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Painting by the Numbers: Standardized Care Plans Inhibit the Art of Nursing Practice

by [peter](#) on 20/06/13 at 9:47 am



Devany Service* & Em M. Pijl-Zieber**

The nursing profession is continually evolving and, because of this, nurses are often faced with situations in which providing the highest quality of care is not easy or even possible. This inability to provide the care that we know is needed to optimize patient outcomes can result in moral distress in nurses, and even in a sense of growing disenchantment with and disenfranchisement from the profession. One such situation I have recently encountered relates to the significance—to the point of sovereignty—of standardized care plans. The over-reliance by nurses on these tools can have a detrimental effect on patient care and on professional autonomy.

As a student, during my acute psychiatry rotation, I developed a detailed, patient-focused and evidence-

informed care plan for an individual with treatment-resistant schizophrenia. This individual had suffered with uncontrolled symptoms for five years, with the current exacerbation creating significant emotional, psychological and physical distress. My instructor commended me on my efforts, but stated that, unfortunately, I could not implement the care plan for two reasons: first, the unit had developed a standardized care plan for psychiatric patients and, second, the other staff members were not willing to deviate from the standardized plan. I protested this seeming complacency, stating that the standardized care plan did not meet the needs of the patient and that there was significant evidence to support the value of my planned interventions with patients of this diagnosis and this patient in particular. My instructor countered my argument, stating “we have to remember the importance of continuity because it may be better than individual quality” (Personal Communication, 2013). I continued to reflect on this interaction and while I have grown from what may have been perceived initially as professional naiveté, I have decided to explore the conflict and its underpinning discourses further.

At first glance, standardized care plans seem to offer a significant time-saving for nurses. Initially, standardized care plans were intended to be a framework to build on for patients with similar medical needs (Rejane Rabelo, Pokorski, Paganin, & Moraes, 2006). This framework or plan was intended to eliminate an initial step in care planning to save nurses’ time in both planning and documentation (Jansson, Bahtsevani, Pilhammar-Andersson, & Forsberg, 2010). However, standardized care plans have become the end of nursing care planning in many hospitals (Rejane Rabelo, et al., 2006). Indeed, some nurses and health care administrators have come to view the standardized nursing care plan as the focus for a particular patient, rather than what it really is: a basic plan for a particular condition (Jansson, et al., 2010). The standardized care plan is a starting point that forms the basic level of nursing care for patients with similar nursing problems; however, the plan should also be individualized to each patient (Jansson, et al., 2010).

One of the prominent discourses supporting the exclusive use of standardized care plans (in place of care plans created by nurses with their patients and health care teams) is that of efficiency. The nursing profession has become colonised by the paradigm of efficiency in a climate of economic austerity. To eliminate any perceived ‘time wasting’ in the healing process, standardized care plans ensure that the patient moves along through the system as through a giant machine, and is outputted at the appropriate time and having used only the allotted resources. The chief driver is a business model that is continuously trimming fat (and muscle) for a leaner patient-processing machine. In this system- and product-focused arrangement, nurses are left to mediate between the patient and the machine we call “health care”.

A second discourse is related to the primacy of *standardized* care over its correlate *individualized* care. This preference is rooted in the conceivably hegemonic discourse of evidence-based medicine and the hierarchical power it exerts upon the individuals at the bedside—nurses (Holmes, Murray, Perron, & Rail, 2006). Standardized care plans arise out of a mechanistic worldview that “fetishes the object at the expense of the human subject” and “is dangerously reductive insofar as it negates the personal and interpersonal significance and meaning of a world that is first and foremost a *relational* world, and not a fixed set of objects” (Holmes, et al., 2006, p. 183). This hegemonic discourse of scientific knowledge has colonized the nursing profession, essentially marginalizing nursing knowledge development and enactment (Holmes, Roy, & Perron, 2008; Sochan, 2011) through reducing nursing acts to a series of checklists and hoops through which all patients must be processed before being spit out on the other end. In many care settings, standardized care plans have eclipsed individualized care plans, essentially removing from nurses’ hands control over their specialized practice (Sochan, 2011). Sochan (2011) describes this as the eclipsing of nomad science—which evolves, in nursing, outside of the official power structure and at the margins and bedside—with state science, the accepted scientific power that dominates health care largely through its normalization.



As in the clinical anecdote, standardized care plans may not adequately meet the needs of all or even most patients; however, the wholesale adoption of this practice reveals that “nursing is not only far from being (passively) subordinate to colonial patronage but also actively involved in its own colonizing process” (Holmes, et al., 2008, p. 43). Indeed, the nurses in my experience were not willing to deviate from the standardized care plans. I feel that this complacency and willingness to maintain colonial patronage to the hegemonic discourses of economics, efficiency, and a rigid scientific paradigm is causing an unfortunate decrease in the quality of care that patients are receiving as a whole from our health care system and in particular, from nurses, who mediate between man and machine.

As nurses, we need to be ‘resistance workers’—we can no longer kowtow to the rhetoric of standardized care plans and the hegemonic and colonial discourses that undergird them. Is it too late to become unfettered from the chains of colonized practice and restore nursing practice into the hands of skilled, knowledgeable and compassionate nurses?

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