KAREN HOLLAND & DEBBIE ROBERTS

# UNDERSTANDING DECISION-MAKING IN NURSING PRACTICE

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55 City Road
London EC1Y 1SP

SAGE Publications Inc.
2455 Teller Road
Thousand Oaks, California 91320

SAGE Publications India Pvt Ltd
B 1/I 1 Mohan Cooperative Industrial Area
Mathura Road
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3 Church Street
#10-04 Samsung Hub
Singapore 049483

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Cover design: Wendy Scott
Typeset by: KnowledgeWorks Global Ltd.
Printed in the UK

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**Library of Congress Control Number: 2022935605**

**British Library Cataloguing in Publication data**

A catalogue record for this book is available from the British Library

ISBN 978-1-5264-2446-4
ISBN 978-1-5264-2447-1(pbk)

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# 1

# PRINCIPLES OF DECISION-MAKING FOR PRACTICE

Karen Holland and Debbie Roberts

## Chapter objectives

The aims of this chapter are to:

- outline the principles of decision-making in an 'enabling learning' culture;
- consider why learning to make decisions is an important part of learning to become a nurse;
- consider the skills and knowledge necessary for effective decision-making in both practice and university learning settings;
- consider what is known about decision-making as a student nurse.

## Introduction

The focus of this book is on acquiring decision-making skills to apply in nursing practice. As such, it will become apparent that not only is it essential for student nurses to learn what those skills are, but it is also equally important that they learn to become competent and proficient in making decisions. These are essential parts of becoming a qualified nurse.

As individuals, we make decisions of one form or another on a daily basis. We have to make basic decisions, such as what time to get up in the morning, what to wear, who is going to take the children to school or what to eat for breakfast. On the surface, such decisions do not appear to require major consideration but, for some people, even these seemingly basic decision-making situations can cause immense stress. This can result from the very act of making a decision or from having to take into account the context or impact of a decision on others. Your ability to become a confident decision maker in your nursing practice, however, will be dependent on the decisions that you make as a student at university and in your daily life. Some of the situations in which making decisions may have an impact on all aspects of your learning to become a nurse will be discussed in Chapter 2.

This chapter is concerned initially with the underlying principles of decision-making as a student nurse. It explores why it is important and necessary to learn about decision-making and how to make decisions. It will also focus on what has been shown in the literature about decision-making, as both a student and a qualified nurse and, most importantly, what you need to achieve to meet the Nursing and Midwifery Council's (NMC) (2018a) *Future Nurse: Standards of proficiency for registered nurses* and, in some contexts, the competencies in the NMC's (2010) *Standards for Pre-registration Nursing Education*. Later chapters will focus on the application of some of this learning to specific practice contexts and situations. In particular, Chapter 14 shows how the COVID-19 global pandemic had an impact on the learning experience of student nurses, especially the introduction of the initial NMC's *Recovery Standards* in July 2020 and, later, the *Recovery and Emergency Programme Standards* in February 2021 (since updated as NMC, 2022).

Student nurses learning to become qualified nurses are assessed at various points during their course of study by experienced practitioners who have also completed a course to become practice assessors (NMC, 2018b).

So where to begin? For students studying in the United Kingdom (UK), we begin with the NMC's *Standards of proficiency for registered nurses* (NMC, 2018a) and the Standards for education and training (NMC, 2018b). Those of you studying in other countries can use the outcomes outlined in this book as a guide and consider your own country specific professional body requirements on decision-making skills alongside those that apply in the UK. Because nursing is a global profession, however, and regardless of the country in which you are learning to become a nurse, the content of the chapters may also be of use to you to access the relevant requirements and expectations of a qualified

nurse with regards to decision-making. Also given the way in which qualified nurses' cross international borders to work, this will give you an added insight into what may be expected of you should you choose to work in another country on qualifying.

We will initially consider what the requirements are of the NMC in the UK with regards to ensuring that future nurses are able to practice safely as a registered nurse.

## The Requirements of the Nursing and Midwifery Council Standards (2010 and 2018a)

In view of the importance of decision-making to both your learning as a student in university and practice settings, and your need to achieve a successful outcome of becoming a graduate registered nurse, it may be a good place to begin with the difference between the two most recent sets of educational standards: competencies to be achieved following the 2010 curriculum and proficiencies to be achieved following implementation of the 2018 Standards from September 2020 in all nursing curricula in UK universities. The NMC are still publishing them both at the present time along with many different resources of value for students and their mentors and supervisors (see Web resources). Given the crossing over between the two sets of expected outcomes in practice and related graduate awards, decisions regarding students and their ongoing studies and practice assessments were determined to be the province of the individual university in consultation with the students.

Since March 2020, however, the COVID-19 pandemic has had a major impact on student and qualified nurses, in particular regarding assessment of learning at universities and in practice settings (see Chapter 14 for a more detailed explanation). We decided, therefore, to include explanations of both sets of standards to be achieved by a qualified nurse, especially given that many new clinical supervisors in practice may have only just qualified and achieved the NMC's 2010 competencies.

A brief overview only is given here as you may encounter references in your ongoing learning experiences to both competencies and proficiencies.

The NMC (2010) Standards comprise of four main 'domains': each of which require the student nurse to be able to learn how to make decisions that are underpinned by an evidence base and a clear decision-making pathway. These domains cover the following areas:

- professional values
- communication and interpersonal skills
- nursing practice and decision-making
- leadership, management and team working.

The domains, as well as having a generic standard of competence that applies to all student nurses regardless of their intended field of practice (Adult nursing, Learning Disability nursing, Children's nursing or Mental Health nursing – see Chapters 7–10),

also have field-specific competencies that have to be achieved by the end of students' programmes of learning in both practice placement and university assessments (NMC (2010) *Standards for Pre-registration Nursing Education* – see the Web resources section at the end of this chapter for the link). You will see aspects of all these domains and their outcomes in the revised 2018 Standards, as they were considered essential prerequisites for registration as a future qualified nurse.

The NMC (2018a) Standards comprise seven platforms:

1. Being an accountable professional;
2. Promoting health and preventing ill health;
3. Assessing needs and planning care;
4. Providing and evaluating care;
5. Leading and managing nursing care and working in teams;
6. Improving safety and quality of care;
7. Coordinating care.

These platforms encompass outcome statements of proficiencies that have been developed to apply across all fields of practice and care settings. (Full details of these platforms and proficiency outcomes can be found in the NMC Standards (2018a) – see the Web resources section at the end of this chapter.)

Discussing the difference between competence and proficiency is outside the word limits of this chapter but a reference to the work of Patricia Benner (1984) in From *Novice to Expert* can be found in the reference list and recommended reading in the context of expectations of a qualified nurse. Some pre-registration curricula may have used this model as a framework for student learning experiences and many of you will already be familiar with her work from your studies.

To be able to make decisions applicable to these NMC outcomes you will need to understand the various principles underpinning the decisions that you will be required to make as a student nurse learning to become a qualified nurse, as well as to know why they are appropriate for certain decisions and not for others. Part 1 of this book, including this chapter, is intended to give you this theoretical foundation while also ensuring that we discuss their relationship with the actual reality of practice contexts.

## The Principles of Decision-Making and their Relevance to Learning to Become a Qualified Nurse

If you are expected to achieve the NMC's competencies, many of which require decision-making of one sort or another, then it is important to consider the different types of decisions that you can make, as well as the theoretical principles underpinning them. You will note references to these throughout this book. In addition, you will find many articles and books that refer to 'clinical decision-making' – that is,

decision-making in situations that require a decision to be made based on either a set of clinical data related to a patient, which can be analysed to make a 'clinical' decision (such as administering pain relief following assessment of a patient's needs and cues from the patient, indicating pain) or, alternatively, on the basis of the best evidence from research, which can lead to changes in what decisions are made in clinical practice (such as what type of pain relief can be given to a patient in pain). All of these are 'clinical', in the sense that they are decisions made with regard to the direct care of patients. (Please note that there will be times when one of the terms 'patient' or 'client' or 'service user' is the preferred option, in particular when a clinical decision about direct care is to be discussed.)

One could argue that any decision made in a clinical environment that has a direct or indirect impact on patient care could be considered an example of clinical decision-making. Regardless of the type of decision-making, there will always be a possible positive or negative outcome, which will depend on the information available on which to base the decision.

In Chapter 2, we look at a broad range of decision-making opportunities and options with which you will be faced as a student nurse studying for a degree in nursing, combined with registration as a qualified nurse. In Chapter 3, we will look at how you can use evidence of different kinds to help in the decision-making process; in Chapter 4, we focus on how you can learn from decision-making through reflection – which appears to be a central core of most students' curriculum. Chapter 5 focuses on the fundamental ethical issues in the decision-making process, an understanding of which is an essential prerequisite to becoming an accountable registered nurse. Chapter 6 explores the importance and relevance of effective communication skills in decision-making. These six chapters establish the essential foundation of a future nurse's practice and where there has to be a strong relationship between knowledge and skills to ensure successful attainment of proficiencies (competencies) for qualifying as a nurse.

So how do you learn to make decisions and what underpins the decision-making process that you undertake?

## Theories about Decision-Making: the Basics

Here, we introduce you to the basics of decision-making, so that you can consider how decisions are made in practice. It is important to remember, however, to undertake further reading to add depth to your learning (see the Further reading section at the end of this chapter for some suggestions).

The three main theories about decision-making, according to Aston et al. (2010: 7), are the:

- information-processing model
- intuition model
- cognitive continuum theory.

Although other authors, such as Thompson and Dowding (2009) and Standing (2010), expand on these three models, the basic principles of them all are the same. They are mainly used in the context of clinical decision-making rather than as the principles of decision-making generally. You may, however, come across terms such as 'hypothetico-deductive reasoning' (Thompson and Dowding, 2009: 63), which follows several 'different stages of reasoning when making judgements and decisions'. In essence, it consists of four basic stages:

1. 'cue acquisition' – collecting clinical information;
2. 'hypothesis generation' – at which point, possible options may be considered based on the data gathered;
3. 'cue interpretation' – when the data is examined more closely and, together with the 'whole picture', used to consider a revised decision or possibility;
4. 'cue evaluation' – the stage when you may decide that, despite having an idea as to what you need to do or what the problem could be, a rethink is needed and perhaps some more data is required or even that you need to repeat your data collection, to check its accuracy.

After going through these stages, you will be able to make a more definite decision, based on the best possible clinical data available.

Jones (1996) outlines an important relationship between other skills that are required in relation to the decision-making process, such as 'critical thinking' and 'critical analysis' (Tappen, 1989). These, she defines as follows:

> *Critical thinking* is a skill developed in looking for alternative solutions to problems and adopting a questioning approach. *Critical analysis* is a tool used in critical thinking and may involve asking the following questions:
>
> - What is the central issue?
> - What are the underlying assumptions?
> - Is there valid evidence?
> - Are the conclusions acceptable?

These questions help analyse the steps in the decision-making process. (Jones, 1996: 3)

Both critical thinking and critical analysis are key concepts throughout the book, and examples of situations in which these are used by students and their mentors/practice supervisors in practice will be explored, as well as examples of their use in academic learning in the university. Both are skills that can be taught and learnt and are considered essential for the graduate qualified nurse of the future; along with decision-making skills, they underpin the clinical and managerial leadership roles that will be expected of that nurse.

Two additional terms associated with decision-making in practice are 'clinical reasoning' and 'clinical judgement'. We will define them briefly here, to help to identify

the links between them and the decision-making process but will return to them later in this chapter.

- Clinical reasoning is defined by Levett-Jones et al. as: 'a logical process by which nurses (and other clinicians) collect cues, process the information, come to an understanding of a patient problem or situation, plan and implement interventions, evaluate outcomes and reflect in and learn from the process (Hoffman, 2007). It is not a linear process but can be conceptualised as a cycle of linked clinical encounters' (2010: 516).
- Clinical judgement, according to Benner et al., refers to: 'the ways in which nurses come to understand the problems, issues or concerns of clients/patients, to attend to salient information, and to respond in concerned and involved ways' (1996: 2).

Tanner (2006) subsequently developed a clinical judgement model that consists of four phases – noticing, interpreting, responding and reflecting – that Lasater describes as 'the major components of clinical judgement in complex patient care situations that involve changes in status and uncertainty about the appropriate course of action' (2007: 497). Tanner concluded from her research that 'reflection on practice is often triggered by a breakdown in clinical judgement and is critical for the development of clinical knowledge and improvement in clinical reasoning' (2006: 204). This concept of 'reflection' in the decision-making process, and its use and experience, is discussed in more detail in Chapter 4.

In addition to these decision-making processes and problem-solving tools, there are other frameworks that we can use to determine when certain types of decision-making are more appropriate than others. The three main frameworks discussed in the literature are the:

- information-processing model
- intuition model
- cognitive continuum theory model.

We will now explore these briefly as they relate to decision-making situations in which student nurses will be involved and will offer additional reading for more in-depth analysis of the use of each framework in nursing practice. We will explore these theories of decision-making mainly in the context of clinical decision-making rather than decision-making generally, which is explored in Chapter 2.

## Types of Decisions Made using the Information-processing Model

The information-processing theory of how we make decisions is based on how we manage information, obtained both in the short and long term. You will start your

nursing course with a store of information gathered from several sources and experiences. You will then be given new information that, initially, you will store in your short-term memory. Eventually, as you begin to learn additional information, that initial material will be stored in your long-term memory (Aston et al., 2010).

An example that Aston et al. (2010: 7) offer is one from practice: 'When a nurse assesses a patient for the first-time information is gained and immediately placed in short-term memory. This then "triggers" certain cues that cause information retrieval from the long-term memory.' As you progress in your course of study, and as you acquire new knowledge and skills and, at the same time, gain experience in a variety of clinical placements, you will accumulate a great deal of information that will be retained in your long-term memory. Meeting a new situation for the first-time, such as a new patient with a new life health history, may well 'trigger' this information that has, effectively, been kept 'in storage' until such time as it becomes apparent that it might be valuable in helping you to care for this new patient or in understanding his or her health problem – even though, on a personal level, he or she is new to you.

Of course, in nursing, as in any life experience, this one theory of how we use information is not the only way to explain how we make decisions and, often, we use a number of different theories to explain how we arrive at taking a particular action in nursing practice.

## Types of Decisions Made using the Intuition Model

As with the information-processing theory of decision-making, our use of intuition in nursing is also based on information of previous similar experiences that is triggered by the present situation. Benner et al. (1996: 142) talk about the 'expert practitioner', who makes decisions based on 'intuitive' links between what he or she is observing and what his or her subsequent response is.

Imagine, for example, that, as a student nurse during your first placement, you observed a situation in which a patient returning from theatre collapsed and had to be resuscitated. His symptoms and the physiological observations, which you had been involved in observing with your mentor or practice supervisor, clearly indicated that he had suffered a heart attack following surgery, but he had no previous history that would indicate this as a possible outcome.

In your third year, you are again on placement in a surgical ward and bringing a patient, who has had chest surgery, back from the operating theatre with a theatre nurse. You are observing the patient as you are returning with him from the recovery room, and you note a change of face colour; he also begins to be agitated and complains of some chest pain.

You take his pulse immediately and note that it is irregular. Your 'intuition', based on your past experience in a surgical ward, as well as other experiences of the unexpected during other placements, tells you that something is 'not right' with this patient. His

clinical condition, as well as the fact that he is telling you about his chest pain, is confirming your 'intuitive' concern about this patient. A decision is required immediately: you are aware from that first experience of how quickly the patient could deteriorate. You decide (along with the qualified theatre nurse, who you have had to persuade, because she assumed from her knowledge of his chest surgery that his current problem resulted from that surgery) that he needs immediate care and both agree to take him back immediately to the recovery area of the operating department, where he can obtain immediate medical care and intensive monitoring of his observations. It is then diagnosed that he has, in fact, had a heart attack or myocardial infarction of some kind.

As you become more experienced after qualifying as a nurse, you will develop what could be called 'holistic knowing' – that is, the ability to see the 'bigger picture' (Benner et al., 1996) making connections between what you see then and there (that is, immediately) and your previous experience, to conclude that 'something is not right'. You might also say that you are using information stored in your memory, as well as previous experience and intuitive knowing, but these are very different types of decision-making. Aston et al. state that these two forms of decision-making 'may be regarded as two ends of a spectrum as a means of decision-making', but 'in reality, most nurses utilise a mixture of the two elements in their decision-making' (2010: 7).

Benner's (1984) research, examining the clinical performance of beginning and expert nurses, sought to determine and understand any differences between them. The outcome of her study is one that has had a major impact on our understanding of not only what happens after a nurse has qualified, but also assists us in determining what skills and knowledge a student nurse must gain along the journey from novice to qualified nurse stage. Of particular importance is how they learn to make decisions.

Blum offers a case study of a student nurse's clinical practice experience, demonstrating what she calls the 'Benner intuitive–humanistic decision-making model in action' (2010: 303). In this example, the student was experiencing some practice and academic learning, as well as personal difficulties and the faculty member managed to work through a difficult situation through a shared decision-making process over a period of time. Complete Activity 1.1 to reflect on this student's experience.

### Activity 1.1

1. Access C. Blum (2010), Using the Benner intuitive–humanistic decision-making model in action: A case study, *Nurse Education in Practice*, 10(5), 303–307.
2. Read the paper and consider the experience of the student, Jade.
3. Consider how important it is to look at the impact of your own personal and learning experiences on how you make decisions in relation to others.
4. Discuss with one of your supervisors how they can offer you opportunities to learn decision-making skills as part of your practice learning goals to becoming proficient in caring for patients.

Learning how to manage shared decisions is an essential outcome of the NMC's (2018a) platform 3 (3.4) and platform 4 (4.2) proficiencies.

The stages that Benner identified which could enable us to understand the difference between being competent and being proficient (as a qualified nurse) can be seen in her explanation of these as found in her research. Both can be seen as describing and achieving safe practice as an outcome for a qualified nurse, with increasing confidence and expertise being gained from lengthier periods of experience.

## Stage 3: Competent

Competence is demonstrated by a nurse who has been working in the same job and in the same or similar situations for about two or three years and has begun to have confidence that their actions are now based on experience of same or similar situations. For Benner, the:

> competent nurse lacks the speed and flexibility of the proficient nurse but does have a feeling of mastery and the ability to cope with and manage the many contingencies of clinical nursing. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. (1984: 27)

## Stage 4: Proficient

'Proficiency', for Benner, is when qualified nurses have progressed beyond competence, to look at situations as wholes rather than focusing on different smaller parts of a situation, that is, not seeing the whole. Having such a perspective, they can make a decision when a less experienced or novice nurse may think, 'how did they get to decide on the decision they made as I could not see how they did it so quickly – what did they have to know to be able to make that decision?' The proficient nurse because of their 'experienced-based ability to recognise whole situations', has learnt from experience 'what typical events to expect in a given situation and how plans need to be modified in response to these events' (Benner, 1984: 28). They use some inherent rules learnt in order to make decisions. Benner calls these 'maxims', which guide them when making decisions.

Benner's final stage of Expert is where a nurse can be observed making a decision where there is an immediate grasp of a situation they encounter and with it an immediate 'knowing' that something is wrong and at the same time knowing what they need to do in terms of decision-making. The expert no longer relies on the guiding rules, as it were, to connect things up to make the appropriate decision but appears to 'intuitively' know how to manage the making of many decisions in their total context.

We can also draw on Benner's explanations of these stages in a nurse's practice by observing how good mentors or practice supervisors help student nurses learn to make decisions while caring for patients. They unpack the 'whole' of a situation and explain all the parts so that students are then able to see what they have to learn. We liken this to the fact that qualified nurses practice in 'wholes' and student nurses learn in parts, as they do not yet have the experience alongside the appropriate knowledge and skills to be able to deliver that totally holistic care.

## Types of Decisions Made using the Cognitive Continuum Theory

Alongside the two other decision-making theories described above is what Thompson and Dowding call the 'cognitive continuum model of decision-making' (2002: 12). This theory is that there is a spectrum, with intuitive decisions at one end, and information-processing and analysis at the other (Aston et al., 2010). The types of decisions made using this theory arise only when evidence-based protocols are being used. Holland and Roxburgh state that these are, 'in basic terms, steps laid down which are to be followed when making a decision for a range of situations' (2012: 53). They cite the examples of 'clinical procedure steps for infection control practice or a directive for a major disaster' and a study by Rycroft-Malone et al., which 'showed that qualified nurses used other kinds of information to help them make decisions even where protocol-based care was in place and showed a range of decisions rather than following a standardised approach' (2009: 55).

Nursing practice is, it might be argued, an unpredictable environment, given that each patient and each nurse–patient encounter is unique and, therefore, an unknown in terms of specific decision-making situations. However, even as a student nurse on your very first placement, you are able to draw on certain life experiences, on new information of various patient health problems, knowledge of physiology, and knowledge of how people live and of different cultural needs, as well as numerous other kinds of experiences and knowledge.

An excellent example of how this can be used is when communicating with both patients and your peers, who started their nursing course with you. Communicating with people is an essential requirement of being a nurse and the NMC requires all students to fulfil a range of communication competencies (NMC, 2010) and, in 2018, it added a specific skills set regarding communication and relationship management 'that a newly registered nurse must be able to demonstrate in order to meet the proficiency outcomes' (NMC, 2018a: Annexe A).

See Activity 1.2 to explore some decision-making models a little further.

**Activity 1.2**

Consider how you would use intuition and information-processing models involving communicating in the following situations.

1. A service user, who regularly comes to the school of nursing, and you meet during a teaching session in the classroom, has come to talk to you about her experience of health care. She has become very upset about her past experience in a certain local hospital while talking to you.
2. A student in your tutor group is very quiet during one of the teaching sessions about bereavement and dying. He is sitting next to you, and you notice that he has begun to cry.

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In the first situation, you may have considered intuitively that the lady must have had a 'poor' experience of health care to make her that upset and you may realise that you will need to make and communicate a decision regarding whether she needs to stop telling her story. You may also begin to recall that this local hospital she is talking about had been in the newspapers the previous year because of standards of care. Recalling this information will enable you to put the two issues together and to reassure the service user, as well as to ask another student to request the teacher to return to the classroom as this would be a pre-arranged and shared decision in such a situation.

In the second situation, you may use intuition that 'something is not right' with the other student, as he started to cry during the teaching session, but also because you recall something he said to you earlier about a parent's illness.

Recalling this information, as well as the information that you have about the grieving process, will help you to make a decision to suggest quietly to the student that he might like to leave the class and offer to accompany him. (Also, at the beginning of the session, the teacher had said that, not knowing students' 'situations', she would understand if the session were to trigger some memories that may upset them and so would fully understand if they were to leave the classroom. She offered that either she or a friend of the student might accompany them.)

## Decision-Making as a Student Nurse: the Essential Knowledge and Skills

Given that nurses make decisions every day about the care of their patients and clients, as well as decisions that affect their own personal and professional practice, it is important to consider how student nurses learn to make decisions during their experience of learning to become a qualified nurse. The NMC (2010) makes it very clear

that student nurses are expected to demonstrate their competence in decision-making in relation to nursing practice, so are to be taught and learn these skills during their programme of study toward becoming a qualified nurse. This is to involve learning in clinical placements, as well as in clinical simulation teaching sessions, and be underpinned by an evidence-based understanding of decision-making theories. We all make decisions every day, from a simple one, such as when to get up in the morning, to more complex ones, such as what to do if you find a patient collapsed at home.

Box 1.1 gives an extract from the NMC (2010) about competencies in decision-making in all fields of practice in relation to 'Domain 3: Nursing practice and decision-making'. There are also examples in Box 1.2 from the NMC (2018a) proficiencies, as they relate specifically to the outcomes of decision-making.

Box 1.1

**NMC (2010) *Standards for Pre-registration Nursing Education*, Domain 3: Nursing practice and decision-making**

### Generic standard for competence

> All nurses must practise autonomously, compassionately, skilfully and safely, and must maintain dignity and promote health and wellbeing. They must assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care. Where necessary they must be able to provide safe and effective immediate care to all people prior to accessing or referring to specialist services irrespective of their field of practice. All nurses must also meet more complex and coexisting needs for people in their own nursing field of practice, in any setting including hospital, community and at home. All practice should be informed by the best available evidence and comply with local and national guidelines. Decision-making must be shared with service users, carers and families and informed by critical analysis of a full range of possible interventions, including the use of up-to-date technology. All nurses must also understand how behaviour, culture, socioeconomic and other factors, in the care environment and its location, can affect health, illness, health outcomes and public health priorities and take this into account in planning and delivering care. (NMC, 2010: 17)

### Field standard for competence (Adult)

> Adult nurses must be able to carry out accurate assessment of people of all ages using appropriate diagnostic and decision-making skills. They must be able to provide effective care for service users and others in all settings. They must have in-depth understanding of and competence in medical and surgical nursing to respond to adults' full range of health and dependency needs. They must be able to deliver care to meet essential and complex physical and mental health needs. (NMC, 2010: 17)

### Field standard for competence (Children)

> Children's nurses must be able to care safely and effectively for children and young people in all settings and recognise their responsibility for safeguarding them. They must be able to deliver care to meet essential and complex physical and mental health needs informed by deep understanding of biological, psychological and social factors throughout infancy, childhood and adolescence. (NMC, 2010: 44)

### Field standard for competence (Learning disability)

> Learning disabilities nurses must have an enhanced knowledge of the health and developmental needs of all people with learning disabilities, and the factors that might influence them. They must aim to improve and maintain their health and independence through skilled direct and indirect nursing care. They must also be able to provide direct care to meet the essential and complex physical and mental health needs of people with learning disabilities. (NMC, 2010: 35)

### Field standard for competence (Mental health)

> Mental health nurses must work with people of all ages using values-based mental health frameworks. They must use different methods of engaging people, and work in a way that promotes positive relationships focused on social inclusion, human rights and recovery, that is, a person's ability to live a self-directed life, with or without symptoms, that they believe is meaningful and satisfying. (NMC, 2010: 22)

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Complete Activity 1.3 to familiarise yourself further with the competencies relating to decision-making in the standards.

## Activity 1.3

In order to explore the types of decision-making situations that qualified nurses need to demonstrate read the generic standard for all fields of practice and the specific one(s) for the fields of practice (see Box 1.1) and then the same for Standards for proficiency (see Box 1.2).

1. Consider, in particular, the knowledge and skils required to meet these identified parts of the 'Generic standard for competence':
   a. Decision-making must be shared with service users, carers and families and informed by critical analysis of a full range of possible interventions, including the use of up-to-date technology. (NMC, 2010: 17)
   b. All nurses must also meet more complex and coexisting needs for people in their own nursing field of practice, in any setting including hospital, community and at home. All practice should be informed by the best available evidence and comply with local and national guidelines. (NMC, 2010: 17)
   c. They must assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care. (NMC, 2010: 17)

In relation to the first point (a.), we can see that the action of decision-making is to be shared with others and that the student is expected to critically analyse a range of possible interventions, including those involving technology. In essence, this competence involves evaluating the evidence base for decision-making in relation to nursing interventions.

The critical analysis of evidence is normally a requirement of an academic essay, which may focus on demonstrating that students have reviewed the evidence on a topic or intervention, judged the positives and negatives involved, and supported their views with 'relevant literature and current research' (Duffy et al., 2009). Critical analysis is not about criticising evidence; there must be an element of balance between the positives/benefits and the negatives/drawbacks, and you must use evidence to support your views. In the reality of clinical practice and making a decision such as whether one kind of nursing practice is more beneficial to the patient than another, nurses rely heavily on the fact that their decision will be based on an accurate and informed critical analysis and evaluation of the evidence that has been available to them.

In relation to the second point (b.), we see here again the link between decision-making and evidence-based practice (see Chapter 3 for more detail). The NMC makes it clear that this has to be the best available evidence – ensuring again that this has been well evaluated by those providing it, whether it is a journal article, a book, or a policy document.

In the third point (c.), we can see the importance of assessing the needs of people, any decisions relating to their care depending very much on the nurse's ability to assess their needs in the first instance and then to follow that with the ability to meet the person's 'essential physical and mental health needs'. This requires decision-making skills informed by knowledge of numerous health problems and underlying physical or mental causes, and, most importantly, how they are often interlinked in some way.

Once you have critically analysed the evidence available, you will then need to demonstrate how you decide on which information and evidence to use to inform your decision. (See Chapter 3 for EBP and decision-making.)

This is where critical thinking skills come into play. You may have the best evidence available, but now have to decide how best to use this to help the patient or client for whom you are caring. Applying best evidence cannot be undertaken in isolation from a range of other factors, such as the care environment, your own skill set, any cultural factors that may have an impact on patients' needs or the possible actions and decisions that may be required of other health care professionals. Nurses need to 'sift' through all these factors in order to be able to base their decisions on 'best' evidence. This sifting, or selecting, and making a judgement is critical thinking.

As a student nurse, you will more than likely question, when observing qualified nurses in practice, how and why they decide that a particular action is the best choice at one time, for example when undertaking oral hygiene of a patient, but then, in a similar situation the next day, the nurse makes a completely different decision. In this situation, you are likely to find that the scenario and the evidence may remain the same – that is,

how to undertake oral hygiene and what to use to clean the mouth – but that the patient is different (the first patient may have been elderly, while the second is young) and that multiple other factors are consequently different, leading to a different decision.

Critical analysis and critical thinking, therefore, are closely linked in terms of skills that you need to acquire to become a competent practitioner. During your course of study in both university and practice placements, you will develop and integrate knowledge and experience, and you will achieve these skills by the end of your graduate programme. These two skills are also said to be indicative of a graduate education and Girot (2000), basing her views on a range of evidence, uses the terms 'problem-solve, reason logically, analyse information and form conclusions' as a way of defining critical thinking.

Now read the Standards for proficiency outcomes in Box 1.2 and complete the Activity indicated.

Box 1.2

### Examples of outcomes to be achieved from three platforms (NMC, 2018a)

#### Platform 1: Being an accountable professional

1.8 demonstrate the knowledge and skills, ability to think critically when applying evidence and drawing on experience to make evidence informed decisions in all situations. (2018a: 8)

1.9 understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence your decisions. (2018a: 8)

#### Platform 3: Assessing needs and planning care

3.4 understand and apply a person-centred approach to nursing care, demonstrating shared assessment, planning, decision-making and goal setting when working with people, their families, communities and populations of all ages. (2018a: 14)

#### Platform 4: Promoting and evaluating care

4.2 work in partnership with people to encourage shared decision-making, in order to support individuals, their families and carers to manage their own care when appropriate. (2018a: 17)

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Complete Activity 1.4 to set learning goals that will enable you to achieve the proficiencies required.

**Activity 1.4**

1. Read the examples of outcomes (NMC, 2018a) given in Box 1.2. These are some of the proficiencies that a newly qualified nurse has to have attained.
2. Consider how you could achieve these in your next placement with the guidance of your practice supervisors.
3. Consider the care given to a person in your last placement. What key skills and knowledge did you need to be able to make decisions to ensure the best evidence-based care was going to be given to that person?
4. Discuss with your practice supervisors how they can support you in terms of learning opportunities to enable you to achieve your learning goals with regard to decision-making for the care of *one* person at your next placement.
5. You may also wish to consider here the implications and impact COVID-19 has had on your knowledge and skills that are necessary to care for patients within your learning placement. (See Chapter 14 for further information.)

You will already have a practice assessment schedule that you will have discussed with your personal tutor prior to going to your next placement. Each university and practice partnership will have developed their own unique or shared practice assessment documentation to support learning and assessment in practice environments where students are undertaking placements. Decision-making in relation to patient care is not an isolated event: working in a team to determine ongoing care is very much at the centre of shared person-centred care. For an example of a practice assessment schedule that can be accessed online, see the Web resources section at the end of this chapter.

## Clinical Reasoning, Clinical Judgement and Decision-Making

We have noted that two other phrases used in conjunction with 'critical analysis' and 'critical thinking' are 'clinical reasoning' and 'clinical judgement'. Levett-Jones et al. state that, 'in the literature the terms clinical reasoning, clinical judgement, problem-solving, decision-making and critical thinking are often used interchangeably' (2010: 516). However, they also cite Elstein and Bordage (1991), who view clinical reasoning as 'the way clinicians think about the problems they deal with in clinical practice. It involves clinical judgements (deciding what is wrong with the patient) and clinical decision-making (deciding what to do)' (Levett-Jones et al., 2010: 516).

We can begin to see a possible way of differentiating between all these terms when it comes to learning to make decisions in clinical practice and, of course, in your other

academic work. Clinical decision-making can be seen as the end point, when you are seen to take an action of some kind based on a range of other skills deriving from critical thinking, critical analysis, clinical reasoning and clinical judgement.

Levett-Jones et al. offer a framework for clinical reasoning called the 'five rights of clinical reasoning', based on a PhD study by Hoffman (2007) (one of the authors) who explored how students and qualified nurses made decisions 'when caring for patients in an intensive care unit' (Levett-Jones et al., 2010: 516). The initial thinking strategies that Hoffman found were as follows:

- describe the patient situation;
- collect new patient information;
- review information;
- relate information;
- recall knowledge;
- interpret information;
- make inferences;
- discriminate between relevant and irrelevant information;
- match and predict information;
- synthesise information to diagnose or identify a problem;
- establish goals;
- choose a course of action;
- evaluate (Levett-Jones et al., 2010: 516).

The 'five rights' of clinical reasoning in relation to student nurses and how new or novice nurses can apply them are 'the ability to collect the right cues and take the right action for the right patient at the right time for the right reason' (Levett-Jones et al., 2010: 517). See Levett-Jones et al. (2010) for a diagrammatic view of the clinical reasoning process and Chapter 2 in this book.

Tanner undertook a major review of the evidence on clinical judgement in nursing, on which she based 'an alternative model of clinical judgement' (2006: 204). She concluded that there were five key themes arising from this evidence:

1. clinical judgements are more influenced by what nurses bring to the situation than the objective data about the situation at hand
2. sound clinical judgement rests to some degree on knowing the patient and his or her typical pattern of responses, as well as engagement with the patient and his or her concerns
3. clinical judgements are influenced by the context in which the situation occurs
4. nurses use a variety of reasoning patterns alone or in combination and the culture of the nursing care unit
5. reflection on practice is often triggered by a breakdown in clinical judgement and is critical for the development of clinical knowledge and improvement of clinical reasoning (Tanner, 2006: 204).

## Conclusion

We can see, from an exploration of the evidence available to us with regards to definitions and explanations of what decision-making entails as a qualified nurse, what a student nurse has to learn and what skills he or she has to gain to become an effective caring decision maker in practice. These skills have to be underpinned by an evidence base, not only in terms of the knowledge underpinning the rationales for decision-making at any level, but also the increased importance of developing critical analysis and critical thinking skills in both theory and practice. These skills are essential, along with an in-depth knowledge of patient care situations and experiences, to developing clinical reasoning and clinical judgement skills, all of which underpin the effectiveness of decision-making in nursing practice. Integrating what is learnt in theory and clinical simulation environments with what is then experienced in the context of clinical practice will ensure the successful development of decision-making skills, allowing you to become the competent practitioner that you must be to become a registered graduate nurse. We will be exploring many of these definitions and examples from practice throughout the book.

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## Web Resources

All Wales *Practice Assessment Document and Ongoing Record of Achievement* – includes descriptions of updated roles related to student learning in practice: https://nurse-mentors.bangor.ac.uk/documents/ALL%20WALES%20PRACTICE%20ASSESSMENT%20DOCUMENT.pdf (accessed 20 June 2022).

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NHS Scotland effective practitioner resources: www.effectivepractitioner.nes.scot.nhs.uk/clinical-practice.aspx (accessed 20 June 2022). There is also one focused on decision-making in practice: www.effectivepractitioner.nes.scot.nhs.uk/clinical-practice/clinical-decision-making.aspx (accessed 20 June 2022).

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