**VALUES AND POLICIES: PERSONAL REFLECTIONS ON THE ICU**

While many people never agree on most fundamental issues about religion, it can never be lost that beliefs form a critical part of people’s way of life. Somehow, people find themselves attached to a particular religion or faith. The beliefs have a significant influence on a person’s decision-making process. The health sector has not been spared the effect of the beliefs and faiths either. Although the mainstream public health may downplay the influence of religious beliefs on policy, a personal exposure while in practice proves otherwise. As a Southern Christian, who has been in the critical care departments, I have noticed that religion may significantly affect policy.

**The Values of Southern Christianity**

The conservative stance of the Southern Christianity is its hallmark. Apart from our firm belief in the sovereign nature of God, we believe in moral uprightness. My upbringing has had a significant influence on my values and the way I view issues. At the center of my faith and upbringing is strong opposition to liberalism and economic materialism. Hence, in various instances, I have found my beliefs to be clashing with the postmodern health policies, which tend to be infused with liberalism.

**Cost, Quality and Social Issues**

Most of the beneficiaries of the healthcare sector never blame themselves for any impasses in the sector. A majority of them believes that the rising cost of healthcare services results from the pursuit of profits by both the insurance companies and drug companies (Blendon, Brodie, Altman, & Buhr, 2006). In addition, some put health practitioners in the equation citing huge consultation fees and exploitation. This is in contradiction to the ethics and values of healthcare practice, which holds the sanctity of life as the driver in their practice. Besides, there are evident fears of possible malpractice from among the health providers. True to the fear, there have a plethora of malpractice lawsuits. Hence, it is the duty of the practitioner to exercise professionalism in their duties.

**The Impact on Decision-Making**

Values have a great impact on the way people arrive at decisions. Shams, Sari, and Yazdani observe that “decision-making is a highly value-laden process…” (2016). Values are significant components in policy-making. For instance, values and upbringing affect the motivation of a person and their resistance to change. Besides, the push for one to sacrifice themselves and their reaction to situational issues is greatly dependent on the backgrounds. This is because values are not a simple, definitive concept but they are a broad scope of deep-rooted beliefs that have a subtle yet direct impact on policy implementation. A conceptual overlap exists between values and ethical principles. Nonetheless, values have a direct impact on the preferences and situational responses. Shams et al. observe that values refer to moral duties and obligations that influence a person’s pleasures and preferences (2016). Therefore, they are a critical component not only to the macro healthcare departments but also to the micro units such as the intensive care unit.

**The Intensive Care Unit**

The intensive care unit is one of the most sensitive departments in any health organization. The section deals with the needs of trauma patients who require very urgent and sober responses. Personally, I have been exposed to the critical care areas, the ICU, and the Trauma Care departments as the RN manager. The sensitivity of these sectors requires a high degree of sobriety. Within the department, there is nothing like an insignificant breach. Nurses have a heavy and demanding workload in the department. Hence, the manager has the duty of ensuring that there are ample coordination and cooperation due to the hemodynamic instability. Patients in the intensive care unit demand highly complex forms of treatment that warrant maximum attention. As an RN manager, it is imperative to identify the magnitude and specificity of the care that the patients require. The knowledge is critical since it helps in improving the quality of care, the safety of the patients, and helps in reducing operational costs (Nogueira, Domingues, Poggetti, & Sousa, 2014). The effectiveness of the ICU and other emergency departments will, therefore, depend on the correct allocation of duties to the staff.

**The ICU Policy Framework**

Critical care physicians work on optimizing the use of the ICU unit. As such, the policy governing this department ought to be responsive to the section’s imminent needs. Many hospitals have been having an unbalanced demand and supply of resources that meet the optimization objective (Mathews & Long, 2015). During my tenure as an RN manager, I have learned that ICU beds often exceed their supply. Most of the emergency departments in many public hospitals have been suffering from insufficient resources. In response, policy formulators have come up with strategies that will address the incapacitation. Strategies that can relieve ICU congestion appear to be the workable policy. Unit expansion and the reduction of technical delays are objective interventions that would help optimize the use of the critical care units (Mathews & Long, 2015). Patient flow is very critical in the process. As such, some of the hospitals have been having a policy of discharging patients earlier to decongest the ICU units.

**Conclusion**

Religion beliefs and other personal values have a significant impact on decision-making. There is a close connection between policy formulation, priorities, and motivations, depending on the value preferences. The Southern Christianity, for instance, has been having a tough stance on the issues appertaining to morality. However, during my tenure as an RN manager, my Christian values have not been very elaborate. The ICU has been a demanding unit that calls for dedication and motivation of the clinical staff due to its sensitivity. The policy framework that aims at optimizing the capacity of the critical care units has not been contradictory to my Christian and ethical values.

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