

INFLUENCES ON CLINICAL DECISION-MAKING DURING A COMMUNITY PLACEMENT – REFLECTIONS OF A STUDENT NURSE

Abstract

The decision-making process in nursing is complex. High quality care is dependent on good clinical judgement and decision-making. Nurses need to be able to justify and defend their clinical decision-making. In this article, the author, a third-year nursing student reflects on an incident from a community placement involving a collaborative, clinical decision. Carper's (1978) four fundamental patterns of knowing are used to analyse the decision-making process. It is shown that influences on decision-making include prior knowledge and expertise, law and accountability and ethical principles such as respect for autonomy and beneficence. Good communication, interpersonal skills and a person-centred approach have a bearing on decision-making. It is argued that intuition also has a place in decision-making and may be increasingly used with experience.

Key words: decision-making, patterns of knowing, accountability, informed consent, intuition.

5 Key Points:

- Involving patients in decision-making is essential to providing high quality care.
- Student nurses need to be equipped to justify and defend clinical decision-making
- The clinical decision-making process involves consultation, negotiation and co-operation.
- Patients are vulnerable and health professionals can possess an undesirable degree of power over patients.
- Respect for autonomy means upholding a patients' freedom of choice and dignity whilst enabling informed consent.

Introduction

A nurse's ability to give high quality care is dependent on utilising effective clinical judgement (Royal College of Nursing (RCN) (2014). Decision-making is acting on clinical judgement by choosing the best available option and applying it to practice (Thompson and Dowding 2002). In nursing, that decision is often made with a degree of uncertainty about the outcome and it involves weighing up the potential risks and benefits of each option (Baron 2008). However, nursing practice needs to be safe and effective and so it needs to be well-reasoned, evidence-based and justifiable (Tilley et al. 2004). Student nurses need to understand influences on decision-making to develop good clinical judgement and their future role as registered nurses.

This article will discuss the decision-making process using a scenario from a third-year student placement. The influences affecting the clinical decision-making will be reflected upon using Carper's (1978) model of the fundamental patterns of knowing in nursing as a framework to analyse the decision. Understanding the decision-making process and how it can be improved can lead to better quality patient care and outcomes (Thompson et al. 2013). Names have been changed to protect confidentiality in accordance with the Nursing and Midwifery Council's guidelines (2015).

Scenario

Hazel had been under the care of a community nursing team for several months and was being treated for chronic leg ulcers. Her ulcers repeatedly became infected and she had taken several courses of antibiotics and various dressings had been trialled with little improvement. Hazel had recently been assessed by a Tissue Viability Specialist Nurse who recommended that Hazel should be admitted to hospital for a course of intravenous antibiotics. Hazel expressed a wish not to be admitted. A joint visit was arranged with a Community nurse, named Sarah and a General Practitioner (GP). The purpose of the visit was to decide the best way forward in terms of treatment to promote the healing of Hazel's leg ulcers in light of the Tissue Viability Specialist Nurses opinion.

The scenario illustrates an example of a collaborative decision being made between a nurse, GP and patient. A collaborative decision is a joint decision between two or more people for the purpose of reaching an agreed aim with each party sharing the responsibility for the decision (Standing 2014). There are three elements to the decision-making process: consultation, where opinions on what needs to be done are expressed; negotiation, to identify a solution that is acceptable to all parties; and co-operation, to work towards shared aims (Standing 2014). Various factors will influence this process since the individuals involved may have different priorities, however for effective decision making a consensus must be achieved. Importantly the patient's own priorities should be identified resulting in better patient centred outcomes (Coulter and Ellins 2007). In learning how to make a decision it is useful to reflect on a decision made in practice. There are several models and theories that can support this reflection. In this instance how Sarah and GP reached their care decision will be analysed using Carper's (1978) four fundamental patterns of knowing. (see table 1).

The Decision Making Process

Carper's (1978) identifies four fundamental patterns of knowing which can influence how decision are made, empirical, personal, aesthetics and ethical. (See table 1)

Table 1 Carper's (1978) four fundamental patterns of knowing

Empirical or the science of nursing	Personal which is an awareness of self and others
Ethical which involves applying moral values and working in the best interests of the patient	Aesthetics or the art of nursing

In making decisions nurses gather information from a variety of sources ranging from patient observations to research studies. Also taken into account are patient preferences, colleagues' opinions and policies and procedures that ensure care is of a high standard (Standing 2014). The 'hypothetico-deductive' model (Elstein et al. 1978) suggests that the practitioner seeks out cues from the presenting situation,

builds up hypotheses and then looks for further cues or gathers more information to confirm or refute the hypotheses before drawing a conclusion. In the scenario, both Sarah and the doctor, initially gather information from an assessment of the wound, an assessment of the patient and her situation, and use prior knowledge and experience to create hypotheses. They discuss together their understandings until they reach a consensus. Carper's (1978) suggests that the four patterns of knowing can influence that decision making process.

Empirical knowing

In making decisions nurses gather information from a variety of sources ranging from patient observations to research studies or empirical knowledge. Sarah's empirical knowledge will encompass evidence-based practice, wound care guidelines, practice-based knowledge, her knowledge of dressings and experience of seeing similar wounds treated successfully. She may have also sought advice from other colleagues. Gillespie et al. (2015) found that nurses making decisions about wound care tended to source information that was more readily accessible. They often preferred to seek the advice of colleagues which may not be current best practice. Sarah, the GP and Hazel decided not to admit Hazel to hospital but to prescribe high-dose oral antibiotics and use a new dressing Sarah had recently heard about. They chose not to follow the advice of the Tissue Viability Nurse perhaps because when taking Hazel's wishes into consideration they recognised the need for a more amenable solution. Sarah's information source for the new dressing came from a drug company representative. In recommending this dressing she would have needed to consider the scientific evidence for it and the potential for bias in that information (Gillespie et al. 2015).

Ethical Knowing

Carper's (1978) ethical pattern of knowing is about applying moral values to practice. It is about knowing the right thing to do and about duties and obligations. According to Caulfield (2005) there are four pillars of accountability: professional, ethical, legal and employment. In reaching a decision regarding Hazel, Sarah would need to consider her accountability. Sarah is accountable to her employer through her contract of employment. Her employer will expect her to carry out her duties with due care and skill (Griffith and Tengahan 2017). For safe practice, Sarah is duty bound to

abide by the professional code of conduct set out by the regulatory body of her profession, the NMC (2015).

In decision-making Sarah needs to be aware of how the law impacts upon her practice. The law recognises a patient's right to give informed consent to treatment (Husted et al. 2015). To give informed consent the patient must have capacity, have sufficient information and consent must be freely given (Wheeler 2012). The Mental Capacity Act 2005 requires the health professional to determine if the patient's decision is competently arrived at (Wheeler 2012). For example, Sarah would need to consider whether Hazel is showing signs of confusion perhaps due to the infection or other causes. Accountability means all registered nurses are legally and professionally answerable for their actions and omissions irrespective of whether they are acting on their own initiative or following instructions of another health professional (Griffith and Tengahan 2017) and so Sarah needs to be able to justify the decision taken against the advice of the Tissue Viability Nurse. Legal and professional accountability can lead to defensive practice where the perceived safest option is always chosen (Caulfield 2005). However, Sarah and the GP did not take this approach, as the option with potential greater likelihood of success would be to admit Hazel for intravenous therapy, yet the patient's wishes must be taken into account.

Ethical accountability in decision-making relates to applying ethical principles or rules that may be set by society or the nurse's own moral values to nursing practice (Caulfield 2005). Beauchamp and Childress (2009) identified four ethical principles. These are respect for autonomy, non-maleficence, beneficence and justice. Non-maleficence means that the nurse should do no harm. For instance, withholding intravenous antibiotics could be considered harmful to Hazel particularly if alternative treatment is unsuccessful. On the other hand, giving intravenous antibiotics could be considered harmful if judged not to be in the patient's best interests when everything is taken into consideration, so risk management influences the decision. Sarah has a duty of care towards Hazel but needs to respect that Hazel has the capacity to give consent and the right to determine what she allows to be done to her own body (Dimond 2003).

Respect for autonomy means Sarah needs to uphold Hazel's freedom of choice and dignity but also enable her informed consent. There can be a tension between respecting someone's autonomy and providing the best possible care (Standing 2014). However, the resulting decision does not have to be a correct or optimal decision from a clinical point of view as this could be disrespecting autonomy but the patient needs to be suitably informed (Griffith and Tengnah 2017). The nurse can still influence the decision as it is her duty to explain the risks and benefits relating to the decision in a comprehensible way (Griffith and Tengnah 2017). Good communication is essential as the patient may not always disclose their concerns (Dowding and Thompson 2009). Sarah may believe intravenous therapy would be most appropriate but needs to consider patient preference and ensure Hazel fully understands her options.

A person-centred approach is necessary to enable people to exercise their autonomy in a situation that may be restrictive or oppressive in making assumptions about the needs and wishes of the patient (Jasper 2013). Patients are vulnerable and health professionals can possess an undesirable degree of power over patients (Husted et al. 2015). Thinking of a patient as an autonomous being may lead to an underestimation of their vulnerability and their reduced ability to make decisions may go unrecognised (Gulbrandsen et al. 2016). Sarah needs to consider Hazel's vulnerability and be aware that the principle of non-maleficence also applies to psychological harm. There could be an imbalance of power (Gulbrandsen et al. 2016), with Hazel, who is reliant on Sarah and the G.P. for care, perceiving them as the experts exerting undue influence in the decision-making process. Alternatively, Hazel may not want to upset family members with differing opinions, both situations could be distressing for Hazel. Nurses must be certain that the patient's decision is not coerced (Wheeler 2012). Sarah may need to advocate for the patient in this situation. She should consider the situation holistically to determine the best possible outcome for Hazel.

Personal Knowing

Personal knowledge involves an awareness of self and others in a relationship. It means being aware of views and values that could influence your responses and also interfere with objectivity in decision-making (Jasper 2013). Sarah needs to have

explored any prejudices she holds which could cloud her judgement. For example, if Sarah's views are affected by ageism it could cause her to be paternalistic where she may err towards taking the decision out of Hazel's hands and making it for her. Paternalism can therefore conflict with the principle of autonomy (Caulfield 2005). Sarah's personal knowledge should enable her to explore her emotional attachment to Hazel and consider whether this could impair the decision-making process (Dowding and Thompson 2009)

Aesthetic Knowing

Carper's (1978) aesthetic pattern of knowing, involves perceiving the nature of the clinical situation and understanding what it means for the patient (Johns 1995). Chronic ulceration of the leg is described as a miserable, painful and socially isolating condition (Ousey and McIntosh 2008). Hazel has a leg ulcer and to provide person-centred care, Sarah needs to interpret what that means for Hazel living with the condition. Carper (1978) identifies empathy as a core skill in aesthetic knowing and Johns (1995) likens this to intuition which he relates to the difference between recognition and perception. Intuition has been the subject of debate and controversy (Holland and Roberts 2013). Intuition is not based on empirical facts but relies more on the individual's perception of the situation (Pearson 2013) but human perception is prone to bias (Standing 2014). Intuition has been described as understanding without any rational reasoning (Benner and Tanner 1987). The National Health Service puts great importance on evidence-based practice which is underpinned by empirical facts but intuition is increasingly becoming an acceptable way of knowing in clinical decision-making (Dowding and Thompson 2009). Seminal work by Benner (1984) suggested that practitioners moved through five stages from novice to expert. Intuition develops as the nurse becomes expert (Benner 1984) and so may be increasingly used with experience. Jasper (2013) renames intuition as professional expertise. Experts use a rapid, automatic process of pattern recognition which draws on past experiences which could be a cognitive skill rather than perception (Pearson 2013).

Schon (1983) suggests intuitive practice is a way in which professionals can move from rule bound behaviour to seeing things more holistically. Sarah's intuition may have played a part in aspects of this decision-making for example in assessing the

wound, to recommending a dressing or determining the congruence of Hazel's words and behaviour to understand what it was like for her. However, Greenhalgh (2002) believes intuition is not unscientific and that it is fundamental in hypothesis generation in science. Therefore, intuition may play a part in hypothetico-deductive reasoning as described earlier. Nurses make clinical decisions using their clinical expertise, the best available research evidence, and patient preferences (Thompson 2003). If intuition is an aspect of clinical expertise it can be argued that it legitimately has a place in clinical decision-making and evidence-based practice. The aesthetic pattern of knowing allows for evidence that is not apparently underpinned by research to be incorporated into decision-making (Pearson 2013).

Conclusion

In conclusion this example of decision-making analysed shows that there are many influences on the decision-making process. Carper (1978) provides a useful framework for reflecting on decision-making identifying the different ways of thinking and knowing that can be brought to bear on a situation. None of these ways are sufficient on their own but none are mutually exclusive (Carper 1978). It is essential that nurses develop their decision-making skills. One way of doing this is by reflecting on decisions to better understand how to incorporate theory, experience, self-knowledge, ethics and intuition into the decision-making process to improve outcomes for patients.

REFERENCES

- Baron, J., 2008. Thinking and deciding. 4th edition. New York: Cambridge University Press.
- Beauchamp, T. L. and Childress, J. F., 2009. Principles of biomedical ethics. 6th edition. Oxford: Oxford University Press.
- Benner, P. and Tanner, C., 1987. Clinical Judgment: How Expert Nurses Use Intuition. *American Journal of Nursing* [online], 87 (1),23-31.
- Benner, P. E., 1984. From novice to expert : excellence and power in clinical nursing practice. London : Addison-Wesley.
- Carper, B., 1978. Fundamental patterns of knowing in nursing. *Advances In Nursing Science* [online], 1 (1), 13-23.
- Caulfield, H., 2005. Accountability. Oxford: Blackwell.
- Coulter, A. and Ellins, J., 2007. Effectiveness of strategies for informing, educating, and involving patients. *British Medical Journal* [online], 335 (7609), 24-27.
- Dimond, B., 2003. Legal Aspects of Consent. Wiltshire: BJA Monographs Quay Books.
- Dowding, D. and Thompson, C., 2009. Essential Decision Making and Clinical Judgement for Nurses [online]. Edinburgh: Churchill Livingstone.
- Elstein, A., Shulman, L. and Sprafka, S., 1978. Medical Problem Solving: An Analysis of Clinical Reasoning. Cambridge: Harvard University Press.
- Gillespie, B. M., Chaboyer, W., St John, W., Morley, N. and Nieuwenhoven, P., 2015. Health professionals' decision-making in wound management: a grounded theory. *Journal Of Advanced Nursing* [online], 71 (6), 1238-1248.
- Greenhalgh, T., 2002. Intuition and evidence--uneasy bedfellows? *British Journal of General Practice* [online], 52 (478), 395-400.
- Griffith, R. and Tegenah, C., 2017. Law and professional issues in nursing. 4th edition. London:Sage.
- Gulbrandsen, P., Clayman, M. L., Beach, M. C., Han, P. K., Boss, E. F., Ofstad, E. H. and Elwyn, G., 2016. Shared decision-making as an existential journey: Aiming for restored autonomous capacity. *Patient Education And Counseling* [online], 99 (9), 1505-1510.

Holland, K. and Roberts, D., 2013. Nursing : decision making skills for practice. Oxford: Oxford University Press.

Husted, G. L., Husted, J. H., Scotto, C. J. and Wolf, K. M., 2015. Bioethical decision making in nursing [online]. 5th edition. New York: Springer Publishing Company.

Jasper, M., 2013. Professional Development, Reflection and Decision-Making in Nursing and Healthcare. 2nd edition. Chichester: Wiley.

Johns, C., 1995. Framing learning through reflection within Carper's fundamental ways of knowing in nursing. *Journal of Advanced Nursing* [online], 22 (2), 226-234.

Nursing and Midwifery Council (NMC), 2015. The Code:Standards of conduct performance and ethics for nurses and midwives [online]. London: NMC.

Ousey, K. and McIntosh, C., 2008. Lower extremity wounds: a problem-based learning approach [online]. Chichester : Wiley.

Pearson, H., 2013. Science and intuition: do both have a place in clinical decision making? *British Journal of Nursing* [online], 22 (4), 212-215.

Royal College of Nursing (RCN), 2014. Defining Nursing. London: RCN.

Schön, D. A., 1983. The reflective practitioner : how professionals think in action. London: Temple Smith.

Standing, M., 2014. Clinical judgement and decision-making for nursing students. Second edition. London: Sage.

Thompson, C., 2003. Clinical experience as evidence in evidence-based practice. *Journal Of Advanced Nursing* [online], 43 (3), 230-237.

Thompson, C., Aitken, L., Doran, D. and Dowding, D., 2013. An agenda for clinical decision making and judgement in nursing research and education. *International Journal Of Nursing Studies* [online], 50 (12), 1720-1726.

Thompson, C. and Dowding, D., 2003. Clinical decision making and judgement in nursing [online]. Edinburgh: Churchill Livingstone.

Tilley, S., Watson, R. and ebrary Inc., 2004. Accountability in nursing and midwifery [online]. 2nd edition. Oxford: Blackwell Science.

Wheeler, H., 2012. Law, ethics, and professional issues for nursing : a reflective and portfolio-building approach . London: Routledge.

