



ORIGINAL RESEARCH PAPER

Nursing

DECISION MAKING STYLES AMONG NURSING STAFF IN GOVERNMENT HOSPITALS

KEY WORDS: Decision making styles, Decision coping patterns.

V. Sarasvady

Vinayaka Missions University, Tamil Nadu, India.

ABSTRACT

A descriptive study was conducted on nurses (N=135) working in Government Hospitals of Puducherry to assess the Decision making skills (DMS) because, shared decision making is an essential element of the work. Data were collected with the help of Irving & Leon Mann standardized tool having two parts questionnaires for Decision Making Styles consists of six sub scales measuring decision coping patterns such as Vigilance, Hyper vigilance, Defensive avoidance, Rationalization, Buck passing and Procrastination. Pearson Correlation, ANOVA and 't' test were used for inferential statistical analysis. Findings of the study revealed that although Defensive Avoidance, Rationalization, Buck Passing and Procrastination dimensions are practiced during decision making, most of the times nurses follow vigilance and hyper vigilance dimensions of decision making in the work place. There was significant correlation between age, work experience, gender and marital status of the samples with certain dimensions of Decision Making Styles.

I. INTRODUCTION

The fundamental activity influencing performance is making decision. Decision making is not a mechanical job; it is risk taking and a challenging to judgment. Decision making approaches must be made to fit particular circumstances. The survival and future success of any enterprise is directly related to the ability to take timely and appropriate decision by the managers. Thus, decision making is said to be the heart of management and is often thought of as problem solving. Hospital is one of the important service organizations wherein the members of health care providers, especially nursing personals ensure high quality standards of care and service to the consumers. In the hospital setting, Nursing assembly at the employee/supervisory levels consists of staff nurse, head nurse and floor supervisors. Their decisions are based on patient care data.

Innovative, creative and visionary nursing leadership is required to sustain quality patient care. Extremely intense feelings can substantially absorb and thus directly interfere with an individual's short term memory capacity or ability to attend, which might hurt decision making performance (Barrett & Tugade 2004) Thus the relationship between affective intensity and decision making performance may be nonlinear (taking an inverted 'U' shape) and future research needs to determine the precise relationship.

$$\begin{matrix} \text{Willingness to} & \text{Ability to make} & & \text{Successful} \\ \text{make decision} & + & \text{good decisions} & = & \text{decision making.} \end{matrix}$$

To make successful and effective decision making, managers must first overcome the barriers which discourage them from recognizing and attacking emerging problems in their organizations. Irving & Leon Mann (1976) have identified four defective problem-solving approaches that can hinder people who must make important decisions.

1. Relaxed Avoidance: The manager decides not to decide or act after noting that the consequences will not be very great. For example, a manager who had been informed by a superior that a promotion will depend on improved performance. Learning through the grapevine that the superior may be dismissed, the manager does nothing.
2. Relaxed Change: The manager decides to take some action, noting that the consequences of doing nothing will be serious. However, rather than analyzing situations, the manager takes the first available alternative which appears, on the surface, to involve low risk, Careful analysis is avoided.
3. Defensive Avoidance: Faced with a problem and unable to find a good solution that is based on past experience, this manager seeks a way out. He may put off consideration, of the consequences or may try "buck passing". He or she may let someone else make the decisions or simply ignore the risks and take the most obvious solution. This resigned posture may prevent consideration of more viable alternatives.
4. Panic: The manager feels pressure not only by the problem itself but by time. This produces a high level of stress. In panic state the individual may be so agitated that he or she is unable

to appraise the situation realistically. And inappropriate handling the situation is likely to deteriorate.

Managers who react to problems in the above ways take a simplistic approach to decision. In view of the nursing management, nursing personal need to take decision making which would often become crucial towards life saving measures. Hence the investigator decided to assess the decision making skills of nursing personnel working in hospital setup.

A. Hypothesis: There is no significant difference between groups and within groups in Decision Making according to their age (H1). There is no significant difference between groups and within groups in Decision Making according to their year of experiences (H2). There is no significant difference between Male and Female in Decision Making (H3).

II. METHODS AND MATERIALS

A. Research design: Exploratory study approach.

B. Setting of the study: Study was conducted on nurses who were working in all the Government hospitals of Puducherry UT.

C. Population: Nursing Staff who worked in Govt. Hospitals at the time of data collection.

D. Sampling technique: Nurses who fulfilled the criteria were selected using non-probability convenient sampling technique

E. Criteria for sample selection: Government Nurses who were willing to participate were included. Nurses who had working experience of less than one year were excluded.

F. Development and description of instrument: Decision Making Styles questionnaire I & II designed by Leon Mann, (1982) was administered to find out the self-esteem as well as the six sub class of Decision Making in the total of 37 items. Mann(1982) has defined, Vigilance (V) is the tendency to search carefully for information to consider many alternatives before making a decision; Hyper vigilance (H) is the tendency to make decision impulsively and to look for quick, easy solutions to problems; Defensive avoidance (D) is the general tendency to try to avoid or escape having to make decisions. Rationalization (R) is the tendency to avoid the reality of decisions. This is achieved by ignoring unpleasant aspects of the decisions; Buck passing (B) is the tendency to leave the hard decisions to others to avoid taking responsibility for decisions and to blame others when the decision is wrong; Procrastination (P) is the tendency to put off making decisions by doing other things or by thinking about the decision for too long; Self-esteem (S) is somewhat consistent sense of personal worth in making decisions which is also a contributing factor to decision making.

Vigilant style of decision making can be called as healthy decision making whereas hyper vigilance, defensive avoidance, buck

passing, rationalization and procrastination styles are called as unhealthy or defective decision making (Ramalingam Panch).

G. Data Collection Procedure:

The subject was asked to indicate how individual felt about making decisions by ticking the response which was most applicable to him. All the responses were counted for individual score.

III. STATISTICAL ANALYSIS AND DISCUSSION

Collected data had been analyzed by ANOVA for judging difference between the means of more than two groups, by F-value to find out the chronological age of person related to the year of experience and by T-value to find out whether there is any significant difference between the means of two groups (Male and Female) with regards to DMS.

Table 1: Percentage distribution of subjects according to demographic variables. (N=135)

S.No	Demographic Variables	Frequency	Percentage(%)
1	Age in Years		
	25 – 30	40	30
	31 – 35	27	20
	36 – 40	29	21
	Above 40	39	29
2	Gender		
	Male	6	19
	Female	109	81
3	Experience in Years		
	Less than 5 Years	32	24
	6 – 10 Years	37	27
	11 – 15 Years	20	15
	16 – 20 Years	25	18
	Above 20 Years	21	16

Table 2: Mean score and Standard deviation of various dimensions of DMS.

	N	Range	Minimum	Maximum	Mean	S.D	Variance
Self esteem	135	15	3	18	8.48	2.467	6.087
Vigilance	135	11	3	14	9.64	2.121	4.500
Hyper vigilance	135	9	1	10	5.82	1.864	3.476
Defensive avoidance	135	9	1	10	5.29	1.757	3.088
Rationalization	135	9	1	10	5.56	1.957	3.830
Buck passing	135	10	0	10	4.58	1.956	3.828
Procrastination	135	10	0	10	4.11	2.174	4.727

Table 3: Mean and Standard Deviation of DMS among different age groups (N=135).

Dimension	Age Group	N	Mean	S.D
Self-esteem	25 to 30 Years	40	8.50	2.592
	31 to 35 Years	27	8.30	2.035
	36 to 40 Years	29	8.41	2.797
	Above 40 Years	39	8.64	2.433
	Total	135	8.48	2.467
Vigilance	25 to 30 Years	40	9.73	2.025
	31 to 35 Years	27	9.70	2.350
	36 to 40 Years	29	9.34	2.224
	Above 40 Years	39	9.74	2.035
	Total	135	9.64	2.121
Hyper vigilance	25 to 30 Years	40	6.15	1.626
	31 to 35 Years	27	5.44	1.987
	36 to 40 Years	29	5.83	2.300
	Above 40 Years	39	5.74	1.650
	Total	135	5.82	1.864
Defensive avoidance	25 to 30 Years	40	5.43	1.615
	31 to 35 Years	27	5.56	2.025
	36 to 40 Years	29	5.07	2.069
	Above 40 Years	39	5.13	1.454
	Total	135	5.29	1.757

Rationalization	25 to 30 Years	40	5.68	1.655
	31 to 35 Years	27	5.33	1.922
	36 to 40 Years	29	5.90	2.350
	Above 40 Years	39	5.36	1.980
	Total	135	5.56	1.957
Buck passing	25 to 30 Years	40	4.60	1.446
	31 to 35 Years	27	4.70	1.706
	36 to 40 Years	29	5.03	2.625
	Above 40 Years	39	4.13	1.976
	Total	135	4.58	1.956
Procrastination	25 to 30 Years	40	4.50	1.739
	31 to 35 Years	27	4.22	2.082
	36 to 40 Years	29	4.07	2.534
	Above 40 Years	39	3.67	2.343
	Total	135	4.11	2.174

Table 4: F-Value and Level of Significance among different groups with regard to their age (N=135).

		Sum of Squares	df	Mean Square	F	Sig.	LS
Self-esteem	Between Groups	2.065	3	.688	.111	.954	NS
	Within Groups	813.638	131	6.211			
	Total	815.704	134				
Vigilance	Between Groups	3.341	3	1.114	.243	.866	NS
	Within Groups	599.592	131	4.577			
	Total	602.933	134				
Hyper vigilance	Between Groups	8.393	3	2.798	.801	.495	0.05*
	Within Groups	457.430	131	3.491			
	Total	465.733	134				
Defensive avoidance	Between Groups	5.071	3	1.690	.542	.655	NS
	Within Groups	408.663	131	3.120			
	Total	413.733	134				
Rationalization	Between Groups	6.766	3	2.259	.584	.626	NS
	Within Groups	506.439	131	3.866			
	Total	513.215	134				
Buck passing	Between Groups	4.379	3	1.459	1.259	.291	0.05*
	Within Groups	498.554	131	3.806			
	Total	512.933	134				
Procrastination	Between Groups	4.138	3	1.379	.997	.396	0.05*
	Within Groups	19.195	131	1.465			
	Total	23.333	134				

As table 4 indicates that the 'F' value is significant for the Hyper Vigilance, Buck Passing and Procrastination, the above mentioned Decision Making dimensions are affected by the age. But Self-Esteem, Vigilance, Defensive Avoidance and Rationalization dimensions of DMS are not affected by the age of the Nursing professionals. Therefore the formulated hypothesis H1 was rejected.

Table 5: Mean, Standard Deviation of DMS with regard to their Work Experience (N=135).

	Group	N	Mean	S.D
Self-esteem	< 5 Years	32	8.56	2.422
	6-10 Years	36	8.00	2.068
	11-15 Years	20	8.80	3.054
	16-20 Years	25	8.24	2.521
	> 20 Years	21	9.19	2.522
	Total	134	8.48	2.467
Vigilance	< 5 Years	32	10.03	1.805
	6-10 Years	36	9.14	2.359
	11-15 Years	20	9.90	2.174
	16-20 Years	25	9.40	1.936
	> 20 Years	21	10.00	2.258
	Total	134	9.64	2.121
Hyper vigilance	< 5 Years	32	5.84	1.609
	6-10 Years	36	6.11	1.969
	11-15 Years	20	5.90	2.382
	16-20 Years	25	5.64	1.777
	> 20 Years	21	5.43	1.660
	Total	134	5.82	1.864

Table 6: F- value and Level of Significance With regard to their work experience (N=135)

		Sum of squares	df	Mean Square	F	Sig.	LS
Self-esteem	Between Groups	22.831	4	5.708	.936	.445	0.05*
	Within Groups	792.873	130	6.099			
	Total	815.704	134				
Vigilance	Between Groups	19.840	4	4.960	1.106	.357	0.05*
	Within Groups	583.093	130	4.485			
	Total	602.933	134				
Hyper vigilance	Between Groups	7.244	4	1.811	.514	.726	NS
	Within Groups	458.489	130	3.527			
	Total	465.733	134				
Defensive avoidance	Between Groups	17.066	4	4.267	1.398	.238	0.05*
	Within Groups	396.667	130	3.051			
	Total	413.733	134				
Rationalization	Between Groups	8.358	4	2.089	.538	.708	NS
	Within Groups	504.857	130	3.884			
	Total	513.215	134				
Buck passing	Between Groups	9.414	4	2.354	.608	.658	NS
	Within Groups	503.519	130	3.873			
	Total	512.933	134				
Procrastination	Between Groups	22.492	4	5.623	1.197	.315	0.05*
	Within Groups	610.841	130	4.699			
	Total	633.333	134				

As table 6 indicates that the 'F' value is significant for the Self-Esteem, Vigilance, Defensive Avoidance and Procrastination, the above dimensions of DMS is affected by the work experience of the professionals. But Hyper Vigilance, Rationalization and Buck Passing dimensions of Decision Making Styles are not affected by the experience of the professionals. Hence the formulated hypothesis H2 was rejected.

Table 7: Mean, SD, t-ratio and level of significance with regard to gender (N=135)

	Gender	N	Mean	S.D	't' value	LS
Self-esteem	Male	26	9.08	2.481	.629	NS
	Female	109	3.34	2.454		
Vigilance	Male	26	9.58	2.176	.797	NS
	Female	109	9.66	2.118		
Hyper vigilance	Male	26	6.31	2.131	.785	NS
	Female	109	5.71	1.786		
Defensive avoidance	Male	26	5.38	2.246	.157	NS
	Female	109	5.27	1.631		
Rationalization	Male	26	5.50	2.285	-.093	NS
	Female	109	5.58	1.882		
Buck passing	Male	26	4.46	2.336	-.175	NS
	Female	109	4.61	1.866		
Procrastination	Male	26	3.73	2.539	-.448	NS
	Female	109	4.20	2.081		

As table 7 indicates that there is no significant difference between male and female with regard to any of the dimensions in Decision Making Style the formulated hypothesis H3 is accepted. This may be because today both Male and Female are getting same position and having equal rights and equal freedom in our modern society.

III. RESULTS

- Self-Esteem dimension of DMS score was above six in 90% (122/135) of the samples which means nurses have good self-esteem.
- Vigilance dimension of the DMS score was high in 94% (127/135), which means most of the times, nurses practice healthy decision making styles in the work place.
- Hyper Vigilance part of DMS is practiced among 79% of the nurses in work place.
- Defensive Avoidance part of DMS is practiced among 64% of nurses in work place.
- Rationalization dimension of DMS is practiced among 67% of nurses in work place.
- Buck Passing dimension of DMS is practiced among 60% of the nurses in work place.
- Procrastination dimension of DMS is practiced among 50% of nurses in work place.

The above findings show that although Defensive Avoidance, Rationalization, Buck Passing and Procrastination dimensions are practiced during decision making, most of the times nurses follow vigilance and hyper vigilance dimensions of DMS in the work place. The first objective was to assess the Decision Making Styles among nursing staff. This study reveals that the nurses have good self-esteem that is, on an average, out of 12 they scored 8.5.

Vigilance dimension got the high score that is 9.6/12 which means decision making style is healthy among nurses.

The scores of Hyper vigilance 5.8/10, Defensive avoidance 5.3/10, Rationalization 5.6/10, Buck passing 4.6/10 and Procrastination 4.1/10 which implies that the unhealthy or defective decision making styles are less commonly seen among nurses.

The second objective was to associate the Decision Making Styles with the selected demographic variables. This study findings reveal that there is no significant difference seen among the participants in different age groups except a slight deviation like, among the age group of above 40 years, procrastination dimension of Decision Making Style is less. Therefore the inference made out of this is that Decision Making Style is healthy among nurses when the age is advanced.

In terms of work experience, is affecting the Self-Esteem, Vigilance, Defensive Avoidance and Procrastination dimensions of Decision Making Styles are affected by . But Hyper Vigilance, Rationalization and Buck Passing dimensions of Decision Making Styles are not affected by the experiences of the professionals.

In terms of gender, this study finding reveals that there is no significant difference seen in all the dimensions of Decision Making Styles.

The conclusion arrived at the end of the study was, healthy decision making style was practiced by the nurses in work place in most of the times. This study helps nurses to be more alert while making decisions in the work place. Educational institutions and service organizations can attempt for training programs to improve the Decision making skills. A similar study can be conducted with large sample. This study can be extended to rural and urban areas to assess for any differences. A similar study can be done in depth, separately on nurses with different demographic variables. A similar study can be done on other professionals.

REFERENCES

1. Barrett, L.F. Tugade, M.M & Engle, R.W. (2004). "Individual differences in working memory capacity and development process theories of the mind", Psychological Bulletin, 130:553 – 573.
2. Elsbach, K.D & Barr, P.S (1999). The effects of mood on individual's use of structured decision protocols, Organization Science, 10:181 – 198.
3. Janis Irving, L. & Leon Mann (1977). Decision Making A Psychological Analysis of Conflict, Choice and Commitment, New York: Macmillan.
4. Mangal, S.K (2006). Advanced Educational Psychology, 2nd ed., New Delhi: Prentice Hall.
5. Marquis, L. Bessie & Huston, J. Carol (1997). Management Decision Making for Nurses, New York: Lippincott.
6. Neilson L. Gary, Pasternack A. Bruce & Van Nuys E. Karen (2005), The Passive – Aggressive Organization, Harvard Business Review, Oct. 2005.
7. Polit, F. Denise & Hungler, P. Bernadette (1999), Nursing Research Principles and Methods, 6th ed., Philadelphia: Lippincott.
8. Ramalingam, Panch. (2006). Exploring Personality Dimensions and Decision Making Styles of teachers.
9. Sakharkar, B.M (1999). Principles of Hospital Administration, New Delhi: Jaypee.
10. Seo Myeong – Gu & Barrett Feldman Lisa (2007). Being Emotional during Decision Making – Good or Bad? An Empirical Investigation, Academy of management Journal, 50.4: 923 – 940.
11. Sendhil, V (2006). "Ennagram Personality Types and Decision Making Styles of the Professionals", Unpublished M. Phil. Thesis, Annamalai University, Annamalai Nagar.
12. Simon (1965). General Psychology, New Delhi: Sterling Publishers Pvt. Ltd.
13. Srivastava A.K (2008). Effect of perceived work environment on Employee's Job Behavior and Organizational Effectiveness, Journal of the Indian Academy of Applied Psychology, Vol. 34.1, 47 – 55.
14. Sundar Rao, P.S.S & Richard, J (2001). An Introduction to Bio statistics – A manual for students in Health Sciences, 3rd. ed., New Delhi: Prentice Hall.
15. Wehrich & Harold Koontz. Management – A Global Perspective, Mc Grow – Hill.