

# INTRODUCTION

The ability to think critically is an essential element of higher education and more specifically, nursing education (*Daly, 1998, Kurfiss, 1988, McPeck, 1981 and Thompson and Rebesch, 1999*). Nurses require critical thinking to manage the increasing acuity of patients and to adjust to the constantly changing nature of the health care system. Nurse educators are integral to the educational interaction, thereby having the potential to facilitate positive critical thinking abilities and dispositions of students. It is important to understand how critical thinking abilities of nurse educators impact upon nursing students' abilities to think critically and how nurse educators can assist students to attain the skills necessary to provide quality nursing care *Abegglen and O'Neill, (1997) and Adams,( 1999)*. The skills nurses need to provide quality nursing care include problem-solving and decision making, both of which are integral to one's ability to critically think through complex and intricate nursing situations. Exploring the critical thinking of nurse educators is a necessary step to gain heightened awareness and knowledge related to the intricate workings of critical thinking in a nursing context *Raymond, (2005)*.

*Edwards, 2006* added that, to deal effectively with rapid change nurses need to become skilled in higher-level thinking and reasoning. Critical thinking is relevant to nursing practice and can be used when situations or problems arise whereby there is no definitive answer or make it easier to find solutions. There is not always theoretical evidence to support practice, therefore, nursing needs to incorporate into its practice critical thinking processes to provide new answers to practical



questions, which may not be answered with traditional research methods. Everyday nurses sift through an abundance of data and information to assimilate and adapt knowledge for problem clarification in an attempt to find solutions. Nurses need to be able to come up with solutions, make decisions, and solve unique and complex problems.

*Petrini, (2001a )and Petrini, (2001b)* described critical thinking , in relation to nursing professionalism as the strong knowledge that can analyses multiple nursing interventions and potential outcomes or effects of interventions. In the recent climate of nursing education in particularly, western orientation there is a growing focus on how the conceptual definitions of critical thinking can be transformed into methodologies for teaching critical thinking throughout the curriculum.

Critical thinking is that mode of thinking - about any subject, content, or Problem - in which the thinker improves the quality of his or her thinking by skillfully taking charge of the structures inherent in thinking and imposing intellectual standards upon them *Scriven & Paul, (2004).*

The definition of critical thinking in nursing has been used interchangeably with other terms such as problem solving, clinical decision making, nursing process, and creative thinking *Worrell& McGrath, (2006)*

Nurses use critical thinking for several purposes, including applying professional and technical knowledge and skills in caring for clients. In these applications, critical thinking is the best guarantee that nurses will have successful outcome *Roussel, et .al., (2006).*



The nursing process is a process by which nurses deliver care to patients. It is often supported by nursing models or philosophies. The nursing process was originally an adapted form of problem-solving and is classified as a deductive theory *Wikipedia, (2007)*

*Ellis & Bentiz, (2007)* added that the nursing process provides a framework for critical thinking and is at its best when critical thinking is incorporated into it. If nursing process is conceptualized as cyclical in nature, with every other component, and with critical thinking at the center, you can approach care in a thoughtful, questioning, analytical way.

Problem solving is a process to help find a problem and then resolve the problem. Critical thinking goes beyond this. Clinical decision-making sets about to resolve issues of a clinical nature, and as such does embrace a component of critical thinking. There is no doubt that skills nurses need to provide quality-nursing care include problem solving and decision-making *Raymond and Profetto-McGrath, (2005)*. The combination of knowledge and imagination is required for both and there is evidence of a natural marriage between problem-solving, decision-making and critical thinking.

In dealing with psychiatric patients, the nursing process can present unique challenges. Mental health problems may be vague and elusive, not tangible or visible like many physiological illnesses. Mental health problems also can show different symptoms and arise from a number of causes. Many psychiatric patients are initially unable to describe their problems. They may be withdrawn, highly anxious, or out of touch with reality. Their ability to participate in the problem –solving process also may be limited if they see themselves as powerless victims or if their

illness impairs them from fully engaging in the treatment process (*Stuart & Laraia, 2005*).

Effective assessment, diagnosis and monitoring are central to the nurse's role and are dependent upon theory, as well as upon understanding the meaning of the health or illness experience from the perspective of client. This knowledge, integrated with the nurse's conceptual model of nursing practice, provides a framework for processing client data and for developing client \_focused plan care. The nurse makes professional judgments regarding the relevance and importance of this data, and acknowledges the client as a valued and respected partner throughout the decision-making process (*Canadian Federation of Mental Health Nursing, 2005*).

It is essential that the nurse and the patient become partners in problem-solving process. Nurses may be tempted to exclude patients, particularly if they resist becoming involved, but this should be avoided for tow reasons. First, learning is most effective when patients participate in the learning experience. Second, by including patients as active participants in the nursing process, the nurses helps restore their sense of control over life and their responsibility for action. They reinforce the massage that patients, whether they have an acute crisis or a serious and persistent mental illness, can choose either adaptive or maladaptive coping responses (*Laskowski, 2001*).