

Nurse Practitioners' Use of Intuition

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ABSTRACT

Intuition is known to support rapid and effective clinical performance in response to complex patient problems and situations. Little is known about the use of intuition among nurse practitioners (NP). Research to understand the use of intuition among NPs has been limited to qualitative methods. There is no documented investigation of the effect of gender and years of clinical work experience and the use of intuition among NPs. Quantitative and qualitative methods were used to examine NPs' use of intuition and the elements that may influence its use. This study provides a clearer understanding of how intuition guides NP practice.

Keywords: clinical decision making, clinical work experience, intuition, nurse practitioners, gender

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An intuitive decision is known to be made without the use of analytical thought and is a way of thinking and knowing.¹ It supports rapid and effective clinical performance in response to complex patient problems and situations.² Research to understand the use of intuition among nurse practitioners (NPs) is considerably outdated. The study reported here is the first known quantitative study to describe NPs' use of intuition and the elements that influence it.

LITERATURE REVIEW

NPs must be in the forefront as health care providers to advance knowledge development and be innovative in the delivery of patient care to affect change.³ They often encounter patients who may have vague problems, making these situations undefined. Decisions must be made quickly and accurately when there are missing, conflicting, or ambiguous data. Health care professionals use a high level of analytical reasoning and intuitive decision making when involved in patient situations that are complex and unclear.⁴ However, in today's scientific and evidence-based research environment, intuition can be underappreciated because it has been difficult to quantify.¹

Intuition as a Way of Knowing

Researchers have acknowledged that nurse midwives (NMs) use intuition as a way of knowing.⁵ NMs

were found to rely on intuition when making important clinical decisions during birthing situations that benefited birthing outcomes. Intuition is recognized and commonly used by physicians.^{4,6} Physicians were found to use intuitive knowing in complex patient situations when their analytical thinking was not adequate to diagnose a patient.⁴

Intuition and Clinical Decision Making

Clinical decision making, among registered nurses (RNs), from the perspective of nursing, has been shaped by Benner's intuitive-humanistic model.⁷ According to Benner,⁷ intuitive decision making is a characteristic of the expert clinical nurse. At the expert level, the nurse does not use analytical thought but applies intuition to an uncertain clinical situation to implement appropriate patient interventions, whereas the novice nurse uses procedures and guidelines to make clinical decisions, suggesting intuitive decision making would be different between the novice and expert nurse.⁷

Clinical decision making by health care professionals includes experience and intuition.^{1,5} NMs, with varied levels of experience, used intuition to make quality patient management decisions.⁵ Physicians trusted their use of intuition in 70% of their patient cases, which is contrary to literature that suggests intuition should not be trusted.⁴ Researchers quantitatively investigated competence to use intuition among emergency medical students and

physicians. Intuitive decision making was poor among the students but highly effective when used by physicians with 2 or more years of clinical experience.²

The Metaphysical Context of Intuition

Intuition is often described by health care professionals as a gut feeling.⁶ Smith⁸ believes intuition is not only a cognitive skill but also a concept that has multiple dimensions found to be used by novice and experienced nurses. These findings are contrary to Benner's belief that intuition is associated exclusively with the expert nurse.⁷

Olsson and Adolfsson⁵ found NMs described intuition as internal feelings they trusted and relied on in their practice. There was no clear description of physical, emotional, or spiritual connections associated with the use of intuition by NMs. NMs felt intuition was a valuable tool used in their clinical practice. Gut feelings experienced by physicians were explained as actual physical sensations of a shiver down their back, a feeling of unease, and a heightened sense of awareness. These physical sensations played a significant role in physicians' diagnostic reasoning.^{4,6} Woolley and Kostopoulou⁴ found physicians who used intuition in their practice found no opposition in its use.

Gender and Use of Intuition

The association between intuition and gender is not clearly understood and is inconsistently supported by the evidence across disciplines. Research has connected intuition with the discipline of nursing and medicine.⁴⁻⁶ However, the investigation of gender and intuition among NPs is not documented.

CONCEPTUAL FRAMEWORK

Smith⁸ conceptualized a framework to guide the development of the Smith Intuition Instrument (SII) that represents intuition as a method of knowing that is nonlinear and perceived through physical/emotional awareness and/or through making connections at a physical and/or spiritual level. The nonlinear intersection of these dimensions reflects ways of intuitive knowing and signifies the difficulty of communication and identification of the knowledge

source. Smith's framework has shaped research that confirmed the dimensions of intuition used in clinical practice among nursing students and RNs. This framework was used to guide the quantitative investigation of the 3 dimensions of intuition: physical awareness, emotional awareness, and spiritual connections among NPs.

Research Questions

A cross-sectional descriptive correlational design was used to answer the following research questions:

1. How often is intuition used by NPs?
2. What are the differences between male and female NPs' years of clinical work experience and the use of intuition?
3. What is the relationship between the NPs' years of clinical work experience and the use of intuition?

METHODS

Institutional Review Board, Recruitment, and Procedure

Exempt status was received from Case Western Reserve University's Institutional Review Board. Inclusion criteria were Nurse Practitioner Association of New York State (NPANYS) members currently working as NPs or having practiced within the past 3 years. Student NPs and affiliate NPANYS members who were not NPs were excluded.

A nonprobability convenience sample of NPs was recruited from the NPANYS, inclusive of The Nurse Practitioner Association of Long Island (NPALI), the Practicing Clinicians Exchange (PCE), and community NP partners. The NPANYS is the largest state organization founded in 1980 for the purpose of advocating for the profession.⁹ The PCE is a national leader in educational initiatives that offers live, home study, and internet-based education for NPs.¹⁰ The NPANYS, NPALI, and PCE symposia had a potential sample estimated at 3,582, 600, and 200, respectively. The networking of community NPs may have created a snowball effect.

The anonymous survey was deployed online via SurveyMonkey (SurveyMonkey Inc., Palo Alto, CA) and remained open for 60 days. The survey link; description of the study, purpose, voluntary

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