

A Study on the Perspective of Integrating Comprehensive Physical Assessment in to Nursing Practice in Ghana

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Abstract: The study is aimed at forging a transformation in the clinical orientation of nursing and midwifery practice in Ghana by enabling an integration of a comprehensive physical assessment as a crucial training and service delivery component of nursing and midwifery in the Ghana health care system. The use of comprehensive physical assessment in nursing service delivery in Ghana, though taught as a component of courses, it is rarely practiced by nurses and midwives in Ghana. A qualitative study was conducted among nurses and midwives as individuals, Nursing and Midwifery association personnel and non-nurses and midwives within the health care fraternity. The findings revealed a gross deficit on the subject by nursing and midwifery lecturers in terms of knowledge and skills. However, nurses and midwives interviewed approved of the skill of physical assessment and intimated that it has been long overdue. According to the non-nurses and midwives interviewed, the medical officers and paramedical staff or health administrators, a comprehensive physical assessment by nurses and midwives will enhance patient care on one hand, while some of these categories of health workers opined that it would increase rivalry between medical doctors and nurses and midwives practice within the health care system. The researchers recommend that comprehensive physical assessment be made an integral part of nursing and midwifery training and practice in Ghana

Keywords: comprehensive, physical assessment, nursing, midwifery, training, Ghana

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I. Introduction

Assessment in general is a key component of nursing practice and is a cardinal requirement for planning and provision of patient and family centred care. The Nursing and Midwifery Councils or Boards the world over, ascribe that nurses and midwives conduct a thorough physical assessment on all patients for maximal care. The Nursing and Midwifery Board of Australia (NMBA) in their national competency standard for registered nurses maintains that, "The registered nurse assesses, plans, implements and evaluates nursing care in collaboration with individuals and the multidisciplinary health care team so as to achieve goals and health outcomes" (Yock & Corrales, 2010), that will propel the care and services rendered for patient satisfaction.

A physical assessment is an evaluation of the body and its functions using inspection, palpation (feeling with the hands), percussion (tapping with the fingers), and auscultation (listening). A complete health assessment also includes gathering information about a person's medical history and lifestyle, doing laboratory tests, and screening for disease (Krogsbøll; Karsten; Grønhøj; Gøtzsche, 2012). A comprehensive physical assessment provides an opportunity for the healthcare professional to obtain baseline information about the patient for future use, and to establish a relationship before problems occur. It provides an opportunity to answer questions, clarifications and teach good health practices. Detecting a problem in its early stages can have good long-term results.

According to the American Nurses Association (ANA), (2004), there is no doubt that assessment is foundational to nursing practice and considered as a standard for practice and an important part of nursing education by accreditation bodies (Association of College of Nursing, 1998). This is because data gathered from physical assessment, form the basis for nurses' decision making, intervention and evaluation. Comprehensive physical assessment is the first phase of the nursing process. This therefore means that a nurse's ability to carry out comprehensive physical assessment and interpret the findings leads to good nursing care plan, intervention and patient satisfaction. The nurse or midwife should be able to collect comprehensive data including physical, functional, psychosocial, emotional, cognitive, sexual, cultural, age-related, environmental,

spiritual/transpersonal, and economic assessments in a systematic and ongoing process while honoring the uniqueness of the person (ANA, 2010).

Despite a general consensus that physical assessment is an essential competency for registered nurses (RNs) (Fennessey & Wittmann-Price, 2011), emerging nursing scholars contend that nurse academics are teaching too much in this area (Douglas et al, 2015)

Comprehensive physical assessment is an incredibly valuable tool that nurses should have as part of their skills. A thorough and skilled assessment allows the nurse, to obtain descriptions about her patient's symptoms, how the symptoms developed and a process to discover any associated physical findings that will aid in the development of actual and high risk nursing diagnoses. Secrest et al. (2005:114) urged nurses to be content with "what nurses need to know to practice nursing" and focus less on what Douglas et al. (2015) describes as "problematic because it reflected a deeply entrenched medical model in nursing education". After all, nurses' use of physical assessment differs significantly from medicine and should therefore focus on discipline-specific knowledge to define nursing's unique contribution to health assessment. Research suggests that doctors want and value a detailed description of patient problems (Weller, Barrow, & Gasquoine, 2011), but not clear on whether doctors would accommodate such descriptions from nurses and midwives.

Some scholars argue (Schare et al., 1988) that usually there is low skill utilization by second-year bachelor of nursing students following a physical assessment course. According to Douglas et al. (2015), students generally used inspection and only skin assessment where body systems were assessed. In a similar vein, Anderson et al. (2014) revealed that physical assessment learned in school was not demonstrated, or practiced during the practicum course. Birks et al. (2013a) take a critical perspective on the relevance of the teaching and utilisation of physical assessment. Their study on nurses' view of the relevance of physical assessment skill attracted comments suggesting that the skill utilization was influenced by lack of time available to complete assessments, the area of clinical practice, or specialty of the nurses, and the presence or absence of other healthcare workers, such as medical and allied health staff. Accordingly, Birks et al. affirmed that "the relevance of each skill appears to have little bearing on the frequency of use by nurses" (Douglas et al., 2015).

The nurse's ability to perform a thorough and accurate physical assessment, deepens her patient relationships, focuses the patient attention and cooperation, and sets the direction of her clinical thinking. The quality of physical assessment governs the next steps of nursing care for the patient and guides the choices from the initially bewildering nursing care such as poor use of nursing care plan, poor nursing diagnoses and over reliance on medical doctors' orders.

During the assessment period, the nurse is given an opportunity to develop rapport with the patient and his family. The saying that *first impressions develop lasting impressions* is also very true in healthcare. The nurse is often the first person the patient sees when he enters a health care facility. The nurse's interactions with the patient gives the patient and family lasting impressions about the nurse, her colleagues, the facility she works in, and how care will be managed (Jarvis, 2008). Physical assessment findings, or objective data, are obtained through the use of four specific diagnostic techniques: inspection, palpation, percussion, and auscultation. Usually, these assessment techniques are performed in this order when body systems are assessed. Though physical assessment is considered important for nursing care, educational preparation determines the extent to which the nurse participates in the assessment process. Some scholars strongly argue that the inclusion of physical assessment skills (inspection, auscultation, percussion, and palpation) into the nursing skill set is based on the premise that a comprehensive physical assessment "will improve patient outcomes" (Douglas, Windsor, & Lewis, 2015; Yeung, Lapinsky, Granton, Doran, & Cafazzo, 2012)

According to a Cochrane Collaboration meta-study, routine annual physical assessment did not measurably reduce the risk of illness or death, and conversely, could lead to over-diagnosis and over-treatment. The authors concluded that routine physical assessments were unlikely to do more good than harm (Krogsbøll et al., 2012).

The situation in Ghana

For the Ghanaian nurse, physical assessment;

- is always almost taught as a topic within a given course and not a course by itself
- Physical assessment is taught theoretically and not demonstrated or practiced by nurses and midwives
- Physical assessment is limited to demographic history taking and inspections while the other aspects of physical assessment are neglected. This may be due to the fact that, physical assessment has not been a nursing skill and duty or that the stethoscope is not seen as a tool for the nurse but a reserve of the doctor; except when the nurse is checking a patient's blood pressure.
- In the few cases where a lecturer may wish to demonstrate how physical assessment is done, the challenge has also been poorly equipped skills laboratories in the various schools of nursing and midwifery.

Therefore, the lack of the very things needed for comprehensive physical assessment coupled with the timidity attached to the exercise of the skill by nurses, are major sources of the reason for the neglect.

II. Study objectives

Global objective

To make comprehensive physical assessment a crucial nursing and midwifery training and practice component in Ghana health care system.

Specific Objectives

1. To assess the perspective of comprehensive physical assessment in nursing and midwifery practice
2. To determine any differences exist between the use of or not of comprehensive physical assessment on quality nursing and midwifery care delivery
3. To find out the barriers to the use of comprehensive physical assessment by nurses/midwives
4. To describe the relationship and influence the use of comprehensive physical assessment by nurses on patient acceptability in the Ghana health system

III. Methods

Introduction: The study is a qualitative one using an action research approach as the researcher engages the reflective processes of the respondents to promote change by sharing knowledge. It employed among other elements interviews, focus groups discussions, observation, participant-written cases and accounts in the data gathering process. The study was conducted among nurses, midwives, medical doctors and other health workers using structured face to face interview schedules. The respondents' selection was based on three systematic criteria. One must be a nurse or midwife on one side and a medical doctor or a Non-medical staff (health administrator, or any health worker other than a nurse, midwife or medical doctor) on the other side. Selection of respondents in each category was randomly done without recourse to whether one was senior or junior member of one's professional body. All respondents were told that their names and identities would not be published or documented in any part of the study, except acknowledging the generality of respondents.

Research design: the study was done in Tamale in the northern region of Ghana, using Tamale Teaching Hospital (TTH) as the main health institution for the selection of various categories of respondents. 40 health professionals of varied categorization were selected from TTH, comprising 15 nurses, 13 midwives, 5 medical officers, 2 health administrators and 5 health authorities (DNS, CEO, CNS, PHN, RDHS). Tamale was used as the case study area and is the capital city of the Northern region of Ghana.

Strategy: The evaluation strategy was employed to assess the reality and acceptability of comprehensive physical assessment processes by nurses and midwives in clinical practice. Weiss (1998) sees a key purpose of evaluation as 'understanding social intervention and an opportunity to develop theory about a type of intervention which is challenged by the ever-changing nature of conditions. The research is based on the 'realistic evaluation' approach of Pawson and Tilley (1997), which intimates that an intervention can have different effects on beneficiaries and according to the particular individual, institutions and infrastructure, and the options available to the nurse or midwife involved.

Sampling technique and sample categorization: The respondents for the nurses and midwives category were randomly sampled and selected, while the health authorities and administrators were purposefully selected for convenience sake as their respective roles and functions are fixed and determined. A total respondent pool of 40 was used in the study.

Tool for data collection: semi-structured interview guide and interviewers (individual persons who engaged in the collection of data)

Procedure for data collection: Data was collected through focus group discussions, face to face in-depth interviews and observations

Data analysis: The analysis was done manually by making inferences from inductive and deductive processes based on the subjective views of respondents as transcribed for interpretation and analysis. Responses of respondents were entered and italicised for sequential text interpretation, looking at a few text or data passages, engaging in thought experiments and developing story lines considering different contexts, discussing possible data interpretations and reaching conclusions through discursive validation (coming to an agreement after intense discussions) with colleagues.

IV. Findings/results

The results from some of the face to face interviews with some of the hospital staff are as follows

Schedule 1 Respondents views on CPA at the hospital setting

Interviewer: how do you find comprehensive physical assessment in the hospital?

Nurse: I find it good. It gives the patient some level of satisfaction that he/she has been well attended to, checked thoroughly and possibly counseled alongside. I think it is a good thing and if done properly can

elicit lots of clues to diagnosis which could hasten treatment instead of over relying on laboratory examinations to determine cause and effect of a disease condition.

Midwife: I find it interesting and worthy. Some clinicians are very good at diagnosing a patient based on a comprehensive physical assessment. These are experienced and caring clinicians. When you work with such persons, you find the working environment lively as patient satisfaction of the care giving increases.

Medical Doctor: a comprehensive physical assessment is a precursor to a proper diagnosis or determination of a disease condition. I find it appropriate and very necessary that must be carried out on every patient before treatment or further examinations can be done.

Non-medical (health administrator) -I think that it is a core duty of medical officers. I see them examining the patient before starting any treatment. At least some doctors do that. I find it good. It provides a perceived intent on the part of the patient that the clinician is ready to care for him/her well. It gives patient satisfaction as well.

Schedule 2 Nurses and Midwives' practicing CPA

Interviewer: You have indicated how important comprehensive physical assessment is to the patient and how it is done by the doctor or the clinician. Would you say nurses and midwives should do same at all times for the patient and why?

Nurse: This is long overdue. I am surprised nurses and midwives aren't doing comprehensive physical assessment. Please they should. You know, if nurses do that accurately, they facilitate the medical doctors work and diagnoses of patient conditions will be faster and prescriptions of medications will be done more speedily to save lives. Please, this is a nursing duty too and should be taken very seriously. I mean, nurses should be trained well in the skill and its interpretation to aid even nursing diagnoses.

Midwife: I support the idea that midwives should do this as a core skill and practice. Midwifery is an autonomous profession and should do comprehensive physical assessment on all clients apart from assessing the extent of pregnancy. This is very essential tool and must be made part and parcel of midwifery training and practice at all health facilities throughout the country.

Medical Doctor: well, if nurses and midwives must do that why not as long as they are able to carry it out appropriately. We are watching them. If they succeed, fair and well!

Non-medical (health administrator): if nurses and midwives are to do it as a core activity on all patients under their care, why not; it is good. I am however worried that as a new way of looking at it, some doctors may not be happy. The doctors may perceive that the nurses and midwives are competing with them or taking over their duties or parading themselves as if they were medical doctors before the patients, and so forth and so forth. Otherwise, I find it good; after all, by that nurses and midwives will help the doctors achieve better results. You all work for the benefit of the patient.

Schedule 3 Respondents views on the scale of nurses and midwives' use of CPA

Interviewer: granted that nurses and midwives are to do comprehensive physical assessment; should it be done by all of them or some category of them? What is your take on that?

Nurse: OK, I think yes, all nurses should be knowledgeable in doing so, but when it comes to the ward; this could be done by lead nurses or the nurse specialists. If it is done on each patient by every nurse on duty, then this procedure can take the whole day and can be very tiring. However, all the consulting nurses are supposed to carry out comprehensive physical examination

Midwife: Yes, I think all midwives should have the technical know-how on the skill and should practice it at all times on their clients as and when it is necessary. I strongly support the idea.

Doctor: As long as they are well trained, yes they can do it, but it is really not a fast rule that nurses and midwives should engage in that. Perhaps, I am of the view that too much of everything may cause some problems. It may not be completely out of place though for them to carry out physical assessment on patients.

Non-medical (health administrator): as was indicated, well trained nurses and midwives can do wonders. They can go ahead as long as their colleagues in the health care fraternity can accommodate this transformation.

Schedule 4 Focus group discussion with a group of nurses and midwives at the TTH

During a focus group discussion on the subject whether nurses and midwives should be trained and practice comprehensive physical assessment at every area of their work and why, these responses were given by some of the participants

Respondent 1: nurses and midwives engaged in consulting in the various health centres and hospitals in Ghana and should be trained adequately to be able to deliver quality health care to all. I am so excited about this and the GHS and the health authorities should enforce this without any further delay.

Respondent 2: you see, nursing and midwifery professions have suffered violence and diminution for far too long. Let's go for it. As some health workers continue to shift task, we nurses and midwives must also shift gear in our training and practice. It is our ability to deliver that will justify for our future demands for better remunerations and conditions of service.

Respondent 3: there should not be any barrier at all to what and how nurses and midwives should learn and practice. What is highly important is that they should receive training and orientation to do what they know best. I am disturbed when the authorities in nursing and midwifery put outmoded barriers on the way of nursing and midwifery practice in Ghana. Nursing and midwifery in Ghana are always at the receiving end; always told to do things, but less cared for in terms of specialized training and greater opportunity to practice commensurably. Let's begin from this comprehensive physical assessment and as soon as this picks up after training and put into practice, we nurses and midwives will grow the health centre beyond bounds.

Schedule 5 One on one interview with health authorities in the Tamale Metropolis on CPA by nurses and midwives

Respondent 1: but nurses do not do that? Since when did that happen? Has it been confirmed by the Nursing and Midwifery Council and or the Ghana Health Service for nurses to now engage in doing comprehensive physical assessment? I think it is not right. This can create confusion and a mess. How can they do that? Who is going to train them to do that? Please, you guys must re-think this! Nurses have their roles just as midwives also have their roles. I suggest medical doctors also have their roles. Let's keep it that way to avoid confusion and unnecessary competition.

Respondent 2: it will be good. The nurses and midwives who are well trained and working well at the health facilities are always a blessing as they deliver quality health care. I wonder how effective this aspect of skills acquisition can do. Will the NMC and the GHS accept it as a nursing and midwifery skill for practice? As for me, it is good, but beware, you may face some challenges from other health professionals, you know!

Respondent 3: Nurses and midwives can learn and practice anything. I have confidence in them. I know some nurses and midwives have their individual challenges, majority of them are very intelligent and can be trusted to do a lot to enhance quality health care delivery in Ghana. I will support this initiative if I am asked.

Conclusion on findings

All interviews contacted resulted in strong need for nurses and midwives involvement in the practice of CPA. However, some mixed feelings on the scale and the work related specific nurses and midwives should be critically reviewed in order not to cause over fatigue for the patients on the ward. Many respondents contend that the practice should be limited to nurses and midwives at the consulting rooms and at the rural health setting.

V. Discussions

Introduction

Individual patient assessments occur within the wider context of inter-professional practice and busy rural health environments. Alternative diagnostic hypotheses, the inability of all involved to see the same concerning features and inattention due to competing demands, provide additional challenges for health professionals in complex care environments. These external obstacles make conflict inevitable. This is more so when practitioners assume different levels of professional importance and autonomy across their professional divide see different interpretations of the patient situation, generating conflict and dissociations. The preceding paragraphs give detail discussion on the findings from this study.

Efficiency and commitment to the use of comprehensive physical assessment as core nursing/midwifery function

Focus group discussions on whether nurses and midwives should be trained and made to conduct comprehensive physical assessment at the hospital with reasons

Nurses and midwives go through significant levels in their training on patient observation, interviewing and documentation skills. To a large extent, they are trained on how to conduct physical assessment on clients when they are working mostly at the out-patient department (OPD) where assessment and impressions are to be documented and treatments prescribed to clients. It is highly imperative for nurses and midwives to be trained adequately to perform this task in an expanded clinical orientation and work ethics in Ghana.

On a one on one interview on whether nurses and midwives should be trained in comprehensive physical assessment as part of their core mandate, a nurse respondent had this to say;

"Please they should. You know, if nurses do that accurately, they facilitate the medical doctors work and diagnoses of patient conditions will be faster and prescriptions of medications will be done more speedily to save lives. Please, this is a nursing duty too and should be taken very seriously. I mean, nurses should be trained well in the skill and its interpretation to aid even nursing diagnoses".

The objections of this respondent are two fold; first, its significance in aiding quick medical diagnosis and expediting treatment and second, its ability to help in the interpretation of client results in aid of nursing diagnosis towards accurate nursing care planning and implementation regimens.

Despite the seemingly acceptability of the skill to be part and parcel of nurses and midwives' training, some health authorities (other than nurses and midwives), though in support, expressed some fears of general acceptability within the health fraternity. Some respondents had this to say;

"Will the NMC and the GHS accept it as a nursing and midwifery skill for practice? As for me, it is good, but beware, you may face some challenges from other health professionals, you know!" (Nurse respondent during one-on-one interview session, Tamale Metropolis, 2017) A valid fear from a non-nursing/midwifery professional whether the NMC and the GHS will endorse the move and whether the move will not create some degree of animosity between nurses and midwives on one hand and other medical staff on the other. From the discussions ensured, the general consensus emanating from the FGD point directly to the immediate inclusion of the skill into the nursing and midwifery training curriculum.

Respondents' views on whether nurses and midwives should play an active role in comprehensive physical assessment at the hospital

Nurses and midwives and other health professionals tend to agree that nurses and midwives should play an active role in conducting comprehensive physical assessment at the hospital, but under exceptional cases. These exceptional conditions include Only nurses and midwives who come into direct contact with clients at the first time at the OPD or at the emergency unit Only nurses and midwives who happen to be working at the rural health centres where no medical doctors are available Nurses and midwives who double as practitioners and must practice as prescribers by regulation The fear expressed by some health professionals is that if the practice must be done within the ward, it may cause patient assessment fatigue. As many nurses and midwives assess a client during every intervention, clients may suffer from over disturbance of rest and may even cause incidental discomfort and sicknesses. Hence, there is need to limit the practice of the skill to those at the OPD and at the health centres. These apart, the Physicians work at the hospital may reduce to redundancy if all nurses and midwives are found doing what is seen as the doctor's work, which could cause undue tension among the nurses and medical doctors in particular. This particular fear is in concurrence with Secrest et al. (2005:114) who contend that nurses should be content with "what nurses need to know to practice nursing" and focus less on what Douglas et al. (2015) describes as "problematic" because it reflects a deep entrenchment on "medical model in nursing education". Therefore, there is need for care to be taken in this regard to avoid such occurrences at the hospital environment in order to avoid patients from suffering as a result. These are some views of respondents on this issue as expressed below:

I think it is not right. This can create confusion and a mess. How can they do that? Who is going to train them to do that? Please, you guys must re-think this! Nurses have their roles just as midwives also have their roles. I suggest medical doctors also have their roles. Let's keep it that way to avoid confusion and unnecessary competition (One-on-one interview session with Health Authorities, 2017). As for me, it is good, but beware, you may face some challenges from other health professionals, you know! You see, nursing and midwifery professions have suffered violence and diminution for far too long. Let's go for it. As some health workers continue to shift task, we nurses and midwives must also shift gear in our training and practice.

A cursory look at the respondents views and a sober reflection on them indicate the passion and sensibilities they attach to the idea of nurse and midwives acquisition of a comprehensive physical assessment skill and using it or otherwise effectively to benefit their clients. This goes to buttress what the literature says about nurses and midwives being the first persons the patient sees when he enters a health care facility and as Jarvis (2008) opines, this gives the patient and family lasting impressions about the nurse, her colleagues, the facility she works in, and how care will be managed.

Respondents take on whether some or all nurses and midwives should conduct comprehensive physical assessment at the hospital

In as much as a considerable number of nurses and midwives and other health professionals would want the skill to be implemented without delay, it is also in the interest of the health care fraternity that not all nurses and midwives should engage in the practice at the same time particularly at the hospital. Accordingly, the skill should be learned but unless found within the OPD or where nurses and midwives work autonomously, the widespread practice of the skill could cause client dissatisfaction. Some respondents (both nurses and doctors) opine thus; Nurses and midwives "Should practice it at all times on their clients as and when it is necessary" (FGD, Nurses and Midwives responses, 2017) Well, if nurses and midwives must do that why not! As long as they are able to carry it out appropriately. We are watching them. If they succeed, fair and well! (Medical Doctor respondent, one-on-one interview session, 2017) OK, I think yes, all nurses should be knowledgeable in doing so, but when it comes to the ward; this could be done by lead nurses or the nurse specialists. If it is done on each patient by every nurse on duty, then this procedure can take the whole day and can be very tiring. However, all the consulting nurses are supposed to carry out comprehensive physical examination (Nurse Respondent, face to face interview session, TTH, 2017)

Differences between whether using or not using the skill has any influence on patient care by nurses and midwives

Contrarily to the avowals of Krogsbøll et al. (2012) that physical assessments were unlikely to do more good than harm, the respondents in this study think otherwise. According to the findings of this study, comprehensive physical assessment skill for nurses is long overdue in that the scope in terms of learning and work of nurses and midwives have expanded to include what is being seen as medical doctors' concerns. Nurses and midwives engage in consulting in the various health centres and hospitals in Ghana and should be trained adequately to be able to deliver quality health care to all. I am so excited about this and the GHS and the health authorities should enforce this without any further delay (FGD with nurses and midwives, respondent 1, 2017).

As some health workers continue to shift task, we nurses and midwives must also shift gear in our training and practice (One- on-one interview with a nurse, 2017)The nurses and midwives are passionate and willing to do more and see this skill as one of many to use as a starting point. They contend that if legalized and become acceptable within the NMC and GHS, it will open up nurses and midwives to do more under the law, which will go a long way to assist the clients and avoid long waiting periods at the hospitals and health centres countrywide. The views expressed thus far indicate the necessity of the skill and why it should be enforced within the remits of nursing and midwifery training in Ghana. These notwithstanding, some respondents think that the comprehensive physical assessment skill for nursing and midwifery practice is a waste of time and an act of daring into the preserve of medical doctors hence, should be discarded. But nurses do not do that? Since when did that happen? Has it been confirmed by the Nursing and Midwifery Council and or the Ghana Health Service for nurses to now engage in doing comprehensive physical assessment? I think it is not right. This can create confusion and a mess. How can they do that? Who is going to train them to do that? Please, you guys must re-think this! Nurses have their roles just as midwives also have their roles. I suggest medical doctors also have their roles. Let's keep it that way to avoid confusion and unnecessary competition (Face to face interview with a Health Authority in Tamale, 2017).

The setbacks from the respondent indicate a surprise and fear. Quickly the respondent concluded that nurses and midwives learning such a skill and using it, was not right. It appears to tie in with sentiments expressed by Krogsbøll et al. (2012) that physical assessment does not “measurably reduce the risk of illness or death, and conversely, could lead to over-diagnosis and over-treatment”. While some nurses and midwives would want the skill as a core duty component, the perceived fear and surprises that might accompany it emanating from the fact the skill is largely perceived as a core preserve of medical doctors. Thus, sets in motion the accession of Krogsbøll et al. (2012).

Perceived barriers to the utilisation of comprehensive physical assessment by nurses/midwives

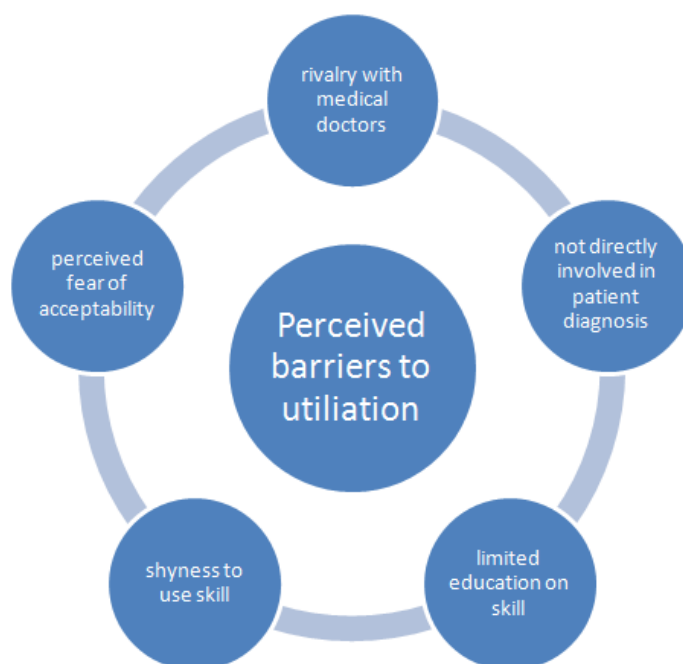


Figure1. Perceived barriers to utilisation of comprehensive physical assessment by nurses & Midwives (Authors construct, 2017)

Nurses and midwives seem too occupied with routines that they cannot find enough time to carry out a thorough physical assessment on clients under their care. This confirms literature that maintains that the lack of time available to complete assessments (Birks, et al. 2013) makes nurses and midwives unable to consider and learn comprehensive physical assessment as a cardinal skill in professional practice. Physical assessment learned in school not demonstrated or practiced during the practicum course (Anderson et al. 2014); this literature agrees with findings from respondents in this study. Respondents consistently attributed lack of nurses and midwives usage of the skill in increasing positive client diagnosis. This fear has heightened their unwillingness to see comprehensive physical assessment as a nursing or midwifery skill par excellence

Not a primary nursing function (Secrest et al. 2005); this learns credence to the findings in this study in which respondents felt that comprehensive physical assessment could be a potential for deep seated rivalry between nurses/midwives and medical doctors. Consequently, nurses and midwives tend to shy away from handling the stethoscope in their daily routine activities as the stethoscope is deemed to be a principal tool of medical doctors and not of nurses and midwives. This fear is amply stated in literature that comprehensive physical assessment is more medicine related than nursing related (Douglas et al, 2015). Nurse academics are teaching too much in this area (Douglas et al., 2015); this has been a barrier to nurse/midwife's educators who probably thinks that why waste time teaching in detail when the skill will not be fully utilized in the working arena. It seems nurses and midwives simply bow out when they are criticized or just told that some areas in health practice are not for them even if they are not sure it is backed by standardize regulations or not. This buttresses the element of perceived fear of acceptability as expressed by some of the respondents in this study. Not sure whether it will lead to improvement in patient outcomes (Douglas et al, 2015 & Yeung et al, 2012); once more, respondents view on improved outcomes following the usage of the skill links closely to the fear of acceptability and positive achievements. Besides, it still outlines the inner intensity of shyness and limited knowledge base in the skill by nurses and midwives. A psychological retuning and intense education of a new cadre of nurses and midwives will motivate nurses and midwives engender boldness and courage to do more to elicit positive patient outcomes.

Physical assessments unlikely to do more good than harm (Krogsbøll et al., 2012); In a similar vein nurses and midwives contend that whether they carry out this skill or not, it will not add or subtract anything from patient care and recovery. This seems plausible in its face value, but may be a denial of the fact that nurses and midwives are not well prepared in this detailed assessment because of the status quo, rather than say that it may not add or subtract any health benefit from the patient. For comprehensive physical assessment to become useful in nursing and midwifery practice there is a compelling need to attend to the fears of nurses and midwives alongside the extensive education on the comprehensive physical assessment in both the lecture room and at the clinical setting during training.

Significant acceptance of the skill by patients, as part of the professional functions of nurses and midwives' practice

Respondents views on the relevance of comprehensive physical assessment at the hospital

Comprehensive physical assessment by nurses and midwives at the hospital has been long overdue. The study responses elicited a heightened passion and enthusiasm among the nurses and midwives and some other health professionals to adopt and implement the skill. Below are some responses from the respondents:

Nursing and midwifery in Ghana are always at the receiving end; always told to do things, but less cared for in terms of specialized training and greater opportunity to practice commensurably. Let's begin from this comprehensive physical assessment and as soon as this picks up after training and put into practice, we nurses and midwives will grow the health centre beyond bounds (FGD with Nurses and Midwives, 2017).

As was indicated, well trained nurses and midwives can do wonders. They can go ahead as long as their colleagues in the health care fraternity can accommodate this transformation (Non-medical (health administrator) during face-to-face interview session at the hospital, 2017).

The take of health authorities on whether or not nurses and midwives learning and practicing of comprehensive physical assessment in the hospital are beneficial and acceptable

Registered nurses and midwives competency in carrying out comprehensive physical assessment or not can be influenced by the nature of the situation, which includes consideration of the setting, resources, and the person. Situations can either enhance or detract nurse or midwife's ability to perform. The expected and acceptable level of performance reflects variability depending upon context and scope of work the competence is needed. The research findings revealed a general consensus of the skill to be adopted, but until its adoption it is inappropriate to conclude that it is acceptable or not. However, responses from the respondents have signified that some are in support of its adoption and implementation while some think otherwise as evidenced by the responses below:

Nurses and midwives can learn and practice anything. I have confidence in them. I know some nurses and midwives have their individual challenges, majority of them are very intelligent and can be trusted to do a lot to enhance quality health care delivery in Ghana (Respondent 3 view on a one-on-one interview session, Tamale Metropolis, 2017).

It is possible that given the due attention that skill deserves at the both the training and clinical setting nurses and midwives will be able to do more in practicing this skill and stand at pole position as the eyes and ears of continuous healthcare service delivery for health seekers. It will be good. The nurses and midwives who are well trained and working well at the health facilities are always a blessing as they deliver quality health care (Respondent 2 view during a one-on-one interview session, Tamale Metropolis, 2017).

The figure below illustrates a flow of how the skill can be accepted within the hospital setting.

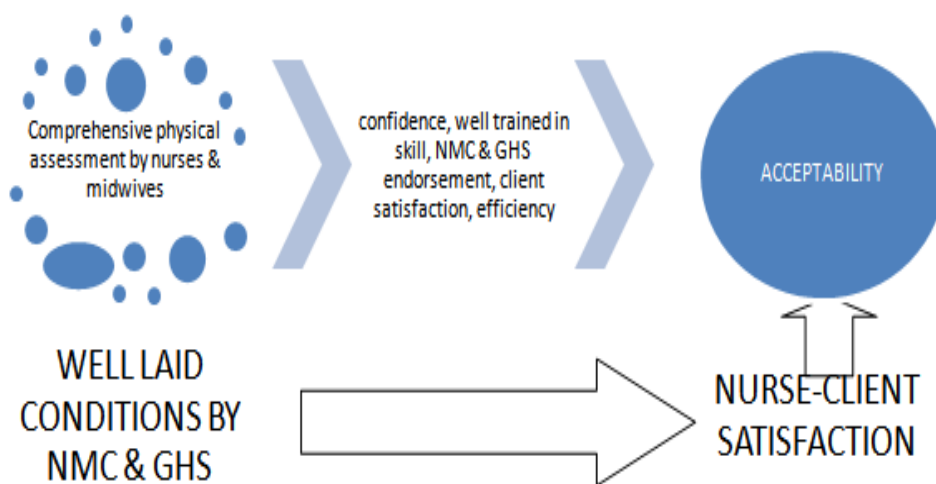


Figure 2 Flow of acceptability of nursing/midwifery comprehensive physical assessment skill by health authorities (Authors construct, 2017)

Recommendations

To achieve this feat, the authors recommend that colleagues in nursing training faculties in the various universities in Ghana, the Ministry of Health, Ghana, Ghana Health Service, Nursing and Midwifery Council, Ghana, the Registered Nurses and Midwives' Association of Ghana and various stakeholders in healthcare delivery in Ghana enlist their support and cooperation in the use of the skill to reinvigorate the professional energy in the nurse and midwife in order to contribute more to patient care and maximal health of the Ghanaian populace. Aside, students should be trained in a more professional manner to handle nursing and midwifery clinical assessments more accurately and professionally to dispel perceived barriers to the utilisation of comprehensive physical assessment as a nursing tool and to enhance patient satisfaction and acceptability within the Ghana Health Service. The Ghana Health Service, the Nursing and Midwifery Training Institutions in Ghana, the Nursing and Midwifery Council of Ghana and the Ghana College of Nurses and Midwives should adopt this skill and make it one of the core clinical skills for nursing and midwifery practice in Ghana.

Further to this, all nursing and midwifery training institutions in Ghana to set up a multipurpose clinical skills laboratory to serve as a centre of excellence for clinical skills acquisition and research that will influence patient care by nurses and midwives in Ghana to enhance their dexterity and confidence

VI. Conclusions

Nurses and midwives in Ghana make a significant contribution towards patient care, diagnostic and treatment decisions to save lives. This study demonstrates the role of comprehensive physical assessment skill in nurses or midwives' diagnostic reasoning and clinical intervention processes. The skills of comprehensive physical assessment shape what nurses and midwives look for and what they notice in their clients, which help them to interpret the situation in order to arrive at some understanding of its likely cause and the most appropriate response. Once understanding is achieved, the nurse is compelled to act. The nurse's assessment, interpretation, and actions are means that contribute to achieving the best outcome for patients. This has been a consensus emanating from the research that respondents think the skill should be adopted and implemented as soon as practicable.

Further research

Stories of practice from a wider range of nurses and midwives who have had the opportunity of independent practice and demonstration of comprehensive physical assessment at the rural health setting in Ghana, would support the understanding gained in this research. Both doctors' and patients' experiences of the consequences or outcomes of nurses and midwives using comprehensive physical assessment skills warrant further investigation. Research suggests that doctors want and value a detailed description of patient problems (Weller, Barrow, & Gasquoine, 2011), but doctors experiences of the consequences of nurses using comprehensive physical assessment skills is unknown.

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