, in Pakistan, these facilitators are either weak or absent, leading to significant implementation gaps even among well-trained nursing staff.

Understanding both the barriers and facilitators is critical for transforming nursing care from a task-oriented model to a process-oriented one. Several international studies have emphasized that implementing the nursing process not only improves the quality of patient care but also enhances the professional identity, autonomy, and satisfaction of nurses (10,11). Nonetheless, empirical evidence from Pakistan, particularly from tertiary care hospitals in Lahore, remains limited. Without localized data, policy interventions and training reforms may fail to address the core issues faced by practicing nurses.

This study aims to fill this gap by identifying the specific barriers and lack of facilitators affecting the implementation of the nursing process in tertiary care hospitals in Lahore. It explores the perceptions of frontline nurses regarding institutional support, educational background, and clinical challenges. By generating evidence-based insights, the study aspires to inform hospital administrators, nursing educators, and policymakers to create strategies that can support the consistent and effective use of the nursing process across clinical settings in Pakistan.



## Methodology

This study was conducted using a descriptive cross-sectional design to evaluate the perceived barriers and lack of facilitators associated with the implementation of the nursing process among registered nurses working in tertiary care hospitals in Lahore, Pakistan. The research adopted a quantitative methodology to ensure objective assessment and statistical interpretation of the responses obtained from participants.

The study was carried out at three major tertiary care hospitals in Lahore: Shaikh Zayed Hospital, Sir Ganga Ram Hospital, and Punjab Institute of Cardiology. These hospitals were selected based on their patient volume, range of clinical services, and the availability of qualified nursing staff actively involved in inpatient care. Data collection occurred over a period of four months, from December 2024 to March 2025.

A total of 133 registered nurses were included in the study. The sample size was determined using a standard sample size formula with a 5% margin of error and 95% confidence level. Participants were selected using a non-probability convenience sampling technique due to logistical and time constraints. All participating nurses were required to have at least one year of clinical experience in direct patient care and hold a valid registration with the Pakistan Nursing Council. Additionally, participants needed to be capable of understanding English or Urdu and willing to provide written informed consent. Nurses working exclusively in managerial or administrative roles, those employed on temporary or ad-hoc contracts, individuals on extended leave, outpatient staff, and those unwilling to participate were excluded from the study.

Before data collection, ethical approval was obtained from the Institutional Review Board of Shaikha Fatima Institute of Nursing & Health Sciences, Lahore. The purpose of the study was explained to each participant, and written informed consent was obtained. Participants were assured of the confidentiality and anonymity of their responses, and data were used solely for research purposes. There were no known risks or harms to participants as a result of their involvement in the study.

Data were collected using a structured, self-administered questionnaire composed of three sections. The first section captured demographic information such as age, gender, educational qualification, clinical ward, hospital affiliation, and years of professional experience. The second section utilized a 10-item barriers scale derived from previously validated tools (Akhtar et al., 2018), employing a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Total scores ranged from 10 to 50, with a score of 35 or above categorized as indicating excessive barriers, while scores below 35 were considered moderate. The third section assessed facilitators using a 7-item scale, also based on Akhtar et al. (2018), utilizing the same Likert format. Scores ranged from 7 to 35, with values of 25 or above representing excessive facilitators and scores below 25 indicating average facilitation.

The questionnaires were distributed to eligible participants during their routine shifts. They were given adequate time to complete the forms independently, with researchers available for clarification if needed. Data were collected across all three hospitals in a uniform manner to maintain consistency in administration.

Upon completion of data collection, all responses were coded and entered into SPSS version 25 for statistical analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize demographic characteristics and to analyze barrier and facilitator scores.

**Table 2: Barriers to Nursing Process Implementation**

Barrier Statement	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
Inadequate nurse-to-patient ratio	45.9	45.1	9.0	0.0	0.0
No purpose in writing a care plan	42.1	42.1	15.8	0.0	0.0
Tedious documentation	15.0	28.6	18.0	33.1	5.3
Insufficient equipment	15.8	31.6	10.5	26.3	15.8
Lack of experience in the nursing process	9.0	25.6	16.5	21.8	27.1
Management needs enlightenment	14.3	18.0	18.0	26.3	23.3

## Results

The study included 133 nurses, with the majority aged 21–40 years (60.9%) and predominantly female (73.7%). Nearly half held a General Nursing Diploma (48.1%), while others held Post RN BSN (36.8%) or Generic BSN (15.0%) qualifications. Most nurses worked in surgical wards (30.1%) or the ICU (27.8%), and 43.6% had 2–5 years of experience. Participants were mainly from Shaikh Zayed Hospital (45.9%), followed by Sir Ganga Ram (30.1%) and Punjab Institute of Cardiology (24.1%). (Table 1). All nurses reported excessive barriers. The most prominent issues included an inadequate nurse-to-patient ratio (91% agreement), the perceived purposelessness of care plans (84.2%), and the burden of excessive documentation. Additionally, 47.4% cited insufficient equipment, and 48.9% highlighted a lack of experience. Nearly half believed hospital management lacked awareness of the nursing process. (Table 2) Despite 89.5% of participants indicating excessive facilitators overall, individual factors revealed deficiencies. Theoretical and practical training in hospitals (25.6%) and learning during undergraduate study (49.7%) were considered helpful. However, most nurses denied having access to brochures (91.8%), reference books (88.7%), or adequate time (97%) to perform nursing process tasks. (Table 3). All 133 participants (100%) in the study reported facing excessive barriers in implementing the nursing process, indicating a widespread and uniform challenge across the sample. While a significant majority of nurses (89.5%) acknowledged the presence of excessive facilitators that could support the nursing process, many still identified critical gaps in specific enabling factors. Notably, there was a clear deficiency in available time, reference materials, and educational resources, which limited the effective application of the nursing process despite overall supportive conditions.

**Table 1: Demographic Characteristics of Participants**

Variable	Frequency	Percentage (%)
Age 21–40	81	60.9
Age 41–50	52	39.1
Female	98	73.7
Male	35	26.3
General Nursing Diploma	64	48.1
Post RN BSN	49	36.8
Generic BSN	20	15.0
Medical Ward	34	25.6
Surgical Ward	40	30.1
ICU	37	27.8
CCU	22	16.5
Experience < 2 years	31	23.3
Experience 2–5 years	58	43.6
Experience > 5 years	44	33.1
Shaikh Zayed Hospital	61	45.9
Sir Ganga Ram Hospital	40	30.1
Punjab Institute of Cardiology	32	24.1

Cannot follow patients	9.8	12.8	14.3	28.6	34.6
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**Table 3: Facilitators to Nursing Process Implementation**

Facilitator Statement	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
Theoretical & practical training in a hospital	14.3	11.3	12.8	31.6	30.1
Learned in undergraduate studies	22.6	27.1	9.8	17.3	23.3
Easy to communicate	12.0	18.8	7.5	36.1	25.6
Adequate brochures in the unit	0.0	0.0	8.3	44.4	47.4
Used books as references	0.0	0.0	11.3	36.1	52.6
Had enough time	0.0	0.0	3.0	31.6	65.4

## Discussion

The present study aimed to explore the barriers and lack of facilitators in the implementation of the nursing process among nurses working in tertiary care hospitals of Lahore, Pakistan. The findings revealed that all participants (100%) reported experiencing excessive barriers, while 89.5% identified excessive facilitators. Despite this, several individual enabling factors—especially related to time, reference materials, and institutional support—were found to be lacking.

One of the most prominent barriers reported was an inadequate nurse-to-patient ratio, with 91% of participants agreeing that the current staffing levels hindered effective nursing process implementation. This is consistent with findings from previous studies in similar contexts, where nurses cited high patient loads as a major constraint to delivering individualized care (12). A study in Ethiopia also confirmed that limited staffing significantly undermines proper assessment, planning, and evaluation within the nursing process (13).

Another major concern identified was the perceived purposelessness of care planning, with over 84% of nurses agreeing that writing care plans seemed unnecessary. This aligns with studies conducted in Egypt and Nigeria, where nurses viewed care plans as time-consuming tasks with little perceived benefit due to poor reinforcement and follow-up in the clinical setting (14,15). This perception may be rooted in institutional cultures where the nursing process is not fully integrated into routine documentation or quality assurance systems.

The documentation burden was also cited as a barrier, with over 43% of participants agreeing that the nursing process involves excessive paperwork. Nurses often face limited time for proper documentation due to demanding clinical workloads and outdated systems. Previous literature suggests that without electronic documentation tools and administrative support, nurses are less likely to follow structured care plans (16). Similar findings were reported in studies from Brazil and Indonesia, emphasizing the need to simplify and standardize nursing documentation (17,18).

In terms of resource availability, nearly half of the respondents cited insufficient equipment as a barrier. This is a common challenge in many low- and middle-income countries (LMICs), where healthcare facilities often lack basic tools necessary for comprehensive patient assessment and intervention. In Pakistan, the situation is further aggravated by limited healthcare funding and supply chain issues (19). Lack of reference materials such as books and brochures—reported by more than 90% of participants—also hampers nurses' ability to access up-to-date guidelines, further widening the gap between theory and practice (20).

Interestingly, while the overall facilitator score was high, deeper analysis revealed serious deficiencies in time allocation and on-unit educational resources. The majority of nurses denied having sufficient time to implement the nursing process during their shifts, with 97% disagreeing or strongly disagreeing. This corroborates findings from Iran and Ghana, where nurses expressed frustration over the inability to apply their knowledge due to time pressure and multitasking (21, 22).

Nevertheless, theoretical and practical training were recognized as a relative strength. Approximately 56% of respondents agreed or strongly

agreed that they had received both types of training, and over 49% believed they had been adequately prepared during their undergraduate education. These findings align with prior research indicating that nursing curricula in Pakistan have improved significantly in recent years in terms of including the nursing process as a core component (23). However, as previous studies have shown, education alone is insufficient unless supported by clinical supervision and institutional encouragement (24). Effective communication was moderately acknowledged as a facilitator by participants, with roughly 31% agreeing or strongly agreeing. This suggests some degree of collaborative practice exists among healthcare teams in tertiary hospitals, though likely constrained by hierarchical structures and traditional physician-centered models. Studies from Malaysia and Tanzania have noted similar challenges, where nurses struggle to assert their clinical roles due to communication barriers and a lack of interprofessional respect (25,26).

Overall, this study confirms that while nurses are aware of the nursing process and in some cases trained to use it, systemic barriers such as insufficient staffing, lack of administrative support, poor access to resources, and inadequate time allocation significantly hinder its implementation. These findings echo global concerns about the gap between nursing education and clinical practice, particularly in resource-constrained settings. Addressing these barriers requires a multi-faceted approach involving policy-level commitment, investment in nursing infrastructure, and ongoing in-service education tailored to real-world constraints.

## Conclusion

This study highlighted that nurses in tertiary care hospitals of Lahore face multiple barriers in implementing the nursing process, including inadequate staffing, insufficient equipment, and documentation burdens. Although a majority reported access to facilitators such as theoretical and practical training, essential enablers like time, reference materials, and managerial support were lacking. To ensure consistent and effective nursing care, institutional reforms focusing on workforce support, resource provision, and continuous professional development are urgently needed.

## Declarations

### Data Availability statement

All data generated or analysed during the study are included in the manuscript.

### Ethics approval and consent to participate

Approved by the department concerned. (IRBEC--24)

### Consent for publication

Approved

### Funding

Not applicable

### Conflict of interest

The authors declared the absence of a conflict of interest.

## Author Contribution

### SK

Manuscript drafting, Study Design,

### NDH

Review of Literature, Data entry, Data analysis, and drafting article.

Conception of Study, Development of Research Methodology Design,

### ZA

Study Design, manuscript review, critical input.

All authors reviewed the results and approved the final version of the manuscript. They are also accountable for the integrity of the study.

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