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**Influence of Professional Value on Clinical Decision-Making
among Nurses in Neonatal Intensive Care Units in West Bank of
Palestine**

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Palestine**

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Influence of Professional Value on Clinical Decision-Making among Nurses in Neonatal Intensive Care Units in West Bank of Palestine

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Jérusalem-Palestine

1447/2025

Dedication

To everyone who believed in me and in my abilities to achieve my ambition.

Declaration

I certify that this thesis which is submitted for the degree of master is the result of my own research, except where otherwise acknowledged, and that this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed:

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Date: 13/8/2025

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List of Abbreviations

(CDM)	Clinical decision-making
NICUs	Neonate Intensive care units
CDMNS	Clinical Decision Making in Nursing Scale
NPVS	nursing professional value scale

Abstract

The clinical decision making is critical in neonatal care because nurses must routinely make rapid judgments based on their expertise to provide the best possible outcomes for extremely vulnerable neonates. Effective clinical decision making is a critical component of neonatal nursing practice since it reduces dangers and improves patient well-being.

The Professional values represent the core principles, ethical standards, and beliefs that shape professional behavior and decision-making. In the context of neonatal care, these values direct nurses in providing safe, compassionate, and responsible care to newborns and their families, emphasizing integrity, respect, and a commitment to achieving the highest quality of clinical outcomes.

Aim of the study

This study aims to assess the influence of professional value on clinical decision making among nurses in neonatal intensive care units west bank of Palestine, and to identify key factors that predict clinical decision-making in this critical care environment.

Methods

A cross-sectional, descriptive correlational design was conducted on 184 full-time NICU nurses recruited from eleven governmental hospitals in the West Bank. Selected through convenience sampling due to institutional access constraints during political unrest. Data were collected using two validated instruments; the nursing professional value using the NPVS-3 and the clinical decision making nursing scale.

Results

According to the analysis, nurses demonstrated a high level of professional commitment, with an average professional value score of 94.5 ± 14.6 out of a possible 140. Among the subdomains, "caring" scored the highest ($M = 34.2 \pm 5.5$), reflecting its central role in nursing practice. Clinical decision-making (CDM) also showed strong engagement, with a high overall mean score of 179.1 ± 8.9 . The subscale "Search for alternatives or options" had the highest score ($M = 48.6 \pm 1.4$), while "Canvassing of objectives and value" scored the lowest ($M = 41.7 \pm 7.1$). A multiple linear regression revealed that age, gender, years of nursing and NICU experience, and professional value significantly predicted CDM ($R^2 = 0.735$, $p = 0.001$). Notably, professional value were the strongest predictor ($B = 0.496$, $p = .001$), followed by gender, indicating that both ethical grounding and demographic factors influence nurses' decision-making in NICUs.

Conclusions

The current study confirmed that nurses in NICUs demonstrate a high level of commitment to professional value, with the value of "caring" being particularly prominent. Also, the results also showed increase the clinical decision-making, particularly in the "search for alternatives" dimension. The study also concluded that clinical decision-making among NICU nurses is influenced by several factors, most notably professional value, which

showed a strong, positive relationship. The multiple linear regression model was able to explain 73.5% of the variance in decision-making, demonstrating the robustness of the studied factors and their importance in improving the quality of healthcare.

Keywords: "clinical decision making", professional value, "neonatal intensive care unit", nurses, Palestine

Chapter One

1.1 Background

Global health is changing dramatically. These modifications take into account advancements in technology and the creation of fresh approaches to patient treatment. The complexity of nurses' decision-making has grown as a consequence of technological improvements, particularly in critical care settings where nurses usually treat patients with several issues (Alasad et al., 2015).

Clinical choices are, in fact, usually made in hectic, stressful environments with conflicting demands and lots of distractions in critical care settings. To keep a patient's condition from becoming worse and becoming life-threatening, nurses must act fast and decisively. Moreover, neonate intensive care nurses are under a lot of pressure to make the best clinical decisions and use their decision-making skills while tolerating with complex new technology, such as cardiac monitors, extremely unsteady and critically sick patients, and limited resources (Maharmeh et al., 2016). Clinical decision making is a continuous process in which data are collected, processed, and assessed to determine the best course of action (Tiffen et al., 2014). All phases of clinical decision-making are necessary to expand nursing performance. However, it is a highly challenging procedure because of the large volume of data to be processed and the unpredictability of the environment (Kozlowski et al., 2017).

The clinical decision making is critical in neonatal care because nurses must routinely make rapid judgments based on their expertise to provide the best possible outcomes for extremely vulnerable neonates (Ayed, 2025). These scenarios provide unique challenges because neonatal nurses must make immediate decisions that can have a major influence on patient safety and health outcomes (Nichols, 2020; Park et al., 2023). Effective CDM is a critical component of neonatal nursing practice since it reduces dangers and improves patient well-being (Altimier, 2024).

Furthermore, CDM has significant advantages in neonatal intensive care units (NICUs), which have a direct effect on the outcomes and quality of care for at-risk neonates (Altimier, 2024). In life-threatening scenarios, effective CDM is critical because it helps nurses to prioritize treatments, quickly assess complex conditions, and respond quickly to changes in a newborn's state (Gholipour et al., 2025). Patient safety is improved by reducing errors and ensuring that treatment decisions are morally and scientifically

legitimate (Oliveira et al., 2014). Strong decision-making skills also make collaborative decision-making easier, improve communication with families, and promote multidisciplinary teamwork, all of which develop trust and align care with family value (Gledhill et al., 2023).

However, CDM in NICUs is influenced by a complex combination of environmental, organizational, interpersonal, and individual characteristics (Vittner et al., 2022). Cultural and ethical contexts, particularly in Palestine, complicate judgments concerning life-sustaining medicines, which may be impacted by societal conventions and religious beliefs. The impact of value conflicts on nurse retention is another key element to consider. Managers of nurses should be aware that when nurses believe their personal or professional beliefs and job obligations conflict, retention may suffer. Nurses may begin to question whether they should stay in their current roles or explore for new choices in practice contexts where these conflicts are widespread. Resolving these value conflicts is critical for nurse job satisfaction and retention, particularly in high-stress situations such as newborn care (Yarbrough et al., 2017). By identifying and correcting these challenges, healthcare organizations may improve patient care and lower the risk of missing care (Bagnasco et al., 2020).

Neonatal nurses' professionalism has a significant impact on their decision-making (Gallagher & Leppard, 2020). In this context, professionalism entails more than simply technical ability; it also includes a commitment to family-centered care and a thorough knowledge of ethical principles (Davidson et al., 2017). To ensure that families are informed and supported during their child's care, nurses must include parents in decision-making (Salter, 2024). Nurses who get communication and ethical decision-making training are better prepared to deal with tough emotional and legal circumstances, reducing litigation fear and enhancing patient and family outcomes (Banazadeh et al., 2021). Therefore, the purpose of this study is to assess the Influence of Professional value on CDM among nurses in neonatal intensive care units in Palestine, and to identify key factors that predict clinical decision-making in this critical care environment.

1.2 Problem statement of the study

Although CDM is a complicated process that calls for professional judgment, ethical consideration, and critical thinking, it is crucial to nursing practice because it affects patient safety, care outcomes, and the efficacy of interventions (Gholipour et al., 2025). In high-stakes settings like NICUs, where patient outcomes depend on prompt and precise interventions, nurses rely on their clinical experience and knowledge to make well-informed decisions (Baxi et al., 2024).

Furthermore, NICU nurses may be delivering this high-level care under overworked and understaffed circumstances because to the present nursing shortage (Al-Harrasiyah, 2023). Additionally, nurses must regularly get training in cutting-edge medical procedures to stay up to date with new technologies in the NICU, which has become an increasingly sophisticated setting (Venkatasubramanian et al., 2024). ICU nurses may experience physical and emotional exhaustion as a result of these work-related challenges over time, which may impair their capacity to make wise clinical judgments (Yee, 2023).

In Palestine, little is known about the impact of nursing professional value on CDM, despite the vital role that nurses play in NICUs (Ayed et al., 2024). There isn't much research done in Palestine, as far as we can tell by looking through various databases. Thus, the current study purpose is to assess the Influence of Professional value on CDM among nurses in NICUs in Palestine, and to identify key factors that predict CDM in this critical care environment.

1.3 Significant of the study

This study will provide critical insights into the CDM abilities and professionalism of NICU nurses in Palestine, helping identify strengths and gaps in current practice. By identifying areas where professional value and decision-making may be lacking, the study will inform evidence-based strategies to improve the quality of bedside care in NICUs.

The study will supply to the limited body of knowledge surrounding NICU nursing in low-resource settings, particularly within the Palestinian context. While international literature exists on CDM and professionalism, localized data is scarce. The findings will expand academic understanding of how professional identity and decision-making competence develop and interact in high-stress neonatal care environments.

For hospital administrators and health policy makers, the study will provide valuable data to guide decisions on nurse staffing, ethical training programs, and continuing education in NICUs. Policymakers may also utilize the findings to inform national nursing standards and accreditation criteria focused on neonatal care quality and safety.

This study will lay the foundation for future research in neonatal nursing, particularly in conflict-affected or resource-limited regions. It will offer a framework for examining the impact of interventions aimed at improving CDM and professionalism and open pathways for longitudinal or interventional studies. Additionally, it encourages the inclusion of nurse perspectives in broader health system research, reinforcing the role of frontline professionals in shaping neonatal care policies and practices.

1.4 The aim of the Study

The main purpose of the current study is to assess the Influence of Professional value on CDM among nurses in NICUs in Palestine, and to identify key factors that predict CDM in this critical care environment.

Objectives of the Study

- To assess the level of professional value demonstrated by nurses working in NICUs.
- To examine nurses' perceptions regarding their clinical decision-making abilities in NICUs.
- To determine the relationship between professional value and clinical decision-making among NICU nurses.

- To identify significant demographic and professional predictors of clinical decision-making among nurses in NICUs.

1.5 "Research Questions"

The research questions that were answered are:

1. What extent do nurses in NICUs demonstrate professional value in their practice?
2. What is the extent of perception of clinical decision-making among nurses in NICUs?
3. Is there a statistically significant relationship between professional value and clinical decision-making among nurses in NICUs?
4. What are the significant predictors of clinical decision-making among nurses in NICUs?

1.6 "Conceptual and Operational Definition"

1.6.1 Conceptual Definition

Clinical Decision-Making: "A collaborative process where healthcare professionals, like neonatal nurses, assess patient data and determine appropriate interventions by integrating medical expertise, ethical principles, and patient involvement to ensure optimal care" (Yoon & Bae, 2024).

Nursing Professional Value: "A nurse's adherence to ethical principles, continuous education, and commitment to patient care, grounded in the value of professionalism, caring, and altruism" (Cao et al., 2023).

Neonatal Intensive Care Unit " (NICU) is a specialized hospital unit that provides advanced medical care and continuous monitoring for premature or critically ill newborns, staffed by trained professionals and equipped with advanced technologies to support survival, growth, and development" Jain, A., & Singh, M. 2023).

1.6.2 Operational Definition

- **Professional Value**

In this study, professional value are operationally defined as the scores gained by nurses on the Nursing Professional Value Scale–Version 3 (NPVS-3).

- **Clinical Decision-Making (CDM)**

In this study, "clinical decision-making is operationally defined as the perception of decision-making ability as determined by the Clinical Decision Making in Nursing Scale (CDMNS) developed by Jenkins" (1983).

1.7 Structure of the Dissertation

In this chapter, the researcher demonstrated the overall framework, which contains the introduction, problem of the study, significance of the study, aim of the study, research questions, and conceptual and operational definitions. The second chapter will offer a reviewing the literature of CDM and nursing professionalism as professional value, addressing research gaps and highlighting significant elements that impact decision-making, particularly in neonatal care settings.

The third chapter will go into further depth on the study's methodology and instruments. In addition, chapter four will discuss the study's findings, which sought to analyze the effect of nurses' professional value on CDM among nurses in NICUs. Chapter five will address the findings obtained through the distribution of questionnaires, as well as the study's conclusions and suggestions.

Chapter: Two

Literature review

2.1 Introduction

This review explores existing studies on CDM and nursing professionalism as professional value, identifying research gaps and highlighting key factors that influence decision-making, particularly in neonatal care settings.

To conduct this review, databases such as PubMed, CINAHL, and Google Scholar were utilized, employing key terms like “CDM,” “nursing professionalism,” and “neonatal care” to identify relevant studies.

2.2 Previous studies

The importance of structured shared decision-making in NICUs and its alignment with the larger focus on improving CDM and professionalism among nurses in neonatal care were highlighted in a study that examined how inter-professional shared decision-making occurs in a Canadian NICU, identifying key leader roles, clinical experts, parents, and synthesizers—that contribute to this collaborative process. Participants emphasized that decision-making involves weighing options, evaluating evidence, and considering the credibility of various perspectives, ultimately leading to well-informed decisions and a sense of value among team members (Dunn et al., 2018).

Furthermore, it was highlighted by Farčić et al. (2020) that nurses with greater experience make better decisions by often applying their intuition and pattern recognition skills, which have been honed over years of practice. Despite having a strong sense of self-worth and confidence, new nurses and students may find it difficult to apply their academic knowledge in practical situations (Al Btoush et al., 2024). The difficulty is heightened in NICUs, where nurses are required to make prompt, morally sound choices on procedures that might save the lives of fragile newborns (Rafiee et al., 2020).

Professionalism and professional worth nursing professionalism, which includes self-concept, ethical beliefs, and the capacity to evaluate clinical circumstances critically, is strongly related to CDM. According to (Farčić et al., 2020), nurses who have a strong sense of their professional identity are better able to make decisions and offer

comprehensive treatment (Al Btoush et al., 2024). Patient outcomes are also impacted by this professional self-concept since competent, self-assured nurses are more likely to make wise choices that enhance the standard of care. Additionally, nurses who continuously maintain professional standards improve patient safety, teamwork, and communication—all of which are critical in critical care settings like NICUs.

In neonatal care, decision-making is often fraught with ethical dilemmas, particularly when treating neonates with poor prognoses. (Rafiee et al., 2020) highlighted that in many cultures, the sacredness of life leads healthcare providers to continue aggressive treatments, even when the chances of survival are low. This approach can limit the availability of resources for other neonates with better prognoses, creating ethical and logistical challenges in NICUs. The study revealed that while some healthcare professionals support aggressive interventions, others advocate for conservative or palliative care, emphasizing the need for clearer guidelines on when to shift from intensive interventions to palliative approaches.

While existing studies provide valuable insights into the relationship between CDM and professionalism, there are notable gaps in research specific to neonatal care. Most studies focus on general nursing populations or hospital settings without examining the unique pressures and ethical considerations in NICUs. Additionally, while the influence of self-concept and professionalism on CDM is well-documented, there is limited research on how these factors directly affect neonatal patient outcomes. In the following many studies explore how nurses' professional development, ethical training, and clinical experience impact decision-making in neonatal care, and how these decisions influence the long-term health and well-being of neonates.

In a cross-sectional correlational study over 200 nurses working in PICU Educational and Medical Centers of Tehran University of Medical Sciences concluded that CDM in more than half of the pediatric ICU nurses was based on an intuitive analytical approach, while the rest employed a systematic analytical method. No nurses demonstrated interpretive or fully intuitive decision-making styles. Despite variations in decision-making types, there was no statistically significant correlation between CDM and moral distress among the nurses. However, moral distress was present at a moderate level, influenced by factors such as marital status and the number of children the nurses had. The study emphasized the importance of enhancing systematic and interpretive decision-making skills in pediatric ICU nurses to improve care quality. It also highlighted the need for training programs aimed at reducing moral distress, which can negatively impact nurses' care behaviors (Tahmasebi et al., 2022).

Additionally, in a cross sectional study conducted by Ayed et al. (2025) to investigate the relationship between professional value and caring behaviors among nurses in NICUs. "The study was conducted on 172 NICU nurses and data collected with Nursing Professional Value Scale and a Caring Behaviors Assessment Tool to collect data. The outcomes indicated moderate to high level of professional value (M= 91.1). The highest-

rated subscale was "creating a supportive, protective, and corrective environment" (M= 22.8). The study concluded that although there is a positive relationship between professional value and caring behaviors, further improvements are needed in specific areas to improve the overall quality of care in NICUs".

Furthermore, a research examined critical care nurses' critical thinking and CDM abilities in pain management and investigated how these skills connect to specific nurse characteristics. This descriptive correlational study included a convenience sample of 115 nurses working in a Jordanian university hospital, and data was collected using a pain-related vignette and validated questionnaires. The Critical Thinking Self-Assessment Scale and the CDMNS were used to assess nurses' critical thinking and CDM abilities, respectively. The findings revealed that participating nurses lacked critical thinking and intuitive decision-making skills in pain treatment. Notably, nurses with more clinical experience and higher educational credentials had much stronger critical thinking and intuitive decision-making ability than their less experienced and less educated colleagues. Furthermore, nurses who used intuitive decision-making modes performed much better in critical thinking than those who used analytical or flexible analytical-intuitive modes. The study showed that critical care nurses' lack of critical thinking and decision-making abilities in pain management may have a negative impact on patient outcomes. Thus, knowing nurses' critical thinking and decision-making abilities, as well as the factors that influence them, is vital for improving pain treatment in critical care settings (Rababa & Al-Rawashdeh, 2021).

Batran et al. (2022) performed a cross-sectional study on nursing informatics competency and its correlation to CDM among nurses in the West Bank of Palestine. The researchers used a cross-sectional study design, with data collected using cluster random sampling at 14 government hospitals. The results showed that participants' nursing informatics competency was rather poor, with a mean score of (2.6 ±0.88), and the informatics skills subscale was the lowest at (M= 2.4 ±1.00). Additionally, the nurses' capacity to make clinical choices was judged low, with an average score of (M=2.59 ±0.38). Within the CDM subscales, the ability to seek for information and absorb new facts earned the greatest rating (M= 2.64±0.39), while the appraisal of aims and value received the lowest score (M= 2.53±0.38). The study revealed that there is a positive association between nursing informatics competency and CDM, emphasizing the need for specific training programs that improve nurses' informatics skills and decision-making abilities.

In a qualitative systematic review study focused on the decision-making process during antenatal consultations concerning extremely preterm infants near the gestational viability threshold. The researchers conducted a comprehensive search across multiple databases, including PubMed, EMBASE, Web of Science, and CINAHL Plus, to gather relevant qualitative literature published from 1990 to July 2021. A total of 25 articles were selected for review, incorporating perspectives from 504 healthcare providers and 352 parents. The thematic analysis identified four key themes that characterize the decision-making experience: influences on decision-making, the sharing of information, the establishment

of partnerships, and the decision-making itself. The review found that parents and providers often had differing opinions on the most crucial elements of the decision-making process. Ultimately, the qualitative literature highlights critical factors that can guide healthcare providers in shared decision-making during antenatal consultations. Emphasizing clear, honest communication, avoiding overly simplistic choices, and prioritizing collaborative relationships with families are vital strategies for achieving individualized decisions for each preterm infant (Krick et al., 2022).

Using a convenience sample of 122 staff nurses throughout the data collecting period, a descriptive correlational study investigated the relationship between CDM and professional value among nurses working in critical care units at Dairout Central Hospital. The CDM Scale and the Nursing Professional Value Scale were the two main instruments used in the study. According to the data, 76.2% of the nurses had high levels of professional value, and 77.9% of them had high levels of CDM skills. The nurses' professional value and their CDM skills were shown to be strongly positively correlated. The nurses' professional value and their CDM skills were shown to be strongly positively correlated. Given these results, the authors advise implementing training initiatives to improve nurses' professional value and decision-making abilities. They also recommend further research to examine the connection between these two factors among general ward nurses (Abdelgawad et al., 2021).

The CDM patterns of pediatric nurses in Korea were examined, along with their relationships to nursing professionalism and self-efficacy. Five different decision-making patterns were found in the study, which polled 173 pediatric nurses: nursing knowledge-oriented (NK), nurse model-oriented (NM), patient-family-nurse collaborative (PNC), individual patient-oriented (IP), and pattern-oriented intuitive (PI). The PNC pattern was the most commonly seen among them. According to the research, nurses who used the IP and NM patterns scored better on measures of professionalism and self-efficacy than those who used the PNC pattern. According to the study's findings, pediatric nurses' CDM patterns are influenced by their professionalism and self-efficacy, which implies that focused intervention programs might enhance their capacity for making decisions in this area of nursing (Choi & Kim, 2015).

According to a different study, professional value has a big impact on nurse retention, especially for mid-career nurses. According to a U.S. research, nurses' intention to remain in their jobs is significantly influenced by professional value orientation, career advancement, and job satisfaction. According to the study, mid-career nurses—who are essential for their knowledge and leadership—scored higher on work satisfaction and had a greater desire to stay in their positions than early-career nurses. Crucially, it made clear that retention rates may drop if nurses believe there are inconsistencies between their work environment's needs and their professional ideals. In order to increase work satisfaction and lower turnover rates, nurse managers must create a supportive practice environment that is consistent with nurses' beliefs, as this result emphasizes (Yarbrough et al., 2017).

A recent study examined the influence of nursing professionalism on the quality of pediatric nursing care, with an emphasis on the mediating roles of clinical decision-making and the pediatric nurse-parent collaboration. The study included 133 nurses working in pediatric wards. The study found that CDM and collaboration between pediatric nurses and parents had a strong dual mediating influence on the connection between nursing professionalism and the quality of pediatric nursing care. These findings indicate that increasing nurse professionalism, improving clinical decision-making effectiveness, and establishing collaborative partnerships with parents are critical strategies for improving pediatric nursing care outcomes (Lee & Choi, 2024).

Table 2.1-A : summary of studies based on literature review

Study Type	Authors	Year	Aim	Methodology	Sample Size	Main Result
Literature Review	Dunn et al.	2018	To explore the relationship between CDM and nursing professionalism in NICUs and identify factors influencing decision-making.	Systematic review of studies; Databases: PubMed, CINAHL, Google Scholar	Not applicable	Emphasizes the importance of structured shared decision-making in NICUs, highlighting factors that influence decision-making and the role of professionalism in improving patient outcomes.

Table 2.1-B : summary of studies based on literature review

	Farčić et al.	2020	To explore the link between nursing experience, decision-making, and professional value in NICU settings.	Cross-sectional study; Surveys	Not specified	Found that experienced nurses demonstrate stronger decision-making skills, using intuition and pattern recognition, whereas novice nurses struggle with applying theoretical knowledge.
Qualitative Systematic Review	Krick et al.	2022	To examine decision-making during antenatal consultations for extremely preterm infants.	Qualitative systematic review; Thematic analysis of 25 articles	504 providers, 352 parents	Identified key factors in decision-making such as shared information, partnerships, and the decision process, emphasizing the importance of collaborative, clear communication in neonatal decision-making.
Cross-sectional Survey	Ayed et al.	2024	To investigate the relationship between professional value and caring behaviors among NICU nurses.	Cross-sectional survey; Nursing Professional Value Scale and Caring Behaviors Assessment Tool	172 NICU nurses	Found a positive correlation between professional value and caring behaviors, with a need to enhance certain areas to improve patient care.
Descriptive Correlationa 1	Tahmasebi et al.	2022	To assess CDM and moral distress in pediatric ICU nurses and explore the relationship between CDM and moral distress.	Descriptive correlational study; Surveys	200 pediatric ICU nurses	Found that pediatric ICU nurses mostly used intuitive analytical methods for CDM, with moral distress being moderate, and emphasized the need for improved CDM skills to reduce distress.

Table 2.1-C : summary of studies based on literature review

Descriptive Correlational	Amer et al.	2023	To assess nursing informatics competency and self-efficacy in Palestinian hospitals.	Descriptive correlational design; Self-Assessment of Nursing Informatics Competencies Scale, New General Self-Efficacy Scale	331 nurses	Found that nurses showed moderate competency in nursing informatics and high self-efficacy, with a need for further training to improve informatics skills.
Descriptive Correlational	Batran et al.	2022	To examine the relationship between nursing informatics competency and CDM among nurses in the West Bank.	Cross-sectional study; Cluster random sampling	Not specified	Identified a positive relationship between informatics competency and CDM, suggesting the need for specialized training programs to improve skills in both areas.
Descriptive Correlational	Rababa & Al-Rawashdeh	2021	To assess critical thinking and decision-making abilities related to pain management among critical care nurses.	Descriptive correlational study; Critical Thinking Self-Assessment Scale, Nursing CDM Instrument	115 critical care nurses	Found that nurses with more experience and higher educational levels exhibited better critical thinking and decision-making, suggesting that improving these skills is vital for enhancing patient care.
Cross-sectional Survey	Abdelgawad et al.	2021	To investigate the relationship between CDM and professional value in critical care nurses.	Cross-sectional study; CDM Scale, Nursing Professional Value Scale	122 nurses	Found a strong positive relationship between CDM and professional value, recommending training programs to improve both aspects of nursing practice.

Table 2.1-D : summary of studies based on literature review

Cross-sectional Survey	Choi & Kim	2015	To explore the patterns of CDM in pediatric nurses and the relationship between these patterns, self-efficacy, and nursing professionalism.	Survey; Data collection via self-reported questionnaires	173 pediatric nurses	Identified five CDM patterns, with higher self-efficacy and professionalism in nurses who used certain patterns, suggesting targeted interventions to improve decision-making skills.
Cross-sectional Survey	Choi & Kim	2015	To explore the patterns of CDM in pediatric nurses and the relationship between these patterns, self-efficacy, and nursing professionalism.	Survey; Data collection via self-reported questionnaires	173 pediatric nurses	Identified five CDM patterns, with higher self-efficacy and professionalism in nurses who used certain patterns, suggesting targeted interventions to improve decision-making skills.

Summary

While numerous international studies have explored clinical decision-making (CDM) and nursing professionalism, there remains a noticeable gap in research specific to Neonatal Intensive Care Units (NICUs) in Palestine. Existing literature highlights the importance of inter-professional collaboration, ethical reasoning, and professional identity in shaping nurses' decision-making, especially in high-stakes environments like NICUs. Studies by Dunn et al. (2018) and Farčić et al. (2020) emphasize how experience, critical thinking, and professional self-concept influence nurses' ability to make sound clinical decisions. However, these findings are largely based on data from high-resource or general pediatric settings. While research in Palestine has examined informatics, self-efficacy, and general CDM among nurses, it lacks a focused examination of how these factors interplay within the unique ethical, cultural, and resource-constrained context of NICUs.

This gap underscores the need for a localized study examining the relationship between CDM and professionalism among NICU nurses in Palestine. Palestinian NICUs face distinct challenges, including limited resources, cultural sensitivities around end-of-life care, and high emotional demands, all of which influence decision-making processes. Yet, no existing study has quantitatively assessed how professional value and decision-making skills impact care quality and teamwork in these settings. By exploring these factors together, this study aims to provide evidence-based recommendations to strengthen nursing education, support professional development, and ultimately enhance neonatal care outcomes in Palestinian hospitals.

In the next chapter, the researcher will illustrate the methodology of this study in greater detail and define the study instruments.

Chapter Three

Methodology

3.1 Introduction

The purpose of this study is to assess the Influence of Professional value on CDM among nurses in neonatal intensive care units in Palestine, and to identify key factors that predict CDM in this critical care environment. This chapter will describe study design, setting, population and sampling methods, participant's eligibility criteria, research instruments, ethical considerations data collection, and data analysis.

3.2 Design of the study

The design was conducted using a quantitative descriptive cross-sectional research. This design proved acceptable for assessing the impact of professional value on CDM among nurses in neonatal intensive care units. A cross-sectional research was chosen to describe the state or interactions between phenomena at a certain time point (Polit & Beck, 2018).

3.3 Study setting

The study was conducted in the NICUs of governmental hospitals located in the West Bank, Palestine. These units provide specialized care for critically ill and premature newborns, that collectively housed approximately 150 incubators, often operating under resource-limited and high-pressure conditions. The target population included nurses working in level II and III NICUs within governmental hospitals across the West Bank who met the study's inclusion criteria. These hospitals were selected because they are leading providers of neonatal care, featuring well-established NICUs that represent nurses working in large, publicly funded healthcare hospitals. Moreover, the standardized policies and procedures across these hospitals contribute to a consistent work environment, thereby enhancing the generalizability of the study's results. As key pillars of the Palestinian healthcare system, these hospitals also provided an opportunity to capture valuable insights from nurses engaged in high-acuity, high-stakes clinical care.

3.4 Study Population and Sample Size

Data were collected from 11 NICUs. A convenience sampling method was applied to engage a representative sample of NICU nurses. The required sample size was determined using Raosoft software, based on an estimated population of 300 NICU nurses

approximately. With a 95% confidence level and a 5% margin of error, the least possible sample size was calculated to be 169. To account for potential non-responses or dropouts, 200 nurses were asked to participate. Ultimately, 184 nurses accomplished the survey, resulting in a response rate of 92%.

3.5 Inclusion and Exclusion Criteria

Inclusion Criteria:

- Nurses currently working in the NICUs of selected hospitals in the West Bank, Palestine.
- Nurses with at least six months of experience in NICU settings to ensure adequate exposure to clinical decision-making situations.
- Nurses who are willing to participate and provide informed consent.
- Nurses who are available during the data collection period.

Exclusion Criteria:

- Nursing interns, students, or newly hired nurses with less than six months of NICU experience.
- Nurses working in pediatric or general wards not directly involved in neonatal intensive care.
- Nurses on leave or unavailable during the data collection period.
- Nurses who decline to participate or withdraw consent at any stage of the study.

3.6 Study instruments

The questionnaire composed of three section:

- Section one: demographic and professional characteristics of the nurses. It includes age, gender, educational level, nursing work experience, work experience in NICU, and receipt of education on professional value.

- The second section assessed nursing professional value using the NPVS-3, a 28-item instrument employing a Likert-scale format ranging from 1 (not important) to 5 (most important), with scores ranging from 28 to 140. A higher score on the NPVS-3 indicates a stronger orientation towards professional value (Weis, & Schank, 2017). NPVS-3 measures professional value of caring, activism, and professionalism. It has demonstrated good internal consistency reliability across these factors, with alpha coefficients ranging from 0.80 to 0.91, and a total scale coefficient of 0.94 (Weis, & Schank, 2017).

-Section Three the Clinical Decision Making that assessed by the Clinical Decision Making in Nursing Scale (CDMNS) which 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”.

The CDMNS is valid and reliable and was on nurses in previous studies with a Cronbach's alpha more than 0.80 (Abu Arra et al., 2023; Ayed, 2025, Btaran et al., 2022; Canova et al., 2016; Girot, 2000). Nursing Professional Value Scale (NPVS); A helpful tool for assessing professional nursing value and fostering professional socialization is the NPVS also is valid and reliable with Cronbach's Alpha more than 0.80 (Ayed et al., 2024, Ejheisheh et al., 2025; Weis & Schank, 2000). In the current study Cronbach's alpha for CDMNS and NPVS was 0.82 and 0.86 respectively.

Both instruments the NPVS-3 for professional value and the CDMNS for clinical decision making—had been previously validated in the Palestinian nursing context, ensuring cultural sensitivity and contextual appropriateness. Their prior use suggests they are reliable tools for assessing these constructs among Palestinian nurses (Ayed, 2025; Btaran et al., 2022; Ejheisheh et al., 2025).

Ethical Considerations

Ethical approval for this study was granted by the Institutional Review Board (IRB) of Al-Quds University (Ref. No# RESC/2025-23) and permission from Palestinian MoH to conduct the study. Prior to participation, all nurses received a detailed explanation of the study's purpose, procedures, potential benefits, and risks, and each provided written informed consent. Participation was entirely voluntary, with the option to withdraw at any point without any negative consequences. Confidentiality was strictly maintained, and all data were securely stored.

3.7 Data Collection procedure

After taking ethical approval and permission to conduct the study, the researcher visited the selected hospitals, met with the head nurses of the NICUs, explained the study's aims, and secured permission to access the units and obtain lists of eligible nurses. The time was given to complete the questionnaire in English, paper based, and sealed envelopes were provided for returning the completed forms. The researchers remained present on-site, collecting the completed forms at the end of each workday to prevent any loss or misplacement. Data collection was conducted between February 1, and May 1, 2025.

3.8 Data Analysis

Data were entered and analyzed using the Statistical Package for the Social Sciences (SPSS), version 27.0. Before analysis, all questionnaires were reviewed for completeness, missing data, outliers, and adherence to assumptions of normality. Normality was evaluated using both histograms and the Kolmogorov-Smirnov test. The data were found to be complete, free of outliers, and normally distributed. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were used to summarize the characteristics of the study variables. Pearson's correlation was employed to examine relationships between continuous variables. Point biserial correlation examined the relationships between categorical and continuous variables. Multiple linear regression test was conducted to investigate predictors of CDM among NICU nurses. Correlation were interpreted based on Cohen's value as between 0.10–0.29 considered weak, 0.30–0.49 moderate, and 0.50–1.0 strong. Statistical significance was determined at a p-value less than 0.05.

Chapter Four

Findings

4.1 Introduction

This chapter presents the findings of the study, which aimed to assess the Influence of Professional value on CDM among nurses in NICUs in Palestine, and to identify key factors that predict CDM in this critical care environment.

The analysis includes a detailed overview of the participants' demographic characteristics, descriptive statistics of key study variables, and inferential analyses exploring associations and predictors of clinical decision-making. The results are organized to address the study research questions, providing a foundation for interpretation in the subsequent discussion chapter. Data are presented in tables and supported by narrative descriptions to facilitate clarity and comprehension.

4.2 Participants' Characteristics

One hundred and eighty four out of 200 nurses participated and completed the study, resulting in 92% response rate. The analysis revealed that the nurses mean age was 30.2 \pm 5.8 years. The majority of the participants 122 (66.3%) were female. In terms of educational level, most participants 138 (75.0%) held a bachelor's degree. The nurses reported an average of 6.6 \pm 5.0 years of work experience in nursing and 5.0 \pm 3.7 specifically in NICU. Additionally, 126 (68.5%) reported having received education on professional value, as seen in Table 1.

Table 4.1 "Demographic characteristics of the participants" (N=184)

Characteristics		N	%	M(SD)
Age				30.2(5.8)
Gender	Male	62	33.7	
	Female	122	66.3	
Educational level	Diploma	24	13.0	
	Bachelor	138	75.0	
	Master and above	22	12.0	
Work experience in nursing				6.6(5.0)
Work experience in NICU				5.0(3.7)
Status of receiving education on professional value	Yes	126	68.5	
	No	58	31.5	

The bar chart illustrates that out of the total sample of 184 nurses, a significant majority were female, accounting for 122 (66.3%) nurses, as seen in figure 1.

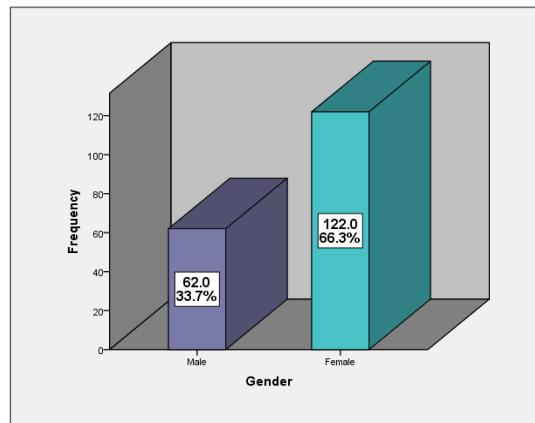


Figure 1.4 "Distribution of the participants according to gender"

The bar chart displays the distribution of participants based on their educational level. The majority of the nurses 138 (75.0%) held a Bachelor's degree, as seen in figure 2.

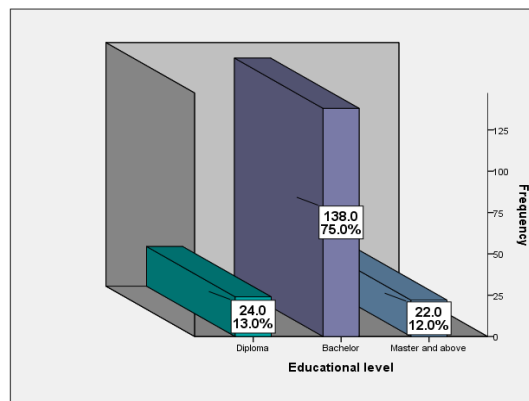


Figure 2.4 Distribution of the participants according to educational level

The pie chart illustrates the distribution of participants based on whether they have received education on professional value. The majority of respondents, accounting for 126 (68.5%), reported that they had received such education, as highlighted in figure 3.

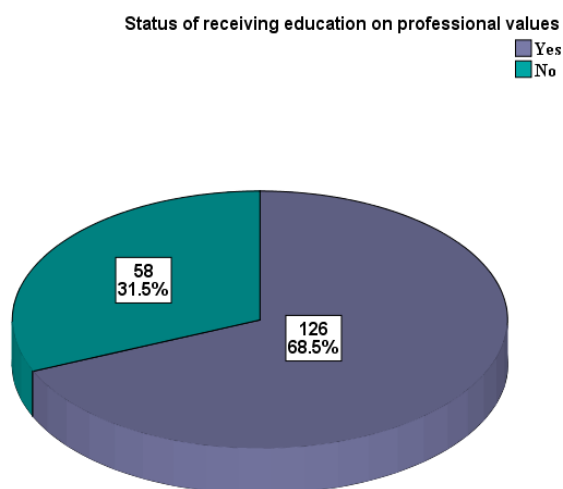


Figure 3.4 Distribution of the participants according to status of receiving education on professional value

4.3 Testing research questions

Research question one: "To what extent do nurses in NICUs demonstrate professional value in their practice"?

According to the analysis, the average score of nurses regarding their professional value has been determined to be 94.5 ± 14.6 (the total score varies from 28-140), indicating a rather high degree of professional commitment. The study focused on evaluating the different components of nurses' professional value with the most ranked performing component being caring, which received a mean score of 34.2 ± 5.5 , as illustrated in Table 2.

Table 4.2 "Distribution of Nurses' Professional Value" (N=184)

Variable	M	SD
"Nurses professional value"	94.5	14.6
Caring (10 items)	34.2	5.5
Activism (10 items)	33.5	5.4
Professionalism (8 items).	26.8	4.5

Research question two: "What is the extent of perception of CDM among nurses in NICUs?"

The overall mean score for clinical decision-making was high at 179.1 ± 8.9 , reflecting strong decision-making engagement among participants. The highest subscale score was for "Search for alternatives or options" ($M = 48.6 \pm 1.4$). The lowest score was noted in the "Canvassing of objectives and value" subscale ($M = 41.7 \pm 7.1$), as seen in Table 3.

Table 4.3 Clinical decision-making among study sample (N=184)

Variable	M	SD
"Clinical decision making"	179.1	8.9
"Search for alternatives or options"	48.6	1.4
"Canvassing of objectives and value"	41.7	7.1
"Evaluation and reevaluation of consequences"	45.0	2.0
"Search for information and unbiased assimilation of new information"	43.8	2.3

Research question three: "Is there a statistically significant relationship between professional value and clinical CDM among nurses in NICUs"?

The analysis revealed that age ($r = 0.161$, $p < 0.05$), gender ($p \text{ b.r} = 0.313$, $p < 0.001$), Working experience in nursing ($r = 0.253$, $p < 0.01$), Working experience in NICU ($r = 0.339$, $p < 0.01$), and Professional value ($r = 0.850$, $p < 0.01$) were all significantly and positively correlated with clinical decision-making, indicating that age, gender (female), working experience in nursing, working experience in NICU, and professional value are associated with better clinical decision-making, as seen in table 4.

Table 4.4 "Factors correlating CDM among study sample" (N=184)

Variable	Clinical decision making	
	R	p. Value
Age	.161*	.029
Working experience in nursing	.253**	.001
Working experience in NICU	.339**	.001
Professional value	.850**	.001
	p b.r	p-value
Gender	.313	.001
Educational level	.048	.517
Status of receiving education on professional value	.135	.069

*"Correlation is significant at level of 0.05"

**"Correlation is significant at the 0.01"

Research question four: "What are the significant predictors of CDM among nurses in NICUs"?

A multiple linear regression analysis was conducted to identify predictors of clinical decision making among nurses in NICU. Independent variables in the model included age, gender, working experience in nursing, working experience in NICU, and professional value. The overall model was statistically significant ($p = 0.001$, $R^2 = 0.735$, adjusted $R^2 = 0.728$), meaning that 73.5% of the variance in clinical decision making was explained by these variables. Among the variables analyzed, professional value emerged as the strongest and most significant predictor ($B = 0.496$, $p = .001$), indicating that higher adherence to professional value is strongly associated with better clinical decision-making. Gender was

also a significant predictor, with female participants scoring higher in clinical decision-making ($B = 1.704$, $p = .026$), as shown in Table 5.

Table 4.5. Predictors of clinical decision making: Multiple Linear Regression

Predictor	B	Beta	T	p. Value	95.0% Confidence Interval	
					Lower Bound	Upper Bound
Age	-.163	-.106	-1.571	.118	-.367	.042
Gender (Female)	1.704	.091	2.238	.026	.202	3.207
Working experience in nursing	-.088	-.049	-.618	.537	-.370	.194
Working experience in NICU	.310	.130	1.762	.080	-.037	.658
Professional value	.496	.815	18.667	.000	.444	.549

Chapter Five

Discussion

5.1 Introduction

In this chapter, discussion, conclusions, and recommendations will be explained. The conclusion will be formulated according to the purpose of the study. The purpose of this study is to assess the Influence of Professional value on CDM among nurses in NICUs care units in Palestine, and to identify key factors that predict CDM in this critical care environment.

5.2 Discussion

This study is the first to "assess the significance of professional values from the perspective of nurses working in NICUs in Palestine. The findings revealed that nurses demonstrated a high level of professional value in their practice within intensive care settings. The elevated mean scores on the professional value scale suggest that nurses strongly uphold core professional principles. A nurse's primary responsibility is to deliver safe, ethical, and high-quality care something best achieved when patients are treated with dignity, respect, and compassion". These values positively influence nurses' clinical judgment, decision-making, and actions, ensuring alignment with professional standards. Moreover, professional value serve as a guiding framework for resolving ethical dilemmas encountered in clinical settings (Al Shammari et al., 2017).

In this study, nurses rated these aspects highly, aligning with Reising (2012). These results are consistent with previous studies conducted among nurses (Allari, 2018; Hartiti & Wulandari, 2019; Hutagaol, 2019). This indicates that daily clinical practices are characterized by a high degree of professionalism and ethical awareness. "Caring" emerged as the most prevalent professional value, reflecting the essential nature of this value in a critical care setting that requires continuous emotional and behavioral support for patients and their families (Krick et al., 2022).

Consistent with prior research, the nurses in this study identified the "caring" domain as the most important among professional value (Allari, 2018). This may be because nurses tend to prioritize value that are closely connected to their direct clinical responsibilities

(Shahriari et al., 2012). Moreover, despite ongoing transformations in healthcare systems, nurses continue to play a central role in patient care (Weis & Schank, 2009).

Conversely, items related to the domains of activism and professionalism received lower ratings an outcome also reported in other studies (Parvan et al., 2012; Poorchangizi et al., 2017). This may stem from the fact that nurses are often not actively engaged in policy-making processes and may perceive such roles as outside the scope of clinical practice. Nevertheless, ethical conduct and patient advocacy remain essential expectations of the nursing profession (Fisher, 2014). Therefore, nurse leaders and administrators should address these gaps by implementing targeted in-service educational programs aimed at enhancing all dimensions of professional value.

The study also found that the overall mean score for clinical decision-making was high, reflecting strong decision-making engagement among nurses in NICU. This finding aligns with findings from previous studies (Ayed, 2025; Abu Arra et al., 2023; Jawabreh, 2024). Also, this result was supported by Ahmed et al., (2019) who studied and reported that the most of the nurses had high level to make decision. Furthermore, this finding is consistent with Mohamed (2018), who revealed that nurses had a high degree of capacity to make clinical decisions. The high clinical decision-making scores reported by NICU nurses in this study might be linked to cultural and environmental variables unique to the Palestinian healthcare system. In Palestine, nurses frequently work in resource-constrained and high-pressure conditions that need rapid, independent clinical decisions. The constant geopolitical issues and unpredictability need nurses to acquire resilience and adaptation, which improves their decision-making skills. In recent years, Palestinian nursing education has placed a greater emphasis on critical thinking and clinical reasoning, which may contribute to enhanced decision-making skills. The collaborative, community-oriented element of Palestinian culture may help foster a strong feeling of duty and advocacy for patients, driving nurses to actively participate in clinical choices to guarantee patient safety and well-being.

Conversely, this conclusion differs with the findings of Ghonem and Abdrabou (2021), who did an analytical cross-sectional study titled "Professional Value, Clinical Decision-Making, and Organizational Commitment among Nurses." Their research discovered that, whereas nurses had high levels of professional ideals and organizational dedication, their clinical decision-making abilities were comparatively poor.

The major finding shows a substantial positive association between professional value and clinical decision-making (CDM) among nurses, with professional value being a significant predictor of CDM. This shows that nurses who place a high importance on their profession and its ethical standards are better prepared to make informed therapeutic judgments. Nurses must be conscious of their personal and professional principles while also being able to care for patients with diverse values. Nurses' professional value are important because they impact how they care for patients (Poorchangizi et al., 2019). This research supports the findings of Abou Ramadan and El-Demerdash (2017), in their study

which aimed to assess the relationship between Professional Value and Clinical Decision-Making among Nursing Students. Findings of the study indicated that a substantial favorable relationship between students' overall professional value and clinical decision-making ability. Similarly, a study aimed to assess the "Barriers to Clinical Decision-Making in Nurses in Australia," Hoffman et al. (2014) discovered that nurses who strongly identified with a professional nursing role were more actively engaged in clinical decision-making than those who saw their role as more aligned with paramedical functions.

5.3 Strength and limitations of the study

This study is the first of its kind in Palestine, specifically in the Bethlehem and Hebron regions, and among the few studies conducted globally, and is considered the most recent. The study was conducted using a comprehensive approach to establish a valid relationship between various variables, helping decision-makers make the most appropriate decisions to improve the nursing skills of Palestinian nurses.

While the difficulties and limitations encountered include some nurses' poor understanding of many of the concepts presented during the questionnaire, which requires further clarification and explanation. Furthermore, the difficulty of moving freely and easily from one region to another and from one governorate to another is compounded by the current conditions facing the Palestinian people as a result of the closures and checkpoints imposed by the Israeli occupation.

5.4 Recommendations of the study

1. Continue to support and promote the value of "caring" as a central component of clinical training by designing training programs that highlight the importance of comprehensive nursing care, not only in terms of physical aspects, but also psychological and social aspects. They also provide workshops that enhance emotional and human skills such as empathy, active listening, and family support in the intensive care unit.
2. Integrate professional value into the ongoing assessment of clinical performance by making adherence to professional value a core component of nurses' annual performance evaluations, and encouraging nurse leaders to observe and provide feedback on behaviors that reflect professional value.
3. Foster a work environment that supports professional ethics by providing an organizational environment that encourages mutual respect, transparency, and teamwork, which enhances the translation of professional value into daily practice, and supports nursing leadership in empowering nurses to make values-based clinical decisions.
4. Integrate professional value as an integral part of the academic curricula of nursing students by developing stand-alone courses or modules within the curriculum that focus on professional ethics and values in a practical, rather than theoretical, way, and by utilizing interactive learning methods such as simulations, ethical problem-solving, and role-playing.

5. Conduct future studies to explore the factors that influence disparities in adherence to some professional value over others, and to examine the relationship between adherence to professional value and patient care outcomes or family satisfaction, especially in a critical environment such as neonatal intensive care.

5.5 Conclusion

The study concluded that nurses in NICUs demonstrate a high level of commitment to professional value, with the value of "caring" being particularly prominent. The results also showed a significant increase in awareness of the clinical decision-making process, particularly in the "search for alternatives" dimension. These findings support the hypothesis that professional value effectively contribute to enhancing the quality of clinical decisions, indicating the importance of integrating ethical education and value-based training into nursing programs and clinical practices in critical settings.

The study also concluded that clinical decision-making among NICU nurses is influenced by several factors, most notably professional value, which showed a strong, positive relationship and are among the most important determinants of clinical judgment. The results also showed that nursing experience, both general and specialized, contributes to enhancing decision-making, while age and gender also had a significant impact. The multiple linear regression model was able to explain 73.5% of the variance in decision-making, demonstrating the robustness of the studied factors and their importance in improving the quality of healthcare. These findings underscore the need to integrate professional value more deeply into nursing education and training programs, taking into account individual and cultural differences in the development of clinical skills.

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Appendix: Questionnaire

The relationship between nurses' professional values and clinical decision making among Nurses at neonatal intensive care units

Demographical and professional data

Age 21–30 year 31–40 year 41–60 year

Gender: Male Female

Educational level: Diploma Bachelor Master and above

Work experience: -----

Work experience/NICU: -----

Status of receiving education on professional values yes no

Professional value

		not important	somewhat important	important	very important	Most important
	Caring					
15	Protect moral and legal rights of patients					
18	Provide care without bias or prejudice to patients and populations					
19	Safeguard patient's right to confidentiality and privacy					
2	Respect the inherent dignity, values, and human rights of individuals					
3	Protect health and safety of the patient/public					
22	Practice guided by principles of fidelity and respect for person					
16	Act as a patient advocate					
14	Accept responsibility and accountability for own practice					

21	Protect rights of participants in research					
20	Confront practitioners with questionable or inappropriate practice					
	Activism					
24	Participate in professional efforts to advance global health					
23	Actively promote health of populations					
26	Take action to influence legislators and other policy makers to improve health care					
12	Establish collaborative partnerships to reduce health care disparities					
13	Assume responsibility for meeting health needs of diverse populations					
11	Recognize the role of professional nursing associations in shaping health policy					
10	Advance the profession through active involvement in health-related activities					
17	Participate in nursing research and/or implement research findings appropriate to practice					
25	Promote mutual peer support and collegial interactions to ensure quality care and professional satisfaction					
27	Engage in consultation/collaboration to provide optimal care					
	Professionalism					
6	Establish standards as a guide for practice					
7	Promote and maintain standards where planned learning activities for students take place					
5	Participate in peer review					
8	Initiate actions to improve environments of practice					
1	Engage in ongoing self-evaluation					
9	Seek additional education to update knowledge and skills to maintain					
4	Assume responsibility for personal well-being					
28	Recognize professional boundaries					

<i>No.</i>	<i>Item</i>	<i>Never</i>	<i>Seldom</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Always</i>
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!

جامعة القدس

Al Quds University
Faculty of Health Professions
Jerusalem – Abu Dis



جامعة القدس
كلية المهن الصحية
القدس – أبو ديس

Research Ethics Subcommittee of Faculty of Health Professions
Letter of approval

Feb. 18, 2025
Ref. No.: RESC/2025-23

Dear Applicants, (Dr. Ahmad Juma, Ms. Ahlam Al Shaer)

Program: MSc Nursing Department

The Research Ethics subcommittee of the Faculty of Health Professions has recently reviewed your proposal entitled (**The Influence of Professional Value on Clinical Decision-Making Among Nurses in Neonatal Intensive Care Units in Governmental and Private Hospitals in West Bank of Palestine**) submitted by (Dr. Ahmad Juma). Your proposal is deemed to meet the requirements of research ethics at Al-Quds University, but further assessment is required by the Central Research Ethics Committee of Al-Quds University. We wish you all best for the conduct of the project.

Hussein ALMasri, PhD

Hussein ALMasri

Associate Professor of Medical Imaging
Research Ethics Subcommittee Chair
Faculty of Health Professions



Ref.:
Date:.....

الرقم: ٥٦٤/٢٠٢٠
التاريخ: ٢٠٢٠/١٢/٢٠

الأخ مدير عام الادارة العامة للمستشفيات المحترم،،
تحية واحترام،،،

الموضوع: تسهيل مهمة بحث

يرجى تسهيل مهمة الطالبة: أحلام اسماعيل مغنم الشاعر- ماجستير تمريض الأطفال/ جامعة القدس، وبإشراف د. أحمد العائدي، في عمل بحث بعنوان:
تأثير القيمة المهنية على اتخاذ القرارات السريرية بين الممرضات في وحدات العناية
المركزة للأطفال حديثي الولادة في المستشفيات الحكومية والخاصة في الضفة الغربية
فلسطين"
من خلال السماح للطالبة بجمع معلومات عن طريق تعبئة استبانة من قبل كادر التمريض بعد
اخذ موافقتهم، وذلك في:

- المجمع الطبي رام الله - ومستشفى رفيديا نابلس - خليل سليمان اجنين
 - مستشفى طوباس التركي - مستشفى ياسر عرفات/ سلفيت
 - مستشفى ثابت ثابت اطولكرم - مستشفى درويش نزال اقلقيلية
 - مستشفى عالية ا الخليل - مستشفى الحسين بيت جالا - مستشفى يطا.
- على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعدم التعرض للمعلومات التعريفية للمرضى.
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة
الوزارة على نتائج البحث.

مع الاحترام،،،



نسخة: منسقة برنامج الماجستير/ دائرة التمريض المحترمة/ جامعة القدس

تأثير القيم المهنية على اتخاذ القرارات السريرية بين الممرضين في وحدات العناية المركزة لحديثي الولادة مقدمه

اسم الطالب : أحلام اسماعيل مغنم الشاعر

المشرف : أحمد عياد

الملخص

يُعد اتخاذ القرار السريري أمرًا بالغ الأهمية في رعاية حديثي الولادة، حيث يتعين على الممرضين اتخاذ قرارات سريعة بشكل روتيني استنادًا إلى خبراتهم من أجل تحقيق أفضل النتائج الممكنة للرضع ذوي الحالات الحرجة. فالاتخاذ الفعال للقرارات السريرية يُعد مكونًا أساسيًا في ممارسة التمريض في وحدات حديثي الولادة، حيث يقلل من المخاطر ويُحسن من رفاة المرضى

هدف الدراسة:

تهدف هذه الدراسة إلى تقييم تأثير القيم المهنية على اتخاذ القرار السريري بين الممرضين العاملين في وحدات العناية المركزة لحديثي الولادة في فلسطين، بالإضافة إلى تحديد العوامل الرئيسة التي تنتبأ باتخاذ القرار السريري في هذا السياق الحرج.

المنهجية:

تم استخدام تصميم وصفي ارتباطي مستعرض، حيث شملت الدراسة 184 ممرضًا وممرضة يعملون بدوام كامل في وحدات العناية المركزة لحديثي الولادة في أحد عشر مستشفى حكوميًا في الضفة الغربية، وتم اختيارهم بطريقة العينة الملائمة بسبب القيود المؤسسية الناتجة عن الاضطرابات السياسية. جُمعت البيانات باستخدام أداتين معتمدتين: مقياس القيم المهنية في التمريض (NPVS-3) ومقياس اتخاذ القرار السريري في التمريض.

النتائج:

أظهرت النتائج أن الممرضين أظهروا مستوى عالٍ من الالتزام المهني، بمتوسط درجة قيم مهنية بلغ 14.6 ± 94.5 من أصل 140. وكان أعلى متوسط فرعي في مجال "الرعاية" ($M = 34.2 \pm 5.5$)، مما يعكس دوره المركزي في ممارسة التمريض. كما أظهر اتخاذ القرار السريري مشاركة قوية، بمتوسط درجة إجمالية عالية بلغ 8.9 ± 179.1 . وكان أعلى متوسط فرعي في بُعد "البحث عن بدائل أو خيارات" ($M = 48.6 \pm 1.4$)، بينما كان الأدنى في "استعراض الأهداف والقيم". ($M = 41.7 \pm 7.1$) أظهر تحليل الانحدار الخطي المتعدد أن العمر، الجنس، سنوات الخبرة التمريضية، سنوات الخبرة في وحدة العناية المركزة لحديثي الولادة، والقيم المهنية تنبأت جميعها بشكل كبير باتخاذ القرار السريري. ($R^2 = 0.735, p = 0.001$) وبرزت القيم المهنية كأقوى متنبئ ($B = 0.496, p = 0.001$)، تلاها الجنس، مما يشير إلى أن الأسس الأخلاقية والعوامل الديموغرافية تؤثر في عملية اتخاذ القرار لدى الممرضين في وحدات العناية المركزة لحديثي الولادة.

الاستنتاجات:

أكدت الدراسة الحالية أن الممرضين في وحدات العناية المركزة لحديثي الولادة يظهرون مستوى عالٍ من الالتزام بالقيم المهنية، وكانت قيمة "الرعاية" الأبرز بينهم. كما أظهرت النتائج ارتفاعاً في مستوى اتخاذ القرار السريري، لا سيما في بُعد "البحث عن البدائل". وخلصت الدراسة إلى أن اتخاذ القرار السريري لدى ممرضي وحدات العناية المركزة لحديثي الولادة يتأثر بعدة عوامل، أبرزها القيم المهنية التي أظهرت علاقة إيجابية قوية. وقد تمكن نموذج الانحدار الخطي المتعدد من تفسير 73.5% من التباين في اتخاذ القرار، مما يدل على قوة العوامل المدروسة وأهميتها في تحسين جودة الرعاية الصحية.

الكلمات المفتاحية: اتخاذ القرار السريري، القيم المهنية، وحدة العناية المركزة لحديثي الولادة، الممرضون، فلسطين.