



Research Article

Probing Concept of Critical Thinking in Nursing Education in Iran: A Concept Analysis



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SUMMARY

Purpose: Given the wide disagreement over the definition of critical thinking in different disciplines, defining and standardizing the concept according to the discipline of nursing is essential. Moreover, there is limited scientific evidence regarding critical thinking in the context of nursing in Iran. The aim of this study was to analyze and clarify the concept of critical thinking in nursing education in Iran.

Methods: We employed the hybrid model to define the concept of critical thinking. The hybrid model has three interconnected phases—the theoretical phase, the fieldwork phase, and the final analytic phase. In the theoretical phase, we searched the online scientific databases (such as Elsevier, Wiley, CINAHL, Proquest, Ovid, and Springer as well as Iranian databases such as SID, Magiran, and Iranmedex). In the fieldwork phase, a purposive sample of 17 nursing faculties, PhD students, clinical instructors, and clinical nurses was recruited. Participants were interviewed by using an interview guide. In the analytical phase we compared the data from the theoretical and the fieldwork phases.

Results: The concept of critical thinking had many different antecedents, attributes, and consequences. Antecedents, attributes, and consequences of critical thinking concept identified in the theoretical phase were in some ways different and in some way similar to antecedents, attributes, and consequences identified in the fieldwork phase. Finally critical thinking in nursing education in Iran was clarified.

Conclusion: Critical thinking is a logical, situational, purposive, and outcome-oriented thinking process. It is an acquired and evolving ability which develops individually. Such thinking process could lead to the professional accountability, personal development, God's consent, conscience appeasement, and personality development.

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Introduction

Critical thinking (CT) is a fundamental component of management, decision making, clinical judgment, professional achievement, and effective cooperation in the community (Akyuz & Samsa, 2009). The development of CT among nursing graduates is so important that education experts refer to it as the main goal of all educational endeavors. They believe that CT is the main outcome of higher education and a key factor in program accreditation (Staub, 2003). The Essentials of Baccalaureate Education for Professional Nursing Practice have referred to CT as an important competency for nursing students (World Federation for Medical Education, 2009). Despite the consensus between experts and scholars over

the importance of CT, there is considerable disagreement over its nature and definition. Researchers tend to define the concept based on their own disciplines—such as philosophy, psychology and education (Demir, Bacan, Tarhan, & Dombay, 2011).

The same problem exists in nursing. Most nursing educators have consensus over the importance of CT; however, few of them have agreement on a single, comprehensive definition of the concept (Spencer, 2008). Application of CT in nursing has yielded to some degree of confusion and uncertainty. Such confusion and uncertainties happen when nurses, nurse educators, and students use CT interchangeably with other relevant expressions and concepts that have different meanings (Jenkins, 2011). On the other hand, despite the clear consensus over the importance of CT, the effects of cultural beliefs on this concept have still remained unknown (Demir et al., 2011). Jenkins reported that there is inadequate evidence regarding the cross-cultural perspectives on CT. She, therefore, recommended more studies for determining the central components of the concept and also for developing its

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flexible and applicable constructs. Consequently, defining and standardizing the concept according to the discipline of nursing seems essential. Moreover, clarification of the concept and identification of its attributes, antecedents, and consequences would help researchers develop valid instruments for evaluating nurses and nursing students' critical thinking ability. On the other hand, there is limited scientific evidence regarding critical thinking in the context of nursing in Iran. The purpose of this study was to analyze and clarify the concept of critical thinking in nursing education in Iran.

Methods

We employed the hybrid concept analysis model (henceforth, briefly referred to as the hybrid model) to perform an in-depth analysis of the concept of CT. In the hybrid model, theoretical analysis of the literature and the analysis of the empirical data are employed to analyze, refine, and define the concept of interest (Rodgers & Knafli, 1993). Employing both theoretical and empirical data overcomes the limitations of the current definitions and provides a comprehensive context-based definition of the concept. The hybrid model has three interconnected phases—the theoretical phase, the fieldwork phase, and the final analytic phase. The theoretical phase focused mainly on the analysis of the theoretical data retrieved from the literature. This phase leads to an operational definition of the concept. During the fieldwork phase, the theoretical definition is refined through qualitative analysis of the empirical data obtained from key informants. In the final analytic phase, theoretical data are compared with the empirical data to provide a refined definition of the intended concept (Schwartz-Barcott, Patterson, Lusardi, & Farmer, 2002). Consequently, the final definition is supported by both theoretical and empirical data. We went through all the aforementioned phases of the hybrid model to provide a comprehensive literature-derived and context-based definition of CT in the context of Iranian nursing education system.

Theoretical phase: literature review

Schwartz-Barcott and Kim (1993) emphasized the need to search the literature extensively. Once the literature has been gathered, the focus is on identifying the essential nature or the “essence” of the concept in the form of attributes. The attributes are not dictionary definitions, but represent the “real” definition of the concept (Rodgers & Knafli, 1993). Schwartz-Barcott and Kim used the literature to explore the relative strengths and weaknesses of the various definitions to produce a tentative definition.

We conducted an internet-based literature review to retrieve studies published between 1990 and 2013. The search key terms were “critical thinking”, “nursing”, “education”, and “nursing education”. We searched both international databases (e.g., Elsevier, Wiley, CINAHL, Proquest, Ovid, and Springer) as well as national Iranian databases (e.g., SID, Magiran, and Iranmedex). Initially, 829 full-text articles and 771 abstracts were retrieved. However, many of the retrieved documents were the same articles indexed in multiple databases. After removing those repetitive documents, 375 articles remained in our study database. Thereafter, we read the title and abstract of the retrieved articles and selected only those that had defined or analyzed the concept of CT. Finally, 35 articles were included in the final analysis. While reading and examining the retrieved studies, we searched for the definitions, attributes, antecedents, and consequences of CT. We extracted the definitions, attributes, antecedents, and consequences of the concept and inserted them into separate documents. Finally, we compared the retrieved definitions, attributes, antecedents, and consequences and produced a comprehensive list.

Definitions of CT in nursing education

Many scholars have emphasized the importance of CT for nurses (Brooks & Shepherd, 1990; del Bueno, 1992; Ford & Profetto-McGrath, 1994; Miller & Malcolm, 1990). The Watson and Glaser's (1980) definition of CT is very close to the definition of nursing process and hence, is the most common definition of the concept in nursing literature. They referred to critical thinking as the composite of attitude, knowledge, and skills that include “defining a problem, choosing information for solution, recognizing stated and unstated assumptions, formulating and selecting relevant and promising hypotheses, drawing conclusions, and judging the validity of the inferences” (Watson & Glaser).

CT is the rational explanation of ideas, inferences, principles, arguments, and assumptions which yields to consequences, outcomes, statements, opinions, and actions (Bandman & Bandman, 1995). According to Kataoka-Yahiro and Saylor (1994), critical thinkers consider more than one solution for each nursing problem. They are committed to the cognitive process of dialectic thinking. Dialectic thinking, in turn, is focused on a nurse's open-mindedness, mental curiosity, and skepticism which may accordingly lead to the development of conflict-solving and problem-solving abilities (Brookfield, 1987). CT is reflective and rational thinking and decision-making about those nursing problems that have more than one solution (Kataoka-Yahiro & Saylor). It is the process of repeated synthesis of relevant information, examination of assumptions, identification of patterns, prediction of outcomes, generation of options, and selection of actions (Jacobs, Ott, Sullivan, Ulrich, & Short, 1997).

Oermann (1997) considered CT as a thinking process which leads to effective problem solving and decision making (Bethune & Jackling, 1997; Simpson & Courtney, 2002; Tanner, 1993). The process of CT encompasses critical, creative thinking and embodies the re-arrangement of ideas and concepts in an unprecedented way, which finally leads to the formation of innovative ideas and concepts (Gendrop & Eisenhauer, 1996). Scheffer and Rubinfeld (2000) referred to CT as an essential component of the professional accountability and quality nursing care. According to Alfaro-LeFevre (2004) and Daly (1998), CT is a key feature of nursing knowledge, education, and practice and a purposeful outcome-oriented thinking that is derived from patients' needs and is guided by professional standards. Moreover, it is a regularly re-evaluated and self-corrected process that aims at constant improvement (Alfaro-LeFevre; Daly).

Landis and Michael (1981) and Ennis and Milleman (1985), (as cited in Fero et al., 2010) noted that CT is reflective and rational thinking that focuses on decision making about our beliefs and actions. They also noted that CT encompasses the ability to compare and contrast alternative decisions. Based on this definition, the key elements of CT include the ability to search and comprehend the relevant information. Moreover, it is associated with “knowledge, reasoning, cognitive skills, identification, and exploration of alternative frames of reference” (Fero et al.). Simpson and Courtney (2002) defined CT as the basic cognitive process for the development and the application of knowledge which can be applied to problem solving and decision making in different social, ethical, managerial, or political situations.

Bartol (2008) examined the definitions of CT in the nursing literature and found that CT “requires knowledge”, “assumes maturity”, “is more than a set of skills”, “involves deductive and inductive reasoning, analysis and synthesis”, “includes feelings and reflection”, and “challenges the status quo”. Özdemir (2005) reported that CT consists of mental and rational abilities of an individual. These abilities include but are not limited to the ability to identify knowledge, apply different criteria to decision making, provide relevant evidence before accepting others' ideas and claims

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