Central Philippine University
MULTIDISCIPLINARY RESEARCH JOURNAL (Formerly *Patubas*)
ISSN/ESSN Print: 2945-3909; Online: 2945-3917; Vol. 5, 1 (2025)

Factors Influencing Clinical Decision-Making Skills among Staff Nurses in Selected Private and Public Hospitals in Roxas City

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Abstract

Clinical decision-making is a principal skill of a nurse. This descriptive-correlational study evaluated the clinical decision-making skills of 147 staff nurses in public and private hospitals in Roxas City. It examined the influence of sociodemographic factors (age, sex, education, clinical experience, training), work-related factors (hospital type, area of assignment), and decision-making concerns (apprehension, time pressure, professional autonomy). Descriptive statistics were employed, alongside inferential statistics (Chi-Square, Cramer's V, and Gamma). Findings indicated that staff nurses' clinical decision-making skills were moderate. Respondents also reported moderate levels of apprehension, time pressure, and professional autonomy in clinical decision-making. Significant relationships were found between educational attainment and clinical decision-making skills, and between the area of assignment and these skills. Apprehension and time pressure were also significantly related to nurses' clinical decision-making skills. Educational attainment moderately influenced clinical decision-making skills. Hospital type and area of assignment had a moderate impact, while apprehension and time pressure had a minimal influence. Professional autonomy showed no influence on clinical decision-making skills. In-service measures must be taken to enhance clinical decision-making among staff nurses.

Keywords: *Apprehension, Professional autonomy, Time pressure*

Introduction

Background of the Study

Nineteen million nurses worldwide make daily clinical decisions, but many fail to make crucial ones. Effective clinical decision-making (CDM) distinguishes professional nurses and acts as the initial link in identifying complications and predicting critical events (Pramilaa, 2018; White, 2011; and Muntean, 2012).

In complex and stressful clinical settings, nurses constantly face demands to make care decisions for multiple patients, spending about 50% of their time evaluating patients holistically. Acute care nurses make an average of one decision every 10 minutes, and critical care nurses every 30 seconds (Nibbelink & Brewer, 2018).

However, nurses may misinterpret and mismanage clinical information. For example, 24-hour deterioration signs in hospitalized patients with cardiopulmonary arrest are poorly documented, and basic nursing knowledge (e.g., heart rate, respiratory rate, oxygenation) is overlooked, despite being

essential cues for clinical decisions. Delays of 1-3 hours in nurses' responses to abnormal vital signs are reported up to 26%. Poor clinical decisions can lead to adverse patient events and negative consequences. In the U.S., 44,000 to 98,000 annual deaths are attributed to adverse events during hospitalization, with up to 65% preventable by better nursing decisions. Nurses must recognize the significant impact their decisions have on patient outcomes, especially as healthcare increasingly holds them accountable (Grazarian, 2008; Muntean, 2012).

Competent nurses must sift, synthesize, decide, and implement solutions to client problems within multidisciplinary teams. While many studies link clinical functioning problems to nurses' knowledge and skills, nurses' views and experiences on factors affecting their clinical function and CDM are rarely studied. For instance, Iranian nurses identified "feeling competent," "being self-confident," "organizational structure," "nursing education," and "being supported" as influencing factors (Hagbaghery, Salsali, & Ahmadi, 2004). Research also identifies competence and self-confidence as internal factors, and support, nursing education standards, and healthcare institute organization as external factors influencing ICU staff nurses' CDM skills in Panay Island (Martinez, 2017).

As patient acuity and technology advance, the complexity and demand for nursing decision-making evolve. Effective CDM is crucial for the future of professional nursing practice, and the profession must enhance its members' CDM abilities. Identifying underlying internal and external factors influencing staff nurses' CDM skills in selected private and public hospitals in Roxas City is essential. This will help improve facilitating factors and address limiting ones for all nurses, particularly where sound clinical decision-making is vital; thus, this study was undertaken.

Objectives of the Study

This study was conducted to determine the factors influencing the clinical decision-making skills among staff nurses in private and public hospitals in Roxas City.

Specifically, this study aimed to:

1. describe the sociodemographic characteristics of the staff nurses in terms of age, sex, educational attainment, number of years of clinical experience, and number of trainings attended;
2. describe the work-related characteristics of the staff nurses in terms of the type of hospital, area of assignment;
3. determine the decision-making concerns of the staff nurses in terms of apprehension, time pressure, and professional autonomy;
4. determine the level of clinical decision-making skills of staff nurses;
5. determine if there is a significant relationship between the sociodemographic characteristics and the clinical decision-making skills among staff nurses in selected private and public hospitals;
6. determine if there is a significant relationship between the work-related characteristics and the clinical decision-making skills among staff nurses in selected private and public hospitals.
7. determine if there is a significant relationship between the decision-making concerns of the staff nurses and the clinical decision-making skills among staff nurses in selected private and public hospitals.

Theoretical Framework of the Study

This study is grounded in Gary Klein's (1989) Naturalistic Decision-

ISSN/ESSN Print: 2945-3909; Online: 2945-3917; Vol. 5, 1 (2025)

Making Theory and the Irvine, Sidani, and Hall (1998) nursing role effectiveness model. The aim was to describe both the nursing role effectiveness model, highlighting decision-making within it, and the naturalistic decision-making theory as a suitable framework. Naturalistic decision-making, developed in 1989, examines how humans make real-time, real-world decisions. It has three key aspects: studying decisions in their natural settings to understand how experience helps cope with factors like time pressure and uncertainty (Klein, 2016), emphasizing the decision-maker's experience and knowledge, and focusing on how decision-makers assess situations. Improving performance involves reducing errors and increasing insights and expertise.

The nursing role effectiveness model outlines nurse, patient, and organizational factors, and independent, dependent, and interdependent nursing role dimensions that influence nursing care outcomes. It provides a framework for the nurse's contribution to patient outcomes, focusing on decision-making as an independent nursing role within the nursing process (assessment, diagnosis, intervention). Appropriate decision-making is crucial for preventing adverse events. The theory also notes that the clinical environment's complexities can affect nursing care performance, with structure impacting process, and process impacting outcome.

Conceptual Framework

This study examines factors influencing nurses' clinical decision-making, including socio-demographic characteristics (age, sex, education, experience, training), work-related characteristics (hospital type, area of assignment), and decision-making concerns (apprehension, time pressure, professional autonomy). Older, more experienced, and highly educated nurses are assumed to possess better clinical decision-making skills. Training also enhances these skills. Differences in hospital settings and areas of assignment may impact decision-making. Apprehension and time pressure can hinder decision-making, while professional autonomy is expected to facilitate it.

The assumed relationship of the variables is illustrated in Figure 1.

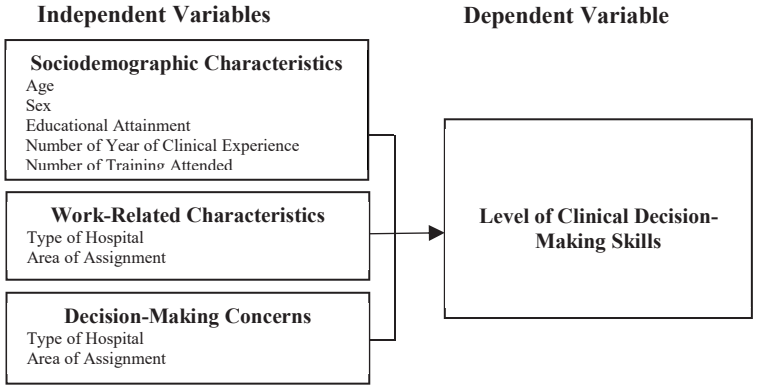


Figure 1. Paradigm of Research Variables under Study

Hypotheses of the Study

The following hypotheses were tested in this study:

1. There is no significant relationship between sociodemographic characteristics and clinical decision-making skills among staff nurses.
2. There is no significant relationship between work-related characteristics and clinical decision-making skills among staff nurses.
3. There is no significant relationship between the decision-making concerns and the clinical decision-making skills among staff nurses.

Significance of the Study

The result of the study can be beneficial to the following:

Hospital Administrators: This study offers a basis for assessing staff nurses' clinical decision-making skills and can guide future program development to improve their knowledge, coping mechanisms, and professional autonomy.

Nursing Service Administrators: The findings provide specific details on staff nurses' clinical decision-making abilities, highlighting factors influencing decisions. This can facilitate actions to enhance these skills through seminars and training.

Staff Nurses: The study will increase awareness among staff nurses in both private and public hospitals regarding factors influencing their clinical decisions. This can lead to improved decisions, higher quality patient care, and better patient outcomes by diminishing negative inhibiting factors and enhancing positive contributing ones.

Future Researchers: This study can be a reference for researchers conducting similar or related studies on factors influencing clinical decision-making.

Scope and Limitations of the Study

This descriptive-correlational study investigated factors influencing clinical decision-making skills among Roxas City, Capiz staff nurses. The study focused on socio-demographic characteristics (age, sex, education, experience, training), work-related characteristics (hospital type, assignment area), and decision-making concerns (apprehension, time pressure, professional autonomy).

The study included staff nurses with regular, permanent, job order, casual, or reliever status from selected public and private hospitals. Due to different responsibilities, head nurses and supervisors were excluded. Other potential influencing variables were not considered.

Methodology

Design

This descriptive correlational study used a one-shot survey design to describe and examine relationships among variables without inferring cause and effect, facilitating interrelationship identification in a specific situation (Polit and Beck, 2008). This design was chosen to determine factors influencing clinical decision-making skills among staff nurses in selected private and public hospitals in Roxas City.

Population and Sampling

The respondents of this study are the staff nurses in selected hospitals (one public and one private) in Roxas City. These staff nurses have varied work status, which include: regular or permanent status of appointment, job orders, casual or in

ISSN/ESSN Print: 2945-3909; Online: 2945-3917; Vol. 5, 1 (2025)

reliever status. The total population of both hospitals is 238.

The appropriate sample size of the population was computed using Cochran's formula for sample size, with the sample size computed as 147 staff nurses. The respondents of this study are the staff nurses in selected hospitals (one public and one private) in Roxas City.

The size was determined using the formula below:

Cochran's formula is:

$$n = \frac{n_o}{1 + \frac{(n_o - 1)}{N}}$$

where:

n_o = is the Cochran's sample size recommendation with an alpha level of 0.05=385

N = is the total population size and,

n = is the new, adjusted sample size

After determining the overall sample size, the sample size in each stratum (shown in Table 1) was computed.

Table 1
Distributions of Respondents

Type of Hospital	Area	Population	%	Sample Size
Public	General Wards	63	26	39
	Special Areas	65	27	40
Private	General Wards	57	24	35
	Special Areas	53	22	33
Total		**238**	**100**	**147**

Research Instrumentation

This study utilized a researcher-made questionnaire with three parts. Part I gathered socio-demographic information, age (28 years and below, 29 years and above), sex (male and female), educational attainment (bachelor's degree, with MAN units/degree), clinical experience (below 2 years, 2 to 4 years, 5 years and above), training attended (no training, 1 to 2 and 3 and more) and work-related characteristics (hospital type, area of assignment).

Part II, a 24-item researcher-made questionnaire based on the Nursing Role Effectiveness Model (Irvine, Sidani, & Hall, 1998), assessed clinical decision-making skills. It included subscales for nurse involvement (assessment, diagnosis, intervention, follow-up care/evaluation), execution of medical records and physician-initiated treatments, and communication, case management, coordination of care, continuity of monitoring, and reporting. Responses ranged from 1 (Never) to 5 (Always). Eighteen items were positive, six negative (inversely scored). Clinical decision-making skills were categorized as Good (4.625 – 5.00), Average (4.00 – 4.624), and Poor (1.00 – 3.99) based on mean scores.

Part III, a 16-item researcher-made questionnaire, explored perceived apprehension, time pressure, and professional autonomy in clinical decision-making. Questions on apprehension (items 1–8), time pressure (items 9–12), and professional autonomy (items 13–16) were answered on a 1 (Never) to 5 (Always) scale. The questionnaire contained equal numbers of

positive and negative statements (inversely scored). The influence of these factors was described as High (3.68 – 5.00), Moderate (2.34 – 3.67), and Low (1.00 – 2.33) based on mean scores.

Validity and Reliability

Questionnaires were validated by pre-oral defense panelists (nursing and research experts) and by the Head Nurse, Chief Nurse, and a Medical Doctor for content validity in clinical decision-making skills, apprehension, time pressure, and professional autonomy. Revisions were made based on feedback. The Research Ethics Review Committee further validated the instruments, ensuring respondent protection.

Researcher-made instruments for clinical decision-making skills, apprehension, time pressure, and professional autonomy were pre-tested for reliability on 30 nurses (15 public, 15 private) not included in the main study. Cronbach's alpha indicated reliability coefficients of 0.747 for clinical decision-making skills and 0.732 for apprehension, time pressure, and professional autonomy, confirming instrument reliability.

Data Collection

After securing approval from the research adviser, a letter of permission was submitted to the hospital director (or chief) via the nursing service director (or chief nurse). Upon approval, questionnaires were distributed to respondents from December 2018 to January 2019, before the COVID-19 pandemic. Instructions and consent forms were attached. Respondents had ample time to complete the questionnaires, which were collected the same day upon notification from the nursing service office.

Ethical Consideration

This study received ethics approval from Central Philippine University's Research Ethics Review Committee (CPU RERB). Before the study, the researcher obtained written permission from the hospital director/chief, via the nursing service director/chief nurse. Informed consent, explaining objectives, purpose, methods, and procedures, was obtained from all respondents. They were informed of their right to freely decide participation. Participation was secured before questionnaires were distributed. No compensation was offered, but confidentiality of information, to be used for research only, was assured.

Data Processing and Statistical Analysis

Data was tabulated using SPSS 25 for analysis, interpreted by the researcher and a statistician. Responses were meticulously scored. Descriptive statistics (frequency distribution, mean scores) characterized staff nurses' profiles (age, sex, education, experience, training, hospital type, assignment area, apprehension, time pressure, professional autonomy) and clinical decision-making. Inferential statistics (Chi-square, Cramer's V, Gamma) were performed at a 0.05 significance level; the null hypothesis was rejected if $p < 0.05$ (Botsch, 2011).

Results and Discussion

Socio-demographic Characteristics of the Respondents

Table 2 presents the socio-demographic characteristics of the respondents. As shown, out of 147 staff nurses, more than half (58.5%) were 28 or younger, while 41.5% were 29 years or older. Their ages ranged from 20 to 59 years, with a mean age of 29, indicating a predominantly young workforce. In terms of sex, the majority were female (83%), reflecting nursing's historic gender dominance despite increasing male participation. Most nurses (88.4%) held Bachelor's Degrees, with 11.6% pursuing or completing Master's Degrees. Regarding clinical experience, nearly two-fifths (42.9%) had 2 to 4 years indicating that nurses were relatively young in age. This profile places them in proficient category as classified by McHugh & Lake (2011). This suggests that many of them are still developing their skills and clinical judgement, which is vital for accurate decision-making and safe patient outcomes. With regards to training, 32.0% conveyed to having no training, while 26.5% had attended 1-2 sessions of training, and 41.5% had participated for 3 or more, with an average of 4 sessions overall. This distribution highlights the role of continuing professional development but it also reveals that there is an inconsistency in the access of training opportunities. For novice nurses in particular, limited or absent training may hinder their readiness to handle complex clinical scenarios, while those with more session's likely gain enhanced competence and confidence. Numminen, Leino-Kilpi, Isoaho, & Meretoja (2015) found that nurses with more training and longer experience had higher competence and confidence compared to less experience or novice nurses. These findings emphasize the need for structured, equitable, and regular training programs to ensure that all nurses, regardless of experience level, receive adequate support to advance their capacity to make reasonable clinical decisions and their skills in taking care of patients.

Table 2

Distribution of Respondents according to their Sociodemographic Characteristics

Sociodemographic Characteristics	f	%
Age (in years)		
28 and below	86	58.5
29 and above	61	41.5
Total	**147**	**100.0**
Mean Age = 29		
Sex		
Male	25	17.0
Female	122	83.0
Total	**147**	**100.0**
Educational Attainment		
Bachelor's Degree	130	88.4
With MAN Units/Degree	17	11.6
Total	147	100.0

Table 2 Continued

Sociodemographic Characteristics	f	%
Number of Years of Clinical Experience		
Below 2 years	39	26.5
2 to 4 years	63	42.9
5 years and above	45	30.6
Total	**147**	**100.0**
Mean Clinical Experience = 4		
Number of Training Attended		
No training	47	32.0
1-2	39	26.5
3 and more	61	41.5
Total	**147**	**100.0**
Mean Number of Training Attended = 4		

Work-Related Characteristics of the Respondents

Table 3 presents the distribution of respondents according to their work-related characteristics. The findings demonstrate that slightly more than half of the nurses (53.7%) were employed in the public hospitals while nearly half (46.3%) were working in private hospitals. Signifying a relatively balanced workforce distribution between two institutions. This pattern may indicate a comparable employment opportunity in both settings, although public hospitals appear to absorb a slightly larger share of staff nurses, which may be attributed to their higher bed capacity and larger patient loads compared to private institutions (Department of Health 2016; Lorenzo, Galvez-Tan, Icamina, & Javier, 2007). Public hospitals as thought being government-funded, also employ more staff nurses to meet the needs of indigent populations. In the wards, most of the nurses were assigned to the medical ward (21.1%). This is followed by the Pedia ward (12.2%), surgical ward (8.2%), and OB-Gyne ward (7.5%). In special areas, the data shows that nurses assigned in an intensive care unit (ICU) (15.6%) were higher compared to other areas specifically emergency room (ER) (11.6%), Delivery Room (DR) (4.1%), Operating Room (OR) (11.6%), neonatal intensive care unit (NICU) (8.2%). This can be explained on how nurses are being assigned in each nursing unit, staffing of an acceptable number assigned in the specific area is based on the patient's care demand, which is classified according to what patient-level care required rather than a on a fixed number per area. Staffing allocation is determined by the acuity level and complexity care required, ensuring that an acceptable number of nurses are deployed to meet the clinical workload. This principle of acuity-based staffing allows hospitals to balance patient safety and quality of care by matching nurse competence with patient needs (American Nurses Association, 2019). The World Health Organization (2020) emphasizes that effective staffing models must consider patient acuity, workload indicators, and the skill mix of the nursing team, rather than relying solely on patient census. Aiken, Sloane, Bruyneel, Van den Heede, & Sermeus (2014) verified that staffing aligned with patient care needs improves outcomes, reduces mortality, and prevents nurse burnout. Thus, the distribution of nurses across units, whether in general wards or specialized areas, shows the priority of ensuring that those requiring higher levels of care are provided with enough and capable nursing support.

Table 3
Distribution of Respondents according to their Work-Related Characteristics

Work-Related Characteristics	f	%
Type of Hospital		
Private	68	46.3
Public	79	53.7
Total	**147**	**100.0**
Area of Assignment		
Medical Ward	31	21.1
Surgical Ward	12	8.2
Pedia Ward	18	12.2
OB-Gyne Ward	11	7.5
Emergency Room	17	11.6
General Wards (Subtotal)	72	49.0
Delivery Room	6	4.1
Operating Room	17	11.6
NICU	12	8.2
ICU	23	15.6
Special Areas (Subtotal)	75	51.0
Total	**147**	**100.0**

Decision-Making Concerns in terms of Apprehension, Time Pressure, and Professional Autonomy in Clinical Decision-Making Skills

Clinical decision-making requires nurses to synthesize knowledge, skills, and experience in order to deliver safe and effective care. However, this process is not always up-front, as it is shaped by emotional, environmental, and institutional factors. In this study, three major clinical decision-making concerns, specifically, **apprehension, time pressure, and professional autonomy**, emerged as critical influences on nurses' ability to exercise that can either hinder or enhance sound clinical judgment.

As shown in Table 4, the study revealed decision-making concerns among staff nurses in terms of apprehension, time pressure, and professional autonomy.

Apprehension. Most respondents (85.0%) experienced moderate apprehension (mean=3.24), while 15.0% reported high apprehension. White (2011) and Muntean (2012) highlight apprehension as an emotional barrier that can lead to poor decision quality and negative consequences such as restricted attention, increased distraction, slower reaction times, working memory deficits, absenteeism, antagonism, and job dissatisfaction.

Time Pressure. The majority (54.4%) of respondents reported moderate time pressure, 44.9% high, and 0.7% low (mean=3.65). Ordóñez, Benson III, and Pittarello (2015) state that time pressure negatively affects decision-making, leading to less analytical processing, fewer options considered, worse outcomes, and rushed, potentially regrettable choices. This study's high mean score for time pressure suggests a need to identify and address underlying factors like increased nurse-patient ratios.

Professional Autonomy. More than three-fourths (76.9%) of respondents experienced moderate professional autonomy, 19.7% high, and 3.4% low

(mean=3.18). Gizaw et al. (2018), Rao, Kumar, & McHugh (2017), and Sung and Eum (2010) identify autonomy as a facilitating factor in clinical decision-making, correlating with increased confidence, competence, and improved patient outcomes. Hospitals with lower nurse autonomy are associated with higher patient mortality and adverse events (Rao, Kumar, & McHugh, 2017).

Overall. Most staff nurses (79.6%) reported moderate apprehension, time pressure, and professional autonomy issues, with 20.4% experiencing high levels. The average score was 3.33, indicating moderate decision-making concerns. Continuous support and training are needed to foster professional autonomy. Nurse managers and nursing service offices should address negative factors through ongoing in-service training to improve knowledge, skills, autonomy, and coping mechanisms for apprehension and time pressure in clinical decision-making.

Table 4

Decision-Making Concerns of Staff Nurses (Apprehension, Time Pressure, and Professional Autonomy) in Clinical Decision-Making Skills

Decision-Making Concerns	f	%
Apprehension		
High	22	15.0
Moderate	125	85.0
Total	**147**	**100.0**
Mean (sd) = 3.24 (0.40) Moderate		
Time pressure		
High	66	44.9
Moderate	80	54.4
Low	1	0.7
Total	**147**	**100.0**
Mean (sd) = 3.65 (0.64) Moderate		
Professional autonomy		
High	29	19.7
Moderate	113	76.9
Low	5	3.4
Total	**147**	**100.0**
Mean (sd) = 3.18 (0.51) Moderate		
Overall		
High	30	20.4
Moderate	117	79.6
Total	**147**	**100.0**
Mean (sd) = 3.33 (0.35) Moderate		

ISSN/ESSN Print: 2945-3909; Online: 2945-3917; Vol. 5, 1 (2025)

Clinical Decision-Making Skills

As shown in Table 5, the majority of staff nurses (67.3%) demonstrated "average" clinical decision-making skills, while about one-fifth exhibited "good" skills (20.4%), and a smaller group of staff nurses displayed "poor" skills (12.2%). The overall mean score of 4.33 further indicates that clinical decision-making among staff nurses generally falls within the "average" range. This finding aligns with Martino (2019), who similarly reported that nurses tend to perform at an average level in clinical decision-making, reflecting both competence and areas in need of further development.

While nurses may demonstrate sound judgment in routine or familiar clinical situations, their decision-making can become less systematic or comprehensive in more complex, high-pressure, or unfamiliar cases. The finding that only one in five nurses achieved a "good" level of decision-making highlights the need for interventions aimed at strengthening higher-level reasoning and analytical skills. On the contrary, the presence of nurses with "poor" decision-making skills, although a smaller group, is still concerning given its potential impact on patient safety and care quality. This underscores the importance of targeted support such as mentorship, structured decision-making outlines, and ongoing training programs to elevate the skills of nurses across the field.

Ultimately, consistent with Martino's (2019) findings, the results of this study suggest that while staff nurses are generally capable of making sound clinical decisions, there is significant room for improvement. Enhancing professional autonomy, reducing stressors like time pressure, and fostering confidence through education and supervision could help shift more nurses from the "average" to the "good" category, thereby promoting safer and more effective patient outcomes.

Table 5

Distribution of the Respondents according to their level of Clinical Decision-Making ***Skills***

Clinical Decision-Making Skills	f	%
Good	30	20.4
Average	99	67.3
Poor	18	12.2
Total	147	100.0
Mean Score = 4.33 (Average Clinical Decision-Making Skills)		

Socio-demographic Characteristics and their Clinical Decision-Making Skills

This section examines how nurses' socio-demographic characteristics, such as age, sex, educational attainment, clinical experience, and training attended relate to their clinical decision-making skills.

As shown in Table 6, nurses with master's degrees demonstrated a higher proportion of "good" clinical decision-making skills (35.3%), whereas the majority of those with bachelor's degrees (70.8%) had "average" skills. A moderate, significant relationship exists between educational attainment and clinical decision-making (Cramer's V = 0.203, p = 0.049), implying that continuous education improves or enhances decision-making.

This aligns with Martinez (2016) and Kyalo (2008), who found advanced education positively correlated with clinical decision-making. Mirsaidi et al. (2011) also noted education, knowledge, and skill as crucial factors influencing nurses' clinical decisions. Furthermore, age, sex, number of years of clinical experience, and number of training sessions attended did not influence the level of clinical decision making of nurses.

Table 6

Distribution of the Respondents according to Sociodemographic Characteristics and their Clinical Decision-Making Skills

Socio-demographic Characteristics	Clinical Decision-Making Skills							
	Good		Average		Poor		Total	
	f	%	f	%	f	%	f	%
Age (in years)								
28 and below	18	21.0	60	70.0	8	9.0	86	100.0
29 and above	12	19.7	39	64.0	10	16.3	61	100.0
Total	30	20.4	99	67.4	18	12.2	147	100.0
Gamma = -0.136 (no relationship) p-value = 0.405 (not significant)								
Sex								
Male	6	24.0	14	56.0	5	20.0	25	100.0
Female	24	19.7	85	69.7	13	10.6	122	100.0
Total	30	20.4	99	67.4	18	12.2	147	100.0
Cramer's V = 0.124 (weak relationship) p-value = 0.325 (not significant)								
Educational Attainment								
Bachelor's Degree	24	18.4	92	70.8	14	10.8	130	100.0
With MAN Units/Degree	6	35.3	7	41.2	4	23.5	17	100.0
Total	30	20.4	99	67.4	18	12.2	147	100.0
Cramer's V = 0.203* (moderate relationship) p-value = 0.049 (significant)								
Number of Years of Clinical Experience								
Below 2 years	9	23.1	28	71.8	2	5.1	39	100.0
2 – 4 years	12	19.0	42	66.7	9	14.3	63	100.0
5 years and above	9	20.0	29	64.4	7	15.6	45	100.0
Total	30	20.4	99	67.4	18	12.2	147	100.0
Gamma = -0.135 (no relationship) p-value = 0.300 (not significant)								
Number of Training Attended								
No training	9	19.0	31	66.0	7	15.0	47	100.0
1-2	9	23.0	25	64.0	5	13.0	39	100.0
3 and more	12	19.7	43	70.5	6	9.8	61	100.0
Total	30	20.4	99	67.4	18	12.2	147	100.0
Gamma = 0.059 (no relationship) p-value = 0.650 (not significant)								

Relationship between the Work-Related Characteristics (Type of Hospital and Area of Assignment) and Clinical Decision-Making Skills

This section examines the relationship between nurses' work-related characteristics specifically, type of hospital and area of assignment and their clinical decision-making skills.

Understanding these factors provides insight into how organizational context and work placement influence nurses' ability to make sound clinical decisions and deliver quality patient care.

As shown in Table 7, Private hospital nurses demonstrate superior clinical decision-making (28.0% good) compared to public hospital nurses (14.0% good), with most nurses in both settings having average skills (private: 66.0%, public: 68.3%). A moderate, statistically significant relationship (Cramer's V = 0.229, p = 0.021) suggests hospital type influences these skills. Martinez (2016) supports this, while Ahmed and Safadi (2015) and Pramilaa (2018) attributed better skills in government nurses to higher patient volume. Patient ratio, bed capacity, resources, and services also play a role.

Nurses in special areas also exhibit better clinical decision-making (29.3% good) than those in general wards (11.1% good), though general ward nurses are more likely to have average skills (77.8% vs. 57.3%). A moderate, statistically significant relationship (Cramer's V = 0.239, p = 0.015) indicates that assignment area influences these skills. This aligns with Hoffman, Donoghue & Duffield (2004) and Muntean (2012). Bjørk and Hamilton (2011) also found that nurses' clinical decision-making is linked to their field, with performance varying based on patient needs and decision frequency. Correct execution and a strong foundation are crucial for developing good clinical decisions.

Table 7
Distribution of the Respondents according to their relationship between Work-Related Characteristics and Clinical Decision-Making Skills

Work-Related Characteristics	Clinical Decision-Making Skills							
	Good		Average		Poor		Total	
	f	%	f	%	f	%	f	%
Type of Hospital								
Private	19	28.0	45	66.0	4	6.0	68	100.0
Public	11	14.0	54	68.3	14	17.7	79	100.0
Total	30	20.4	99	67.4	18	12.2	147	100.0
Cramer's V = 0.229* (moderate relationship) p-value = 0.021 (significant)								
Area of Assignment								
General Wards	8	11.1	56	77.8	8	11.1	72	100.0
Special Areas	22	29.3	43	57.3	10	13.4	75	100.0
Total	30	20.4	99	67.4	18	12.2	147	100.0
Cramer's V = 0.239* (moderate relationship) p value = 0.015 (significant)								

Relationship between the Decision-Making Concerns of the Respondents and Clinical Decision-Making Skills

This section explores the relationship between the decision-making concerns of nurses, specifically apprehension, time pressure, and professional autonomy and their clinical decision-making skills. Examining these factors helps identify how workplace stressors and perceived autonomy influence nurses' clinical

decisions and overall effectiveness in patient care.

As Shown in Table 8, the study illustrates the relationship between staff nurses' decision-making concerns such as apprehension, time pressure, and professional autonomy and their clinical decision-making skills.

Apprehension and Clinical Decision-Making Skills. The study found a weak, inverse relationship between apprehension and clinical decision-making skills (Gamma = -0.399, p = 0.049), meaning increased apprehension correlates with poorer skills. This aligns with Gok and Atsan (2016) and White (2011), who state apprehension impairs decision-making by narrowing attention, increasing distraction, and affecting memory, especially for novice clinicians. Gok & Atsan (2016) also noted that stress leads to impulsive decisions. In contrast, Nageshwar et al. (2016) found apprehension to be a minor factor. Recognizing apprehension's negative impact is crucial for mitigating its effect on nurses' clinical decisions, thereby improving patient safety and care quality.

Time Pressure and Clinical Decision-Making Skills. Among nurses, 25.7% with high time pressure showed strong clinical decision-making, compared to 16.1% with low-to-moderate pressure. However, most (66.7% and 67.9%) had average skills. A weak but significant inverse relationship (Gamma = -0.309, p = 0.049) suggests increased time pressure correlates with poorer decision-making, stressing the need to manage pressure in urgent care as overlooking details impacts patient health. This aligns with Thompson et al. (2008), who found time pressure inhibits clinical decision-making, increasing errors and negating experience advantages. Thompson et al. (2008) also noted reduced willingness to perceive needs and disclose procedures. Conversely, Ordóñez et al. (2015) suggest time pressure can foster "adaptive decision-making," where efficiency improves with practice under constraints.

Professional Autonomy and Clinical Decision-Making Skills. While a small percentage of nurses with high and low-to-moderate professional autonomy show high clinical decision-making skills (20.7% and 20.4%), most with low-to-moderate autonomy have average skills (70.3%). Statistical analysis (Gamma 0.210, p = 0.319) indicates no significant relationship between professional autonomy and clinical decision-making skills, suggesting autonomy does not influence clinical decisions in this study. These findings contradict Sung and Eum (2010), Admasu (2018), and Oshodi et al. (2019), who found positive links between autonomy and decision-making, performance, and satisfaction, emphasizing the importance of organizational support and training.

ISSN/ESSN Print: 2945-3909; Online: 2945-3917; Vol. 5, 1 (2025)

Table 8
Distribution of the Respondents according to their relationship between Decision-Making Concerns and Clinical Decision-Making Skills

Decision-Making Concerns	Clinical Decision-Making Skills							
	Good		Average		Poor		Total	
	f	%	f	%	f	%	f	%
Apprehension								
High	1	4.5	18	81.9	3	13.6	22	100.0
Moderate	29	23.2	81	64.8	15	12.0	125	100.0
Total	30	20.4	99	67.4	18	12.2	147	100.0
Gamma = -0.399* (weak relationship) p value = 0.049 (significant)								
Time Pressure								
High	17	25.7	44	66.7	5	7.6	66	100.0
Low to Moderate	13	16.1	55	67.9	13	16.0	81	100.0
Total	30	20.4	99	67.4	18	12.2	147	100.0
Gamma = -0.309* (weak relationship) p value = 0.049 (significant)								
Professional Autonomy								
High	6	20.7	16	55.2	7	24.1	29	100.0
Low to Moderate	24	20.4	83	70.3	11	9.3	118	100.0
Total	30	20.4	99	67.4	18	12.2	147	100.0
Gamma = 0.210 (no relationship) p value = 0.319 (not significant)								

Conclusions

Locally, most nurses are young, female, bachelor's degree holders with 2-4 years of experience and 3+ years of training. They primarily work in public hospitals, equally assigned to general and special wards. Nurses experience moderate apprehension, time pressure, and professional autonomy in clinical decision-making, and possess average clinical decision-making skills. Educational attainment, hospital type, and area of assignment moderately influence clinical decision-making skills, while age, sex, experience, and training have no bearing. Apprehension and time pressure minimally influence skills, but professional autonomy has no influence.

Recommendations

The following recommendations are advanced based on the findings of the study:

Hospital Administrators should prioritize continuing education and financial aid for advanced studies. Hospital type moderately impacts skills due to resource variations. Investigate nurse coping mechanisms and health protection, focusing on resources, supplies, scheduling, and staffing to prevent burnout. Area of assignment moderately affects skills; job rotation can enhance adaptability. Time pressure minimally influences decisions, but administrators should minimize non-

clinical tasks. Recommend programs for adaptability, time management, and swift decision-making. Programs to ease workload and manage apprehension are crucial, as apprehension negatively affects decision-making. Nurses experience moderate apprehension, time pressure, and professional autonomy.

Nurse managers should offer training and seminars to enhance nurses' clinical decision-making skills. Nurses with MAN or MAN units can lead these sessions, as their advanced education improves decision-making abilities. This support will empower nurses, reducing hesitation and encouraging the application of learned skills.

Since the study revealed that they have an average level of clinical decision-making skill, it is recommended that they undertake continuing education to improves their clinical decision-making skills. Also, it is specified that the level of nurses' apprehension, time pressure, and professional autonomy is moderate in making clinical decisions. It is therefore recommended that self-awareness, undergoing training or program exercises ,can develop skills in management which they can eventually use to cope and be flexible in dealing with these factors.

Further in-depth research is needed to identify factors hindering nurses' clinical decisions, including the relevance of their training. Future studies should also explore self-confidence, task complexity, hospital census, nurse-patient ratio, time constraints, and the involvement of staff nurses, physicians, and other healthcare professionals in decision-making.

Acknowledgment

The authors extend profound gratitude to all the research participants for their valuable time and effort. Special thanks are also extended to the adviser and panelists for the valuable inputs throughout this research journey.

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