



Original Article

Barriers in Clinical Decision-Making among Staff Nurses at Tertiary Care Hospital

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ARTICLE INFO

Key Words:

Nurses, SWOT Analysis, Solevin Formula

How to Cite:

Shehzad, M., Farooq, Q., Waris, K., Fatima, M., Rehan, A., & Sarwar, O. (2023). Barriers in Clinical Decision-Making among Staff Nurses at Tertiary Care Hospital : Barriers in Clinical Decision-Making . NURSEARCHER (Journal of Nursing & Midwifery Sciences), 3(02).<https://doi.org/10.54393/nrs.v3i02.48>

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ABSTRACT

Clinical decision-making is a continuous and changing process in which information is collected, clarified, and assessed. Barriers that affect decision-making ability of nurses in health care setting include occupational, environmental, organizational and lack of professional skills. **Objective:** To identify barriers in clinical decision-making among staff nurses. **Methods:** The descriptive quantitative study was carried out at Mayo hospital to assess barriers in clinical decision-making among staff nurses. The study consisted of 109 staff nurses selected conveniently. Data were collected by using self-modified questionnaire consisted of 15 items. This study was conducted in Mayo Hospital, Lahore. **Results:** 46% staff nurses have more professional experience when make challenging decision. 55% nurses agreed on emotional intelligence. 50% nurses agreed on supportive behavior. 44% staff nurses agree that time management affect their decision-making and 37% staff nurses agreed that their decision-making is a deliberative logical process. **Conclusions:** Majority of staff nurses agreed about the barriers like professional experience, emotional intelligence, time management, organizational support and professional skills affecting their decision making.

INTRODUCTION

Clinical decision-making is a complex process involving information processing, and application of relevant knowledge to select the appropriate interventions that provide high-quality care and reduce risk of patient harm [1]. Effective clinical decision-making is a process of collecting, organizing, and classifying patient's data. It helps in carrying out nursing interventions, assessing outcomes and making careful decision [2]. In clinical care setting, poor clinical decision-making occurs due to gap in clinical knowledge, clinical experience, time management skills [3]. Ineffective decision-making increase hospital stay, readmission rate and risk of patients' mortality [4]. Barriers in clinical decision-making are occupational, environmental, organizational and lack of professional

skills [5]. Clinical decision-making affected by occupational barriers which are workload and stressful conditions. Workload negatively impact on ability to focus and think clearly in decision-making [6]. Due to fatigue, nurses are more stressed and confused in patient's decision [7]. Organizational barriers affecting clinical decision-making is ineffective organizational management. It also includes hiring of inexperienced staff and shortage of equipment's [8, 9]. Lack of time for nurses to find clinically relevant information and a lack of managerial support cause hurdle in clinical decision-making [10, 11]. Lack of professional skills which affect clinical decision-making is poor clinical skills, knowledge, and experience. Inability to think critically leads to poor

clinical judgement resulting in ineffective quality care [12]. Inadequate resource management, the patient-nurse ratio, a lack of ongoing professional development, low levels of confidence limit the nurses' ability to make clinical decisions [13, 14].

Clinical decision-making in nursing is an active approach to assessing a patient condition. It enables nurses to employ their own clinical experience, education and professional expertise in patient care. The decisions nurses make while performing nursing care will influence their effectiveness in clinical practice and make an impact on patient's lives and experiences. Decision-making help nurses to understand patients' performances in the treatment options.

METHODS

The descriptive quantitative study was carried out at Mayo hospital to assess barriers in clinical decision-making among staff nurses. Study duration was 6 months. The female staff nurses of Mayo Hospital, Lahore who has 3 years or above working experience. Female staff nurses who have 3 years or above clinical experience were selected for data collection. Nursing students, internship students and nurse managers were excluded from the study. The study consists of 109 staff nurses selected by convenient sampling technique. Sample size was calculated by Solevin formula= $N/1+Ne^2$, $N=150$, $e=0.05$, $150/1.375=109.09$. Data were collected by using self-modified questionnaire consisted of 15 items. The data were analyzed by using the Statistical Package for Social Science version-23.

RESULTS

6% staff nurses have more professional experience when make challenging decision. 55% nurses agreed on emotional intelligence. 50% nurses agreed on supportive behavior. 44% staff nurses agree that time management affect their decision-making and 37% staff nurses agreed that their decision-making is a deliberative logical process. Figure 1 shows that majority of participants (55%) fall in 25-30 year of age, (33%) participants fall in 31-35 year and (12%) participants fall in 36 to 40-year age group.

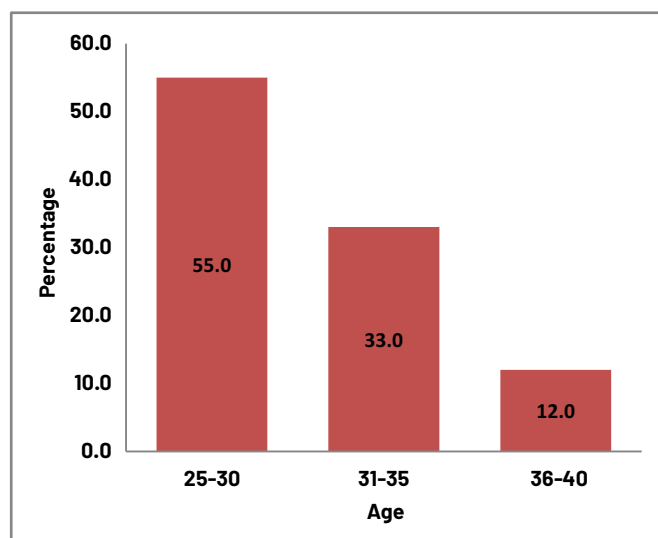


Figure 1: Frequency Distribution (%) of Participants' Age

Figure 2 shows the marital status of females in which 41% nurses were Single, 49% were married, 4% were widow and 6% fall in divorced category.

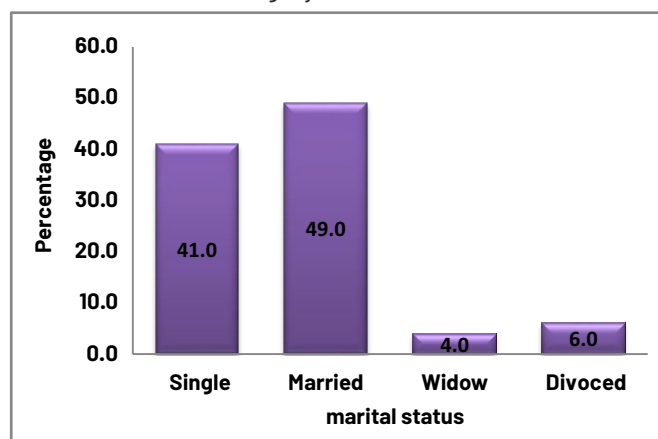


Figure 2: Frequency Distribution (%) of Marital Status of Participants

Figure 3 shows experience of nurses working in tertiary care hospital in which 28% nurses have 3 years' experience, 14% have 4 years' experience, 23% have 5 years' experience and 35% have above 5 years' experience.

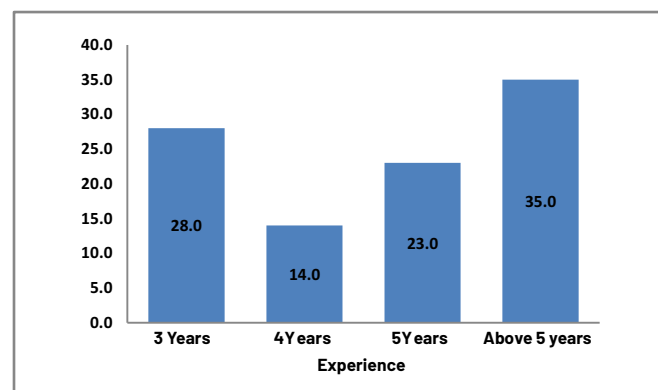


Figure 3: Frequency Distribution (%) of Working Experience of Participants in Tertiary Care Hospital

Figure 4 shows education of nurses in which 60% nurses with diploma holder and 40% nurses with BSc Nursing.

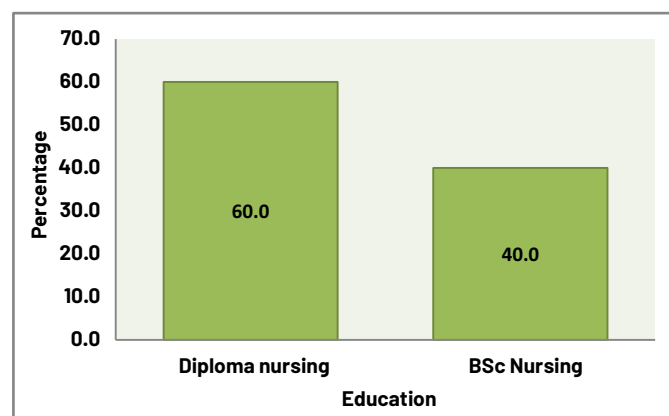


Figure 4: Frequency Distribution (%) of Education of Participants

Figure 5 shows barriers faced by nurses in clinical decision. 46% staff nurses agree that they generate a SWOT analysis in their decision making

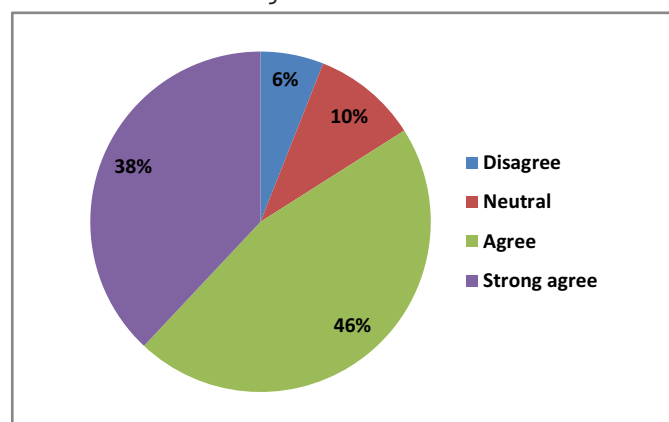


Figure 5: Response regarding SWOT Analysis in Clinical Decision-Making

Figure 6 shows that 44% staff nurses agree department provide all equipment necessary to perform their duty.

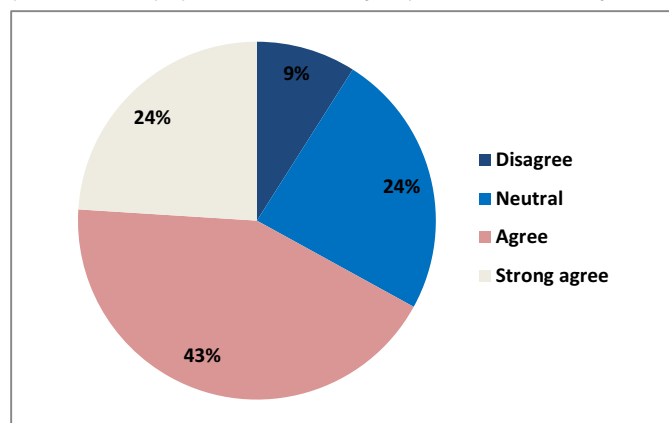


Figure 6: Response regarding Provision of Equipment for the duty

Figure 7 shows 37% staff nurses agree that their decision-making is a deliberate logical process.

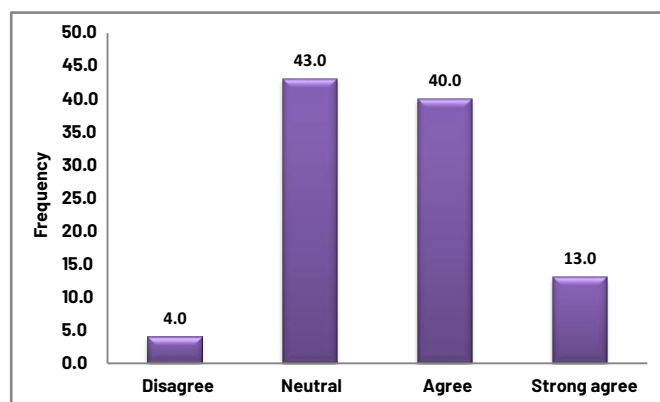


Figure 7: Response regarding the logical process of decision-making

Figure 8 shows that 34% staff nurses strongly agree that their stressful clinical situation hinders their decision making.

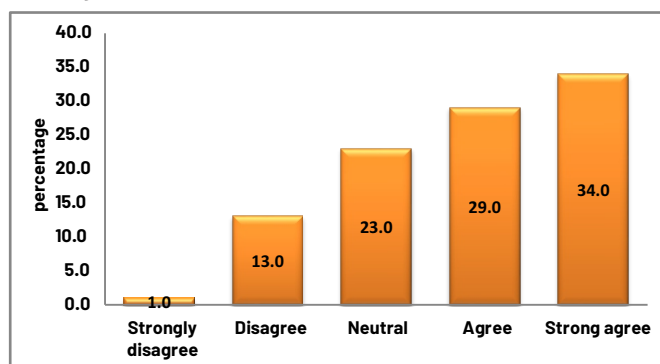


Figure 8: Response regarding Stressful Situations and Decision-Making

DISCUSSION

This study was conducted in tertiary care hospital Lahore. A sample of 109 staff nurses was used. All the staff nurses participate individually. This was aimed to examine the barriers in clinical decision-making among staff nurses at tertiary care Hospital. Out of 109 nurses 55% were between ages of 25-30 years of age. 33% fall in 31 to 35 years, and 12% fall in 36-40 years age group. Out of 150 nurses, 41% were single, 49% married, 4% were widow and 6% fall in divorced category. 28% nurses have 3 years' experience, 14% have 4 years' experience, 23% to 25% have more than 5 years' experience. In which 60% nurses diploma holders and 40% nurses with BSc. Nursing. This study about barriers faced by nurses in clinical decision. In our study 46% staff nurses agreed they generate SWOT analysis and only 6% staff nurses disagreed that they generate SWOT analysis in making challenging decision. Adib Hagbaghery et al., stated that 46% nurses have more than 5 years' experience, emphasized use of self-confidence, self-

disciplined get professional experience and effective clinical decision-making [2]. Ludin stated that 67% nurses reported that they relax about more decision-making authority because they believed, they have a professional experience and effective clinical decision-making skills [15]. In our study 55% nurses agree that emotional intelligence hinder their decision-making. According to Baraz et al., 30% nurses agreed on the resilience and emotional intelligence to be able to use their professional abilities effectively and take proper clinical measures [16]. Similarly in other study Ahmed and Safadi stated that 55% staff nurses reported their satisfactory intelligence level with participative decision-making also moderate [17]. In our study 50% staff nurses agreed with their clinical nurse's supportive behavior. According to Salehi et al., were not clearly stated about behaviour due to their cultural, social and economic condition [18]. Issa et al., identify that 55% nurses agreed on emotions and capabilities that develop a positive decision-making during emergency situation [19]. A study was conducted by Amree et al., about the nurse's supportive behaviour. According to them only 40% nurses appraised their good communication and encouraging behaviour on the performance of patient's care [20].

CONCLUSIONS

The study revealed effective clinical decision-making is important in improving quality of patient care and patient outcome. The results demonstrated that higher ratio of nurses agreed about the barriers like professional experience, emotional intelligence, time management, organizational support and professional skills.

Authors Contribution

Conceptualization: MS, QF

Methodology: MS, QF

Formal analysis: KW, MF

Writing-review and editing: MS, QF, KW, MF, AR, QS

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article.

REFERENCES

- [1] Miller KE, Singh H, Arnold R, Klein G. Clinical decision-making in complex healthcare delivery systems. In: *Clinical Engineering Handbook*. Elsevier, 2020: 858-64. doi: 10.1016/B978-0-12-813467-2.00123-1.
- [2] Adib Hagbaghery M, Salsali M, Ahmadi F. A qualitative study of Iranian nurses' understanding and experiences of professional power. *Human Resources for Health*. 2004 Dec; 2(1): 1-4. doi: 10.1186/1478-4491-2-9.
- [3] Mo H, Thompson WK, Rasmussen LV, Pacheco JA, Jiang G, Kiefer R, et al. Desiderata for computable representations of electronic health records-driven phenotype algorithms. *Journal of the American Medical Informatics Association*. 2015 Nov; 22(6): 1220-30. doi: 10.1093/jamia/ocv112.
- [4] Wagner M, Samaha D, Khoury H, O'Neil WM, Lavoie L, Bennetts L, et al. Development of a framework based on reflective MCDA to Support patient-clinician shared decision-making: the case of the management of Gastroenteropancreatic Neuroendocrine Tumors (GEP-NET) in the United States. *Advances in Therapy*. 2018 Jan; 35: 81-99. doi: 10.1007/s12325-017-0653-1.
- [5] Bacon CT, Lee SY, Mark B. The relationship between work complexity and nurses' participation in decision making in hospitals. *JONA: The Journal of Nursing Administration*. 2015 Apr; 45(4): 200-5. doi: 10.1097/NA.0000000000000185.
- [6] Bijani M, Abedi S, Karimi S, Tehranineshat B. Major challenges and barriers in clinical decision-making as perceived by emergency medical services personnel: a qualitative content analysis. *BMC Emergency Medicine*. 2021 Dec; 21: 1-2. doi: 10.1186/s12873-021-00408-4.
- [7] Krupp AE, Ehlenbach WJ, King B. Factors nurses in the intensive care unit consider when making decisions about patient mobility. *American Journal of Critical Care*. 2019 Jul; 28(4): 281-9. doi: 10.4037/ajcc2019624.
- [8] Soola AH, Mehri S, Azizpour I. Evaluation of the factors affecting triage decision-making among emergency department nurses and emergency medical technicians in Iran: a study based on Benner's theory. *BMC Emergency Medicine*. 2022 Dec; 22(1): 1-9. doi: 10.1186/s12873-022-00729-y.
- [9] Asmirajanti M, Hamid AY, Hariyati RT. Nursing care activities based on documentation. *BMC Nursing*. 2019 Aug; 18(1): 1-5. doi: 10.1186/s12912-019-0352-0.
- [10] Gale BV and Schaffer MA. Organizational readiness for evidence-based practice. *JONA: The Journal of Nursing Administration*. 2009 Feb; 39(2): 91-7. doi: 10.1097/NNA.0b013e318195a48d.
- [11] Brzozowski SL, Cho H, Shuman CJ, Scott LD, Mundt MP, Steege LM. Primary care nurses' perception of leadership and the influence of individual and work setting characteristics: A descriptive study. *Journal of Nursing Management*. 2022 Oct; 30(7): 2751-62. doi: 10.1111/jonm.13752.
- [12] Samuel H, Sehar S, Afzal M, Gilani SA. Influence of

- supportive leadership on nursing clinical decision making in critical care units at tertiary care hospital Lahore. *International Journal of Nursing*. 2018 Dec; 5(2): 45-71. doi: 10.15640/ijn.v5n2a5.
- [13] Farinella M, Rubinstein J, Innumerable RV, Gizaw N, Ho Y. PCN199-how do quality-adjusted life years impact reimbursement decision-making in the UK? *Value in Health*. 2018 Oct; 21: S47-8. doi: 10.1016/j.jval.2018.09.281.
- [14] Salehi T, Shojaee N, Haghani H. Relationship Between Participation in Clinical Decision-making and Organizational Culture Among Nurses in Intensive Care Units of Hospitals Affiliated to Iran University of Medical Sciences. *Iran Journal of Nursing*. 2022 Oct; 35(138): 360-73. doi: 10.32598/ijn.35.138.3002.
- [15] Ludin SM. Does good critical thinking equal effective decision-making among critical care nurses? A cross-sectional survey. *Intensive and Critical Care Nursing*. 2018 Feb; 44: 1-0. doi: 10.1016/j.iccn.2017.06.002.
- [16] Baraz S, Memarian R, Vanaki Z. Learning challenges of nursing students in clinical environments: A qualitative study in Iran. *Journal of Education and Health Promotion*. 2015 Aug; 4: 52. doi: 10.4103/2277-9531.162345.
- [17] Ahmed MZ and Safadi EG. Decisional involvement among nurses: Governmental versus private hospitals. *Health Science Journal*. 2013; 7(1): 18.
- [18] Salehi SH, Bahrami M, Hosseini SA, Akhondzadeh K. Critical thinking and clinical decision making in nurse. *Iranian Journal of Nursing and Midwifery Research*. 2007; 12(1): 13-6.
- [19] Issa MR, Awajeh AM, Khraisat FS. Knowledge and attitude about pain and pain management among critical care nurses in a tertiary hospital. *Journal of Intensive and Critical Care*. 2017 Feb; 3(1): 12. doi: 10.21767/2471-8505.100071.
- [20] Amree MH, Enayati T, Salehi M. Preventing the frequency of infectious diseases in vulnerable groups-by anticipating the role of actors in implementing the decision-making model in conditions of uncertainty pandemic experience Covid-19. *Caspian Journal of Internal Medicine*. 2020 Autumn; 11(Suppl1): 501. doi: 10.22088/cjim.11.0.501.