

# Role of critical thinking in the nursing field

[Life](#), [Emotions](#)



Hoffman and Elwin's (2003) article examines 'The Relationship Between Critical Thinking and Confidence in Decision Making' for new graduate nurses. The authors aim to prove that no correlation exists between higher order reasoning of new graduates and their ability to make sound clinical choices in relation to patient management. Critical thinking in the nursing field is defined as decision making based on the analysis of clinical problems through reflection and reasoning to ensure optimum patient outcomes.

US and UK studies found no link between critical thinking and clinical decision making while Korean research identifies a positive correlation. Underlying the significance of Hoffman and Elwin's study is the lack of evidence supporting a link between the two. The hypothesis states no relationship exists between confidence in decision making and critical thinking for graduate nurses. The sample population comprised 83 graduates from 11 universities across metropolitan and regional NSW, Australia.

Using correlation design over twelve months, responses from two groups were collected using the 80 question Watson & Glaser Critical thinking assessment tool (WGCTA), a 'Confidence in decision making scale,' 0-5 range, and demographic questionnaires. Data was collected and analysed using SPSS spreadsheet and database respectively. Results demonstrate a weak negative correlation between critical thinking and decision making for new nursing graduates. As scores for critical thinking increased a reduction in confident decision making was observed.

Therefore graduates can be grouped as those who think too critically and those who think less critically. The first group of individuals may reach <https://assignbuster.com/role-of-critical-thinking-in-the-nursing-field/>

accurate clinical conclusions but time taken may adversely affect patient outcomes. Conversely, a graduate who thinks less critically may be overconfident taking less time to consider clinical variables, ultimately placing patients at risk. The hypothesis is therefore rejected. Recommendations are made to encourage a future clinical environments supportive of practitioners who question decision making.

Firstly, a need exists for postgraduate training opportunities which reinforce the study findings. Secondly, research addressing the shortfalls of sampling design in this particular study should be conducted. Criteria | Evaluation | Author Credentials ; Bias| Strength: Analysis of Hoffman ; Elwins paper shows the authors are well positioned to research and report on the link between critical thinking and decision making in the nursing field. Both parties' possess their masters degree in nursing and are registered for practice with Hoffman holding an additional Bsc.

In addition to academic qualifications both parties are employed as nursing educators. Weakness: Bias may exist in the authors findings. As both Hoffman and Elwin are nursing professionals and educators the papers scope ; objectivity can be questioned. Recommendations for future training and research may be seen as self-serving. The inclusion of a third party professional from outside the nursing field may provide a complimentary perspective. | Accuracy and Consistency of Data| Strength: Data has been gathered using recognised reporting tools that are based on established criterion.

The use of these tools may encourage future researchers to employ the same methods to promote accuracy and consistency when comparing  
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existing data with that collected during future research. Weakness: The accuracy and consistency of data within the research paper can be questioned. Variations in reported sample size exist in the report and will lead readers to doubt the validity of additional data. | Data Collection/Analysis| Strength: The set of instruments used in data collection can be considered sound.

The combination of graduate background information and recognised tools such as the WGCTA and 'Confidence in decision making scale' allows for consistency in comparison with previous research findings. Correlations found in the data can therefore be considered significant. Weakness: As the authors acknowledge the use of a 'convenience sample', the reader should conclude that study results are generalised and not representative of regional, state, or national populations.

Increased sample size, equal number of rural and metropolitan graduates, and more detail on individual's age, gender, and learning institution would increase data credibility. Graduate IQ or GPA may also play a role in critical thinking and/or decision making and be included as an additional variable. | Analysis Methods and Relevance of Data| Strength: The author's reference list cites 16 papers from various countries around the world. This indicates that widespread and applicable investigation into the relationship between critical thinking and decision making in graduate nurses has been conducted. Methods of analysis such as the WCGTA and 'Confidence in Decision-making Scale' employed in earlier research allows for comparison of findings. Weakness: Despite the relevance of resources and suitability of analysis tools, some may be considered out of date. Although studies cited in the

literature review are as recent as 2000, Watson ; Glasers' critical thinking appraisal tool dates to 1980. In addition Rhodes' work from 1985 gave rise to the ' Confidence in Decision-making Scale'. The use of these tools in an environment as dynamic and ever changing as nursing could suggest lack of research on behalf of the authors, or a desire to reach preferred conclusions.

Sample Size| Strength: The small sample size of 83 graduates participating in the twelve month study allows for close communication between researcher and subject. This may result in improved data quality highlighting local trends and issues specific to the region. It should also be noted that participants contributed to the study over the twelve month period as there is no mention of withdrawal.

Weakness: The use of a ' convenience sample' comprising such small numbers cannot be considered representative of target populations at regional, state, or national levels.

An increase in the number of participants to represent a greater proportion of the local graduate population would improve both integrity and usability of study findings.

| Criteria| Evaluative comments| 1. What difficulties did you encounter completing this task? | Initial comprehension of the paper was difficult and time consuming but central to the task. When evaluating the paper many of my selected criteria specifically sample size, data collection, and data analysis contained elements which overlapped. This made it difficult to stay on track. | 2.

What did you find challenging, but interesting about this task? | Separating the content from the exercise itself. I'm really not interested in details relating to the nursing profession but skilled summarising and critical thinking/evaluation are academic fundamentals. | 3. Why would TPP 101

have set this type of a task? What are the learning outcomes of this task? (See your course outline). | To establish academic skills that can be built on. Skills developed here will assist in completing Task 2. Learning outcomes for participants are to understand, think, learn, communicate, and value. 4. How will you be able to use the skills formed in this task in your future studies? | These skills will be applied not only to Task 2, but to most if not all future assessment pieces. Active critical thinking/assessment outside of university is also of value. | 5. Define three new words that were new to you in this journal article. | 1. Meta-Cognitive - awareness and understanding of one's own thought processes. 2. Negative Correlation - as the values for one variable increase, the values of the second variable decreases. 3.? |