

## Navigating Complex Clinical Scenarios: A Guide to Effective Decision-Making in Critical Care

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### Abstract

The objectives of this study were to describe the critical care nurses' decision-making procedures and activities in real-world clinical situations. Data were gathered using an exploratory descriptive strategy that included interview and observation techniques. Twenty-four critical care nurses from three hospitals in Jordan participated in the study. Critical Care nurses' routine clinical judgments were studied through participant observation. The involved intensive care units saw about 150 hours of observation time. In order to learn more about the decisions nurses make about the care of patients, they were interviewed. According to the study, nurses most frequently employ the intuitive model to identify the relevant clues for the patient's circumstance. Research showed that the decision-making process is ongoing and that one of the key elements affecting a nurse's decision-making capacity is experience. Ongoing process, autonomy, experience/power, joint/ethical judgements, and advocacy were the five themes that emerged from the data. It was observed that critical care nurses were perceptive to the patient's verbal and non-verbal cues and were able to respond to these cues to prevent the patient's condition from worsening. Critical care nurses who have greater expertise managing patients' changing situations are likely to be more assured and productive.

**Keywords:** Jordan; Decision-making; Critical care; Nursing

### Introduction

Large-scale changes are occurring in global health. These modifications take into account advances in technology and the creation of fresh approaches to patient care. The complexity of nurses' decision-making has increased as a result of these technological developments, particularly in critical care settings where nurses frequently treat patients with various health issues. Clinical choices are typically made in hectic, stressful environments where there are conflicting demands and numerous distractions in critical care settings. To stop the patient's health from deteriorating into a life-threatening situation, nurses must act swiftly and properly. Also, intensive care nurses are under a lot of pressure to find solutions while dealing with complex new equipment, such as cardiac monitors, very ill patients who are highly unstable, and patients who lack money. Clinical judgement, decision making, and clinical reasoning are all terms that are used interchangeably in the literature to explain decision making. Although these phrases are interchangeable, they have been defined as "a decision among a variety of alternatives by a practitioner". Nursing professionals [1-5] must be competent, have access to reliable information sources, and work in a supportive atmosphere in order to successfully complete the complex process of clinical decision making. The range of clinical decisions that the nurse must make increases as their professional responsibility does. Clinical decision-making necessitates that nurses have relevant nursing expertise and knowledge [6], which makes the procedure simpler and easier to handle. The nature of the issue, the information to gather, the method of therapy, and whether or not the patient requires medical evaluation for more research and care are all decisions that need to be made by nurses. Several crucial judgements are made by nurses in critical care settings. Despite the fact that nurses' professional roles have expanded and become more serious, these new duties allow for greater decision-making. According to Corcoran, there is a greater chance that a bad judgement will be made the more difficult the task is to complete. Tanner affirmed that more complex duties make decisions more challenging, but that as nurses gain expertise, decision-making processes grow simpler and more controllable.

### Literature Review

In reaction to new information, political pressure, and medical technology advancements, the role of the critical care nurse has been increased. All levels of the management process require decision-making, which is seen as a difficult process with various levels of complexity. Before taking any action, effective decision-making depends on the accuracy of evaluations and inferences made by nurses. In order to evaluate the perspectives and duties of intensive care unit (ICU) nurses with reference to the allocation of ICU beds, Ersoy and Akpinar performed a study. At two national critical care congresses in Turkey, 136 nurses completed a self-administered questionnaire. According to the survey, more than half of the nurses took part in the admission/discharge decision-making process. The study also discovered that a nurse's level of experience influences how much she participates in these decisions and challenges a doctor's recommendation for patient discharge. Also, seasoned nurses with the capacity for critical thought anticipate making wise clinical judgements. The results demonstrated the significance of nurses' patient advocacy roles. However, the nurses' judgement on a patient's quality of life was not used to determine a patient's admission or discharge. In an investigation into the decision-making processes and justification techniques employed by critical care nurses in Iran. They discovered that one of the most crucial tactics employed by nurses to identify the patient's health issue and deliver the necessary care was intuition. A significant conclusion of the study was that, despite their competency to make such decisions, nurses would choose whether or not to act on decisions depending on the risk-benefit

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analysis and organisational requirements of the patient. This has to do with the fact that nurses had little freedom to choose how to handle a patient's medical condition. In a different study, decision-making processes were compared between expert and novice nurses in a real-world situation (ICU). During the post-operative period, the decision-making of four ( $n = 4$ ) expert nurses and four ( $n = 4$ ) novice nurses were compared in terms of cue utilisation and clustering. Hoffman discovered that expert nurses ( $n = 89$ ) gathered nearly the same number of signals in regard to hemodynamic state as novice nurses and twice as many cues overall. Crucially, it was discovered that skilled nurses were able to identify the patient's issue by combining the cues gathered with the results of the tests and other information. This demonstrated that specialists had a gut-level understanding of the patient's health issue and were not reliant on an analytical process to choose the best course of action. The goal of the current study was to better understand how nurses make decisions in a clinical setting. Nurses who are caring for patients who have life-threatening diseases may encounter great hurdles because of the critical care unit's complexity. It could be able to find techniques to help critical care nurses make better decisions and to uncover patterns in correctly assessing and managing patients' situations by looking at how they make decisions. The combination of task, person, and environmental elements must be taken into account in a naturalistic study in order to improve our understanding of decision-making in the actual world. There are no research papers that have looked into the clinical judgements made by ICU nurses in Jordan. In order to better understand how nurses' clinical decision making varies and how to improve a nurse's clinical decision making, it is important to understand the process of decision making that nurses go through when presented with a patient who is deteriorating and why they made their choices.

## Methodology

This exploratory descriptive study's decision-making process was naturalistic. In-depth interviews and overt participant observation were used to get the data. The study included three critical care facilities in the city of Amman. 24 critical care nurses with at least three years of experience from the three units took part in the study. In order to observe the routine clinical decisions made by ICU nurses, experienced nurses observed participants during nurse's shifts. The observation time in the intensive care units involved was about 150 hours. To ensure a deeper knowledge of how each participant influenced their [7-10] clinical judgements in critical care units, an in-depth semi-structured interview with each participant was undertaken. Interviews were verbatim recorded on tape and afterwards transcribed. The primary researcher verbatim translated tape-recorded interviews. The researcher used theme analysis to examine the information she acquired from the transcribed interviews. Themes within the data were found, examined, and reported to describe prevalent usage and definitions. Sampling strategy: The study included three critical care facilities in the city of Amman. The study included twenty-four critical care nurses from the three units. A number of requirements, including being a registered nurse, having at least a year's worth of experience, and being willing to participate, were used to choose participants. To ensure they had enough experience to share, only participants with at least three years of experience were chosen. Prospective participants were orally invited, given a description of the study, and then given the opportunity to ask questions and get further information. A consent form had to be signed in order to participate. Therefore, data saturation would determine the sample size. Ethics-related consideration: Before beginning data collecting, permission from the participating hospitals was obtained in order to perform the study. Each potential volunteer

received written and spoken information about the study. Participation was based on written informed consent and was voluntary. Participants were made aware that they could revoke their consent at any time and that all information would be kept private. The study's rigour: Long-term engagement with the subject and extensive contact with the participants both contribute to the credibility of this study. By reducing the discrepancy between the meanings the researcher anticipated and those understood by the target audience, this would improve data sensitivity. Also, I constantly read the printed transcript and compared it to the audio recording to audit each transcript against the original audio tape. This has made it possible for me to become quite comfortable with the data, which has allowed me to develop confidence in both the validity of my analysis and the general veracity of the data. To ensure that the opinions of the participants are reflected as accurately as possible in the study findings, direct excerpts from the transcribed text were also used.

## Discussion

The decision-making of nursing staff members who work in critical care units was explored in the current study. Critical care nurses draw on a variety of information sources, including their own experience, knowledge, patient stories, and recommendations from their peers and physicians. The challenging and complex medical conditions in intensive care units underscore the intricacy and significance of nurses' decision-making. Patients in critical care units are often gravely ill, medically unstable, and experiencing rapid changes in their health. The nurses must make decisions quickly as a result of these changes. In the intensive care unit, decision-making is said to be a continuous process that is regularly practised on real-world scenarios. The type of decisions made by the nurse in a critical care scenario is typically unconscious choices that are taken into account as part of routine practise. There are certain decisions that the nurse caring for the patient makes alone, and there are those ones that the nurse and the doctor make together. Nonetheless, there are many "grey" regions where the duties of doctors and nurses are highly intertwined.

## Results

Making decisions is acknowledged as one of the primary characteristics of a critical care nurse and a crucial component of the practise of critical care nursing over the course of the study. Critical care nurses are frequently put in positions where they must make wise choices. The decisions made by critical care nurses range from straightforward regular decisions to extremely difficult ethical decisions. We will make an effort to address the key themes that the researchers noticed or that the unit's nurses brought up in the presentation of the findings that follows. The idea that the nurses' participation in decision-making is a development process is certainly plausible. When a nurse lacks experience, she or he is more likely to avoid making decisions that would require power comparisons between the nurse and other healthcare professionals, especially doctors. Nonetheless, a seasoned nurse is ready to take the chance of straddling the border between nursing and medicine by making non-nursing decisions or contesting some contentious choices made by the doctor. If the nurse had less experience in the event indicated above, she most likely would not have acted in the same manner. Before giving the patient the medication he required, she might have spoken to the doctor. The doctor's response to the occurrence might also differ if the involved nurse had less training, i.e. less authority. The medical team tries to provide the best care possible for the patients because they are unable to speak for themselves, but only the nurse at the bedside develops a sense of the patient via experience and intuition. So you learn how the

patient reacts to various medications, if, I don't know, one laxative suits them more than another laxative, or really anything else, you just get to know them. This is done by instinct and intuition, most of which is developed through experience in the field. In the critical care unit, nurses frequently used the term "shared decisions" to refer to choices made by the nurse and the doctor together. Joint decisions made by nurses are less common in critical care, although being valued by the nurses. Critical care nurses consider group or collaborative decisions to be crucial in the delivery of critical care. The nurse feels appreciated and valued when she participates in decisions regarding patient care. Moreover, collective decisions promote consensus and lessen prejudice. A participating nurse remarked:

## Conclusion

The study highlights the skills of critical care nurses in handling patients' situations and gains a better knowledge of the hows and whys of their clinical judgements. The results of this study showed that critical care nurses were able to continuously adapt to the patient's health state in order to stop the patient's case from getting worse. It is well acknowledged that nurses employ evidence-based practise in order to deliver the best results in care and treatment. Several factors, including the nurses' clinical expertise and their interpretation of the relevant data received from the patient, have an impact on the decision-making process. The results of this study show that nurses' clinical decision-making was clearly based on an intuitive model. The method depended

on the nurse's capacity to comprehend the patient's clinical position, which is mostly dependent on clinical experience. The study advances our knowledge of critical care nurses' decision-making processes and how they influence practise quality.

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