Teaching the Nursing Process-Based Care Plan in Türkiye

Türkiye'de Hemşirelik Süreci Yaklaşımı İle Bakım Planı Öğretimi

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ABSTRACT

The nursing process is a systematic, rational method of planning and providing individualized nursing care. Nursing theorists first offered planning nursing care with the nursing process approach in 1958. From this time, it has been taught in nursing schools and has been the cornerstone of nursing care delivery. The nursing process-based care plan implementation provides an organizing framework for the practice of nursing, and standardized, holistic, patient-centered care, as well as record and assess the efficacy of that care. But its success depends largely on how well it is taught. When examined from this aspect, the findings of the studies indicate that nurses and nursing students still need to fully understand the nursing process to create a good care plan with the nursing process. The purpose of this paper, from the perspective of teaching methods, is to discuss the factors that limit students' learning of the nursing process approach and care plan preparation skills.

ÖZ

Hemşirelik süreci, bireyselleştirilmiş hemşirelik bakımının mantıksal akış ve belirli bir sistematik içerisinde sunulmasını sağlayan yöntemdir. Hemşire teorisyenler, ilk olarak 1958' de hemşirelik bakımının hemşirelik süreci yaklaşımı kullanarak planlanmasını önermiştir. Bu tarihten itibariyle hemşirelik süreci hemşirelik bakımının sunumunda yapı taşı olmuştur ve hemşirelik okullarında öğretilmektedir. Hemşirelik süreci yaklaşımı standartlaştırılmış, bütüncül, hasta merkezli bakımın yanı sıra bakımın kaydını ve bakımın etkinliğinin değerlendirilmesini ve hemşirelik uygulamalarının organizasyonuna çerçeve sağlar. Ancak bu yaklaşımın bakım uygulamalarında etkisinin görülebilmesi ise büyük ölçüde ne kadar iyi öğretildiğine bağlıdır. Bu açıdan bakıldığında yapılan araştırmalar, hemşirelerin ve hemşirelik öğrencilerinin hemşirelik süreci yaklaşımı ile iyi bir bakım planı oluşturabilmesinde sorunlar yaşadıklarını göstermektedir. Bu yazının amacı, öğretim yöntemleri açısından, öğrencilerin hemşirelik süreci yaklaşımı ve bakım planı hazırlama becerilerini öğrenmelerini sınırlayan faktörleri tartışmaktır.

INTRODUCTION

The nursing process has been suggested as a scientific method for providing high-quality nursing care and is a widely accepted approach (Alfaro-LeFevre, 2012). This process aims to determine a person's, families, or group's health status, identify actual or potential health problems, develop plans to meet the identified needs, and implement specific and individualized interventions to meet those needs. The nursing process approach was first introduced in 1958 and has been integrated with the nursing care plan since the early 1960s, and it still guides nursing care today (Yoost & Crawford, 2015). A nursing process-based care plan allows nurse professionals to provide standardized, holistic, and patient-centered care, as well as record and assess the efficacy of that care (Berman, Snyder & Frandsen, 2015).

A Nursing Process-Based Care Plan

Care planning with the nursing process approach includes assessment, nursing diagnosis, planning, intervention, and evaluation steps. These five steps are used cyclically and repeatedly during patient care. Each step of the nursing process interacts with and is influenced by other steps in a cycle of activity (Berman et al., 2015; Yoost & Crawford, 2015).

The first step, assessment, which involves collecting comprehensive data from the patient. In the next step, diagnosis, the nurse analyzes the assessment data to determine critical issues and make clinical judgements in the form of a nursing diagnosis. The leading international nursing terminology is North American Nursing Diagnosis Association International (NANDA-I) taxonomy is used for identifying nursing diagnosis based on patient's health conditions and needs (Heardman & Kamitsuru, 2021). The next step is planning, which involves the creation of a formal plan in which the nurse sets priorities of patient's problems, sets patient-centered goals, expected outcomes, and plans interventions. The Nursing Outcome Classification (NOC) is one of the standard classification systems is used for choosing the outcomes (Moorhead, Johnson, Maas, & Swanson, 2018). Moreover, one of the comprehensive resources for describing nursing interventions, the Nursing Intervention Classification (NIC), is used to facilitate the process of matching nursing diagnoses with accurate and appropriate nursing interventions (Butcher, Bulechek, Dochterman & Wagner, 2018). The nurse then carries out implementation of the plan. This may occur by coordinating care delivery, providing health teaching and health promotion activities to the patient, consulting with other health care providers, or providing medications or other therapies within the scope of practice of the registered nurse. Finally, the nurse evaluates the patient's response to the selected interventions and determines whether the interventions were effective. The results of this step, the process cycle, may be repeated. If goals have been met and care has been successful, that portion of the care plan is discontinued. Besides that, unmet and partially met goals require to modifying or adding nursing diagnosis with appropriate goals and expected outcomes and establishing interventions (Moorhead et al., 2018).

The professional responsibilities and roles of nurses expected from them in their professional life fully and accurately depend on the adequacy of the knowledge and skills acquired during the education process. From this perspective, presenting nursing care with a nursing process approach that enables nursing practices to be carried out scientifically and teaching this subject is critical.

In this context, in Turkey and most countries, the nursing process is included in the curriculum of schools that provide bachelor's degree nursing education. Besides, most countries have integrated and successfully implemented the nursing process into hospital information systems with NANDA, NIC, and NOC classification systems (Lima, Vieira & Nunes, 2018). However, the nursing process cannot be implemented successfully in Turkey, Iran, Ethiopia, Kenya, Taiwan and generally in low-income countries (Hagos, Alemseged, Balcha, Berhe & Aregay, 2014; Lotfi et al., 2020; Rajabpoor, 2018). Moreover, nursing students and nurses of these countries still face challenges at almost every step of the nursing process. These difficulties are thought to be due to the limitations of the methods used in teaching the nursing process.

Teaching the Nursing Process

The conventional teaching method [lecture (theoretical knowledge/ content) & case discussion & clinical practice] is the most frequent method for the instruction of the nursing process and care plan (Mousavinasab, Kalhori, Zarifsanaiey, Rakhshan & Ghazisaeedi, 2020). Turkey also uses this method of teaching. In this method, first, historical development, steps of nursing process, NANDA, NIC, and NOC, are explained and subsequently discussed one or two cases using lecture method. Secondly, the practice part is carried out in hospitals and such institutions as family health centers. In the clinical practice, students must prepare care plans for multiple patients they are responsible for during the clinic. The instructor examines the care plans and gives them back to the student with written feedback; also, the instructor supervises the nursing students in clinical practice.

When we assess the challenges faced at each step of the nursing process in order; in the assessment step, students have difficulty in collecting patient data (difficulty or embarrassed to ask relevant questions to the patient) and understanding the relationship between the collected data and the patient's needs (Taskın, Sabanciogullari & Aldemir, 2015). Data collection includes gathering information regarding a patient's health status in a variety of ways (observation, interview, laboratory and other diagnostic tests, and the physical examination). Moreover, efficient questioning skills, good communication, both verbal and non-verbal, together with observational skills are essential for this step. In this step, the instructor's responsibility is to review the data with the student and assess its completeness through categorization, analysis, and interpretation (Conger & Mezza, 1996). Additionally, the instructor must distinguish between relevant and irrelevant data (Wilkinson, 1996). However, data collection and all other steps of the nursing process are presented collectively through a single case example with the conventional teaching narration technique. In such teaching method, the students cannot see how the data were collected systematically from the patients and how they were used during care provided in actual settings, making them believe that a care plan is merely an assignment that should be completed outside the clinic. In addition, instructors and students have limited or no access to patient records or files during clinical practice (access is dependent on the availability of nurses). As a result, students have limited access to the patient's data and cannot experience how to integrate all the patient's data into the patient's care. They cannot analyze which data express the patient's needs and establish a data-diagnostic relationship. They may perceive all the data collected as a patient need to be met. In summary, students cannot be fully involved in patient care using the nursing process in clinical. Whereas clinical practice is crucial in nursing to integrate theory and practice (Becker & Neuwirth, 2002).

The second step of the nursing process is determining the nursing diagnosis. The problems experienced by students in determining a nursing diagnosis are; inappropriate analysis and classify of data (Ardahan et al., 2019; Erden, Deniz, Arslan & Yurtseven, 2018; Korkut, Sahin, Ulker & Cidem, 2021;), the transformation of individual care requirements into diagnoses (Ardahan et al., 2019; Hakverdioğlu Yönt, Korhan, Erdemir & Müller-Staub, 2014; Mahmoud & Bayoumy 2014), use of medical diagnoses-sign-symptoms-related factors as nursing diagnosis (Fesci, Dogan & Pinar, 2008; Hakverdioglu Yönt et al., 2014; Korkut et al., 2021; Taşdemir and Kızılkaya, 2013), unable to prioritize diagnoses (Andsoy et al., 2013; Fesci et al., 2008; Korkut et al., 2021). Nursing students are given a single case study that has been analyzed and interpreted, and a data-diagnostic relationship is established in this conventional method. In addition, the diagnoses associated with the case data were listed according to the NANDA terminology. Moreover, generally, students must listen to their instructors passively (both during the theoretical content and the in-class case analysis) and to participate only when asked a question. The diagnosis step requires synthesis of all data (a good analysis of all the collected data) and critical thinking skills (Berman et al., 2015). In this teaching model, nursing students are not given enough opportunities to apply their critical thinking skills to patient care and enable the integration of identified data and theoretical knowledge.

Furthermore, in the clinics, nurses do not use a defined common terminology for patients' care problems but express themselves through habitual and commonly used definitions. Moreover, students see that clinical nurses use diagnostic expressions that differ from the international diagnostic terminology taught in the course (Basit & Korkmaz, 2021). On the other hand, academics are insufficient in teaching the common language for the following reasons: lack of a perspective and knowledge of diagnoses, lack of a standardized vocabulary, and diagnoses translated differently by different sources, lack of the Turkish version of international terminology (lack of each country version of international terminology). Moreover, only 1 or 2 diagnoses related to in all the domains are listed with a single case study. In clinical practice students observe nurses identifying common diagnoses, such as risk for falls and risk for infection. There are more than 250 diagnoses by the year 2021 that can fall into any of the 13 domains and 47 classes as identified by NANDA (Heardman & Kamitsuru, 2021). As we consider these, students can experience a limited number of NANDA diagnoses in this teaching model. As a result, students cannot integrate the theory of nursing diagnosis into clinical practice.

Another difficulty that should be overcome is planning and prioritizing appropriate nursing interventions (Andsoy et al., 2013; Fesci et al., 2008). These findings can be explained by inefficient practical teaching because of the large number of students and inadequate number of teaching staff. Our university nursing department has more than 200 students in each semester. Therefore, students rarely deal with more than one patient at a time during their clinical experience and uneven distribution to clinics, and there is poor student- instructor interaction. Besides that, due to the short clinical practice duration, students cannot follow and implement the full care process of the patient. Additionally, in clinical practice, students often observe nurses planning physician-related interventions and observing nurses who determine frequent diagnoses (Basit & Korkmaz, 2021). However, not only are there physician-related interventions nurses performing interventions. The NIC has defined more than 500 interventions. Some intervention might be undertaken alone (independent), or patient care might be a team effort (collaborative) (Butcher et al., 2018). Furthermore, these interventions are more than just a nurse's immediate response to a patient's current condition. It involves critical thinking skills to determine which nursing actions are appropriate and necessary to achieve positive

patient outcomes. Shortly the care plan is owned by the individual. Different patient groups necessitate different interventions and care goals. Even if two patients have the exact needs, a care plan designed for one may not be appropriate for the other (Ballantyne, 2016). It is important to note that each step of the nursing process requires critical thinking skills. Even though the structured classroom learning is a strategy that is frequently employed in nursing education, these conventional methods frequently fall short of assisting students in thinking critically when handling complex nursing practices (Lee, Gong, Bae & Choi, 2016). In this regard, learning methods should help nursing students develop their critical thinking skills to understand and effectively use the nursing process. In the literature national studies have proposed diverse teaching methodologies virtual gaming simulation (Ordu & Çalışkan), web-based mind maps (Ordu & Çalışkan), web-based teaching (Basit & Korkmaz, 2021), case-based (Burucu & Arslan, 2021), and blended learning (Kestel & Korkmaz, 2023) as mechanisms to enhance students' proficiency in nursing process. International studies (Lim, 2021; Mousavinasab et al., 2020; Parvan et al., 2021) also suggested that to improve educational methods for the nursing process, computers, mobile phones, and other available technologies should be integrated with the traditional educational methods. Although these studies in the literature suggest that the traditional teaching method should be enriched with different teaching methods, recent studies (Ardahan et al., 2019; Korkut et al., 2021) show that the proposed different teaching methods are not integrated into the current curriculum.

CONSCLUSION

Consequently, the use of only the conventional teaching methods (lecture, limited number of case discussions, insufficient clinical training), as well as the increase in the number of students and inadequate number of nurse instructors, and the lack of each country's version of international terminology are the factors that limit the teaching of the nursing process. The nursing process and care plan requires the high cognitive skills, such as critical thinking, clinical decision-making, problem-solving, and integrating theoretical knowledge into patient care. The conventional method is the most used teaching method but cannot provide learning for high-level goals related to the cognitive, affective, and psychomotor domains. Besides conventional teaching, nurse instructors should implement various learning strategies such as more case studies to make the content more understandable, group discussion, integration of technology in conventional teaching methods, and efficient clinic areas. To provide standardized terminology, nurse instructors should also cooperate with the clinical nurses and the other faculty members.

What did the study add to the literature?

- Teaching the nursing process only using conventional teaching method is insufficient.
- Integration of several teaching methods is necessary.
- Students should be supported for nursing process before graduation to develop a standardized nursing care plan.

Author Contributions

Concept and design: S.K., Supervision: S.K. Literature search: S.K. Writing manuscript: S.K. Critical review: S.K.

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