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Article

Care Plan Writing in Nursing Education: Challenges, Competence, and Clinical Preparedness

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Abstract: Background: Care plans are a critical tool in nursing education for enhancing students' competence. However, undergraduate nursing students often lack sufficient experience in writing them, which may hinder their clinical preparedness and ability to deliver high-quality patient care. **Objectives:** This study explores the experiences of undergraduate nursing students in writing care plans, focusing on their learning processes, challenges, and the impact on their clinical competence and professional development. **Design:** A qualitative study utilizing focus group interviews was conducted. **Methods:** Semi-structured interviews with open-ended questions were conducted with 15 undergraduate nursing students. Data were analyzed using Colaizzi's phenomenological method to identify key themes. **Results:** Four main themes emerged: (1) enhancement and integration of knowledge and skills, (2) initiative learning attitudes and motivation, (3) adequate support and feedback from tutors, and (4) difficulties in transitioning from classroom learning to clinical practice. The findings highlight that care plan writing enhances students' competence in patient care, with positive learning attitudes and tutor feedback playing crucial roles. However, challenges persist in applying classroom knowledge to complex clinical scenarios, particularly in prioritizing interventions and managing time effectively. **Conclusion:** Writing care plans fosters both personal and professional development, improving students' clinical competence and preparing them for real-world practice. Nurse tutors should encourage consistent practice in care plan writing, provide timely feedback, and share clinical experiences to support students' learning. These findings underscore the importance of integrating care plan writing into nursing education to bridge the gap between theory and practice, ultimately enhancing the quality of patient care.

Keywords: nursing care plans; undergraduate nursing students; learning attitudes; clinical competence; nursing education

1. Introduction

The increasing complexity of healthcare services demands that nursing education equip students with both theoretical knowledge and practical skills to deliver safe, high-quality patient care [1,2]. A critical component of nursing education is the development of clinical competence, which enables students to integrate and apply their learning to address the unique health needs of individual patients. One essential tool for fostering this competence is the nursing care plan, which serves as a structured guide for delivering individualized, evidence-based, and holistic care [3,4].

Care plans are not only a teaching tool but also a practical framework that enhances students' patient care-related competence [3,5]. By systematically identifying patient problems, planning interventions, and evaluating outcomes, care plans improve communication among healthcare teams, ensure continuity of care across shifts, and promote cost-effective, ethical, and safe patient care in current clinical settings [2,3]. Guided by the nursing process, care plans provide a structured approach for students to identify patient needs, design appropriate interventions, and deliver high-quality, individualized care [6,7]. Through this process, students apply evidence-based knowledge to address specific patient conditions, enhancing their critical thinking, clinical judgment, and

professional independence [8]. Writing care plans is thus a vital learning activity that integrates theoretical knowledge with practical skills, fostering students' competence and preparing them for the complexities of clinical practice [7].

Despite their importance, previous studies on care plans have primarily focused on specific patient populations or advanced treatments, often overlooking the broader educational experiences of undergraduate nursing students [9,10]. Many students struggle to write effective care plans, particularly for complex cases, and rely heavily on external resources such as peer discussions and online materials. While care plans are recognized for their role in personal and professional development, there is limited understanding of how undergraduate nursing students experience the process of writing care plans and how these experiences influence their clinical practice.

This study addresses this gap by exploring the experiences of undergraduate nursing students in writing care plans, using a phenomenological approach with focus group interviews. By examining how care plan writing impacts students' learning and clinical competence, this research aims to explore the experiences of undergraduate nursing students in writing care plans, focusing on their learning processes, challenges, and the impact on their clinical competence and professional development. The results provide nurse educators with insights into effective strategies for guiding students in this critical aspect of nursing education. The findings will contribute to a deeper understanding of how care plan writing can bridge the gap between classroom learning and clinical practice, ultimately improving the quality of nursing education and patient care.

2. Materials and Methods

2.1. Design

A qualitative study using semi-structured focus group interviews was conducted to explore undergraduate nursing students' experiences in writing care plans. This design facilitated an in-depth exploration of participants' perspectives and allowed researchers to follow up on emerging themes during the interviews. The Consolidated Criteria for Reporting Qualitative Research (COREQ-32) [11] (see Supplementary Materials S1) guided the study process to ensure that essential components are reported with sufficient information to improve the quality and transparency of a qualitative research.

2.2. Participants and Setting

Purposive sampling was used to recruit undergraduate nursing students from a professional training institution who had experience in writing care plans. Eligible participants were aged 18 or older, enrolled in a nursing program, and selected to ensure diversity based on their year of study and clinical exposure.

2.3. Data Collection

Ethical approval was obtained from the institution's Research Ethics Committee, and the study adhered to the principles of the Declaration of Helsinki. Participants were provided with an information sheet detailing the study's purpose, their involvement, potential risks and benefits, data usage, and consent to publish anonymized data. Written informed consent was obtained, and participants completed a demographic questionnaire prior to the interviews.

Face-to-face focus group interviews, consisting of 3 to 5 participants each, were conducted by the principal investigator (PI) in a quiet room at the institution. Interviews were conducted in Cantonese or English, based on participants' preferences. The PI began with ice-breaker questions to ease participation stress, followed by a semi-structured interview guide (S2). The opening question, "Share with me your experience of writing care plans during your study," was supplemented with probe and prompt questions to clarify and expand responses. Each interview lasted 45 to 90 minutes and was audio-recorded. A research assistant (RA) took field notes, and the PI observed participants' behaviors and reactions. Data collection continued until saturation was achieved, with no new themes emerging.

2.4. Data Analysis

Colaizzi's [12] phenomenological method was used for data analysis. All interviews were transcribed verbatim by the RA and verified for accuracy by the principal investigator (PI). The PI and RA independently reviewed the transcripts to identify significant statements, which were then analyzed to formulate meanings. These meanings were organized into categories, themes, and thematic clusters. The findings were integrated into a comprehensive description of the phenomenon. Any discrepancies in the analysis were resolved through discussions among the researchers until consensus was achieved.

2.5. Study Rigor and Triangulation

To ensure rigor and trustworthiness, purposive sampling enabled comparisons across different student cohorts. Triangulation was achieved through persistent observation, field notes, and independent coding by the PI and RA, followed by cross-verification to minimize bias. Member checking was conducted to validate the findings, allowing participants to clarify or refine their statements and themes [13]. These measures ensured the production of robust and dependable findings.

3. Ethical Considerations

The study adhered to the Declaration of Helsinki and received ethical approval from the institution's Research Ethics Committee (NUR/SRC/20171220/007). Participants provided informed consent, and all personal data were anonymized to ensure confidentiality and protect participants' privacy and rights throughout the research process.

4. Results

The study included 15 undergraduate nursing students (8 males, 7 females) aged 20–25 years, enrolled in years three to five of a bachelor's degree program. Participants had 2–5 years of experience in writing care plans. Analysis of their experiences revealed four main themes: (1) enhancement and integration of knowledge and skills, (2) initiative learning attitudes and motivation, (3) adequate support and feedback from tutors, and (4) difficulties in transitioning from classroom learning to clinical practice.

4.1. Theme 1: Enhancement and Integration of Knowledge and Skills

4.1.1. Subtheme 1: Utilization of Evidence-based Knowledge and Skills

All student participants emphasized that writing care plans deepened their understanding and application of evidence-based knowledge and skills. They recognized the importance of individualized care, as each patient has unique health needs. One student described care plan writing as a tool for designing and implementing more appropriate and effective patient care: "When we have a case designed by our tutor, we identify the patient's needs and write a care plan. We apply evidence-based knowledge and practical skills, like pathophysiology and pharmacology, to resolve patient problems." (Student I)

Another participant highlighted the importance of self-directed learning to strengthen knowledge: "We need to understand the topic well. If we don't, we do self-study—reading textbooks, searching online, or consulting instructors. There's a lot of information, so we screen interventions to fit the patient's unique needs. Each patient is different, so we tailor interventions based on their specific problems." (Student W)

Some students expressed that their experience of clinical practice also enhanced their ability to write care plans. A student participant described, "In clinical practicum, I encountered patients with conditions similar to our case scenarios. The care plans we wrote in class weren't always applicable, but caring for real patients taught me more, further enhancing my competence." (Student N)

4.1.2. Subtheme 2: Advanced Skill Development

Most student participants described care plan writing as a valuable tool for developing advanced skills, such as critical thinking and problem-solving. One student explained how this

process enhanced her abilities: “Writing a care plan involves critically analyzing the case and making decisions. Each patient has unique needs, so this process trains us to think deeply and provide appropriate care. This training is essential and makes us more competent in patient care.” (Student S)

Another participant elaborated on how care plan writing fosters critical thinking: “Critical thinking is definitely developed through writing care plans. We integrate all the knowledge and skills we’ve learned, not just from one course but from our entire study. For example, with a patient in pain, we consider both basic pain relief interventions and disease-specific measures. This decision-making process is complex and requires us to consider multiple factors, making care plan writing a crucial part of our training.” (Student W)

A third student participant highlighted the importance of prioritization and organization: “We learn to prioritize patient problems. A patient may have many issues, but we need to identify the most critical ones. With more practice and clinical experience, we become better at organizing problems and planning appropriate interventions.” (Student S)

4.1.3. Subtheme 3: Benefits to Patient Care

Most participants found care plans highly useful in clinical practice. After writing care plans for specific cases designed by their tutors, they were better able to identify patient problems and develop appropriate interventions. One student shared how care plans improved her clinical responsiveness: “Care plans help me respond quickly in clinical practice. For example, with a patient experiencing sputum, I immediately prop them up, teach breathing exercises, and provide other interventions outlined in the care plan. This ensures we apply our knowledge and skills effectively.” (Student K)

Another student participant emphasized the importance of understanding intervention rationales to the provision of appropriate nursing care and the development of analytic skills and critical thinking: “The challenge is thinking through the rationales behind interventions. Writing a care plan isn’t just listing actions—it’s about understanding why we do them. This process trains us to think critically and apply evidence-based practice, which is crucial when explaining care to patients.” (Student B)

A third student participant highlighted how care plans boosted her confidence and competence in clinical practice through providing evidenced-based practice and applying an effective approach: “Care plans provide a step-by-step approach to patient care, from assessment to implementation. They help me deliver effective care without mistakes, leading to better patient recovery. This builds my confidence, and my patients trust my care more.” (Student K)

4.2. Theme 2: Initiative Learning Attitudes and Motivation

Most student participants acknowledged that writing care plans was a learning process, with competence enhancement depending on their attitudes and motivation.. A junior student described her initial challenges and growth: “Care plan writing was new to me when I started the program. At first, it was difficult, but with practice, it became an achievement, especially when caring for patients in clinical practice.” (Student P)

Another student participant emphasized the role of self-motivation: “Self-motivation is key. Once we realize the importance of care plans, we push ourselves to learn more and improve” (Student A)

A third student shared a practical motivator: “Care plans are part of our exams, so we’re motivated to learn and perform well.” (Student N, laughter)

4.3. Theme 3: Adequate Support and Feedback from Tutors

4.3.1. Subtheme 1: Timely Feedback from Tutors

All student participants emphasized the need for more support from their tutors, as care plans are a required part of course assessments. Many highlighted that timely feedback was crucial for improving their care plan writing. One student shared how feedback helped her improve: “Practicing is important, but tutor feedback is essential. Sometimes, I thought my care plan was well-written, but the grade didn’t reflect that. Seeking feedback helps identify weaknesses and improve.” (Student W)

Another student participant stressed the importance of constructive comments: “Tutors should provide feedback after marking our care plans, so we know what mistakes we made and how to improve. Otherwise, we’re left guessing.” (Student K, nods from others)

4.3.2. Subtheme 2: Sharing of Clinical Experience by Tutors

Some student participants noted that while they often relied on textbooks and online resources to understand patient care, they found tutors’ clinical stories more impactful. These stories helped them better memorize interventions and rationales, enhancing their ability to write care plans. One student explained how tutors’ experiences enriched their learning: *“Tutors should share more clinical experiences to help us write care plans. Classroom learning lacks real patients, which limits our understanding. When tutors share their stories, it’s like creating mental pictures of interventions. For example, with a patient experiencing shortness of breath, our tutor explained how to prop up the patient, administer oxygen, assess, and provide further interventions until the problem is resolved. This kind of learning is far more valuable and effective.”* (Student N)

4.3.3. Subtheme 3: Learning in a Group

Some student participants suggested that group work made care plan writing more efficient and effective. They explained that collaborating allowed them to leverage each other’s strengths and address weaknesses. One student shared her perspective: *“A care plan has many components, so working in a group helps us learn from each other. Some students excel at identifying problems, while others are better at writing interventions. By working together, we understand our strengths and weaknesses, which helps us improve. Sometimes, we don’t even realize our care plan isn’t well-written until we discuss it with others.”* (Student S, laughter from the group)

4.4. Theme 4: Difficulties in Transition from Classroom Learning to Clinical Practice 3.1.1.

4.4.1. Subtheme 1: Inadequate Time/Heavy Workload

Although care plans are used in clinical settings, participants found it challenging to write them during busy shifts. Those with clinical experience shared their struggles: *“Writing care plans in clinical practice is difficult. During my placement in a female medical unit, I couldn’t find time to write a care plan because bedside care took up my entire shift. Even when I tried, I couldn’t focus because I was constantly interrupted.”* (Student W)

4.4.2. Subtheme 2: Handling More Complicated Cases in Clinical Practice

Most participants noted that classroom learning, which relies on case scenarios, often focuses on specific diseases or topics. However, they found it challenging to apply this knowledge to real patients in clinical practice, who often present with multiple, complex conditions. One student shared his perspective: *“Classroom scenarios are designed for learning specific topics, so the care plans we write don’t fully reflect the complexities of real patients. In clinical practice, patients often have multiple issues due to different diseases, making it difficult to prioritize problems and apply interventions. I’m still learning how to handle these complexities, so writing care plans for real patients feels overwhelming. Classroom learning provides a foundation, but in practice, care plans must be comprehensive and tailored to each patient’s unique needs. As a result, the interventions we practice in class may not always apply directly to real-world situations.”* (Student A)

5. Discussion

This study identified four major themes based on students’ experiences with care plan writing: (1) enhancement and integration of knowledge and skills, (2) initiative learning attitudes and motivation, (3) adequate support and feedback from tutors, and (4) difficulties in transitioning from classroom learning to clinical practice. These themes were further elaborated through subthemes, which provided deeper insights into the students’ experiences. For the first theme, the subthemes included (1) utilization of evidence-based knowledge and skills, (2) advanced skill development, and (3) benefits to patient care. The second theme, adequate support and feedback from tutors, was

divided into (1) timely feedback from tutors, (2) sharing of clinical experience by tutors, and (3) learning in a group. The final theme, difficulties in transitioning to clinical practice, included two subthemes: (1) inadequate time/heavy workload and (2) handling more complicated cases in clinical practice. Notably, the theme of initiative learning attitudes and motivation did not have subthemes. Together, these themes and subthemes highlight both the successes and challenges students face in learning care plan writing, contributing to their personal and professional development [5,14,15]. Table 1 summarizes the identified themes and subthemes regarding students’ learning experience in care plan writing.

Table 1. Identified themes and subthemes.

Themes	Subthemes
1: Enhancement and integration of knowledge and skills	1: Utilization of evidence-based knowledge and skills
	2: Advanced skill development
	3: Benefits to patient care
2: Initiative learning attitudes and motivation	
3: Adequate support and feedback from tutors	1: Timely feedback from tutors
	2. Sharing of clinical experience by tutors
	3. Learning in a group
4: Difficulties in transition from classroom learning to clinical practice	1: Inadequate time/heavy workload
	2: Handling more complicated cases in clinical practice

A nursing care plan serves as a reflection of competence, demonstrating a student’s ability to understand patient needs and design appropriate interventions [16-18]. Through the gradual application of classroom knowledge to clinical practice, students learn to create thorough, individualized care plans [17,18]. The experiences of the 15 participants in this study underscore that care plan writing is a valuable learning tool, helping students grasp the full scope of patient care [7,8]. It also cultivates cognitive and behavioral skills essential for delivering holistic, patient-centered care.

The process of writing a care plan involves a systematic, step-by-step approach: identifying patient problems through comprehensive assessment, developing evidence-based interventions, and evaluating goal achievement [3,19]. Evidence-based knowledge ensures that care plans are safe, cost-effective, and promote patient recovery. Beyond its educational value, a care plan serves as a written record of actions to address patient needs and manage risks associated with specific health conditions. Although not explicitly mentioned by participants, care plans also facilitate communication among healthcare professionals, patients, and families, ensuring continuity of care, safety, and high-quality outcomes [5].

A valid and comprehensive care plan must be patient-centered, individualized, and grounded in evidence-based knowledge and practical steps [19,20]. When students develop care plans for specific patients, they apply existing knowledge and explore new information through various learning channels, such as self-study, consultations with tutors or mentors, group work, and online research [21,22]. This process requires students to critically evaluate the suitability of the information they gather. Participants in this study emphasized the importance of taking initiative to seek additional knowledge, which not only enriches their care plans but also fosters advanced skills like critical thinking and problem-solving [23,24]. Self-directed learning, driven by motivation, is essential for deepening understanding and expanding competence [9,15]

The development of critical thinking and problem-solving skills was a recurring theme among participants, highlighting the value of active engagement in the learning process. However, the role of nurse tutors is equally crucial. Tutors help students recognize the importance of evidence-based care plan writing and provide feedback that supports self-reflection, enhances communication, and promotes higher-quality learning [25-27]. This feedback is vital for identifying areas of improvement, ultimately boosting students’ confidence and competence in delivering safe and effective patient care

[25,27]. Participants also suggested that tutors' clinical experiences serve as valuable references, further enriching students' learning and inspiring them to excel [28,29].

A care plan is a multifunctional tool that guides appropriate interventions to achieve patient outcomes based on their health needs. It not only supports nurses' personal and professional development through self-directed learning but also enhances healthcare competence by integrating knowledge and skills into practice. Writing care plans helps students prioritize patient problems and design appropriate interventions, fostering clinical judgment [23,24].

When care plans are tied to students' clinical experiences, they become more meaningful and impactful, further enhancing patient care-related competence [23,24,30]. Through this process, students strengthen their ability to integrate and apply knowledge, analyze problems, and implement solutions, ensuring safer and higher-quality care [3,7,8]. Participants noted that care plans enable them to respond more efficiently to patients using evidence-based actions, serving as a clinical guide for designing safe, competent, and patient-centered care.

Competence is cultivated through continuous practice and the application of evidence-based knowledge and skills. By regularly writing care plans, students bridge the gap between classroom learning and clinical practice, improving the quality of care they deliver [20,28]. Scenario-based patients, while useful for educational purposes, provide a foundation for understanding specific topics, but real-world clinical practice requires a more nuanced and comprehensive approach.

However, care plans developed for scenario-based patients often fail to reflect the multifaceted issues encountered in real clinical practice. While classroom cases are typically straightforward and tutor-designed, real patients frequently present with complex, overlapping health problems stemming from multiple diseases. Crafting care plans for such patients can be challenging, requiring advanced competence to prioritize and address diverse issues effectively. Continuous learning is essential to improve competency in care plan development. Although classroom learning provides a foundational understanding of care plan writing for specific conditions, clinical practice demands comprehensive, tailored care plans that address the unique needs of individual patients. As a result, interventions learned in the classroom may not always be directly applicable in real-world clinical settings.

The increasing complexity of high-quality healthcare services has heightened the workload for healthcare professionals, particularly nurses. In busy clinical environments, writing and maintaining well-prepared care plans often becomes [29]. The stress of daily practice can lead to the neglect of care plan writing, adversely impacting students' learning and clinical performance [14,15]. Additionally, students may struggle to develop care plans for patients with complicated needs, as classroom training typically focuses on specific diseases rather than the multifaceted conditions often seen in practice [4,14,16].

To address these challenges, students must take the initiative to enhance their skills through self-study and practical learning, ensuring they can create valid, effective care plans for safer patient care [25,26,30]. It is important to note that the transition from classroom to clinical practice in care plan writing is a critical learning process. It not only equips students with the ability to apply knowledge and skills effectively but also fosters positive learning attitudes and motivation for lifelong professional development [22,30]. Programme developers and nurse educators should take advantages of using care plans as a core component of the nursing curriculum to improve students' competence in improving patient care outcomes. Using real-life clinical stories and case studies can help students illustrate more appropriate care plans, integrating their evidence-based theoretical knowledge and skills. Ongoing support from tutors fosters students' self-reflection and enhances learning [1,4,5].

6. Strengths and Limitations

This study highlighted the value of care plan writing in fostering personal and professional development and enhancing competence. However, it has several limitations. First, all participants were recruited from a single educational institution, limiting the generalizability of the findings to other settings, as experiences may vary based on institutional requirements. Second, the study did

not include the perspectives of nurse educators, whose insights could provide valuable guidance for improving the teaching and application of care plans in nursing education.

7. Conclusions

This study identified four major themes from undergraduate nursing students' experiences with care plan writing, highlighting its significance in enhancing competence and fostering personal and professional development. Care plan writing enables students to integrate and apply theoretical knowledge and practical skills, leading to safer and more effective patient care in clinical practice. These findings underscore the value of care plan writing in improving the quality of healthcare services. To maximize the benefits of care plan writing, nurse tutors should emphasize its importance in nursing curricula and encourage consistent practice, particularly during clinical placements. Providing students with adequate support, timely feedback, and guidance is essential for enhancing their competence. Additionally, fostering positive learning attitudes and motivation among students, combined with constructive feedback from tutors, can further improve the quality of care they deliver.

In summary, care plan writing is a critical learning tool that bridges the gap between classroom education and clinical practice, equipping students with the skills and confidence needed for high-quality patient care.

Supplementary Materials: The following supporting information can be downloaded at: www.mdpi.com/xxx/s1, S1: The Consolidated Criteria for Reporting Qualitative Research (COREQ-32); S2: Interview guide..

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Institutional Review Board Statement: : The study was conducted in accordance with the Declaration of Helsinki and approved by the Research Ethics Committee of Tung Wah College (Reference number: NUR/SRC/20171220/007 on 20 October 2017).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study. Written informed consent was obtained from the subjects to publish this paper.

Data Availability Statement: The data presented in this study are available on request from the corresponding author. The data are not publicly available to maintain confidentiality.

Public Involvement Statement: There was no public involvement in any aspect of this research.

Guidelines and Standards Statement: A complete list of reporting guidelines can be accessed via the equator network: <https://www.equator-network.org/>.

Use of Artificial Intelligence: An AI-assisted tool, ChatGPT was used for grammar checking. AI or AI-assisted tools were not used in drafting any aspect of this manuscript.

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References

1. Ballantyne, H. Using nursing care plans to support effective working. *In Pract.* **2020**, *42*(3), 177–180. <https://doi.org/10.1136/inp.m1110>.
2. Patalagsa, J. *Nursing Care Plan: An Evidence-Based Tool for Learning and Providing High Quality Care*; Scholar's Press: Germany, 2013; ISBN: 978-3-639-51284-7.
3. Hooks, R. Developing nursing care plans. *Nurs. Stand.* **2016**, *30*, 64–65. <https://doi.org/10.7748/ns.30.45.64.s48>.
4. Lucas, P.; Jesus, É.; Almeida, S.; Araújo, B. Relationship of the nursing practice environment with the quality of care and patients' safety in primary health care. *BMC Nurs.* **2023**, *22*(1), 413. <https://doi.org/10.1186/s12912-023-01571-8>.
5. Lee, Y.; Hirai, Y.; Sarantou, M.; Kawaguchi, A.; Wang, J. The Role and Effectiveness of the Life Map Design Tool in Establishing a Care Plan. *Arch. Des. Res.* **2025**, *38*(1), 31–50.

6. Aldridge, J.; Eshun, A.; Meurier, C. Nursing assessment and care planning. In *Nursing Practice: Knowledge and Care*; John Wiley & Sons: Hoboken, NJ, USA, 2016; pp. 23–45. <https://doi.org/10.1002/9781119302728.ch2>.
7. Doenges, M.; Moorhouse, M.; Murr, A. *Nursing Care Plans: Guidelines for Individualizing Client Care Across the Life Span*, 10th ed.; F.A. Davis Company: Philadelphia, PA, USA, 2019.
8. Ballantyne, H. Developing nursing care plans. *Nurs. Stand.* **2016**, *30*, 51–57. <https://doi.org/10.7748/ns.30.26.51.s48>.
9. Burt, J.; Roland, M.; Paddison, C.; Reeves, D.; Campbell, J.; Abel, G.; Bower, P. Prevalence and benefits of care plans and care planning for people with long-term conditions in England. *J. Health Serv. Res. Policy* **2012**, *17*(Suppl. 1), 64–71. <https://doi.org/10.1258/jhsrp.2011.010172>.
10. Ajani, K.; Moez, S. Gap between knowledge and practice in nursing. *Procedia Soc. Behav. Sci.* **2011**, *15*, 3927–3931. <https://doi.org/10.1016/j.sbspro.2011.04.396>.
11. Tong, A.; Sainsbury, P.; Craig, J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *Int. J. Qual. Health Care* **2007**, *19*, 349–357. <https://doi.org/10.1093/intqhc/mzm042>.
12. Colaizzi, P.F. Psychological research as a phenomenologist views it. In *Existential-Phenomenological Alternatives for Psychology*; Valle, R.S., King, M., Eds.; Oxford University Press: New York, NY, USA, **1978**; pp. 48–71.
13. Streubert, H.J.; Carpenter, D.R. *Qualitative Research in Nursing: Advancing the Humanistic Imperative*, 5th ed.; Lippincott Williams & Wilkins: Philadelphia, PA, USA, **2011**.
14. Baraz, S.; Memarian, R.; Vanaki, Z. Learning challenges of nursing students in clinical environments: A qualitative study in Iran. *J. Educ. Health Promot.* **2015**, *4*, 52. <https://doi.org/10.4103/2277-9531.162345>.
15. Banamwana, G.; Mandy, A.S. Evaluation of the use and value of nursing care plans in nursing practice at a referral hospital, Kigali, Rwanda: Nurses' perspectives. *Rwanda J. Ser. F Med. Health Sci.* **2015**, *2*(2). <https://doi.org/10.4314/rj.v2i2.14F>.
16. Burt, J.; Rick, J.; Blakeman, T.; Protheroe, J.; Roland, M.; Bower, P. Care plans and care planning in long-term conditions: A conceptual model. *Prim. Health Care Res. Dev.* **2014**, *15*(4), 342–354. <https://doi.org/10.1017/S1463423613000327>.
17. Vera, M. Nursing care plans. Ultimate guide and list. *Nurselabs*. 2024. Available online: <http://nurselabs.com/nursing-care-plans/> (accessed on 7 November 2024).
18. Wager, C. Case study: A critical reflection of implementing a nursing care plan for two hospitalized patients. *UK-Vet. Vet. Nurs.* **2013**, *2*(6), 328–332.
19. Toney-Butler, T.; Thayer, J. Nursing Process. In *StatPearls*; StatPearls Publishing: Treasure Island, FL, USA, 2022. Available online: <https://www.ncbi.nlm.nih.gov/books/NBK499937/> (accessed on 1 November 2024).
20. Can, G.; Erol, O. Nursing students' perceptions about nursing care plans: A Turkish perspective. *Int. J. Nurs. Pract.* **2012**, *18*, 12–19. <https://doi.org/10.1111/j.1440-172X.2011.01985.x>.
21. Wong, F.M.F. A phenomenological research study: Perspectives of student learning through small group work between undergraduate nursing students and educators. *Nurse Educ. Today* **2018**, *68*, 153–158. <https://doi.org/10.1016/j.nedt.2018.06.006>.
22. Wong, F.M.F. Fostering caring attributes to improve patient care in nursing through small-group work: Perspectives of students and educators. *Nurs. Rep.* **2025**, *15*(1), 10. <https://doi.org/10.3390/nursrep15010010>.
23. Karantzas, G.C.; Avery, M.R.; MacFarlane, S.; Mussap, A.; Tooley, G.; Hazelwood, Z.; Fitness, J. Enhancing critical analysis and problem-solving skills in undergraduate psychology: An evaluation of a collaborative learning and problem-based learning approach. *Aust. J. Psychol.* **2013**, *65*(1). <https://doi.org/10.1111/ajpy.12009>.
24. Smith, J.; Rushton, M. Improving student nurses' confidence in managing the acutely ill patient. *Br. J. Nurs.* **2018**, *27*(3), 124–129. <https://doi.org/10.12968/bjon.2018.27.3.124>.
25. Chokwe, J.M. Students' and tutors' perceptions of feedback on academic essays in an open and distance learning context. *Open Praxis* **2015**, *7*(1), 39–56. <https://doi.org/10.5944/openpraxis.7.1.173>.
26. Clynes, M.P.; Raftery, S.E.C. Feedback: An essential element of student learning in clinical practice. *Nurse Educ. Pract.* **2008**, *8*(6), 405–411. <https://doi.org/10.1016/j.nepr.2008.02.003>.

27. Lilly, J.; Richter, M.; Rivera-Macias, B. Using feedback to promote learning: Student and tutor perspectives. *Pract. Res. High. Educ.* **2010**, *4*(1), 30–40. Available online: <https://files.eric.ed.gov/fulltext/EJ1130656.pdf> (accessed on 10 October 2023).
28. Lundberg, K.M. Promoting self-confidence in clinical nursing students. *Nurse Educ.* **2008**, *33*(2), 86–89. <https://doi.org/10.1097/01.NNE.0000299512.78270.d0>.
29. Memarian, R.; Vanaki, Z.; Baraz, S. Learning challenges of nursing students in clinical environments: A qualitative study in Iran. *J. Educ. Health Promot.* **2015**, *4*. <https://doi.org/10.4103/2277-9531.162345>.
30. Taberna, M.; Gil Moncayo, F.; Jané-Salas, E.; Antonio, M.; Arribas, L.; Vilajosana, E.; Peralvez Torres, E.; Mesía, R. The Multidisciplinary Team (MDT) Approach and Quality of Care. *Front. Oncol.* **2020**, *10*, 85. <https://doi.org/10.3389/fonc.2020.00085>.

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