



## IMPACT OF DECISION MAKING PROCESS FOR PERFORMING ELECTIVE SURGICAL PATENTS IN DELHI PRIVATE HOSPITALS AND ITS IMPORTANCE: AN ANALYSIS

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### *Abstract*

Decision making is a complex process, especially when guidelines are lacking. Surgeons then turn to other factors to help guide them make these decisions. This research is an attempt to understand these factors which play a role in the decision making process of surgeons. Waiting times for elective treatments, including elective surgery, are a source of public concern and therefore are on policy makers' agenda. The long waiting times have often been tackled through the allocation of additional resources, in an attempt to reduce them, but results are not straightforward. At the same time, researchers have reported wide geographical variations in the provision of elective care not driven by patient needs or preferences but by other factors. The research analyses the relationship between waiting times and treatment rates for nine high-volume elective surgical procedures in order to support decision making regarding the availability of these services for the citizens. Hence this research main focus on impact of decision making process for performing elective surgical patents in Delhi private hospitals and its importance.

### **1. OVERVIEW**

Decision-making is a dynamic process and is a particular focus of study. It is not formally taught but received by practitioners, and it is necessary to direct the doctor's decisions by practicing value-based medicine[1]. The process by which surgeons decide was described as 'incorporating facts, deduction, and experience.' The processes of decision-making as a continuum in their 'medical decision-making: how surgeons do this,' one end being an unconscious, automatic mode of decision and the other purpose being aware, analytical, and logically deductive approach[2].

Where available, national and international guidelines and Class 1 evidence provide a solid basis for decision-making and the controversy is created by contradicts or lacks the three input sources, namely the integration of proof, deduction, and experience, e.g., absence of robust test results. The ability to make the right decision is most important in such cases. The surgeons also turn to other factors to help them make these decisions in these circumstances.

Knowledge, experience, knowledge and participation in science, equipment and resources available and financial constraints. The final decision-making process can also include patient choice and patient factors[3]. Also, important elements in decision-making are variables like the anatomy of the surgeon's intra-operational decisions, the surgeon's physiology, and the surgeon's state of mind[4].



While good working conditions and equipment are available and new surgery techniques, procedures, and research are constantly being created, there are still gray areas for deciding the course of treatment for patients, encouraging other factors that help decide individual treatment options for patients[5].

Although studies comparing the efficacy of one surgical technique with the other are available, few studies analyze why one treatment has been selected in a specific course. The present study aims to explain the many factors that play a part in surgeons' decision-making process other than class 1 facts and national and international guidance[6].

### **Elective Surgical Procedures**

Elective surgery is described as if operations were required, but it is possible to prepare and send it. Patients' waiting times are a significant predictor of the consistency of healthcare facilities before the elective surgery.

There is plenty of published literature on ambulatory waiting time issues before optional surgery. No publication is available, however, until the date of the stay waiting before elective surgery. Increased waiting time for hospital patients increases hospital stay time (LOS) directly. Higher LOS in hospitals raises the risk of health infections, contributing to increased health costs. They were waiting until elective surgery influences patients and their family members significantly on their satisfaction.

This research aimed at calculating the average waiting time of workers before opt-outs, defining the most significant factors influencing the waiting time, and suggesting the most effective ways to reduce waiting time. Abundant literature on the problems of ambulatory waiting lists is available before surgery.

### **Factors Affecting Surgical Decision Making**

Hypertension, ischaemic heart disease, chronic obstructive airway disease, diabetes mellitus and alcoholic liver disease are the most common chronic medical conditions in surgical patients. Other diseases encountered include chronic renal injury, anaemia, vascular cerebral disease and haemostasis diseases. There are many medical conditions for many patients, especially when there is a history of smoking and excessive alcohol consumption. Many patients have depression or anxiety associated with it. Thus, an adequate general history and physical examination is important when treating any patient with a surgical problem. At the first interview, recognizing associated medical conditions offers the best opportunity for them to be monitored prior to surgery.

The goal of management is to make the patient as fit for surgery as possible within the period permitted by the urgency of the surgical situation. Controlling the concomitant disease can dramatically minimize surgical morbidity and mortality. Stopping smoking several weeks before surgery and a course of chest physiotherapy will turn an operation from a risky one into one of almost complete protection for a patient with chronic bronchitis. When urgent surgery is required, the correction of medical problems must be accelerated and imperative surgery should not be delayed, particularly when haemorrhage, inflammatory or ischaemic necrosis, or septicaemia complicate the pathology.



The health of the patient must be changed as soon as possible for the upcoming surgery; full priority is given to cardiovascular and respiratory support. The adequacy of resuscitation and the presence of a surgical emergency requiring immediate care have to be balanced. Inevitably, unduly delaying surgery would result in multisystem organ failure (MOF). Early surgery is an important part of resuscitation and support for related medical diseases in such patients. In subsequent parts, evaluation of individual systems is considered in depth. Irreversible system failure, especially when only one system is affected, may be an indicator for organ or tissue transplantation.

## **2. RESEARCH METHODOLOGY**

Primary source is a source from where we collect first-hand information or original data on a topic. Data would be collected primarily from open-ended questionnaires that can justify the physical and occupational therapy for the cancer patient. We have collected secondary data from the published financial statements of the firms, newspaper and articles. This is the minor part of this research but important as well. In this part data would be collected from the websites, journals, books, published articles, records of an organization. This type of data have been collected and recorded by another person or organization, sometimes for altogether different purposes.

This research explores the Major Problems of Serious Surgical Decision Making Process for Performing Elective Surgical Patents in Delhi Private Hospitals and its Impact. This research has sample size of 200. The sampling area is Delhi. This sampling made up of people, it is easy to search. It works with collection of selecting sampling from population. This sampling is wormed when select items from population on basis of what elements are easy to obtained. Convenience sampling used by anyone and had been around for generation.

Data analysis is the process of bringing order, structure and meaning to the mass of information collect. In this study data would be derived from open and close-ended questions in the questionnaires, and that meant to supplement quantitative data availed by the questionnaire. The data from the research would be analyzed qualitatively and quantitatively using percentages, means frequency distribution with the aid of Statistical Package for Social Sciences (SPSS).

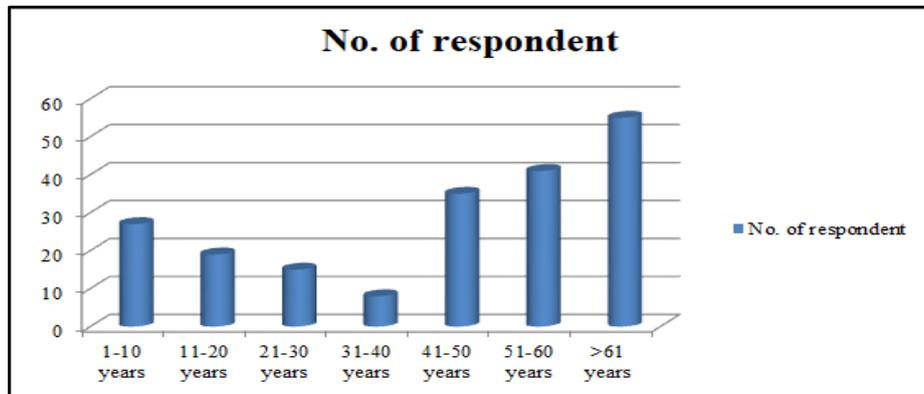
Most of the respondents urged future generations to obey ethical rules and, where appropriate, seek assistance. The research sheds some light on understanding the different variables that affect decision-making. However, for greater understanding and confirmation, this should be done on a larger scale.

## **3. DATA ANALYSIS AND INTERPRETATION**

It is an important and exciting step in the process of research. In all research studies, analysis follows data collection. The measurable examinations were completed utilizing the all-around perceived factual programming SPSS 15.0. Microsoft Word and Microsoft Excel were utilized to produce diagrams and tables.

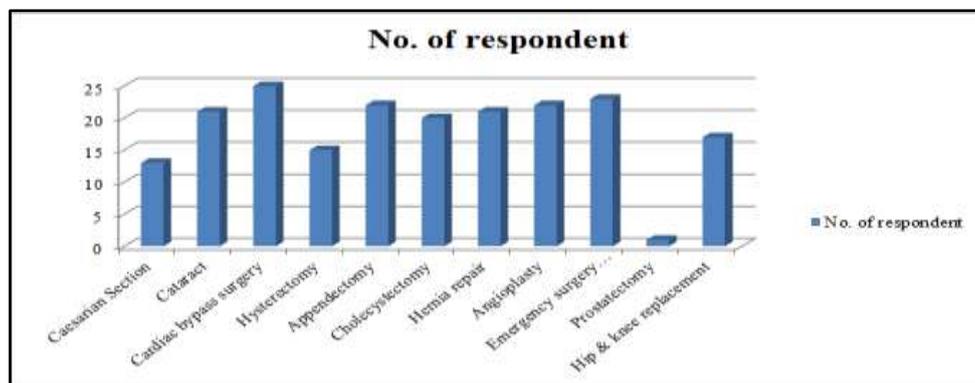
This Figure1 and survey research explain the age of patients who suffer many types of disease, 27 respondents agree with the age of 1-10 years, 19 respondents agree with 11-20 years, 15 respondents agree with 21-30 years, 8 respondents agree with 31-40 years, 35

respondents agree with 41-50 years, 41 respondents agree with 51-60 years and rest of respondents agree above the age of 61 years.



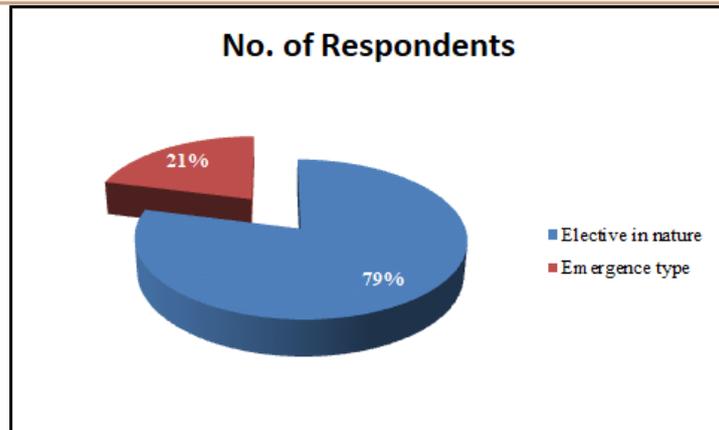
**Figure 1: Age of patients**

This Figure2 and survey explain the common surgical procedures carried out in Delhi private hospitals, 13 respondents suffer with caesarean section diseases, 21 respondents suffer with cataract, 25 respondents suffer with cardiac bypass surgery, 15 respondents suffer with Hysterectomy, 22 respondents suffer with Appendectomy disease, 20 respondents suffer with Cholecystectomy diseases, 21 respondents suffer with Hernia repair diseases, 22 respondents suffer with Angioplasty diseases, only one respondents agree with Prostatectomy disease, and rest of respondents agree with this Hip & knee replacement.



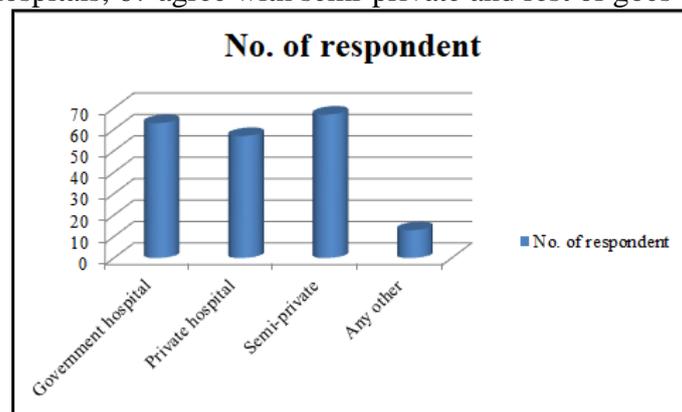
**Figure2: The common surgical procedures carried out in Delhi private hospitals**

This Figure3 and figure explain the many types of surgery who believe in elective/emergence, 79 respondents agree with elective in nature and 121 respondents agree with emergence type.



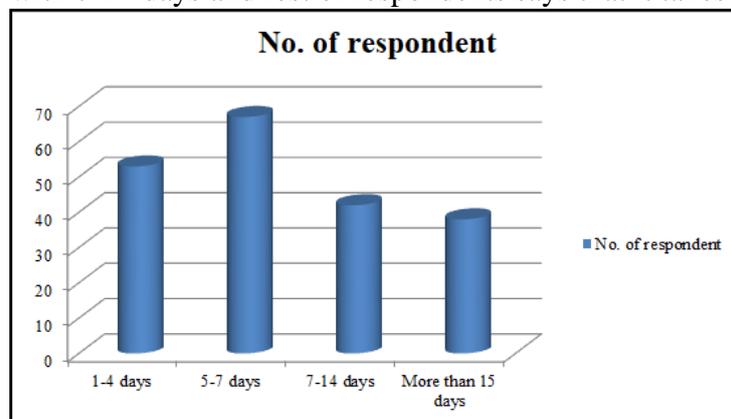
**Figure 4.3: maximum types of surgery**

This Figure 4 and survey explain majority of the surgeries (for example: government, private hospital, semi-private etc.), 63 respondents agree with government hospitals, 57 respondents agree with private hospitals, 67 agree with semi-private and rest of goes with other options.



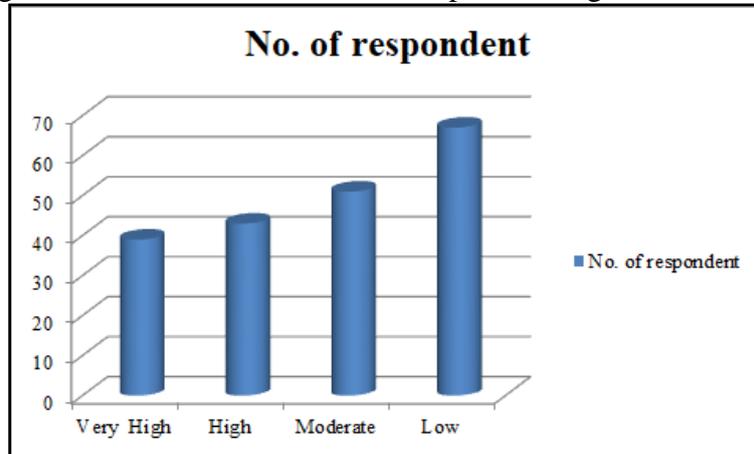
**Figure 4.4: Majority of the surgeries**

This table 5 and survey research explains about that how many time will take to complete the process of elective surgical, 63 people agree with 1-4 days, 57 people agree with 5-7 days, 42 respondents agree with 7-14 days and rest of respondents says that it takes more than 15 days.



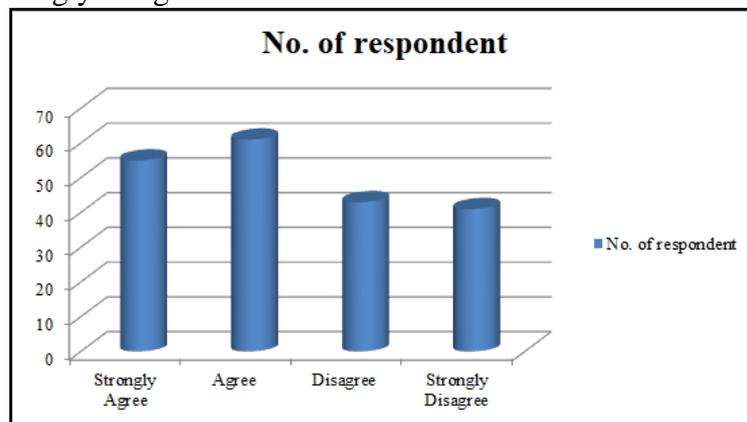
**Figure5: Duration of post-op hospital stay after performing elective surgical patents**

This table 6 and survey research explains the patients opinion of elective surgeries level of anxiety, 39 patients agree with very high level, 43 respondents agree with high level anxiety, 51 respondents agree moderate level, and rest or respondents agree with low anxiety level.



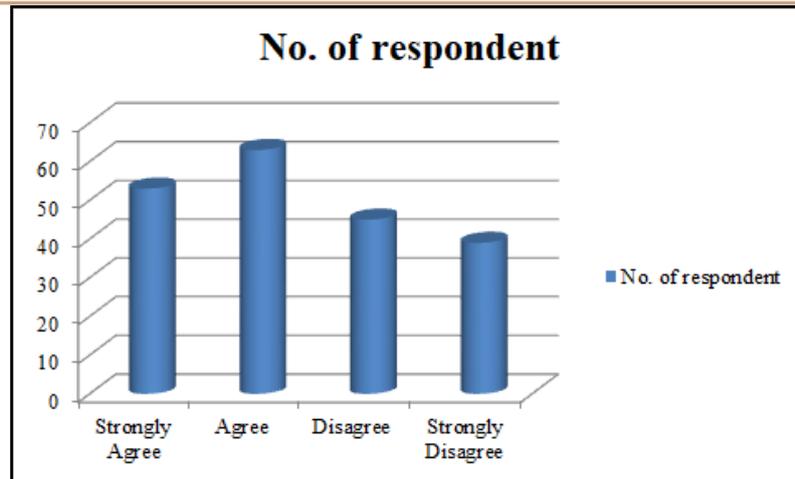
**Figure6: Patients anxiety level during performing elective surgeries**

This Figure 7 and survey research explains the Decision-making is a dynamic process and this is a particular focus of study for performing elective surgical patents caring, 55 respondents strongly agree, 61 respondents agree, 43 respondents agree disagree and 41 respondents are strongly disagree



**Figure7: Decision-making is a dynamic process and this is a particular focus of study for performing elective surgical patents caring**

This Figure 8 and survey research explain Quality patient decision-making aids are intended to give the patient information so that they can understand their decisions, understand the costs, benefits, 53 respondents strongly agree, 63 respondents are agree, 45 respondents are disagree and 39 respondents are strongly disagree.



**Figure 8: Quality patient decision-making aids are intended to give the patient information so that they can understand their decisions, understand the costs, benefits**

## 6. CONCLUSION

Nursing is the only occupational group, to provide round the clock direct patient care and thus, they are necessary to have a large knowledge base to make clinical decisions (Hurst, 1993)[7]. In addition, as a front line health care provider, nurses track patients' rapid deterioration. As a consequence, it is the nurse who detects the occurrences that contribute to further intervention. Thus, with expanded duties, the ability to judge requires nurses to be professional decision makers. Pain management is a daunting goal in the nursing profession. While there has been an increase in the recent past, there is still a substantial amount of pain in patients. Just a few longitudinal studies have explored pain management decision-making in nursing, where the need for change remains the same. Therefore, in pain management, the decision-making process needs to be investigated. The study highlighted the correlation between anxiety and the demographic variables selected. To find out specific methods or treatments to relieve anxiety before surgery, further research is required.

Physicians and nurses should ensure proper pain control, efficient and positive communication, and a firm adherence to low-intervention birth preparation. In the absence of medical indications for caesarean delivery, the college continues to advocate vaginal delivery as the primary mode of delivery. Performing caesarean delivery on maternal request should be limited to cases in which, considering the specifics of the woman's pregnancy and environment, the doctor judges that it is reasonably healthy and has had the opportunity for detailed and careful conversation with the patient.

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