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Perception of Jordanian nurses regarding involvement in decision-making

Zaid M. Al-Hamdan, RN, PhD [a,*], Hala A. Bawadi, RN, RMW, PhD [b], Richard W. Redman, RN, PhD [c], Ahmad H. Al-Nawafleh, RN, MPA, CI, PhD [d]

[a] Faculty of Nursing, Jordan University of Science and Technology, P.O.Box 3030, Irbid 22110, Jordan
[b] Faculty of Nursing, The University of Jordan
[c] University of Michigan School of Nursing
[d] Faculty of Nursing, Mutah University, Jordan

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ABSTRACT

Background: Nurses in any organizational context are members of a team and cannot work independently. Teamwork requires making decisions frequently, and these decisions affect team performance on a regular basis. Ultimately, the team shapes the quality of patient care.
Aim: This study examines nurse decision-making related to patient care, self-management and the work environment.
Method: Qualitative descriptive design was used to collect data. Eighteen staff nurses participated in semi-structured interviews to explore the perception of Jordanian staff nurses regarding their participation in decision-making.
Results: Variation in decision-making involvement was found to exist across unit types and from hospital to hospital. In general, the participants were not satisfied with their level of decision-making involvement and believed that they could participate more.
Conclusion: The results have implications for nurse managers in facilitating the engagement of staff nurses in decision-making and creating an organizational culture to facilitate this engagement.

1. Introduction

Nurses in any organizational context are members of a team and, thus, cannot work independently. The team consists of nurses at different levels, physicians, other health care workers and administrators (Aitken, Marshall, Elliott, & McKinley, 2009). Teamwork requires making decisions frequently, and these decisions affect team performance on a day-to-day basis. Most importantly, team performance affects the quality of care delivered to patients. Teamwork decisions relate to health care practice, working conditions and the work environment itself (Kramer & Schmalenberg, 2003; Bakalis & Watson, 2005; Havens & Vasey, 2003). More specifically, decision involvement is the sharing of authority for decisions and activities that directly affect nursing practice policy and the practice environment (Havens & Vasey, 2003). In addition, decision involvement is a method of working that empowers staff nurses and encourages them to participate in the departmental management issues rather than through a top-down management system (Kowalik & Yoder, 2010).

Participation in decision-making provides an opportunity for partnerships that enable superiors and subordinates to work together to share their knowledge and skills to attain better outcomes (Liou & Cheng, 2009). Through employee participation, organizations are able to develop better insights of how they are functioning, and potentially, where improvements can be made to benefit both the organization and the employees (Ugurl, Scherb, & Specht, 2014). Participation by all team members can lead to higher quality, more responsive services that have a stronger customer focus and better care for patients. Effective staff involvement can also lead to the feeling of being appreciated and involved as staff views are heard. Decision-making involvement can lead to positive clinical patient outcomes, improved nurse job satisfaction, increased nurse recruitment, decreased nurse absenteeism, increased nurse retention and decreased turnover (Kowalik & Yoder, 2010).

Additionally, effective collaboration between nurses and doctors has been shown to reduce morbidity and mortality rates, cost of care and medical errors (Liou & Cheng, 2009; Kramer et al., 2008). Nurses, in general, often feel uninvolved in these decisions. Lack of involvement in practice-related decision-making is a major source of nurse's job dissatisfaction (Liou & Cheng, 2009; Kramer et al., 2008). There is limited information about involvement of Jordanian nurses in decision-making, especially staff nurse perceptions. This research aims to examine the perception of staff nurses concerning involvement in decision-making at the unit level, including decisions about patient care, self-management and management of the unit environment (Miller, Scheinkestel, & Steele, 2009). Increasing understanding of the issues deterring registered nurses' from being more involved in decision-making will enable nursing leaders, educators and organizations to address identified barriers to decision-making; potentially thereby increasing registered nurses' involvement, performance and overall satisfaction (Cranley, Doran, Tourangeau, Kushniruk, & Nagle, 2009).

* Corresponding author at: P.O. Box 3030, Irbid 22110, Jordan. Tel.: +962 795853482.
E-mail addresses: zaid_hamdan@hotmail.com (Z.M. Al-Hamdan), h.bawadi@ju.edu.jo (H.A. Bawadi), rwr@umich.edu (R.W. Redman), nawafleh@hotmail.com (A.H. Al-Nawafleh).

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2. Purpose of the study

The purpose of this research was to determine the perceptions of staff nurses about involvement in decision-making at their unit level, including decisions about patient care, self-management, and environment management.

3. Methodology

3.1. Design and data collection procedure

Qualitative descriptive design was used to collect data through individual, semi-structured interviews. The main question was, "How do you see your participation in the decision-making in your department in general?" This was followed-up with probing questions about decisions related to patient care, self-management and decisions related to unit management. In a review following the first fifteen interviews that were conducted, no new information was found. In order to verify that data saturation had been reached, the researchers conducted another three interviews–none of which contained new data.

Interviews were conducted away from the work unit, usually in places selected by the participants. Some interviews were in conference rooms, others in staff rooms, and three interviews were conducted in a researchers' office at the university (upon participant request). The interviews lasted between 16 and 75 minutes with an average of 43 minutes. Anonymity was assured. Interviews were audio-recorded and transcribed verbatim.

3.2. Analysis

The directed content data analysis approach was chosen to help explain the context of the nurses in participation of decision-making (Sandelowski, 2000). Two authors (ZA and AN) listened carefully to two of the recorded interviews, summarized the initial codes, then read the transcripts and coded both of them. After this, all interview transcripts were coded by ZA. The final codes were grouped into major codes, and clusters of themes were identified. Two random transcripts were coded independently (by HB); these resulted in codes similar to those of ZA. All the codes given to AN were categorized by cluster and group. When compared with the major themes already identified, the results were found to be in agreement with the 'meanings' but with various wordings.

3.3. Ethical considerations

The ethics committee of the university where the first author is a faculty member initially approved the study. The three hospital's ethics committees involved in the study also approved the study before participants were recruited. The participants in the study were assured of anonymity and that all results would be confidentially maintained. The names of the participants and the hospital were not mentioned, and no one attended the interview except the researcher. All participants verbally consented to participate and were sent a summary of conclusions which they approved before analysis began. No previous, or existing, relationship between participants and researchers was found.

3.4. Sample size

A purposive sample was recruited through open announcements in three hospitals. The hospitals were selected randomly from all hospitals located in Amman. Inclusion criteria required that all hospitals were accredited and comprised a 200-bed minimum. The hospitals were selected randomly: names of all institutions meeting the inclusion criteria were written on pieces of paper, and three pieces of paper were selected at random from the pool. Approval to proceed was obtained from the administration department in each of the three hospitals. Following approval, an announcement was posted in each hospital to recruit interested staff from inpatient departments; interested potential participants were advised to contact the researchers directly.

Twenty-five nurses contacted the researchers expressing their willingness to participate. To obtain maximum variation among participants, preliminary data were collected by telephone. This was helpful and allowed participant selection to be based on variety of characteristics: years of experience; working departments; gender; as well as flexibility in interview scheduling.

4. Results

Eighteen interviews were conducted with Jordanian nurses from three hospitals. Ten were male, aged from 23 to 34 years; three had master's degrees in nursing and experience ranged from 2 to 13 years. Eleven nurses worked in general (medical–surgical) units and 7 in critical care units. Three themes evolved in relation to the nurses' daily decisions: 1) decisions related to patient care; 2) decisions related to staff management; and 3) decisions related to unit management.

5. Decisions related to patient care

There were some variations in nurses' involvement in decisions regarding patient treatment plans. Many factors play a role, including individuality of doctor and nurse and the nature of the unit. Being involved in the decision-making process provides nurse with the chance to express themselves and exchange knowledge with others. This helps to improve the doctor–nurse bond and sparks a strong sense of collaboration between co-workers. The exchange of opinions creates conversation between staff members, with each nurse giving their utmost care to the patient. It is also an effective way to gather information on how well the nurses work in a team environment and if training is needed. All the information leads to increased effectiveness, which in turn leads to enhanced teamwork and better nursing performance.

> As one ICU nurse said: *"When we have time, my co-workers and I discuss the case of any patient we find interesting. We try to discuss the nature of the case and the care plan. We get a lot of benefit from our meetings and usually come up with better ways of taking care of the patient. We all feel involved in caring for the patient."*

Nurse involvement has become an essential part in decision-making in every health institution; only the degree of nurse involvement differs from one institution to another. Some nurses say that by not informing them and neglecting their views, doctors make nurses feel insignificant in the process of caring for the patient, thus causing the nurse to feel overlooked, or even an outsider, which in turn affects the level of effort by nurses to care for the patient.

As one nurse stated: *"I follow the doctor's orders. He visits the patient and reviews the chart. Then he tells me to read the order. He does not discuss anything with me. He doesn't even ask me how the patient has been for the last 24 hours."* As can be seen, the nurse involvement differs from ward to ward. In certain wards, e.g. surgical, medical and pediatric, we find that the nurses' involvement is somewhat poor. Whereas, in other wards, e.g. ICU and CCU, the situation differs as the nurses' opinions are taken into consideration.

> "*I am here in the intensive care unit for one year after four years' experience in a surgical ward. Now I feel like I am a nurse. I can discuss issues regarding the patient's condition with the doctor. I can suggest any changes in the care plan, and I can use my academic knowledge. But, believe me, during four years in the surgical ward you do nothing but say 'yes' to the doctor. Now I really feel I am a nurse. I feel I can give more.*"

The lack of involvement in practice-related decisions reflects on nurses' emotional status. They suffer from low self-esteem and feel inferior to the doctors in decision-making. This leads to questioning