Decision-Making in Nursing: A Concept Analysis

By

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Abstract

This paper leans on conceptual analysis to investigate the strategic role of decision making in the nursing profession. Decision-making is a critical component of nursing practice, impacting patient safety, care quality, and health outcomes. Despite extensive literature, its meaning remains imprecise due to varied definitions across disciplines. This concept analysis aims to clarify decision-making in nursing by defining its attributes, antecedents, and consequences.Walker and Avant's concept analysis approach guided the study. A literature search was conducted using PubMed, CINAHL, and EBSCOhost databases for peer-reviewed articles from 1975 to 2025, in English, with full-text availability. A total of 50 articles were reviewed, achieving saturation. Three defining attributes emerged: clinical judgment, ethical reasoning, and situational awareness. Antecedents included knowledge, experience, collaboration, and resource access. Consequences encompassed improved patient outcomes, enhanced nurse autonomy, and potential decision fatigue. Decision-making in nursing is defined as the dynamic process of applying clinical judgment, ethical reasoning, and situational awareness to make informed choices that optimize patient care and safety. This clarified definition enhances communication among clinicians, educators, and researchers.

Key Words: decision-making, nursing, concept, analysis. Healthcare

1. Introduction

"Since the dawn of nursing, practitioners have made decisions to ensure patient safety and address health challenges" [1]. From Florence Nightingale's prioritization of hygiene to modern evidence-based interventions, decision-making has been integral to nursing practice [2,3]. Despite its historical

significance, decision-making was not explicitly defined until the late 20th century, when the rise of chronic diseases and complex healthcare systems necessitated structured approaches to care [4]. Over time, multiple and often imprecise definitions have emerged, reflecting confusion with related terms like clinical judgment, critical thinking, and problem-solving [5,6]. This concept analysis seeks to synthesize literature from various disciplines to formulate the defining attributes, antecedents, and consequences of decision-making in nursing. Decision-making's complexity is evident in its varied applications across nursing contexts. In clinical settings, nurses make rapid decisions to stabilize patients, while in educational settings, they design curricula to foster critical thinking [7,8]. The concept has evolved within social movements, such as patient empowerment and shared decision-making, which emphasize autonomy and collaboration [9]. Technological advancements, including electronic health records and decision-support systems, have further shaped decision-making, increasing its relevance in modern healthcare [10].

Never has decision-making been more critical than during the COVID-19 pandemic, which overwhelmed healthcare systems globally [11]. Nurses faced unprecedented challenges, making rapid decisions in resource-scarce environments, often via telehealth [12,13]. This transformation highlighted the importance of decision-making in maintaining patient safety and care quality [14]. The objective of this analysis is to clarify decision-making in nursing, providing clinicians, educators, and researchers with a unified framework to enhance practice and communication [15,16].

2. Selection and Aims of the Concept Analysis

Decision-making was selected due to its significant role in nursing as a core intervention influencing patient outcomes and professional practice [17]. The aim is to clarify the concept by identifying its attributes, antecedents, and consequences, enabling consistent application across nursing domains [18]. This clarity will support nurses in complex clinical scenarios and improve interdisciplinary collaboration [19].

3. Methods

3.1. The Concept Analysis Approach

Walker and Avant's method was used to examine decision-making in nursing [20]. The iterative steps include: 1) selecting the concept; 2) determining analysis aims; 3) identifying uses of the concept; 4) defining attributes; 5) constructing cases; 6) constructing borderline, related, and contrary cases; 7) identifying antecedents and consequences; and 8) defining empirical referents. The Standards for Reporting Qualitative Research (SRQR) ensured transparency [21].

3.2. Data Sources

A comprehensive and broad search for the term *decision-making* was entered in three online databases (National Library of Medicine PubMed, CINAHL, and EBSCOhost). This search included peer-reviewed articles published between January 1975 and April 2025. To refine the search and capture pertinent literature, the terms *clinical judgment*, *ethical reasoning*, and *situational awareness* were included; the search generated 780 hits. Inclusion criteria encompassed English, full-text publications, and academic journals. Exclusion criteria included non-English articles, limited-text publications, non-academic journals, and articles not addressing the key terms *clinical judgment*, *ethical reasoning*, or *situational awareness*. Utilizing the exclusion criteria narrowed the search, and a final total of 25 articles were reviewed to identify decision-making attribute common themes. Reference lists of all identified papers were searched for relevant cited articles, and saturation was reached. Utilizing the Walker and Avant process, all 25 articles were read in their entirety, and a data extraction table was constructed to include the reference and attributes (Table 1). Representation from multiple disciplines, including nursing, medicine, psychology, education, and administration, was demonstrated in the review. Articles were retrieved from countries including the United States, Canada, Australia, the United Kingdom, and South Korea. An Excel spreadsheet documented the key terms included in each of the final 25 articles, including *decision-making*, *clinical judgment*, *ethical reasoning*, and *situational awareness*. This concept analysis was exempt from Institutional Review Board (IRB) approval; the research did not involve human subjects

4. Results

4.1. Identifying all Possible Uses of the Concept in Nursing

Decision-making in nursing is implemented across clinical, educational, administrative, and policy settings. Clinically, it involves assessing patient conditions, prioritizing interventions, and coordinating care [22]. Educationally, it shapes simulation training and curriculum design [23]. Administratively, it informs staffing and resource allocation [24]. The World Health Organization emphasizes decision-making in patient-centered care [25]. Orem's Self-Care Deficit Theory highlights nurses' decisions in supporting patient autonomy [26]. In psychology, decision-making aligns with cognitive processes like problem-solving [27], while in leadership, it involves strategic planning [28]. Dictionary.com defines decision-making as the process of selecting a course of action [29], while the American Heritage Dictionary emphasizes reasoned choices [30]. These definitions reflect decision-making's multidimensional nature.

4.1.1 Models Used for Decision-Making in Nursing

To guide nurses in making informed and effective decisions, several evidence-based models provide structured frameworks that are widely accessible and applicable across various nursing contexts. These models, rooted in nursing theory and practice, offer practical tools for navigating the complexities of patient care, particularly in dynamic and high-stakes environments. Drawing on recent literature, the following exploration details key decision-making models, their components, applications, and significance in nursing practice.

Tanner's Clinical Judgment Model, developed by Christine Tanner in 2006, is a cornerstone framework for understanding how nurses make clinical decisions [31]. This model outlines decision-making as an iterative process involving four phases: noticing, interpreting, responding, and reflecting. During the noticing phase, nurses observe patient data, such as changes in vital signs or verbal cues, using their knowledge and experience to identify significant patterns. In the interpreting phase, they analyze these observations to form hypotheses about the patient's condition, often drawing on evidence-based protocols. The responding phase involves selecting and implementing interventions, such as administering medication or consulting a physician. Finally, reflecting, both in the moment and after the event, allows nurses to evaluate the effectiveness of their decisions and

refine their practice. For example, a nurse in a busy emergency department might notice a patient's labored breathing, interpret it as a sign of acute respiratory distress, respond by initiating oxygen therapy, and later reflect on the intervention's impact to improve future responses. Widely integrated into nursing education and clinical training, this model is accessible through textbooks, professional development courses, and simulation-based learning. Its emphasis on reflective practice supports nurses in continuously improving their decision-making skills, making it particularly valuable in acute care settings where rapid, accurate judgments are critical.

Dorothea Orem's Self-Care Deficit Nursing Theory, refined through 2001, offers a decision-making framework focused on empowering patients to manage their health [16]. This model guides nurses in assessing a patient's ability to perform self-care and identifying deficits that necessitate nursing intervention. The decision-making process involves three key steps: diagnosing the self-care deficit, designing an appropriate nursing system, and implementing and evaluating the care plan. The nursing system may be wholly compensatory, where the nurse performs all care tasks; partly compensatory, where tasks are shared; or supportive-educative, where the nurse teaches the patient to manage their care. For instance, a nurse caring for a patient with newly diagnosed hypertension might assess their inability to adhere to a low-sodium diet, decide on a supportive-educative approach to teach dietary management, and evaluate the patient's adherence over time. This model is particularly effective in chronic disease management and community health, where patient autonomy is a priority. Taught extensively in nursing curricula and applied in clinical practice, Orem's theory is accessible through nursing textbooks and professional guidelines. Its structured approach helps nurses make decisions that balance patient needs with professional responsibilities, fostering long-term health outcomes.

The Clinical Reasoning Cycle, developed by Tracy Levett-Jones in 2010, provides a systematic, eight-step process to support nurses in making informed clinical decisions, especially for complex or at-risk patients [32]. The cycle begins with considering the patient's situation, followed by collecting cues such as medical history, physical assessments, or diagnostic results. Nurses then process this information to identify problems, establish goals, take action, evaluate outcomes,

and reflect on the process to inform future practice. For example, a nurse in a medical-surgical unit might encounter a patient with abdominal pain, collect data through a physical exam and lab results, identify appendicitis as the likely issue, set a goal to prepare the patient for surgery, coordinate with the surgical team, and later reflect on the decision-making process to enhance future assessments. This model's strength lies in its structured, step-by-step approach, which minimizes cognitive biases and ensures thorough evaluations. It is widely used in nursing education, particularly in simulation training, and is accessible through clinical practice guidelines and professional development programs. A 2020 study highlights its effectiveness in improving nurses' ability to manage complex cases, making it a vital tool for both novice and experienced practitioners [55].

The Shared Decision-Making Model, advanced by Glyn Elwyn and colleagues in 2012, emphasizes collaboration between nurses, patients, and families to ensure care decisions reflect patient preferences and clinical evidence [9]. This model involves three core steps: introducing the concept of choice, describing available options with their benefits and risks, and supporting patients in exploring their preferences to make informed decisions. For example, a nurse working with a patient diagnosed with breast cancer might present options for chemotherapy versus surgery, discuss potential side effects and outcomes, and guide the patient in choosing a treatment aligned with their values and lifestyle. This model is particularly relevant in primary care, oncology, and chronic illness management, where patient-centered care is paramount. Integrated into frameworks endorsed by the World Health Organization, the model is accessible through clinical training and patient education resources [15]. A 2021 study underscores its impact on improving patient satisfaction and treatment adherence, highlighting its practical value in fostering collaborative decision-making [56].

The Intuitive-Humanist Model, as explored by Melanie Banning in 2008, emphasizes the role of intuition and experiential knowledge in nursing decision-making, particularly among expert nurses [57]. This model suggests that seasoned nurses develop an intuitive sense of saliency, enabling them to recognize subtle patterns and make rapid decisions without relying solely on analytical reasoning. For instance, an experienced critical care nurse might sense a patient's impending sepsis based on subtle cues like slight changes in mental status and act promptly

to initiate treatment. Grounded in the idea that intuition complements analytical processes, this model is especially useful in high-pressure settings like emergency departments or intensive care units. It is accessible through mentorship programs, where novice nurses learn from experienced colleagues, and through reflective practice encouraged in professional development. A 2018 integrative review affirms its relevance, noting that intuition enhances decision-making efficiency in acute care, making it a valuable framework for experienced nurses [58].

The Hypothetico-Deductive Model, rooted in cognitive psychology and applied to nursing as described in a 2023 article, offers a structured, analytical approach to decision-making [59]. This model involves generating hypotheses based on initial patient data, testing these hypotheses through additional assessments, and selecting the most appropriate course of action. For example, a nurse evaluating a patient with shortness of breath might hypothesize pneumonia, order a chest X-ray to confirm, and decide on antibiotic therapy based on the results. This model is particularly effective in diagnostic scenarios and is a foundational component of nursing education, aligning with evidence-based practice protocols. Its systematic nature helps reduce errors, especially for novice nurses developing their clinical reasoning skills. A 2019 study highlights its continued use in hospital settings, emphasizing its role in supporting thorough and accurate decision-making [60]. The model's accessibility through nursing curricula and clinical guidelines ensures its practical application across various care settings.

4.2. Defining the Attributes of Decision Making in Nursing

According to Walker and Avant's concept analysis methodology, defining attributes are the core characteristics that consistently emerge in the literature and encapsulate the essence of the concept, distinguishing it from related phenomena (20). These attributes form the foundation for constructing an operational definition and are identified through a systematic synthesis of data from diverse sources. For decision-making in nursing, a comprehensive literature review across nursing, medicine, and related disciplines identified three defining attributes: clinical judgment, ethical reasoning, and situational awareness. These attributes reflect the dynamic, multifaceted nature of decision-making, underscoring its critical role in optimizing patient care and safety (Table 1).

4.2.1. Clinical Judgement

Clinical judgment is a central attribute of decision-making in nursing, encompassing the cognitive process of synthesizing patient data, clinical evidence, and professional experience to make informed decisions that enhance patient outcomes (31). Tanner describes clinical judgment as an iterative process involving four phases: noticing, interpreting, responding, and reflecting, which enable nurses to navigate complex and often ambiguous clinical situations (31). For example, a nurse in a cardiac care unit might notice a patient's irregular heart rhythm on a monitor, interpret it as a potential arrhythmia by integrating electrocardiogram results and the patient's medical history, respond by administering antiarrhythmic medication, and reflect on the intervention's effectiveness to guide future decisions. This attribute is indispensable across nursing contexts, from acute care hospitals to outpatient clinics, where nurses must make timely and accurate decisions to address diverse patient needs (32).

The foundation of clinical judgment lies in a nurse's knowledge base, which includes evidence-based practice guidelines, clinical protocols, and experiential learning (38). Benner highlights that expert nurses develop an intuitive ability to recognize subtle clinical patterns through years of practice, enabling nuanced judgments that novices may not yet possess (2). However, novice nurses also engage in clinical judgment by adhering to structured protocols and collaborating with experienced colleagues (8). Critical thinking is integral to this attribute, as nurses must evaluate the validity of data, consider alternative interventions, and anticipate potential outcomes (32). For instance, in a pediatric ward, a nurse might synthesize a child's fever, parental reports of lethargy, and laboratory results to decide whether to initiate antibiotics or request further diagnostic tests. Research underscores clinical judgment's role in reducing medical errors, improving patient safety, and enhancing care quality, making it a cornerstone of effective decision-making (14). Its adaptability ensures that nurses tailor their decisions to each patient's unique context, reinforcing its significance in nursing practice (31).

4.2.2. Ethical Reasoning

Ethical reasoning is a critical attribute of decision-making in nursing, defined as the process of integrating moral principles to address complex clinical and interpersonal dilemmas while balancing patient autonomy, beneficence, non-

maleficence, and justice (33). Lachman explains that ethical reasoning requires nurses to evaluate the moral implications of their actions, particularly in situations involving conflicting values or priorities (33). For example, in a palliative care setting, a nurse might face a situation where a terminally ill patient wishes to discontinue chemotherapy, but the family insists on continuing treatment. Ethical reasoning guides the nurse to facilitate open dialogue, honor the patient's advance directive, and advocate for a care plan that respects the patient's autonomy while addressing family concerns (34). This attribute ensures that nursing decisions align with ethical standards and promote patient-centered care.

Ethical reasoning draws on established frameworks, such as deontological or utilitarian principles, and professional codes, such as the American Nurses Association's Code of Ethics (33). Ulrich and colleagues emphasize its importance in high-stakes scenarios, such as allocating scarce resources during a public health crisis or obtaining informed consent from patients with cognitive impairments (34). Nurses must also consider cultural, social, and personal factors that shape patients' values to ensure equitable and inclusive decisions (50). For instance, a nurse in a multicultural urban hospital might use ethical reasoning to arrange for a translator to ensure a non-English-speaking patient understands surgical risks, thereby upholding justice and informed consent (43). Reflective practice is a key component of ethical reasoning, as nurses assess the moral consequences of their decisions and strive to align their actions with professional and personal ethical standards (34). Recent studies highlight that ethical reasoning enhances nurses' ability to navigate moral distress and maintain compassionate care, particularly during crises like the COVID-19 pandemic (43). By embedding moral considerations into decision-making, this attribute ensures that nursing practice remains empathetic and aligned with the profession's ethical obligations.

4.2.3. Situational Awareness

Situational awareness is a vital attribute of decision-making in nursing, characterized by the nurse's ability to perceive, interpret, and anticipate environmental cues in dynamic clinical settings to make proactive and informed decisions (35). Endsley's seminal work defines situational awareness as a three-level cognitive process: perception of relevant elements, comprehension of their significance, and projection of future outcomes (35). In nursing, this translates to a

nurse's capacity to monitor a patient's condition, detect subtle changes, and predict potential complications. For example, in a trauma unit, a nurse might observe a patient's decreasing blood pressure, comprehend it as a sign of internal bleeding, and project the need for immediate surgical intervention, prompting swift action to stabilize the patient (36). This attribute is crucial in fast-paced, high-pressure environments where timely decisions can be life-saving.

Beyond patient monitoring, situational awareness encompasses awareness of the broader clinical environment, including team dynamics, resource availability, and system constraints (36). Cooper and colleagues note that nurses with high situational awareness excel at coordinating care by communicating critical information to interdisciplinary teams and adapting to challenges, such as equipment shortages (36). For instance, during a hospital surge caused by a natural disaster, a nurse might prioritize patients based on observed acuity, recognize limited bed availability, and anticipate the need for external transfers, thereby optimizing care delivery (19). Situational awareness is developed through experience, simulation-based training, and deliberate practice, which enhance nurses' ability to maintain focus under pressure (36). Research indicates that this attribute reduces the risk of errors caused by cognitive overload or distractions, which are common in busy clinical settings (39). A 2020 study in *BMJ Quality & Safety* further emphasizes its role in improving patient safety by enabling nurses to anticipate and mitigate risks (51). By fostering a holistic understanding of the clinical context, situational awareness empowers nurses to make proactive decisions that enhance care coordination and patient outcomes.

4.2.3. Situational Awareness

Situational awareness entails perceiving and interpreting environmental cues to anticipate outcomes [35]. It is vital in dynamic settings like emergency care [36].

Table 1: Decision-Making Attributes

Reference	Clinical Judgment	Ethical Reasoning	Situational Awareness
Tanner, 2006 [31]	X		X
Benner, 1984 [2]	X		X
Lachman, 2012 [33]		X	
Endsley, 1995 [35]			X
Levett-Jones, 2010 [32]	X		X
Ulrich, 2010 [34]		X	
Cooper, 2010 [36]			X
Thompson, 2013 [3]	X		
Johansen, 2016 [5]	X		X
Rycroft-Malone, 2009 [6]	X		
Gillespie, 2010 [7]	X		X
Dowding, 2003 [18]	X		
Lasater, 2007 [8]	X		X
Aiken, 2002 [19]			X
Manias, 2002 [22]	X		X
Kim, 2016 [23]	X		
Kalisch, 2010 [24]			X
Melnyk, 2010 [38]	X		
Gurses, 2012 [39]			X
Weston, 2010 [40]		X	
Hickey, 2010 [17]	X		
Pronovost, 2002 [14]			X
Turale, 2020 [43]		X	
Allan, 2019 [41]			X
Jenkins, 1985 [42]	X		

4.3. Constructing Cases

In Walker and Avant's concept analysis methodology, constructing cases is a critical step to illustrate the concept of decision-making in nursing by demonstrating its defining attributes—clinical judgment, ethical reasoning, and

situational awareness—in various scenarios (20). A model case exemplifies all attributes, a borderline case includes some but not all attributes, a related case shows partial application of the concept, and a contrary case lacks the attributes entirely. Each case below is designed to clarify how these attributes manifest or are absent in nursing practice, supported by knowledge, experience, and collaboration, and is grounded in literature to ensure applicability (31, 35).

4.3.1. Constructing a Model Case of Decision making in Nursing

The model cases will contain all the three identifying attributes for decision-making in nursing:

Last week, Sarah, a 30-year-old nurse with five years of experience in the intensive care unit (ICU), assessed a 65-year-old patient with declining oxygen saturation. Using clinical judgment, she synthesized data from the patient's pulse oximeter, arterial blood gas results, and medical history, interpreting these as signs of acute respiratory distress. She promptly decided to adjust the ventilator settings to increase oxygen delivery, demonstrating her ability to select evidence-based interventions (32). Ethically, Sarah reviewed the patient's advance directive, which prioritized comfort over aggressive interventions, and ensured her actions aligned with the patient's wishes, reflecting ethical reasoning by balancing autonomy and beneficence (33, 34). Her situational awareness was evident when she noticed subtle changes in the patient's respiratory pattern and alerted the interdisciplinary team to potential complications, preventing a crisis by anticipating the need for further diagnostic tests. This case demonstrates all three attributes—clinical judgment, ethical reasoning, and situational awareness—fully present and supported by Sarah's knowledge, collaboration with the team, and access to clinical resources (38).

- **Attributes Present**:
  - **Clinical Judgment**: Present, as Sarah synthesized patient data and selected an appropriate intervention based on evidence and experience.
  - **Ethical Reasoning**: Present, as she considered the patient's advance directive and prioritized their autonomy.
  - **Situational Awareness**: Present, as she perceived and anticipated complications, coordinating with the team to prevent harm.

4.3.2. Borderline Case

The borderline cases do not contain all the three identified attributes of decision-making in nursing: Maria, a 28-year-old nurse with two years of experience in a medical-surgical unit, was caring for a 50-year-old patient recovering from abdominal surgery. During her rounds, she noticed the patient's elevated heart rate and slight fever. Using clinical judgment, Maria reviewed the patient's chart, noted recent laboratory results, and correctly interpreted these as potential signs of postoperative infection. She decided to notify the physician and initiate a blood culture, demonstrating her ability to synthesize data and act on evidence-based protocols. However, Maria did not consider the patient's cultural preference for family involvement in care decisions, missing an opportunity to engage the family in discussions about antibiotic treatment, thus lacking ethical reasoning. Additionally, she failed to notice the patient's increasing restlessness, a subtle cue of worsening condition, indicating an absence of situational awareness. While Maria's clinical judgment enabled a timely response, the absence of ethical reasoning and situational awareness limited the comprehensiveness of her decision-making.

- **Attributes Present or Absent**:
  - **Clinical Judgment**: Present, as Maria accurately interpreted clinical data and initiated appropriate diagnostic actions.
  - **Ethical Reasoning**: Absent, as she did not consider the patient's cultural values or involve the family, missing a key ethical component.
  - **Situational Awareness**: Absent, as she overlooked subtle cues of the patient's deteriorating condition, failing to anticipate potential escalation.

4.3.3. Related Case

Related cases look like the concept being studied but do not have any of the identifying attributes of decision-making in nursing: Ned, a 54-year-old novice nurse with six months of experience in a general ward, noticed a 70-year-old patient's elevated blood pressure during routine vital sign checks. Demonstrating clinical judgment, he compared the reading to the patient's baseline and consulted a senior nurse to confirm his assessment, indicating an attempt to synthesize data and apply knowledge. However, due to his limited experience, Ned hesitated to act independently, such as adjusting the patient's antihypertensive medication or

notifying the physician promptly, reflecting incomplete clinical judgment. He did not consider the ethical implications of delaying action, such as the potential harm to the patient, indicating an absence of ethical reasoning. Additionally, Ned failed to notice the patient's mild shortness of breath, a critical cue that could have signaled a need for urgent intervention, demonstrating a lack of situational awareness. This case illustrates partial decision-making, with clinical judgment partially present but limited by inexperience, and ethical reasoning and situational awareness absent, hindering full application of the concept.

- **Attributes Present or Absent**:
  - **Clinical Judgment**: Partially present, as Ned identified elevated blood pressure and sought confirmation, but his hesitation limited effective action.
  - **Ethical Reasoning**: Absent, as he did not consider the ethical implications of delaying intervention.
  - **Situational Awareness**: Absent, as he missed critical cues like shortness of breath, failing to anticipate potential complications.

4.3.4. Contrary Case

Walker and Avant (2005) stated the contrary case is the act that clearly shows what the concept is not: David, a 35-year-old nurse working a double shift in a busy emergency department, was distracted by multiple patient alarms and administrative tasks. While administering medication to a 40-year-old patient with a known penicillin allergy, he overlooked the patient's chart and failed to notice the onset of an allergic reaction, such as facial swelling. Lacking clinical judgment, David did not synthesize available data or apply evidence-based protocols to verify the medication's safety. He also neglected ethical reasoning, as he did not uphold the principle of non-maleficence by ensuring safe medication administration. His distraction prevented him from perceiving critical environmental cues, such as the patient's distress, indicating an absence of situational awareness. As a result, David failed to decide on an intervention, leading to patient harm and a preventable adverse event. This case demonstrates the complete absence of all three attributes, highlighting the consequences of failed decision-making in nursing.

- **Attributes Present or Absent**:
  - **Clinical Judgment**: Absent, as David did not assess or synthesize patient data to ensure safe medication administration.
  - **Ethical Reasoning**: Absent, as he failed to uphold non-maleficence by ignoring the patient's allergy.
  - **Situational Awareness**: Absent, as he overlooked critical cues of an allergic reaction due to distraction.

4.4. Identifying Antecedents and Consequences of Decision Making in Nursing

In Walker and Avant's concept analysis framework, antecedents are the events, conditions, or factors that must be present for the concept to occur, while consequences are the outcomes or effects resulting from the concept's application [20]. Identifying antecedents and consequences of decision-making in nursing provides a deeper understanding of the prerequisites that enable effective decision-making and the impacts it has on nurses, patients, and healthcare systems. This analysis, supported by a comprehensive literature review, highlights the critical role of knowledge, experience, collaboration, and resources as antecedents, and the resulting consequences of improved patient outcomes, enhanced nurse autonomy, and potential decision fatigue, as illustrated in Figure 1 [38, 42].

Antecedents

The antecedents of decision-making in nursing, as depicted in Figure 1, include knowledge (encompassing evidence-based practice), experience (enhancing clinical skills), collaboration (facilitated through teamwork), and resources (including technology and protocols). Each antecedent plays a distinct yet interconnected role in enabling nurses to apply clinical judgment, ethical reasoning, and situational awareness effectively.

Knowledge/Evidence-Based Practice: Knowledge, particularly rooted in evidence-based practice, is a foundational antecedent for decision-making in nursing [38]. This encompasses a nurse's understanding of clinical guidelines, research findings, and best practices that inform patient care. Melnyk and colleagues emphasize that evidence-based practice involves integrating the best available research with clinical expertise and patient values to make informed

decisions [38]. For example, a nurse in a diabetes clinic might use knowledge of the latest American Diabetes Association guidelines to decide on insulin adjustments for a patient with uncontrolled blood glucose levels. Knowledge ensures that decisions are grounded in scientific evidence, reducing the risk of errors and enhancing care quality [14]. Continuous education and access to scholarly resources are essential for maintaining up-to-date knowledge, enabling nurses to navigate complex clinical scenarios with confidence [38].

Experience/Clinical Skills: Experience, which enhances clinical skills, is a critical antecedent that shapes a nurse's decision-making ability [37]. Benner's work on novice-to-expert development highlights that as nurses gain experience, they develop an intuitive grasp of clinical situations, improving their confidence and competence in making decisions [2, 37]. For instance, an experienced emergency nurse might quickly recognize the signs of septic shock in a patient with fever and hypotension, deciding to initiate fluid resuscitation based on prior encounters with similar cases. Experience allows nurses to refine their clinical skills, such as patient assessment and intervention techniques, which are essential for applying clinical judgment effectively [31]. Research shows that experienced nurses are more likely to make accurate and timely decisions, contributing to better patient outcomes [19]. However, even novice nurses can leverage structured training to build foundational skills, which mature with experience over time [8].

Collaboration/Teamwork: Collaboration, facilitated through teamwork, is an essential antecedent that supports decision-making by fostering communication and shared expertise among healthcare professionals [40]. Weston underscores that effective teamwork enables nurses to consult with colleagues, share insights, and coordinate care, particularly in interdisciplinary settings [40]. For example, in a surgical unit, a nurse might collaborate with a surgeon and a pharmacist to decide on the best pain management plan for a postoperative patient, ensuring all perspectives are considered. Collaboration enhances situational awareness by providing a broader view of the clinical environment and strengthens ethical reasoning by incorporating diverse viewpoints on patient care [36]. Studies demonstrate that teamwork reduces missed nursing care and improves patient safety, as nurses can rely on collective knowledge to make informed decisions [24].

This antecedent is particularly vital in high-pressure environments like intensive care units, where coordinated decision-making can prevent adverse events [14].

Resources/Technology & Protocols: Access to resources, including technology and protocols, is a crucial antecedent that aids decision-making by providing nurses with tools and guidelines to support their practice [41]. Technology, such as electronic health records (EHRs) and decision-support systems, offers real-time data that nurses can use to make evidence-based decisions [10]. Protocols, such as hospital policies on infection control, provide standardized frameworks for action [41]. For instance, a nurse in a rural clinic might use a telemedicine platform to consult with a specialist about a patient's rare condition, leveraging technology to inform her decision on referral. Allan and colleagues note that resource availability can mitigate decision fatigue by streamlining workflows, but lack of access can hinder effective decision-making, particularly in under-resourced settings [41]. Access to protocols ensures consistency in care delivery, while technology enhances efficiency and accuracy, both of which are essential for applying clinical judgment and situational awareness in practice [39].

Consequences

The consequences of decision-making in nursing, as shown in Figure 1, include nurse autonomy (fostering professional growth), patient outcomes (improving safety and recovery), and decision fatigue (leading to mental exhaustion). These outcomes reflect the dual nature of decision-making as both a driver of positive change and a potential source of strain in nursing practice.

Nurse Autonomy/Professional Growth: Effective decision-making enhances nurse autonomy, fostering professional growth and empowerment [44]. When nurses apply clinical judgment, ethical reasoning, and situational awareness to make informed decisions, they gain confidence in their professional role, which strengthens their sense of autonomy [44]. Leininger's work on cultural care theory highlights that autonomous nurses are better equipped to advocate for patients, particularly in culturally diverse settings, contributing to professional development [44]. For example, a community health nurse who decides to implement a culturally tailored vaccination campaign demonstrates autonomy by taking initiative, which enhances her leadership skills and professional growth.

Research indicates that autonomy is linked to job satisfaction and retention, as nurses feel more valued and capable in their roles [19]. This consequence reinforces the importance of decision-making in building a resilient and skilled nursing workforce [40].

Patient Outcomes/Safety & Recovery: Improved patient outcomes, particularly in terms of safety and recovery, are a primary consequence of effective decision-making in nursing [43]. Decisions that integrate clinical judgment, ethical reasoning, and situational awareness reduce complications and enhance care quality [14]. Turale and colleagues note that during the COVID-19 pandemic, nurses who made rapid, ethically informed decisions about resource allocation in critical care settings significantly reduced patient mortality rates [43]. For instance, a nurse in a trauma unit who uses situational awareness to anticipate a patient's risk of hemorrhage and acts promptly to secure blood transfusions directly contributes to the patient's recovery and safety [36]. Evidence-based decisions, supported by knowledge and collaboration, minimize errors and improve clinical outcomes, such as reduced hospital readmissions and faster recovery times [14]. This consequence underscores decision-making's pivotal role in achieving patient-centered care, as emphasized by the World Health Organization [25].

Decision Fatigue/Mental Exhaustion: Decision fatigue, leading to mental exhaustion, is a potential negative consequence of repeated complex decision-making in nursing [45]. Allan and colleagues describe decision fatigue as the cognitive depletion that occurs when nurses face continuous high-stakes decisions, particularly in resource-scarce or high-acuity environments [41]. For example, a nurse working a 12-hour shift in an overcrowded emergency department may struggle to maintain situational awareness after making dozens of decisions, increasing the risk of errors [39]. Bandura's self-efficacy theory suggests that prolonged decision-making without adequate support can erode a nurse's confidence, leading to burnout and mental exhaustion [45]. Studies show that decision fatigue is associated with decreased quality of care and higher rates of nurse turnover, highlighting the need for systemic support, such as workload management and access to decision-support tools, to mitigate this risk [41]. This consequence illustrates the challenges of decision-making in nursing and the

importance of addressing its potential downsides to sustain nurse well-being and patient safety.

Fig. 1. Antecedents, Attributes, and Consequences of Decision-Making

4.5. Defining Empirical Referents of Decision Making in Nursing

In Walker and Avant's concept analysis methodology, empirical referents are the measurable indicators or tools used to identify the presence of a concept's defining attributes in real-world practice [20]. For decision-making in nursing, these referents provide a means to assess and quantify the attributes of clinical judgment, ethical reasoning, and situational awareness, enabling researchers and educators to evaluate nurses' decision-making skills objectively. A deep search of nursing literature revealed several instruments that measure aspects of decision-making, including the Lasater Clinical Judgment Rubric and the Decision-Making Instrument for Nursing. However, these tools have limitations in fully capturing the multidimensional nature of decision-making, particularly regarding ethical reasoning and situational awareness, necessitating the development of more comprehensive instruments.

The **Lasater Clinical Judgment Rubric (LCJR)**, developed by Lasater in 2007, is a widely used empirical referent designed to assess clinical judgment in nursing education and practice [46]. The LCJR is based on Tanner's Clinical Judgment Model and evaluates nurses across four dimensions: noticing, interpreting, responding, and reflecting, which align with the clinical judgment attribute of decision-making [31, 46]. Each dimension is scored on a developmental scale (beginning, developing, accomplished, exemplary), allowing educators to assess a nurse's ability to synthesize patient data and make informed decisions. For example, in a simulation scenario, a nursing student might be evaluated on their ability to notice a patient's decreasing oxygen saturation, interpret it as a sign of respiratory distress, respond by adjusting oxygen levels, and reflect on the effectiveness of their intervention. The LCJR has been validated in educational settings, with studies showing its reliability in assessing clinical judgment among pre-licensure nurses [46]. However, while the LCJR effectively measures clinical judgment, it does not explicitly address ethical reasoning or situational awareness, limiting its ability to capture the full scope of decision-making. For instance, it does

not evaluate how a nurse balances patient autonomy with beneficence in a morally complex situation, nor does it assess the nurse's ability to anticipate environmental cues in a dynamic clinical setting [33, 35]. This gap highlights the need for an instrument that integrates all defining attributes of decision-making.

The **Decision-Making Instrument for Nursing (DMIN)**, developed by Jenkins in 1985 and later refined, is another empirical referent that measures decision-making processes in nursing practice [47]. The DMIN focuses on assessing nurses' cognitive and analytical skills in clinical decision-making, particularly their ability to prioritize interventions and evaluate outcomes, which ties to the clinical judgment attribute [47]. The instrument uses a questionnaire format, asking nurses to respond to clinical vignettes by ranking decision options based on their perceived effectiveness. For example, a nurse might be presented with a scenario involving a patient with chest pain and asked to prioritize between ordering an electrocardiogram, administering pain relief, or consulting a physician. The DMIN has been used in research to explore decision-making differences between novice and expert nurses, showing moderate reliability in measuring analytical decision-making skills [47]. However, like the LCJR, the DMIN lacks specific components to assess ethical reasoning and situational awareness. It does not account for how nurses navigate ethical dilemmas, such as obtaining informed consent from a patient with limited health literacy, nor does it measure their ability to perceive and anticipate environmental cues, such as a patient's subtle signs of deterioration in a busy ward [33, 35]. This limitation underscores the need for a more holistic tool that encompasses all aspects of decision-making in nursing.

The absence of ethical reasoning and situational awareness in these instruments reveals a critical gap in the empirical measurement of decision-making. Ethical reasoning, which involves balancing moral principles like autonomy and justice, is often assessed through qualitative methods, such as reflective journals or case studies, but lacks standardized quantitative tools [34]. Similarly, situational awareness, which requires perceiving and anticipating environmental cues, is typically evaluated through simulation-based assessments but is not integrated into broader decision-making instruments [36]. A 2022 study in *Nurse Education Today* highlighted that current tools often focus on cognitive aspects of decision-making, neglecting the ethical and contextual elements that are integral to nursing

practice [52]. clinical practice and nursing education by providing actionable data to enhance nurses' skills across all defining attributes.

5. Operational Definition

Decision-making in nursing is the dynamic process of applying clinical judgment, ethical reasoning, and situational awareness to make informed choices that optimize patient care and safety.

6. Discussion

This concept analysis of decision-making in nursing, guided by Walker and Avant's framework, underscores its critical role in addressing the growing complexity of healthcare, driven by technological advancements, global health challenges, and evolving patient needs [20, 48]. The defining attributes of clinical judgment, ethical reasoning, and situational awareness, supported by antecedents like knowledge, experience, collaboration, and resources, highlight decision-making's multidimensional nature [31, 33, 35]. The consequences, including enhanced patient outcomes, increased nurse autonomy, and potential decision fatigue, reflect its dual impact on healthcare delivery and nursing practice [43, 44, 45]. This discussion explores the implications of these findings, emphasizing decision-making's role in patient safety and nurse autonomy, the influence of cultural and contextual factors, and the need for enhanced training, decision-support systems, and future research to address technological integration and global health contexts.

The increasing complexity of healthcare, fueled by rapid technological advancements and global challenges such as pandemics, has amplified the importance of decision-making in nursing [48]. Technologies like artificial intelligence (AI) and electronic health records (EHRs) provide nurses with vast amounts of data, requiring advanced clinical judgment to synthesize information effectively [10]. For example, a nurse using an AI-based predictive tool might need to decide whether to escalate care for a patient flagged as high-risk for sepsis, balancing algorithm outputs with clinical observations. Simultaneously, global health crises, such as the COVID-19 pandemic, have placed nurses at the forefront of resource allocation decisions, where ethical reasoning is paramount to ensure equitable care [43]. Turale and colleagues noted that nurses who made ethically

informed decisions during the pandemic significantly improved patient survival rates in critical care settings [43]. This analysis highlights decision-making's pivotal role in enhancing patient safety, as effective decisions reduce complications, such as hospital-acquired infections, and improve recovery rates [14]. Moreover, decision-making fosters nurse autonomy by empowering nurses to take initiative, advocate for patients, and grow professionally, which is linked to higher job satisfaction and retention [19, 44]. For instance, a nurse who independently decides to implement a fall prevention protocol demonstrates autonomy, contributing to both patient safety and her professional development.
Cultural and contextual factors significantly influence decision-making, necessitating tailored approaches to ensure equitable and patient-centered care [50]. Osokpo and Riegel's integrative review found that cultural beliefs, such as preferences for family involvement in care decisions, can shape how nurses approach ethical reasoning, particularly in diverse populations [50]. For example, in a community with strong family-oriented values, a nurse might involve the patient's family in deciding on a treatment plan for chronic illness, ensuring cultural congruence. Contextual factors, such as resource availability, also play a critical role. In under-resourced settings, nurses may face challenges accessing technology or protocols, which can hinder situational awareness and lead to decision fatigue [41]. A 2021 study in *International Nursing Review* highlighted that nurses in low-resource hospitals during the COVID-19 pandemic experienced higher rates of mental exhaustion due to repeated complex decisions with limited support [53]. These findings advocate for tailored decision-making strategies that consider cultural and contextual nuances, such as providing cultural competency training and ensuring equitable resource distribution to support nurses in diverse settings.

To address these challenges, enhanced training and decision-support systems are essential [49]. Simulation-based training, which has been shown to improve clinical judgment and situational awareness, can prepare nurses for high-pressure scenarios by mimicking real-world conditions [36]. For example, a simulation where nurses manage a deteriorating patient can enhance their ability to notice and respond to environmental cues, strengthening situational awareness [36]. Decision-support systems, such as EHR-integrated clinical decision tools, can reduce cognitive load and mitigate decision fatigue by providing evidence-based

recommendations [10]. A 2023 study in *Journal of Nursing Management* found that nurses using decision-support systems reported lower rates of burnout and higher decision accuracy in critical care settings [54]. Training programs should also emphasize ethical reasoning, equipping nurses to navigate moral dilemmas, such as end-of-life care decisions, through frameworks like the American Nurses Association's Code of Ethics [33]. By investing in these areas, healthcare systems can empower nurses to make informed, ethical, and contextually appropriate decisions, ultimately improving patient outcomes and nurse well-being.

Future definitions of decision-making in nursing should adopt a holistic perspective, addressing technological integration and global health contexts. The rapid adoption of AI and telehealth necessitates that decision-making frameworks incorporate technological literacy, ensuring nurses can effectively use these tools while maintaining human-centered care [10]. For instance, nurses must be trained to critically evaluate AI-generated recommendations, balancing them with ethical considerations like patient autonomy [34]. Additionally, global health challenges, such as pandemics and climate-related health crises, require decision-making models that account for international collaboration and resource disparities [48]. A 2022 report by the World Health Organization emphasized the need for global health frameworks that support nurses in making decisions across borders, such as coordinating care for displaced populations during crises [25]. Future research should focus on developing comprehensive empirical referents that measure all aspects of decision-making, including ethical reasoning and situational awareness, to better support nurses in diverse and evolving healthcare landscapes [52]. By addressing these areas, decision-making in nursing can evolve to meet the demands of modern healthcare, ensuring both patient safety and nurse resilience.

7. Conclusion

This concept analysis defines decision-making in nursing as a dynamic process driven by clinical judgment, ethical reasoning, and situational awareness, enabled by knowledge, experience, collaboration, and resources. It emphasizes decision-making's vital role in delivering high-quality, patient-centered care by enhancing patient safety and recovery while fostering nurse autonomy and professional growth. However, challenges like decision fatigue highlight the need for systemic support. This definition informs nursing education by promoting training in

clinical judgment, ethical reasoning, and situational awareness, and guides policy to implement decision-support tools and equitable resource allocation. Ultimately, this analysis strengthens the understanding of decision-making, supporting nurses in meeting modern healthcare demands while prioritizing patient and professional well-being.

Ethical Considerations

Exempt from IRB approval; no human subjects involved.

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