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MAPPING NURSING CARE PLAN DEFICIENCIES: A MIXED-METHODS APPROACH TO OPTIMIZE TEACHING STRATEGIES FOR NURSING STUDENT COMPETENCY BASE EDUCATION IN MAKING NCP IN RAWALPINDI, PAKISTAN

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Abstract

Background:

Nursing care plans (NCPs) are necessary tools that facilitate clinical analyzing, promote evidence-based practice, and ensure patient safety (Doenges et al., 2019). Undergraduate Nursing students often struggle with formulating comprehensive Nursing care plans despite its importance and the Common challenges include inaccurate assessments, poorly constructed nursing diagnoses, vague goal-setting, and inadequate evaluation methods and as well as the difficulties point to a persistent disconnect between theoretical instruction and its practical application in clinical environments (Dalton et al., 2018). The present study aims to identify documentation deficiencies and explore the underlying factors influencing students' performance to inform targeted educational strategies. To assess the types of deficiencies in nursing care plans among undergraduate nursing students. To explore nursing students' cognitive, emotional, and contextual experiences in developing care plans.

Methods:

An explanatory sequential mixed-methods design was utilized. During the quantitative phase,

120 nursing care plans were evaluated using structured rubric based on the VIPS (wellbeing, integrity, prevention, and security) model (2009). By assessing five key components: assessment, diagnosis, goal setting, intervention, and evaluation. Statistical analysis was conducted to identify differences by academic year and clinical area.

The qualitative phase, data was collected through three focus groups of nursing students (from 2nd, 3rd, and 4th year cohorts) and 10 semi-structured individual faculty interviews conducted in Rawalpindi and Islamabad. Thematic analysis followed Braun and Clarke's (2006) framework, and results were integrated at

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the interpretation stage.

Results:

Quantitative data revealed major deficits in risk diagnosis (2%), time-bound goal setting (34%), and outcome evaluation (4%), with marked variations across academic levels and clinical settings (excluding pediatrics). Key student-derived themes included: Diagnostic and Planning Difficulties, Theory-Practice Gap, Skills Development Over Time, Instructional Support, Emotional Challenges, and Technology Use. Faculty themes were Teaching Barriers, Nursing Curriculum Deficiencies, Errors in Students Assessment, Faculty Development plans, and Clinical Integration Issues.

Conclusion:

Both student learning gaps and systemic educational barriers contribute to poor care plan documentation. Effective improvement requires curriculum reforms, faculty development, and
stronger clinical-academic alignment.

INTRODUCTION

Mastering nursing care planning is vital for practical clinical reasoning and ensuring patient safety (Tuttle et al., 2021). The primary goal of nursing education is to enhance students' abilities in evaluating patient needs, diagnosing clinical conditions, planning evidence-based interventions, and systematically assessing outcomes (Butler et al., 2023). Nevertheless, nursing students often demonstrate ongoing difficulties in creating Nursing care plans, revealing considerable gaps in their clinical proficiency (Wilkinson et al., 2016). Addressing these issues is essential for ensuring patient safety and promoting professional growth (Hagos et al., 2014). Nursing care plans are vital for providing safe, evidence-based, patient-centered care (Burman et al., 2013). Effective care planning depends on thorough patient assessments, clinical reasoning, precise diagnoses, prioritized interventions, and evaluation methods that align with expected outcomes (Doenges et al., 2019). Nursing Care plans facilitate clinical decision-making, foster critical thinking, and ensure a focus on patient-centered care (Doenges et al., 2019).

Crafting comprehensive and patient-centered care plans is essential for proficient nursing practice (Florence et al., 2025). Nursing Care plans provide structure to patient care while encouraging critical thinking, clinical judgment, and evidence-based decision-making among nursing students (Shoulders et al., 2014). Despite having structured curricula and practical experiences, nursing students often find it challenging to create effective care plans, often leaving out essential components like holistic assessments, accurate diagnoses, prioritized interventions, and measurable outcomes (Dalton et al., 2018).

Nonetheless, identified gaps in nursing students' Nursing care plans, such as incomplete assessments, inaccurate diagnoses, and unsuitable interventions, highlight potential shortcomings in existing curricula (Dalton et al., 2018; Lee et al., 2020). Otherwise, nursing students faced difficulty in NCP making because of the lack of interconnectedness of the knowledge and skill practice in a same level in the students, this is an issue in nursing education (Koukourikos et al., 2017). The quality of patient care delivered by future nurses is directly influenced by nursing education (Benner et al., 2010). However, ongoing issues in nursing students' nursing care plans such as shallow assessments and ineffective prioritization of interventions highlight major educational hurdles (Dalton et al., 2018). The NCP developed by the students are not satisfied because of their lack of interest and needs more understanding of a client physical, psychological and social health needs in a comprehensive way for the making of NCP, So NCP making

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improves the students' judgments and critical thinking skills (Aein et al., 2017).

It is crucial to remedy these gaps to develop competent, confident, and safety-conscious nursing graduates. This study systematically identifies gaps in nursing care plans by nursing students through a mixed-methods approach. By uncovering patterns and examining cognitive and contextual experiences, the study seeks to refine teaching strategies and improve competency development related to NCP making (Burman et al., 2013).

Problem Statement

Effective nursing care plans are vital for competent practice and achieving positive patient outcomes (Wong et al., 2025; Hagos et al., 2014). Nevertheless, nursing students often struggle with developing Nursing care plans, displaying issues like inaccurate assessments, improper diagnoses, and poorly organized interventions (Butler et al., 2023; Florence et al., 2025). Traditional teaching methods frequently fail to adequately uncover and rectify these shortcomings, resulting in skill development gaps as well as without a thorough examination of the obstacles students encounter and the underlying causes, interventions remain generic and ineffective (Gleason et al., 2021). A mixed-methods strategy that combines quantitative error analysis with qualitative insights from students and instructors is essential to accurately identify weaknesses in Nursing care plans and improve educational practices, however, tackling this issue is critical for enhancing nursing student competencies while ensuring patient safety and quality care (Yildirim et al., 2025; Florence et al., 2025; Lee et al., 2020). It's essential to identify specific gap in nursing students' Nursing care plans and fill these gaps in existing educational approaches to create interventions that promote competency-based education (Dalton et al., 2018).

This study seeks to identify shortcomings in the Nursing care plans of nursing students by employing a mixed-methods approach, while also proposing enhanced, evidence-based educational strategies to improve the development of clinical competencies in NCP making. The study intends to systematically examine the various types and underlying causes of deficiencies in nursing students' Nursing care plans and recommends refined educational strategies to promote capability improvement within undergraduate nursing programs (Ryan et al., 2022).

Rational of the study

One of the most important skills for nursing undergraduates is creating appropriate nursing care plans for the patient's health. It is vital for creating strategies that increase their readiness for theory into clinical practice (Florence et al., 2025). This study focusses on Nursing care plans to pinpoint educational and clinical training weaknesses and suggests tailored educational strategies to address these deficiencies. This study intends to contribute to the creation of evidence-based educational interventions that address the experiential difficulties of Bs Nursing students as well as Nursing Instructors and technical skills required for care planning by combining quantitative and qualitative data.

Research Objectives

1. To identify the most common deficiencies observed in nursing students' care plans.
2. To explore the underlying cognitive, emotional, and contextual factors that contribute to these deficiencies.
3. To integrate the findings to develop targeted educational strategies aimed at improving nursing students' care plan competency.

Research Questions

1. What deficiencies are most observed in nursing students' care plans?
2. What underlying factors (cognitive, emotional, and contextual) contribute to these deficiencies?
3. How can integrated findings inform the development of targeted educational strategies to improve care plan competency?

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METHODOLOGY

3.1 Research Design:

The study was done at Riphah College of Nursing, Riphah International University, (Rawalpindi).

An explanatory sequential mixed-methods approach was used, collected quantitative and qualitative data simultaneously, analyzing them separately, and then integrating the findings for interpretation (Creswell & Plano Clark, 2018).

Quantitative Strand: Content analysis of nursing care plans to identify and categorize deficiencies by analysis of student nursing care plans using developed rubric structured rubric based on the VIPS model (2009), assessing five key components: assessment, diagnosis, goal setting, intervention, and evaluation in the Nursing Care Plan.

Qualitative Strand: In the qualitative phase, data were collected through Three focus groups of students (from 2nd, 3rd and 4th year cohorts) and ten semi-structured faculty individual interviews conducted in Rawalpindi. Thematic analysis followed Braun and Clarke's (2006) framework, and results were integrated at the interpretation stage.

Integration was allowed cross-validation and a richer, contextualized understanding of care planning deficiencies.

3.2 Setting and Participants

The study involved three accredited Bachelor of Science in Nursing (BSN) programs.

Quantitative Sample:

120 nursing care plans were randomly chosen from the clinical portfolios of 2nd , 3rd and 4th year undergraduate students.

Qualitative Sample:

10 nursing instructors responsible for clinical instruction.

20 nursing students, three focus groups of students who have completed core clinical rotations.

Purposive sampling was ensured that participants with relevant experiences were selected.

Data Collection Methods

Quantitative Phase:

An audit the 120 NCPs of the 2nd, 3rd , and 4th year undergraduate students. Nursing Care plans were evaluated using a standardized rubric structured rubric based on the VIPS model (2009), assessing five key components: assessment, diagnosis, goal setting, intervention, and evaluation assessing five dimensions: patient assessment, nursing diagnosis accuracy.

Qualitative Phase:

In the qualitative phase, data were collected through three focus groups of Nursing students (from 2nd, 3rd, and 4th year) and ten semi structured individual faculty interviews conducted in Rawalpindi of different Nursing Colleges.

All qualitative sessions were recorded and transcribed verbatim.

Development of the rubric.

A **standardized evaluation rubric** was developed, drawing upon established frameworks such as NANDA-I (Herdman & Kamitsuru, 2021), NIC, and NOC taxonomies.

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Rubric Domains: Each domain was scored on a **4-point scale**

Content	Poor=1	Fair=2	Good =3	Excellent=4
Completeness of Assessment				
Accuracy of Nursing Diagnosis				
Formulation of SMART Goals				
Appropriateness of Nursing Interventions				
Evaluation and Reflection Components				

Sampling Strategy

Quantitative Sampling

Population: undergraduate nursing students completed at least one clinical practicum course.

Sampling Technique: Stratified random sampling based on clinical rotation areas (Medical, Surgical, Pediatric, and Maternity Nursing).

Sample Size:

A total of at least 120 nursing care plans was evaluated using Cochran's formula for determining sample size, incorporating a 5% margin of error and a 95% confidence level.

- 3 Focus Groups (6–8 students each)
- 8–10 Individual In-Depth Interviews of Nursing Instructors

The qualitative sample continued until data saturation was achieved

Qualitative Sampling

Population: Nursing students who have completed nursing care plans during clinical practicums.

Sampling Technique: Purposeful sampling, selecting students representing high, medium, and low nursing care plan performance based on rubric scores.

Sampling Frame

- Ten semi structured individual faculty interviews conducted in Rawalpindi of different Nursing Colleges.
- Students enrolled in a Bachelor of Science in Nursing (BSN) program at selected institutions.
- Students submitted at least two complete nursing care plans within the last academic term.
- Students are willing to participate voluntarily in interviews or focus groups.

Ethical approval and informed consent were secured prior to data collection.

Data Collection Procedures

Quantitative Data Collection:

- Random selection of anonymized student care plans
- Evaluation of care plans using the developed rubric.
- Data entry into statistical software (SPSS) for analysis.

Qualitative Data Collection:

- Semi-structured focus groups and interviews guided by a protocol exploring experiences, challenges, and perceptions related to nursing care planning.
- Audio recording and verbatim transcription of discussions.

Data collection had occurred concurrently over a 6–8-weeks period.

RESULTS

Quantitative Results and Interpretation

120 nursing distributed in the Hospital and the records of NCPs reviewed and four ward categories. The Medical Ward had the highest figure of NCPs records, 47 cases (39.2%), resulted by the Surgical Ward with 29 cases (24.2%). The Pediatric Ward has 24 NCPs records (20%), as well as the Gynecology & Obstetrics (Gynae & Obs.) Ward had the minimum representation of NCPs 20 records

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(16.6%). This dissemination reveals that a significant portion of the nursing documenta analyzed originated from adult medical and surgical care Wards, which may indicate the higher patient load or NCPs record availability in these departments.

Table 1

This study shows the relationship between students' academic years and their clinical performance in different clinical settings. In the Surgical Ward, significant relationships were predictable between academic year and multiple clinical area performance, including Advanced Care (p ≤

Table 1: Explanation of the number of patients from different departments

0.01), Coordinated Care Planning (p = 0.009), Actual Nursing Diagnosis (p = 0.029), and Risk Nursing Diagnosis (p = 0.017). This shows that the concentration of training of students has a considerable impact on their performance in different clinical settings. In the Medical Ward, significant relationships were found for Vital Signs (p = 0.006) and Advanced Care (p = 0.035), while the relationships for Time-Bound Goal Setting were close to significance (p = 0.057), hinting at a potential trend. In the Gynecology Ward, academic year was significantly linked to performance in Time-Bound Goals (p = 0.005) and Outcome Evaluation (p = 0.004), with Vital Signs (p = 0.051) and Advanced Care (p = 0.058) showing borderline significance. These results suggest that as BS Nursing students enhance their academic education or training, their competency in various clinical care areas may improve, particularly in more complex tasks such as care planning and evaluation.

S.NO	Ward Categories	N=120	%
1.	Gynae & Obs.	20	16.7%
2.	Pead's Unit	24	20.0%
3.	Medical Unit	47	39.2%
4.	Surgical Unit	29	24.2%

Table 2: ACCADEMIC YEARS WITH CLINICAL AREAS

Clinical Area	Items	p-Value
Surgical Ward	Advanced Care	≤ 0.01
	Coordinated Care Planning	0.009
	Actual Nursing Diagnosis	.029
	Risk Nursing Diagnosis	.017
Medical Unit	Vital Signs	.006
	Goal Time Bound	.057
	Advanced Care	.035
Gynae Ward	Vital Signs	.051
	Time Bound (Goal)	.005
	Advanced Care	0.058
	Outcome (Evaluation)	.004

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Based on the study results from the pediatric ward, there was no significant value observed in the data collected. This revels that the Nursing interventions assessed did not demonstrate a meaningful correlation within the scope of this study. The absence of significant results may indicate that the current practices or factors being examined do not strongly impact outcomes in the pediatric population studied. Further investigation into larger samples or alternative approaches may be required to draw more convincing insights.

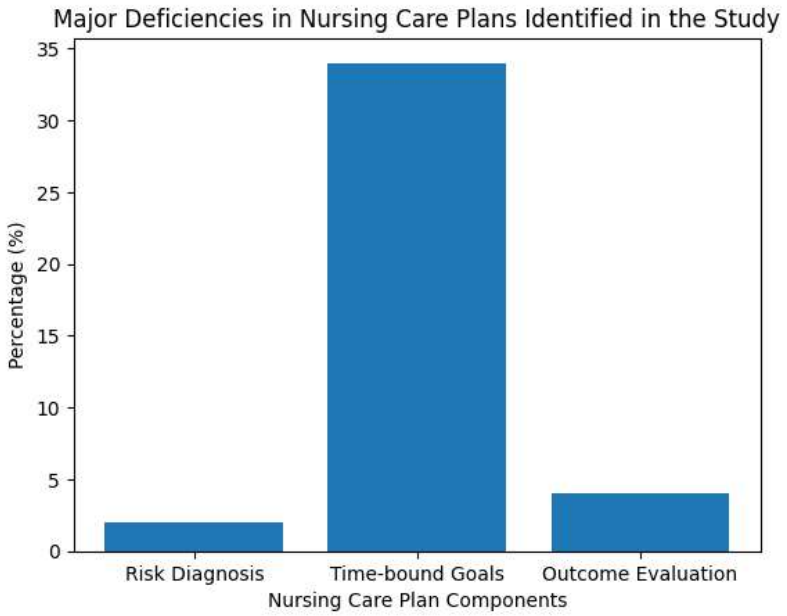


Figure 1: Major Deficiencies in Nursing Care Plans Identified in the Study.

This bar graph illustrates the major deficiencies identified in nursing care plans among undergraduate nursing students. The highest deficiency was observed in time-bound goal setting (34%), followed by outcome evaluation (4%) and risk nursing diagnosis (2%), highlighting key areas requiring targeted educational intervention.

Qualitative Results and Interpretation

The qualitative phase included student focus groups and faculty interviews. Data were analyzed thematically following Braun and Clarke's (2006) approach. Two major participant groups emerged students and faculty each contributing distinct but complementary perspectives.

1. Student-Derived Themes and Subthemes

Theme: Diagnostic and Planning Difficulties

- Inaccurate linkage between assessment data and nursing diagnoses
- Confusion between medical and nursing diagnoses
- Difficulty prioritizing patient problems for care planning

Theme: Theory–Practice Gap

- Limited opportunities to apply classroom learning in clinical settings
- Lack of coordination between academic and clinical instructors
- Inconsistent guidance on care plan expectations

Theme: Skills Development Over Time

- Noticeable improvement with repeated practice
- Peer learning and observation promote understanding
- Need for structured feedback and reflection sessions

Theme: Instructional Support

- Variability in instructor availability

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- Limited individualized feedback
- Need for examples and templates to guide documentation

Theme: Emotional Challenges

- Anxiety during clinical performance evaluation
- Fear of errors in care plan writing
- Pressure from workload and time constraints

Theme: Technology Use

- Limited exposure to electronic health documentation
- Lack of digital tools for NCP formulation and feedback
- Preference for paper-based care plans due to habit

2. Faculty-Derived Themes and Subthemes

Theme: Teaching Barriers

- Overloaded teaching schedules
- Large student-to-teacher ratios
- Time limitations for individual supervision

Theme: Curriculum Deficiencies

- NCP content not systematically reinforced across courses
- Lack of standardized learning outcomes
- Outdated instructional materials

Theme: Assessment Errors

- Inconsistent evaluation criteria among faculty
- Lack of clear rubrics and documentation guidelines
- Subjectivity in grading care plans

Theme: Faculty Development Needs

- Insufficient workshops on care plan teaching
- Lack of exposure to simulation and modern pedagogies
- Desire for inter-faculty collaboration and peer review

Theme: Clinical Integration Issues

- Weak collaboration between clinical preceptors and academic faculty
- Discrepancy between hospital protocols and classroom instruction
- Limited monitoring of students' clinical documentation

Overall Qualitative Interpretation

Both groups highlighted those deficiencies in nursing care plan documentation stem from a multi-layered problem: student learning difficulties (knowledge application, confidence, feedback), institutional gaps (curriculum design, teaching methods, assessment inconsistency), and system-level issues (clinical–academic disconnection, lack of technology use). Thus, the findings emphasize the need for integrated educational reforms focusing on faculty training, structured supervision, and enhanced curriculum design.

Mixed-Methods Results and Interpretation

This study employed an explanatory sequential mixed-methods design to explore deficiencies in nursing care plan (NCP) documentation and to identify educational strategies that could enhance nursing students' competency. The quantitative phase provided measurable evidence of performance gaps, while the qualitative phase explained the underlying causes through student and faculty perspectives.

1. Quantitative Results and Interpretation

The quantitative data analysis of 120 nursing care plans, evaluated using a structured rubric based on the VIPS model (2009), revealed several key performance deficits across five major components: assessment, diagnosis, goal setting, intervention, and evaluation.

- Risk diagnosis accuracy was notably low (2%), indicating poor identification of potential patient complications.
- Outcome evaluation was limited (4%), suggesting weak ability to measure and reflect on care effectiveness.
- Only 34% of goals were time-bound, reflecting inadequate specificity and measurability in planning.
- Marked variations in performance were observed across academic years and clinical settings, excluding pediatrics.

These findings highlight a significant gap in students' diagnostic reasoning, critical thinking, and documentation accuracy. The variability across clinical areas also suggests inconsistencies in supervision and instructional support.

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2. Qualitative Results and Interpretation

The qualitative phase involved three focus groups with students (2nd-, 3rd-, and 4th-year) and ten semi-structured interviews with faculty. Thematic analysis, following Braun and Clarke's (2006) framework, revealed distinct yet complementary perspectives between students and instructors.

A. Student-Derived Themes and Subthemes

Theme: Diagnostic and Planning Difficulties

- Inaccurate linkage between assessment data and nursing diagnoses
- Confusion between medical and nursing diagnoses
- Difficulty prioritizing patient problems for care planning

Theme: Theory–Practice Gap

- Limited opportunities to apply classroom learning in clinical settings
- Lack of coordination between academic and clinical instructors
- Inconsistent guidance on care plan expectations

Theme: Skills Development Over Time

- Noticeable improvement with repeated practice
- Peer learning and observation promote understanding
- Need for structured feedback and reflection sessions

Theme: Instructional Support

- Variability in instructor availability
- Limited individualized feedback
- Need for examples and templates to guide documentation

Theme: Emotional Challenges

- Anxiety during clinical performance evaluation
- Fear of errors in care plan writing
- Pressure from workload and time constraints

Theme: Technology Use

- Limited exposure to electronic health documentation
- Lack of digital tools for NCP formulation and feedback
- Preference for paper-based care plans due to habit

B. Faculty-Derived Themes and Subthemes

Theme: Teaching Barriers

- Overloaded teaching schedules
- Large student-to-teacher ratios
- Time limitations for individual supervision

Theme: Curriculum Deficiencies

- NCP content not systematically reinforced across courses
- Lack of standardized learning outcomes
- Outdated instructional materials

Theme: Assessment Errors

- Inconsistent evaluation criteria among faculty
- Lack of clear rubrics and documentation guidelines
- Subjectivity in grading care plans

Theme: Faculty Development Needs

- Insufficient workshops on care plan teaching
- Lack of exposure to simulation and modern pedagogies
- Desire for inter-faculty collaboration and peer review

Theme: Clinical Integration Issues

- Weak collaboration between clinical preceptors and academic faculty
- Discrepancy between hospital protocols and classroom instruction
- Limited monitoring of students' clinical documentation

3. Integration of Quantitative and Qualitative Findings

Integrating both datasets revealed that nursing care plan deficiencies result from a combination of student-level learning gaps and systemic educational shortcomings. Quantitative findings

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confirmed low competency scores, while qualitative insights explained the root causes in teaching practices, curriculum design, and clinical coordination.

- Student difficulties in diagnosis and evaluation align with limited theoretical reinforcement and feedback.
- Variation across clinical areas corresponds with inconsistent faculty supervision and clinical-academic collaboration.
- Faculty's acknowledgment of outdated curricula explains why students struggle to link theory to practice.
- The lack of technological integration contributes to documentation inefficiency and missed opportunities for learning analytics.

Overall Interpretation and Implications

The mixed-method interpretation demonstrates that improving nursing care plan documentation requires comprehensive reform at multiple levels. It is not solely a student competency issue but an institutional responsibility to provide structured educational scaffolding, faculty development, and clinical-academic alignment.

Key strategies include revising curriculum design to reinforce diagnostic reasoning and evaluation, standardizing assessment rubrics, implementing technology-enhanced learning tools, and establishing regular faculty development programs. Sustained collaboration between academic institutions and clinical partners is essential to close the theory–practice gap and ensure consistent, evidence-based nursing documentation practices.

Discussion

The findings of the study shows that the presence of regularly personal learning troubles and universal flaws in education that impede BS nursing students from developing successful and comprehensive nursing care plans (NCPs). In the Quantitative results, the most prevalent deficiencies were identified in risk nursing diagnoses (2%), time-bound goal setting (34%), and outcome evaluation (4%). These results affect the Nursing students are fronting encounters not only with basic features of nursing care plan but also with the innovative clinical reasoning skills necessary for creating predictive and evaluative elements of nursing care plan (Doenges et al., 2019; Cho et al., 2018).

Significantly, the placement of the Bs Students in clinical areas or wards and the academic level of students had a significant influence on their clinical performance. For instance, notable enhancements in clinical areas such as corresponding nursing care and nursing diagnoses were observed among senior Bs Nursing students assigned to surgical and medical wards, suggesting that both exposure and academic maturity positively influence skill development (Wilkinson et al., 2016). Nevertheless, no statistically significant advancements were recorded in the pediatric unit, which shows a potential disconnect between clinical learning experiences and the application of skills in this environment. This aligns with the perspective of Dalton, Davidson, and Keating (2018) that the educational impact differs across various clinical care settings due to alterations in patients case complexity, Nursing instructor strength, and Nursing student engagement.

Qualitative findings provide necessary circumstance for these results. Nursing Students reported that the continuous difficulties facing clinical areas such as accurately formulating nursing diagnoses, connecting goals to the patient assessments, and choosing suitable interventions because of the assessment. These challenges were primarily qualified to the disconnect between classroom instruction and clinical realities, referred to as the "theory-practice gap" (Lee et al., 2020).

Nursing students expressed feelings of being untrained, unsupported, and emotionally overwhelmed particularly when required to independently apply theoretical knowledge in high-pressure situations. This observation aligns with previous research highlighting those emotional and contextual factors, including anxiety, workload, and inconsistent mentorship, significantly contribute to poor performance in care planning (Lasater et al., 2018; Papathanasiou et al., 2014). Interviews with faculty further corroborated these findings, identifying issues

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such as a fragmented curriculum, a lack of standardized assessment tools, and limited opportunities for professional development. Many instructors recognized the challenges in providing timely, constructive feedback and noted inconsistencies in the teaching and evaluation of care planning across different academic years (Chordá et al., 2020; Polit et al., 2021). These insights affirm that deficiencies in care plans are not merely a consequence of student shortcomings but also reflect broader institutional inadequacies. The combination of quantitative and qualitative data in this mixed-methods study proved particularly valuable in revealing the multifaceted nature of the issue. While statistical data indicated the areas where students faced challenges, thematic analysis provided insights into the underlying reasons. For example, the low incidence of risk diagnoses may be associated with students' struggles to conceptualize potential issues, especially in the absence of sufficient case-based instruction or simulation experiences (Cant et al., 2017). Likewise, ambiguous goals and inadequate evaluations arose not only from gaps in knowledge but also from low confidence levels and insufficient modeling by faculty (Kautz et al., 2020).

In summary, the study emphasizes that nursing care plan deficiencies are complex and systemic. Improvements in NCPs cannot depend only on increasing student effort; rather, organizations must implement evidence-up-to-date strategies to enhance both training practices and the learning environment. By addressing these gaps in instructional procedures, continuous teaching feedback, and knowledge integration in clinical area, nursing programs can prepare students for the complexities of real-world patient care, ultimately promoting safer and more effective healthcare delivery (Benner et al., 2010; AACN, 2021).

Conclusion

This research study emphasizes significant flaws in Bs nursing students the capacity to formulate the effective and accurate nursing care plans, reveling both individual-level hurdles and systemic educational defectiveness. The quantitative results show persistent difficulties in the clinical areas, in NCPs making risk diagnosis, time-sensitive goal establishment, and outcome assessment elements that are vital for safe, patient-centered care. These deficits were meaningfully affected by the students' academic years and the clinical environments in which they were placed, with specific words, such as pediatrics, Gynae, Medical and surgical, demonstrating minimal progress, indicating variability in the quality and richness of clinical learning opportunities.

Qualitative findings further clarified the cognitive, emotional, and contextual challenges that hinder students' performance, including difficulties in applying theoretical knowledge in clinical environments, a lack of self-assurance, emotional strain, and inadequate instructional support. Faculty insights supported these observations and highlighted issues such as curriculum disintegration, insufficient faculty training, and inconsistent assessment practices. Collectively, these results emphasize a persistent gap between theoretical instruction and clinical practice, commonly referred to as the theory-practice gap.

The combination of both data strands confirms that enhancing nursing care plan competency necessitates a comprehensive approach. Educational institutions are required to revamp nursing practices to focus on the longitudinal integration of nursing care planning, improve critical thinking through simulation and case-based learning, and provide consistent, constructive feedback after every NCP. Equally fundamental is the pledge to faculty development in their up-to-date nursing knowledge with the evidence base practice and the standardization of assessment tools to promote uniform instructional quality and guidance. In conclusion, improving nursing care plan competencies transcends academic interest and is a critical issue for patient safety. By tackling the identified shortcomings with targeted, evidence-based strategies, nursing programs can more effectively equip students to think critically, document accurately, and provide high-quality, patient-

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centered care in increasingly complex clinical settings.

Suggestions

1. Nursing Faculty Training and Standardized Rubrics

- Organize workshops for Nursing instructors' development that focus on Nursing care plans evaluation, presenting feedback timely, and employing standardized assessment rubrics such as NANDA-I, NIC, and NOC taxonomies.
- Ensure that all Nursing instructors follow a constant framework of evaluation to deliver continuous and equitable assessments of NCPs.

2. Early and Continuous Feedback

- Implement structured feedback sessions according to the BS Nursing students Nursing care plans Semesterly in their academic experience and maintain them regularly.

3. Strengthen Theory-Practice Linkages

- Encourage teamwork collaboration which concentrates on academic and clinical Nursing instructors, to guarantee uniform expectations and guidance for Nursing students making Nursing care plans in clinical settings.
- Assign clinical preceptors who are specifically trained to prepare BS Nursing students in Nursing care plans competency development and clinical reasoning.

4. Address Emotional and Cognitive Barriers

- mentorship programs and counseling services Advance emotional and academic support systems to assist students in managing stress and enhancing their confidence in clinical settings.
- Establish safe learning environments where students can engage in clinical documentation without the fear of any criticism.

5. Concentrate on Underperforming Clinical Areas

- Examine and tackle the reasons behind the lack of competency levels in the BS Nursing students advancement in clinical areas such as pediatric wards, Gynae and Obstetrics ward, medical and surgical ward, potentially through rivetted clinical rotations.

RECOMMENDATION:

Further research study need on complex nature of the weaknesses detected in nursing care plans, the outcome of this study and provide BS Nursing education reform. Longitudinal studies following nursing students throughout their academic journey would provide valuable insights into how nursing care planning skills develop over time and which teaching strategies have the most ongoing impact. Additionally, while simulation-based education, future studies should explore which specific types such as high-fidelity simulations, virtual reality environments, or standardized patient scenarios are most effective in ornamental students' clinical reasoning and documentation capabilities in BS Nursing students. Improving qualitative research to include faculty members from a broader range of institutions can offer a more diverse perspective on common instructional challenges and disclose effective practices that may be institution specific. Another important area for exploration is the integration of technology in care plan development. Investigating the effectiveness of AI-supported tools, digital care planning programs, or interactive templates could introduce advanced, student-friendly explanations for successful accuracy and understanding.

Furthermore, a comparative analysis across different clinical areas, especially those like pediatrics ward, Gynae and Obstetrics ward, medical and surgical ward, where students tend to underperform could help identify setting-specific barriers and inform the development of more targeted teaching approaches. In parallel, research should also focus on the emotional and psychological experiences of nursing students during care plan development. Understanding the stress, anxiety, and confidence issues that BS Nursing students face can help educators design learning environments that are not only skill-enhancing but also enthusiastically supportive. Lastly, it would be beneficial to explore the link between the quality of undergraduate-generated care plans and real patient outcomes in observed settings. Bridging this gap between education and

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clinical effectiveness would not only strengthen nursing curricula but also ensure that students are truly prepared to deliver safe, patient-centered care in real-everyday practice.

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