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Short Communication

The Relevance of Critical Thinking for the Selection of the Appropriate Nursing Diagnosis

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Abstract

To date, it has been produced a vast amount of literature about critical thinking and clinical decision-making in nursing.

In this paper, we present the point of situation about the complexity of clinical reasoning in nursing and its impact on the nursing diagnosis process. One of the greatest expressions of nurses' autonomy is their diagnostic activity, which is a decision-making process that uses critical thinking.

Keywords: *Nursing Process; Nursing Diagnosis; Thinking; Nursing*

Critical thinking

Critical thinking is often considered a prerequisite for adequate decision making [1]. There are several authors who have focused on the conceptualization of this process defining it as: An analytical, dynamic and intentional process that results in informed decisions and judgments [2], arising from an interactive and reflective reasoning to make a judgment about what was done, or what we believe [3], which is a consequence of a set of cognitive dispositions and skills such as analysis, inference and evaluation [2].

A Delphi study that included 51 expert nurses from nine countries identified seven skills (cognitive components) of critical thinking in nursing: analysing, applying standards, discriminating, information seeking, logical reasoning, predicting, and transforming knowledge. Associated with these competences were ten affective components: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection [4]. Cognitive skills and habits of thought are interlinked and facilitate the decision-making process.

For Riegel and Crossetti [5] critical thinking is not a method to be learned, but rather a process that incorporates affective and cognitive domains, a skill needed by nurses to diagnose, contributing to the safe delivery of nursing care.

Nursing decision-making process

Critical thinking underpins nursing decision making, which, according to Thompson [6], is "decisions made by nurses, directly related to nursing diagnoses or interventions in clinical contexts"; (p. 1222). The decision-making process is a dimension of the operationalization of nursing knowledge.

The decision-making process in nursing has been studied by several authors, and it is currently possible to divide it into three theoretical categories. At first, there were only two currents associated with the decision-making and nursing process: the systematic-positivist and the intuitive-humanist [6]. The first one takes place in a previously defined and explicit sequential process, based on Newel and Simon's theory of information processing. This theory stipulates that the decisions related to problem analysis and resolution is objective, positivist and can be reduced to facts and linear processes; on the other hand, the intuitive-humanist current, focused on Patricia Benner, is based on the process as a whole, a naturalistic approach, not easily reducible and therefore does not present a logical scheme [7,8].

The third category was presented by Carl Thompson in 1999 in the article "A conceptual treadmill: the need for 'middle ground' in clinical making theory on nursing" which is based on cognitive continuum Hammond theory. This proposal articulates the strengths of each of the previous theories, as it suggests that decision making is influenced by the activity to be developed, taking place in a continuum that varies from the pole of pure intuition, through a system of support to judgment, to the pole of experimental investigation, depending on the activity structure, the amount of information and the time to make the decision [6-8]. The cognitive continuum contributes for the selection of the best possible decision among the available options, always bearing in mind the fallibility of all forms of human judgment, whether intuitive or rational [9].

A pioneering naturalistic and ethnographic study, conducted by a Portuguese researcher, Élvio Jesus [7] on clinical decision making in nursing, concluded that this process essentially takes place in five categories of cognitive strategies in a continuous, interrelated and similar process to that proposed by the Hammond's theory of cognitive continuum. The continuums that emerged from the proposed decision model are: interact, intervene, know the client, solve problems and evaluate. The proposed model points to the existence of a general pattern of decision making that, in a broadest sense, refers to the process of nursing care delivery.

Through the model proposed by Jesus [7], we believe that diagnosing in nursing is part of an interrelated dynamic, which occurs essentially in the continuum of knowing the patient (obtaining additional information, relating and interpreting data, formulating hypotheses and inferring judgments).

The nursing diagnosing process

We believe that the cognitive continuum model contributes to improve the accuracy of the nursing decision-making process [10], which includes the nursing diagnosis. From what we previously stated, diagnosing in nursing is a complex process that involves several personal and contextual dimensions, where the various domains of the human condition: the biological, the psychic, the social, the cultural, as well as the spiritual, contribute to this complexity [11].

So, when diagnosing, the nurses should mobilize their critical thinking for decision making, combining their expertise with the best available scientific evidence. The following scheme, figure 1 summarizes the conceptual framework of nursing diagnosis.

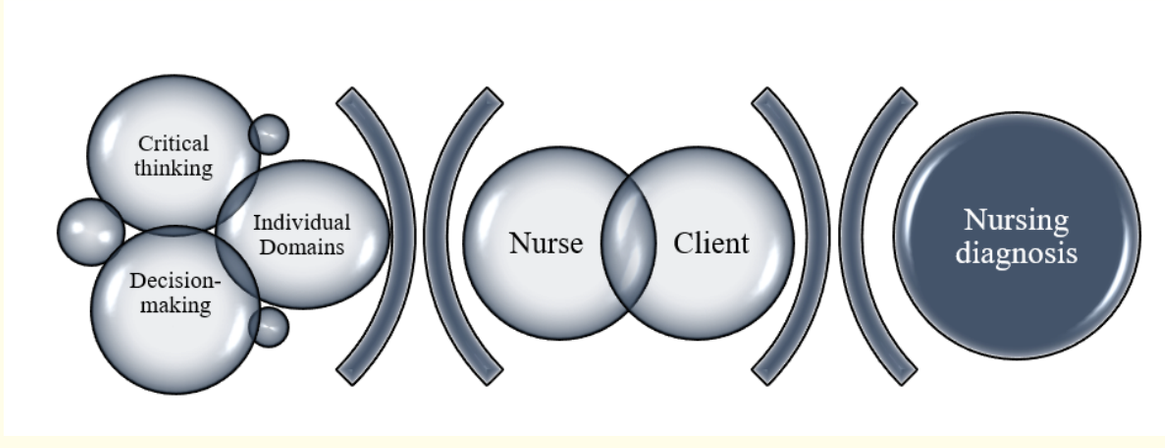

Figure 1: *Nursing diagnostic process.*

The nursing diagnosis reflects the clinical decision of the nurse. It is one of the stages of the nursing process, which allows the selection of the interventions to be implemented. It can be defined as "a clinical judgment about a human response to health conditions/life processes, or a vulnerability to such a response, from an individual, a family, a group or a community" [12].

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