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Determinants of Clinical Decision-Making Among Staff Nurses and Nursing Interns in a District Headquarter Hospital in Mirpurkhas, Sindh-Pakistan

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ABSTRACT

Background: Decision making is a cognitive process of choosing best options to solve problems. In clinical settings, nurses need critical thinking and quick decisions to ensure safe and quality care. Poor decision making often stems from gaps in knowledge, experience, or time management. Barriers in making concrete clinical decision making may cause poor coordination, patient dissatisfaction, medical errors, and increased high risk of mortality. **Purpose:** The main purpose of this is to access factors influencing clinical decision-making among professionals (Staff nurses and Interns) working in clinical setting and to pinpoint the predictive factors that impact their decision making processes. **Objective**: To identify the factors influencing the clinical decision-making capabilities of nurses. **Methodology:** A descriptive cross-sectional study was carried out among healthcare professionals at the District Headquarters Hospital in Mirpurkhas, Sindh. A total of 95 healthcare professionals were chosen by using non-probability convenient sampling. Experts verified the face and content validity of the instrument, while its reliability was confirmed through a test-retest method, yielding a Cronbach's alpha coefficient of 0.9.
Results: The findings of the study revealed that overall level of Clinical Decision Making was moderate, with a mean score of (3.10) and (SD+1.25). Among the four measured domains, "Evaluation and Reevaluation of consequences" demonstrated the highest mean score of (3.23±1.25), On the contrary, "Search for information " demonstrated the lowest mean score of (3.01±1.25). **Conclusion:** The Study discloses that Nurses and interns have moderate level of CMD Competencies, suggesting they are somewhat provide quality of care to patients.)overall mean score was 3.10(± 1.25). This indicates that while nurses are capable of making decisions, their skills in this area are not highly advanced and there is need for enhancement, this research also highlights that nurses typically gather patient information prior to making decisions. However, a significant shortcoming is their limited consideration of alternative options. The study identifies that factors such as experience, educational background, information literacy, and critical thinking have a positive impact on clinical decision-making. On the other hand, elements like workload, extended duty hours, fatigue, stress, and time constraints negatively influence decision-making.

Keywords: Clinical decision-making, Critical thinking, Staff Nurses and Nursing Interns, Patient care.

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INTRODUCTION

The decision making is a cognitive process and to ensure nurses who possess the professional skills required for delivering high-quality and effective care to the patients, their education must emphasize critical thinking, problem-solving, and clinical reasoning. Integrating critical thinking and clinical decision-making in educational curricula is imperative for developing the ability to think like nurses and make informed decisions regarding patient care and these competencies are crucial for nursing professionals to acquire during their education to become competent and safe practitioners in the 21st century(İlaslan, Adıbelli, Teskereci, & Cura, 2023). In nursing practice, clinical decision-making entails nurses systematically evaluating and analyzing patient data, with a focus on decisions pertinent to patient-centered care(Zainal et al., 2025). Decision-making is the process of choosing the most suitable solution to a problem, beginning with recognizing a situation as problematic and involving the selection of an action from multiple options to achieve a desired outcome(Arkan, Yılmaz, Çinar, & Uzun, 2023).Nurses must possess the ability to assess critical clinical situations and make life-saving decisions in complex scenarios, The benefits of accurate and timely decision-making in nursing include expediting patient treatment, enhancing patient's quality care, reducing treatment costs, optimizing the use of healthcare resources, and improving quality care(Ghodsi Astan, Goli, Hemmati Maslakpak, Rasouli, & Alilu, 2022). In nursing education, it is crucial to train students in core competencies such as knowledge, skills, and attitudes(Hwang & Chang, 2023).

Problem Statement

Decision-making is vital process in the nursing profession, as nurses are at the frontline of patient care and their choices directly affect outcomes. However, challenges such as heavy workloads, limited autonomy, insufficient critical thinking skills, and hierarchical healthcare structures often delay decisions. These factors reduce nurses' confidence, compromise patient care, and contribute to stress and job dissatisfaction. Improving decision-making skills and granting greater autonomy are essential to enhance patient safety, satisfaction, and overall healthcare quality. Structured support systems and professional development opportunities can strengthen nurses' ability to make timely and effective decisions.

Significance of the Study

Clinical decision-making (CDM) is a vital component of nursing practice, as nurses and interns are required to make crucial decisions on daily basis that directly affect patient outcomes. Accurate and well-informed decisions contribute to faster patient recovery and ensure the maintenance of safety standards. In contrast, incorrect or poorly considered decisions may compromise patient safety and cause harm. The purpose of this study is to identify the factors influencing the clinical decision-making abilities of nurses and interns working at DHQ Hospital, Mirpurkhas. By evaluating their current level of competence, it will be possible to determine whether they possess strong decision-making skills or whether further improvement is necessary. The findings of this study will provide valuable insights into the strengths and weaknesses of the existing system and highlight areas that require attention.

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Purpose

The main purpose of this is to access factors influencing clinical decision-making among professionals (Staff nurses and Interns) working at District Headquarters Hospital in Mirpurkhas, Sindh and to pinpoint the predictive factors that impact their decision making processes.

LITERATURE REVIEW

Health services primarily rely on healthcare providers, most of whom are nurses, however, the high demand for nursing care, coupled with a global nursing shortage and presents(ALZAHRANI, BAHARI, ALHARBI, & ALQAHTANI, 2022). Clinical decision-making is a vital process for selecting the best course of action to achieve desired goals, significantly impacts quality care, patient safety, and the potential for future complications(Bijani, Abedi, Karimi, & Tehranineshat, 2021). For nurses, clinical decision-making involves enhancing cognitive abilities and intuition, enabling them to identify patient issues directly and indirectly and choose suitable nursing interventions(Oh, Gu, & Sok, 2022). In clinical settings, poor decision-making may result a gaps in clinical knowledge, experience, and time management skills, leading to longer hospital stays, higher readmission rates, and increased patient mortality risk(Shehzad et al., 2023). Lack of collaboration between physicians and nurses, along with limited nurse involvement in clinical decisions, can result in poor care coordination, patient dissatisfaction, and negative perceptions of healthcare services. Ongoing conflicts may also increase medical errors and patient mortality(Bordbar, Radinmanesh, Bahmaei, Rad, & Yusefi, 2025). The swift advancement of medical technology and the growing variety of social and cultural values, ethical challenges in the nursing field have become more intricate, making rational and well-informed decision-making crucial for health outcomes(Luo et al., 2023). Decisions are necessary when fluctuate the patient's condition, requiring the nurse to identify, assess, and incorporate various factors and on the other hand, achieving patient goals involves a multi-step decision-making process that demands critical thinking(Abu Arra et al., 2023).

Nursing education programs should prioritize the self-confidence and the management of anxiety among future healthcare providers this objective can be effectively achieved through the implementation of clinical simulations and reflective teaching methodologies, Collaboration across different subjects is essential to foster skill integration, and it is also vital for nursing programs to provide opportunities to develop clinical and communication skills to reduce anxiety in challenging situations(Medel et al., 2024). Nurses' thoughts and actions during ethical decision-making indicate that they often struggle to translate their thoughts into moral practice, suggesting that moral sensitivity could positively impact their ethical decision-making(Lim & Kim, 2021). Implementing accurate clinical decision-making can prevent care-related issues and complications and factors influencing clinical decision-making include experience, education level, the significance of the professional's role, area of specialty, hierarchy, stress, confidence, and personal beliefs.(Farčić et al., 2020; Latifi, Roohi, & Tatari, 2024).

Long-hour workers frequently experience sleep impairments, which adversely affect their ability to make sound patient decisions and there is a decline in recreation, physical activity, and effective communication, and knowledge transfer during handovers is often insufficient. In addition to the negative impacts on their physical health, such as stress, exhaustion, and altered elimination patterns, nurses often encounter disruptions in their social lives and concerns include potential childcare neglect, memory issues, hormone imbalances, increased workplace conflicts, a heightened risk of illness, and a higher absence rate(AL-Dossary, Dorgham, & Maniago, 2019). To enhance the clinical decision-

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making of nurses, adopting evidence-based practice, implementing evidence-to-action, exploring barriers to the use of current information, and training towards evidence-based practice have been identified as solutions for effective clinical decision-making in the clinical work area(Abate, Birhanu, & Gebrie, 2022). As the nursing profession is based on providing care 24 hours a day, organizations implement various shift schedules according to their convenience , common work shifts are divided into two (12-hour) or three (8-hour) shifts. Staff must be flexible and adaptable to various work schedules according to these shifts and the impacts of shift work on staff health, fatigue and sleepiness are the most common issues among staff working long duty hours, long shift schedules also affect nurses' physical and mental health, and their sleep and social life are disrupted(Khan et al., 2023) Female staffs are more attuned to stress-related indicators, while male staff expresses greater satisfaction with job and safety climate(Perveen et al., 2021). In Pakistan, nursing education has gradually improved, yet challenges persist in developing higher-order cognitive skills such as critical thinking and independent decision-making, furthermore, many nurses in clinical practice rely heavily on traditional hierarchical models, where decision-making authority is often restricted to senior medical staff, limiting opportunities for nurses to develop autonomy in patient care, consequently, handover practices may lack depth, critical evaluation, and structured communication, increasing the risk of medical errors and compromising patient safety, furthermore, globally, evidence suggests a strong correlation between critical thinking, decision-making ability, and handover effectiveness however , in Pakistan, there is a lack of structured training programs focusing on critical thinking and decision-making in nursing curricula, moreover, workload pressures, understaffing, and inconsistent handover protocols further impede nurses' ability to apply these skills effectively in clinical settings(SALEEM, ARSHAD, SADDIQUE, SALEEM, & KHAN, 2024).

Operational Definitions

Clinical Decision-Making

The cognitive process that allow nurses and interns to recognize patient issues, problem and clinical reasoning to evaluate patient's information, and choose the suitable interventions through critical thinking,

Staff Nurses

Registered nurses (RN) who delivers the care to patients within a clinical environment, especially in the hospital.

Interns

Nursing graduates or students engaged in supervised clinical training and in the process of developing professional skills, including clinical decision-making, critical thinking, and patient care.

METHODOLOGY

Study Design

A descriptive cross-sectional study design was used to identify the factors influencing clinical decision-making among healthcare professionals, including staff nurses and nursing interns.

Study Setting and Population Frame

The study was conducted at the District Headquarters (DHQ) Hospital, Mirpurkhas, a secondary-level healthcare facility, offering a variety of clinical services. The target population was 125 healthcare professionals, including registered staff nurses and nursing interns, employed at the study location.

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Duration of Study

The study was completed within three months after recieving the approval from the Ethical Review Committee.

Sample Size and Sampling Technique

The study sample included 95 participants, comprising 57 registered staff nurses and 38 nursing interns. The sample size was determined using Cochran's formula with finite population correction, assuming a 95% confidence level and a 5% margin of error. A non-probability convenience sampling method was employed to recruit participants who met the inclusion criteria and were available during the study period.

Inclusion Criteria

- Staff nurses and nursing interns who were working at DHQ Hospital Mirpurkhas.
- Age above 22 to 45 years.
- Participants who took a part in study voluntarily.

Exclusion Criteria:

- Participants who were not interested to take a part in the study.
- Participants who were absent at the time of data collection process.

Data Collection Procedure

Data was collected through structured questionnaire following approval from the Ethical Review Committee (ERC) and the administration of the DHQ Hospital, Mirpurkhas, Sindh. The researcher compiled a list of all staff nurses and nursing interns working at the hospital and screened them according to the study's inclusion criteria. Using a non-probability convenience sampling technique, eligible participants were approached and invited to participate in the study. The purpose and objective of the study was explained to each participant, and informed consent was obtained. Participants were assured of the confidentiality of their responses and informed of their right to withdraw from the study at any time without any repercussions. Each participant required approximately 15–20 minutes to complete the questionnaire. The entire data collection process was completed within two weeks.

Ethical Consideration

Ethical approval received from the Ethical Review Committee and permission to conduct the study was granted by the District Headquarters Hospital, Mirpurkhas. Before data collection, participants were informed about the study's purpose and their rights to voluntarily participate or withdraw at any time without consequences. Confidentiality of all participants was ensured.

Data Analysis

Statistical analysis was performed using SPSS software (version 21). Descriptive statistics, including means, standard deviations, frequencies, and percentages, were calculated for all variables involved in the analysis. The findings were presented in tables and graphical displays to enhance clarity.

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Figure 1 Demographic Characteristics of Participants

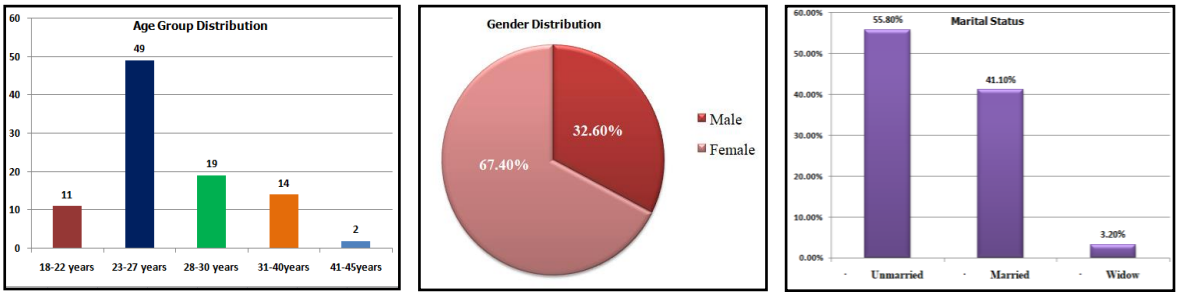

Figure 1 illustrates more than 50% participants were age group between 23 and 27 (51.6%) with a mean age of 27.15 ± 4.98. The majority of participants are female (87.4%) and unmarried (55.8%).

Table 1 Demographic Characteristics of Participants in terms of Nursing Degree, Job Status, Professional Experience and Working shift.

Characteristics	Frequency	Percentage
Nursing degree		
Diploma	14	14.7%
Bachelor	70	73.7%
Master	8	8.4%
Above	3	3.2%
Job status		
Interns	38	40%
Staff nurse	39	41.05%
Head Nurse	18	18.95%
Professional Experience		
6 months	7	7.4%
From 6 months to 1 years	50	52.6%
From 2 years to 5 years	11	11.6%
More than 5 years	27	28.4%
Working Shift		
Morning	62	65.3%
Evenings	21	22.1%
Nights	8	8.4%
Rotates between days, nights or evenings	4	4.2%

Table 1 shows that 73.7% participants hold Bachelor of Science in Nursing. In addition, more participants are interns (40%), and most have 6 months to 1 year of experience (52.6%). Furthermore, the majority of participants work the morning shift (65.3%).

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Table 2. Clinical Decision-Making Items

Items	Never	Seldom	Occasionally	Frequently	Always	Mean	SD
Q.1 -If the clinical decision is vital and there is time, I conduct a thorough search for alternatives.	n=30 (31.6%)	n=24 (25.3%)	n=18 (18.9%)	n=13 (13.7%)	n=10 (10.5%)	2.46	1.34
Q.2 - When a person is ill, his or her cultural values and beliefs are secondary to the implementation of health services	n=7 (7.4%)	n=21 (22.1%)	n=30 (31.6%)	n=21 (22.1%)	n=16 (16.8%)	3.19	1.17
Q.3 -The situational factors at the time determine the number of options that I explore before making a decision.	n=7 (7.4%)	n=18 (18.9%)	n=28 (29.5%)	n=23 (24.2%)	n=19 (20.0%)	3.31	1.16
Q.4 Looking for new information in making a decision is more trouble than it's worth	n=8 (8.4%)	n=22 (23.2%)	n=35 (36.8%)	n=25 (26.3%)	n=5 (5.3%)	2.97	1.02
Q.5 -I use books or professional literature to look up things that I don't understand.	n=6 (6.3%)	n=19 (20.0%)	n=27 (28.4%)	n=28 (29.5%)	n=15 (15.8%)	3.29	1.12
Q.6 - A random approach for looking up options works best for me.	n=16 (16.8%)	n=23 (24.2%)	n=23 (24.2%)	n=23 (24.2%)	n=10 (10.5%)	2.93	1.27
Q.7 -Brainstorming is a method I use when thinking of ideas for options.	n=11 (11.6%)	n=16 (16.8%)	n=22 (23.2%)	n=26 (27.4%)	n=20 (21.1%)	3.29	1.30
Q.8 -I go out of my way to get as much information as possible to make decisions.	n=12 (12.6%)	n=15 (15.8%)	n=24 (25.3%)	n=28 (29.5%)	n=16 (16.8%)	3.29	1.28

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Q.9 -I assist clients in exercising their rights to make decisions about their own care.	**n=10 (10.5%)**	**n=17 (17.9%)**	**n=22 (23.2%)**	**n=28 (29.5%)**	**n=18 (18.9%)**	**3.28**	**1.25**
Q.10 -When my values conflict with those of the client, I am objective enough to handle the decision making required for the situation	n=10 (10.5%)	n=15 (15.8%)	n=28 (29.5%)	n=31 (32.6%)	n=11 (11.6%)	3.19	1.20
Q.11 -I listen to or consider expert advice or judgment, even though it may not be the choice I would make.	n=16 (16.8%)	n=12 (12.6%)	n=25 (26.3%)	n=22 (23.2%)	n=20 (21.1%)	3.19	1.38
Q.12 -I solve a problem or make a decision without consulting anyone, using information available to me at the time.	n=13 (13.7%)	n=22 (23.2%)	n=22 (23.2%)	n=21 (22.1%)	n=17 (17.9%)	3.07	1.29
Q.13- I don't always take time to examine all the possible consequences of a decision I must make.	n=7 (7.4%)	n=19 (20.0%)	n=27 (28.4%)	n=26 (27.4%)	n=16 (16.8%)	3.26	1.19
Q.14-I consider the future welfare of the family when I make a clinical decision which involves the individual	n=14 (14.7%)	n=23 (24.2%)	n=16 (16.8%)	n=30 (31.6%)	n=12 (12.6%)	3.03	1.28
Q.15- I have little time or energy available to search for information.	n=14 (14.7%)	n=18 (18.9%)	n=26 (27.4%)	n=25 (26.3%)	n=12 (12.6%)	3.03	1.29
Q.16- I mentally list options before making a decision.	n=18 (18.9%)	n=16 (16.8%)	n=19 (20.0%)	n=29 (30.5%)	n=13 (13.7%)	3.03	1.36
Q.17-When examining consequences of options I might choose, I generally think through "If I did this, then…"	n=9 (9.5%)	n=15 (15.8%)	n=23 (24.2%)	n=32 (33.7%)	n=16 (16.8%)	3.33	1.20

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Q.18-. I consider even the remotest consequences before making a choice.	**n=11 (11.6%)**	**n=15 (15.8%)**	**n=24 (25.3%)**	**n=27 (28.4%)**	**n=18 (18.9%)**	**3.27**	**1.26**
Q.19-Consensus among my peer group is important to me in making a decision.	n=12 (12.6%)	n=20 (21.1%)	n=27 (28.4%)	n=20 (21.1%)	n=16 (16.8%)	3.08	1.24
Q.20- I include clients as sources of information.	n=13 (13.7%)	n=19 (20.0%)	n=16 (16.8%)	n=26 (27.4%)	n=21 (22.1%)	3.24	1.32
Q.21-I consider what my peers will say when I think about possible choices I could make.	n=11 (11.6%)	n=18 (18.9%)	n=28 (29.5%)	n=24 (25.3%)	n=14 (14.7%)	3.13	1.20
Q.22-If a senior nurse recommends an option to a clinical decision making situation, I adopt it rather than searching for other options.	n=20 (21.1%)	n=24 (25.3%)	n=21 (22.1%)	n=19 (20.0%)	n=11 (11.6%)	2.75	1.33
Q.23-I search for new information randomly.	n=18 (18.9%)	n=19 (20.0%)	n=29 (30.5%)	n=14 (14.7%)	n=15 (15.8%)	2.88	1.33
Q.24- If a benefit is really great, I will favor it without looking at all the risks	n=13 (13.7%)	n=19 (20.0%)	n=26 (27.4%)	n=19 (20.0%)	n=18 (18.9%)	3.11	1 33
Q.25-My past experiences have little to do with how actively I look at risks and benefits for decisions about clients.	n=16 (16.8%)	n=19 (20.0%)	n=30 (31.6%)	n=19 (20.0%)	n=11 (11.6%)	2.89	1.27
Q.26-When examining consequences of options I might choose, I am aware of the positive outcomes for my client.	n=14 (14.7%)	n=11 (11.6%)	n=20 (21.1%)	n=26 (27.4%)	n=24 (25.3%)	3.37	1.34
Q.27-I select options that I have used successfully in similar	n=3 (3.2%)	n=22 (23.2%)	n=23 (24.2%)	n=28 (29.5%)	n=19 (20.0%)	3.40	1.13

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circumstances in the past.							
Q.28-If the risks are serious enough to cause problems, I reject the option.	n=16 (16.8%)	n=10 (10.5%)	n=25 (26.3%)	n=26 (27.4%)	n=18 (18.9%)	3.21	1.37
Q.29- I write out a list of positive and negative consequences when I am evaluating an important clinical decision.	n=9 (9.5%)	n=16 (16.8%)	n=29 (30.5%)	n=27 (28.4%)	n=14 (14.7%)	3.22	1.17
Q.30-I do not ask my peers to suggest options for my clinical decisions.	n=11 (11.6%)	n=20 (21.1%)	n=33 (34.7%)	n=23 (24.2%)	n=8 (8.4%)	2.97	1.16
Q.31-My professional values are inconsistent with my personal values.	n=12 (12.6%)	n=24 (25.3%)	n=30 (31.6%)	n=12 (12.6%)	n=17 (17.9%)	2.98	1.27
Q.32-My finding of alternatives seems to be largely a matter of luck	n=16 (16.8%)	n=18 (18.9%)	n=32 (33.7%)	n=22 (23.2%)	n=7 (7.4%)	2.91	1.21
Q.33-In the clinical setting I keep in mind the course objectives for the day's experience.	n=9 (9.5%)	n=23 (24.2%)	n=27 (28.4%)	n=21 (22.1%)	n=15 (15.8%)	3.11	1.22
Q.34-The risks and benefits are the farthest thing from my mind when I have to make a decision.	n=14 (14.7%)	n=22 (23.2%)	n=29 (30.5%)	n=13 (13.7%)	n=17 (17.9%)	2.97	1.29
Q.35- When I have a clinical decision to make, I consider the institutional priorities and standards	n=10 (10.5%)	n=16 (16.8%)	n=26 (27.4%)	n=26 (27.4%)	n=17 (17.9%)	3.25	1.20
Q.36-I involve others in my decision making only if the situation calls for it.	n=9 (9.5%)	n=22 (23.2%)	n=21 (22.1%)	n=30 (31.6%)	n=13 (13.7%)	3.17	1.21
Q.37-In my search for options, I include even	n=13 (13.7%)	n=17 (17.9%)	n=33 (34.7%)	n=21 (22.1%)	n=11 (11.6%)	3.00	1.15

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those that might be thought of as "far out" or not feasible.							
Q.38- Finding out about the client's objectives is a regular part of my clinical decision making.	n=11 (11.6%)	n=15 (15.8%)	n=31 (32.6%)	n=23 (24.2%)	n=15 (15.8%)	3.17	1.18
Q.39-I examine the risks and benefits only for consequences that have serious implications.	n=10 (10.5%)	n=24 (25.3%)	n=30 (31.6%)	n=14 (14.7%)	n=17 (17.9%)	3.04	1.24
Q.40- The client's values have to be consistent with my own in order for me to make a good decision.	n=20 (21.1%)	n=25 (26.3%)	n=16 (16.8%)	n=10 (10.5%)	n=24 (25.3%)	2.92	1.47

The Table 2 demonstrated that out of the four domains, Evaluation and re-evaluation of consequences emerged as the strongest, whereas the search for information was the weakest. The domain ranked second was canvassing of objectives. These results indicate that nurses are proficient in assessing potential outcomes, yet they exhibit a relative deficiency in gathering new information or evidence when making clinical decisions.

DATA ANALYSIS AND RESULTS

Results

The current study's findings indicated that the average score for clinical decision-making was fairly good at 3.10 (± 1.25). A majority of the participants were women, accounting for 67.4%, while men made up about 32.6%. Participants' ages ranged from 23 to 27, with an average age of 27.15, indicating that most were relatively young. Over half, 73.7%, held a BSN, 65.3% worked morning shifts, and 52.6% had between 6 months to 1 year of experience. Among the four domains, "Evaluation and reevaluation of consequences" was the strongest, with a mean score of 3.23. This suggests that nurses were proactive in assessing benefits and risks before making decisions, demonstrating their ability to analyze potential outcomes. The weakest domain was "Search for Information," scoring 3.01 (± 1.25), indicating that nurses were less engaged in actively seeking new information or evidence when making clinical decisions. The other two domains were "Search for alternatives" (3.05 ± 1.25), which showed a moderate tendency among nurses to explore various options before deciding, and "Canvassing of objectives and values " (3.13 ± 1.26), reflecting that nurses took into account patients' values, beliefs, family welfare, and client involvement before making decisions. According to Table 2, nurses scored highest on question 27 (3.40), suggesting they relied on past experiences, and on question 26, indicating they considered positive outcomes for patients.

Discussion

The demographic characteristics of this study indicate that the majority of participants were female and possessed a Bachelor of Science in Nursing (BSN) degree, suggesting a well-qualified sample. In terms

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of age, most participants were between 22 and 27 years, indicating that the respondents largely comprised early-career individuals. Furthermore, the majority were interns with 6 months to 1 year of experience, highlighting limited exposure to clinical settings among most participants. Additionally, the majority of participants were assigned to the morning shift. The study's objective was to measure the determinants of clinical decision-making capabilities of interns and nursing staff of DHQ Hospital Mirpurkhas, Sindh. The score for clinical decision making overall was 3.10 ± 1.25 or moderate. Nurses and interns have been able to take correct decisions but their level is not good the levels require improving. The current research results are in line with previous investigation(Abu Arra et al., 2023).This investigation also showed a moderate level of clinical decision making. Thus, present study outcomes are similar to international study results. In the present study most of the participants experienced for six month to one year most of the participant experience were more. As per study number (Parveen et al., 2025)decision-making by nurses improved with greater experiences and they show better confidence in decision-making. Thus, experience improves clinical decision-making. The low clinical decision-making level obtained in this study was likely due to the limited experience of most of the participants. As shown in Table 2, the score for "Search for alternatives" is very low with a mean score of 3.05. This indicates that the nurses mainly decide on a single alternative before searching for more alternatives. A previous study reported the similar barriers(Shehzad et al., 2023) which workload, stress and time pressure as barriers to clinical decision making. Further, excessive workload and anxiety and stress negatively affected nurses judgmental skills and confidence. According to study(Khan et al., 2023)prolonged duty hours and fatigue had a detrimental effect on decision-making. In the present study, it was found that most of the nurses were on morning duty and were on rotating shifts where stress and pressure were evident during duty hours. As per studies number(Lim & Kim, 2021; SALEEM et al., 2024). In the present study, "Canvassing of objectives and values" score was moderate (3.13) that means nurses consider patient value but there is still need to further improvement. As we see from a review of literature and present study various factors affect clinical decision making. As per the study, professional experience is merely one of the factors that could influence decision-making. The more experienced the nurse, the greater improvement in decision making was reported. According to studies, workload and duty hours create fatigue and stress that impair clinical decisions. Increased years of education make it possible to develop better critical thinking skills. While being information literate, studied number increases the ability to make decisions. According to a study, clinical judgment is positively related to critical thinking (Lim & Kim, 2021; Luo et al., 2023).Furthermore, the improvement in clinical judgment is influenced by organizational support, management support and a proper working environment.

CONCLUSION AND RECOMMENDATIONS

Conclusions

The goal of this study was to find out what that how nurses and interns make decisions about patient's care at DHQ Hospital, Mirpurkhas. The researcher found that nurses are pretty good at making decisions but they are not experts. They scored 3.10 on average which is okay. They need to get better at this, the researcher also observed that nurses usually talk to patients and get information before making decisions.. One big problem is that they do not think about other options to solve the issues of the patients. This study shows that many things like experience, education being able to find information and thinking critically make nurses better at making decisions about patient care. On other hand, having too much work working long hours being tired stressed and not having enough time make it harder for nurses to make good decisions. So there is a need for places where nurses should make sure that they have a good environment, offer training programs to grow as professionals by giving them chances to learn and get betterment of nursing profession and welfare of patients.

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Limitations

- The study was carried out only one DHQ Hospital, Mirpurkhas so this results should not be considered generally applicable but instead context-dependent.
- The study would have been more statistically powerful if their sample size were large .
- 3.The data gathering process mainly used self-report questionnaires. While this is an effective and standard method, it has very prejudicial risks
- The duration of the research was limited. If there had been more time, the data gathering would have been better.
- A cross-sectional study can only be associated with an assessment and not cause and effect..

Recommendations:

- Regular training programs, workshops and seminars should conduct for nurses. Nurses must stay tune with current with evidence-based practices.
- Nursing institution must emphasis more on critical thinking and problem-solving skills in the curriculum.
- To resolve challenges regarding workload and staffing, managers must act. Workforce planning policies can assist to realize the right balance.
- Nurses and interns should have clinical simulation training arranged for them.
- Hospitals environment should be such that it promotes teamwork and collaboration so that nurses can take on challenging task.

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Authors

DATA AVAILABILITY

The data & findings of this study are not publicly available due to restrictions by the institute and the supervising authority. As the corresponding author, I can provide the data upon reasonable/logical requests, subject to approval from the relevant institutional authorities.

CONFLICT OF INTEREST

The authors declare that they have no any conflicts of interest regarding the publication of this manuscript. There are no financial, personal, or institutional relationships that could influence or be perceived to influence the work reported in this study.

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