I

Making the transition to student nurse

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Introduction

From a very early age, we all make decisions of one kind or another. A child will perhaps decide that he or she is not going to eat the green vegetables put before them at dinner time. When asked why, the reply may be ‘because I don't like them!’ This is a decision without much reasoning. Now consider a young adult – they may well decide that they will eat their green vegetables that are served to them at dinner time. This is a different decision about a similar situation but if you ask the young adult why they are going to eat their green vegetables, their response might well be ‘… because they are good for me!’ What has happened in the intervening period of time from child to young adulthood?

The young adult will have learned the art of reasoning, through knowledge acquisition, experiences, the influence of family and social circles, school, college, work, and so on. These influences are very important in guiding people to make decisions and obviously the quality of this input will lead to varying degrees of success in decision making.

Exercise 1.1

You have made a decision that you want to take a holiday in France. What will you need to do to ensure that your trip is successful?
On thinking about this, you will find that this is a complex decision, particularly if you have never been abroad before. Do you have a valid passport? If not, this can take some time to organize. Where in France do you want to go? What do you know about France? Can you speak any French? How are you going to get there? Are you going to stay in a hotel or a self-catering apartment? Can the Internet help? The list is probably endless but the point being made here is that successful decision making requires sophisticated reasoning in order to avoid a disaster!

Responsibility and accountability

As adults, we are all expected to be responsible (i.e. not reckless). We know that we should not drink over the permitted level of alcohol if we are going to drive a car but why do some people continue to do this? This is an example of recklessness. All adults are constantly made aware of the dangers of drinking and driving and the effects of alcohol on the body. If you are stopped by the police and breathalyzed and you are over the limit, you can expect to be dealt with by the legal process – you are both responsible and accountable to the law of the land (and indeed the fellow public!) However, as a health professional, your responsibility and accountability have a much wider scope. Figure 1.1 illustrates this.

![Diagram of accountability as a nurse](image)

**Figure 1.1** Accountability as a nurse
The public

We have accountability to ensure that the public when they present themselves in a health care setting is assured of a competent, caring, trustworthy and professional approach from a qualified nurse. As a student you need to be aware that you will be working towards this. The public see a nurse in a uniform and do not take account of the fact that you are a student. This means that you must demonstrate a caring and professional approach. Any limitations that you consider may affect your competence in a situation must be referred back to the qualified nurse for advice.

Our employer

We have accountability to ensure that as nurses, we work within the policies, guidelines and procedures specified by our employers. In addition, we need to work co-operatively with all members of the health care team who are employed within our work settings. As a student, although not an employee, you also need to be aware of those policies, procedures and guidelines particularly as students work across different areas.

The professional body – Nursing and Midwifery Council (NMC)

We are accountable to our professional body and to follow the standards set out in the The Code (NMC, 2008). As a student you need to follow these standards as advised in Guidance on Professional Conduct for Nursing and Midwifery Students (NMC, 2009).

The law

We are ultimately accountable to the law of the country in which we work; in addition, if that country is part of the European Union (EU), we are also accountable to the European courts. This also applies to students.

The NMC (2008: 1) specifies that: ‘… as a professional you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions’. As a student, you need to work towards this, hence the requirements to understand the reasons for decisions made.

It is clear from this outline that any decisions that you make as a nurse are going to have repercussions in a number of areas. These might include:

- **Public**: going home in your uniform and witnessing a collapse. You did not intervene due to your not feeling competent to deal with this situation. It is perceived by the public as being uncaring and unprofessional, and a witness may well report you for this.
- **Employer**: when transferring a patient from one surface to another, the policy specifically states that a sliding sheet must be used to ensure a smooth and safe transfer. You fail to use the sliding sheet because it involves some extra effort in...
terms of finding the sliding sheet. This is in direct contravention of an agreed and evidenced policy and could place a patient at risk of harm.

- **Professional body:** you have been out to a celebration party and have consumed a good deal of alcohol. You returned to your home in the early hours of the morning but only manage to get three hours sleep before you have to get up to go to an early shift in your current clinical placement. You are not going to feel fit enough for what could be a very demanding shift and your thinking processes are likely to be impaired. This clearly goes against the NMC Code requirements (NMC, 2008).

- **Law:** not recording care given and, as a student, not getting it countersigned by a registered nurse. Should this record be scrutinized, it will be deemed that if the care was not recorded, it was not given. It would be impossible to prove subsequently that indeed this care was given.

We have written this book to help enable you to be effective in your decision making during your nursing career and to understand the reasoning behind it.

How nurses are expected to make decisions about a client’s care

In making care decisions, the nurse has to balance a number of elements. First and foremost is acting in the client’s best interests. This is straightforward when a client is able to voice their views on their care, but there are many instances where this may not be possible. Other influences will impinge on the nurse’s decisions.

**Family and relatives**

For example, the patient’s family and relatives: the nurse often has to balance the wishes of the patient’s family and relatives and the patient themselves when making a care decision. Sometimes, this can lead to conflict; an example of this is where a patient wishes to return to their own home but the family and relatives know that the patient will not be able to cope there and they are unable to provide any additional support. In such a case, the nurse would have to try and make arrangements to suit all parties but often this is not possible.

Where other carers are involved, whether they be formal or informal, it is often the case that they need to be consulted when making a care decision. For instance, a patient with learning disabilities may be admitted to an acute ward in a hospital. It is vital to involve that patient’s carer in decisions, particularly if invasive treatment is contemplated. There could be problems with communication and consent that only the patient’s regular carer may be able to overcome.

**Resources**

Resources are increasingly an issue for a nurse when clinical decision making is required. An example of this might occur when patients need to be moved and
equipment is required to enable this (i.e. a hoist). There is a variety of hoisting equipment on the market and one of the problems is finding a hoist that will cope with different moving situations. Such a hoist is likely to be expensive and with financial restrictions, this situation can be very difficult in making a satisfactory decision. It may well be that a trust keeps a stock of equipment to be loaned out for difficult situations, but the supply is likely to be restricted and hoists such as this may be required simultaneously in different locations.

Satisfying all parties

It is sometimes difficult for the nurse to come to a decision that will satisfy all parties—the important element in all of this is that the nurse is able to justify the decision. As a student, you will be guided by your mentors with regard to this until you reach the final stages of your pre-registration course. A good strategy to employ in the early stages of the course is to discuss with your mentor how you can justify a decision that you have jointly made. As you proceed through your course, you will be expected to increasingly demonstrate your knowledge when making decisions; you will also be expected to utilize up-to-date evidence to support your decisions and also to work within the policies and procedures of your clinical areas.

There is no doubt that nursing has developed its professional role in recent times. In addition, the accompanying advancements in science and technology in health care have made the remit of the nurse far more complex. Constant reforms and political involvement in the National Health Service (NHS) have added to this. Nurses have a great deal to contend with in the way of meeting targets, patient outcomes, and many nurses now take on roles formerly held by medical staff, and the reduction in junior doctors’ working hours is but one example of how this has affected the nursing workload and accompanying responsibility and accountability. The question should be posed as to how this affects nurses’ decision making about a client’s care. The developments described above greatly influence decision making. Think about the influences on a common nursing decision.

Exercise 1.2

A nurse decides to place a patient on a pressure-relieving airflow mattress to prevent the development of pressure sores:

- What might have led the nurse to make this decision?
- What are the implications of this action?
- What other decisions need to be made to help prevent the development of a pressure sore?
There will be a number of factors that will have influenced the nurse to make the above decision. These are likely to be:

- An assessment tool to identify the risk of a patient developing a pressure sore should have been used.
- The nurse must be able to use that tool correctly. There is a need to develop effective clinical judgement in order to do this. Flow diagrams produced in conjunction with pressure sore assessment tools can help nurses in this respect.
- The use of pressure-relieving equipment often implies expense; for instance, the hiring of such equipment, running costs and maintenance. There is a need to fully justify the use of such equipment. Again, flow charts can assist nurses to select the most effective and economic equipment and these are now based on best evidence.
- Good nutrition to promote tissue health and repair is also necessary; without this, other measures will not be effective.
- Changing of position and exercises (passive or active) to keep the circulation of blood effective.
- Thought needs to be given to the patient who, while nursed on an airflow mattress in bed, is transferred to a chair for a time. Other equipment is needed to address the issue of pressure relief while the patient is seated in the chair. Failure to consider this will negate the beneficial effects of the airflow mattress.

In addition, the nurse’s knowledge and use of evidence should have played a part in this decision. Later chapters will address the issues around knowledge and evidence:

- Chapter 3: Using evidence to support decision making (i.e. selecting varied and effective evidence)
- Chapter 4: Getting the most out of your mentor (i.e. learning from role models)
- Chapter 7: Increasing complexity in decision making (i.e. expanding knowledge).

All these chapters will guide your development in making decisions.

It is evident therefore that the qualified nurse in making decisions about a client’s care is expected to utilize valid evidence to support those decisions; to utilize resources cost-effectively; to ensure that such resources are used correctly for a patient; and indeed that other care staff do the same. The qualified nurse can expect to be challenged at any point about his or her decisions for patient care and will be held to account for them in a number of areas. All this implies that the qualified nurses must keep themselves up to date in their area of practice and always be prepared to extend and deepen their knowledge and experience in order to be effective decision-makers. This is why it is necessary for you, as a student, to learn the skills of decision making.

An introduction to decision making theory

For some time there has been evidence in the nursing literature concerning models and discourses relating to decision making theory. In order to help you appreciate and understand these aspects, the principal theories of decision making are now going to be introduced.
The information-processing model

The underpinning element of this model concerns how information is stored and retrieved. In our life, we acquire information from a variety of sources; most information is stored in the long-term memory due to its larger capacity. The sources of information come from learning in education as well as other settings, as a result of life experiences, socialization and employment. Initially, such information will be stored in the short-term memory but eventually it will find its way into the long-term memory. In fact, you will probably learn about this in the behavioural sciences component of your nursing course. Application of this model in nursing may be seen when a nurse assesses a patient for the first time – information is gained and immediately placed in the short-term memory. This then ‘triggers’ certain cues that cause information retrieval from the long-term memory.

The intuition model

Intuition may be defined as ‘the power of the mind by which it immediately perceives the truth of things without reasoning or analysis’. The intuition model of decision making is more readily connected with the work of expert nurses and this may be seen where a nurse can quickly make a decision concerning patient care having had a great deal of previous experience in a certain type of care. The term ‘gut feeling’ has been applied (Muir, 2004). For instance, an experienced nurse working in a respiratory care setting may observe a patient experiencing a severe asthma attack. A wheeze is present and should this disappear, the experienced nurse will know instinctively that this can signify a serious deterioration in the patient’s state and will be prompted to make further checks on the patient that can result in the decision to call the emergency team. Previous situations will have caused this experienced nurse to recognize that there may be a problem immediately; hence the use of the term ‘intuition’.

The cognitive continuum theory

Intuition and information processing may be regarded as two ends of a spectrum as a means of decision making. In reality, most nurses utilize a mixture of the two elements in their decision making. A model has been proposed to take account of this situation: the cognitive continuum theory. Cader et al. (2005) have explained that this theory involves six broad modes of decision making and that the continuum varies from intuition to analysis and judgement. The model includes decision making that can range from ill-structured decision making that relies on intuition, to well-structured decision making that incorporates information processing and analysis. The mode of decision making used will depend on the task in hand and the level and experience of the decision-maker.
An example of this would be where an experienced nurse on a surgical ward is caring for a patient who has undergone abdominal surgery. The patient appears restless, is a bit confused, looks pale and has shallow respirations.

- **Intuition**: the experienced surgical nurse will recognize that the appearance and behaviour of this patient suggest they may be bleeding. Only after they have recognized this will they check out their findings with the patient’s observation chart and call the doctor.

- **Information processing and analysis**: as a student, you realize it is time to take the patient’s observations. You check their temperature, pulse, respirations and blood pressure. You note that the pulse and respiratory rate have increased markedly. The blood pressure has fallen from 130/80 mmHg to 90/50 mmHg. You interpret the changes in the observations and decide to check the wound. The wound dressing is soaked in blood and the wound drain has drained a large amount since it was last checked. You use your knowledge of post-operative care to consider the findings, and realize you need to alert your mentor as soon as possible.

This example has demonstrated the two extremes of this decision making model. There will be variations in approach depending where you are on the continuum that the model describes. The crucial question that this book addresses is: where do you as a student nurse start with theories of decision making? What cognitive strategies and theories will you utilize as you progress through pre-registration courses to qualification? We propose the following framework as shown in Figure 1.2 to try and guide student nurses in their decision making.

### The ‘add on framework’ of decision making

#### Years 1/2

In Figure 1.2 you will notice that Years 1/2 begin with the elements of information and reflection to incorporate into your decision making. You may gain information initially from previous employment and certainly from your early lectures, seminars, tutorials and background reading in your school of nursing course. You will be encouraged by your school of nursing to begin to reflect on the information you have received and to practise this in clinical placements. For instance, in clinical practice, you may have suggested a very simple decision to your mentor based on input you have previously had in your school of nursing. Your mentor may suggest that you reflect on your suggested decision; would any modification be appropriate in the light of clinical practice? You might realise that the information-processing model is at work here and this is often a feature of the novice decision-maker. The topic of reflection is considered later in Chapter 2.
Years 2/3

Years 2/3 move a stage further in Figure 1.2. As you begin to move into different areas of practice, you will begin to take note of both peers (other students) perhaps from groupwork in theoretical sessions and your mentors. You may well come into contact with more specialist nurses such as community psychiatric nurses, key workers in learning disability settings, clinical nurse specialists who will influence your decision-making. Different clinical and theoretical experiences will begin to expand your ability to make decisions and you will begin to acquire more expertise moving towards an intuitive approach (probably via the cognitive continuum).

Years 3/4

Years 3/4 will see a move towards you beginning to take on board research and other evidence to support your decisions in practice. You will work more with policies and guidelines that are themselves based on best evidence and the decisions you make will

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Note: *This could comprise elements such as Cochrane Database Reviews, literature reviews, Department of Health and National Patient Safety Agency material.

**Figure 1.2** The ‘add on framework’ for decision making
become more sophisticated as you proceed towards registration. You will probably find yourself more and more taking an intuitive approach to your decision making in view of your experience.

Some simple exercises are given below that will give you an opportunity to put the ‘add on framework’ into practice.

**Exercise 1.3 Adult branch**

You are a junior student nurse working in a general ward. Your mentor has asked you to assist a patient with her hygiene needs. You approach the patient to offer her a wash but she says to you that she has not slept at all during the night and at this point feels very tired and would like to catch up on some sleep. You suggest to your mentor that the patient could have a wash later and your mentor agrees.

Using Stage 1 of the ‘add on framework’, give reasons for this decision.

Why has the junior student nurse made this particular decision? There is the possibility that this student has received some input from the school of nursing from which they will have learned that periods of sleep and rest are vital to aid recovery. The student might also have had from the same source some information on sleep deprivation. This has been reported in some quarters as leading to confusion, disorientation, low tolerance of pain and the possibility of poor tissue repair – although some studies regard the latter as controversial. It does demonstrate how initial information can influence decisions such as this. Reflecting and reviewing this decision, particularly with a mentor, can greatly influence future decision making. For instance, if the patient, after a period of sleep, demonstrated more energy and eagerness in carrying out hygiene needs, this decision could be said to be successful. If, however, after a period of sleep the patient was still tired and uninterested, the decision would not have been successful; there is a need to reflect and review further. Whatever the outcome, undertaking a review of the care decision (evaluation) will help. On reflection, future decision making might involve altering the timing of care interventions to set aside specific time periods for rest and sleep; does there need to be a review of analgesia administration to help promote sleep? Is there a case for introducing some complementary therapy to help promote sleep for such a patient? Out of such a simple decision, much can be learned for future clinical practice.

**Exercise 1.4 Child branch**

While undertaking your first clinical placement allocation on the paediatric ward, your mentor asks you to feed an 11-month-old infant, Noah. His mother, who has been resident during this admission, has gone home for a short period. Noah’s
assessment documentation states that he has a good appetite and that he is used to a diet with thicker/chunkier foods. You sit Noah in a high chair and offer him some pasta and mashed vegetables together with a yogurt for dessert and attempt to feed him. However, Noah keeps his lips tightly pursed and shakes his head as you attempt to spoon-feed him. You abandon attempting to feed him savoury food and endeavour to interest him in his 'favourite' food, yogurt. This time Noah rapidly becomes distressed and tearful. You decide that it is inappropriate to continue attempting to feed him and your mentor agrees.

Using Stage 1 of the ‘add on framework’, give reasons for this decision.

You will have received some information as to why maintaining an adequate nutritional status and documenting nutritional input is important for all clients. You may also have received some specific information pertaining to infants and weaning diets. Dependent on your experience of infants, you may have some knowledge of how difficult feeding children this age can be. At 11 months of age children will already have developed favourite foods and giving something slightly different may be enough to cause them to refuse food. In addition, Noah will also becoming more independent and may prefer feeding himself and refuse to be spoon-fed.

In a hospital situation it may just be that there is too much going on in the ward and Noah could be expressing his frustration that you have stopped him from exploring when you put him in the high chair. Likewise, it could be that because you are someone unfamiliar, he may refuse to eat until his Mum returns. It is important that you reflect on why you decided to give up feeding Noah at this time, including how you are going to document this information and how you may communicate this to Mum on her return and also whether you need to make a decision to attempt to feed again later on.

Exercise 1.5 Learning disability branch

You are a junior student working on an assessment and treatment unit. Your mentor asks you to help a service user go to the toilet.

When collecting the service user from the toilet, they say they didn’t have any luck as it is ‘too hard to come out’.

You decide to check the service user’s records and realize that this person’s bowels have not been opened for the last week.

What would your decision be in this situation? Use Stage 1 of the ‘add on framework’ to give reasons for your decision.

You may well have had some theoretical input with regard to elimination but this is likely to be limited. You need here to report the matter to your mentor who will advise
you (in the light of his or her practical experience) about what should be done about this situation. There could be a number of measures to be taken here to resolve the situation. These measures may vary from medication, dietary elements and increased mobilization, but it is important that you think about such situations and learn from these. Learning from these experiences includes thinking about and finding out how such problems could be prevented in the future.

Now consider a student nurse in a later stage of his or her course. An additional tier of the ‘add on framework’ could operate here.

**Exercise 1.6 Adult branch**

You are a student nurse who is in the second half of the second year of the course. You are working in a health care of the elderly ward and are asked to get a patient out of bed for breakfast. The patient has already had his medication half an hour ago. You help the patient to sit up on the side of his bed but you are uncertain of his ability to stand up at this point. You decide to let the patient sit on the side of the bed for five minutes in order that you are satisfied that he can stand safely and transfer to the chair.

*What might have led you to make this decision? Use Stage 2 of the ‘add on framework’ to help.*

You will have had information on safe handling of patients and also circulatory disorders. On previous clinical experience, you might have seen patients not transfer successfully if the manoeuvre is attempted too quickly. During a medication administration round, this patient might have received drugs for hypertension. Previous discussion with peers and mentors from their experience and practice may have identified similar problems and how to deal with them successfully.

**Exercise 1.7 Learning disabilities**

George has just had a tonic clonic seizure. He is obviously confused and is trying to get out of the chair. When he stands up he is obviously unstable. You encourage him to go and rest in his bed.

*What might have led you to make this decision? Use Stage 2 of the ‘add on framework’ to help.*
Exercise 1.8 Mental health

Henry Uppingham is an 82-year-old man resident on a unit for the care of the older person. He suffers from fluctuating periods of confusion and restlessness that tend to be worse in the early hours of the morning. Prior to retirement, he worked as a milkman. During these periods of confusion, he gets out of bed and becomes very restless and resistant insisting that he must get to work or he will be late.

During the day, Henry is moderately confused but responds well to verbal prompting and encouragement. Staff that have nursed Henry for a while recognize that when he needs to go to the toilet he becomes more restless and paces the ward. In these situations, Henry responds well to verbal prompting and simple directions to the toilet. He walks well with the assistance of one nurse but requires a wheelchair for long journeys.

Although with the support of staff Henry can mostly find his way around the familiar environment of the ward, he quickly becomes disoriented in unfamiliar settings, which adds to his increasing confusion and anxiety. Henry has formed a positive therapeutic relationship with a junior student on the ward called Jenny.

It is decided to take five residents of the ward for a cream tea at the local fête. Discussions are being held whether to include Henry in the trip or not.

What factors might influence the decision to include Henry in the trip or not?

What might be the implications of including Henry in this trip?

What other decisions would need to be considered to ensure a successful conclusion to the trip?

Use Stage 2 of the ‘add on framework’ to help.

You will have received relevant theoretical input on the safe administration of medications as well as information pertaining to the importance of maintaining body temperature, the role of antipyretics and importance of gaining consent and cooperation. On previous clinical placements, you may have seen children and young people refuse medication and may have identified strategies as to how to manage each individual situation. This may include exploring alternate methods of administration of paracetamol other than via the oral administration route as well as considering whether other methods of reducing body temperature would be appropriate.

Consider now the later stage of the course (third or fourth year) and examine the situation when the framework in its entirety is applied.
Exercise 1.9

Adult Branch

You are a third-year student nurse and are in your final placement on a ward specializing in circulatory disorders. A patient is admitted from home with a sacral pressure sore. From your assessment of the sore, you note that infection is present. A wound swab is taken and when results are available, you consult the ward formulary for wound-dressing products and note that it had been compiled a number of years ago. In a previous community experience, you have utilized AcquacelAg (Dowsett, 2004) for an identical situation. Even though this is not in the wound formulary, you feel this type of dressing would be the most effective in this case. The ward manager agrees in the light of your justification and evidence and a supply of the wound product is obtained. (As a follow-up to this incident, the ward manager contacts the responsible authority for updating of the wound formulary.)

Learning Disabilities

Linda, who has multiple disabilities has just been discharged from an acute NHS hospital to her home. You are a student currently working in a community learning disability team. Your mentor receives a referral about Linda. Linda’s mother and father have just returned from a holiday (they took the opportunity to have a few days away while she was in hospital) and are concerned as she has returned from hospital emaciated, lethargic, she has a dry mouth and her skin is not in a very good condition.

Note: It may be useful to refer to Death by Indifference (MENCAP, 2007).

Child Branch

You are undertaking a year three placement allocation on a general paediatric ward in a district general hospital. A 13-year-old young person has been admitted as an emergency following a road traffic accident. The young person has sustained a fractured right tibia and is under the care of the adult orthopaedic surgeons. The orthopaedic surgeon advises that the young person will be unable to be taken to theatre until the following day when he will be added to the end of the morning theatre list. Nevertheless, the surgeon requests that the young person is to be fasted in preparation for surgery; that is, Nil By Mouth (NBM) from midnight. You are aware that this contravenes both contemporary evidence and the local paediatric policy for preoperative patients and advise the surgeon accordingly. The surgeon repeats the instruction for the young person to be NBM from midnight and immediately leaves the ward. Consequently, you alert the ward manager and anaesthetist of the instructions, and as a result of your actions the young person will be able to have a light early breakfast at 06.00 and clear fluids until 08.00 when he will become NBM.
In applying Stage 3 of the ‘add on framework’ you will appreciate how research and experience play a part in your decision making. Wound care has been the subject of much nursing research and an area in which the nursing profession has now acquired much expertise. A word of caution – nurses need to be able to appraise research effectively; careful thought and deliberation are required before incorporating research into practice. We discuss this more in Chapter 3 related to using evidence in practice.

However, as you progress through your pre-registration course, you will be aware of how the components of the ‘add on framework’ influence your decision making.

What can constrain or promote decision making?

Earlier in the chapter, the role of the nurse was highlighted as becoming more complex than ever. The issues of governmental reforms and initiatives were also mentioned. It is important that any discussion of decision making takes these elements into account. They may be seen as both constraining and promoting decision making.

What might constrain effective decision making?

Nurses must act constantly in the best interests of their patients. The NMC (2008: 7) Code specifies this as follows: ‘Provide a high standard of practice and care at all time.’ This means that effective clinical decisions must be made in order to ensure the best outcome for patients. However, constraints exist that can impact on decision making. Examples of these are outlined below.

Resources (where these are inadequate or unsuitable)

The nurse may experience problems when wanting to make decisions in the best interests of patients. These can include a poor skill mix where there is an inadequate number of experienced staff to carry out care; hotel services where these are poorly organized and might result in a reduced availability of suitable food for patients; poor environmental facilities such as lack of suitable storage space for equipment compromises the safety of all parties.

Organizational objectives

There is no doubt that organizational objectives can also constrain decision making – consider the situation from a prevention of infection perspective. A Department of Health (2007) report found a relationship between bed occupancy and MRSA rates. In the period 2001–2004, trusts running at bed occupancy of 90 per cent had MRSA rates more than 10 per cent higher than those below 85 per cent. Curiously, in the period 2004–2006, the rates of infection were broadly similar irrespective of bed occupancy.
For example, in an effort to meet waiting time targets, a patient may experience one, two or even three transfers between hospital wards – often at short notice – this may not allow time for necessary decontamination of equipment between patients, leading to the spread of infection. A third-year nurse in a final management clinical placement will become acutely aware of this while working in such a setting.

What might promote decision making?

As you are undertaking a pre-registration nursing course, you will need ultimately to be able to manage the care for a number of patients. While you are a student, you will always have a mentor/supervisor who will sanction your decisions, or not as the case may be. While you can expect some supervisory help in the early stages after the point of qualification, there will come a point where you will have to make decisions for yourself. As nurses, we cover the 24-hour cycle of care – this means that there will be periods where nurses alone are present in care areas and this is a very powerful promoter for decision making, particularly at night. Think of the situation where you are faced with the dilemma with no medical back-up near at hand; do you call out the doctor or not? In such a case, you will be asked to justify your decision. If you have had previous experiences of such a situation, you will be more confident in the decision that you make. Therefore, as students, it is necessary to have relevant clinical experiences that do cover the 24-hour cycle of care.

Nursing is constantly widening the boundaries of practice. This element will involve even more decision making, often at a very high level. Think of the remit of the community psychiatric nurse or the diabetes specialist nurse and the types of decision that they may make. The profession will expect us in the future to make even more sophisticated decisions as aspects of care change and new developments occur.

Conclusion

The ‘add on framework’ can help a student to gain the best from a nursing course and clinical experience. It is also important to seek out learning opportunities in each placement. Use reflection from an early stage. Use your experience/portfolio to inform future practice. Utilize specialist services and, where possible, other professions to inform practice. Learn the art of critically appraising evidence including a very serious consideration of: ‘Is this credible for my practice?’ Most of all, listen and try to act on what your patients say to you!

References


