Nursing informatics, ethics and decisions: implications for translational research

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Objective: To introduce, in the multi-disciplinary contexts of clinical decision making and policy formation, a theory-based decision-analytic framework for the transparent forward translation of research into practice, simultaneously identifying and communicating the need for backward translation from practice to research.

Methods: Web-based decision analytic software is used to demonstrate how the weights for what matters, i.e. person/patient-important criteria, can be combined, using the same 0-1 scale, in an expected value calculation, with evidence-based ratings for option performance on those criteria to produce a preference-sensitive opinion.

Results: The MCDA/Annalisa framework combines Nursing Informatics and Nursing Ethics (left below) in the clinical context of a nurse’s decision to disclose or not information to a near relative (six criteria: beneficence, non-maleficence, autonomy, justice, veracity, confidentiality). For a mini-HTA (right example) it was used in a systematic review on whether to invest in nurse handheld computers (chosen criteria are related to the patient (effectiveness, safety, satisfaction, Quality of Life), organization (staff and work environment, internal - and external communication and relationships) and economy (start-up costs, financial implications, externalities).

Conclusion: Web-and MCDA*-based decision support can provide nursing with a template, technique and tool for translating research findings into practice. It also can identify weaknesses in the current evidence base in order to influence research priorities. The optimal decision in each case depends on both the weights attached to the selected criteria and the performance ratings for the options on those criteria. Inevitable trade-offs can be communicated interactively in the decision-analytic framework to aid multi-disciplinary collaboration.

References:
2. Callard F, Rose D, Wykes T: Close to the bench as well as at the bedside: involving service users in all phases of translational research. Health Expectations 2011:1–12.