NURSING CARE MANAGEMENT (NCM) 0110 Nursing Informatics

Evidenced-based Journal on Practice Application: Journals in Regard to Use of Informatics Nursing Field

The development of practice standards for patient education in nurse-led clinics: a mixed-method study

Submitted by:

Alonzo, Aleah Sheree D.

Betita, Junie Marie R.

Bulario, Maria Yvette P.

Catacutan, Keesha Noreen C.

De Guzman, Christian Joshe

Enriquez, Samantha Anne M.

Galang, Wilena-Owe B.

Manalastas, Ramon Luis P.

Marimla, Jhon Dominic C.

Regala, Katherine G.

Tan, Marv Joshua P.

BSN 2-B

Group 6

A. CONTENT OF THE JOURNAL

I. Introduction & Background (Gap)

This study addresses a critical gap in nursing informatics: although standardized nursing care plans (SNCs) are increasingly embedded in clinical decision support systems (CDSS) within electronic health records (EHRs), their actual utilization by nurses remains inconsistent. In acute care settings, especially in China where the study was conducted, the alignment between what nurses perceive as important and what they document in care plans is poorly understood. The lack of adoption and meaningful use of standardized care plans may stem from issues related to the interface, knowledge base, or nurse engagement. Understanding these gaps is essential for improving the integration of informatics tools in clinical nursing practice.

II. Aim / Objectives

The primary aim of the study was to investigate how nurses develop and implement standardized care plans when supported by a CDSS. Specifically, it sought to first, identify the most frequently used nursing diagnoses and interventions documented through the CDSS, and explore the perceptions and experiences of nurses in using these plans, particularly regarding the perceived importance of the interventions and the practical challenges they face in implementing them.

III. Methods

A mixed-methods design was employed. Quantitatively, the researchers reviewed 400 standardized care plans used in an acute hospital to determine frequently selected nursing diagnoses and interventions. These data were compared with nurses' responses on a Likert-scale survey that assessed the perceived importance of those same interventions. Qualitatively, semi-structured interviews were conducted with a subset of nurses to gain a deeper understanding of their experiences, feelings, and attitudes toward using standardized care plans with CDSS. The qualitative data were analyzed thematically.

IV. Results

The findings revealed a weak correlation between the interventions nurses perceived as important and the ones they actually documented. Six primary nursing diagnoses were identified, each paired with 7 to 15 interventions. However, interview data revealed barriers to consistent use. Three major themes emerged: (1) nurses held negative attitudes toward standardized care planning, often seeing it as a bureaucratic task rather than a meaningful clinical activity; (2) they expressed uncertainty and discomfort in using the CDSS due to its rigid format and lack of clinical flexibility; and (3) they experienced difficulty adapting to the new routines imposed by the system. These results suggest that current implementations of SNCs within CDSS do not fully reflect nurses' clinical judgment or practice needs.

V. Discussion

This study highlights the disconnection between informatics tools and nursing practice. While standardized care plans offer consistency and structure, their inflexible formats and top-down implementation may inadvertently stifle clinical reasoning. The study emphasizes that informatics solutions must not only be technically functional but also aligned with the cognitive and workflow realities of frontline nurses. Without engagement and adaptation, even evidence-based tools can become underutilized or misused. The study advocates for stronger leadership involvement, participatory design, and continuous feedback mechanisms to ensure these tools truly serve their intended purpose.

VI. Implications to Nursing

The findings of this study have significant implications for nursing practice, particularly in the context of integrating informatics tools into daily workflows. First, it emphasizes that technology, no matter how evidence-based or standardized, cannot replace the critical thinking and professional judgment of nurses. When informatics tools such as standardized care plans are introduced without sufficient engagement and consideration of nurses' real-world perspectives, they risk being perceived as administrative burdens rather than clinical assets. This disconnect can lead to

decreased utilization, documentation that lacks relevance, and frustration among staff. Moreover, the study points to the need for ongoing education and support to ensure nurses understand not only how to use these systems but also why they matter in improving patient care. Informatics tools must be adaptable, intuitive, and built with the input of end-users namely, nurses to foster true integration into clinical reasoning. Lastly, organizational leaders must recognize that successful informatics adoption is not a one-time event but a continuous process of collaboration, feedback, and refinement to meet evolving care demands.

B. SUMMARY

Despite the availability of CDSS and EHR-integrated care plans, nurses frequently bypass or underuse these tools due to usability challenges, lack of alignment with their workflow, and perceptions of irrelevance. This study reveals that successful implementation of informatics tools requires more than just technical capability, it needs human-centered design, continuous education, and frontline engagement to ensure they serve the profession effectively.

C. CONCLUSION

The study concludes that while standardized care plans within CDSS are valuable for documentation consistency, their clinical effectiveness is compromised without proper integration into nursing workflows. If nurses view these tools as obstacles rather than assets, their potential to enhance patient care is lost. Therefore, sustained investment in user-friendly design, participatory implementation, and leadership support is necessary for informatics to reach its full potential in nursing.

D. NURSING RECOMMENDATIONS

Based on the study's findings, it is recommended that nurses be actively involved in the development, customization, and continuous improvement of standardized care plans within CDSS. Engaging frontline nurses ensures that the system reflects their workflow, priorities, and clinical reasoning processes. Nursing education and in-service training should also emphasize the integration of clinical judgment with standardized

documentation tools, highlighting how these tools support, not replace, professional practice. Institutions must invest in building leadership support structures that champion the use of informatics while addressing usability concerns and alert fatigue. Furthermore, regular evaluation of the knowledge base within the CDSS is necessary to ensure the relevance of nursing diagnoses and interventions. This includes updating taxonomies, aligning plans with current evidence, and incorporating nurse feedback. By fostering a collaborative environment where nurses contribute to and trust the technology, the profession can achieve meaningful and effective informatics integration.

E. REFERENCES

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