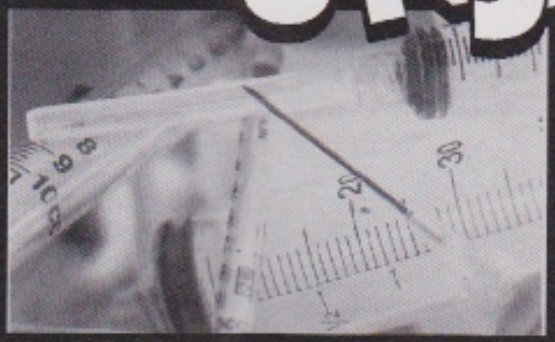
Decision Making in UNSAFE PRACTICE SITUATIONS



by Christine Fox
and Katharine Kolcaba

"Nurses know they ***should*** avoid Unsafe Practice, but they are not taught ***how***."

Partly because of a rise in staff shortages, hospital nurses are frequently faced with unsafe practice situations. Is there adequate training for decision-making in these situations?

Imagine you are a staff nurse in a major acute-care setting who has received a list of patients for whom you are responsible. Upon rounds, you discover one of your patients has a chest tube connected to an underwater seal drainage system that is bubbling and has changing water levels.

Your patient is quite frightened, so although you have never worked with such a system, you realize you must do something. But what? Should you (a) find an experienced nurse to help you?, (b) take the patient's vital signs?, (c) notify the charge nurse of your inexperience when assigned this patient?, (d) reassure the patient that you will be right back?

This is one of ten typically encountered scenarios we presented to 123 registered nurses in acute-care settings to determine their ability to make decisions in various situations, including those that involved unsafe care issues. We believed that nurses faced with these types of situations would not be as equipped to make decisions about unsafe care issues as they would about other problems.

We asked R.N.s from all shifts to respond to questionnaires about situations they experienced on a regular basis, and to rate the adequacy of each response in terms of its appropriateness. Their answers were compared to those given by a group of clinical nurse specialists with at least ten years experience.

Of the ten scenarios, three focused on unsafe practice situations and seven on other types of stressful working conditions, such as patient care, job promotions, and ethics.

In the scenario cited above, the nurse lacked knowledge about a highly technical piece of equipment that was central to maintaining her patient's status. The experts deemed the best response to be: notify the charge nurse of your inexperience when assigned.

On our questionnaire, the nurses demonstrated inadequate decision-making ability when presented with the three scenarios depicting unsafe practice. Of all ten scenarios, these three were the most difficult for the nurses to answer correctly.

We found evidence to suggest that nurses do not learn decision-making strategies either formally, in school, or informally, in the workplace. We examined differences in decision-making ability according to nursing degrees — associate, diploma, or baccalaureate — and, controlling for years of experience, found that this ability did not differ according to nursing degrees.

In addition, no relationship was found between decision-making ability and years of experience as a nurse. Therefore, deci-

sion-making ability was the same for both novice nurses and those with many years of experience in acute-care settings.

Nurses know they *should* avoid unsafe practice, but they are not taught *how*. Lack of training is compounded by the stress facing nurses today. Unsafe situations are becoming more common as nurses cope with job restructuring and staff shortages, combined with higher acuity of patients and more technology in the work place. Since nurses who want jobs are plentiful, and while hospital openings are scarce, they may not feel able to accept assignments cautiously or turn down those for which they are unprepared.

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What should nurses do? The ability to guarantee patient safety should be made an important part of nursing legislation, policy, and education. However, our findings suggest that possible strategies to ensure safe practice are not discussed during nursing education or practice. Nurse leaders must openly confront and address the realities of unsafe practice that their students will face after graduation by following these calls to action:

1. The development and endorsement of guidelines for safe practice by the leading national organizations. Official policies should be written and disseminated to nursing schools and institutions where nurses practice.

2. In national and regional meetings, educators should translate official policies into guidelines that enable graduates to identify unsafe situations and pursue appropriate actions — without the threat of institutional disciplinary action.

3. To support nurses in taking these actions, local advocacy boards should be established, with advisory and/or mediation roles to nursing supervisors and administrators.

4. Using the above guidelines, nursing classes in schools and workplaces can focus on role-playing, video-taping, and group work to enhance decision-making skills. The legal and ethical ramifications of refusing unsafe assignments, instead of practicing unsafely, should be explored.

5. Student and graduate nurses should be encouraged to join regional and national professional organizations in order to achieve unity and power regarding safe practice. In turn, national organizations need to make their membership fees and benefits more attractive to potential members.

6. Since educators are role models for either advocacy or punishment, nursing faculty and managers must reconsider the entire disciplinary milieu that permeates nursing education and practice. Education should shift from an authoritarian to a collegial model so that nurses in practice become more supportive of one another and more confident about asserting their rights.

7. Clinical nurse specialists can help to empower new graduates to act responsibly when faced with unsafe situations by being advocates for adequate staffing, in-service, and mentoring that leads to safer patient assignments. CNSs should be available to assist in difficult assignments and have direct lines to nursing administration.

8. Nurses who feel they have no choice in taking unsafe assignments should become diligent in filling out Assignment Despite Objection forms for their own legal protection and to provide data that may pressure hospitals to resume safer staffing levels.

9. Nurses should know what the Nurse Practice Act says about delegation. The legal accountability associated with an assignment requires knowledge of successful delegation to nursing assistants.

The results of our study suggest that strategies to ensure safe practice after graduation are not adequately addressed formally, during nursing education, or informally, in practice. Therefore, graduate nurses are not equipped to keep themselves and their patients "safe."

Without such strategies, R.N.s are at risk for endangering the lives of their patients, jeopardizing their licenses, and becoming "burned out" on the job. Nurse leaders and educators must acknowledge the existence of these risks and take action to remedy them.

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Decision -Making in Unsafe Practice Situations
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Synopsis - Are nurses adequately trained to make the right decisions in unsafe clinical situations? Decidedly not, say the authors, who offer suggestions that may lead to positive changes.