Nurses’ Perceptions Of Clinical Decision-Making In Relation To Patients In Pain

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Abstract

Clinical decision-making (CDM) research has focused on diagnostic reasoning, CDM models, factors influencing CDM and the development of expertise. The research approaches used, including phenomenology, have not addressed the question of how CDM is perceived and approached by nurses. This study describes perceptions of CDM in relation to patients in pain using a phenomenographic methodology.

At semi-structured interviews, participants were asked to recall their responses to a situation involving a patient in pain. The responses fell into four categories: (1) the effect of the clinical environment; (2) the role of other health professionals; (3) the place of the patient; and (4) the role of experience. Examples of differences in perceptions that were likely to impact on the nurses’ approach to CDM include: the ongoing effects of time and workload demands on CDM; nurses are initially dependent but were eventually able to make decisions autonomously; the patient who may be peripheral or central to CDM; and the nurses’ move from the use of theoretical principles to experiential knowledge as reflection-on-practice is employed. Perceptions in all categories are strongly implicated in the nurses’ sense of confidence and independence.

Implications for nursing practice and nursing education suggested by the findings relate to the number of areas in which graduates work in the first year of practice, the size of new graduate workloads, graduate transition programs, the place of reflection-on-practice and undergraduate (UG) program clinical experience patterns. Among issues for further research arising from the study are: replication of the study; detailed examination of the development of CDM in the first year of nursing practice and during UG
nursing education programs; the role of other health professionals in the
development of CDM behaviour; the links between CDM and clinical
knowledge development; and the type of clinical environments that foster
confidence and independence. A conclusion of the study is that the way CDM
is approached is influenced by the amount, quality, relevancy and recency of
clinical experience. In this study, phenomenography was shown to be an
appropriate approach to the description of nurses’ perceptions of CDM in
relation to patients in pain. In addition, nurses’ changing perceptions over
two years and the subsequent effect on CDM behaviour were described.