

The decision-making processes of nurses when extubating patients following cardiac surgery: An ethnographic study

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Abstract

Background: The movement towards research and evidence-based practice in health care demands that the best available evidence is applied to practice. At the same time, changes to role boundaries mean that nurses are assuming increased responsibility, especially in relation to decision making. While increasing, there has been limited consideration about the application of best evidence and decision making by nurses in the context of their clinical work.

Objectives: This study sought to explore the realities of research and evidence-based practice through an examination of the decision making of nurses when extubating patients following cardiac surgery.

Design: The tradition of qualitative research and, more specifically, ethnography were used for the study.

Setting: Data were gathered over an 18-month period during 1998 and 1999 within a Cardiothoracic Intensive Care Unit (CICU).

Participants: The sample comprised 43 nursing, 16 medical and two managerial staff. A purposive sample of five nurses, a cardiac surgeon, intensivist, CICU manager and Deputy Divisional Manager were included in interviews.

Methods: All staff were included in participant observation. Semi-structured interviews were conducted with a purposive sample of nurses during the 6th and 14th months and with a purposive sample of other staff during the 16th month. Data were analysed using progressive focusing, data source triangulation and sensitising concepts to identify themes and categories.

Results: The findings indicated that, despite the use of an unwritten physiologically based protocol for weaning and extubation, factors other than best evidence were significant in nurses' decision making. A range of personal, cultural and contextual factors including relationships, hierarchy, power, leadership, education, experience and responsibility influenced their decision making.

Conclusion: This study revealed, often disregarded, cultural, contextual and personal characteristics which combined to form a complex process of decision making. Providing new insight into research and evidence-based practice, the findings have implications for policy makers, educators, managers and clinicians and for the continued professional development of nursing.

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Keywords: Cardiac surgery; Decision making; Evidence based practice; Extubation; Organisational culture

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What is already known about the topic?

- Changes to health care provision that challenge traditional role boundaries are apparent in

Cardiothoracic Intensive Care Units (CICUs) where weaning and extubation are increasingly seen as a nursing role.

- Taking on new roles means increased responsibility for nurses, especially in relation to their decision-making.
- Existing research into the weaning and extubation process examine the methods or criteria used, and either refer to decision making as a simple, linear, rational and autonomous process or exclude it completely.

What this paper adds?

- Decision making in this study emerged as a complex, convoluted process, which brings into question the merit of the linear models presented in the literature.
- Cultural, contextual and individual issues were critical to decision making and determined which type of practitioner (doctor or nurse) made a (high or low level) decision (independently or jointly).
- While best evidence (physiological criteria) for weaning and extubation were always used in nurses' decision making, this formed only part of the basis for decisions, which were affected by a number of factors including: relationships, hierarchy, power, leadership, education, the condition of the patient, the nurses' grade, experience and responsibility.
- The leadership and education styles employed on the CICU reinforced an unquestioning, compliant workforce and had a constraining influence on nurses' decision making, on their development and on that of clinical practice.

1. Introduction

Changes to health service delivery have included an increasing emphasis on a multidisciplinary approach to care delivery. As part of this, nurses have taken on more of the work traditionally undertaken by doctors and, at the same time, are being encouraged to engage in evidence-based practice, which uses a 'systematic problem solving approach and scientifically derived knowledge' (Salvage, 1992, p. 11).

As both the extension of nursing practice and the demand for evidence-based practice increase, the quality of the decision making of nurses becomes imperative. Making accurate decisions is essential, especially in the CICU setting where the stakes are high. With increased accountability for nurses' decisions and behaviours, it is necessary to understand the processes by which clinical decisions are made and what factors influence them. Despite this, while the knowledge base is increasing,

there is still little known about the correlation between information, the cues used to guide decisions and the decisions reached by nurses in the context of clinical practice (Thompson, 1999).

2. Decision making

The movement towards 'research and evidence-based practice' in health care is based, at its simplest, on the argument that professionals have a moral responsibility to practice in ways that are underpinned by the best research knowledge available (Sackett et al., 1996). Ideally, the best available research evidence about the management of a condition informs the practitioner(s) and patient, where possible, about options that are available, together with their risks and benefits. While theoretical approaches to the process of decision making emphasise a number of steps, all include: (i) information collection and problem identification; (ii) consideration of alternative strategies; and (iii) selection of a course of action for implementation. From this perspective, decision-making appears a simple, linear process involving the rational assessment of alternatives and selection of a clear course of action (see Fig. 1). It is argued however, that such a view belies the complexities of decision making (Hammond, 1966; Baker, 1997; Closs and Cheater, 1999) and as Cannon-Bowers et al. (1996) argue, is "...of little consequence to real-world decision-makers" (Cannon-Bowers et al., 1996, p. 195).

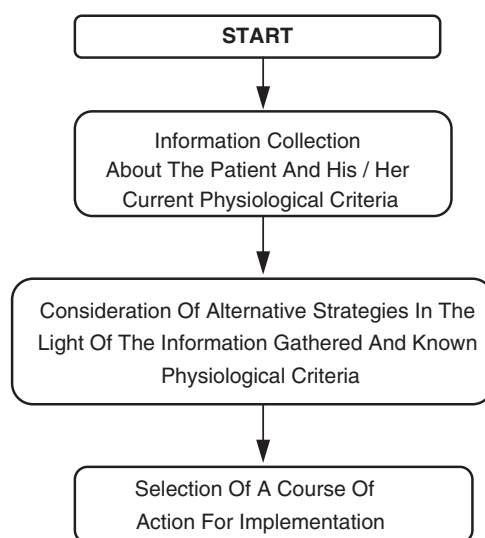


Fig. 1. A diagrammatic representation of a linear model of decision-making.

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