Outcomes of the Use of Intuition in Nurses' Decision Making for Critical Care Patients: Scoping Review Protocol

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Contribution to Emergency Nursing Practice

- Nurses often rely not only on clinical reasoning based on evidence but also on intuitive skills when caring for critical care patients, especially in high-pressure and complex settings such as emergency services and intensive care. However, outcomes of the use of intuition in caring for critical care patients remain largely unexplored.
- By clarifying the outcomes of the use of intuition in clinical decisions, this review will provide insights that may support more timely, personalized, and effective care in emergency nursing practice in future research.
- The findings will help inform researchers to future investigation on strategies that value intuition as a form of expert knowledge, fostering critical thinking, reflective practice, and improved clinical judgment in critical care settings such as intensive care units and urgent care scenarios.

Abstract

Introduction: Intuition plays a crucial role in nursing decision making, particularly in high-pressure environments such as emergency departments and intensive care units. Nursing decision making, especially in highly complex contexts, such as caring for patients in critical care, may involve intuition as a form of aesthetic knowledge that complements logical reasoning. Intuition enables the recognition of patterns, the anticipation of complications, and prompt action, thereby influencing the quality and safety of the care. Despite growing recognition of its relevance, the outcomes associated with the use of intuition remain insufficiently systematized, highlighting the need to map the available evidence within advanced nursing.

Objective: This study aimed to map the available scientific evidence regarding the outcomes of using intuition in nurses' decision making for critical care patients.

Methods: This scoping review will be conducted using the JBI methodology. The search will be performed across 5 databases: CINAHL Complete, PubMed/MEDLINE, Web of Science Core Collection (Web of Science), ProQuest Dissertations & Theses Citation Index (Web of Science), and Scopus. No date restriction will be applied. The studies will be screened using Rayyan software by 2 independent blind reviewers, following a 2-stage process: an initial screening of titles and abstracts, followed by full-text reading of potentially eligible articles, based on predefined inclusion and exclusion criteria. The study protocol was registered on the Open Science Framework (DOI 10.17605/OSF.IO/VUZWX).

Discussion: By mapping outcomes linked to the use of intuition in nurses' decision making, this review will provide insights into how intuition contributes to patient safety, care quality, and clinical practice.

Key words: Intuition; Decision making; Critical care; Nursing; Emergency

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Introduction

Intuition is an essential skill in nursing practice, playing a particularly important role in highly complex clinical contexts, such as care for critical care patients. It consists of a fast, unconscious, and holistic cognitive process that

TABLE
Free search terms and MeSH and CINAHL descriptors

Research	Expression	Results
#1	Nurs*[Title/Abstract]	583 954
#2	Nurses[MeSH Terms]	103 429
#3	#1 OR #2	618 552
#4	Insight[Title/Abstract]	313 031
# 5	"Clinical perception*"[Title/Abstract]	215
#6	"Gut feeling"[Title/Abstract]	408
#7	intuition[Title/Abstract]	5 445
#8	Intuition[MeSH Terms]	1 646
#9	#4 OR #5 OR #6 OR #7 OR #8	319 798
#10	"Decision Making"[Title/Abstract]	243 461
#11	"decision-making"[Title/Abstract]	243 461
#12	Decision Making[MeSH Terms]	248 837
#13	Clinical Decision Making[MeSH Terms]	19 555
#14	#10 OR #11 OR #12 OR #13	447 940
#15	"Intensive Care"[Title/Abstract]	223 989
#16	"Life Threatening Illness*"[Title/Abstract]	2 779
#17	"Life Threatening disease*"[Title/Abstract]	8 411
#18	"Life Threatening condition*"[Title/Abstract]	12 526
#19	"Emergency patient*"[Title/Abstract]	2 517
#20	"Critically ill*"[Title/Abstract]	68 831
#21	"critical care"[Title/Abstract]	50 976
#22	"critical illness*"[Title/Abstract]	16 402
#23	"critical disease*"[Title/Abstract]	1 462
#24	"critical condition*"[Title/Abstract]	3 884
#25	"critical setting*"[Title/Abstract]	185
#26	"emergency care"[Title/Abstract]	14 806
#27	"critical patient*"[Title/Abstract]	3 608
#28	Critical Care[MeSH Terms]	69 951
#29	Critical Illness[MeSH Terms]	43 144
#30	Emergencies[MeSH Terms]	44 306
#31	#15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30	417 117
#32	#3 AND #9 AND #14 AND #31	85

MeSH, Medical Subject Headings.

complements analytical clinical reasoning, allowing nurses to integrate multiple dimensions of care immediately, with a direct impact on patient safety and the quality of care.[1,2]

Understood as a type of implicit knowledge, intuition emerges from experience, reflective practice, and exposure to multiple clinical conditions. It allows for recognizing patterns, anticipating complications, and making effective decisions, even when faced with incomplete or ambiguous clinical data.[2,3] Although sometimes undervalued because it is considered subjective, the literature describes it as a legitimate and sophisticated form of aesthetic, relational, and contextual knowledge, fundamental in contexts of clinical instability, where time for clinical reasoning is limited.[2,4]

Although intuition and clinical reasoning are strategies frequently used by nurses, intuition is more associated with professionals who have more clinical experience.[3] The effective use of intuition presupposes an environment that values clinical judgment, promotes critical reflection, and encourages continuous professional development.

Far from being a merely emotional or instinctive act, intuition results from a practice sustained by the integration of knowledge, experience, and expertise.[5] When combined with clinical reasoning and evidence-based practice, intuition contributes to faster, more humanized, and safer decision making.[5]

Despite the growing recognition of its importance, no studies were found that systematically explore the outcomes of the use of intuition in nurses' decision making when caring for critical care patients. Mapping these outcomes is essential to value intuition as a specialized skill, with direct implications for quality, safety, and practice of care. Thus, the present scoping review is justified, which aims to fill this gap, providing a global and descriptive view of the outcomes of the use of intuition in clinical practice, especially in critical environments.

To date, no ongoing scoping reviews have been identified on this specific phenomenon, as verified in the PROSPERO, Open Science Framework, and International Platform of Registered Systematic Review and Meta-Analysis Protocols platforms. The identified gap reinforces the relevance of this review, guided by the JBI methodological guidelines, which are suitable for exploring complex and little-researched areas of knowledge.[6] In this context, this review aimed to map the available evidence on the outcomes of the use of intuition in nurses' decision making when caring for critical care patients.

The research question is as follows: what is the available evidence on the outcomes of the use of intuition in nurses' decision making for critical care patients?

Methods

This scoping review will be conducted according to the methodology proposed by the JBI. The study protocol was registered on the Open Science Framework (DOI 10.17605/OSF.IO/VUZWX). Identifying inclusion and exclusion criteria for participants, concept, and context, taking into account the components of the research question. The population includes exclusively nurses. After preliminary research for this protocol, it was identified that many articles do not clearly specify the number of years of professional experience or the proficiency levels of the nurses involved. Based on the state-of-the-art analysis and regarding the population, this specificity will be addressed exclusively through exclusion criteria in the methodological procedures. Therefore, nursing students and novice nurses will be excluded (without professional experience for the development of intuition). In alignment with the centrality of the review in the field of nursing discipline and practice, other health professionals will be excluded.

The concept encompasses the use of intuition in clinical decision making, namely the outcomes related to this practice. The context involves the critical care environment (eg, intensive care units, emergency services, surgical centers), excluding noncritical and critical care patients younger than 18 years.

This scoping review will include quantitative, qualitative, and mixed-methods studies. Primary studies and systematic reviews will be considered, following the 3 stages defined for scoping reviews by the JBI.[6] No limits will be considered within the temporal restrictions to cover research on a phenomenon that is little explored in the literature. Initially, a preliminary search was performed, limited to 2 indexed databases relevant to the topic under study, namely CINAHL Complete (EBSCO Host) and PubMed/MEDLINE, to identify representative studies on the phenomenon. The keywords contained in the titles and abstracts of the relevant articles and the indexing terms used to describe the articles were used to develop the search strategy. The descriptors and keywords are presented in the Table.

The indexing terms (Medical Subject Headings and CINAHL headings) and keywords identified were used in a search strategy adapted to each database included, namely, PubMed/MEDLINE, CINAHL Complete (EBSCO Host), Web of Science Core Collection (Web of Science), ProQuest Dissertations & Theses Citation Index (Web of Science), and Scopus, combined using the Boolean operators AND and OR. The main search strategy was validated by a librarian and peer reviewed according to the Peer Review of Electronic Search Strategies guideline, ensuring scientific and methodological rigor, transparency, and reproducibility.[7] The search strategies performed for each database have been included as an appendix to the protocol (Supplementary Appendix I).

The bibliographic references of all studies selected in the review will be analyzed to identify additional relevant sources. This phase will prioritize the references of the articles included for full reading and may also include citations of systematic reviews or other works related to the phenomenon.

After the search, all identified references will be exported to the Rayyan software, where duplicates will be excluded. This tool will also be used to screen the articles, which will be conducted in 2 stages. The selection of

relevant results will begin with the analysis of titles and abstracts, based on the eligibility criteria for the review already described, by 2 independent reviewers, in a blind process. Subsequently, the included studies will be compared, and conflicts will be resolved by consensus or by a third reviewer. Potentially relevant sources will be retrieved for full reading and assessed in detail, according to the previously defined eligibility criteria. The reasons for exclusion, after the full-text reading, will be duly recorded and reported in the scoping review.

The process of selection and inclusion of studies will be reported and presented using a Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews flowchart.[8] The methodological quality of the included studies will not be assessed because this is a scoping review.[6] All identified bibliographic references will be grouped and managed using Zotero software. Data will be extracted from the articles included in the scoping review and presented in a table developed by the reviewers (Supplementary Appendix II) based on the JBI model.[6] The table may undergo relevant changes, depending on the needs arising from the reading and analysis of the eligible studies. Any modifications will be detailed in the scoping review.

The synthesis of the data that responds to the review question will be descriptive and may include a thematic analysis of the results, with the use of tables, whenever it is considered beneficial for interpretation.

The proposed scoping review will contribute to the dissemination of knowledge in caring for critical care patients. This approach will allow the mapping of outcomes associated with the use of intuition in nurses' decision making, promoting a reflection of its impact on critical care. Continuing to study this phenomenon could contribute to deepening knowledge about the use of intuition in nurses' decision making in this context, offering important support to guide future research and strengthen clinical practice in nursing.

By highlighting the positive contributions and the aspects that need development, this review may inform about the culture of safety and promote the continuous improvement of the quality of care, promoting safer, effective, and evidence-based nursing practices.

Discussion

This protocol details a planned scoping review of the outcomes of using intuition in nurses' decision making for critical care patients, mapping how intuition in decision-making process influences patient care, mainly because the clinical outcomes may provide valuable insights into the role of intuition in nursing in future development of research that informs training strategies for nurses in high-pressure environments where timely, effective decisions are crucial.

Implications for Emergency Nurses

These findings will inform future research into strategies that value intuition as a form of expert knowledge, promoting critical thinking, reflective practice, and clinical judgment in caring for critically ill patients, particularly within intensive care and emergency service settings.

CONCLUSIONS

The results of the scoping review will be disseminated upon completion of the work described in this protocol.

Author Disclosures

Conflicts of interest: none to report.

The submitted article is a protocol for a scoping review. As such, permission was not sought from the ethics committee for the development of this protocol.

Supplementary Data

Supplementary data related to this article can be found at https://doi.org/10.1016/j.jen.2025.09.012.

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Appendix I: Research strategy

Database search [term by term]

TABLE 2
PubMed/Medline (June 12, 2025)

	Natural language	*PubMed | Medline - MeSH*	*CINAHL - headings*
POPULATION	*Nurs**	*Nurses*	*Nurses OR MH Advanced Practice Registered Nurses OR Registered Nurses*
CONCEPT 1	*Insight OR "Clinical perception*" OR "Gut feeling" OR intuition*	*Intuition*	*Intuition*
CONCEPT 2	*"Decision Making" OR "decision-making"*	*Decision Making OR Clinical Decision Making*	*Diagnostic Reasoning OR Decision Making OR Decision Making, Clinical*
CONTEXT	*"Intensive Care" OR "Life Threatening Illness*" OR "Life Threatening disease*" OR "Life Threatening condition*" OR "Emergency patient*" OR "Critically ill*" OR "critical care" OR "critical illness*" OR "critical disease*" OR "critical condition*" OR "critical setting*" OR "emergency care" OR "critical patient*"*	*Critical Care OR Critical Illness OR Emergencies*	*Critical Care OR Critical Illness OR Emergencies OR Emergency patients OR Critically ill patients*

TABLE 3
CINAHL Complete (EBSCO Host) (June 12, 2025)

Research	Expression	Results
S1	XB Nurs*	620 104
S2	MH Nurses	75 660
S3	MH Advanced Practice Registered Nurses	6 935
S4	MH Registered Nurses	36 796
S5	S1 OR S2 OR S3 OR S4	664 862
S6	XB Insight	115 338
S7	XB “Clinical perception*”	81
S8	XB “Gut feeling”	203
S9	XB intuition	1 839
S10	MH Intuition	1 663
S11	S6 OR S7 OR S8 OR S9 OR S10	118 331
S12	XB “Decision Making”	84 891
S13	XB "decision-making"	84 891
S14	MH Diagnostic Reasoning	1 730
S15	MH Decision Making	64 457
S16	MH Decision Making, Clinical	39 843
S17	S12 OR S13 OR S14 OR S15 OR S16	159 641
S18	XB “Intensive Care”	84 478
S19	XB “Life Threatening Illness*”	1 453
S20	XB “Life Threatening disease*”	1 441
S21	XB “Life Threatening condition*”	2 994
S22	XB “Emergency patient*”	921
S23	XB “Critically ill*”	29 240
S24	XB “critical care”	27 253
S25	XB “critical illness*”	6 473
S26	XB “critical disease*”	252
S27	XB “critical condition*”	677
S28	XB “critical setting*”	58
S29	XB “emergency care”	7 311
S30	XB “critical patient*”	1 228
S31	MH Critical Care	27 305
S32	MH Critical Illness	16 005
S33	MH Emergencies	11 631
S34	MH Emergency patients	9 419
S35	MH Critically ill patients	17 594
S36	S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35	175 607
S37	S5 AND S11 AND S17 AND S36	116

TABLE 4
Scopus (June 12, 2025) (*cannot be presented term by term)

Research	Expression	Results
S1	TITLE-ABS-KEY (nurs*)	1 068 148
S2	TITLE-ABS-KEY (insight OR "Clinical perception*" OR "Gut feeling" OR intuition)	2 073 283
S3	TITLE-ABS-KEY ("Decision Making" OR "decision-making")	1 240 255
S4	TITLE-ABS-KEY ("Intensive Care" OR "Life Threatening Illness*" OR "Life Threatening disease*" OR "Life Threatening condition*" OR "Emergency patient*" OR "Critically ill*" OR "critical care" OR "critical illness*" OR "critical disease*" OR "critical condition*" OR "critical setting*" OR "emergency care" OR "critical patient*")	646 549
S5	(TITLE-ABS-KEY (nurs*))AND(TITLE-ABS-KEY (insight OR "Clinical perception*" OR "Gut feeling" OR intuition))AND(TITLE-ABS-KEY ("Decision Making" OR "decision-making"))AND(TITLE-ABS-KEY("Intensive Care" OR "Life Threatening Illness*" OR "Life Threatening disease*" OR "Life Threatening condition*" OR "Emergency patient*" OR "Critically ill*" OR "critical care" OR "critical illness*" OR "critical disease*" OR "critical condition*" OR "critical setting*" OR "emergency care" OR "critical patient*"))	185

TABLE 5
Web of Science Core Collection (Web of Science) (June 12, 2025)

Research	Expression	Results
#1	TS=(nurs*)	474 062
#2	TS=(Insight)	1 706 068
#3	TS=("Clinical perception*")	205
#4	TS=("Gut feeling")	596
#5	TS=(intuition)	31 056
#6	#2 OR #3 OR #4 OR #5	1 735 757
#7	TS=("Decision Making")	618 972
#8	TS=("decision-making")	618 972
#9	#7 OR #8	618 972
#10	TS=("Intensive Care")	239 961
#11	TS=("Life Threatening Illness*")	2 543
#12	TS=("Life Threatening disease*")	8 092
#13	TS=("Life Threatening condition*")	10 607
#14	TS=("Emergency patient*")	2 529
#15	TS=("Critically ill*")	93 448
#16	TS=("critical care")	53 992
#17	TS=("critical illness*")	21 586
#18	TS=("critical disease*")	1 586
#19	TS=("critical condition*")	11 603
#20	TS=("critical setting*")	383
#21	TS=("emergency care")	13 784
#22	TS=("critical patient*")	3 204
#23	#10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22	373 900
#24	#1 AND #6 AND #9 AND #23	122

TABLE 6
ProQuest Dissertations & Theses Citation Index (Web of Science) (June 12, 2025) Database search [in bulk]

Research	Expression	Results
#1	TS=(nurs*)	97 023
#2	TS=(Insight)	234 569
#3	TS=("Clinical perception*")	34
#4	TS=("Gut feeling")	67
#5	TS=(intuition)	9 436
#6	#2 OR #3 OR #4 OR #5	243 095
#7	TS=("Decision Making")	137 316
#8	TS=("decision-making")	137 316
#9	#7 OR #8	137 316
#10	TS=("Intensive Care")	8 177
#11	TS=("Life Threatening Illness*")	548
#12	TS=("Life Threatening disease*")	570
#13	TS=("Life Threatening condition*")	445
#14	TS=("Emergency patient*")	127
#15	TS=("Critically ill*")	2 134
#16	TS=("critical care")	2 945
#17	TS=("critical illness*")	557
#18	TS=("critical disease*")	61
#19	TS=("critical condition*")	1 096
#20	TS=("critical setting*")	67
#21	TS=("emergency care")	689
#22	TS=("critical patient*")	291
#23	#10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22	14 528
#24	#1 AND #6 AND #9 AND #23	38

Database search [in bulk]

TABLE 7
PubMed/Medline (June 12, 2025)

Research	Expression	Results
#1	Nurs*[Title/Abstract] OR Nurses[MeSH Terms]	618 552
#2	(Insight[Title/Abstract] OR "Clinical perception*"[Title/Abstract] OR "Gut feeling"[Title/Abstract] OR intuition[Title/Abstract]) OR (Intuition[MeSH Terms])	319 798
#3	(("Decision Making"[Title/Abstract] OR "decision-making"[Title/Abstract]) OR (Decision Making[MeSH Terms])) OR (Clinical Decision Making[MeSH Terms])	447 940
#4	(((((("Intensive Care"[Title/Abstract] OR "Life Threatening Illness*"[Title/Abstract] OR "Life Threatening disease*"[Title/Abstract] OR "Life Threatening condition*"[Title/Abstract] OR "Emergency patient*"[Title/Abstract] OR "Critically ill*"[Title/Abstract] OR "critical care"[Title/Abstract] OR "critical illness*"[Title/Abstract] OR "critical disease*"[Title/Abstract] OR "critical condition*"[Title/Abstract] OR "critical setting*"[Title/Abstract] OR "emergency care"[Title/Abstract] OR "critical patient*"[Title/Abstract]) OR (Critical Care[MeSH Terms])) OR (Critical Illness[MeSH Terms])) OR (Emergencies[MeSH Terms])) OR (Emergency patients[MeSH Terms])) OR (Critically ill patients[MeSH Terms])	417 117
#5	(((Nurs*[Title/Abstract] OR Nurses[MeSH Terms]) AND ((Insight[Title/Abstract] OR "Clinical perception*"[Title/Abstract] OR "Gut feeling"[Title/Abstract] OR intuition [Title/Abstract]) OR (Intuition[MeSH Terms]))) AND ((("Decision Making"[Title/Abstract] OR "decision-making"[Title/Abstract]) OR (Decision Making[MeSH Terms])) OR (Clinical Decision Making[MeSH Terms]))) AND ((((((("Intensive Care"[Title/Abstract] OR "Life Threatening Illness*"[Title/Abstract] OR "Life Threatening disease*"[Title/Abstract] OR "Life Threatening condition*"[Title/Abstract] OR "Emergency patient*"[Title/Abstract] OR "Critically ill*"[Title/Abstract] OR "critical care"[Title/Abstract] OR "critical illness*"[Title/Abstract] OR "critical disease*"[Title/Abstract] OR "critical condition*"[Title/Abstract] OR "critical setting*"[Title/Abstract] OR "emergency care"[Title/Abstract] OR "critical patient*"[Title/Abstract]) OR (Critical Care[MeSH Terms])) OR (Critical Illness[MeSH Terms])) OR (Emergencies[MeSH Terms])) OR (Emergency patients[MeSH Terms])) OR (Critically ill patients[MeSH Terms]))	85

TABLE 8
CINAHL Complete (EBSCO) (June 12, 2025)

Research	Expression	Results
S1	XB Nurs* OR MH (Nurses OR MH Advanced Practice Registered Nurses OR Registered Nurses)	664 862
S2	XB (Insight OR "Clinical perception*" OR "Gut feeling" OR intuition) OR MH Intuition	118 331
S3	XB ("Decision Making" OR "decision-making") OR MH (Diagnostic Reasoning OR Decision Making OR Decision Making, Clinical)	159 641
S4	XB ("Intensive Care" OR "Life Threatening Illness*" OR "Life Threatening disease*" OR "Life Threatening condition*" OR "Emergency patient*" OR "Critically ill*" OR "critical care" OR "critical illness*" OR "critical disease*" OR "critical condition*" OR "critical setting*" OR "emergency care" OR "critical patient*") OR MH (Critical Care OR Critical Illness OR Emergencies OR Emergency patients OR Critically ill patients)	175 607
S5	(XB Nurs* OR MH (Nurses OR MH Advanced Practice Registered Nurses OR Registered Nurses)) AND (XB (Insight OR "Clinical perception*" OR "Gut feeling" OR intuition) OR MH Intuition) AND (XB ("Decision Making" OR "decision-making") OR MH (Diagnostic Reasoning OR Decision Making OR Decision Making, Clinical)) AND (XB ("Intensive Care" OR "Life Threatening Illness*" OR "Life Threatening disease*" OR "Life Threatening condition*" OR "Emergency patient*" OR "Critically ill*" OR "critical care" OR "critical illness*" OR "critical disease*" OR "critical condition*" OR "critical setting*" OR "emergency care" OR "critical patient*") OR MH (Critical Care OR Critical Illness OR Emergencies OR Emergency patients OR Critically ill patients))	116

TABLE 9
Scopus (June 12, 2025)

Research	Expression	Results
S1	TITLE-ABS-KEY (nurs*)	1 068 148
S2	TITLE-ABS-KEY (insight OR "Clinical perception*" OR "Gut feeling" OR intuition)	2 073 283
S3	TITLE-ABS-KEY ("Decision Making" OR "decision-making")	1 240 255
S4	TITLE-ABS-KEY ("Intensive Care" OR "Life Threatening Illness*" OR "Life Threatening disease*" OR "Life Threatening condition*" OR "Emergency patient*" OR "Critically ill*" OR "critical care" OR "critical illness*" OR "critical disease*" OR "critical condition*" OR "critical setting*" OR "emergency care" OR "critical patient*")	646 549
S5	(TITLE-ABS-KEY (nurs*))AND(TITLE-ABS-KEY (insight OR "Clinical perception*" OR "Gut feeling" OR intuition))AND(TITLE-ABS-KEY ("Decision Making" OR "decision-making"))AND(TITLE-ABS-KEY("Intensive Care" OR "Life Threatening Illness*" OR "Life Threatening disease*" OR "Life Threatening condition*" OR "Emergency patient*" OR "Critically ill*" OR "critical care" OR "critical illness*" OR "critical disease*" OR "critical condition*" OR "critical setting*" OR "emergency care" OR "critical patient*"))	185

TABLE 10
Web of Science Core Collection (Web of Science) (June 12, 2025)

Research	Expression	Results
#1	TS=(Nurs*)	474 062
#2	TS=(Insight OR “Clinical perception*” OR “Gut feeling” OR intuition)	1 735 757
#3	TS=(“Decision Making” OR "decision-making")	618 972
#4	TS=(“Intensive Care” OR “Life Threatening Illness*” OR “Life Threatening disease*” OR “Life Threatening condition*” OR “Emergency patient*” OR “Critically ill*” OR “critical care” OR “critical illness*” OR “critical disease*” OR “critical condition*” OR “critical setting*” OR “emergency care” OR “critical patient*”)	373 900
#5	TS=(nurs*) AND TS=(Insight OR “Clinical perception*” OR “Gut feeling” OR intuition) AND TS=(“Decision Making” OR "decision-making") AND TS=(“Intensive Care” OR “Life Threatening Illness*” OR “Life Threatening disease*” OR “Life Threatening condition*” OR “Emergency patient*” OR “Critically ill*” OR “critical care” OR “critical illness*” OR “critical disease*” OR “critical condition*” OR “critical setting*” OR “emergency care” OR “critical patient*”)	122

TABLE 11
ProQuest Dissertations & Theses Citation Index (Web of Science) (June 12, 2025)

Research	Expression	Results
#1	TS=(Nurs*)	97 023
#2	TS=(Insight OR “Clinical perception*” OR “Gut feeling” OR intuition)	243 095
#3	TS=(“Decision Making” OR "decision-making")	137 316
#4	TS=(“Intensive Care” OR “Life Threatening Illness*” OR “Life Threatening disease*” OR “Life Threatening condition*” OR “Emergency patient*” OR “Critically ill*” OR “critical care” OR “critical illness*” OR “critical disease*” OR “critical condition*” OR “critical setting*” OR “emergency care” OR “critical patient*”)	14 258
#5	TS=(nurs*) AND TS=(Insight OR “Clinical perception*” OR “Gut feeling” OR intuition) AND TS=(“Decision Making” OR "decision-making") AND TS=(“Intensive Care” OR “Life Threatening Illness*” OR “Life Threatening disease*” OR “Life Threatening condition*” OR “Emergency patient*” OR “Critically ill*” OR “critical care” OR “critical illness*” OR “critical disease*” OR “critical condition*” OR “critical setting*” OR “emergency care” OR “critical patient*”)	38

Appendix II: Data extraction tool

Data extraction tool based on the JBI Model

TABLE 12
Data extraction tool based on the JBI Model

Scoping Review Details	
Scoping Review title:	Outcomes of the use of intuition in nurses' decision-making in the care of people in critical situations: a scoping review protocol
Review objective/s:	This scoping review aims to map the available scientific evidence regarding the outcomes of using intuition in nurses' decision-making when caring for individuals in critical situations.
Review question/s:	What is the available evidence on the outcomes of the use of intuition in nurses' decision-making when caring for people in critical situations?
Inclusion/Exclusion Criteria	
Population	Nurses
Concept	Outcomes of the use of intuition in decision-making
Context	Critical care
Types of evidence source	Quantitative, qualitative, and mixed-methods studies. Primary studies, as well as systematic reviews will be considered
Evidence source Details and Characteristics	
Citation details (e.g. author/s, date, title, journal, volume, issue, pages)	
Country	
Context	
Participants (details e.g. age/sex and number)	
Types of evidence source	
Review objective/s:	
Details/Results extracted from source of evidence (in relation to the concept of the scoping review)	
E.g. Quality of Life Domains assessed	
E.g. Number of items in tool	
E.g. details of psychometric validation of tool	