

Review article:

The need of nursing care plans in hospitals

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Abstract:

In nursing schools, students do spend most of their time writing nursing care plan for their patients, which is an excellent way to learn the nursing process. Development of individualized patient care plans are considered as a routine part of nursing care. The nursing process is a symbol of contemporary nursing. The nursing care plan not only acts as a guide to the junior members of the team, but also imparts specialized skills essential for the performance of a unique, professional role as well as helps to anticipate potential problems too. Care plans are a unique blend of- thinking and doing, that translates caring into action. According to current practice standards, nursing practice demands the efficient use of the nursing process. The main obstacles for application of the nursing process like resource scarcity, time shortage, lack of adequate knowledge, shortage of material, human power and lack of motivation must be dealt with. Integrated systems should be aligned with nursing workflow to have the potential to help transform the work environment by focusing the efforts of the front line nursing staff on coordination and communication of care for targeted patient problems to promote a high performance health care system. If we fail to be conscientious in this area we are cheating ourselves and our patients. It will be an uphill battle during the execution of the nursing process, but it's within our grasp if we all play our part.

Background:

In nursing schools, students do spend most of their time writing nursing care plan for their patients, which is an excellent way to learn the nursing process. Development of individualized patient care plans are considered as a routine part of nursing care. The nursing process is a symbol of contemporary nursing. The nursing care plan not only acts as a guide to the junior members of the team, but also imparts specialized skills essential for the performance of a unique, professional role as well as helps to anticipate potential problems too. Care plans are a unique blend of- thinking and doing, that translates caring into action. According to current practice standards, nursing practice demands the efficient use of the nursing process.

Nursing care plan, however has grabbed little value in day to day practice though nursing process is the essential core of practise. It is a matter of concern

that practicing nurses don't appraise individualized care plans. Almost, in 95% of hospitals in India, nurses just act as subordinates to the physicians and carry out only physician's plan of care, furthermore, the nursing care planning is not consistently performed in any of the organizations. Physicians have the ultimate responsibility for treatment decisions, but since nurses spend so much more time with hospital patients than doctors do, they have a unique view of how the patient is really doing.

In hospitals, medical diagnosis is always getting greater significance compared to the nursing diagnosis. When caring for patients in the hospitals, nursing diagnosis has got no seriousness. Patient care should not be a tug-of-war between nurses and doctors. No one wants patients to be left half-treated, or half-healthy. A unique combination of personnel and professional knowledge is required

from both the fields for finer patient care. By implementing nursing care plans, nurses can also contribute much for the wellbeing of the clients.

Everyone needs to understand that there is a wide difference between medical and nursing diagnosis. A medical diagnosis is made by a physician regarding a disease condition that only a doctor can treat, whereas a nursing diagnosis describes a client's physical, mental, social and spiritual response to the health problem. Medical diagnosis never changes as long as a disease is present, but a nursing diagnosis evolves change as the client's responses.

The following example will clearly display the relevance of nursing diagnosis. A patient is admitted in ICU with Congestive Cardiac Failure (medical diagnosis), what should be the highest priority nursing diagnosis? This is the point where a nurse needs to think critically as one cannot assign a nursing diagnosis based on a medical diagnosis. One will assume that breathing difficulty as the priority nursing diagnosis. Anyhow, we plan care for patients on a more personal level. After completing a thorough assessment and discussing with the patient, shallow respiration may be because of the pain the patient is experiencing. Hence, in this example, primary nursing diagnosis is chronic pain and not breathing difficulty. A care plan developed to address this nursing diagnosis of chronic pain will also resolve the shallow breathing. But if managing the patient by simply seeing the medical diagnosis, the first thing nurses will be carrying out would be administering medications to improve the cardiac function and administering oxygen for breathing difficulty. This case, clearly exhibited a medical diagnosis and nursing diagnosis are not linked.

Nursing care plans when implemented, can really help manage certain conditions without medicines and one can even give the final choice of

medicines. Let us consider a simple example of patient with hyperthermia. In clinical settings, nurses will simply end their job by giving antipyretic drugs. Nonetheless, the nurses can implement certain measures such as switching on fan, providing more fluids, application of cold compress, tepid sponging before going for pharmacological measures.

Hence the point is, what nurses do is different from medicine. The problem is that nurses are not thinking critically and are not trying to solve the problems of patients using the nursing process. Nurses need to upgrade to design a solid, standardized process for planning care that is built around the nurse's workflow that is for the good of the patients. Nurses with greater levels of expertise are less likely to use the nursing process as a complete system or package for care, but relying more on intuition and/or experienced clinical judgments which might also worsen the problem.

Standardized nursing care plans (SNCP) are easy to understand and follow. One of the main benefits of SNCPs is that they enable the nurse to discuss the treatment goals and interventions with their patients, thereby ensuring their involvement in the care. The care planning process acts as the structuring framework for coordinating communication that will result in safe and effective care.

The care plan is viewed as actually discouraging thinking, because the standardized formats hindered individualized care by operating as check-off lists that discouraged nurses from engaging in mindful care planning. Nursing care plans may sound a lot of work. But when in practice the benefits will outweigh the drawbacks.

Benefits of the Nursing Process :

- *For the Client:* Continuity of care, prevention of omission and duplication,

individualized care, increased client participation

- *For the Nurse* :Job satisfaction, continued learning, increased self confidence, staffing assignments, standards of practice
- *For the Profession*: Promotes collaboration and helps people to understand what nurses do

Nursing care plans allows for clear communication among health team members regarding patient's condition. Integration of population level patient care plan into the existing workflow documentation, rather than the plan of care appearing as a separate document or task, improves nurse satisfaction and perception of value to both the nurse and the patient. Communication of the care plan with population level patient goals, in turn resulting in better consistency of care and increase in the likelihood of safe patient outcomes.

Nursing process provides a continuity of care in the patient's record. The care plan is a document that identifies the care to be given, and a record that shows who planned and gave that care. It should guide the work of others and be a basis for continuity of care. Care plans show a logical and systematic flow of ideas from the initial assessment to the final evaluation even with multiple handovers by staff nurses.

Nurses have to integrate the assessment, documentation and evaluation of the nursing plan of care for each patient with the nursing process and nursing work flow. The format for a nursing care plan can vary from hospital to hospital by must be organized into four categories: problem list/ nursing diagnosis, goals/ outcome, expected/ nursing intervention and evaluation.

SAMPLE CARE PLAN FORMAT THAT CAN BE IMPLEMENTED IN HOSPITALS

<i>Date and Time</i>	<i>Signs/ symptoms/ assessment findings</i>	<i>Problem/ nursing diagnosis</i>	<i>Interventions</i>	<i>outcome</i>	<i>Requires further intervention Yes / no</i>	<i>Signature of nurse</i>
	-Includes not only physiological data, but also psychological, socio cultural, spiritual, economic, and life-style factors as well. For example, a nurse's assessment of a hospitalized patient in pain includes not only	-Reflects not only that the patient is in pain, but that the pain has caused other problems such as anxiety, poor nutrition, and conflict within the family, or has the potential to cause complications—for example; respiratory infection is a potential hazard to an immobilized	-Nurse initiated, Physician initiated, collaborative actions. -Interventions are pt. focused and outcome directed, carried out with compassion, confidence, and a willingness to accept and		If with one basic intervention, the problem is resolved, there is no need for further interventions	

<p>the physical causes and manifestations of pain, but the patient's response—an inability to get out of bed, refusal to eat, withdrawal from family members, anger directed at hospital staff, fear, or request for more pain medication</p>	<p>patient. -Critically think about and begin to rank diagnoses according to priority.</p>	<p>understand the pt.'s responses. -Care measures that are relevant to particular patient.</p>			
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It follows that, the care plans can be successfully integrated with practice which can result in - a statistically significant shorter length of stay , a higher accuracy in planning the discharge time, better patient outcomes, implementing individualized approaches, enriching all disciplines, better-coordinated care, and an increase in patient's involvement. Nurses are thus responsible for assisting their patients towards an identified goal.

Barriers to implement care plan:

- Resistance to change
- Rigid mindset
- Practice guided by tradition
- Habit
- Routines
- Stereotypical perceptions of clients
- Fear of making mistakes
- Unwillingness to take risks or look for alternative strategies
- Decision making without sufficient data or supported by rationale
- Failure to evaluate effectiveness of nursing actions

If writing a long detailed plan is the thing which make the implementation of nursing care plan a setback, we can generate the plans in the computer after we put in nursing diagnosis. Clinical and administrative leaders plans to integrate care and provide a continuum of coordinated services. Though tedious, they are worth it. Successful implementation needs full involvement of clinical staff.

A well thought out and comprehensive care plan guides us through these steps and helps to practice efficiently, safely, and effectively. Accordingly, the status of the nursing profession will be offering an alternative to the medical model. It is high time that a nursing care plan should also be put in the patient's chart. It is not that the charting was redundant, irrelevant and had too many forms. Nursing process is also the base of nursing researches but due to lack of application of nursing process in practise, nursing research is still not well developed globally. Nursing leaders should contemplate the need of nursing care plans to guide our actions and critical thinking. The main

obstacles for application of the nursing process like resource scarcity, time shortage, lack of adequate knowledge, shortage of material, human power and lack of motivation must be dealt with. Integrated systems should be aligned with nursing workflow to have the potential to help transform the work environment by focusing the efforts of the front line nursing staff on coordination and

communication of care for targeted patient problems to promote a high performance health care system. If we fail to be conscientious in this area we are cheating ourselves and our patients. It will be an uphill battle during the execution of the nursing process, but it's within our grasp if we all play our part.

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