PERCEPTION OF CLINICAL DECISION MAKING AMONG STAFF NURSES IN A TERTIARY CARE SETTING, UDUPI, KARNATAKA

Presenter

Mr Nageshwar V

Ph D Scholar Nurse

Faculty of Nursing

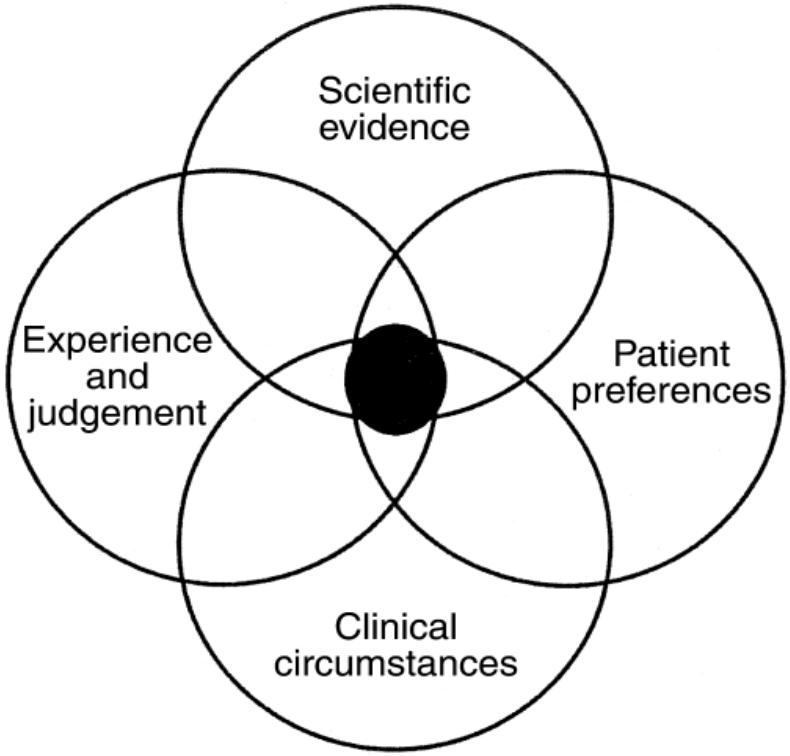
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Manipal College of Nursing

MANIPAL UNIVERSITY

1. BACKGROUND OF THE STUDY

- Clinical decision making is an integral component in nursing practice. (Aspinall, 1979) .
- Nursing decision making has been studied by variety of methods and from different theoretical perspective too. (Benner, 1984)
- Given the increased complexities of healthcare, clinical decision-making skills are critical to safe client care (Campbell, 2004)



Aspinall, M. J. (1979). Use of a decision tree to improve accuracy of diagnosis. Nursing Research, 28,182-185.
Benner,P. (1984). From novice to expert: Power and excellence in nursing practice Menlo Park: Addison-Wesley .
Campbell, E. (2004). Meeting practical challenges via clinical decision amking course. *Nurse Educator, 17*(1), 195-198.
IMAGE: http://www.nature.com/ki/journal/v63/n5/full/4493640a.html

BACKGROUND OF THE STUDY (Contd....)



- Recent advancement and research on clinical decision making have focussed on analytical and intuitive process (Abu-Saad & Hamers,1997; Benner, Tanner,& Chesla,1996)
- But prevalent literature is inconclusive of evidence towards one direction

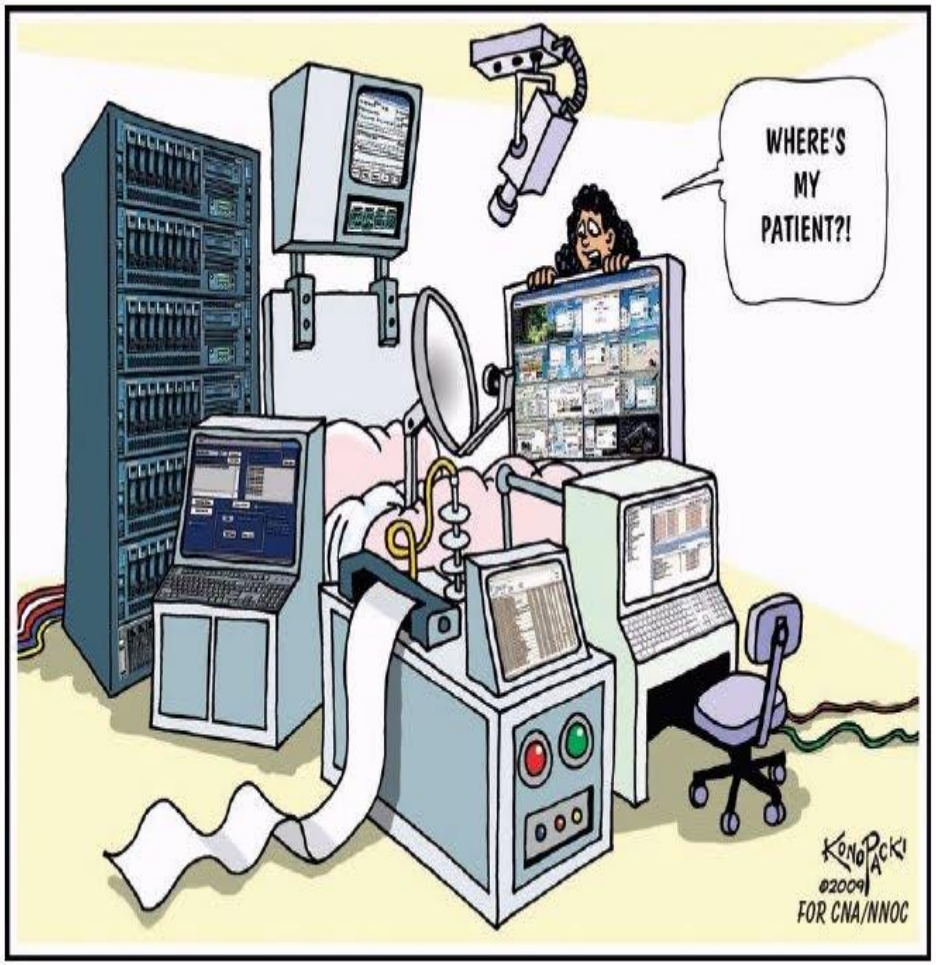
Abu-Saad,H. H.,& Hamers,J. P. H. (1997). Decisionmaking and pediatric pain: A review. Journal of Advanced Nursing, 26,949-952.

Benner,P.,Tanner,C.,& Chesla,C. (1996). Expertise in nursing practice: Caring, ethics and clinical judgement. New York: Springer.

IMAGE: http://blog.theravid.com/wp-content/uploads/2013/08/23103-3f32e7b422222222.jpg

NEED FOR THE STUDY

- With advancement in technology and modernization impacting health care service the requirements for efficient health care is increased.
- Clinical decision making in the health care team has become a necessity.
- Hence, analysing the type of models that nurses use while taking clinical decisions may be helpful for us in education and research.



E: http://1.bp.blogspot.com/-Cb27lgUTPwY/T1Dk3mhsdzI/AAAAAAAAA1Q/30vp7SG-oxU/s1600/whereispatient.jpg

OBJECTIVES OF THE STUDY

The objectives of the study were to

1. Assess the perception of nurses regarding Clinical Decision Making(CDM) ability as expressed by them
2. Find out the association between perception of CDM ability and selected demographic variables.

2. METHODOLOGY

Design	Cross Sectional survey
Population	94 Staff nurses working with post-operative patients
Setting	Tertiary Care Setting, Udupi
Inclusion criteria	Nurses who are working in surgical units (post-operative wards), nurses who are taking care of post-operative patient with pain up to 72 hours once they are shifted from post-operative recovery unit, nurses who are willing to participate
Exclusion Criteria	Nurses who are not available during the period of study. nurses who are working in Post-operative ICU's, nurses' who underwent post-operative pain management course.

DATA COLLECTION

Ethical Considerations:

Study was approved from Institutional ethics committee. Subject information sheet was provided and Informed consent was obtained from the study participants.

Data collection procedure : Participants were given questionnaire and asked to return it back. They took time in between 15-25 minutes

Data was collected using

Tool 1: Demographic proforma,

Tool 2: CDM Instrument.

World Medical Association. (2001). World Medical Association Declaration of Helsinki. Ethical principles for medical research involving human subjects.*Bulletin of the World Health Organization*, *79*(4), 373.

TOOL DESCRIPTION

Tool	Description
Demographic proforma,	Age, gender, qualification, experience, any additional program undergone in CDM, need for such education interventions.
CDM Instrument. (Lauri & Salanterä 2002)	CDM Instrument is standardised tool which consists of 24 items. Participants were asked to record one option out of five available in questionnaire describing CDM ability (24-120 is the range of score)
	The scores were arbitrarily classified in to analytical decision making (<68), quasirational decision making (68-78) and intuitive decision making (>78).
	Tool has established validity and reliability. Content Validation Index - 1 Internal consistency coefficient for the scale is 0.85; The data collected were analysed using the descriptive and inferential statistics with the help of SPSS 20.0 version.

Lauri, S., Salanterä, S., Chalmers, K., Ekman, S. L., Kim, H. S., Käppeli, S., & MacLeod, M. (2001). An Exploratory Study of Clinical Decision-Making in Five Countries. Journal of nursing scholarship, 33(1), 83-90.

3. RESULTS

Table 1: Distribution of sample according to demographic variables

n=94

	Demographic variables	Mean±SD	Min	Max
1	**Age (in years)**	26**±6.73**	21	49

	Demographic variables	n	%
2	**Gender**		
	Male	8	8.51
	Female	86	91.48
3	**Professional qualification**		
	DGNM	65	69.15
	BSc Nursing	29	30.85
4	**Experience in post-operative (Surgical) ward**		
	Up to 1 yr	70	74.46
	1-6 yrs	24	25.54

Table I : Distribution of sample according to demographic variables

n=94

	Demographic variables	n	%
5	**Any additional educational programme regarding clinical decision making on management of post-operative pain**		
	No	84	89.4
	Yes	10	10.6
6	**Any in-service education programme and continuing nursing education regarding clinical decision making on management of post-operative pain**		
	No	76	80.9
	Yes	18	19.1
7	**Need for training in Clinical Decision making**		
	Yes	87	92.5
	No	7	7.5

Table 2 : Table showing area-wise (%) perception of CDM

Areas	*Models of CDM*		
	Analytical	*Quasi-rational*	*Intutive*
Data Collection	46.88	24.42	28.7
Data Processing	40.11	30.48	29.41
Planning Action	28.87	31.21	39.92
Implementation and Evaluation	41.53	21.21	37.25

Perception of Clinical Decision Making

All participants reported that use of analytical model during CDM.

Fig-1 shows area wise use of models for CDM ability.

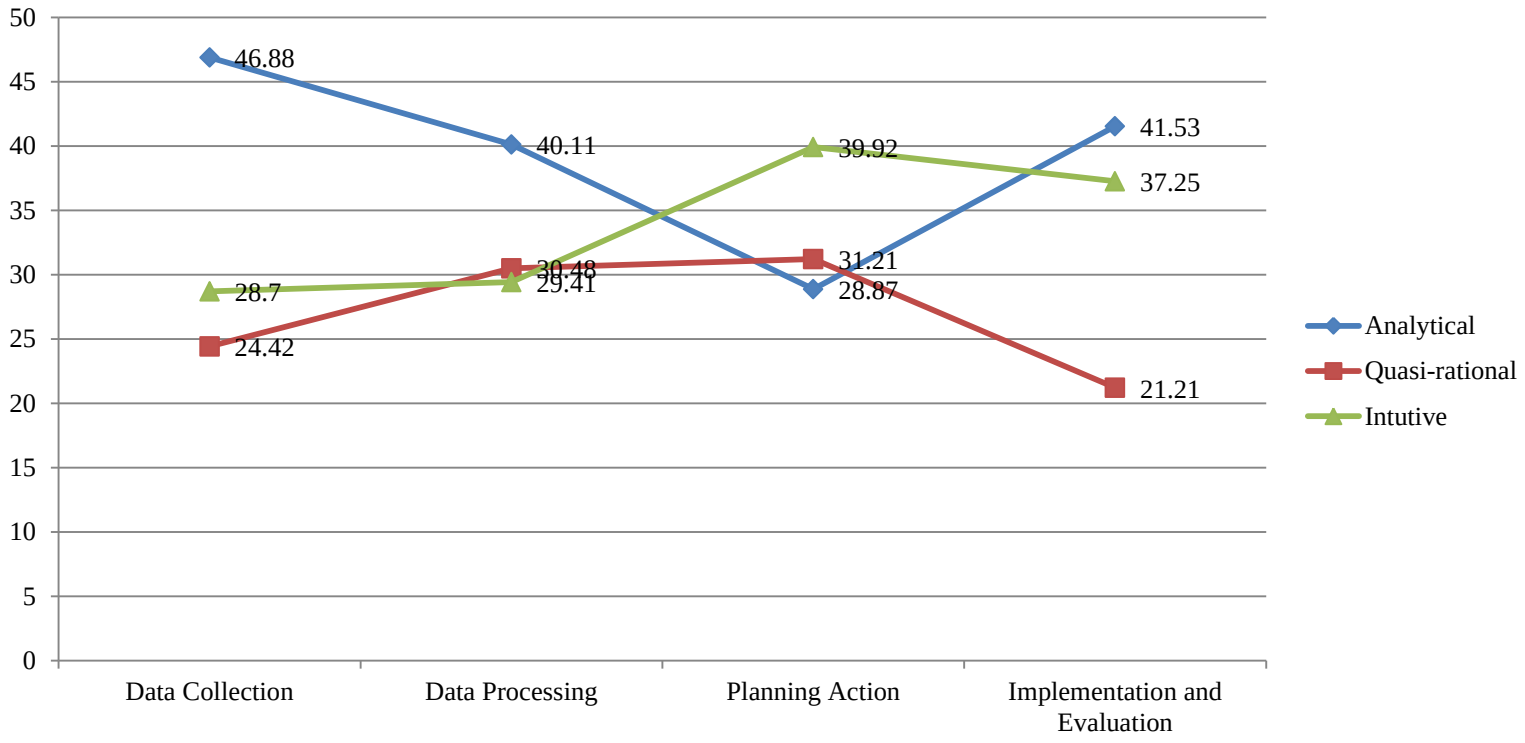


Fig 1 : Graph showing area-wise perception of CDM

Table 3: Association between Perception of CDM and selected demographic variables

N=94

Sl no	Demographic Characteristics	df	F	Sig
1	Age in Years	22 68	2.063	0.012
2	Gender	21 71	1.246	0.240
3	Professional qualification	22 71	1.30	0.202
4	Experience in post-operative (Surgical) ward	22 68	0.930	0.559
5	Any additional educational programme regarding clinical decision making on management of post-operative pain	22 71	.509	0.961
6	Any in-service education programme and continuing nursing education regarding clinical decision making on management of post-operative pain	22 69	.559	0.936
7	Need for training in Clinical Decision making	22 69	1.20	0.276

Association between CDM and demographic variables

Table 4: Association between Perception of CDM – Areawise and selected demographic variables

1. Data Collection (N=94)

Sl no	Demographic Characteristics	df	F	Sig
1	Age in Years	22 67	0.62	0.82
2	Gender	22 71	0.39	0.96
3	Professional qualification	22 71	0.85	0.60
4	Experience in post-operative (Surgical) ward	22 68	0.57	0.86
5	Any additional educational programme regarding clinical decision making on management of post-operative pain	22 71	0.45	0.94
6	Any in-service education programme and continuing nursing education regarding clinical decision making on management of post-operative pain	22 69	1.18	0.30
7	Need for training in Clinical Decision making	22 69	1.51	0.13

Association between CDM and demographic variables

Table 5: Association between Perception of CDM – Areawise and selected demographic variables

2. Data Processing (N=94)

Sl no	Demographic Characteristics	df	F	Sig
1	Age in Years	22 67	1.85	0.05
2	Gender	12 81	1.57	0.11
3	Professional qualification	12 78	1.32	0.22
4	Experience in post-operative (Surgical) ward	12 81	1.44	0.16
5	Any additional educational programme regarding clinical decision making on management of post-operative pain	12 79	2.89	0.01
6	Any in-service education programme and continuing nursing education regarding clinical decision making on management of post-operative pain	12 79	0.97	0.47
7	Need for training in Clinical Decision making	12 77	1.58	0.11

Association between CDM and demographic variables

Table 6: Association between Perception of CDM – Areawise and selected demographic variables

3. Planning Action (N=94)

Sl no	Demographic Characteristics	df	F	Sig
1	Age in Years	11 79	1.01	0.44
2	Gender	11 82	2.14	0.026
3	Professional qualification	11 82	0.97	0.472
4	Experience in post-operative (Surgical) ward	11 79	0.31	0.981
5	Any additional educational programme regarding clinical decision making on management of post-operative pain	11 82	0.40	0.951
6	Any in-service education programme and continuing nursing education regarding clinical decision making on management of post-operative pain	11 80	0.79	0.64
7	Need for training in Clinical Decision making	11 80	0.88	0.55

Association between CDM and demographic variables

Table 7: Association between Perception of CDM – Areawise and selected demographic variables

4. Implementation and Evaluation (N=94)

Sl no	Demographic Characteristics	df	F	Sig
1	Age in Years	13 76	0.63	0.818
2	Gender	13 80	1.75	0.06
3	Professional qualification	13 80	0.75	0.70
4	Experience in post-operative (Surgical) ward	12 78	0.71	0.73
5	Any additional educational programme regarding clinical decision making on management of post-operative pain	13 80	0.39	0.96
6	Any in-service education programme and continuing nursing education regarding clinical decision making on management of post-operative pain	13 78	1.07	0.39
7	Need for training in Clinical Decision making	13 78	1.88	0.04

4. DISCUSSION

Current study results	Comparitive Results
All participants reported that use of analytical model during CDM	Bjork IT and Hamilton GA (2011), Dowding's et al (2009), Hammond's (1996) reported that most nurses use quasi-rational models during CDM.

Bjørk, I. T., & Hamilton, G. A. (2011). Clinical decision making of nurses working in hospital settings. *Nursing research and practice*, *2011*.

Dowding, D., Spilsbury, K., Thompson, C., Brownlow, R., & Pattenden, J. (2009). The decision making of heart failure specialist nurses in clinical practice. Journal of clinical nursing, 18(9), 1313-1324.

Hammond,K. R. (1996a). Human judgement and social policy. Irreducible uncertainty, inevitable error, unavoidable injustice. New York: Oxford University Press.

DISCUSSION (Contd)

Current study results	Comparitive Results
Age is the factor found to be associated. All other factors remain no significant association	Lauri S et al (1998, 1998a) reports that experience does not significantly influence CDM and Benner and colleagues research (1984, 1992, and 1996), Hoffmann K et al (2004) showed that association between education and CDM is inconclusive.
	Lauri S et al (2001) presented that nurses' reported use of interpretive CDM models with increasing experience and professional education in their unit which is opposing the current findings.
	Bjork IT and Hamilton GA reported that increased use of intuitive-interpretive models of CDM was associated with years in present job, further education, male gender, higher age, and working in predominantly surgical units.

Lauri, S., Salanterä, S., Callister, L. C., Harrisson, S., Kdppeli, S., & MacLeod, M. (1998). Decision making of nurses practicing in intensive care in Canada, Finland, Northern Ireland, Switzerland, and the United States. Heart & Lung: The Journal of Acute and Critical Care, 27(2), 133-142.

Lauri,S.,& Salantera ¨,S. (1998). Decision-making models in different fields of nursing. Research in Nursing&Health,21,443-452.

CONCLUSION

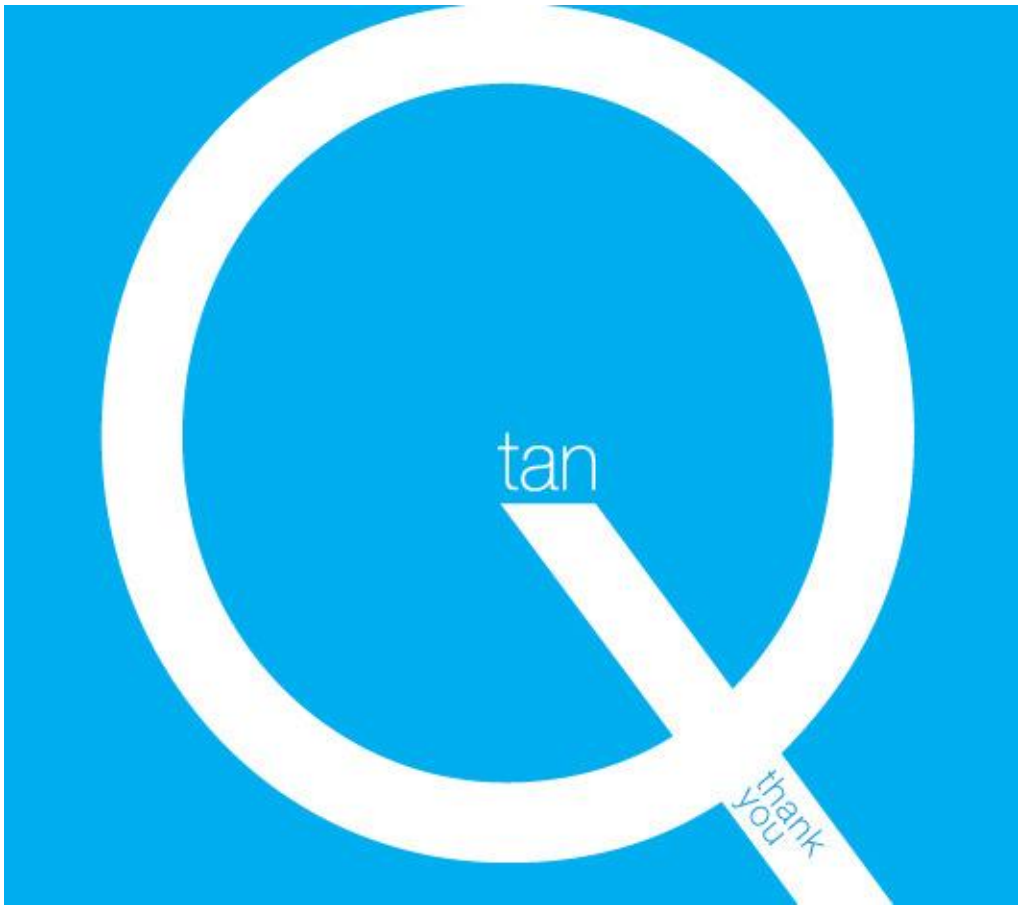
- All the participants perceived that they are using analytical model for Clinical decision making. But area-wise components of decision making showed the use of intuitive and quasirational model also.
- Observation of practical skills and critical thinking skills need to be evaluated to conclude CDM ability.
- Extensive evaluation of such studies by controlling confounding factors can be undertaken to conceptualize CDM.

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thank you