

Nursing Care Plan as Teaching Learning and as a Patient Care Tool: Patient or Paper Centered

Cheryl Lyn A. Sanchez

Northern Luzon Adventist College

chealsan@yahoo.com

Abstract

This qualitative-descriptive study was conducted to determine the use and effectiveness of Nursing

Care Plans among student nurses and their clinical instructors of Northern Luzon Adventist College, Artacho, Sison, Pangasinan. The participants were assigned in Ilocos Training Regional Medical Center (ITRMC), San Fernando, La Union, Region I Medical Center (RIMC), Dagupan City, and in Manaoag Community Hospital, 7-3 and 3-11 shifts. Individual interview and observation in the different clinical areas and shifts were conducted as well as projective exercise particularly sentence completion. Purposive comprehensive sampling was utilized. The findings of the study reveal that for the clinical instructors, NCPs were used to evaluate students' performance, but they find less time for other activities due to the bulk of NCPs that has to be checked and also it resulted to boredom while checking. To the student nurses, it resulted to better patient outcome, making them feel sense of fulfillment and develop their skills in writing, thus becomes the basis in obtaining higher or lower grades. Student nurses also used NCPs as their evidence that they rendered care to patients. However, they also make use of NCPs to other patients with the same problem resulting to a non- personalized care. It has also a physical and mental effect to them especially if they don't know how to manage their time that will mean less time to other activities. With these findings, the use of NCP as a teaching-learning tool and as a patient care tool appears not to be taking its due course in the clinical practice as evidence by the result of both on the clinical instructors turf as well as students perception.

Key words: nursing, nursing care plan, teaching, learning

What makes nursing unique from other vocation is the existence of the nursing process which is reflected in the nursing care plan (NCP). Though NCP facilitates information flow across the health care providers, there is little generalizable evidence about their effectiveness (Keenan et al, 2011). NCP is basically an outline of the nursing procedures that a nurse ought to render to a patient by utilizing the nursing process. The nursing process may describe a nursing care plan that provides students with a learning experience that helps them practice critical thinking and decision making skills (Yildirim & Ozkharaman, 2011), of which vital in the delivery of care. Quality patient care is closely associated with nurses' ability to develop a comprehensive plan in health-care settings. Written nursing care plans are designed to focus students on individualizing nursing care (Tucker & Flannery, 1996), thus, making it one of the indispensable parts of nursing

education (Can & Erol, 2012). The nursing care plan is a medium used to facilitate the nursing process, and it is fixed to employ a strategic pattern to determine the most urgent, or priority interventions on behalf of the nurse, and to plan for care accordingly. The care plan is executed by carrying out specific components of nursing care in a structured manner. Care plans are an important tool in patient care yet often particularly confusing part of nursing school. They are emotionally and mentally stressful on behalf of the new nursing student that prompted debates questioning the necessity of a nursing care plan since its effectiveness is not evidencebased.

La Duke (2008) in congruent to that statement affirmed also that though nursing care plan is important in the nursing school, it's hardly a newflash that practicing nurses don't value such care plans. Moreover, several students and clinical instructors commented

that students are required to pass NCP only at the end of the rotation. They claimed that instead of making NCP, they do the charting. The findings of the study conducted by Can & Erol (2012) reveals that although Nurse educators emphasized on the theoretical and practical importance of NCP among student nurses in Turkey, the students perceive that preparing and implementing an NCP is a difficult task and most of them prepare NCP unwillingly.

Furthermore, a study conducted by Wheeler & Collins (2003), "The influence of concept mapping on critical thinking in baccalaureate nursing students", suggests that concept mapping is effective in helping students develop critical thinking skills compared to nursing care plan.

The issues of how NCP is used or is it used as a teaching learning and as a patient care tool arouses my interest to investigate this concern relative to past experience I had in the clinical setting prior to my full time classroom environment. My previous assignment in the Neonatal

Intensive care Unit focus, is the completion of students' case on newborn cord cutting, thus it does not require NCP. But as a lecturer in the fundamentals of nursing, I made it an imperative, NCP as relevant in teaching learning tool and as a patient care tool.

METHODS

This qualitative-descriptive study was conducted to determine the use of NCP among level II, III, IV and their clinical instructors of Northern Luzon Adventist College, Artacho, Sison, Pangasinan. The participants were assigned in I locos Training Regional Medical Center (ITRMC), San Fernando, La Union, Region I Medical Center (RIMC), Dagupan City, and in Manaoag Community Hospital, 7-3 and 3-11 shifts. Individual interview and observation in the different clinical areas and shifts were conducted and started last September 17, 2014 up to the second week of December until complete saturation was reached. Projective exercise was also conducted particularly sentence completion. Purposive comprehensive sampling was utilized.

Each participant reviewed and signed

a consent form approval (see appendices), after an approval from the Dean of the School of Nursing and the Vice President-Academics was obtained. I facilitated each individual and focus group using unstructured interview that lasted thirty to sixty minutes per session. Aside from interviews, I also conducted observations with the nursing students and clinical instructors in the clinical areas. Each participant was given chances to comment and react on certain issues related to the nursing care plan. Questions such as, "how do you use your Nursing Care Plan?" Do you think Nursing Care Plans are important and why?" were asked. I also asked about the number of NCPs required to be submitted, when it is submitted, how it is being checked, when it is returned to the students, and its impact to the grades of the students. To obtain more detailed responses and more perspectives, follow-up questions were posed. After asking each question, I encouraged each participant to comment. I see to it that I do not influence the discussion with my verbal or nonverbal evaluative responses by maintaining a neutral facial expression, leaning forward and making eye contact to indicate interest. I encouraged discussion (by saying for instance, "Then..., Tell me more about that"), and have not stated negative or biased responses. Each session lasted 30-60 minutes for individual interviews and 60-90 minutes for focus group (consist of 4-8 participants) interviews. Interviews were recorded in either in my cellular phone or tablet. Field notes were also used during each session, after which important points were summarized to ensure accuracy. Subsequently, I went over with the responses with the other individuals and groups, and made comparisons.

I used the process of thematic analysis, as described by Van Kaam. I read the transcripts, noting general categories of comments and labeling segments of the transcripts as belonging to one or more categories. I identified similarities and differences among categories. Refinement of these categories into broader themes and reclassifications of transcript segments were made. After coming up with three themes for the Clinical Instructors and six for the nursing students, I again examined the transcript segments to ensure that they supported the themes. No new themes emerged in this last analysis and determined that the themes are strong.

RESULTS AND DISCUSSION

A total of 39 students participated in the individual and focus groups interview. (See table 1 for more demographics.)

Table 1. Demographic Profile:

<u>Year Level</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Level IV	1	14	15
Level III	2	8	10
Level II	6	3	9

Clinical Instructors	1	4	5
Total	10	29	39

The following themes emerged from the data are presented in the conceptual map shown in figure 1. And the narrative discussion of the themes begins on how and when students make NCPs; how many NCP they are required to submit and when are they required to submit it. It also includes how clinical instructors evaluate and gives feedbacks. Crucial also is the application of NCP.

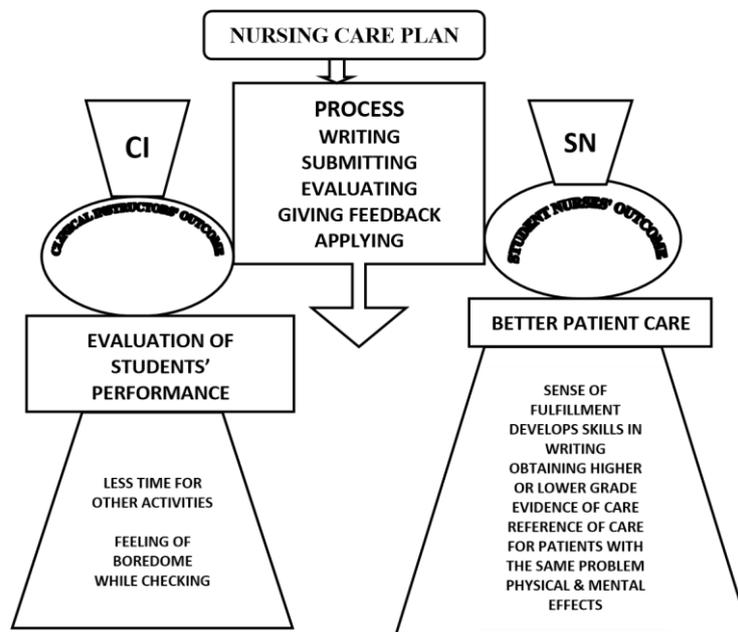


Figure 1. Conceptual Map

Process of making a nursing care plan Number of Nursing Care Plans required.

Based on the results of the interviews conducted on the first semester (June-October 2014), the student as well as the clinical instructors claimed that two NCPs with a minimum of three problems were required for each student in a two weeks rotation, which is equivalent to six days (3 days/week), and to be passed after the end of each rotation, specifically, Friday of the last week rotation. For example, one clinical instructor said, "I only ask them one with three problems and I ask them the next day that I will check their initial NCP and then the final NCP will be on the next week. But, I check it during the ano (initial NCP), because they need to show what they have done and what's the plan." Another

clinical instructor said, "At least a minimum of three problems in one NCP, except fever." In this statement, the clinical instructor assumed that the students already knew how to take care of patients with fever, since this is a very common problem. However, validation and reinforcement in assessing and planning interventions to patient with fever will still be necessary to ensure safe and effective care. Another student participant said, "Six patients in a day or four with similar problem but we are only required to pass NCP for one patient so we just have to choose one." a further student participant said, "Minsan two, minsan three patients.

Pipili lang ng isa, yung may pinakamaraming problem." These responses simply implies, that though student nurses were assigned to

three to four patients, only one final NCP were required for them to pass, and they were left to choose who among those patients would they prioritize to make a plan. Another student participant said, “three to four patients pero lahat naman sila binibigyan ng care, pero isa lang ang required, bale isa lang ang output, pero lahat sila may care plan, di lang in a formal write up.” Another student participant made an alarming response, “Iba-ibang patient every day, four to five patients. Tapos isa lang ang gagawan ng NCP. Pipili lng dun ng isa.” The statement simply indicates that there is no continuity of care since they handled different patients per day. Planning was also affected as claimed by another student participant, “Iba-iba naman kasi ang patient bawat araw. Na rorotate kaagad kami. Kinaumagahan iba na naman, kaya di kami nakakapagplano.” When ask about why they are assigned to different patient per day, one student participant responded, “Para daw po maexpose kami sa iba-ibang cases, tapos yung iba naman, umuwi na yung pasyente, kaya kinabukasan iba na patient namin.” The impact of this every day-different patient assignment is that, students will not be able to plan ahead of time and also the continuity of care. Students will not be expected to present initial or partial NCP the second or third day of duty if they are assigned to different patients each day of the clinical exposures. Although, initial NCP can also be made during the first initial contact with the patient, continuity of care will still be an issue.

At the beginning of the second semester, I conducted again an individual interviews with the clinical instructors confirming the number of NCP they required for their students, and Clinical instructor said, “One NCP every rotation, kasi dati ang ginawa ko per week ang passing ng NCP nahirapan ako tapos hirap din sila.” ‘Twas from two NCP, it was reduced to one NCP per rotation only but other clinical instructors still claimed that they require two NCPs per rotation .

For the content of the initial NCP, according to the participants, initial or partial NCP, as they termed it, is consist of the problem, initial assessment, nursing diagnosis, and interventions. While the final NCP is consist of a problem, assessment, nursing diagnosis, plan of action rationale and references and the evaluation. One student participant said, “Initial NCP ay parang draft

muna. Di naman as in yung written na.” A clinical instructor also said that the initial NCP is consist of a, “Problem, assessment (subjective & objective), nursing diagnosis at plan of action. Sa final NCP naman, complete na kasama na interventions and evaluation.” Another clinical instructor validates this by saying, “Yun pa rin, di pa lang kumpleto yung assessment at wala pang evaluation, pero at least yung initial plan nila na what are they going to do yung anong plan nila at kung ano ang problem.” Also, a student participant describes the final NCP as, “complete na kasama na interventions and evaluation.”

When I asked them how they make their NCPs, 98% of the student participants replied that they make their NCPs using a book especially, NANDA, observing patients’ conditions, recalling what interventions that have rendered to their patients and copying NCPs from their previous patients with the same problem. For example, one student participant said, “Based on the book, parang babasahin yung mga... for example, yung sa patient ko eh risk for infection, babasahin ko lahat ng intervention na andun sa risk for infection, tapos kukunin ko na lng kung ano yung alam kung applicable.” Another student participant said, “Kokopyahin lng namin sa NANDA book, kasi kumpleto na dun. Tapos magresearch.” Another student participant said, “Those that we can do then I will just recall those interventions and write in the NCP. This means that instead of making NCP as a means of planning patient care, in reality it becomes a retrospective reporting.

Another student participant said, “Based on the assessment and the NANDA book.” While 8% of the student participants combines utilizing the books, observing patients’ conditions, recalling what they have done to their patients with the additional of internet surfing. For example one student participant said, “Ginagamit ko din ang internet para makasingit din akong mag facebook, kahit papaano.” Majority of the student participants did not use the internet in making NCP because of its limited accessibility and also they claimed that they are tempted to use social media while making NCPs, thus, distracts their focus. One student participant said, “Hindi na ako gumagamit ng internet pag gumagawa ng NCP kasi attempt akong magbukas ng Facebook ko, tuloy nawawala ako sa focus at tumatagal ang pag-gawa ko

ng NCP and other requirements.”

Submitting. Student Participants varied in their responses when asked about the submission of the NCP. One clinical instructor stated that she normally required students to pass their final NCP Friday of the last week of the rotation, but initial NCP were checked on the second day of the first week of the rotation. She said, “What I usually do with my students is, during the first day of duty, they will be doing assessment and then, because we usually have three days duty. Assess on the first day, overnight, they make the care plan and the next day, they need to present to me the plan that they have, tapos the next two days, they will be implementing the nursing care plan.” Another clinical instructor validates these by saying, “Monday maghahanda sila ng patient, Tuesday magpapass sila ng initial NCP para makita ko yung plan nila na i-implement nila ng Tuesday at Wednesday. Yung finalize nila with the evaluation i- papass nila by Friday.” While the other clinical instructor said that he usually requires NCP to be passed after a two-week rotation. He said, “Sa akin is at the end of the rotation, they will pass the NCP aside from NCP in the case presentation. He no longer require students to make an initial NCP, instead they just do the FDAR (FFocus Problem, D-Data (subjective & objective, A-Action (interventions) and Rresult (evaluation)) documentation.

Student participants have similar responses as to when they are required to submit their NCPs, and that is at the end of the rotation. For example, one participant said, “We just need the initial NCP the second day, at least we have something that we can implement the next day of duty. But then we have to finalize it and in detailed at the end of the rotation.” Another participant said, “Dapat sa second day of rotation meron na initial NCP pero pinapass namin ang final NCP after one week na.” This is a good implication that somehow students are ready to render care for their assigned patients since they have a plan of care already reflected on their NCP. Nursing care plans are an important part of providing quality patient care. They help to define the nurses' role in the patient's treatment, provide consistency of care and allow the nursing team to customize its interventions for each patient. Additionally, it promotes holistic treatment of the patient and helps define specific goals for

the patient. (Neely, 2014). However, based on the data collected, not all clinical instructors require their students to make and submit an initial NCP due to several reasons mentioned above not having a plan of care affects patient care.

Evaluating. All clinical instructors have the same process of evaluating the NCP submitted by their students and that is based on the template provided by NLAC- School of Nursing (Refer to Appendices). One clinical instructor said, “There is a rubric ma’am, there are points for every criteria and the total points is 100. You can refer to the NCP form available in the nursing office.” Student participants also were asked if their NCPs were checked by their clinical instructor and most of them replied yes. For example, one student participant said, “Yes, ma’am. She writes comments.” Another student participant said, “Sa interventions ang laging may corrections at sa assessments.” According to Barnachea (2012), Student oriented nursing care plan as a writing assignment of the student nurses in their experiential practice, has been used by the nurse educators as a teaching device to facilitate the student’s understanding inpatient’s situation and on solving identified nursing problems. Evaluating the NCP of the students has a great implication towards the learning of the students and towards patient outcomes.

Giving Feedback. Giving feedback to the students about their nursing performance both in the clinical area and in the classroom is crucial because this will entail the learning progress of the students and also for the students’ awareness if what they are doing is appropriate. Relative to this I asked the student participants if their clinical instructors regularly returned to them their checked NCP. Some of the student participants claimed that some were returned to them but most of the times, it was not returned to them. I asked the participants if he/she can show to me the checked NCPs but none of them were able to do it. It is either they already forgot where they put it or it was not returned to the. For example, one student participant said, “opo ma’am may ibinalik naman sa amin pero di ko pa mahanap eh.” Another student participant said, “depende pos a clinical instructor. Yung iba nagbabalik, yung iba naman hindi. I also asked the clinical instructors if they are returning the checked NCPs to the students, and one reply was,

“Hindi ko kasi sinusoli sa students yung mga nachecked kong NCP nila kasi kinokopya ng ibang student.” One clinical instructor said that she’s returning the checked NCPs to let the student know their scores and also for them to know their mistakes and be able to learn from it. However, after the students have seen their checked NCPs, it is returned back to the clinical instructors so as not to be recycled. Another student participant’s response was, “Yes ma’am pero binabalik sa amin at the end of the semester na.” If these are the cases, then the tendency is if there are mistakes in the nursing care plans submitted by the students, then, somehow, it is no longer fresh on the minds of the students the NCPs that were long time ago created and submitted. It depletes then the very purpose of NCP to be a learning tool to the student nurses. Another response of the student participant that caught my attention is, “But the thing is that ma’am (clinical instructor) is not giving it back to us, not all of our NCP. I wish it is returned back to us so that it can give us knowledge if it is corrected.”

Applying. According to the Dictionary.com, applying is to make use of as relevant, suitable, or pertinent. Operationally, applying is the process of using the nursing care plan into practice or into the actual patient care. There is only way to maximize the purpose of the nursing care plan and that is to utilize it as teaching/learning and a patient care tool. To explore whether the NCP is maximized in the clinical area, I asked the participants if it was applied and how it was applied. All clinical instructors said they used the NCPs submitted by their students in computing their grades, and to evaluate the activities done by their students. For example, one clinical instructor said, “initial NCP are my bases of what interventions my students will be implementing and so, I can guide them in implementing it.” Another, clinical instructor responded that, “ginagamit ko ang NCP para matignan ko kung tama ang ginagawa ng student at kung may mali at kulang, sasabihin ko.” When student participants were asked how they apply or use their NCPs, two themes emerged, either not applied, some are applied and some are not and mostly the condition of the application is on the interventions. Limitations in the application of the interventions in the students’ NCP are either due to limited resources and time. For example, one student participant said, “Hindi ma’am, kasi limited naman ang time at gamit,

kaya yung iba lang ang nagagawa ko sa interventions. Kaya lang sinusulat ko parin sa NCP para mas maraming points. Kinokopya ko sa book.” Another participant said, “more on paper-based kasi ang NCP ma’am, parang sinusulat lang namin sa NCP na ipapass kasi pag konti lang interventions, magtatanong ang CI bakit yun lang.” “Hindi naman lahat ng sinusulat ma’am naa-apply.” Another student participant said, “Hindi kasi applicable yung iba, yung iba lang tulad ng TSB. Divertional activities sa bata wala naman kaya mahirap i-apply.” With regards to limited resources, students must develop their sense of resourcefulness, and with limited time, there should be reinforcement on the value of time management so as to apply necessary intervention included in their NCP. Aside from that, it is also important to emphasize that a nursing care plan must be SMART (S-specific, M-measurable, A-accessible, R-realistic and T-time bound).

Outcomes for clinical instructors

There are positive and negative outcomes of NCP to the clinical instructors according to the following themes taken from the data collected.

Evaluation of students’ performance. With the written NCPs passed by the students, clinical instructors were able to evaluate the performance of the students. For example, one participant said, “The NCP is important because it serves as the bases of what the students did within the eight hours of duty.” This is validated by the student participants by responding, “The CI checks my initial NCP before implementing it. With the initial NCP, it becomes easy for the clinical instructors to correct and improve the care rendered by the students to their respective patients. With the final NCP, it enables them also to evaluate if their students are learning or not. However, as previously mentioned, not all clinical instructors require initial NCP. That’s where the lapses are.

Limited time for other activities. Though, there are advantages in requiring students to submit NCPs, there are also disadvantages. With bulk of NCPs to be checked every end of a rotation, it requires ample time to do it. As a result, clinical instructor s finds limited time for other activities. For example one

participant said, "Malaking time ang nakukuha niya (checking of NCP). Kaya ang ginawa ko once in a rotation na lang. Once in a rotation ang passing ng NCP. One NCP every rotation. Kasi dati ang ginawa ko per week ang passing ng NCP nahirapan ako tapos hirap din sila kasi ang passing nila di ba. Monday maghahanda sila ng patient, Tuesday magpapass sila ng initial NCP para makita ko yung plan nila na i-implement nila ng Tuesday at Wednesday. Yung final ipapass nila ng Friday. Dati yung two NCPs per rotation na-apektuhan talaga ako, mahirap ah kasi di ka makatulog tapos yung second na week na NCP, ang nangyari kasi last sem, yung last na NCP di ko siya nacheck talaga. Nacheck ko na lang nong semestral break. Family time ay naapektuhan din." Another clinical instructor said, "pag natambakan ako ng checheckin, halimbawa two rotations, yun puyatan talaga sa pagchecheck, pag after duty nachecheck ko ok lang." Though the normal routines of the clinical instructors were affected in the checking of the NCP, all of them claimed that key is time management. One clinical instructor said,

"Pag natambakan ako ng checheckin, halimbawa two rotations, yun puyatan talaga sa pagchecheck, pag after duty nachecheck ko ok lang."

Feeling of boredom when checking.

Activities repeatedly done such as checking NCP with almost the same problems are quiet boring. This is validated by the majority of the clinical instructors who participated in this study. For example, one participant said, "Parang routine na lang ang pag-chechecked ng NCP, paulit-ulit lang, nakakabored." Another clinical instructor said, "Nakakaamay magcheck ng NCP lalo na pagpaulit-ulit lang yung problem. Kaya ang ginagawa ko, ihihinto ko muna. Sa ibang araw na lang ulit ako magchecheck". This will imply a delay on the checking of the NCP and it will create a pile of unchecked NCPs. A delay in the checking of the NCP will also mean a delay on giving feedbacks to the students, thus delays teaching and learning.

Outcomes for student nurses

The outcomes of nursing care plans to the student participants that drawn from the data gathered are the following:

Better patient care. One advantage gathered from the themes in requiring students to make an NCP is it resulted to a better patient care.

Majority of the student participants agreed on this. For example, one participant said, "Pag sinusunod ko yung sinulat kung NCP, alam ko ang pagkakasunod-sunod ng gagawin ko sa patient lalo na sa interventions kaya mas napapabuti ang condition ng patient." Another participant said, "Bases ko para maibigay ang tamang intervention, at kung tama ang intervention na naibibigay, mas nag-improve conation ng patient." Another student participant validates this by saying, "Minsan, sinunod ko yung interventions na sinulat ko sa NCP ko, ang problem ng patient ko eh cough at nahirapan siyang eexpectorate yung plema niya. Tinuruan ko siya ng coughing exercise tapos nagback clapping ako. Encourage ko rin yung patient na uminom ng maraming tubig. Ayun, lumuwag pakiramdam ng patient ko, nailabas niya yung mga plema niya." Participants said that when they make NCP, they are confident with what they are doing because they make their NCP as their guide. For example one participant said, "It guides me in giving care." The nursing care plan, when properly written, provides direction for the nurse in terms of the type and frequency of observations to be made and what nursing measures to implement. According to Mason (1999), a nursing care plan is a written, structured plan of action for patient care based on holistic assessment of patient need, identification of specific patient need, identification of specific patient problems and the development of a plan of action for their resolution. However, since there is no maximum utilization of the nursing care plan as mentioned in the previous discussions, this will result to a negative patient outcome.

Sense of fulfillment. Majority of the participants said that NCP gives them a sense of fulfillment when the goals are met. It made them feel satisfied that their interventions are effective. One participant said, "Ang sarap ng feeling pag nagagawa ko lahat ang mga interventions na sinulat ko sa NCP at bumuti ang kalagayan ng patient ko. Another student participant said, "Yung patient ko nanghihina. Sinabihan ko siyang mag rest in between activities at inaalalayan ko siya sa tuwing babangon siya kasi yun interventions na sinulat ko sa NCP ko. Nag improve naman condition ng patient kaya I feel fulfilled." According to Gewirth (2009), self-fulfillment is carrying to fruition one's deepest desires or one's worthiest capacities. Another definition states that self-fulfillment is "the attainment of

a satisfying and worthwhile life well lived (Kerr 2009).

Develops writing skills. Another positive outcome of NCP to the student participants is that their skills in writing are developed, although out of 39 participants, only one claimed this. "Making NCP develops my skills in writing."

Higher or lower grades. Majority of the participants claimed that one way of getting a high grade in the clinical area is to submit a concise NCP. One participant said, "Need kong magpass ng magandang NCP para maganda grades ko ma'am." Another participant said, "Dinadamihan ko ang assessments and interventions kasi pag konti lang, konti lang din ang point." I asked the participants if they really have done what they are writing in their NCPs, and one participant replied, "Hindi ma'am, kasi limited naman ang time at gamit, kaya yung iba lang ang nagagawa ko sa interventions. Kaya lang sinusulat ko parin sa NCP para mas maraming points. Kinokopya ko sa book." Another student participant said, "Pag gumagawa ako ng NCP, pag may same problem or nursing diagnosis na nagawa ko ng NCP in the past, kinokopya ko, para wala ng correction, yun tataas ang score ko." This validates the statement of the clinical instructor above mentioned that when they returned already checked NCPs, students have the tendency to copy or to use it again with other patients. I also asked the clinical instructors about the weight of NCP in the RLE grades of the student and one clinical instructor said, "40 percent ng total RLE grades ang skills at included sa skills ang NCP pati quiz (10-15 points), evaluation exam (50 points), case presentation (100 points), at reporting (20 points). Ang NCP ang pinakamalaki, kasi 10 points ang bawat isang NCP." another clinical instructor said, "The NCP points is included in the 40% knowledge. The breakdowns are: NCP is 100 points each, quizzes, and depende sa time minsan 20 -30 points. Yung evaluation exam naman is 30-40 points, diary is 10 points per day, and article is 20 points and the drug study if medicine nurse and students is 50 points." This simply means that the NCP has the greatest weight in the knowledge grade of the students in their RLE grade of which 60% is the skills. If the NCP bears the greatest weight in the RLE (knowledge grade) of the students, it is just but proper then to emphasize the importance of the nursing care plan

utilization as a teaching-learning and as a patient care tool.

Evidence of care rendered to patients. The most important evidence that a nurse has done something to the patient is the documented care and that is the NCP. Among nursing students, NCP is also the bases of the clinical instructor of the things done by the nursing students to their patients. The nursing students are also aware of that fact that is why to them, one of the uses of NCP is it serves as their bases of the care rendered to their patients. One participant said, "Ginagamit ko yung NCP as evidence ko ma'am na may ginawa ako sa patient ko." However, utilizing the NCP as evidence that the student nurse has done something to improve patient condition, NCP may not be a valid document, because according to the previous discussion, majority of the students participants write interventions that they have not done in reality, but only to get a higher grade. I asked them if they are monitored by their clinical instructors in giving care, one student participant said, "Nagreport kami sa kung anong gagawin naming intervention sa patient kunyari fever, sasabihin muna sa clinical instructor, tapos sasabihin sige 'go' ireport mo na lng kung bumaba yung fever." Care plans help teach documentation. The care plan should specifically outline which observations to make, what nursing actions to carry out, and what instructions the client or family members require. According to Griffith-Kennedy & Karshmer as cited by Mason, (1999) nursing care plan operates as vehicle for communication and a record of care given. When I conducted an observation in the clinical area with the participants, I noticed that students were closely monitored when they are doing special procedures such as giving parenteral medications and when students ask for the presence of the clinical instructors. Relatively, one student participant said,

"Sana, laging nagmomonitor ang clinical instructor tuwing implementation ng care para malaman kung totoong ginagawa ng students yung mga sinulat niya sa NCP." This implies that there are clinical instructors who are lenient in monitoring their students in implementing care.

Reference of care for other patient with the same problem. "Ginagamit ko yun para sa next patient ko kung magkaparehas sila ng

problem kasi nga po ginagawa namin ang NCP after na ng rotation.”But a care plan flows from each patient's unique list of diagnoses and should be organized by the individual's specific needs and it should provide direction for individualized care of the client, and not something to be used in general patients. It doesn't support the principle of one method fits all, because each patient is different, and a one-size-fitsall approach simply will not work.

Physical and Mental Exhaustion. In the projective activity, specifically sentence completion, that I have floated, one of the item is “When I hear the word nursing care plan, the image that comes to my mind is” majority of the student participants' responses are negative such as, “it's a set of a stressful requirements, toxic, paper works, nosebleed” One participant stated, “sakit sa ulo.”, another said, “something that should be dreaded”, another one said, “so toxic to the brain”, one even said, “it is annoying”. Another one said, “Time-consuming, mental energy-consuming, and physical energyconsuming especially from lack of sleep said.” I asked the student participants when they usually make NCP and students participant responded, “Pag initial NCP, pag-uwi namin galing ng first day of duty kasi need makita ng CI namin the second day. Yung final NCP naman, Thursday night ng last week rotation. Nakakapuyat kasi syempre may class pa kami ng Thursday mula 7 am until 4:30 pm tapos kakain pa kami ng mga 6:30 pm. Mga 7 pm na ako nakakasimula gumawa ng NCP. Kaya nakakapuyat talaga kasi need naming tapusin dahil Friday kinabukasan need naming ipass. Kaya minsan 10 pm na lang ako kumakain inuuna ko ng gumawa ng NCP o di kaya minsan, dina ako kumakain ng hapunan.” Other student participant said, “Pagkatapos ng duty saka na lang ako gumagawa ng NCP, kaya nakakapagod, instead na magpahinga na, gagawa pa ng initial NCP kasi icheck ng CI kinabukasan.” I also asked the student participants how long will it take for them to make one NCP and the reply was, “Mga three to five hour ma'am, matagal kasi magreresearch pa sa book at sa internet ng mga assessments and interventions, pati na rin rationale.” Other student participant said, “Kapag initial NCP at nadaanan ko na yung problem nayun, mas madali at mas mabilis lang ma'am kasi kokopyahin ko na lang sa dati tapos babaguhin ko na lng ng kung ano yung

applicable sa patient ko.” “Ganun din sa final NCP mas matagal pag unang encounter namin ng problem pero pag common na, mabilis lang kasi kokopyahin lang.” Lack of rest and sleep coupled with eating deprivation will result to physical and mental exhaustion.

Less time for other activities. Another negative outcome of making an NCP according to the student participants is that they find less time for other activities such as attending to co-curricular activities in the school and going out with their friends. Socialization is also limited. One participant said, “Sa kakagawa ng NCP di natuloy ako makasama sa mg friends ko na magmallng.” Another participant said, “Di na ako laging nakakapagpractice sa singing group ko kasi busy sa pag gawa ng NCP.” other participant said, “nagiging halos paper na lng kaharap namin instead of attending to the patient.” Another student participant reinforced this statement by saying, “Minsan naapektuhan din patient care kasi tatandaan at isulat mo kung ano ginawa mo sa patient mo.” This statement implies that student participants' time in direct patient care is affected because of NCP. One of the findings of the study conducted by Mason (Mason, 1999), reveals that care plans during the shift would take away from patient care, as claimed by one of the participant.

Conclusion

The use of NCP as a teachinglearning tool and as a patient care tool appears not to be taking its due course in the clinical practice as evidence by the result of both on the clinical instructors turf as well as students perception. Thus, the issue of relevance relative to the usefulness of the NCP to the participants is not made imperative in the clinical practice that more likely can affect the quality of health care service, and such can be a carryover in the professional practice.

Recommendations

There should be strong emphasis on the importance of the nursing care plan relative to patient care, and when and how it should be made.

To make NCP functional and purposive, a proposed institutional common guidelines in the preparation and evaluation of student nursing care plans is recommended

such that of Barnachea's (2012) Common Guidelines on the Preparation of Student Nursing Care Plan (Students and Faculty Guide) that can be downloaded on this website <http://www.slideshare.net/katbarnachea/proposed-common-guidelines-in-the-preparation-and-evaluation-of-student-nursing-care-plan-a-proposal-to-the-nursing-education-teaching-learning-groups>, to help clinical instructors as well as future nurses better understand the rationale behind every nursing care plan, and guide them as well on the rudiments, so as not to be viewed as an additional load of work as for requirement purposes.

References

- Alan Gewirth (2 November 2009). *Self-Fulfillment*. Princeton University Press. pp. 3– ISBN 978-0-69114440-5. Retrieved December 17, 2014 from http://en.wikipedia.org/wiki/Selffulfilment#cite_note-Kerr2009-2
- Barnachea, KP. (2012). Proposed common guidelines in the preparation and evaluation of student nursing care plan (a proposal to the nursing education teaching learning groups). Retrieved December 14, 2014 from <http://www.slideshare.net/katbarnachea/proposed-common-guidelines-in-the-preparation-and-evaluation-of-student-nursing-care-plan-a-proposal-to-the-nursing-education-teaching-learning-groups>
- Barbara Kerr (15 June 2009). *Encyclopedia of Giftedness, Creativity, and Talent*. SAGE. p. 6365. ISBN 978-1-4129-4971-2. Retrieved December 17, 2014 from http://en.wikipedia.org/wiki/Selffulfilment#cite_note-Kerr2009-2
- Can, G. & Erol, O. (2012). Nursing Students' perceptions about nursing care plans: A Turkish perspective. Retrieved December 10, 2014 from <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=6f434cbe6508-407e-b81a2975f5928561%40sessionmgr115&vid=1&hid=128>
- La Duke, S. (2008). Viewpoint: Death to Nursing Care Plans! *AJN, American Journal of Nursing*. June 2008 .Vol. 108, no. 6, pages 13 – 13. Retrieved September 11, 2014 from http://www.nursingcenter.com/lnc/journalarticle?Article_ID=798082
- Mason, C. (1999), Guide to practice or 'load of rubbish'? The influence of care plans on nursing practice in five clinical areas in Northern . Ireland. Retrieved December 18, 2014 from <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=91306a67a1a2-4610-b24af691f6fd9a42%40sessionmgr112&vid=1&hid=102>
- Neely, C. (2012) Retrieved December 14, 2014 from http://www.ehow.com/about_5510672_purpose-nursing-care-plans.html
- Wheeler, L & Collins, S. (2003). The influence of concept mapping on critical thinking in baccalaureate nursing students. Retrieved December 20, 2014 from [http://www.professionalnursing.org/article/S8755-7223\(03\)00134-0/abstract](http://www.professionalnursing.org/article/S8755-7223(03)00134-0/abstract)
- Yildirim, B. & Ozcharaman, S. (2011). Critical thinking in nursing process and education. Retrieved December 17, 2014 from http://www.ijhssnet.com/journals/Vol_1_No_13_Special_Issue_September_2011/34.pdf