

## Challenges in implementing nursing care plan in public hospitals in Senegal: Case of Ziguinchor and Kaolack

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### Abstract

**Introduction.** Among mechanisms capable to provide quality care, the use of nursing care plans occupies a predominant place. The nursing care plan is a tool that allows to structure the delivery of nursing care to patients. It can be an essential element for ensuring monitoring and continuity of nursing in patient management. Despite the teaching of the Nursing Care Process (NCP) including nursing care plans in nursing and midwifery training schools, the use of nursing care plan struggles to get started in public health facilities in Senegal. The objective of this study is to identify the barriers to the use of nursing care plan in public hospitals in Senegal.

**Methodology.** The study type is descriptive and cross-sectional. Mixed sampling (random and non-random) allowed us to select zones and then public hospitals, care units, nurses and midwives, and the management team based on well-defined criteria. Questionnaires and an interview guide were used to collect data.

**Results.** The major barriers to the use of nursing care plan in public health facilities in Senegal would be the weak reinforcement of continuing education on nursing care plans, the non-existence of nursing file, the lack of a legal framework and support from hierarchical superiors. Most of staff (79.2%) declared not being familiar with the designing / use of a nursing care plan. The main reasons cited by staff for not using nursing care plans are: lack of materials (pens, temperature sheets, monitoring sheets, blood pressure devices) (91.7%), work overload (87.5%), excess of patients (81.3%), absence of training (79.2%), lack of nursing care plan models that could serve to inspire nurses (60.4%).

**Conclusion.** For a sustainable implementation of the nursing care plan in public hospitals in Senegal, it is important to put in place a legal framework which will specify the obligations of nursing staff in relation to the design and use of the nursing care plan with the support of hierarchical authorities through refresher training for nursing and midwifery staff.

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**Keywords.** Barriers, use of, nursing care plan, Senegal.

### Résumé

*Introduction.* Parmi les mécanismes susceptibles de fournir des soins de qualité, l'utilisation de plans de soins infirmiers occupe une place prépondérante. Le plan de soins infirmiers est un outil permettant de structurer la dispensation des soins infirmiers aux personnes soignées. Il peut être un élément essentiel pour assurer la surveillance et la continuité des soins infirmiers dans la prise en charge de la personne soignée. Malgré l'enseignement de la Démarche des soins infirmiers (DSI) incluant le plan de soins infirmiers dans les écoles de formation en Sciences Infirmières et Obstétricales, l'utilisation de plans de soins infirmiers peine à démarrer dans les structures sanitaires publiques du Sénégal. L'objectif de cette étude est d'identifier les obstacles de l'utilisation du plan de soins infirmiers dans les hôpitaux publics du Sénégal.

*Méthodologie.* Le devis de l'étude est de type descriptif et transversal. Un échantillonnage mixte (aléatoire et non aléatoire) nous a permis de sélectionner les zones et ensuite les établissements publics de santé, les unités de soins, les infirmiers et les sages-femmes et l'équipe de gestion à partir des critères bien définis. Des questionnaires et un guide d'entretien ont permis de collecter les données.

*Résultats.* Les obstacles majeurs à l'utilisation du plan de soins infirmiers dans les établissements publics de santé du Sénégal seraient le faible renforcement de la formation continue sur le plan de soins infirmiers, l'inexistence du dossier de soins infirmiers, l'absence d'un cadre juridique et de soutien des supérieurs hiérarchiques. La majorité des agents (79,2%) a déclaré ne pas être familière avec la confection/utilisation d'un plan de soins infirmiers. Les principales raisons évoquées par les agents pour la non-utilisation du plan de soins infirmiers sont : le manque de matériel (stylos, feuilles de température, feuilles de surveillance, appareils à tension) (91,7%), la surcharge de travail (87,5%), l'excès de patients (81,3%), l'absence de formation (79,2%), de modèle de plan de soins pouvant servir à inspirer les infirmiers (60,4%).

*Conclusion.* Pour une implantation pérenne du plan de soins infirmiers dans les hôpitaux publics du Sénégal, il est important de mettre en place un cadre juridique qui précisera les obligations du personnel infirmier par rapport à la conception et à l'utilisation du plan de soins infirmiers avec l'appui des autorités hiérarchiques à travers des formations de mise à niveau du personnel infirmier et sage-femme.

**Mots-clés :** Obstacles, utilisation, plan de soins infirmiers, Sénégal.

### Introduction

Each year, 134 million adverse events result from care errors in hospitals in low and middle income countries and contribute to 2.6 million deaths [1]. Gaps in health care delivery remain according to each country's health policy. A large proportion of patients do not benefit from the same monitoring and safety of care [2]. In Organization for Economic Co-operation and Development (OECD) countries, 15% of hospital expenditures and activities are linked to the management of problems due to adverse events [1]. According to WHO, patient safety is defined as "the absence of avoidable harm to a patient and the reduction to an acceptable minimum of risk of unnecessary harm associated to health care" [3]. Quality of care is the ability of health services to provide individuals and populations

with services to achieve desired health outcomes. To achieve this goal, care must be safe, effective, timely, efficient, equitable, and focus on person [4].

In Senegal, following complaints from users and their families relayed by the press and magazines, a satisfaction study was conducted in 2013 by Human Rights Watch (HRW) in 10 health facilities: in Dakar, Ndoum, Ziguinchor and Thies. The study was conducted with a wide range of stakeholders, such as adult patients, family members of pediatric patients, caregivers (including oncologists, pharmacists and nurses). The report revealed that the majority of participants reported being emotionally traumatized by the quality of care received [5].

Based on these findings, the Ministry of Health and Social Action organized workshops for the Public Health facilities of Dakar Region to strengthen the Virginia

Henderson conceptual model through the nursing care approach taught during initial training. This model was chosen because its implementation begins with analyzing the 14 patient fundamental needs [6] for holistic care. These workshops aimed to implement the nursing care plan through the nursing care approach in hospital.

From 2007 to 2011, the teaching of the care approach module and nursing care plan formulation was introduced by the Ministry of Health and Social Action (MHSA) into the training program of the National School of Health and Social Development (NSHSD) before being expanded to health schools across Senegal. Despite subsequent efforts by Senegal's MHSA health authorities to train nursing staff and establish the use of the nursing care plan, the implementation and routine use of this tool face difficulties in most hospital structures in Senegal.

It is important to note that within Senegal's MSAS, there is still no legislation for implementing nursing care plan in hospital structures. Organizations (Associations and Trade Unions) protecting and defending the interests of populations and workers have not taken any official position on the matter. Then, the use of the nursing care plan is let to the responsibility of each nurse without any control measures. However, if changes in nursing education in Senegal are based on international trends which they try to follow, we notice that nursing practice remains dominated by technical activities often carried out independently of a care approach and plan, and only materialized by a registration on a monitoring sheet. Nursing care planned within a vision and approach of caregiver-patient relationship is relegated to a secondary role in favor of techniques applied in isolation. Moreover, no record of these techniques is let in the patient's file. [7]. This study conducted in two public hospital structures in Senegal aims to explore obstacles to the use of the nursing care plan. The objective of the study was to study the reasons explaining the non-use of the nursing care plan in public hospital structures in Senegal. Specifically, it aims to:

- Explore the perception of healthcare staff on the use of care plan in hospitals in Senegal;
- Describe the measures taken by management staff to facilitate the use of nursing care plan in hospitals in Senegal;
- Identify the obstacles to the use of nursing care plan in the services of hospitals in Senegal.

### Study method

This is a cross-sectional descriptive study. The study population consists of nurses, midwives, physicians, and

the management team. Participants were selected using a non-random, purposive sampling technique in two public health establishments: Ziguinchor regional hospital and El Hadj Ibrahima Niassé regional hospital in Kaolack, which were selected on the basis of a simple random sample. The two hospitals in the Central and Southern zones were selected by drawing lots from the country's five geographical zones. Four departments were selected based on a simple random draw in each of the two public hospitals. Data were collected over a two-month period (March-April 2023).

For the El Hadji Ibrahima Niassé Regional Hospital in Kaolack, the departments selected at random included pediatrics, orthopedic surgery, the emergency department, and dermatology. As for the regional hospital of Ziguinchor, the departments of general surgery, internal medicine, gynecology-obstetrics, and cardiology were chosen. Study participants were selected by reasoned choice based on their will and presence during the study.

In total, data from 48 clinical care staff were collected. Data were collected through questionnaires and an interview guide.

### Data Collection Tools

The selection of staff from the two selected hospitals was the result of a mixed sampling process. First, the use of random sampling for the selection of centers meets the scientific requirement of maintaining the same probability of inclusion in the study for all staff. The rest of the process within the hospitals follows this logic of fair probability for staff in the selected hospital departments. The introduction of the convenience method for the selection of statistical units was the best option after assessing feasibility conditions in terms of availability and accessibility to the staff concerned. At the end of this process, the sample size was 48 subjects included.

Two tools were used to collect data. These were the structured questionnaire and the semi-structured interview guide. The questionnaire addressed to nurses contains twenty-eight (28) closed and semi-closed questions structured around three axes: socio-professional characteristics, working conditions, and the level of knowledge and skills. The questionnaire was designed based on elements of the conceptual framework and established objectives. It was validated by the director and co-directors and reinforced by the defense jury. The interview guide was addressed to the Heads of Nursing Care Services, service supervisors, and Head doctors of the department. It contains twenty (20) open, semi-closed, and closed questions elaborated to

identify the role played by stakeholders in promoting the use of nursing care plan. It has three main sections: general information, supervision/continuing education, and promotion of the use of nursing care plan.

For the pre-test, the collection instruments were applied to five nurses working at the Hôpital de la Paix de Ziguinchor (EPS) level 2, which is not targeted by the study. In this EPS, the CSSI, two service supervisors, and one service medical head were subjected to a verification interview. The pre-test allowed us to improve the understanding of some questions and to readjust the administration duration of each tool.

#### *Validity, reliability and objectivity of the results*

Validity refers to the degree to which the collected data accurately describe the study variables. Since the collection tools have been validated by the research team, approved by the jury members, tested and seen the results obtained that reflect the expectations of the objectives, we do not doubt the validity of the study results. Reliability is measured by checking whether the tool consistently produces similar data or results after several trials. We did not find existing tools that had been tested several times. No particular difficulty was noted during their administration. As for the objectivity of the results, these reflect the reality on the field and did not suffer from bias from the part of the researchers

#### *Data analysis method*

For data analysis, we combined factor analysis and visualization methods. Indeed, the factor method allows us to identify the factors and sub-factors that explain the phenomenon studied. It allows us to understand the factors associated with the non-use of the nursing care plan in order to identify appropriate measures to improve the situation. As for the visualization method, it allows us to present the results concisely through graphs and tables to highlight frequencies and percentages. This explains the predominance of graphs in the presentation of the results. The data obtained from the semi-structured interviews underwent specific processing. They were recoded into qualitative data using predefined methods. The recoding took into account the meaning conveyed by the subject in their response.

#### *Ethical considerations*

As part of this study, two requests for survey authorization were sent and obtained from the directors of the regional hospitals of Ziguinchor and El Hadji Ibrahima NIASS of Kaolack under the reference numbers 0349 of March 28, 2023 and 000938 / MSAS / CHR-EIN /

DIR / SRH / rs of April 13, 2023 respectively. The participants benefited from the clarification of the data collection procedure and were reassured of confidentiality and their free will to leave the study at any time without being questioned. A free and informed consent form including a brief description of the study and the importance of the study for the population was explained.

### Results of the study

A total of 48 clinical nurses, including 6 midwives, 8 ward supervisors, 8 physicians and 2 heads of nursing departments from eight hospital departments in two hospitals in Senegal participated in the study. The results are presented by target group (nurses and midwives) and by study objective.

#### **A. Results of healthcare professionals (nurses and midwives) Sociodemographic characteristics.**

**Tableau 1. Sociodemographic characteristics of participants**

Sociodemographic characteristics	Effective	Percentage
<b>Professional qualification</b>		
Registered nurses	23	48
Registered Nurse-Assistant	19	40
Registered Midwives	6	12
<b>Education level</b>		
Certificate of completion of middle studies	10	21
Baccalaureate	29	60
University degree	9	19
<b>Professional experiences</b>		
Less than 1 year	1	2
Between 1 and 2 years	6	13
Between 3 and 5 years	12	25
Between 5 and 10 years	12	25
More than 10 years	17	35

The majority of the population is represented by Registered Nurses (47.9%), followed by Registered Nurse-Assistant (39.5%), then by Registered Midwives (12.5%). The low representation of midwives can be explained by the fact that they often only work in maternity wards. More than half of participants have a Baccalaureate (60%). Other participants have obtained the Middle school certificate and 18.7% have university degree. The vast majority of participants (79%) therefore have a high level of education. The majority (60.41%) of agents have capitalized more than 5 years of professional

experience. This allows us to note that most have good experience in the exercise of their profession.

**Level of knowledge and skills of healthcare professionals**

- *Ability to design a nursing care plan*

The majority of staff (79.2%) reported not being familiar with the development/use of a nursing care plan. Less than 21% reported being able to develop and use a nursing care plan. Lack of experience in planning and writing a nursing care plan can be considered as a major factor. That may explain the absence of a nursing care plan in hospital departments.

- *Reasons given for inability/difficulty in developing a nursing care plan*

Among the 38 agents (79.2%) who reported having difficulty or being unable to design a nursing care plan, more than half stated that they had not been trained to develop a nursing care plan. Around 15% of agents expressed a lack of support from their superiors. For the others (5.8%), the cause seemed to come from the non-existence of a nursing care plan in the department.

- *Ability to make a nursing diagnosis*

Among all the agents, only one fifth (14.5%) of the respondents say they are able to easily make a nursing diagnosis. Furthermore, 37.5% of the participants say they are able to make it, but with difficulty. Finally, almost half (48%) admit not to be able to do so.

- *Reasons given for inability/difficulty in making a nursing diagnosis*

For a minority of nurses (19.5%), this incompetence is due to work overload. For more than half, the inability or difficulty in making a nursing diagnosis is due to the lack of training.

- *Nursing care rating supports provided*

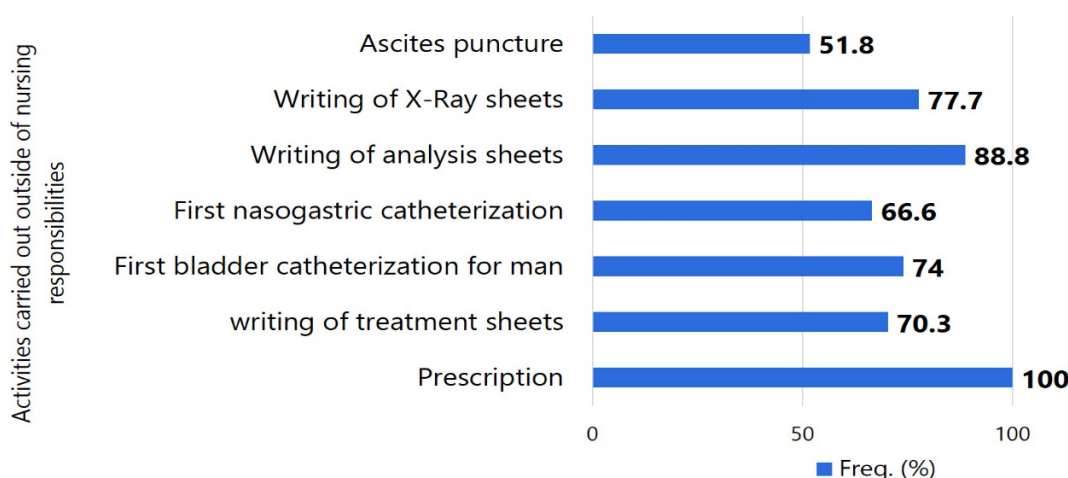
All respondents register the care provided in the on-call registers. The majority registers on supports such as: the treatment sheets (95%), the monitoring sheets (89.5%) where the constants are recorded, the temperature sheets (95.8%) materialized by curves, the parameters, and more than half (60.4%) in the medical file of the treated person. Among 48 agents interviewed, none claimed to use a nursing care plan. This reality was confirmed through the analysis of care monitoring documents which revealed the non-existence of nursing care plan supports, even unfilled ones.

**Working conditions of healthcare professionals**

- *Estimation of the ratio: nurses/patients*

Almost all agents (91.7%) estimate that nurse / patient ratio is significantly higher than 10 patients per nurse [8]. Overall, agents believe they have to manage too many patients at once. Only a tiny portion (8.3%) stated that the ratio is correct and acceptable.

**Activities carried out of the nurse's responsibilities**



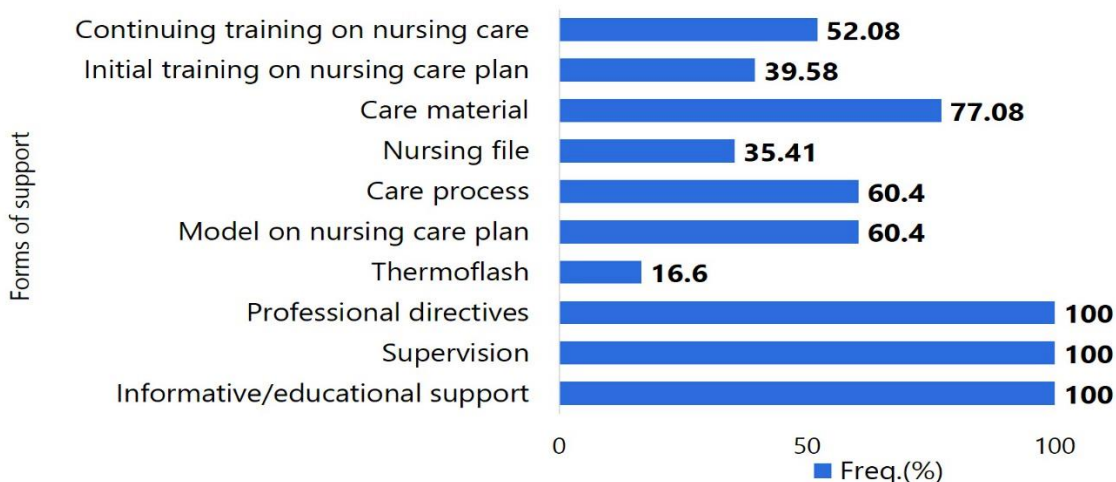
**Figure 1. Activities carried out of nurse's responsibilities (n = 39)**

More than half of the interviewed agents declared that ascites puncture, filling out radiology and analysis forms, initial placement of nasogastric and bladder catheters, writing treatment forms, and prescribing medications are activities outside of their legal responsibilities.

- *Existence of a written job description*

All agents declared that they do not have a written job description specific to their activities. They receive oral instructions according to their work position.

**Forms of support expected by nurses**



**Figure 2. Distribution of agents according to the desired forms of support (n = 48)**

According to Figure 2 instructive/educational support, supervision, professional guidance (100% each) are the forms of support most wished by respondents.

Training support on the design of the nursing care file, the nursing care plan and the care approach is desired by more than half of the agents.

**Factors hindering the use of the nursing care plan**

The main reasons given by agents for not using the nursing care plan are: lack of equipment (pens, temperature sheets, monitoring sheets, blood pressure devices) (91.7%), work overload (87.5%), excess of people treated (81.3%), lack of training (79.2%), lack of a nursing care plan model that could be used to inspire nurses (60.4%) (Figure 3).

**Management team support to care staff**

- *Forms of support provided by the management team*

All agents admit that professional directives (protocols, formulas, and care techniques) constitute the most frequent form of support received from the management team. Material support is the second type of support, followed by instructional and educational support.

*Possibility of current use of the nursing care plan according to the realities of the service (n = 48).*

All participants cited the overwork of staff as the reason for the inability to use the nursing care plan in the current context. Lack of equipment (95.8%), insufficient qualified staff (91.7%), lack of training (77.1%) and lack of a nursing care plan template (66.7%) are the main reasons cited by respondents. Nearly half of the participants highlighted significant factors such as the lack of awareness of the nursing care plan by the authorities and the failure of institutions to encourage them to use the nursing care plan (Figure 3).

**Reasons for not using of the nursing care plan**



**Figure 3. Reasons for non-use of the nursing care plan (n = 48)**

**Participants' opinions on non-use of the nursing care plan**



**Figure 4. Distribution of opinions on non-use of the nursing care plan (n = 48)**

Graph 4 shows that 33.3% of participants do not know any disadvantages related to the non-use of nursing care plan. Lack of quality in care (58.3%), failure to address needs (52.1%), lack of continuity in care (47.9%), lack of visibility of care (45.8%), absence of care evaluation (41.7%), lack of care safety (39.6%), and devaluation of the nurse's proper role (39.6%) are all disadvantages enumerated by participants.

**B. Results from interviews with the management team**

The management team (physicians on call, heads of nursing services, and service supervisors) must play a decisive role in promoting quality care. They occupy an

important place in providing information on the current state of nursing care plan usage.

**Positions held**

The number of chief physicians and service supervisors are the most numerous, at 16 (89%), and the heads of nursing services are 2 (11%). The majority (67%) have more than three years of seniority.

**Organization of continuing education in services**

The majority of management team members (14 out of 18) said that continuing education has been organized in the services for healthcare professionals. Respondents acknowledge that the last training took place more than

two years ago. The main reasons that explain the large gap between continuing education sessions include, among others, lack of funding, absence of expressed training needs, lack of themes to develop, and low commitment from the management team. None of the past training sessions focused on the topic of nursing records or nursing care plan.

### **Current difficulty in implementing the use of a nursing care plan**

For the majority, the reasons explaining the difficulty in establishing the use of a nursing care plan come from excess workload for nurses (83.3%), authorities' ignorance about the importance of nursing care plan (77.7%), and frequent shortages of consumable materials (72.2%). For just more than half (55.5%), it is the lack of training on nursing care plan for all care staff, and the non-existence of nursing care plan models in the services. For just over a third, inaction from hierarchical superiors to implement nursing is an important factor.

### **Strengths and limits of the study**

#### ▪ *Strengths of the study*

Literature in this research area is poor. In Senegal, no study has been published to date on this subject. This research is therefore one of the first studies focused on obstacles to the use of nursing care plan in Senegal. Nursing care plan have long been taught in nursing schools, first in the module called: "conceptual model." It has been a mandatory competency since the 2009 reform. Despite this, it is still not used in hospitals. This study describes the factors influencing the non-use of nursing care plan in Senegalese public hospitals.

#### ▪ *Limits of the study*

The analysis grid could not be used given that no copy of a nursing care plan was found in the hospital structures concerned by this investigation. Additionally, limits in financial, temporal, and material resources meant that the study could only be conducted based on a small sample, on the homogeneous aspect of the study population who also work in identical hospitals within the same health system.

## **Discussion**

The results collected at the end of this study are very edifying. In the study, various reasons attempted to explain the non-use of the nursing care plan in hospital structures in Senegal. The results of the study revealed that the use of the nursing care plan remains a challenge

to be met in hospital structures in Senegal despite the high level of education and the rich experience that the majority of care professionals have in the practice of nursing and midwifery professions. Even more revealing in this study is that it would seem that in current realities, services would not promote the implementation of the nursing care plan. This is also valid for the nursing care file although health actors are aware of their importance in providing nursing care. These statements are similar to those found in the study conducted in Ghana by Gazari T [9] which highlighted that nurses perceived the nursing process as scientific and important, but did not use it systematically. The reasons for non-use of the nursing care plan described by nurses and midwives are diverse :

#### ▪ *Lack of a job description*

Job descriptions are not available in any service. A job description would have mentioned the use of nursing care plan, which would have encouraged nurses to conform. This situation has contributed to the performance of non-regulatory tasks and to some nurses' lack of knowledge about which tasks they are or are not authorized to perform. Consequently, nurses have carried out activities other than those dedicated to the nursing profession, such as prescribing medications, preparing laboratory analysis and radiology forms, etc. These statements align with the results of the study conducted by Uys *and al.* [10] on the analysis of the role of nursing and midwifery staff in health services in sub-Saharan Africa. The results revealed that the provision of general care and evaluation are the transversal roles in all services without specifying the concrete actions to be taken for each service. Task planning is let to the responsibility of nursing and midwifery staff.

#### ▪ *Lack of implementation of training on the nursing care plan*

As explained above, both categories of nurses trained in Senegal (those trained before 2010 and those trained after 2010) received the nursing care approach module. Nurses trained after 2010 benefited from practice on the nursing care approach during their initial training, contrarily to those graduated before 2010. In other words, all received concepts about the nursing care process. Indeed, the nursing care approach is a complete structured process that guides nurses in their daily practice. It takes place in several stages, data collection, data analysis, nursing care planning, care implementation, and evaluation [11]. It integrates nursing care planning, which is a crucial step in the nursing care approach that aims to set care objectives, program actions to be implemented, and organize the

implementation of care [12]. The nursing care plan is therefore intimately linked to the nursing care approach as a whole. It stems from data analysis and allows for the implementation of necessary actions to meet the patient's needs. It is through this planning that the nurse can ensure the continuity and quality of care.

Although the nursing care plan is a step in the care process, its design and use do not depend on the care process. It can be created and used independently of the care process. It is distinguished from the care process as an activity of organizing and monitoring care. The nursing care plan is complementary to the medical record and provides relevant and sufficient information on the nursing care administered to patients.

But in practice, the reality is quite different. Some nurses have declared that they do not formally establish and use nursing care plan, but organize their care before administering it. For others, this concept has remained purely academic, as it is not implemented by clinical supervisor colleagues in the field. They believe that the nursing care plan should take practical form during initial training and be reinforced by continuing education. The practical non-application of nursing care plan by healthcare professionals in the field for various reasons could justify its abandonment by recent graduates.

Although the study revealed that continuing training is organized for health staff, nursing care plan are not among the topics covered. The absence of such an important topic for patient monitoring raises questions regarding training needs. Continuing education is an essential activity for maintaining and strengthening the knowledge and skills of healthcare professionals. It is the responsibility of professional orders, associations, and hospital structure leaders. The absence of continuing education on topics related to nursing care plan, such as the nursing care approach or the care record (a document containing relevant and updated elements relating to patient management and follow-up), is a serious shortcoming for nursing and midwifery staff. This absence of training would have caused difficulty or inability for nurses to develop care plan. These conclusions confirm the results of the study conducted by Oranje & Munyasa [13], which revealed that those who received additional training were more likely to implement the nursing care process than those who did not. This demonstrates the need to regularly train staff to improve and maintain their level of knowledge. The results of the study conducted by Aseratie M [14] in Addis Ababa confirm the necessity of continuing education through nurses' inability to follow the steps of the nursing care approach, particularly nursing care planning.

In the same vein, the study made by Verdon A, Menoud G [15] revealed that nurses lack sufficient knowledge to plan and prioritize care which must be administered to patients. It is the same in the study made by Mutshatshi and Mothiba [16] in South Africa, which mentions that inadequate knowledge were obstacles to the implementation of nursing care plan for better monitoring of patients.

- *Lack of support from superiors*

Nurses do not feel encouraged by the management team due to their limited involvement in promoting the use of nursing care plan. The management team has not implemented any measure to lead healthcare professionals to use nursing care plan. This explains their declaration of dissatisfaction with the support received from their supervisors. The responsibility of the management team (mainly service supervisors and CSSI) for the absence of nursing care plans in hospital structures is engaged at the highest level. Indeed, the role of these staff is primarily to ensure compliance with quality standards. However, it appears that, although they have been in service for at least five years, no significant or effective corrective measures have been taken to promote nursing care plan.

In fact, it seems as if there is no form of institutional support. Neither national authorities (Ministry of Health and Social Action) nor local authorities (hospital management, chief medical officers, service supervisors and CSSI) seem concerned with implementing this tool for improving care. No decree, order, or ongoing training actions exist to stimulate the development and use of nursing care plan. Most nursing staff and midwives interviewed are aware that providing care without planning lacks quality. However, they have not expressed to their supervisors the need to be trained or to receive any support in this regard.

The results of the study conducted by Morken C [17] reveal that the main barriers to using nursing care plan are the lack of awareness about the existence of nursing care plan and unclear roles and responsibilities among caregivers. Similarly, Nigerian authors Tadzong-Awasum and Dufashwenayesu (2021) highlighted in their study a significant gap in implementing the nursing care process, citing insufficient knowledge of the nursing process, stressful working conditions, and understaffing of qualified personnel. According to the authors, these three problems negatively influence the implementation of the nursing process in most hospitals in sub-Saharan Africa [18].

- *The non-existence of the nursing care plan model in the department*

Indeed, the care provided is documented in duty registers, treatment forms, monitoring sheets, temperature charts, and in the patient's medical record. No documentation follows the nursing care plan model. The existence of a nursing care plan template and/or support tool could have encouraged nurses to take interest in, or at least question the usefulness of nursing care plan. Offering nurses a nursing care plan model or framework, any kind of support, would have drawn their attention to the issue of nursing care plan. The observation is that nursing care plan are absent in almost hospital wards. This finding aligns with the results of Ojo and Olaogun's (2023) study on the challenges of standardization and sustainability of nursing care plan and making them mandatory for nurses. These nurses were not bound by any regulations or internal protocols regarding the use of nursing care plan. They focused much more on executing medical prescriptions while relegating their own role as nurses to the background [19]. However, nursing care plans, like nursing records, have legal value. These are legal documents detailing nursing actions that can serve as evidence in the event of a dispute between professionals or between healthcare professionals and patients. It is therefore essential that a decree/order standardize their implementation in African hospitals.

In France, the use of nursing care plans is mandatory for practicing the nursing profession. It is integrated into the nursing record, as specified in Article R. 4312-35, which states that "The nurse shall establish a nursing care record for each patient containing relevant and up-to-date information relating to care and follow-up." However, above all, support measures are necessary, such as mastery of the nursing care plan and continuing education on the nursing care record [19].

- *Sharing experiences of implementing and using another country's healthcare plan*

In Benin, the concept of a "nursing record" is used more often than the concept of a "nursing care plan" because it can incorporate information relating to nursing care, monitoring, and care planning. Its implementation has encountered similar difficulties to those encountered with the use of the "nursing care plan" in certain public hospitals in Senegal. Indeed, the implementation and use of the nursing record has met with several failures both in public health facilities and at the Hubert Koutoukou Maga National Hospital and University Center (CHNU-HKM), the reference center for health care in Benin. In 2022, the Benin-Quebec digital innovation and

entrepreneurship project led by Dr. Bruno PILOTE of Laval University at the request of Dr. Eusèbe AHOSSI, a professor at the National Medical and Health Institute (INMeS) of the University of Abomey Calavi in December 2022, initiated the implementation and use of nursing records in two CNHU-HKM clinics, the Neurovascular Unit of the University Neurology Clinic and the Hospitalization Unit of the University Physical Medicine and Rehabilitation Clinic.

A cohort of five nurses was trained per clinic on the use of a nursing record developed and validated by a team of nursing managers composed of CHNU-HKM nursing managers, INMeS teachers, and intermediate health training nursing staff. The results from the trial period of completing the nursing record showed that 431 nursing records were completed in the Hospitalization Unit of the University Clinic of Physical Medicine and Rehabilitation, compared to 38 in the Neurovascular Unit of the University Clinic of Neurology. The main reasons cited by nursing staff at the Neurovascular Unit of the University Clinic of Neurology were workload overload and the redundancy of certain information. As for the Hospitalization Unit of the University Clinic of Physical Medicine and Rehabilitation, the existence of a nursing care information document introduced by the clinic's managers would be in favor of the number of nursing records completed by the nursing staff of the said clinic. To date, the Hospitalization Unit of the University Clinic of Physical Medicine and Rehabilitation continues to use the nursing information and monitoring form as a nursing record.

A new nursing observation form is currently being tested at the University Clinic of Hepatology and Gastroenterology at CNHU-HKM and is intended to record all nursing procedures not included in the medical record. This form is not intended to monitor and plan care. This brief sharing of experiences on the implementation and use of nursing records in Benin demonstrates the evolution of nursing care plans in certain countries in sub-Saharan Africa.

Ultimately, the nursing care plan plays an important role in the diagnosis and monitoring of the patient. It plays an important role in the efficient management and prompt recovery of the patient. From a legal perspective, it traces and clarifies actions of the nurse, thus constituting a tool for protecting the latter. An electronic version of the nursing care plan is more and more used in developed countries and helps improve the monitoring of care in different contexts such as health facilities and during home care. It guarantees better collaboration within the care team from its design to its implementation [20].

## Conclusion

The non-use of nursing care plan is a major obstacle to the nursing practice's contribution to improving care quality. The objective of this study was to explore the frequently cited arguments and conditions that hinder the use of nursing care plan in Senegalese hospitals. The most frequently identified factors are: the absence of job descriptions, lack of training on nursing care plan, non-existence of care records, lack of support from supervisors, and the absence of nursing care plan models in the service.

This study is not sufficient to address all aspects of the non-use of nursing care plan in Senegalese hospitals.

Since the study only explored personal, institutional, and organizational elements of nursing care plan non-utilization, evaluative, experimental, or developmental studies could also be conducted to assess nurses' perceptions regarding the implementation and use of nursing care plan in hospitals in Senegal. For the long-term implementation of the nursing care plan in Senegal's public hospitals, it is important to put in place a legal framework that will specify obligations of nursing staff in relation to the design and use of the nursing record, with the support of the hierarchical authorities.

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*Conflits d'intérêt : Aucun.*

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