

10-22-2017

Critical Thinking and Decision Making Handbook

Jessica Kamerer

Nova Southeastern University, jk1381@mynsu.nova.edu

Tameka Russ

Nova Southeastern University, tr861@mynsu.nova.edu

Follow this and additional works at: https://nsuworks.nova.edu/fse_stuarticles

 Part of the [Education Commons](#)

NSUWorks Citation

Kamerer, Jessica and Russ, Tameka, "Critical Thinking and Decision Making Handbook" (2017). *Fischler College of Education: Student Articles*. 14.

https://nsuworks.nova.edu/fse_stuarticles/14

This Working Paper is brought to you for free and open access by the Abraham S. Fischler College of Education at NSUWorks. It has been accepted for inclusion in Fischler College of Education: Student Articles by an authorized administrator of NSUWorks. For more information, please contact nsuworks@nova.edu.

Assignment 1

by
Jessica Kamerer & Tameka Russ
ORGL 8770 CRN 23209
Critical Thinking and Decision Making

Nova Southeastern University
October 20, 2017

Introduction

Critical thinkers who have good decision-making skills are essential to organizations who aspire to be forward thinkers and successful (Bednarz, 2013). When organizations ignore the importance of including critical thinkers as a part of the organization new ideas may not emerge, current processes may not be challenged, and changes may not occur. This results in organizations becoming stagnant, and having outcomes that stay the same (Bednarz, 2013).

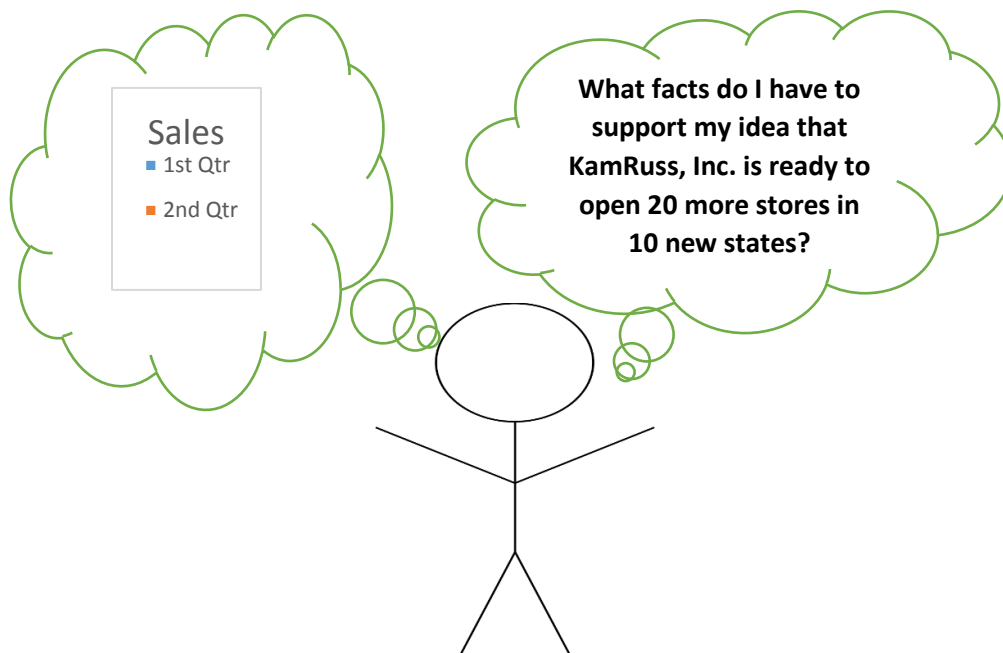
There are many variables that occur because of ignoring the importance of critical thinking and decision-making skills. Stress and burnout can be a major contributing factor in an individual not being able to think clearly and become indecisive. For example, the mental health profession is one of the many professions that experience a high amount of job related stress (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). Currently, 21%-67% of mental health professionals report that they are highly stressed. The result of experiencing extreme levels of stress can result in mental and physical exhaustion that can manifest in various ways, such as low energy levels, depersonalization, increase in medical issues, and decrease in competency related to job duties (Morse et al., 2012). This can potentially contribute to organizational dysfunction (Stalker & Harvey, 2002).

This handbook will examine factors that can hinder the decision making process and the potential impact organizations may face when issues such as stress and burnout are not addressed. This resource will also explore what strategies may be helpful to organizations in addressing issues relative to decision-making, to promote shared decision-making, and stimulate cohesiveness within the organization.

Chapter One

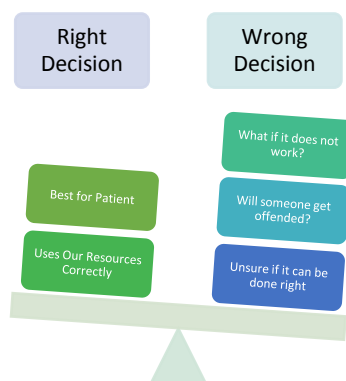
What Are Critical Thinking and Decision Making?

Critical thinking is thought by researchers to have various meanings and has created so much controversy in the world of research that it stimulated a movement dedicated to the extensive study of the concept of critical thinking (Davies, 2006; Ennis, 1992, 2001; Faccione, 1992; Paul, 1996; Van Gelder, 2000). Critical thinking has been thought of as thinking within reason and using reflection on one's personal belief to decide on what action an individual feels is most appropriate to address a situation (Ennis, 1998). Critical thinking is also described as practical, but at the same time requires structure and careful strategic planning, and full engagement in examining not only your personal thoughts, but the thoughts of others (Barnett, 1997). Decision-making is referred to as mental processing that leads to some action consciously or unconsciously (Newell & Shanks, 2014). Decision-making does not have to involve critical thinking; however critical thinking results in some sort of decision making.



Why is Decision Making so Hard?

Making decisions can be very difficult at times. There are many reasons why individuals may be scared of decision-making. For instance, they may be concerned for reasons such as looking irresponsible, concerned with isolating others (like their associates), losing confidence from others, and making enemies (Cook, 2012). This type of indecisiveness in the workplace, may result in a lot of second guessing, or asking for continued additional information to support a theory. Indecisiveness can significantly impair one's ability to formulate opinions or provide constructive feedback that can result in an impact on their work performance. For example, decision-making for mental health workers can be difficult because it relates to their patient's well-being and health outcomes.



Factors that Impact Decision Making in the Workplace

Stress and doubt are two of the major proponents of indecisiveness (Cook, 2012). Robbins and Sanghi (2006) described stress as being very unique in always causing a degree of uncertainty, as it has the ability to motivate some individuals to face situations, and restrict other's ability to deal with situations. The negative impact of stress in the workplace can be attributed to the increasing demands of work and the work environment (Cook, 2012). The potential mental and physical strain of stress on employees can impact their work relationships,

work performance, cause role confusion, and cause negative feelings about their value in the workplace (Cook, 2012). Organizational stressors include working conditions like: inadequate equipment or supplies to perform job duties, long work hours, no incentives, and inadequate safety measures in the workplace can also lead to an increase level of stress and doubt (Parikh, Tauraki, & Battacharya, 2004). In mental health, this also includes stress related to concern over patient outcomes and working on an interdisciplinary team. With mental health workers reporting such high rates of burn out and work related stress, these concerns are very valid in these types of organizations.

Many individuals rely on the social support of their colleagues and their organization, but when an adequate support system in place, it has the potential to create a very uncomfortable work climate. It can also lead to employees leaving to seek other employment opportunities (Maertz & Griffeth, 2004). Organizational supports can be necessary to promote team cohesiveness and well-being. Researchers like Dutton and Ragins (2007) have concluded that positive relationships in the workplace are necessary, especially for retention purposes.

However, what if there are psychological underpinnings that cause workers to be more concerned with the opinions of others, this can diminish their ability to make decisions (Cook, 2012). Individuals who feel compelled “to go with the flow” or feel the pressure to be accepted are more prone to making quick decisions that may be perceived as unreasonable and lack thought. On the other hand, objectifying others and dehumanizing individuals, and treating them as less important can lead to diminished emotional and psychological states (Majdandz'ic et al., 2012). These are both of concern in mental health organizations as often times the workers are of various disciplines that work in a historically hierarchical structure. For instance, a nursing assistant may be less prone to share their ideas or concerns with a physician if they feel the

physician will not value their opinion.

Culture can also influence decision-making. The term culture has been widely explored in the research community. However, many researchers concur with the definition by Kluckhohn (1951) as culture being an acquired and established pattern that has collective meaning, feeling, and actions that describe a specific group. Researchers draw a possible correlation between culture and decision making when examining how an individual's perception of one's culture can influence the response from all parties (Debiak, 2007). The inability to acknowledge and respect the differences of others can influence and impact one's decision making ability. Differences can also mean a person's different point of view despite identifying with a specific group (Napier et al., 2014). The following are two examples of a link between culture differences and decision-making:

SCENARIO A:

A mental health therapist working in a psychiatric hospital with a bias against individuals who is gay. The therapist is faced with treating a patient who is gay and was admitted to the hospital for attempted suicide for being bullied about their sexual orientation (Bailey & Shooter, 2009).

SCENARIO B:

A women's therapy group has all African American women enrolled. The clinician prescribes the same treatment for depression to every woman in the group on the basis that every group member is African American.

Both short scenarios show a possible link between cultural factors and values in the mental health field and how the clinician's chosen response can impact the client personally (George, Dogra, & Fulford, 2015). In addressing cultural related issues, Hays (2001) suggested

the importance of the clinician exploring their own self-awareness to address their own identity and then reaching outward to explore the identity of their client to gain a better understanding of their differences. Hays (2001) noted that this process would better prepare the clinician as they develop the client-professional relationship. This tactic can also work well on teams when working together to help them prevent cultural bias as well.

Although cultural differences are not considered a major impact on decision making, the purpose of including information in the handbook was to bring awareness to this issue. Information concerning how it further impacts decision making process at an organizational level will not be cover in this handbook, but we encourage further dialogue within your organizations on how cultural differences interplay with decision making.

There are many variables that can attribute to poor decision making that can pose to be detrimental to an organization's ability to progress and move forward. What supports are necessary to minimize the incidence of poor decision making and promote positive shared decision making?

Chapter 2

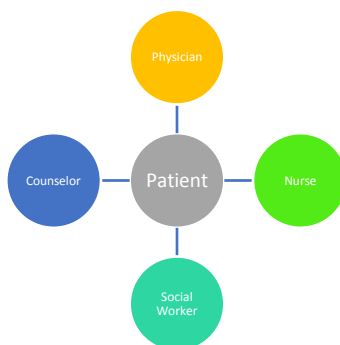
Supporting Organizational Decision Making

Organizations can utilize their teams to support decision-making within their agencies. Their employees are an asset in the decision-making process if their knowledge and experience is utilized as an asset and focused on achieving an overall goal. When the team members are stressed or experiencing burnout, having them participate effectively in group decision-making can be a challenge. This section will discuss potential methods for supporting group and peer decision making with employees experiencing workplace stress.

Group Decision Making in Healthcare Organizations

Group decision-making is an exercise of participation in a process to analyze a situation or program by a group in order to find a solution. Using a group to make decisions is beneficial because it uses the collective knowledge of the group (Barnett, n.d.). However, it can be challenging because individuals may approach decision-making differently than their peers (Sarmany-Schuller, 2010). To facilitate decision-making in organizations, leaders need to be mindful of the differences while also harnessing the shared cognitive power of the group.

In healthcare organizations, the team involved in the decision-making process are often multidisciplinary. A mental health agency is no exception to this. Mental health workers may serve a common purpose to care for their patients; however, professional roles may vary. For instance, a multidisciplinary team may include nurses, doctors, social workers, patient care aids, counselor, and other personnel. The family and/or patient may also be included in the decision-making. For this reason, fostering organizational decision-making that is team oriented and collaborative is vital to the function of the team, its members, and the patient. A visual example of a potential team is included in the diagram below.



The stress and anxiety of the team members in organizational decision-making can influence the process. A decision maker's mood can have a significant impact on their decision-

making capabilities. If they are stressed or distressed then their cognitive abilities to analyze information and create solutions to a problem can be significantly hindered (Sarmany-Schuller, 2010). This is of particular importance in mental health workers who have self-reported high levels of job related stress.

Using a shared decision making model with the patient focused at the center is a useful methods for healthcare organizations to foster team collaboration and support (Legare et al., 2011). By sharing the decision, any team member experiencing stress or burn out does not carry an additional burden individually and the team collectively does instead. In addition, it helps to counteract the risk an individual experiencing burn out may pose if their mental state is possibly impairing their cognitive ability to make sound decisions regarding patient care.

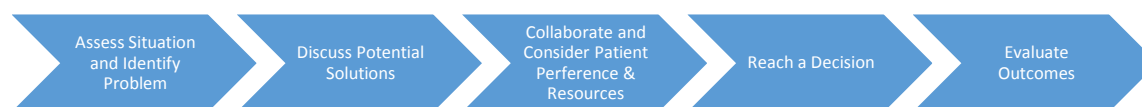
What is Shared Decision Making?

Shared decision-making is a model to improve the decision-making process by using more than just one individual to find solutions to a problem. In this model, everyone who is part of finding a solution to the problem needs to be empowered to share and participate in the decision making process (Hamann & Heres, 2014). It does not come without challenges. Time constraints, challenging traditional hierarchy structures, insufficient resources, and role confusion have been barriers to using this model (Legare et al., 2011). In mental health, it can be a challenge to involve patients in the process as well if they are non-compliant or in crisis. However, mental health workers have seen an increase over time in improved patient outcomes and long-term disease management with its successful use (Hamann & Heres, 2014). Mental health professionals value the use of this model in difficult situations and that it improves long term patient success (Hamann & Heres, 2014). The improved patient outcomes are beneficial to the psyche of mental health workers, as recurrent patient visits and noncompliance with

treatment regimens by patients can contribute to the workers' job stress and burn out. The model is beneficial to mental health workers also because it increases their sense of value by being a collaborator in the decision-making process.

How to Participate in Shared Decision Making

The shared decision making model has a number of steps the team can follow in order to reach a solution. To participate in this model, it is important to first become familiar with the process outlined in the diagram below. A key consideration in this shared decision-making model adapted from Legare et al. (2011) is the information exchange. At each of these steps, an information exchange should be occurring between the team members, and the patient if they are included in the process. This exchange is where the team collaborates and shares knowledge related to the situation or problem they working to solve.



This model is a newer model in healthcare, especially in mental health. The overall purpose of it is to set the stage to have collaboration and dialogue regarding the best avenues of patient care before making clinical treatment decisions. It needs to include all the people involved in providing the patient their services during the decision making process (SAMHSA, 2010). It can be used in a variety of mental health settings like the hospital or outpatient treatment facilities (Mental Health America, 2017).

To participate in the process, a worker should engage in the discussion at each point of the process. There needs to be a willingness to participate by everyone on the healthcare team (Mental Health America, 2017). The idea is that each member of the team has a purpose and a set of competencies related to the patient's care that are valued. When involved in the shared

decision-making process, the purpose of collaboration is to make sure that details related to the different care areas of the clinical treatment are not overlooked.

Team members should also be respectful of the knowledge and opinion of the others involved. The patient has needs and their overall outcome is the common goal in this model. The historical hierarchy of healthcare roles is not of importance in this model (Legare et al., 2011; Sarmany-Schuller, 2010). Being respectful that each team members' input has value is important to the process. Valuing each other's opinion and knowledge also shows the employee they are valued and important.

Conclusion

Decision-making is multifaceted process that integrates knowledge, experience and skills to draw conclusions to complex problems. Various elements have the potential to hinder individual decision making, such as stress and burnouts. With the increased rates of job stress and burn out in mental health workers, it is important to utilized a shared decision making approach. This approach involves the various workers on a healthcare team in order to harness their collective knowledge, experience and skills to maximize clinical patient care decisions. In addition to using the valued expertise of the group in order to solve patient care problems, it also benefits the workers as well. Mental health workers become a valued voice in the treatment plan, validating their knowledge and skill as important and needed in the decision-making process. They also have shared responsibility for the patient outcomes, decreasing the risk for one person to make a poor decision and have it impact the patients' care negatively.

References

- Bailey, S., & Shooter, M. (2009). An essential guide for mental health for young adults, parents and teachers. In Dogra, N. (Ed.), *Culture and Society. The Young Mind*. Ealing, London: Bantam Press.
- Barnett, T. (n.d.) Group decision making. Retrieved from <http://www.referenceforbusiness.com/management/Gr-Int/Group-Decision-Making.html>
- Bednarz, T. (2013). Why organizations need critical thinkers. *Contract Management*, 53, 14-16.
- Cook, S. G. (2012). Decision-making: When flipping a coin isn't good enough. *Women in Higher Education*, 21, 17-18.
- Davies, W. M. (2006). An 'infusion' approach to critical thinking: Moore on the critical thinking debate. *Higher Education and Development*, 25(2), 179-93.
- Debiak, D. (2007). Attending to diversity in group psychotherapy: An ethical imperative. *International Journal of Group Psychotherapy*, 57(1), 1-12; discussion 49-59, 61-6.
- Dhawan, N. (2015). Impact of stressors on job satisfaction: An empirical analysis. *Delhi Business Review*, 16(2), 59-68.
- Dutton, J. E., & Ragins, B. R. (Eds.). (2007). *Exploring positive relationships at work: Building a theoretical and research foundation*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Ennis, R. (1987). A taxonomy of critical thinking abilities and dispositions. In Baron, J. & Sternberg, R. (Eds.), *Teaching thinking skills: Theory and practice*. New York, NY: W. H. Freeman.
- Ennis, R. (2001). An outline of goals for a critical thinking curriculum and its assessment. Retrieved from: <http://facultyed.uiuc.edu/rhennis/outlinegoalsctcurassess3.htm>

- Facione, P. (1990). *Critical thinking: A statement of expert consensus for purposes of educational assessment and instruction*. Millbrae, CA: California Academic Press.
- George, R. E., Dogra, N., & Fulford, B. (2015). Values and ethics in mental-health education and training: A different perspective. *The Journal of Mental Health Training, Education, and Practice*, 10(3), 189-204.
- Hamann, J., & Heres, S. (2014). Adapting shared decision making for individuals with severe mental illness. *Psychiatric Services*, 65(12), 1483-1486.
- Hays, P. A. (2001). *Addressing cultural complexities in practice: A framework for clinicians and counselors*. Washington, DC: American Psychological Association.
- Kluckhohn, C. (1951). The study of culture. In D. Lerner & H. D. Lasswell (Eds.), *The policy sciences* (pp. 86–101). Stanford, CA: Stanford University Press.
- Legare, F., Stacey, D., Gagnon, S., Dunn, S., Pluye, P.,...Graham, I. D. (2011). Validating a conceptual model for an inter-professional approach to shared decision making: A mixed methods study. *Journal of Evaluation in Clinical Practice*, 17, 554-564.
- Maertz, C. P., & Griffeth, R. W. (2004). Eight motivational forces and voluntary turnover: A theoretical synthesis with implications for research. *Journal of Management*, 30(5), 667-683.
- Majdandžić, J., Bauer, H., Windischberger, C., Moser, E., Engl, E., & Lamm, C. (2012). The human factor: Behavioral and neural correlates of humanized perception in moral decision making. *PLoS ONE*, 7(10), 14.
- Mental Health America. (October, 2017). You're on the team: Shared-decision making for providers. Retrieved from <http://www.mentalhealthamerica.net/youre-team-shared-decision-making-providers>

- Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research, 39*, 341–352.
- Napier, A. D., Ancamo, C., Butler, B., Calabrese, J., Chater, A., Chatterjee, H., & Woolf, K. (2014). Culture and health. *The Lancet Commissions, 6736*(14), 1-33.
- Parikh, P., Taukari, A., & Bhattacharya, T. (2004). Occupational stress and coping among nurses. *Journal of Health Management, 6*, 115-27.
- Paul, R. (1996). A draft statement of principles. *National Council for Excellence in Critical Thinking*. Retrieved from: <http://www.criticalthinking.org.ncet.html>
- Robbins, S. P., & Sanghi, S. (2006). *Organizational behaviour*. New Delhi, India: Dorling Kindersley Pvt. Ltd.
- SAMHSA (2010). What can shared decision making do for my organization? Retrieved from https://www.mentalhealth.va.gov/communityproviders/docs/Administrator_Issue_Brief_508.pdf
- Sarmany-Schuller, I. (2010). Decision making under time pressure in regard to preferred cognitive style (analytical-intuitive) and study orientation. *Studia Psychologica, 52*(4), 285-290.
- Stalker, C., & Harvey, C. (2002). *Professional burnout: A review of theory, research, and prevention partnerships for children and families project*. Waterloo, Canada: Wilfrid Laurier University.
- Van Den Bergh, N. (2003). Getting a piece of the pie: Cultural Competence for LGBT employees at the workplace. *Journal of Human Behavior in the Social Environment, 8*(23), 55-73.

Van Gelder, T. (2000). Learning to reason: A reasonable approach. In Davis, C., Van Gelder, T., & Wales, R. (Eds.). *Cognitive Science in Australia, 2000: Proceedings of the Fifth Australasian Cognitive Science Society Conference*. Melbourne, Australia: Causal Productions.