Decision-making process at work in a maternity: nurses' experience

Processo de tomada de decisão no trabalho em uma maternidade: vivências de enfermeiros

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RESUMO

Objetivo: conhecer as vivências de enfermeiros com o processo de tomada de decisão no trabalho em uma maternidade. Método: tratou-se de uma pesquisa qualitativa, na qual foram entrevistadas, em 2017, 18 enfermeiras de uma maternidade no sul do Brasil e os dados tratados sob análise temática. Resultados: algumas enfermeiras entenderam a tomada de decisões enquanto um processo contínuo e dinâmico, a depender de outros profissionais. O trabalho em equipe e a experiência foram apontados enquanto facilitadores do processo e a principal barreira, o poder de decisão do enfermeiro estar subjugado pela soberania hierárquica médica. O investimento em conhecimento técnico-científico, comunicação efetiva, relacionamento interpessoal saudável e trabalho em equipe multiprofissional foram assinalados como potentes para melhoria da tomada de decisões. Conclusão: Os enfermeiros ainda não se sentem preparados e seguros a partir de sua formação acadêmica para tomar decisões e para o trabalho multiprofissional, requerendo maiores investimentos na educação em serviço.

Descritores: Tomada de decisões; Obstetrícia; Enfermeiras e enfermeiros; Ambiente de trabalho.

ABSTRACT

Objective: to know the experiences of nurses with the process of decision making at work in a maternity hospital. Method: it is a qualitative research, including 18 nurses from a maternity hospital in southern Brazil, interviewed in 2017. The data was analyzed under thematic analysis. Results: nurses understood decision making as a continuous and dynamic process, depending on other professionals. Teamwork and experience were identified as facilitators of the process, whereas the hierarchical medical sovereignty overpowering nurses' decision-making was the main barrier of process. Investment in technical-scientific knowledge, effective communication, healthy interpersonal relationship and multiprofessional teamwork were pointed out as potent devices for better decision-making. Conclusion: nurses still do not feel prepared and confident from their academic education to make decisions and work multiprofessional, requiring greater investments in professional education.

Keywords: Decision making; Obstetrics, Nurses, Work environment.

INTRODUCTION

The decision-making process refers to the choice between two or more alternatives that make it possible to achieve a certain result, being permeated by the leadership of nurses in their work, because they are the people who coordinate the nursing team and mediates the relationships among the professionals of the health team [1]. Given the inherent nature of the issue in the work environment, this competence is required in nurses' training.

The National Curricular Guidelines for Undergraduate Nursing Courses (NCD) present specific skills and abilities in which nurses need to understand health policy in the context of social policies, recognize the epidemiological profiles of populations; being able to diagnose and solve health problems, to communicate, to make decisions, to intervene in the work process, to work as a team and to face situations in constant change; recognize labor relations and their influence on health; recognize themselves as coordinators of the work of the nursing team; besides decision-making in nursing practice [2].

Decision making is part of the work context of nurses in health services and institutions, since they need to directly and indirectly analyze situations involving assistance, in order to make the appropriate decision for the different situations that present themselves. The development of decision-making skills is a leader's activity, being a central element for the excellence of nursing practice and for the quality of health services. In this sense, the decision-making process involves the analysis of the problem in a systematized way, which does not guarantee total correctness, but reduces the margin of error and makes the professional safer to deal with new situations [3].

There are still few studies on the decision-making process in nurses' work. In a review study, six common attributes of the decision-making concept were found: intuition and analysis, heuristics, experience, knowledge, clinical reasoning, and critical thinking, and nurses need to assess the context of the situation and examine the available choices , about their risks and benefits, and choose the course of action best for that circumstance, (re) evaluating and reflecting on the decisions made [4].

In another review, they identified nurses' experience, environment culture of nurse practice, education, understanding the patient's condition, awareness of the situation and autonomy as influential for decision making. Decision making in clinical nursing requires a multifaceted approach to research, education, and practice to ensure better outcomes. Also in the review it is highlighted that experienced nurses bring a wide range of encounters with previous patients to their practice, influencing their intuitive and unconscious processes, which facilitates decision making [5].

However, evidence-based decision making can lead to undesirable outcomes, as well as reliance on experienced nurses, create concerns about incorporating trends in clinical decision-making. The review study pointed out that nurses do not think evidence base is useful for decision making [5]. The implementation of evidence is essential for better patient care outcomes [6].

The focus on concern about the perceptions of others, when decision making may reflect a unitary culture that is not security oriented [5]. A safety culture is associated with nurses who feel supported by teamwork, which can facilitate coping with serious patient situations to improve care [7].

In the different contexts of nurses' work, obstetrics is considered an essential humanizing practice, consolidating the principles of universal health coverage. Professionals who work in an obstetric unit should play a more adequate and cost-effective role in providing care during normal gestation and delivery, assessing risks and recognizing complications, stimulating rescue to the physiology of childbirth. Thus, these professionals must have the skills to handle gestation, labor, delivery and birth, as well as risk situations or complications of women and newborns, favoring autonomy and decision-making in the sector [8].

Thus, this study had as objective to know the experiences of nurses with the process of decision making at work in a maternity hospital.

METHOD

A qualitative, exploratory and descriptive study with 18 nurses from a maternity hospital of a public hospital in southern Brazil. The site in question contemplates a total of thirty beds, all intended for users of the Unified Health System. As an inclusion criterion, it was established that the participants were at least five months working in said health service.

Data were collected after approval by the Research Ethics Committee of the Faculty of Medicine of the Federal University of Pelotas, under the opinion of number 2.381.757 (CAAE 79124717.5.0000.5317), from November to December 2017, through semi-structured interviews which were recorded and transcribed in full. In order to respond to the proposed goal, the participants were invited to comment on decision-making in their daily work, to describe the facilities and difficulties to make a decision and to talk about possible strategies used in decision-making at work.

Data analysis was carried out according to Minayo's operational proposal under thematic analysis technique, which is divided into three stages: pre-analysis, material exploration and treatment / interpretation of results [9].

To maintain the participants' anonymity, they were

identified with the letter "E", referring to nurses, followed by the number by which the order of interviews occurred. The present study respected the ethical precepts of research involving human beings.

RESULTS

Based on the thematic analysis, the following theme emerged: Nursing decisions in maternity: conceptions, facilities, difficulties and strategies for improvements

As for decision making and its repercussion in practice, the participants understand that it is something valuable at work, a tool used in several situations by nurses, and that sometimes the autonomy to make decisions depends on other factors:

"It is a routine, a tool of work, since you put your foot inside the nursing station, of the unit, you are making decisions ..." (E4)

"Here the decision is constant, every minute you have to make a decision, as it is a sector that is an open door appears many situations that the nurse has to impose. (E17)

"We depend on a lot of people to make a decision and generally the decision of the people here does not have much weight [...]" (E1)

Regarding decision-making facilities, participants reported that teamwork is a contributing factor, and that other aspects such as time of experience and the organization of work with clear objectives also contribute:

"Teamwork, and the sector's routine, help make certain decisions." (E6)

"The more experience you have, the easier the decision is, the experience, everything you've tried that worked, that did not work, the experience is a great key, the support of the team, the team doing it together, integrated." (E4)

"Facilities are associated with the organization of the work process ... making decisions becomes easier, because we already have a goal, you know where you want to go." (E18)

Regarding the difficulties faced in decision-making, the participants pointed out that the hierarchical position and the decision-making power of the nurse are subjugated by the sovereignty of the medical power:

We do not have a leader because we are several nurses. We have a facilitator, but she does not have that decision-making power. (E2)

As for the doctors, that they limit our work. As I told you, there are certain issues that we have to ask first [...] the doctors centralize [...] (E6)

[...] Yes, the medical issue is very strong. So, even if we want to make some difference, we have to ask the doctor for permission if we can, if we cannot, even knowing [...] (E7)

[...] it is a culture, which is instituted in general, to take the leading role of the woman and move to the doctor, the doctor resolves, the doctor intervenes. (E8)

[...] the questioning of the question of the doctors themselves, that the doctor is the one who decides and the nursing performs, that's one difficulty... [E17]

However, in the case of possible strategies to improve decision making by nurses, questions were raised that refer to the search for technical-scientific knowledge, effective communication, healthy interpersonal relationships and teamwork:

[...] then the strategies are for you to seek, to know, to read and to train, I think this is very important, to participate in the continuing education that is offered by the hospital. You are grounded scientifically on what you are doing, security. (E9)

[...] multidisciplinary work is a strategy to facilitate decision making. (E3)

Good team relationship, both with the nursing team, multidisciplinary team, medical staff, administrative staff, but above all I always think of the patient, I think in decision-making we always have to weigh for us to see risk- benefit, which is good for the patient. (E10)

[...] what I learned at that time is that communication facilitates communication between professionals. (E14)

First major strategy is to get along with everyone. That's the clue, it's the key to the business. You have to know how to work as a team, get together, for you to have a harmony that this is not a strategy, have a harmony of relationship, harmony with other colleagues. (E15)

DISCUSSION

Research participants acknowledged decision-making as an element of their work, and identified the importance of this attribute in the daily practice of nurses.

Therefore, the agreement of what the participants think about the current legislature on nurses' work stands out. According to the National Curriculum Guidelines [2] for undergraduate courses, decision making is an expected ability of nursing professionals to decide the most appropriate conduct and is important for solving people's health problems. Both emphasize that these professionals have their training focused on management and management practices and that this corroborates them so that they make several decisions in their work, because the decision-making is part of the managerial context of health care.

However, there is evidence that nurses still feel unprepared to make decisions and that their training in management does not address theorizing and practice of decision making [10]. This process, in turn, refers to a systematized set of practices and behaviors adopted to solve a previous problem, permeated by risks and uncertainties [11].

In this sense, it was perceived that the participants understood decision making as something constantly related to their work process, however, they had difficulty articulating this attribute of the nurse in their work

reality. Possibly part of this stems from the subjectivity involved in decision making as a dynamic process, which has a conceptual basis.

In terms of facilities for decision-making, the participants, by assigning their time in the area as a factor that influences positively, go to the study that emphasizes that the increase in experience is directly related to the decision-making attitudes of nurses [12].

Likewise, multiprofessional teamwork can also be a strategy to facilitate decision making, since it prioritizes the interaction of knowledge, case discussion and team meetings to articulate knowledge among professionals. Moreover, this logic of teamwork distances itself from the classical modes of decision making, which are fixed in theories of management and which establish the vertical, non-compartmentalized decision-making power. Rather, multiprofessional teamwork is positive in terms of providing participatory management of health decisions in a decentralized and democratic manner, prioritizing communication and information sharing as a means of choosing better decisions and redirecting centrality in the medical professional for the validity of the group decision-making process [13].

Moreover, in the medical-nurse relationship, decision-making is something to consider, since the socio-historical construction of medicine has produced a certain division among the professions, resulting in the centrality of medical power over decisions [14].

In health work, this division between professions can be summarized in two phenomena. In the first, we understand the social division of labor, referring to that established in society, naturally, given the historical importance of a profession in a particular social group. In this aspect, the medical professional remains with greater power of decision, since their work is connected the greater knowledge of the biological body, the capacity to cure and to better decide on the therapeutic conducts to be established [15]. In the second one, we understand the technical division of labor, in which we aim to increase production and divide the work into the ones who think (doctors) and who does (nurses) [15].

In view of this, there is an allusion to the medical professional about maximal knowledge, power over healing and about health, and these aspects, by far, have established conflicts of relationship between these professionals and the rest of the health team, especially regarding respect for the autonomy to make decisions, a fact addressed by the participants of this research, which was measured by them as the main difficulty to make decisions in their work [16-18].

However, it is observed that doctors also feel the loss of the strength of their voices when it comes to decision making in the hospital environment, which suggests that the issue of professional medical autonomy is also inserted in contexts of relations with other professionals and that they would then have problems exercising decision-making. In a study performed, although to a lesser extent, physicians reported having little voice to make decisions, when compared to nurses and nursing technicians [19].

Faced with this reality, it is assumed that teamwork, a fact considered as strategies to improve the decision-making of the nurses who participated in this research, is an interesting tool from the point of view to provide multiprofessionals working in the hospital environment greater dialogue, communication and mutual collaboration at work, including collective and participatory decision-making [20].

FINAL CONSIDERATIONS

The nurses described their experiences with decision making in their daily work, but some did not know how to explain what they understood on the subject. When they initially pointed out the facilities and difficulties for decision making, it was possible to perceive that they understood that work relations are at the heart of decision making, and that working with the doctor may have a negative relation with decision making on part of the nurses.

However, when suggesting strategies to solve the reported problems, the participants of this research included the modality of multiprofessional teamwork as a way to be followed to improve decision making in the health work process, from a perspective in which communication is preserved, sharing and interprofessional relationship to better decide on the conduct of all workers.

Thus, nurses still do not feel prepared and confident from their academic training to make decisions, and neither hierarchically with autonomy over decisions in their work. The investment in academic training and in-service education on nurses' decision-making, as well as the development of the ability to work in a multiprofessional team were pointed out as potent in strengthening health and nursing work.

Studies on the subject are scarce, requiring research on aspects of nurses' training to make decisions, as well as teamwork. In addition to performing other research to know more about the decision-making process of nurses in the different scenarios of action.

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