Arab American University
Faculty of Graduate Studies
Department of Health Sciences
Master Program in Adult Medical Surgical Nursing

The Influence of Self Concept on Clinical Decision Making Among Nurses in the West Bank Governmental Hospital

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Thesis Approval

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Declaration

I declare that, except where explicit reference is made to the contribution of others, this thesis is substantially my own work and has not been submitted for any other degree at the Arab American University or any other institution.

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Dedication

This work is dedicated to my family, whose love, patience, and belief in me have been the bedrock of my journey. To my parents, who have always been my greatest role models and who instilled in me the value of curiosity, hard work, and integrity. Your countless sacrifices, unwavering support, and endless encouragement have been the foundation upon which all my endeavors are built. To my spouse, my unwavering pillar of strength, who has stood beside me through every high and low, every triumph and setback, sharing in my dreams as if they were your own. Your love, patience, and understanding have made this journey possible, and I am endlessly grateful for your presence in my life. This work is also dedicated to all the brilliant minds in science and healthcare, past and present, who have tirelessly dedicated themselves to the pursuit of truth, knowledge, and human betterment. You are the torchbearers of progress, and I am humbled to walk in your footsteps.

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The Influence of Self Concept on Clinical Decision Making Among Nurses in the West Bank Governmental Hospital

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Abstract

Introduction

Clinical decision-making is one of the processes associated with personal characteristics such as the year of present job or experience, further education, sex, the age of the participant, and the working unit of the nurses. Self-concepts are the totality of a complex, organized, and yet dynamic system of learned attitudes, beliefs, and evaluative judgments that people hold about themselves.

Purpose

To determine the influence of self-concept on nurses' clinical decision – making in Palestinian hospital

Methods

This was a cross-sectional study that took place between 5 may to 7 July 2024 among Nurses in West Bank's Governmental Hospitals. A total of 371 from intensive care units, medical, surgical and ER nurses was taken by cross sectional study in West Bank's Governmental Hospitals. The data collection done by using self concept scale and clinical decision making scale .

Results

The results revealed that male, head nurse, with more experience and working only in days shifts is statistically significant associated with nursing self-concepts (P-value <0.05). Being a head nurse, with more experience and working only in days shifts is statistically significant associated with nursing clinical decision-making as indicated by higher average of clinical decision-making score (P-value <0.05). Study results show significant positive association between all nursing self-concepts (Geneal self-concept, nursing care, staff relations, communication, knowledge and leadership) and clinical decision-making (P-value <0.05).

Conclusion

The study highlighted an importance factor influencing nursing self-concept and clinical decision making and their relation to each other which is worth considering as a target for improving the individual nurse competency about the health care and then improving the health care system to maximize patient satisfaction with the less harm to them possible.

Keywords: Clinical Competence, Clinical Decision-Making Hospitals, Intensive Care Units, self-concept

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List of Definitions of Abbreviations

Abbreviations	Title

CDM: Clinical Decision Making

NSC: Nurses Self- Concept

CDMNS: Clinical Decision-Making in Nursing Scale

NSCQ: Nurses Self-Concept Questionnaire.

CSES: Core Self-Evaluations Scale.

CDMS: Clinical Decision-Making Survey.

NASC: Nursing Anxiety and Self-Confidence

PSC: Personal Self - Concept

CT: Critical Thinking

ICU : Intensive Care Unit

Chapter One: Introduction

Self-concept develops, in part, through our interaction with individuals in our lives, besides our close friends and family, might also have an impact on how we identify with ourselves(Carter and Bruene 2019). Its most fundamental, a set of beliefs about oneself and other people's reactions, It is the response to the question, "Who am I ? “(Wang, Guan et al. 2019).

The totality of a complex, organized, and yet dynamic system of learned attitudes, beliefs, and evaluative judgments that people hold about themselves is known as one's self-concept(Wehrle and Fasbender 2019). The self-concept is primarily a social product that is shaped by a diversity of sociocultural factors, it includes what individuals have come to think of themselves in the past, what they know about themselves currently, and very important, what they believe is possible for them in the future, It mediates and regulates most significant intrapersonal and interpersonal functioning (Esnaola, Sesé et al. 2020).

The state of self-concept, like the state of human life, is receptive and can be affected by many factors, including: are education, media, appearance, culture, abuse, relationships, gender, income and age (Potki, Ziaei et al. 2017).

A person's ability to make decisions is very important in life and is considered of great importance when it comes to the quality of service provided to the patient (Marino, Andrews et al. 2020). A combination of experience, awareness, knowledge, and information collection, guided by suitable assessment tools, colleagues, and evidence-based practice(Krishnan 2018) .“ This is how it is defined. Clinical decision making is a balance of known best practice (the evidence, the research), awareness of the current situation and environment, and knowledge of the patient. It is about 'joining the dots' to make an informed decision. Informed clinical decision making should include a variety of information and knowledge sources (Manning and DiLollo 2023).

Quality decision making is an essential component of good clinical practice, understanding the components of the current clinical problem and making clear the contextual aspects that are taken into consideration when making judgments are essential if we are to comprehend, evaluate, and enhance clinical decision making, a comprehensive perspective that takes into account elements like the decision-making

characteristics of the individual and the impact of the external situation on decision-making is necessary when attempting to improve decision-making (Smith, Higgs et al. 2008).

Clinical decision-making is one of the processes associated with personal characteristics such as the year of present job or experience, further education, sex, the age of the participant, and the working unit of the nurses (Bjørk and Hamilton 2011). In addition to that the knowledge structure of the nurse, the health problem of the patient, the time available to care the patients and the nursing task complexity in their working place (Abate, Birhanu et al. 2022).

Poor clinical decision-making in nursing can lead to poor patient care decisions, poor collection of patient data, poor intellectual ability in updating information, and poor patient data processing (Price, Zulkosky et al. 2017).

1.1 Problem Statement

The decision-making capabilities of the novice nurse in comparison to the expert have evoked much opinion and debate over the years (Tanner 2006). Critical thinking ability, clinical experience, an in-depth knowledge base, and the ability to integrate and assimilate evidenced-based research into practice, are just a few of the many skills required to assist in any decision-making process (Odell 2015). Confident nurses are initiators, not only followers, and make preventative decisions instead of simply responding to problems (Abu Arra, Ayed et al. 2023). Therefore, it is necessary to determine the perception of experienced nurses in CDM with regard to their NSC.

Up to our knowledge, after searching different data bases, the current study is the first one that examines the correlation of NSC and CDM in hospital nurses in Palestine.

1.2 Significant Of the Study

- This study is essential for hospitals and nurses, as its results could help to establish effective interventions to enhance and improve clinical reasoning, clinical judgment, and decision making.

- This study can help determine the real value of clinical decision-making in nursing, which can play a good role in improving the quality of care for patients in the future.

- This research will also provide a database for researchers in Palestine and other Arab and global countries.

1.3 Objectives

1.3.1 Main Objective

- To determine the influence of self-concept on nurses' clinical decision –making in Palestinian hospital.

1.3.2 Specific Objectives

- To determine the level of the clinical decision making among the nurses in Palestinian hospitals among the nurses in Palestinian hospitals.
- To determine the level of self-concept among the nurses in Palestinian hospitals .
- To determine the relationship between self-concept and clinical decision making among the nurses in Palestinian hospitals.

1.4 Research Questions

- Is there a relationship between self-concept and clinical decision making among the nurses in Palestinian hospitals?
- Is there a relationship between demographic data and clinical decision making among the nurses in Palestinian hospitals?
- Is there a relationship between works related factors and clinical decision making among the nurses in Palestinian hospitals?

1.5 Conceptual and Operational Definition

Conceptual definition:

Clinical decision making: A type of informal decision-making that combines clinical expertise, patient concerns, and evidence gathered from scientific literature to arrive at a diagnosis and treatment recommendations (Dehon, Weiss et al. 2017).

Self-concept: An organized set of perceptions, cognitions, or evaluations that one holds about their abilities and characteristics (Hopkins, Geangu et al. 2017) .

1.6 Operational Definition

Clinical decision making in this study was measured by clinical decision-making nursing scale (CDMNS). The scale consists of a total of 40 questions that represent four

subscales: (1) search for alternatives or options, (2) canvassing of objectives and values, (3) evaluation and re-evaluation of consequences, and (4) search for information. Each of the sub-scales contains ten questions that are assessed according to 5-point Likert scale, ranging from 1 (“never”) to 5 (“always”).

Self-concept in this study was measured by Nurses Self-Concept Questionnaire (NSCQ). The questionnaire contains a total of 36 statements that represent six categories: (1) general self-concept, (2) nursing care, (3) staff relations, (4) communication, (5) knowledge, and (6) leadership. Each sub-scale has six statements that the respondents’ rate on an 8-point Likert scale, ranging from 1 (“completely incorrect”) to 8 (“totally accurate”),

Chapter Two: Literature Review

2.1 Introduction

The following chapter provides a comprehensive literature review for the study titled "The Influence of Self-Concept on Clinical Decision-Making among Nurses in West Bank Governmental Hospitals". The primary objective of conducting this literature review is to gain a thorough understanding of the research problem and to identify any underexplored research areas or knowledge gaps. By reviewing existing studies in the subject area, past findings can be compared, critiqued, and new avenues for research can be proposed.

2.2 Clinical Decision-making Skills

Previous researchers have provided various definitions of Clinical Decision-Making (CDM) skills, drawing from different theoretical frameworks. Generally, CDM encompasses the ability to analyze and synthesize information, make informed judgments, and effectively implement decisions within a clinical context. Additionally, it involves selecting the most appropriate course of action to address issues affecting individuals or families and executing that plan (Clapper 2018). A review of existing definitions of CDM skills reveals conceptual variations influenced by the disciplinary perspectives from which they originate. Decision-making is integral across all medical disciplines. In addition to formal instruction in decision-making, it is imperative to ensure that both undergraduate and postgraduate students receive adequate training in critical thinking, problem-solving, and develop a comprehensive understanding of the various cognitive and affective biases to which they may be susceptible (Marino, Andrews et al. 2020) .

2.3 Clinical decision making in Nursing

Clinical decision-making, an important process in which the optimal action is chosen to achieve the desired goals, greatly impacts the quality of care, patient safety, and the possibility of future complications (Stubbings, Chaboyer et al. 2012). As a crucial element of the professional tasks of medical personnel, clinical decision-making consists of the analysis of information, making decisions, and taking action based on those decisions to accomplish the desired goal (Wu, Yang et al. 2016).

Nurses must possess proficient CDM skills to excel in their professional roles. Despite the longstanding research on CDM skills in nursing, ongoing efforts are needed to enhance nurses' competency and ensure patient safety (Powers, Herron et al. 2019)

While literature on CDM skills in nursing exists, less attention has been given to the process of assessing nurses' CDM skills. However, a cross-sectional descriptive survey conducted in Taiwan aimed to investigate nurse practitioners' CDM skills and the influencing factors (Chen, Hsu et al. 2016). In this study, 197 nurse practitioners were assessed using the Clinical Decision-Making Model Inventory. The findings indicated that nurses' age, experience, work unit, professional knowledge, and critical thinking disposition significantly influenced their decision-making scores. The study recommended evaluating a nurse practitioner's knowledge readiness and identifying specific educational needs for on-duty training (Chen, Hsu et al. 2016).

Clinical decision-making is regarded as one of the paramount professional skills, particularly within emergency care providers, as emphasized by the Emergency Nurses Association. It significantly enhances the efficacy and quality of care provided (Reay, Smith-MacDonald et al. 2020).

Early decision -making research focusing on nurses identified that when presented with uncertainty, nurses demonstrated cautiousness in their interpretation of patient status (Hammond, Kelly et al. 1967). Building on previous decision -making literature nurse decision making research in the clinical environment includes data collection, interpretation of collected data, planning associated with nursing intervention implementation, and evaluation of the results (Bucknall 2003). Clinical judgment or decision-making, includes conclusions about a patient’s status and needs with a determination of a method to implement to best meet patient needs including an assessment of the patient response (Tanner 2006). Analytic and intuitive processes have been described in nursing literature. Analytic nurse decision -making requires the decision-maker to combine patient cues to form a logical determination of intervention to address patient need (Corcoran-Perry and Bungert 1992) . Intuitive nurse decision -making is based on experience and includes recognition of similarities between patient care situations, awareness developed over time, and a process that may appear to be without rationale (Benner and Tanner 1987, Corcoran-Perry and Bungert 1992)Expert

nurses use intuition in their decision-making (Benner and Tanner 1987). Pattern recognition facilitates expert identification of clinical situations allowing for confidence in the decision -making process (Benner, Tanner et al. 1992). Literature review indicates that nurses find intuition valuable to their nursing practice and that it should be combined with evidence for best patient care (Rew and Barrow Jr 2007) .

However, use of intuition varies among nurses. Nurses with more experience prefer using intuition in their practice (Pretz and Folse 2011). Intuition provided a confidence in nursing skills, employ s new nursing practice methods, as well as a feeling of connection with patients (Pretz and Folse 2011). In contrast, inexperienced nurses employ an analytic approach when decision –making (Zulkosky, White et al. 2017) .Research indicates that experienced nurses make better decisions, especially with more complicated patient care decisions, than inexperienced nurses (Corcoran 1986). The benefits of experience in decision-making are clear. Improved understanding of how experienced nurse decision -making occurs is warranted in an effort to better support decision -making for all levels of experience

In a qualitative study by (Maharmeh, Alasad et al. 2016), critical care nurses' decision-making processes and activities in real-world clinical settings were explored. The study, involving twenty-four critical care nurses from three Jordanian hospitals, highlighted the continuous nature of the decision-making process. It underscored the pivotal role of experience in determining nurses' capacity to make judgments (Maharmeh, Alasad et al. 2016).

(Ebrahimian, Hashemi-Amrei et al. 2018) employed a qualitative content analysis approach to elucidate the factors influencing decision-making among emergency specialists in emergency conditions. The study delineated differences in decision-making between patients with sudden deterioration and stable patients. Various techniques are employed by emergency experts in assessing patients' emergency conditions, with working conditions and external expectations notably impacting decision-making processes (Ebrahimian, Hashemi-Amrei et al. 2018).

Moreover, (Bijani, Abedi et al. 2021)conducted a qualitative study employing content analysis to explore the challenges and barriers encountered by EMS professionals in clinical decision-making. The findings highlighted the significance of experience, clinical

knowledge, and skills in enhancing the professional capacities of emergency care personnel. Effective communication skills and time management were identified as crucial in mitigating uncertainty, particularly in environments prone to sudden health deteriorations (Bijani, Abedi et al. 2021).

Muntean (2012)conducted a literature review aimed at identifying the factors influencing novice nurses' clinical judgment and decision-making. The review categorized these factors into individual and contextual elements. Individual factors encompassed aspects specific to the decision-maker, such as cue recognition, experience, and hypothesis updating, while environmental factors revolved around contextual elements influencing the decision process. The review highlighted the importance of nurses' perceptions of clinical decision-making, although the variables influencing these perceptions remain subject to debate (Muntean 2012).

Also, Abu Arra, Ayed et al. (2023) conducted a cross sectional study to investigate the myriad factors that shape and influence nurses' clinical decision-making processes within emergency departments. Drawing upon extensive research and empirical evidence, the study highlights several key elements that impact nurses' decision-making abilities in these fast-paced and high-pressure environments. The study highlighted that nurse - related factors play a pivotal role in shaping decision-making processes. Nurses' levels of experience, knowledge, skills, and clinical expertise directly impact their ability to make informed decisions. Moreover, individual characteristics such as cognitive abilities, emotional intelligence, and personal biases can either enhance or impede the decision-making process.

2.4 Self-Concept

The influential self-efficacy researcher (Baumeister 1999) defines self-concept as “The individual’s belief about himself or herself, including the person’s attributes and who and what the self is.” A similar definition comes from (Rosenberg 1988) “…the totality of an individual’s thoughts and feelings having reference to himself as an object.”

Self-concept is related to several other “self” constructs, such as self-esteem, self-image, self-efficacy, and self-awareness. In the following section, we will explain these slight—yet important—differences(Bong and Clark 1999)and (McLeod 2008).

Self-concept holds significant sway over an individual's professional endeavors, particularly within the nursing profession. Defined as the amalgamation of beliefs, attitudes, and self-awareness, self-concept shapes how individuals perceive themselves (Lone and Lone 2016).

Professional self-concept has been defined as "an individual's perception of self as a professional person, which affects different aspects of professional performance" (Montazeralfaraj, Ahmadi et al. 2018).

2.5 Self-concept in nursing

In essence, understanding and nurturing one's professional self-concept are integral to fostering positive professional identity and enhancing nursing practice. By fostering a strong professional self-concept, nurses can bolster their confidence, competence, and commitment to delivering high-quality patient care, thereby contributing to positive healthcare outcomes.

Within the nursing context, professional self-concept assumes paramount importance. It pertains to an individual nurse's perception of themselves as professionals, influencing various facets of their professional performance (Montazeralfaraj, Ahmadi et al. 2018). Research suggests that nurses endowed with a robust professional self-concept wield a more positive impact on patient healthcare outcomes, whereas those harboring a poor self-concept may inadvertently compromise patient care (Randle and Arthur 2007) .

Expanding upon this notion, the concept of self-concept extends to how nurses perceive themselves within their professional role. It encapsulates the amalgamation of sentiments and ideas concerning oneself as a nurse, shaped by both internal reflections and external feedback from others (Gore and Cross 2014) .

Self-concept emerges as a critical element in nurse recruitment and retention, yet limited research has explored this aspect. However, compelling evidence suggests that self-concept significantly influences various work-related characteristics such as job satisfaction, stress, and burnout (Allobaney, Eshah et al. 2022) .

Drawing from the Roy Adaptation Model, self-concept is recognized as one of the effector subsystems impacting adaptive or maladaptive behaviors in response to environmental stimuli or crises (Priyanto, Kamal et al. 2021) Individuals' perceptions of

themselves shape their responses to experiences, determining whether they confront challenges or withdraw.

Notably, nurses' self-concept undergoes significant changes throughout their careers, with the transition from student nurse to graduate nurse marking a pivotal moment. This period determines whether the chosen profession aligns with one's self-concept, and positive early experiences can lay a foundation for future success (Wakefield 2018). Overcoming initial hurdles contributes to the development of a stronger nursing self-concept, subsequently enhancing clinical performance (Allobaney, Eshah et al. 2022) and (Lee and Yang 2015).

A high professional self-concept is also related to increased self-esteem and self-efficacy, creating a sense of well-being and accomplishment, which provides a healthier mental health context for coping with daily life and professional challenges (Tejpar 2021).

However, studies indicate that current educational programs often inadequately prepare newly graduated nurses for real-world clinical practice, attributing this unpreparedness to the weight of professional employment (Hezaveh, Rafii et al. 2014) and (Zare, Purfarzad et al. 2013). Consequently, fostering a favorable professional self-concept and a sense of accountability among nurses becomes imperative for successful clinical practice.

Confident nurses, equipped with a positive self-concept, exhibit leadership qualities and proactive decision-making skills, thereby enhancing patient care outcomes (Axelrod 2017). Therefore, understanding nurses' perceptions of their nursing self-concept in clinical decision-making (CDM) becomes crucial.

Research suggests that nursing self-concept is inversely related to the level of stress among nurses, with a stronger professional self-concept associated with reduced stress levels (Barry, Parvan et al. 2019). Thus, nurturing a positive self-concept among nurses not only benefits individual well-being but also contributes to overall healthcare quality and patient safety.

According to a study conducted in China, nursing students in the country showed a high professional self-concept; such results may be the result of cultural differences such as language, beliefs, values, and educational and economic factors (Zhang, Fu et al. 2021). A study performed in Iran highlighted that the workplace environment influences nurses' professional self-concept; this means that an oppressed work environment and bullying

present a negative impact on professional self-concept, as verified in Iran (Hosseini, Mousavi et al. 2021).

1.6 Relationship between Self-concept and clinical decision making among nurses

Farčić, Barać et al. (2020) conducted a cross-sectional study to explore the relationship between NSC and CDM among nursing students and hospital nurses in Osijek, Croatia, EU. With a sample comprising 568 hospital nurses and 129 BSc nursing students, data were collected using the CDMNS and the NSCQ. Surprisingly, the study found no correlation between CDM and NSC in either group. However, hospital nurses demonstrated significantly higher CDM scores compared to nursing students, while students exhibited significantly higher total NSC levels. The findings suggest that experience plays a crucial role in enhancing nurses' CDM skills, as evidenced by the higher NSC levels among students, enabling them to readily assume clinical roles and approach patient care holistically, traits that develop gradually with clinical experience.

Another study conducted by Dennis and Owoseni (2022) focusing on core self-evaluation as predictors of clinical decision-making among perioperative nurses in Ondo State, Nigeria. Their sample included 63 perioperative nurses from a federal hospital, with a gender distribution of 55.5% male and 28.5% female, and an age range of 21 to 55 (M=32.56; SD=7.11). The researchers utilized the Core Self-Evaluations Scale (CSES) and the Clinical Decision-Making Survey (CDMS) to measure the independent variables. The findings revealed significant and positive relationships between clinical decision-making and various aspects of core self-evaluation. Specifically, clinical decision-making was positively associated with self-esteem ($r = .20$, $p < .01$), locus of control ($r = .18$, $p < .01$), emotional stability ($r = .41$, $p < .00$), and self-efficacy ($r = .21$, $p < .01$). These results suggest that higher levels of self-esteem, locus of control, emotional stability, and self-efficacy are associated with enhanced clinical decision-making among perioperative nurses.

Espinosa-Rivera, Morán-Peña et al. (2019) conducted a comparative and cross-sectional study to assess levels of self-confidence and anxiety among newly graduated nursing bachelor students and their correlation with clinical decision-making (CDM). Using the Nursing Anxiety and Self-Confidence with Clinical Decision-Making Scale (NASC-CDM), they found that 69% of the graduates reported high levels of self-confidence,

while 66% reported low levels of anxiety. The study also revealed significant differences in self-confidence levels based on employment situation, with employed graduates exhibiting higher anxiety levels, although not statistically significant. The findings suggested an inverse relationship between self-confidence and anxiety, indicating that higher self-confidence was associated with lower anxiety levels among newly nursing bachelor graduates, except for those with nursing working experience.

Bibi, Iqbal et al. (2023) conducted a cross-sectional analytical study within a private nursing institute in Peshawar, Pakistan, aiming to explore nursing students' levels of anxiety and self-confidence regarding clinical decision-making. The study involved 80 nursing students from the first and second years, recruited through convenient sampling. Results indicated that 56.3% of participants reported high levels of self-confidence, while 41.3% reported moderate self-confidence, and only 2.5% reported low self-confidence. Similarly, regarding anxiety levels, 41.3% had low anxiety, 40.0% had moderate anxiety, and 18.8% had high anxiety. However, despite these findings, the analysis revealed a weak negative correlation between self-confidence and anxiety, with a p-value of 0.224. This suggests that while there is a trend for higher self-confidence to be associated with lower anxiety levels, the relationship observed was not statistically significant in this context.

Barry, Parvan et al. (2020) conducted a descriptive-correlational study involving 154 eligible nursing students to investigate the correlation between personal self-concept (PSC) and critical thinking (CT). Employing a stratified random sampling technique, the researchers utilized two instruments: the Persian version of the nurses' self-concept questionnaire and Ricketts' Critical Thinking Disposition Assessment Scale. Their findings revealed variability in CT levels across different semesters. Moreover, the analysis unveiled a significant, moderate, inverse correlation (correlation coefficient: -0.46, $p < 0.001$) between CT and PSC among nursing students. This indicates that as levels of CT varied among students in different semesters, there was a corresponding inverse relationship with their personal self-concept.

Summary

In the context of Palestine, there is a notable gap in research exploring the relationship between nurses' self-concept (NSC) and clinical decision-making (CDM). While studies from regions such as Croatia, Nigeria, Pakistan, and others have examined this relationship among nursing students and practicing nurses, the Palestinian healthcare context remains underexplored. Specifically, no existing research has investigated how Palestinian nurses' self-concept influences their clinical decision-making abilities, particularly in relation to cultural, educational, and healthcare system differences in Palestine. Additionally, factors such as political instability and resource limitations in Palestinian hospitals might uniquely impact nurses' professional identity, decision-making capabilities, and self-perception, warranting targeted research. Exploring this relationship could provide insights into developing tailored interventions that enhance nurses' CDM skills through self-concept improvement in the Palestinian context.

Chapter Three: Methodology

Introduction

“This chapter presents the method used in this study to answer the research questions. In this chapter different items were explained: study design, study setting of the study, study population and sampling process, period of the study, inclusion and exclusion criteria, study tools, ethical consideration, pilot study, data collection, and data analysis”.

3.1 Study design

This design was implemented it through a quantitative descriptive cross-sectional study. This design was appropriate to the nature of the variables included in the study to assess the factors influencing Nurses' Clinical Decision-Making among Nurses in West Bank’s Governmental Hospitals. Cross-sectional study was chosen because it is appropriate for describing the status of phenomena or for describing relationships among phenomena at a fixed point in time (Polit and Beck 2010).

3.2 Study setting

This study was conducted the north, middle and south of the Palestine, and the target population was all nurses who work in the Emergency, Medical, Surgical, and ICU departments of governmental hospitals.

Study Period

The study was conducted in the period of 5 may to 7 July 2024 .

3.3 Study Population and sample size:

This study included all the accessible nurses who are working in emergency, medical/surgical, and ICU wards. According to the nursing departments in the Palestinian Ministry of Health, the total number of nurses who work in governmental hospitals in the West Bank is 1200 nurses.

The sample size was estimated using the Raosoft program with a confidence level of 95%, a margin of error of 5%, and a response rate of 50%. A total sample of 292 participants needed to conduct this study. An additional 89 participants were added to overcome participants’ who had incomplete questionnaires and dropped out. So, the final sample was 381 participants”.

Non-probability convenient sampling strategy obtained the desired number of nurses was conducted.

3.3 Inclusion criteria

- Nurses who are working in emergency, medical/surgical, and intensive care units of targeted hospitals.
- Nurses who have experience six months and more
- Those who are present during period of data collection and are willing to participate.
- Nurses who provide direct care to patients.

3.4 Exclusion criteria

The study implemented specific exclusion criteria to ensure the validity and relevance of its findings.

- Nurses who are working at other departments.
- Nurses who have experiences less than six months
- Head nurses were also excluded, just who's their roles typically do not involve direct patient care. (For example, those who only do office and paper work and whose scope of work does not include direct work with patients.)
- Additionally, nurses who were on extended leave, such as career breaks or maternity leave, were excluded to maintain consistency in the sample of actively practicing nurses.
- Part-time nurses and nursing students were excluded as well, to ensure that the study focused solely on full-time, experienced nursing professionals.

3.5 Data collection tool

A questionnaire was used to assess the factors influencing clinical decision making among nursing at the emergency departments, it consisted of the following parts:

- Section One: Characteristics of participants

It includes age, gender, educational level, work shift, experience in nursing, and experience in the emergency department.

- Section Two: Clinical Decision Making in Nursing Scale

The Clinical Decision Making in Nursing Scale (CDMNS) was developed by (Jenkins 1983) .

"This scale describes the perception of nursing in clinical decision-making based on self-expression. The initial CDMNS is composed of 40 items and four subscales. For this research, only 40 items were included in the study. Each item of the scale is assessed through the five-point Likert scale (5) Always, (4) frequently, (3) occasionally, (2)

Seldom, and (1) Never". "The minimum and maximum points to be taken are 40 and 200 on the whole scale. A high score taken from the scale indicates that the perception in decision making is high, whereas a low score indicates that the perception in decision making is low level ".

The internal consistency reliability of the CDMNS was established with a sample of nursing students and yielded a Cronbach's alpha coefficient of 0.83, and as a result, it has been used in over ninety research studies so far (Canova et al., 2016; Girot, 2000).

• Section Three: Nurses Self-Concept Questionnaire (NSCQ) was developed by (Cowin, Craven et al. 2006). The NSCQ is a questionnaire designed specifically for the examination of nurses'

Self-understanding with regard to their professional role. The questionnaire contains a total of

36 statements that represent six categories: (1) general self-concept, (2) nursing care, (3) staff

relations, (4) communication, (5) knowledge, and (6) leadership. Each sub-scale has six statements that the respondents' rate on an 8-point Likert scale, ranging from 1 ("completely incorrect") to 8 ("totally accurate"), making a potential score range of 36–288. All claims are positively formulated, and each subscale contains the balance of affective and cognitive declarative claims. Higher scores are interpreted as the highly developed self-concept of a nurse. Hensel and Stoelting-Gettelfinger (2011) conducted a study using this instrument and reported a Cronbach's alpha of 0.87–0.91 for its various dimensions. Regarding the sample of participants in this study, the reliability of the internal consistency (Cronbach's alpha) is high and amounts to 0.91 for the whole scale.

3.8 Pilot Study

According to (Creswell, 2013) a pilot study refers to a method used to examine the design/methods of instrumentation prior to the actual research. This method contains initial testing of data collection instruments and processes to identify and rectify errors (Kangu, 2017). In other words, the pilot study aims to obtain feedback from the respondent on the clarity and conciseness of the questionnaire items and contents.

The piloting was carried out on 20 participants who met inclusion criteria randomly selected after the ethical approval got from Arab American University and the MoH and

prior to proceeding with the actual study. The purpose of pilot study was to assess the feasibility, delivery procedure, clarity, readability and scale comprehension, and the time needed to finish the questionnaires. The participants indicated that they had no trouble in interpreting or clarifying the contents of the instruments. The pilot study found that the average time taken to complete the questionnaire 10-20 minutes to 16 minutes on average.

Data Collection Procedure

After obtaining ethical approval, meetings were arranged with head nurses in each unit at the selected hospitals to explain the study's purpose, request a list of eligible nurses. Participants were then asked to sign an informed consent form and complete the questionnaire. Each participant was provided with an envelope to place the completed questionnaire and given time at their convenience to fill it out. To ensure no questionnaires were lost, the researcher was present while the respondents completed them, collecting the completed questionnaires at the end of each working day. The researcher was responsible for distributing and collecting the questionnaires, which were administered and completed face-to-face in English.

3.9 Ethical Considerations

Ethical approval was obtained from Arab American University and the Palestinian Ministry of Health (Appendix B). A consent form was provided to every participant prior to the study. No names or personal information about the participants will be revealed. Voluntary participation was explained (the participant has the right to withdraw from the study at any time he wishes without any consequences). It was explained that all data will be kept confidential and will be used for study purposes only. A clear explanation was given to each participant about the study objectives and tool, enough time was given for questions.

3.10 Statistical analysis

“Statistical analysis was performed using Statistical Package for Social Sciences (SPSS version 21). Mean ± standard deviation was computed for continuous data. Frequencies and percentages were calculated for categorical variables. Moreover, t-test and one-way ANOVA, Pearson correlation were used. A p-value of less than 0.05 was considered to be statistically significant for analyses”.

Chapter Four: Results

4.1 Introduction

This chapter explains the findings related to the research questions, the study determines the associations between different factor, clinical decision making and nursing self-concepts.

4.2 Participants' characteristics

A total of 381 nurses completed the study. More than half of the participants were females (56.4%) and 43.6% were males. Most of the interviewed participants have more than 10 years of professional experience and they care with an average of 13 patients. More characteristics are shown in (Table:4.1)

Table 4.1: socio demographic characteristics of the study sample n=381

Character	Frequency (%)
Age (mean ±SD)	35.8±7.3
Gender	
Male	166(43.6)
Female	215(56.4)
Scientific Degree	
Diploma	57(15)
Bachelor	290(76.1)
Master or above	34(8.9)
Job title	
Practical nurse	55(14.4)
Staff nurse	286(75.1)
Head nurse	40(10.5)
Over all Professional experience	
6-24 month	69(18.1)
25-120 month	142(37.3)
More than 120 months	170(44.6)

Professional experience in current unit	
Less than 6 months	77(20.2)
6-24 month	205(53.8)
25-120 month	99(26)
More than 120 months	0(0)
Work hours	
Days	91(23.9)
Evening	0(0)
Nights	0(0)
Rotates between days and nights	290(76.1)
Number of patients each shift (mean ±SD)	13.4±5.9

Table 4.2 shows the answers of the 36 statements regarding nurse self-concept.

Table 4.2: nurse self-concepts answers frequencies and percentages of the study participants n=381

o.	Statement / answer	Definitely false (%)	False (%)	Mostly false (%)	More false than true (%)	More true than false (%)	Mostly true (%)	True (%)	Definitely true (%)
	I have the ability to care for my patients' Needs	29 (7.6)	23 (6)	51 (13.4	45 (11.8)	51 (13.4	59 (15.5	62 (16.3	61 (16)
	I enjoy working with other health professionals	21 (5.5)	20 (5.2)	47 (12.3	45 (11.8)	58 (15.2	51 (13.4	73 (19.2	66 (17.3)
	I get a lot of enjoyment out of being a nurse	22 (5.8)	23 (6)	44 (11.5	54 (14.2)	52 (13.6	38 (10)	69 (18.1	79 (20.7)
	I find new nursing knowledge stimulating	29 (7.6)	19 (5)	50 (13.1	47 (12.3)	53 (13.9	48 (12.6	70 (18.4	65 (17.1)

	I am recognized as the leader of the nursing team	24 (6.3)	26 (6.6)	41 (10.8	43 (11.3)	38 (10)	48 (12.6	87 (22.8	75 (19.7)
	Being a nurse gives me great enjoyment	20 (5.2)	23 (6)	46 (12.1	56 (14.7)	47 (12.3	54 (14.2	62 (16.3	73 (19.2)
	I am good at verbally communicating with colleagues and patients	27 (7.1)	22 (5.8)	46 (12.1	57 (15)	38 (10)	49 (12.9	83 (21.8	59 (15.5)
	I get a lot of respect for m y nursing leadership skills	11 (2.9)	13 (3.4)	27 (7.1)	46 (12.)	57 (15)	40 (10.5	89 (23.4	98 (25.7)
	I gain a lot of professional pleasure from my relationships with colleagues	9 (2.4)	13 (3.4)	14 (3.7)	43 (11.3)	48 (12.6	85 (22.3	97 (25.5	72 (18.9)
0	I am able to master new nursing knowledge	3 (0.8)	23 (6)	24 (6.3)	63 (16.5)	58 (15.2	60 (15.7	77 (20.2	73 (19.2)
1	I can easily relate to m y colleagues	29 (7.6)	29 (7.6)	59 (15.5	45 (11.8)	30 (7.9)	43 (11.3	76 (19.9	70 (18.4)
2	I like being a nurse	29 (7.6)	29 (7.6)	58 (15.2	50 (13.1)	41 (10.8	50 (13.	58 (15.2	66 (17.3)
3	I enjoy communicating information and ideas with colleagues and patients	20 (5.2)	23 (6)	50 (13.1	41 (10.8)	53 (13.9	58 (15.2	60 (15.7	76 (19.9)
4	I look forward to taking further courses that improve my nursing knowledge	18(4.7)	15(3.9)	32 (8.4)	58 (15.2)	62 (16.3	76 (19.9	49 (12.9	71 (18.6)
5	I get along well with other health professionals	18(4.7)	18 (4.7)	29 (7.6)	56 (14.7)	49 (12.9	49 (12.9	75 (19.7	87 (22.8)
6	I am proud to be a nurse	18(4.7)	10 (2.6)	23(6)	54 (14.2)	70 (18.4	69 (18.1	72 (18.9	64 (16.8)
	I can keep a	18 (4.7)	16(4.2)	34 (8.9)	61 (16)	66 (17.3	66 (17.3	59 (15.5	61 (16)

7	nursing group together as a team								
8	I am enthusiastic about nursing	19 (5)	20 (5.2)	41 (10.8	56 (14.7)	49 (12.9	58 (15.2	74 (19.4	64 (16.8)
9	I am constantly incorporating new nursing knowledge into m y patient care	20(5.2)	18 (4.7)	36 (9.4)	65 (17.1)	65 (17.1	55 (14.4	65 (17.1	56 (14.7)
0	Taking care of patients is easy for me	32 (8.4)	16(4.2)	36 (9.4)	57 (15)	55 (14.4	52 (13.6	73 (19.2	60 (15.7)
1	I can confidently communicate with patients and colleagues	15(3.9)	22(5.8)	28 (7.3)	63 (16.5)	56 (14.7	70 (18.4	61 (16)	66 (17.3)
2	I enjoy having nursing leadership responsibility	15(3.9)	20(5.2)	31 (8.1)	58 (15.2)	60 (15.7	63 (16.5	72 (18.9	62 (16.3)
3	I am interested in caring for my patients	29(7.6)	29(7.6)	30 (7.9)	47 (12.3)	47 (12.3	37 (9.7)	72 (18.9	90 (23.6)
4	I have a good working relationship with other health professionals	7 (1.8)	12 (3.1)	21(5.5)	42 (11)	47 (12.3	73 (19.2	88 (23.1	91 (23.9)
5	I am respected as a nurse because of my nursing knowledge	4 (1)	3 (0.8)	3 (0.8)	10 (2.6)	64 (16.8	53 (13.9	135 (35.4	109 (28.6)
6	Communicating effectively with patients and colleagues is easy for me	12 (3.1)	17 (4.5)	16 (4.2)	32 (8.4)	70 (18.4	71 (18.6	90 (23.6	73 (19.2)
7	My work as a nurse is very interesting	15(3.9)	17 (4.5)	21(5.5)	49 (12.9)	74 (19.4	87 (22.8	63 (16.5	55 (14.4)
8	I confidently approach nursing leadership tasks	22(5.8)	15(3.9)	23(6)	42 (11)	49 (12.9	56 (14.7	80 (21)	94 (14.7)
	I am confident	21(5.5)	11(2.9)	25 (6.6)	54 (14.2)	60 (15.7	86 (22.6	58 (15.2	66 (17.3)

9	about m y ability to care for patients								
0	I have the ability to communicate effectively with patients and colleagues	9 (2.4	22(5.	16(4	52 (13	77 (2	71 (1	55 (14	79 (20.7
1	I look forward to caring for my patients	18 (4.7)	14 (3.7)	18 (4.7)	58 (15.2)	66 (17.3)	68 (17.8)	83 (21.8)	56 (14.7)
2	I am able to form good working relationships with other health professionals	18 (4.7)	23(6)	24 (6.3)	45 (11.8)	70 (18.4)	61 (16)	58 (15.2)	82 (21.5)
3	Good nursing leadership is easy for me	19 (5)	11(2.9)	14 (3.7)	51 (13.4)	40 (10.5)	64 (16.8)	99 (26)	83 (21.8)
4	I am proud of my ability to care for patients	19 (5)	13 (3.4)	32 (8.4)	47 (12.3)	47 (12.3)	67 (17.6)	83 (21.8)	73 (19.2)
5	I enjoy learning new nursing knowledge	15(3.9)	23(6)	24 (6.3)	46 (12.1)	56 (14.7)	55 (14.4)	91 (23.9)	71 (18.6)
6	I am good at communicating with colleagues and patients	22(5.8)	9 (2.4)	14 (3.7)	18 (4.7)	71 (18.6)	67 (17.6)	95 (24.9)	85 (22.3)

(Table:4.3) shows the means and slandered deviation of the study nurses about nursing self-concepts. The mean averages ranges from 4.9 and 6.6.

Table 4.3: self-concept statements answer average and slandered deviation of study participants n=361

o.	Statement / answer	Mean	standa rd deviation
	I have the ability to care for my patients' Needs	5.09	2.16
	I enjoy working with other health professionals	5.29	2.09
	I get a lot of enjoyment out of being a nurse	5.30	2.16
	I find new nursing knowledge stimulating	5.17	2.17
	I am recognized as the leader of the nursing team	5.40	2.19
	Being a nurse gives me great enjoyment	5.26	2.11
	I am good at verbally communicating with colleagues and patients	5.18	2.16
	I get a lot of respect for m y nursing leadership skills	5.86	1.95
	I gain a lot of professional pleasure from my relationships with colleagues	5.92	1.75
0	I am able to master new nursing knowledge	5.63	1.84
1	I can easily relate to m y colleagues	5.10	2.28
2	I like being a nurse	4.99	2.23
3	I enjoy communicating information and ideas with colleagues and patients	5.30	2.12
4	I look forward to taking further courses that improve my nursing knowledge	5.39	1.96
5	I get along well with other health professionals	5.58	2.07
6	I am proud to be a nurse	5.52	1.90

7	I can keep a nursing group together as a team	5.31	1.95
8	I am enthusiastic about nursing	5.33	2.05
9	I am constantly incorporating new nursing knowledge into m y patient care	5.21	1.99
0	Taking care of patients is easy for me	5.19	2.13
1	I can confidently communicate with patients and colleagues	5.38	1.96
2	I enjoy having nursing leadership responsibility	5.40	1.95
3	I am interested in caring for my patients	5.37	2.28
4	I have a good working relationship with other health professionals	5.98	1.79
5	I am respected as a nurse because of my nursing knowledge	6.60	1.37
6	Communicating effectively with patients and colleagues is easy for me	5.81	1.84
7	My work as a nurse is very interesting	5.46	1.83
8	I confidently approach nursing leadership tasks	5.73	2.08
9	I am confident about m y ability to care for patients	5.47	1.93
0	I have the ability to communicate effectively with patients and colleagues	5.61	1.86
1	I look forward to caring for my patients	5.51	1.88

2	I am able to form good working relationships with other health professionals	5.50	2.03
3	Good nursing leadership is easy for me	5.85	1.95
4	I am proud of my ability to care for patients	5.59	2.00
5	I enjoy learning new nursing knowledge	5.60	1.99
6	I am good at communicating with colleagues and patients	5.92	1.92

(Table:4.4) shows the 6 main outcomes of nursing self-concepts. Each item is calculated by the summation of 6 statements each statements have a score out of 8 so the individual item is scores from 48. The study participants score an average of 31.85 in general self-concept, 32.2 in caring concept, 33.3 in staff relations, 33.2 in communication, 33.59 in knowledge and 33.5 in leadership. The overall score average was 197.78 with a slandered deviation of 26.6

Table 4.4: nursing self-concepts averages and slandered deviation

Nursing self-concept item	Average	standard deviation
General self-concept	31.85	6.4
nursing care	32.2	6.95
staff relations	33.37	5.76
Communication	33.2	6.34
Knowledge	33.59	5.13
Leadership	33.55	5.91
Total nursing self-concept score	197.78	26.6

(Table: 4.5) shows the frequencies and percentages of nursing answering the clinical decision-making questionnaire meanwhile (Table: 6) shows the mean and standard deviation of the statements. Overall score in clinical decision making was calculated by summation of all answers taking into consideration that negative statements was reversely coded (statement 2,4,6,12,13,15,19,21,22,23,24,25,30,31,32,34,39 and 40).

Table 4.5: nursing clinical decision-making questionnaire answers frequencies and percentages among study participants n=381

o.	Statement	Never	Seldom	Occasionally	Frequently	Always
.	If the clinical decision is vital and there is time, I conduct a thorough search for alternatives.	9 (2.4)	1 (16)	63 (16.5)	76 (19.9)	172 (45.1)
	When a person is ill, his or her cultural values and beliefs are secondary to the implementation of health services.	90 (23.6)	76 (19.9)	66 (17.3)	51 (13.4)	98 (25.7)
	The situational factors at the time determine the number of options that I explore before making a decision.	48 (12.6)	72 (18.9)	79 (20.7)	81 (21.3)	101 (26.5)
	Looking for new information in making a decision is more trouble than it's worth	65 (17.1)	62 (16.3)	89 (23.4)	87 (22.8)	78 (20.5)
	I use books or professional literature to look up things that I don't understand.	46 (12.1)	0 (21)	79 (20.7)	78 (20.5)	98 (25.7)
	A random approach for looking up options works best for me.	73 (19.2)	74 (19.4)	89 (23.4)	71 (18.6)	74 (19.4)
	Brainstorming is a method I use when thinking of ideas for options.	23 (6)	75 (19.7)	75 (19.7)	68 (17.8)	140 (36.7)
	I go out of my way to get as much information as possible to make decisions.	7 (4.5)	73 (19.2)	77 (20.2)	72 (18.9)	142 (37.3)

	I assist clients in exercising their rights to make decisions about their own care.	4 (3.7)	89 (23.4)	79 (20.7)	63 (16.5)	136 (35.7)
0	When my values conflict with those of the client, I am objective enough to handle the decision making required for the situation.	7 (1.8)	72 (18.9)	85 (22.3)	0 (21)	7 (36)
1	I listen to or consider expert advice or judgment, even though it may not be the choice I would make.	8 (4.7)	78 (20.5)	73 (19.2)	81 (21.3)	131 (34.4)
2	I solve a problem or make a decision without consulting anyone, using information available to me at the time.	74 (19.4)	70 (18.4)	71 (18.6)	89 (23.4)	77 (20.2)
3	I don't always take time to examine all the possible consequences of a decision I must make.	72 (18.9)	85 (22.3)	72 (18.9)	82 (21.5)	70 (18.4)
4	I consider the future welfare of the family when I make a clinical decision which involves the individual.	45 (11.8)	68 (17.8)	75 (19.7)	72 (18.9)	121 (31.8)
5	I have little time or energy available to search for information.	0 (21)	75 (19.7)	71 (18.6)	78 (20.5)	77 (20.2)
6	I mentally list options before making a decisiovn.	3 (3.4)	69 (18.1)	85 (22.3)	73 (19.2)	1 (37)
7	When examining consequences of options I might choose, I generally think through "If I did this, then…"	2 (3.1)	71 (18.6)	75 (19.7)	69 (18.1)	154 (40.4)
8	I consider even the remotest consequences before making a choice.	8 (4.7)	77 (20.2)	71 (18.6)	70 (18.4)	145 (38.1)
9	Consensus among my peer group is important to me in making a decision.	72 (18.9)	71 (18.6)	75 (19.7)	79 (20.7)	4 (22)
0	I include clients as sources of information.	49 (12.9)	69 (18.1)	0 (21)	67 (17.6)	116 (30.4)
	I consider what my peers will say when I think about possible	2 (32)	65	95	1 (16)	8 (10)

1	choices I could make.		(17.1)	(24.9)		
2	If a senior nurse recommends an option to a clinical decision-making situation, I adopt it rather than searching for other options.	104 (27.3)	82 (21.5)	79 (20.7)	71 (18.6)	45 (11.8)
3	I search for new information randomly.	93 (24.4)	102 (26.8)	65 (17.1)	79 (20.7)	2 (11)
4	If a benefit is really great, I will favor it without looking at all the risks	115 (30.2)	72 (18.9)	4 (22)	74 (19.4)	6 (9.4)
5	My past experiences have little to do with how actively I look at risks and benefits for decisions about clients.	113 (29.7)	75 (19.7)	78 (20.5)	73 (19.2)	2 (11)
6	When examining consequences of options I might choose, I am aware of the positive outcomes for my client.	40 (10.5)	82 (21.5)	0 (21)	69 (18.1)	110 (28.9)
7	I select options that I have used successfully in similar circumstances in the past.	40 (10.5)	78 (20.5)	4 (22)	63 (16.5)	116 (30.4)
8	If the risks are serious enough to cause problems, I reject the option.	43 (11.3)	77 (20.2)	78 (20.5)	4 (22)	9 (26)
9	I write out a list of positive and negative consequences when I am evaluating an important clinical decision.	47 (12.3)	65 (17.1)	4 (22)	77 (20.2)	108 (28.3)
0	I do not ask my peers to suggest options for my clinical decisions.	115 (30.2)	82 (21.5)	73 (19.2)	73 (19.2)	8 (10)
1	My professional values are inconsistent with my personal values.	113 (29.7)	78 (20.5)	72 (18.9)	72 (18.9)	46 (12.1)
2	My finding of alternatives seems to be largely a matter of luck	112 (29.4)	63 (16.5)	81 (21.3)	83 (21.8)	2 (11)
	In the clinical setting I keep in mind the course objectives for	46	70	75	75	115

3	the day's experience.	(12.1)	(18.4)	(19.7)	(19.7)	(30.2)
4	The risks and benefits are the farthest thing from my mind when I have to make a decision.	109 (28.6)	67 (17.6)	81 (21.3)	85 (22.3)	39 (10.2)
5	When I have a clinical decision to make, I consider the institutional priorities and standards.	46 (12.1)	70 (18.4)	77 (20.2)	83 (21.8)	105 (27.6)
6	I involve others in my decision making only if the situation calls for it.	39 (10.2)	71 (18.6)	81 (21.3)	82 (21.5)	108 (28.3)
7	In my search for options, I include even those that might be thought of as "far out" or not feasible.	40 (10.5)	4 (22)	73 (19.2)	81 (21.3)	3 (27)
8	Finding out about the client's objectives is a regular part of my clinical decision making.	39 (10.2)	49 (12.9)	89 (23.4)	8 (31)	86 (22.6)
9	I examine the risks and benefits only for consequences that have serious implications.	112 (29.4)	110 (28.9)	72 (18.9)	47 (12.3)	40 (10.5)
0	The client's values have to be consistent with my own in order for me to make a good decision.	107 (28.1)	108 (28.3)	71 (18.6)	49 (12.9)	46 (12.1)

Table 4.6: nursing clinical decision-making questionnaire mean and standard deviation among study participants n= 381

No.	Statement	M	SD
1.	If the clinical decision is vital and there is time, I conduct a thorough search for alternatives.	3.90	1.21
2	When a person is ill, his or her cultural values and beliefs are secondary to the implementation of health services.	2.98	1.52
3	The situational factors at the time determine the number of options that I explore before making a decision.	3.30	1.37
4	Looking for new information in making a decision is more trouble than it's worth	3.13	1.37
5	I use books or professional literature to look up things that I don't understand.	3.27	1.36
6	A random approach for looking up options works best for me.	3.00	1.39
7	Brainstorming is a method I use when thinking of ideas for options.	3.60	1.32
8	I go out of my way to get as much information as possible to make decisions.	3.65	1.28
9	I assist clients in exercising their rights to make decisions about their own care.	3.57	1.28
10	When my values conflict with those of the client, I am objective enough to handle the decision making required for the situation.	3.70	1.19
11	I listen to or consider expert advice or judgment, even though it may not be the choice I would make.	3.60	1.27
12	I solve a problem or make a decision without consulting anyone, using information available to me at the time.	3.07	1.42
13	I don't always take time to examine all the possible consequences of a decision I must make.	2.98	1.39
14	I consider the future welfare of the family when I make a clinical decision which involves the individual.	3.41	1.40
15	I have little time or energy available to search for	2.99	1.43

	information.		
16	I mentally list options before making a decision.	3.68	1.24
17	When examining consequences of options I might choose, I generally think through "If I did this, then…"	3.74	1.25
18	I consider even the remotest consequences before making a choice.	3.65	1.30
19	Consensus among my peer group is important to me in making a decision.	3.08	1.42
20	I include clients as sources of information.	3.35	1.41
21	I consider what my peers will say when I think about possible choices I could make.	2.55	1.35
22	If a senior nurse recommends an option to a clinical decision-making situation, I adopt it rather than searching for other options.	2.66	1.36
23	I search for new information randomly.	2.67	1.34
24	If a benefit is really great, I will favor it without looking at all the risks	2.59	1.34
25	My past experiences have little to do with how actively I look at risks and benefits for decisions about clients.	2.62	1.37
26	When examining consequences of options I might choose, I am aware of the positive outcomes for my client.	3.33	1.37
27	I select options that I have used successfully in similar circumstances in the past.	3.36	1.37
28	If the risks are serious enough to cause problems, I reject the option.	3.31	1.35
29	I write out a list of positive and negative consequences when I am evaluating an important clinical decision.	3.35	1.37
30	I do not ask my peers to suggest options for my clinical decisions.	2.57	1.35
31	My professional values are inconsistent with my personal values.	2.63	1.39
32	My finding of alternatives seems to be largely a matter of luck	2.69	1.38
33	In the clinical setting I keep in mind the course objectives for the day's experience.	3.38	1.39

34	The risks and benefits are the farthest thing from my mind when I have to make a decision.	2.68	1.36
35	When I have a clinical decision to make, I consider the institutional priorities and standards.	3.34	1.37
36	I involve others in my decision making only if the situation calls for it.	3.39	1.34
37	In my search for options, I include even those that might be thought of as "far out" or not feasible.	3.32	1.35
38	Finding out about the client's objectives is a regular part of my clinical decision making.	3.43	1.25
39	I examine the risks and benefits only for consequences that have serious implications.	2.46	1.31
40	The client's values have to be consistent with my own in order for me to make a good decision.	2.52	1.34
Total score		134.67	12.6

4.3 Association between nursing self-concept and different nursing characters:

The association between different character was examined using one-way anova test for relation between categorical and overall nursing self-concept scale. Meanwhile, person correlation was used to determine the association between continuous variables and nursing self-concept scale.

The analysis result shows that being a male, head nurse, with more experience (either overall experience or experience in current position) and working only in days shifts is statistically significant associated with nursing self-concepts as indicated by higher average of nursing self-concept score. Surprisingly, higher degree hadn't revealed significant association with nursing self-concept. Having more patient was shown to be inversely associated with nurse self-concept, however this association was not statistically significant (p-value = 0.1>0.05) **(**Table:4.7).

Table 4.7: associations between nursing self-concept and different nursing characters

	Character	nursing self-concept average score ±SD	P- value
Age (person correlation co-efficient)		0.702	>0.001
Gender	Male	203.1±17.85	0.001
	Female	193.7±31.23	
Scientific Degree	Diploma	198.2±26.83	0.826
	Bachelor	198.0±26.85	
	Master or above	195.1±24.98	
Job title	Practical nurse	197.0±26.40	>0.001
	Staff nurse	194.4±26.30	
	Head nurse	223.4±11.44	
Over all Professional experience	6-24 month	177.2±16.77	>0.001
	25-120 month	178.1±17.9	
	More than 120 months	222.6±9.88	
Professional experience in current unit	Less than 6 months	177.1±16.5	>0.001
	6-24 month	193.7±26.38	
	25-120 month	222.3±10.46	
Work hours	Days	222.9±10.63	>0.001
	Rotates between days and nights	189.9±25.21	
Number of patients each shift (person correlation co-efficient)		-0.082	0.109

4.4 Association between nursing clinical decision-making and different nursing characters:

The association between different character was examined using one-way anova test for relation between categorical and overall nursing clinical decision-making scale. Meanwhile, person correlation was used to determine the association between continuous variables and nursing clinical decision-making scale.

The analysis result shows that being a head nurse, with more experience (either overall experience or experience in current position) and working only in days shifts is statistically significant associated with nursing clinical decision-making as indicated by higher average of clinical decision-making score. Surprisingly, higher degree hadn't revealed significant association with nursing clinical decision-making. Having more patient was shown to be inversely associated with nurse clinical decision-making, however this association was not statistically significant (p-value = 0.055>0.05) (Table:4.8).

Table 4.8: association between nursing clinical decision-making and different nursing characters

	Character	nursing clinical decision-making average score ±SD	P- value
Age (person correlation co-efficient)		0.652	>0.001
Gender	Male	133.6±13.1	0.138
	Female	135.5±12.2	
Scientific Degree	Diploma	134.1±13.1	0.864
	Bachelor	134.9±12.6	
	Master or above	133.9±11.7	
Job title	Practical nurse	133.9±13.3	>0.001
	Staff nurse	133.4±12.4	
	Head nurse	145.0±8.2	
Over all Professional experience	6-24 month	119.8±8.7	>0.001
	25-120 month	130.2±8.5	
	More than 120 months	144.4±8.0	
Professional experience in current unit	Less than 6 months	121.4±9.7	>0.001
	6-24 month	135.0±10.9	
	25-120 month	144.4±8.0	
Work hours	Days	144.3±8.0	>0.001
	Rotates between days and nights	131.7±12.3	

Number of patients each shift (person correlation co-efficient)	-0.098	0.055

4.5 Association between nursing self-concepts and clinical decision making

Person correlation was used to determine whether there are an association between nursing self-concepts scales and clinical decision making among study participants.

Study results show significant positive association between all nursing self-concepts (Geneal self-concept, nursing care, staff relations, communication, knowledge and leadership)

Table 4.9: Association between nursing self-concepts and clinical decision making

Nursing self-concept item	Person correlation coefficient with clinical decision making	P- value
Geneal self-concept	0.714	>0.001
nursing care	0.802	>0.001
staff relations	0.715	>0.001
Communication	0.752	>0.001
Knowledge	0.654	>0.001
Leadership	0.718	>0.001
Total nursing self-concept score	0.580	>0.001

Chapter Five: Discussion

5.1 Introduction

The purpose of this study was to establish an association between clinical decision making, nursing self-concepts and different characteristics among Palestinian nurses.

5.2 Discussion

Our study reveals that male nurses have more nursing self-concepts in compared to females. This first to be revealed in literature. A Portuguese, Turkish and Taiwanese studies didn't establish the association between male gender and self-concepts (Zencir, Zencir et al. 2019) .(Almeida, Bernardes et al. 2024).(Miao, Liu et al. 2024)

This idea may be caused by cultural factors as there is no previous studies to make a comparison with from our region. However, this was not associated with clinical decision making which is very crucial in the clinical practice as recent results demonstrate that the higher percentage of nurses are female nurses so taking right clinical decision is mandatory.

Being at higher position has revealed to be associated with higher nursing self-concepts scores. With the scarcity of resources taking this variable into consideration we attribute this effect due to much higher training they receive with higher requirements for that position. This should be taking into consideration in future planning and researches. Also, this was significantly associated with better decision making.

Experienced nurses are shown to have more nursing self-concepts scores. That was mentioned many times in previous research.(Angel, Craven et al. 2012).(Mohajer, Li Yoong et al. 2023).(Miao, Liu et al. 2024)

This also shows clearly in the clinical decision making in association with increasing nurse experience which also was mentioned by many studies previously.(Hoffman, Aitken et al. 2009).(Johansen and O'Brien 2016).

The final result show that the higher degree hadn't revealed significant association with nursing self-concept score. This is the opposite of what we all think as previous research noted that nurses who gained master degree are more likely to be with more self-concepts(Iave 1994) .This may point toward a changing in the nurse attitude as more nurses are getting master degree regardless of their level. More over no significant association was shown between decision making and scientific degree which implies that

master degree is not associated with better clinical judgment rather it improves the understanding of the nature of the health care not improving the care itself.

Our study establishes very positive correlation between nursing self-concepts and clinical decision making which is opposite to what was stated previously by(Farčić, Barać et al. 2020). However, this is just because of the scarcity of the resources taking the two subjects and their relation. Clinical decision making is very complex process and it depends on nursing self-concepts in a way or another especially among less-experienced nurses.

Clinical decision-making is a critical component of nursing practice, directly influencing patient outcomes, safety, and quality of care. Nurses are often at the forefront of patient care, and their decisions play a crucial role in patient management. Effective clinical decision-making combines scientific knowledge, clinical experience, critical thinking, and patient-centered care. This research is very the first step to establish a collaboration between education and health service to integrate clinical decision-making and self-concepts throughout the nursing curriculum to increase the competency of freshly graduated nurses and to improve them among working nursed by post-graduation or in-work interventions.

5.3 Strength and limitations of the study

Our study is the first of its kind conducted in Palestine and of the few studies conducted globally. It was conducted in comprehensive approach to establish valid association between different variables that will help decision makers to make the most appropriate decision in order to improve nursing skills among Palestinian nurses.

On the hands the main obstacles were poor understanding of the nurses to many concepts which was asked during questionnaire filling which require further elaborations and clarifications. The study data was collected during this period which makes reaching different center a headache because of the Israeli occupation.

5.4 Recommendations of the study

We recommend more studies taking the topic of clinical decision making and self-concepts into consideration. We also recommend further involving these concepts during different university courses and emphasizing them after graduation by different mods such as work-shops, online courses, etc.

5.5 Conclusion

We conclude the clinical decision making is a complex process involving and influenced by many factors. Of them nursing self-concepts is an essential component of clinical decision making that should be emphasized and developed to achieve maximum nursing competency in order to improve the health care and patient satisfaction regarding health services.

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Appendices

Appendix 1: Questionnaire

Section one

Characteristics of participant

• **Age** ----------

• **Gender:**

Female : ◯ Male : ◯

• **Nursing degree:**

Diploma : ◯ Bachelor : ◯ Mater and above : ◯

• **Job Title/Role:**

- Practical nurse : ◯ - Staff nurse : ◯ - Head Nurse: ◯

• **Professional experience:**

- Less than 6 months : ◯ - From 6 months to 2 years : ◯
- From 3 years to 10 years: ◯ - More than 10 years : ◯

• **Years of experience on current unit**

- Less than 6 months: ◯ - From 6 months to 2 years : ◯
- From 3 years to 10 years : ◯ - More than 10 years : ◯

• **Work hours (check the one that is most descriptive of the hours you work)**

- Days : ◯ - Evenings : ◯
- Nights : ◯ - Rotates between days, nights or evenings : ◯

• On the current or last shift you worked, how many patients did you care for? _____

Section two

Nurse self-concept

Instructions: After consulting the scale directly below please, write the number that you feel is the most appropriate answer in your current experience next to the statement. Please give your own responses without conferring with anyone else. Answer all of the questions.

1 Definitely False
2 False
3 Mostly False
4 More False than True
5 More True than False
6 Mostly True
7 True
8 Definitely True

		1	2	3	4	5	6	7	8
	I have the ability to care for my patients' Needs								
	I enjoy working with other health professionals								
	I get a lot of enjoyment out of being a nurse								
	I find new nursing knowledge stimulating								
	I am recognized as the leader of the nursing team								
	Being a nurse gives me great enjoyment								
	I am good at verbally communicating with colleagues and patients								
	I get a lot of respect for m y nursing leadership skills								
	I gain a lot of professional pleasure from my relationships with colleagues								
	I am able to master new nursing knowledge								
	I can easily relate to m y colleagues								
	I like being a nurse								
	I enjoy communicating information and ideas with colleagues and patients								
	I look forward to taking further courses that improve my nursing knowledge								
	I get along well with other health professionals								
	I am proud to be a nurse								
	I can keep a nursing group together as a team								
	I am enthusiastic about nursing								
	I am constantly incorporating new nursing								

	knowledge into m y patient care								
	Taking care of patients is easy for me								
	I can confidently communicate with patients and colleagues								
	I enjoy having nursing leadership responsibility								
	I am interested in caring for my patients								
	I have a good working relationship with other health professionals								
	I am respected as a nurse because of my nursing knowledge								
	Communicating effectively with patients and colleagues is easy for me								
	My work as a nurse is very interesting								
	I confidently approach nursing leadership tasks								
	I am confident about m y ability to care for patients								
	I have the ability to communicate effectively with patients and colleagues								
	I look forward to caring for my patients								
	I am able to form good working relationships with other health professionals								
	Good nursing leadership is easy for me								
	I am proud of my ability to care for patients								
	I enjoy learning new nursing knowledge								
	I am good at communicating with colleagues and patients								

Section three

Clinical desion making

Key: **circle around response √ means that you usually list options before making a decision.**

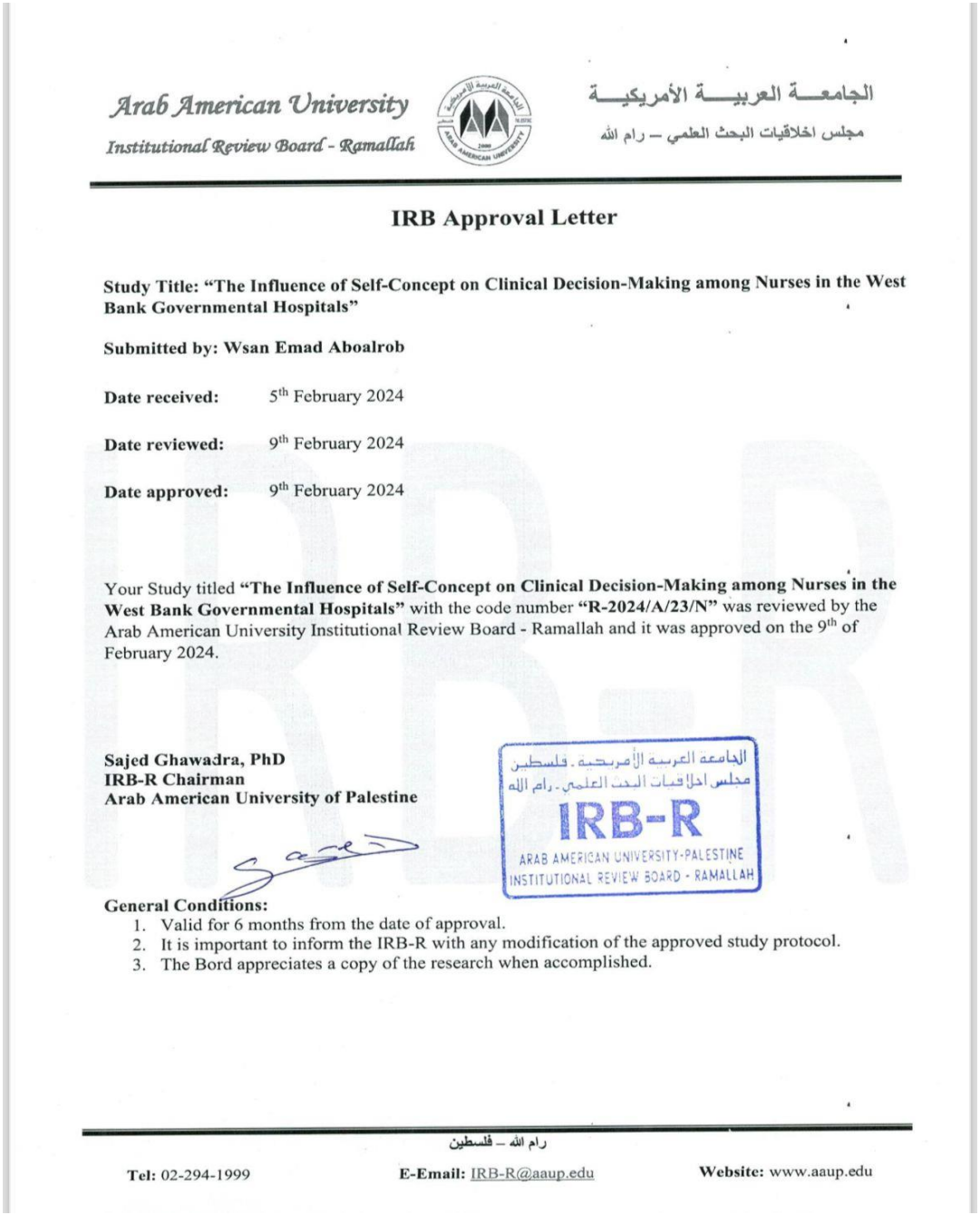
Note: **Be sure you respond in terms of what you are doing in the clinical setting** at the present time.

No.	*Item*	***Never***	***Seldom***	***Occasionally***	***Frequently***	***Always***
1.	If the clinical decision is vital and there is time, I conduct a thorough search for alternatives.					
2	When a person is ill, his or her cultural values and beliefs are secondary to the implementation of health services.					
3	The situational factors at the time determine the number of options that I explore before making a decision.					
4	Looking for new information in making a decision is more trouble than it's worth					
5	I use books or professional literature to look up things that I don't understand.					
6	A random approach for looking up options works best for me.					
7	Brainstorming is a method I use when thinking of ideas for options.					
8	I go out of my way to get as much information as possible to make decisions.					
9	I assist clients in exercising their rights to make decisions about their own care.					
10	When my values conflict with those of the client, I am objective enough to handle the decision making required for the situation.					
11	I listen to or consider expert advice or judgment, even though it may not be the choice I would make.					
12	I solve a problem or make a decision without consulting anyone, using information available to me at the time.					
13	I don't always take time to examine all the possible consequences of a decision I must make.					
14	I consider the future welfare of the family when I make a clinical decision which involves the individual.					
15	I have little time or energy available to search for information.					
16	I mentally list options before making a decision.					
17	When examining consequences of options I might choose, I generally think through "If I did this, then…"					

18	I consider even the remotest consequences before making a choice.					
19	Consensus among my peer group is important to me in making a decision.					
20	I include clients as sources of information.					
21	I consider what my peers will say when I think about possible choices I could make.					
22	If a senior nurse recommends an option to a clinical decision making situation, I adopt it rather than searching for other options.					
23	I search for new information randomly.					
24	If a benefit is really great, I will favor it without looking at all the risks					
25	My past experiences have little to do with how actively I look at risks and benefits for decisions about clients.					
26	When examining consequences of options I might choose, I am aware of the positive outcomes for my client.					
27	I select options that I have used successfully in similar circumstances in the past.					
28	If the risks are serious enough to cause problems, I reject the option.					
29	I write out a list of positive and negative consequences when I am evaluating an important clinical decision.					
30	I do not ask my peers to suggest options for my clinical decisions.					
31	My professional values are inconsistent with my personal values.					
32	My finding of alternatives seems to be largely a matter of luck					
33	In the clinical setting I keep in mind the course objectives for the day's experience.					
34	The risks and benefits are the farthest thing from my mind when I have to make a decision.					
35	When I have a clinical decision to make, I consider the institutional priorities and standards.					
36	I involve others in my decision making only if the situation calls for it.					
37	In my search for options, I include even those that might be thought of as "far out" or not feasible.					
38	Finding out about the client's objectives is a regular part of my clinical decision making.					
39	I examine the risks and benefits only for consequences that have serious implications.					
40	The client's values have to be consistent with my own in order for me to make a good decision.					

THANK YOU FOR YOUR PARTICIPATION!

Appendix 2: IRB



Arab American University
Institutional Review Board - Ramallah

الجامعة العربية الأمريكية
مجلس اخلاقيات البحث العلمي – رام الله

IRB Approval Letter

Study Title: "The Influence of Self-Concept on Clinical Decision-Making among Nurses in the West Bank Governmental Hospitals"

Submitted by: Wsan Emad Aboalrob

Date received: 5th February 2024

Date reviewed: 9th February 2024

Date approved: 9th February 2024

Your Study titled **"The Influence of Self-Concept on Clinical Decision-Making among Nurses in the West Bank Governmental Hospitals"** with the code number **"R-2024/A/23/N"** was reviewed by the Arab American University Institutional Review Board - Ramallah and it was approved on the 9th of February 2024.

Sajed Ghawadra, PhD
IRB-R Chairman
Arab American University of Palestine

الجامعة العربية الأمريكية - فلسطين
مجلس اخلاقيات البحث العلمي - رام الله
IRB-R
ARAB AMERICAN UNIVERSITY-PALESTINE
INSTITUTIONAL REVIEW BOARD - RAMALLAH

General Conditions:

1. Valid for 6 months from the date of approval.
2. It is important to inform the IRB-R with any modification of the approved study protocol.
3. The Bord appreciates a copy of the research when accomplished.

رام الله – فلسطين

Tel: 02-294-1999 **E-Email:** IRB-R@aaup.edu **Website:** www.aaup.edu

تأثير مفهوم الذات على اتخاذ القرار السريري لدى الممرضات في مستشفيات الضفة الغربية الحكومية.

وسن عماد ابو الرب

د. أحمد عايد

د. بسمة سلامة

د. جمال القدومي

ملخص

يعد اتخاذ القرار السريري إحدى العمليات المرتبطة بالخصائص الشخصية مثل سنة الوظيفة الحالية، الخبرة، التعليم، الجنس، العمر والقسم الذي يعمل به. مفاهيم الذات هي مجموعة من نظام معقد ومنظم وديناميكي من المواقف والمعتقدات والأحكام التقييمية التي يحملها الناس عن أنفسهم.

المنهجية: هذه دراسة مقطعية أجريت بين كانون الثاني (يناير) 2024 وآب (أغسطس) 2024 بين التمريض في المستشفيات الحكومية في الضفة الغربية، لأنها مناسبة لوصف حالة الظواهر أو لوصف العلاقات بين الظواهر عند نقطة ثابتة في الوقت المناسب.

عينة الدراسة: تم أخذ عينة عشوائية قدرها 371 من ممرضي وحدات العناية المركزة وممرضي الجراحة والباطني والطوارئ في المستشفيات الحكومية في الضفة الغربية.

هدف الدراسة: التعرف على تأثير مفهوم الذات على اتخاذ القرار السريري لدى التمريض في المستشفيات الفلسطينية .

النتائج: 43.6% من المشاركين في الدراسة كانوا من الذكور. يتمتع معظم المشاركين الذين تمت مقابلتهم بأكثر من 10 سنوات من الخبرة المهنية. كونك ذكرًا، رئيس قسم، تتمتع بخبرة أكبر وتعمل فقط في نوبات عمل لمدة أيام، يعد أمرًا ذا دلالة إحصائية يرتبط بالمفاهيم الذاتية للتمريض قيمة P <0.05.إن كونك ممرضة رئيسية تتمتع بخبرة أكبر وتعمل فقط في نوبات عمل لمدة أيام هو أمر ذو دلالة إحصائية يرتبط باتخاذ القرارات السريرية التمريضية كما يتضح من المتوسط الأعلى لدرجة اتخاذ القرار السريري) قيمة .(P <0.05 تظهر نتائج الدراسة وجود ارتباط إيجابي كبير بين جميع المفاهيم الذاتية التمريضية (مفهوم الذات العام، والرعاية التمريضية، وعلاقات الموظفين، والتواصل، والمعرفة، والقيادة) واتخاذ القرارات السريرية) قيمة.(P <0.05

النتيجة: سلطت دراستنا الضوء على عامل مهم يؤثر على مفهوم الذات التمريضية واتخاذ القرارات السريرية وعلاقتها ببعضها البعض والتي تستحق النظر فيها كهدف لتحسين كفاءة الممرض الفردي فيما يتعلق بالرعاية الصحية ومن ثم تحسين نظام الرعاية الصحية لتحقيق أقصى قدر من رضا المريض مع تقليل الضرر الذي من الممكم ان يلحق بهم.

الكلمات المفتاحية: الكفاءة السريرية، اتخاذ القرار السريريري، مستشفيات، وحدات العناية المركزة ومفهوم الذات