Decision-Making Process

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Research indicates that many patients in the United States die annually because of poor clinical decision-making. These poor decision-making processes result in medical errors, which are amongst the leading causes of death in the country. Nibbelink and Brewer (2018) aver that proper decision-making is quite essential in nursing practice. In most cases, the nurses' decisions have the effect of influencing the whole treatment process that a patient may undergo. The other medical practitioners, such as doctors, solely depend on these decisions to determine their next actions (Watkins, 2020). Given the importance of decision-making in this field, it is quite vital to abide by the same decision once a decision has been made.

The first underpinning of change in a prior decision is having a shared vision (Nibbelink & Brewer, 2018). Whenever a nurse had an idea on changing practice, they were to share their ideas with the other nurses to convince the rest that it is the most effective procedure to undertake instead of the already established procedure within the institution. Under this requirement, the nurse who is proposing the change needs to develop strategic planning where they convince the other practitioners on the difference between the new procedure and the old one and the difference it will have on the patient. The nurses have to give a clear direction on how the new procedure will be performed and the effects on the practitioners and the patients. The nurses have to frequently communicate this vision to every affected person within the institution to help create the new practice culture.

Once the change is shared with the medical physicians, a leader is chosen to ensure that the change is successful (Chisengantambu-Winters, Robinson & Evans, 2020). The leader should have an in-depth understanding of the new procedure, and he was to drive an initiative for the organization to commit to the change as much as possible. Once every concerned medical personnel receives official communication on the change, the elected leader had the task of addressing the concerns that resistors had about the change. According to Fabrizio, change in medical procedures is often a challenging undertaking (Nibbelink & Brewer, 2018). Some physicians will always support the change in proposing the change; others will support it but with reservations, while others will oppose the change. It is upon the change's proposer to address the issues that may arise concerning the new procedure. Ana-Elena Jensen posits that resistance to change in nursing is a normal phenomenon (Chisengantambu- Winters et al., 2020). In addressing this resistance, the leader will address the benefits of the change and address the shortcomings of the procedure currently being applied in the institution (Campbell, Massey, Broadbent & Clarke, 2019).

Once the resistance is addressed, the new procedure is placed under clinical trial for three months. The results were recorded and presented to the management of the institution for assessment. Once the management proves that the proposed change is more effective than the one currently implemented, it will adopt the change as the new practice. After that, the concerned medical practitioners will the taken through the new practice frequently so that the same can become a culture in the institution. In my current institution, the nurses proposed a change in the dialysis procedure. In the past, the institution adopted Peritoneal Dialysis, which some medical practitioners did not approve of. A team of nurses proposed a change to Hemodialysis treatment. The change underwent all the processes of decision making, and the institution finally adopted it. The new procedure has been quite effective in reducing emergency medical issues that arise during dialysis.

**References**

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