Research Article

Barriers and Facilitators for Execution of Nursing Process among Nurses in Kirkuk City Hospitals

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Abstract

Background: The nursing profession is based on the universal notion of nursing, which has many uses in hospitals. The foundation of nursing practice has always been giving patients complete medical care, making sure they are comfortable, supported, and reassured, and encouraging their health and wellbeing. From giving patients direct help and attending to their fundamental requirements to carrying out intricate nursing and technical processes in accordance with accepted professional norms and practices, nursing care covers a broad variety of actions and practices.

Objective: To evaluate Barriers and Facilitators for Execution of Nursing Process among Nurses.

Methods: The study was conducted in the intensive care unit and included nurses working there. A purposive sample of (50) nurses was selected according to specific inclusion criteria, which included that the participant be a member of the nursing staff working in the intensive care unit and agree to participate in the study. To achieve the objectives of the study, the researcher prepared a questionnaire based on previous studies related to the subject of the study. The questionnaire included collecting demographic data for nurses and assessing their attitudes through interviews. The checklist was also used to collect data related to the nurses' area of practice. The data was analyzed using descriptive and inferential statistical methods. Descriptive statistics included frequencies and percentages, while inferential statistics included Chi-square test and Pearson correlation coefficient. Statistical analysis was conducted using the Statistical Package for the Social Sciences (SPSS).

Results: This study evaluated 50 nurses, most of whom were aged between 24 and 29 years (72.0%), female (60.0%), single (58.0%), and had a Bachelor of Science in Nursing (70.0%), with less than one year of experience (82.0%), which led to a focus on establishing a foundation for understanding practice standards and clinical perspectives.

Conclusions: Nursing is an essential component of high-quality health-care delivery, yet its potential is constrained in many settings. The study found that nurses had a high level of knowledge and confidence in the nursing process, moderate levels of acceptance, willingness to practise, perceived facilitators and barriers, and overall moderate level of challenges and facilitators combined. Also, the results showed a statistically significant association between challenges, facilitators and age, and no statistically significant association was found with educational level, years of nursing experience, gender or marital status

Keywords: *Execution of Nursing Process. Barriers & facilitators**.***

Introduction

Problem Statement: The nursing process is fundamental to the provision of safe, effective and high quality nursing care. It is a systematic approach that guides nurses to deliver patient care in a series of logical steps. These steps begin with assessing the patient's condition, followed by identifying nursing problems and needs, then developing a care plan and implementing appropriate interventions, and finally, evaluating the outcomes of the care provided. This process helps to organize nursing practice, ensure continuity of care, and improve the quality of health care services and patient outcomes. [1].

Health assessment is a crucial nursing skill. It is essential for a patient-centered nursing diagnosis and development of independent evidence-based nursing interventions appropriate to the patient's needs. Assessment should not be limited to filling out forms or entering data into a computer, but should be a systematic process aimed at gathering necessary information and guiding nursing care. Therefore, the fundamental purpose of assessment and its role in providing patient-centered care should be re-examined. [2].

Notwithstanding the crucial role of the nursing process in modern healthcare, its steps are not consistently applied across all practice settings. The nursing process is a methodical approch for providing individualized patient care in both health and illness, encompassing assessment, diagnosis, planning, implementation, and evaluation of outcomes. It is based on a scientific approach to problem-solving and offer a framework for nursing practice and education in diverse healthcare settings.

Method and subject: The study was conducted from January 2026 to April 2026 to assess and evaluate the Barriers and Facilitators for Execution of Nursing Process among Nurses.

Descriptive approach design was conducted to study to identify the barriers and facilitators affecting the execution of the nursing process among nurses. The present study was conducted at Intensive Care Unite department where nurses working. A purposive sampling consist of 50 nurses were selected according to the following criteria: (nursing staff working at ICU department, and nurses that accept to participating in the current study). To attain the objectives of the study a constructed questionnaire was prepared by the researcher from the previous literature. Nurse demographical data and attitudes collected through interview technique. A checklist technique was used to collect data for practice domain of the nurses. Study data were analyzed via the use of Descriptive statistics (e.g. Frequencies, Percentages) and inferential statistics (e.g. Chi-square and Pearson correlation) by using statistical package of social science (SPSS). Prior to data collection, formal administrative approval was obtained to conduct the study from Kirkuk heath directorate. A quantitative design (descriptive study) was conducted on Nurses who were hospitalized in coronary care unit (ICU) at Kirkuk Teaching hospital.

Results

Table 4-1. Distribution of Study Sample by their Socio-demographic Variables

SDVs	Classification	Freq.	%
Age/ years	18 to 23	3	6.0
	24 to 29	36	72.0
	30 to 35	10	20.0
	36 to 41	1	2.0
	Total	50	100.0
Gender	Male	20	40.0
	Female	30	60.0
	Total	50	100.0
Marital status	Married	21	42.0
	Single	29	58.0
	Total	50	100.0
Educational level	Nursing diploma	13	26.0
	RN/ BSN	35	70.0
	post graduate	2	4.0
	Total	50	100.0
Years of experience in nursing	Less than 1 year	41	82.0
	1 to 4 years	8	16.0
	5 to 8 years	1	2.0
	Total	50	100.0
	Less than 1 year	41	82.0

In this study the total participants were n= 50, shows that the majority belonged to the age group of 24 to 29 years (72.0%). In terms of gender distribution, female nurses comprised the higher proportion (60.0%), and more than half of the respondents were single (58.0%). Regarding educational attainment, most participants held a Bachelor of Science in Nursing (RN/BSN) degree (70.0%). Furthermore, concerning professional experience, the vast majority of participants (82.0%) had less than one year of nursing experience.

Challenges and Facilitators Domains	**Classis**	Freq.	%	**Mean**	**SD**
Nurses views about their Nursing Process knowledge	High	39	78.0	2.0900	0.51448
	Moderate	11	22.0		
	Low	0	0		
	Total	50	100.0		
	High	26	52.0	2.3600	0.64537

Perceived confidence in implementing the nursing process:	Moderate	23	46.0		
	Low	1	2.0		
	Total	50	100.0		
willingness and Acceptability to practice the nursing process by nurses	High	15	30.0	2.6720	0.65871
	Moderate	35	70.0		
	Low	0	0		
	Total	50	100.0		
Challenges Encountered in intervention of the Nursing Process	High	16	32.0	2.5564	0.38334
	Moderate	34	68.0		
	Low	0	0		
	Total	50	100.0		
Facilitators for implementation of Nursing Process.	High	18	36.0	2.4771	0.65281
	Moderate	31	62.0		
	Low	1	2.0		
	Total	50	100.0		

Cutoff Point: high (mean of scores 1-2.33), Moderate (mean of scores 2.34 - 3.66), low (mean of scores 3.67 and more)

Overall	Classis	Freq.	%	Mean	SD
Challenges and Facilitators over all	High	14	28.0	2.4311	0.39828
	Moderate	36	72.0		
	Low	0	0		
	Total	50	100.0		

Cutoff Point: high (mean of scores 1-2.33), Moderate (mean of scores 2.34 - 3.66), low (mean of scores 3.67 and more)

One-way ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Age	Between Groups	1.228	3	0.409	2.878	0.046
	Within Groups	6.544	46	0.142		
	Total	7.773	49			
years of experience in nursing	Between Groups	0.216	2	0.108	0.673	0.515
	Within Groups	7.556	47	0.161		
	Total	7.773	49			
educational level	Between Groups	0.175	2	0.088	0.542	0.585
	Within Groups	7.597	47	0.162		
	Total	7.773	49			

T test independents

	N	Mean	Std. Deviation	t	df	Sig.

gender	Male	20	2.4167	0.37335	-0.206	48	0.838
	Female	30	2.4407	0.42007			
Marital status	Married	21	2.4764	0.34015	0.681	48	0.499
	Single	29	2.3983	0.43851			

Discussion

4.1.1 Socio-demographic Characteristics of Study Participants

The socio-demographic analysis showed that most of the participants were female (60.0%) which is similar to the general trend of the nursing workforce around the world where 85-90% of nurses are female [3]. This predominance of women is also consistent with results from studies carried out in nearby Middle Eastern countries. In Egypt, for example, Abbas et al. reported from a cross sectional study that most of the nurses in their sample were female, which is the current situation of the nursing profession in the region [4]. Note that the gender ratio of the nursing labor force differs from region to region. The Saudi Health Council and the World Bank's discussion paper indicates that there are approximately 70% female and 30% male Saudi national nurses, which is the same proportion as women [5].The discovery is important in the context of the history of nursing in Saudi Arabia where cultural and social norms have had a strong influence on the extent of involvement of the labour force in the profession. The study also revealed that though the majority of nurses are female, the absolute numbers in the Kingdom are still quite low in comparison with the total number of nurses, which is approximately 10% of the total nursing workforce in the Kingdom is expatriate. [5].

4.1.2 Nurses' Knowledge of the Nursing Process

One of the ongoing problems is the theory/practice divide in nursing. 74% of the nurses have good theoretical knowledge [6, 8] but only 54.4% of them use the knowledge in practice. This gap is associated with the limited opportunities for in-service training, only 29.1% of the nurses participate in in-service workshops related to the topic. Furthermore, the theory-oriented approach of the university courses, too full curricula, and insufficient time devoted to clinical practice also add to this deficiency [6, 9]. The lack of this gap between theory and practice can have a negative impact on the quality of nursing care, keep nurses from using the latest methods, and lead to nurse burnout and turnover [7].

4.1.3 Perceived Confidence in Application of the Nursing Process

Fifty-two percent of nurses had a high level of confidence in the use of the nursing process, but there was a significant difference between theoretical and practical use of the nursing process [6]. This difference may be due to variations in education systems [10, 11], the oversimplification of theory in the curriculum [7] or issues in the clinical setting [9] or to limited practical experience of post-graduate nurses who assume supervisory roles [6]. The use of integrated practical strategies, through specialist mentoring and simulation based training, has been supported by evidence to enhance practical competence and close this gap [7, 12].

4.1.4 Acceptability and Willingness to Practice the Nursing Process

The results revealed that all the nurses (100%) had moderate to high level of willingness to use the nursing process, indicating that the nurses were aware of the importance of nursing process in improving the quality of comprehensive health care delivered to patients and also in enhancing their skills [12, 13]. Most of the respondents, however, expressed moderate readiness to use the nursing process, which could be attributed to the following reasons: lack of confidence in the face of diagnostic problems, high workload, inadequate administrative support and the opinion that the nursing process is for nurses with higher academic qualifications [13, 15].

4.1.5 Challenges Encountered in Implementation

Difficulties and obstacles were reported by all the nurses, 68% experienced moderate and 32% significant difficulties. The problems were primarily workload, lack of nursing staff and time constraints [16]. This emphasises the need for adequate colleagues to nurse to ensure care is safe and effective, with high patient to nurse ratio associated with higher patient mortality rates and less time available for more comprehensive care plans [16]. Moreover, the documentation burden of 600 to 800 data points per shift and limited access to electronic health records (EHRs) have been strongly associated with emotional exhaustion, burnout, and decreased empathy, which can impair a nurse’s capacity to deliver nursing care effectively [10, 17].

4.1.6 Facilitators for Implementation

Most nurses reported moderate (62.0%) to high (36.0%) facilitating factors in the application of the nursing process, with particular emphasis placed on the availability of reference materials, university training, and effective interdisciplinary communication. However, evidence suggests that non-interactive support resources, such as manuals and guidelines, do not adequately guarantee full compliance [18]. In contrast, substantial

improvements require multidimensional organizational strategies, including systematic document audits coupled with individualized feedback, improved electronic health record systems, enhanced time management, and the provision of ongoing theoretical and practical training [18, 21].

4.1.7 Correlation with Demographic Variables

The statistical analysis, which relied on t-tests and one-way analysis of variance (ANOVA), did not reveal any statistically significant differences in the perceived challenges and facilitating factors based on gender, marital status, or years of experience ($p = 0.515$), or educational level ($p = 0.585$), suggesting that organizational barriers generally affect female nurses [18, 19]. By contrast, age was the only variable, with a statistically significant effect ($F = 2.878$, $p = 0.046$), indicating difference in views of different age groups of nurses with varying levels of clinical experience in using the application of nursing practice.

4.1.8 Overall Assessment

The sum of challenges and facilitating factors gave an overall mean score of 2.431 (SD = 0.398). The responses of the nurses were generally moderate (72.0%) and only 28.0% responded at the high level, indicating that the nursing process is applied moderately by the nurses. This profile takes into account the practical challenges that are often encountered when implementing interventions and also highlights those areas where targeted, well matched interventions may make a difference. The pattern also indicates that the standard of implementation is not yet satisfactory and that a mix of strategies is required: improving the knowledge of the nurses, increasing their professional self-confidence and reinforcing the support of peers and of management.

4.1.9 Implications for Practice and Future Research

The results have implications for clinical practice, professional education, and health policy. First, there is a need for targeted educational programs to bridge the gap between theory and practice, and to strengthen the confidence of the nursing profession in using the nursing process; simulated clinical experience and structured mentorship are ways to improve the skill of doing things practically [12]. Second, healthcare institutions need to offer the resources and organizational support that is essential for implementation, such as staffing, easy-to-use documentation processes, access to reference materials and protected time for care planning and record keeping. Third, nursing education should be restructured to incorporate the nursing process into the practical application of nursing, based on clinical practice and cases, and the knowledge gained should be combined with critical thinking and clinical reasoning. Future research should use prospective designs to follow the changes in nursing process use over time, and qualitative studies could help to provide a more detailed understanding of the nursing process as experienced and perceived by nurses.

4.1.10 Limitations

The outcomes of this study are limited by several factors that need to be considered when interpreting the results. The cross-sectional design is unable to infer causal relationships. The study was conducted in one setting with a relatively small sample size (n=50), which may limit the generalisations of the results. In addition, the sample was composed primarily of newly graduated nurses, which may have affected the results, and may not have been representative of more experienced nurses. Further, self-report data may create a social desirability bias in the results.

Recommendations

1. Administrative Support: Hospital administration should follow clear steps to support nurses and enable them to carry out the nursing process effectively.
2. Job Descriptions: Official job descriptions for nurses must include clear language emphasizing the importance of carrying out the nursing process.
3- Resource Management: Hospital administration must ensure the continuous availability of essential equipment and clinical supplies necessary to facilitate the nursing process.
4- Staff-to-Patient Ratio: Appropriate ratios between nurses and patients must be maintained to ensure high-quality nursing care for all patients.

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