



The role of optimizing nurses in emergency care decision making: A policy review

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Abstract Nurses play a critical role in emergency departments, where timely and independent clinical decision-making is essential. However, their ability to make decisions is heavily influenced by the policy frameworks that govern their practice. This study aims to review and compare national policy frameworks that support nurses' clinical decision-making in emergency care settings, with a focus on four countries. A structured policy review was conducted using six major databases and repositories, including PubMed, ScienceDirect, WHO IRIS, the Indonesian Ministry of Health, ICN, and PPNI. The search focused on documents published between 2014 and 2024. Following the PRISMA 2020 flow, four policy documents met the inclusion criteria and were selected for final synthesis, each representing Indonesia, Australia, the United Kingdom, and the United States. The findings reveal that while Indonesia has basic legal provisions for nursing roles, it lacks operational policies that enable clinical autonomy in emergency settings. In contrast, Australia, the United Kingdom, and the United States have more advanced frameworks that include protocol-based authority, standardized training, and structured interdisciplinary collaboration for emergency nurses. Strengthening Indonesia's emergency nursing policies requires adopting best practices from countries with more developed systems. Expanding nurses' clinical authority, formalizing competency-based training, and integrating decision-making protocols are essential to improve responsiveness and quality of care in emergency departments.

Keywords: nurses, decision-making, emergency unit, health policy, role optimization

1. Introduction

Emergency care is a very complex form of health care that requires a fast and accurate response. In emergency conditions, time is a crucial factor that can determine the safety of the patient's life. Therefore, the ability to make the right decision in a short time is a key requirement in this service. Nurses as an integral part of the emergency team have an important role in clinical decision-making. Nurses not only carry out doctor's orders, but are also responsible for the initial assessment, identification of priorities, and implementation of initial life-saving measures (Alshahrani, 2024). In practice, nurses are often the first health workers to assess and intervene with emergency patients.

However, in many countries including Indonesia, decision-making by nurses is still not fully supported by a strong policy system. Many nurses are still bound by narrow boundaries of authority, hindering the speed of responding to critical patient conditions. In fact, this role is very strategic to improve the efficiency and quality of care. Optimizing the role of nurses in decision-making does not only involve individual abilities, but is also strongly influenced by policies governing nursing practice. Policies that are not adaptive to the dynamics of the field may prevent nurses from acting independently and professionally in emergency situations (Arra et al., 2023).

In developed countries such as the United States, Australia, and the United Kingdom, there are many policies that give nurses more autonomy in the ED, including in making clinical decisions based on protocols or algorithms. This shows that with supportive policies, nurses are able to make a significant contribution to improving patient outcomes (Woo et al., 2017). Meanwhile, in Indonesia, regulations related to nursing practice have indeed developed, such as the Nursing Law No. 38/2014. However, implementation in the field still faces various challenges, such as the lack of specific training, the absence of national competency standards for ER nurses, and the lack of a supervision system based on nurse clinical decision evaluation.

Health policies that address nurses' decision-making practices in the ED need to consider various aspects, including the legal framework, ethical aspects, clinical competencies, and documentation mechanisms. Without a comprehensive policy approach, decision-making by nurses may become a gray area that poses risks to patient safety and the legal protection of nurses themselves. In addition, in the context of globalization and the demands of international accreditation, hospitals in Indonesia are also required to improve the quality of emergency services in line with global standards. One important indicator is the ability of the ED team, including nurses, to make clinical judgment quickly and accurately. This can only be achieved if the system supports nurses to make competency-based decisions (Tipsmark et al., 2023).



Therefore, a policy review is needed to evaluate the extent to which existing regulations have accommodated the optimization of nurses' role in decision-making in the ED. This review can also serve as a basis for strategic policy making that is more favorable to strengthening the professional role of nurses in the health system. By conducting a review of applicable policies, both nationally and internationally, it is expected that gaps, opportunities, and recommendations can be found that can be used to formulate future policy directions. Optimizing the role of nurses in decision-making is not only a professional need, but is part of a strategy to improve the quality of emergency services in Indonesia.

2. Materials and Methods

This study employed a structured policy review design, aiming to evaluate national and international regulations relevant to emergency nursing practice, particularly in relation to clinical decision-making. The review followed the general principles of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework for document selection and reporting, although this review was not a full systematic review.

The search strategy involved identifying publicly available policy documents, government regulations, professional association guidelines, and relevant peer-reviewed literature published between 2014 and 2024. The primary sources included the Indonesian Ministry of Health website, WHO policy repositories, PubMed, ScienceDirect, and official documents from professional nursing organizations (e.g., ICN, PPNI).

Inclusion criteria were as follows: (1) documents published within the last 10 years; (2) relevance to nursing practice in emergency departments; (3) availability in English or Bahasa Indonesia; and (4) full-text accessibility. Exclusion criteria included documents focused solely on non-nursing clinical disciplines or lacking clear policy content. Data extraction focused on identifying policy content that addressed nurses' roles, clinical authority, education, interprofessional collaboration, and documentation practices in the ED context.

The document selection process followed the PRISMA 2020 framework. A total of 128 records were identified through six databases: PubMed (n = 38), ScienceDirect (n = 27), WHO IRIS (n = 18), the Indonesian Ministry of Health (n = 22), the International Council of Nurses (ICN) (n = 13), and the Indonesian National Nurses Association (PPNI) (n = 10). After removing 35 duplicates, 93 records were screened, and 71 were excluded based on title and abstract. Of the 22 reports sought for retrieval, 2 could not be accessed in full text. A total of 20 full-text documents were assessed for eligibility, and 16 were excluded for not focusing on clinical nursing decision-making (n = 12) or for lacking relevant policy content (n = 4). Ultimately, 4 documents were included in the final review, each representing a national policy framework from Indonesia, Australia, the United Kingdom, and the United States (Figure 1).

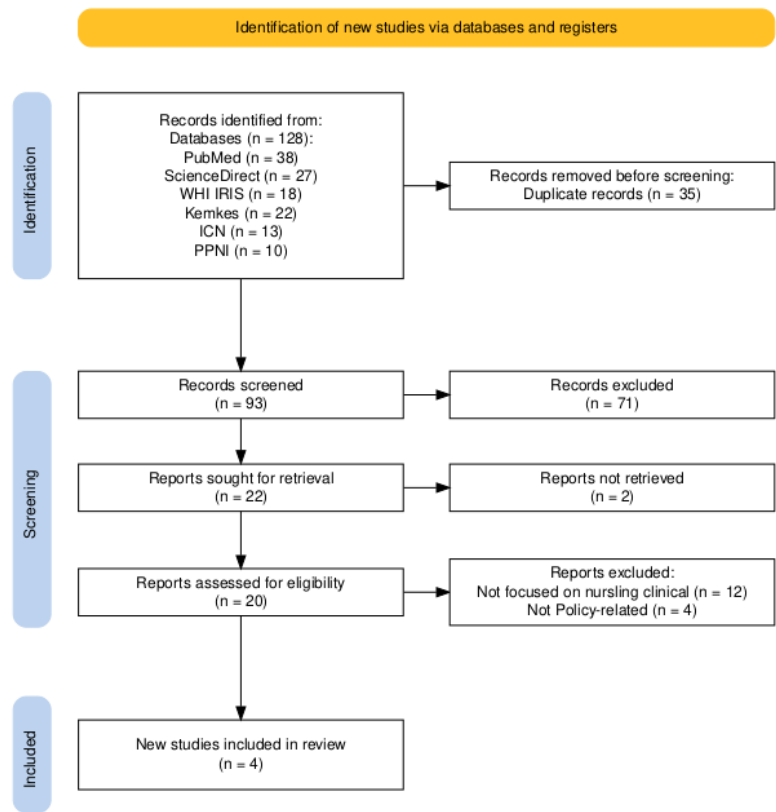


Figure 1 PRISMA Flowchart.



3. Results and Discussion

The findings are categorized into two major components: (1) Factors Influencing Nurses' Clinical Decision-Making, and (2) National and International Policy Frameworks. Table 1 summarizes the key differences in policy frameworks supporting nurse autonomy in emergency departments across selected countries. The comparison illustrates the varying degrees of nurse empowerment, clinical protocol authorization, and competency requirements.

Table 1 Comparative Overview of Emergency Nursing Policy Frameworks.

Country	Legal Framework Supporting Nurse Decision-Making	Independent Protocols	Required ED Training	Supervision & Evaluation
Indonesia	Nursing Law No. 38/2014 (limited implementation)	Partial (triage only)	Not standardized	Weak
Australia	National Safety and Quality Health Service Standards	Yes	Mandatory	Regular audits
United Kingdom	NMC Code and NICE Guidelines	Yes	Mandatory	Structured
United States	State-level Nurse Practice Acts	Varies	Mandatory	Institutionalized

Synthesizing the policy environment with influencing factors (e.g., nurse experience, technology access, interprofessional collaboration) reveals that while structural support exists in high-resource countries, Indonesia still faces implementation gaps at the operational level.

The nursing care process is generally unchanged in each group as it is standardized; however, the choices most often made in the ED may differ from other units, taking into account the specific nature of the patient and the environment. A recent study suggested there are three types of clinical decision activities performed by critical care nurses: intervention, communication, and evaluation. These three categories of clinical decision activities will prompt nurses to formulate new decisions or maintain existing decisions.

3.1. Intervention decisions In the emergency department

Patients are generally total care patients; therefore intervention decisions are probably one of the most common decisions made by nurses. found intervention decisions made by critical care nurses involved such issues as positioning, suctioning, and several other aspects of direct patient care. Nurses may decide on new interventions when they start new therapies or modify existing patient care, or they may continue with 'old' interventions. Intervention decisions are nursing activities to modify the patient (Flynn et al., 2012).

Intervention decisions refer to nurses' autonomous actions in modifying or initiating care in response to patient needs. In countries like Australia and the UK, national clinical guidelines empower nurses to conduct interventions based on standing orders or care bundles. Conversely, in Indonesia, while emergency nurses are trained in basic life-saving interventions, policy support for independent action remains limited and often depends on physician directives. This restricts rapid responses in time-sensitive conditions. Prior literature emphasizes that enabling intervention autonomy improves outcomes, especially during golden hours (Woo et al., 2017).

3.2. Communication decisions

Communication is one of the central components in a critical care unit: it is important that nursing care nurses communicate with colleagues, other healthcare professionals, patients and their families. Explaining that different types of communication are evident in the ED, which involves investigating a patient's condition by the healthcare team, offering support, and relaying information about that patient's current condition to other staff and family members. Suggesting that nurses perform new communication decisions if they initiate communication with other team members or family members, while only old communication decisions will occur if they follow up on existing communication decisions (Ubbink et al., 2024).

Communication forms the backbone of coordinated care in the ED. Nurses often function as information hubs, relaying critical data among multidisciplinary teams. However, the degree of autonomy in initiating communication varies across systems. In countries with clear documentation standards (e.g., NHS UK), nurses are expected to initiate interdisciplinary communication. In Indonesia, poor communication is cited as a barrier to effective emergency response (MOH, 2016), indicating a need for standard operating procedures and clearer policy mandates.

3.3. Evaluation decisions

Evaluation is another type of judgment, which seems to be done frequently in emergency departments, while predominantly caring for unconscious patients. Critical care nurses continuously observe the patient's status, categorize data based on its relevance and importance; they validate and organize data, identify patterns and correlations, make inferences,

formulate hypotheses and evaluate them, one of the main roles of nurses is to assess patient change, and indeed so followed by managing change (Khairina et al., 2018).

Evaluation decisions involve nurses' critical thinking and clinical judgment, particularly in monitoring changes and anticipating deterioration. In high-resource settings, structured tools like MEWS and SBAR are policy-mandated and embedded in nursing protocols. In Indonesia, although such tools exist in training modules, there is no national requirement for their routine application, creating variability in decision-making quality (Khairina et al., 2018). Strengthening policy alignment with evidence-based evaluation frameworks is essential.

3.4. Factors influencing decision-making in the emergency department

There are various aspects that are believed to be controlling factors for clinical judgment and decisions. Several studies investigated these factors, viz: nurse experience, patient condition, personnel resources, shift work, ED layout, technology in the ED, inter-professional collaboration, accountability, and authority.

3.4.1. Nurse experience

In most clinical settings, nursing experience seems to be a significant factor in the decision-making process, and this seems to be true in the ICU. conducted a study using a natural design that found that nurses' experience influenced their decision-making process. Researchers showed that nurses with more than five years of experience were more likely to communicate their decisions to others. This may be because experienced nurses are more likely to be assigned to patients with more complicated conditions than less experienced nurses, and experienced nurses are generally responsible for assisting less experienced nurses. Thus, experienced nurses are required to communicate more frequently through setting treatment options, checking patient progress, and teaching options for patient management (Jala et al., 2023). In contrast, nurses with less than five years of experience tend to make evaluative decisions. This result may be due to their difficulty in identifying whether data is important and relevant, or unimportant or irrelevant, so they continue to focus on finding trends in patient monitors.

Nurses' experience is believed to be the most influential factor in the decision-making process, especially when using intuition. Bjørk et al. argue that education, gender, age, and field of practice might influence the use of interpretative-intuitive CDM; however, the main influencing factor is experience. Less experienced nurses differ from experienced nurses in their ability to analyze data and make decisions. Discussing experience is an influential factor, it is important for nurse managers to consider this factor when organizing nursing shifts (Wighus & Bjørk, 2018). Bucknall argues that it is vital to create an appropriate combination of personnel on each shift, based on their experience; so that effective clinical decision-making can be maintained at all times, 24 hours a day. Bucknall also pointed out that experienced nurses may find it a challenge to convey adequate information and share opinions, to support novices in deciding whether they are responsible for too many students at the time (Nibbelink & Brewer, 2018).

3.4.2. Nurse knowledge

Nurses' knowledge can contribute to decision-making in the ICU. Nurses' knowledge can affect their performance in decision-making. Pointing out several factors such as knowledge, attitudes, and beliefs about sedation, previous experience, and clinical judgment skills could all influence nurses' judgment and decision making. They argued that nurses' knowledge of a wide variety of content and attributes related to issues such as assessment, physiology, and treatment affect their ability in clinical judgment and decision-making in sedation management (Ubbink et al., 2024). They further asserted that nurses do not really take into account physiological factors before making clinical decisions; this 'blind spot' may indicate a lack of understanding of physiology, or it may reflect that before making intervention decisions, experts do not need conscious consideration related to physiology.

3.4.3. Patient condition

The complexity of the patient's situation may influence the type of decisions and decisions have to be made. Nurses' clinical decision-making is generally influenced by the patient's health status. Complications of the patient's condition affect the speed, form, and complexity of decisions. She argues that nurses may experience a lack of confidence when caring for patients with rare presentation situations; self-perception, which may affect the speed of the decision-making process. Furthermore, she also points out that nurses can gain confidence deciding if they have the opportunity to discuss their case with more experienced nursing people. that the patient's situation can affect the type of decision the nurse makes; it could be an intervention decision, a communication decision, an evaluation decision, or a combination of all these (Walzl et al., 2021).

Contributing factors in decision-making for sedation management in the ED includes medical history, current health status, anxiety, sedation level, patient response to therapy, family influence, and sedation management outcomes for each patient. They also showed sedation assessment and management was largely determined by the patient's neurological status; which was more influential in sedation assessment and management than pain and comfort. This may be because the data

collected from neurological status assessment was more objective than the results of comfort status evaluation (Flynn et al., 2012). However, the goal is that pain assessment is improved by using measurement tools such as the numerical rating scale (NRS), or behavioral pain scale (BPS). Studies found positive effects of applying the tools in the field of clinical assessment and decision-making. By using background knowledge and experience nurses may be able to transcribe the results of assessment tools to make robust clinical judgments.

3.4.4. Emergency department layout

The design of the emergency department can affect nurses' clinical decision-making. Bucknall considers that nurses working in a closed room layout tend to communicate less with other team members, compared to nurses working in an open design. She argues that the final plan might increase nurses' independence when deciding as they tend to communicate with other team members only when necessary. Nurses working in final layouts tend to make fewer communication decisions than other types of decisions. Furthermore, Bucknall points out that open-plan critical care units can accommodate both patients and healthcare providers, whereas confined and less convenient layouts might trigger nurse stress and might work against the quality of the decision-making process (Blackburn et al., 2019).

3.4.5. Work shifts

The type and process of clinical decisions made by nurses are also affected by shift work. Previous studies found that work decisions made by nurses on night duty are mostly evaluation-type decisions: there are fewer interventions and communications during night hours, in order to preserve the patient's quality of sleep. Another reason why nurses don't make as many communication decisions during night shifts is the decreased participation of other healthcare professionals during that time (Alinaza, 2024; Walzl et al., 2021).

3.4.6. Interprofessional collaboration

Multidisciplinarity can influence many nurses' clinical decisions in a way that nurses' attitudes towards interprofessional collaboration may depend on them being guaranteed a role in the decision-making team. Bucknall argues that multidisciplinary interprofessional collaboration is fundamental in making interprofessional decisions. She argues that nurses with adequate knowledge feel more confident to enter discussions with other health professionals; furthermore, physicians rely more on nurses to continue evaluations during non-regular working hours; especially if they decide to follow-up care based on the nurse's information (Ubbink et al., 2024; Hess et al., 2015).

3.4.7. Physical resources and personnel

Nurse resources and advanced technological equipment in the ED may influence the clinical decision-making process. The ability of nurses in using advanced technology might support them in making effective clinical decisions, It is also often suggested that staffing resources are a significant influence on making; a shortage of nurses may increase workload, and this may affect the time available to make decisions (Reay et al., 2019).

3.5. Problem Identification

1. There is still a low number of nurses with emergency department certificates
2. There is still a lack of communication between peers regarding emergency interventions
3. Lack of technology informatics facilities regarding technology-based referrals.
4. Inability of nurses to collaborate between doctors.

3.6. Urgency of the Problem

1. Hospitals or the Government have not provided regular facilities for emergency department training.
2. Some nurses do not understand independent intervention and collaboration in the emergency department.
3. Hospitals have not provided informatics technology facilities to facilitate quick referrals.
4. Doctors and nurses lack balance in collaboration, especially with specialists

3.7. Cause of the problem

1. There are no strategic measures for emergency department training in hospitals
2. Nurses do not understand the emergency department policy in the hospital.
3. Technology-based services in hospitals are not yet optimal
4. There is no balance of authority and intervention in interprofessional collaboration

3.8. Existing Policies

1. Regulation of the Indonesian Minister of Health Number 19 of 2016 concerning Integrated Emergency Management System.
2. Minister of Health regulation number 129 of 2008 concerning minimum service standards for hospital emergency departments.
3. Accreditation Standard Policy of the Ministry of Health Standard TKRS.3.1 on effective communication.
4. Ministry of Health Accreditation Standard Policy Standart PPA on Interprofessional collaboration.
5. Ministry of Health Regulation No 20 of 2019 concerning the implementation of telemedicine services between health service facilities.
6. Ministry of Health Regulation No 20 of 2019 does not specifically explain the implementation of telehealth and its integration with other telehealth. in article 10 (3) which states that in the event that a health service facility requests a consultation. consultation can be carried out by a midwife or nurse in accordance with statutory regulations.
7. Nurses or doctors in remote villages in Law No. 90 of 2015 related to remote villages with the existence of telehealth are able to increase health care coverage for long distances such as in rural, small, or sparsely populated areas.

3.9. Policy Recommendations

1. The Hospital provides regular and updated emergency training.
2. Improve the implementation of more innovative socialization services as well as utilizing various kinds of media that can display information in a more interesting and informative manner and are easy to understand.
3. Interprofessional collaboration system needs to be held to equalize perceptions among health workers.
4. Increase collaboration and integration in technology-based services

4. Conclusions

This review reveals that the role of emergency nurses in clinical decision-making is not yet fully supported by policy frameworks in Indonesia. Compared to countries such as the United Kingdom, Australia, and the United States, Indonesia still lacks detailed regulations, structured training, and systems that enable nurses to make timely and independent decisions in emergency settings.

To strengthen emergency nursing practice, policies must focus on expanding clinical authority, developing competency-based training, and ensuring interprofessional collaboration. Aligning with global standards will not only improve patient outcomes but also enhance the professional role of nurses as key decision-makers in emergency care.

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Ethical considerations

Not applicable.

Conflict of Interest

The authors declare no conflicts of interest.

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