

## Effect of Educational Program about Decision Making on Nurses Performance

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### Abstract

**Background:** Decision making is an important factor in educating nurses so that they develop good problem-solving skills. Decisions are the core transactions of organizations and are the most important vehicle in which organizations distance themselves from one another. **Aim of study:** Was to assess effect of educational program about decision making on nurses' performance in Benha University hospitals. **Study design:** Quasi-experimental design was used to conduct this study. **Setting:** this study was conducted at Units and departments at Benha University. **Subjects:** Included 77 head nurses and 296 staff nurses. **Tools for data collection:** Self-administrative decision making knowledge questionnaire (pre, post and follow-up after three months of conducting the educational program), performance observational check list (pre, post, and follow up). **Results:** The majority of studied head (80.5%) had satisfactory level of knowledge regarding decision making during post-program and majority of staff nurses (70.9%) had satisfactory level of knowledge regarding decision making during post-program, while (83.1%) of studied head nurses and (87.2) of studied staff nurses had good level of performance regarding decision making through post-program. **Conclusion:** The educational program was effective in improving head nurses and staff nurses level of knowledge and performance related to decision making and also increasing improvement related to decision making. There was an improvement in the level of knowledge of and performance of head nurses and staff nurses after introducing an educational program about decision making thorough post program and follow up phases compared with preprogram phase post-program and follow up phases compared with preprogram phase, also there was a positive statistical significant correlation between total knowledge score and total performance of head nurses and staff nurses through program phases, moreover there was a positive with no statistical significant correlation between total head nurses and staff nurses knowledge thorough the program phases. **Recommendation:** Conducting a regular workshop for Head nurses about decision making as needed.

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**Keywords:** Decision making, Head nurses, Staff nurses, Problem solving

### Introduction

Decision-making is a vital element in nurses' professional performance and it makes professional nurses distinctive from amateur personnel from medical care unit (Mirsaidil, 2013). Decision Making Also defined as the

process of selecting a logical choice from the available options. When trying to make a good decision, a person must weigh the positives and negatives of each option, and consider all the alternatives. For an effective

decision making, a person must be able to forecast the outcome of each option as well, and based all these items, determine which option is the best of that special situation (<http://www.businessdictionary.com/definition/decision-making.html>, 2018).

In the clinical setting, nurses are continually faced with demands to make decisions of care. The process of coming to choice is the essence of decision making. This process is viewed as complex. Suggest that the complexity of clinical decision making (CDM) require abroad knowledge base and access to reliable sources of information, as well as working in supportive environment. The decisions that the nurse make while performing nursing care will influence their effectiveness in clinical practice and make an impact on patients' lives and experiences with health care regardless of which setting or country the nurse is practicing. knowledge about nurses decision making is therefore of almost importance .understanding how nurses make decisions is also a prerequisite to facilitating learning and development of decision making skills in nursing education(**Bjork et al.2015**)

Rapid changes in the health sector and the need for professional expertise call for further development of nursing education. The increasingly complex requirements of today's Factors affect decision making Experience, Knowledge, and Cue Recognition. Accurate decisions cannot be reached without some level of knowledge, it is the foundation of decision-making. Knowledge gives nurses the ability to identify information cues relating to the decision problem. If a nurse's knowledge base is limited or impaired, fewer decision cues will be recognized and decisions will be based on partial information—leading to poorer decisions. Clinical experience adds to the practical and functional knowledge that

nurses need to make complex decisions. However, novice nurses have little or no experience in clinical settings. This poses some limitations on their general ability to recognize relevant information cues relating to the decision-problem at hand is more potential for erroneous decision-making (**Muntean, 2018**).

Decision making is divided into seven steps1-Identify the decision you realize that you need to make a decision. Try to clearly define the nature of the decision you must make2. Gather relevant information Collect some pertinent information before you make your decision: what information is needed, the best sources of information, 3: Identify the alternatives as you collect information, you will probably identify several possible paths of action, or alternatives4: Weigh the evidence Draw on your information and emotions to imagine what it would be like if you carried out each of the alternatives to the end.5: Choose among alternatives,6: Take action You're now ready to take some positive action by beginning to implement the alternative you chose in Step 5 Step 7: Review your decision & its consequences (**An Official Dartmouth, 2018**).

#### **Significance of the study:**

Decision making is an essential component of professional nursing care, nurses' ability to make effective clinical decisions is the most important factor affecting quality of care. Nurses make two types of decisions related to practice: patient care decision that affect direct patient care, and condition-of work decisions that affect the work environment or groups of patient (**Ragab& Mahmoud, 2013**).

#### **Aim of the study**

The present study aimed to assess influncining of educational program about decision making on nursing performance at

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Benha university hospital. To achieve this aim, the following objectives will guide the research in the results collection, analysis, discussion, conclusion and recommendations.

### **Research hypothesis**

The educational program about decision making would have a significant improvement of head nurses and staff nurses' knowledge about decision making after implementing a decision making educational program and a significant improvement of head nurses and staff nurses' performance after introducing a decision making educational program.

### **Subjects and method**

#### **Study design**

Quasi-experimental study design with pre-test, immediate post-test and follow up (after 3months) assessments was carried out in this study.

#### **Setting**

The current study was conducted at units and departments at Benha university hospital

#### **Subjects**

The current study subjects consisted of two groups namely head nurses and staff nurses.

#### **A-Head nurses: -**

Included 77 head nurses have a Bacularate degree from all pervious units and wards who had fulfilled the eligibility criterion of working experience that had not less than one year of job experience in their work setting

#### **B- Staff nurses group:**

The total number of staff nurses who are working in the above mentioned study setting were ( 1140 ) head nurses the final sample size were (296) head nurses were distributed as following.

$$n = \frac{N}{1+N(e)^2}$$

(n) = is sample size

(N) = is total number of staff nurses who are studied at above Mentioned study setting (1140) nursing students.

(e) is coefficient factor= 0.05

#### **Tool for data collection**

Data of the present study was collected by using the following three tools:

**1- Decision making knowledge test (a structured questionnaire developed by the researcher and guided by (Elwyn et al., 2012), (Bednarz, 2013) and Cherry (2019):** the questionnaire include questions regarding decision making to assess studied head nurses knowledge about decision making. It included two parts as the following:

**Part (1):** This part included data about personal characteristics such as (name, age, years of experience, qualification and department that the head nurse or staff nurse work at medical and surgical units at Benha university Hospitals.

**Part (2):** Forty questions that divided into three parts: 1-right or wrong that contained (11 questions regarding decision making), 2-Multiple choice questions that contained (12 questions regarding decision making definition, process and characteristics), 3- Yes or No that contained (17 questions regarding styles of decision making

**Scoring system:** each question was granted one point for the correct answer, and zero for the wrong one.

Unsatisfactory :< 60% of total knowledge scores.

Satisfactory: ≥ 60% of total knowledge scores.

#### **2- Performance regarding Decision making observational check list.**

**A- Head nurses Performance regarding decision making check list developed by the**

researcher and guided by (Thompson & Stapley, 2011), (Mirsaidi, 2013) and (Shaaban, et al. 2014): that used to measure head nurses performance in medical departments and units. It consists of two parts:

First part: It included personal characteristics data, age and years of experience.

Second part: Include 5 major domains including 19 items

Tool reliability: was done using Cranach's alpha coefficient test it was 0.897.

B-Staff nurses performances regarding decision making observational checklist.

It was adapted from (Eid, 2003), and modified by the researcher through reviewing the related literature as (Chase, 2013): It included two parts:

**Part (1): Included personal data (age, qualifications, years of experience, and date of observation).**

**Part (2): (4) main domains for observation, that contain (41 items).**

#### **Scoring system:**

The items were judged according to 3 point liker scale and are score from 0 to 2. (Not done=0; done incompletely =1; done completely =2).

Total performance score was calculated as the following:

Unsatisfactory performance -----<60% of total performance score.

Satisfactory performance -----≥60 % of total performance score

#### **Content validity**

The three tools of data collection were tested for validity (Face and Content) validity through distribution of the tools to a jury of

five Experts on field of Nursing Administration consisting of (two Professors and one Assistant Professor from Ain Shams University and two assistant professor from Menofia University). In the light of their valuable comments such as modify some words rephrasing to give the most appropriate meaning for the phrase which were not clear and rearrange of tools items this phase started at July and ended at August 2017 .

#### **Tool Reliability:**

The reliability was done by Cronbach's Alpha Coefficient test. The internal consistency of knowledge was (0.89).

#### **Ethical considerations**

The study was conducted with careful attention to ethical standards of research and rights of the participants.

##### **▪ Informed consent**

The respondent rights was protected by ensuring voluntary participation, so the informed consent will be obtained by explaining purpose, nature time of conducting the study, potential benefits of the study, how data will be collected, any invasive procedure, expected outcomes and the respondent rights to withdrawing from the research study at any time in case of violation of his rights.

##### **▪ Anonymity and confidentiality**

The respondent was assured that the data will be treated as strictly confidential; furthermore, the respondent anonymity will be maintained as they will not require mentioning their names.

##### **▪ Scientific honesty**

To ensure scientific honesty, the investigator uses bracketing and intuiting to avoid bias.

#### **Pilot Study**

Pilot study was carried out to assess tools clarity and applicability. It was done on 10% (30 nurses) from the subject and were

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included in the main study subject because there no modifications are required.

### **Field Work**

The following phases were adopted to achieve the aim of the current study: assessment, planning, implementation and evaluation phases. These phases were carried out from January 2018 to march 2018

### **Assessment phase**

- The process of data collection was carried out in January 2018 to assess the study subjects (head nurses & staff nurses) knowledge and performance regarding decision making before implementation of the educational program.
- The researcher was a viable at the previously mentioned setting three days per week to collect baseline data.
- At the beginning, the researcher welcomed the study subjects (head nurses & staff nurses), gave a brief idea about the aim and activity of the program for all the study subjects.
- Then, the researcher collected data by using the different tools of data collection in the a viable hospitals class rooms.
- The time required for finishing each questionnaire was a round; 15-20 minutes.

### **Planning phase:**

- Based on baseline data obtained from pre-test assessment and relevant review of literature, the program was developed by the researcher. This was taken one month, February 2018.
- An education program was developed based on determined needs and relevant review of literature.
- Program construction in a form of printed Arabic form and included different topics to enhance decision making knowledge and performance. Also, the researcher prepared power point presentation of topics.
- Different instructional strategies, method of teaching, media and method of evaluation were selected to suit the subjects (head

nurses& staff nurses) needs and achieve the objectives and content of the program.it was aimed to provide head nurses and staff nurses with more knowledge regarding decision making as possible.

- The teaching sessions were achieved by using available resources, relevant contents and instructional strategies for each session. Different methods of teaching were used such as lecture, group discussion and brain storming. Instructional media included, handout prepared by the researcher and distributed to the study subjects (head nurses& staff nurses) in the first day of the education program.

### **Implementation phase:**

This phase was initiated in March 2018.

- The researcher visited each previous mentioned setting, three days per week. Then the researcher divided the subjects a:te head nurses to 8 groups ,b: staff nurses to 12 group every day of implementation covered about 10 head nurses also every day of implementation covers about 25 staff nurses. The teaching sessions 5 hours distributed to (5) sessions. These sessions were repeated with the same to each group of (head nurses & staff nurses).
- The duration of each session 45 minutes, achieved by using a viable resources, relevant contents and instructional strategies for each session.

### **Evaluation phase:**

During the evaluation phase the educational program was conducted at the section of training at Benha University Hospital the program was given to the head nurses and staff nurses at different time and the they were collected with a list of their names and if some of them were busy they are have another time for providing an education program about decision making that are suitable for their work time. During this

phase, the effect of the education program was evaluated immediate evaluation included, immediate post program implemented for all subjects using the same tools which used before the program. Follow up after three months of program implementation, all the study tools were applied for the head nurses and staff nurses to test the follow up gain in the subjects knowledge and performance regarding decision making. The time of the data collection lasted for three months from April to June 2018.

Meeting was held between the researcher and the nurse of departments and units. The aim of the study was discussed with them. The time for data collection and program implementation were also determined based on their views, to gain their approval and cooperation.

#### **Statistical analysis:**

Data were verified prior to computerized entry. The statistical package for social sciences (SPSS) was used for that purpose, followed by data analysis and tabulation. Descriptive statistics were applied (e.g., frequency and percentages).

Test of significance (paired t-test) was applied to test the study hypothesis. Pearson correlation coefficients were used for investigation of the relationships among scores of knowledge, and practice. Significant level value was considered when  $P < 0.05$ , and a highly significant level value was considered when  $p < 0.001$ . t. test is a test of significance used for comparison between two variables for the same sample and Pearson correlation @ test was used for association between total scores.

#### **Results:**

**Table (1):** Shows that the number of studied head nurses were (77), more than half of them (50.6%) were 30>35 years old with Mean ( $\pm$ SD)  $32.58 \pm 5.04$ . and (45.5%) were from 2>5 years of

experience with Mean ( $\pm$ SD)  $9.01 \pm 5.04$  and 100% of them have bachelors.

**Table (2):** Displays that the highest percentage of them (47.3%) were from 25>30 years old with Mean  $\pm$ SD ( $31.84 \pm 6.80$ ) and (45.5%) were from 2>5 years in relation to experience Mean ( $\pm$ SD)  $12.85 \pm 7.62$  and more than half (64.9%) have nursing diploma nursing.

**Figure (1):** Shows total knowledge percentage distribution of studied head nurses about decision making through the program phases. Which indicated that the program had greater influence on improving head nurses knowledge throughout post and follow up phases of the program compared with the preprogram phase. Majority of studied head nurses (71.4%) and (80.5%) had good level of knowledge during post program and follow up phases compared with preprogram phase.

**Figure (2):** Shows total knowledge percentage distribution of studied staff nurses about decision making through the program phases. Which indicated that the program had greater influence on improving staff nurses knowledge throughout post and follow up phases of the program compared with the preprogram phase. Majority of studied staff nurses (70.9%) and (68.1%) had good level of knowledge during post program and follow up phases compared with preprogram phase.

**Table (3):** Illustrates that there was a highly statistical significant difference of studied staff nurses decision making skills through the program phases in relation to Total decision (assessment), Total decision (planning), Total decision (implementation), Total decision (evaluation). Which indicated that the program had greater influence on improving staff nurses performance throughout post and follow up phases of the program compared with the preprogram phase ( $P$ -value  $> 0.000^{**}$ ).

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**Table (4):** Illustrates that there was a highly statistical significant difference of studied head nurses decision making skills through the program phases in relation to Total decision making. planning activities, Total decision making (organizing ), Total decision making:(directing), Total decision

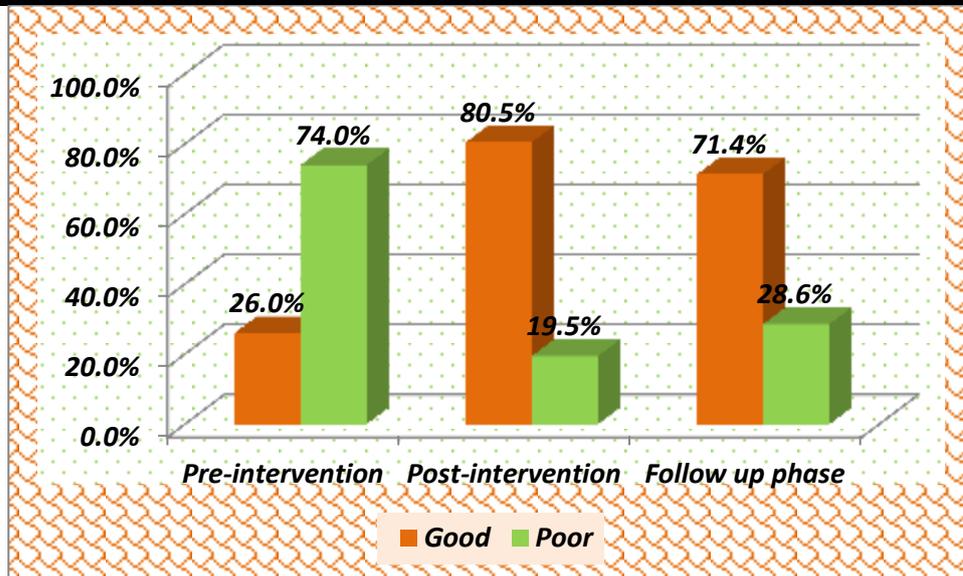
making(controlling), Total decision making(Assembling resources activities ). Which indicated that the program had greater influence on improving head nurses performance throughout post and follow up phases of the program compared with the preprogram phase.

**Table (1) Frequency distribution of studied head nurses at Benha university hospital regarding to their demographic characteristics (77).**

<b>personal characteristics</b>	No	%
<b>Age</b>		
25>30 years	29	37.7
30>35	39	50.6
35>40	9	11.7
Mean ±SD	32.58±5.04	
<b>Experience in years</b>		
2>5	35	45.5
6>10	32	41.6
10>	10	13.0
Mean ±SD	9.01±5.04	
<b>Qualification</b>		
Bachelors	77	100.0
Nursing institute	0	0.0
Diploma nursing	0	0.0
<b>Job</b>		
Head nurse	77	100.0
Staff nurse	0	0.0

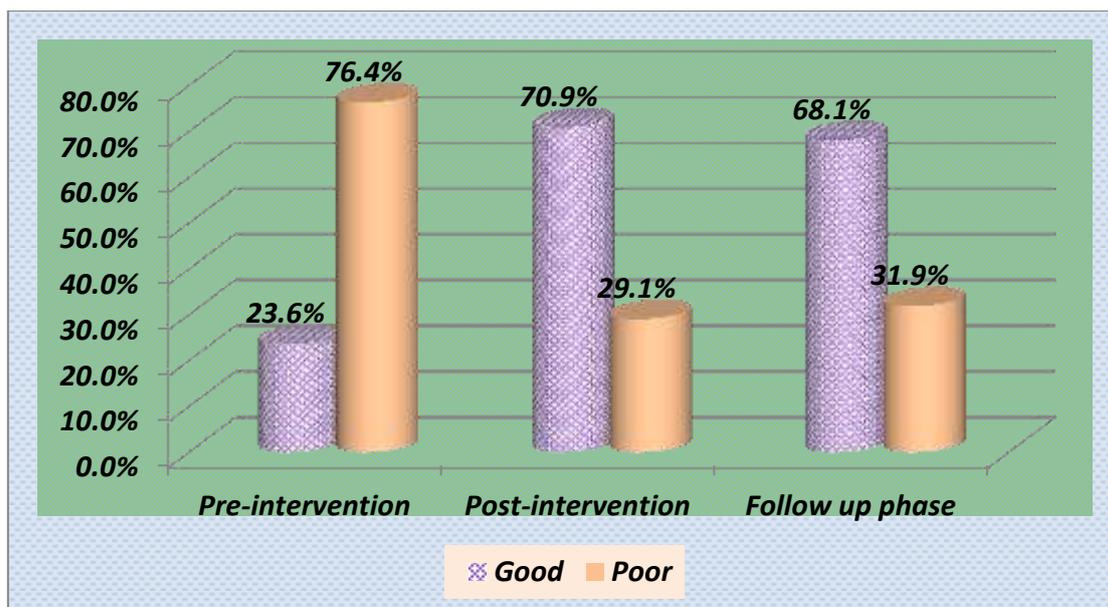
**Table (2): Frequency distribution of studied staff nurses regarding demographic characteristics (n=296).**

personal characteristics	No	%
<b>Age</b>		
25>30 years	140	47.3
30>35	106	35.8
35>40	50	16.9
Mean ±SD	31.84±6.80	
<b>Experience in years</b>		
2>5	134	45.3
6>10	29	9.8
10>	133	44.9
Mean ±SD	12.85±7.62	
<b>Qualification</b>		
Bachelors	0	0.0
Nursing institute	104	35.1
Diploma nursing	192	64.9
<b>Job</b>		
Head nurse	0	0.0
Staff nurse	296	100.0



**Figure (1): frequency and percentage distribution of studied head nurses regarding their knowledge pre and post program (n=77).**

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**Figure (2): Total frequency and percentage distribution of studied staff nurses regarding their knowledge pre and post program.**

**Table (3): frequency and percentage distribution of studied staff nurses total performance through the program phases (n=296).**

	Pre-intervention		Post-intervention		Follow up phase		X <sup>2</sup> <sub>1</sub>	p-value	X <sup>2</sup> <sub>3</sub>	p-value
	No	%	No	%	No	%				
<b>Total decision (assessment)</b>							93.7	0.000**	21.6	0.000**
Satisfactory	142	48.0	253	85.5	198	66.9				
Unsatisfactory	154	52.0	43	14.5	98	33.1				
<b>Total decision (planning)</b>							108.2	0.000**	25.6	0.000**
Satisfactory	139	47.0	258	87.2	200	67.6				
Unsatisfactory	157	53.0	38	12.8	96	32.4				
<b>Total decision (implementation)</b>							98.3	0.000**	30.8	0.000**
Satisfactory	147	49.7	259	87.5	213	72.0				
Unsatisfactory	149	50.3	37	12.5	83	28.0				
<b>Total decision (evaluation)</b>							97.7	0.000**	30.7	0.000**
Satisfactory	146	49.3	258	87.2	212	71.6				
Unsatisfactory	150	50.7	38	12.8	84	28.4				
<b>Total decision</b>							100.7	0.000**	27.7	0.000**
Satisfactory	144	48.6	285	87.2	207	69.9				
Unsatisfactory	152	51.4	38	12.8	89	30.1				

**Table (4): frequency and percentage distribution of studied head nurses total performance regarding decision making through the program phases (n=77).**

Variable	Pre-intervention		Post-intervention		Follow up phase		X21	p-value	X23	p-value
	No	%	No	%	No	%				
<b>Total decision making planning activities</b>							13.20	0.000**	4.70	0.03*
<b>Satisfactory</b>	42	54.5	63	81.8	55	71.4				
<b>Unsatisfactory</b>	35	45.5	14	18.2	22	28.6				
<b>Total decision making (organizing )</b>							22.35	0.000**	7.69	0.006*
<b>Satisfactory</b>	36	46.8	64	83.1	53	68.8				
<b>Unsatisfactory</b>	41	53.2	13	16.9	24	31.2				
<b>Total decision making:(directing )</b>							21.37	0.000**	7.84	0.004*
<b>Satisfactory</b>	38	49.4	65	84.4	55	71.4				
<b>Unsatisfactory</b>	39	50.6	12	15.6	22	28.6				
<b>Total decision making(controlling)</b>							30.33	0.000**	13.97	0.000**`
<b>Satisfactory</b>	32	41.6	65	84.4	55	71.4				
<b>Unsatisfactory</b>	45	58.4	12	15.6	22	28.6				
<b>Total decision making(Assembling resources activities )</b>							26.08	0.000**	17.92	0.000**
<b>Satisfactory</b>	31	40.3	62	80.5	57	74.0				
<b>Unsatisfactory</b>	46	59.7	15	19.5	20	26.0				
<b>Total decision</b>							19.6	0.000**	6.91	0.009*
<b>Satisfactory</b>	38	49.4	64	83.1	54	70.1				
<b>Unsatisfactory</b>	39	50.6	13	16.9	23	29.9				

**Discussion:**

The present study illustrated that, there was a highly statistical significant difference improvement of studied head nurses' knowledge level throughout post program and follow up phase compared with preprogram phase which indicated that the program had appositve effect on improvement of head nurses knowledge level about decision making after program implementation.

The current study revealed that, there was a highly statistical significant difference improvement of studied staff nurses' knowledge level throughout post program and follow up phase and the highest mean knowledge items level was the managerial autocratic decision making is the best style for making decision.

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The result findings were supported **Ismail ,Qalawa&Anwar (2018)** who decision making is a difficult procedure that requires nurses designate well-informed, have right to use an proper information sources and work within accommodating setting.

Also, similar findings have been reported by **Alqahtani, et al(2019)** : who revealed that The head nurses need to improve their knowledge and skills in order to be active participants in decision making process making process.

The current study revealed that illustrates that there was a highly statistical significant difference of studied head nurses decision making skills through the program phases in relation to Total decision making

The findings is agreed with In the same line **Camacho et al., (2020)** study stated that planning is the primary function of management and occupies the first position in the management process as well as performed by managers at all levels. Also **Kyeung & Rodan (2019)**: nurses will improve performance related decision-making and enhance the engagement of patients in the decision-making process .

The present study illustrate that there was positive with no significant correlation between total knowledge and total decision making among staff nurses through the program phases.

These findings are also agreed with **Mohamed. (2018)**who supported that the personal factors help in decision-making and directing in enforcing performance had significant influence on nurses' good practice ; that correlation between head nurses' behavior and nurses' information. On the same line **Ahmed (2019)** study findings revealed that there was a statistical significant

correlation between study nursing knowledge and decision making abilities.

### **Conclusion:**

The educational program about decision making had improved the studied subjects (head nurses and staff nurses) knowledge and performance regarding decision making: the studied subjects (head nurses and staff nurses) knowledge and performance regarding decision making were poor before supplementing them with the decision making educational program. There will be a significant improvement of the study subjects (head nurses and staff nurses) knowledge regarding decision making after implementing a decision making educational program, there was a significant improvement of the studied subjects (head nurses and staff nurses) performance regarding decision making after introducing a decision making educational program. Therefore, the study hypothesis already approved.

### **Recommendations:**

- Conducting a regular workshop for Head nurses about decision making as needed.
- Self evaluation for head nurses performance by themselves.
- Continuous application of needs assessment to recognize Head nurses regarding decision making.
- Periodic assessment of knowledge and performance of staff nurses regarding decision making abilities

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برنامج تعليمي عن اتخاذ القرار وتأثيره على أداء الممرضات في مستشفيات بنها الجامعي  
هالة بهجت محمد موسى - نرمين محمد عيد- احسان سعد سليمان- هدى عبد الله صالح

اتخاذ القرار هو عملية اختيار بواسطة تحديد القرار , جمع المعلومات المتعلقة بالقرار و تقييم الحلول و الخيارات و البدائل و ذلك بأستخدام عملية اتخاذ القرار خطوة بخطوة و الذي يساعد ان يكون القرار مختار بعناية. و تكون القرارات حكيمة عن طريق تنظيم المعلومات و تحديد الاختيارات و هذا الأتجاه يزيد من فرص اختيار أكثر من حل مرضي و ناجح. لذا هدفت الدراسة إلى تقييم أثر البرنامج التعليمي على إتخاذ القرار وتأثيره على أداء التمريض في مستشفى بنها الجامعي . أجريت هذه الدراسة في وحدات و أقسام الباطنه و الجراحة بمستشفى بنها الجامعي و الخاضعين للدراسة الحالية تتألف من مجموعتين من الافراد وهي التمريض والممرضين. رئيسات التمريض في الاقسام و الوحدات و عددهم (٧٧) و قد تم اختيارهم عشوائيا من أقسام الباطنه و الجراحه. الممرضين و عددهم (٢٦٩) تم اختيارهم عن طريق عينه عشوائيه مبسطه من أقسام الباطنه و الجراحه. و اظهرت النتائج الي وجود تحسن في مستوى معرفة وأداء رئيسات التمريض والممرضين فيما يتعلق إتخاذ القرار بعد البرنامج و مراحل المتابعة مقارنة بمرحلة ما قبل البرنامج . كما توجد علاقة ارتباطية موجبة ذات دلالة إحصائية بين المعرفة و الأداء لرؤساء التمريض و الممرضين بالعاملات خلال مراحل البرنامج. و قد أوصت الدراسة التقييم الدوري لمعرفة وأداء رئيسة الممرضات و الممرضات فيما يتعلق إتخاذ القرار و عقد برامج تعليميه يجب ان تكون عملية مستمرة لتحسين معلومات رئيسات التمريض و ادائهم فيما يتعلق إتخاذ القرار.