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Critical Thinking Disposition among Nurses Working in Puplic Hospitals at Port-Said Governorate

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ABSTRACT

Aim: This study aimed to investigate critical thinking disposition among nurses working in Public Hospitals in Port-Said Governorate.

Methods: A descriptive research design was conducted in this study. Totally 196 respondents were chosen by systemic random sampling, to take part in the study as the sample. Data was collected from April to September in 2015. Tools of data collection: A personal and job characteristics data sheet and California Critical Thinking Disposition Inventory(CCTDI) were used.

Results: The results revealed that the total critical thinking disposition score mean was 257.05 ± 20.16 and the highest score mean was 48.67 ± 6.28 for inquisitiveness subscale, while the lowest score mean was 21.36 ± 7.19 for the truth-seeking subscale. Also, none of the personal & job characteristics showed statistically significant relations with the total critical thinking disposition.

Conclusion: More than three quarters of the nurses had an ambivalent disposition toward critical thinking, and most nurses' scores indicated a negative tendency towards truth-seeking. So the findings pointed for upgrading nurses' critical thinking through educational programs and a need for more problem-based learning with advanced teaching strategies in clinical areas.

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1. Introduction

The complicatedness and dynamic nature of the health care workplace, besides the need for the patient-centered care accompanied with the evidence-based practice, combine to spotlight critical thinking (CT) as a very important proficiency in education and in professional practice [1]. Critical thinking is proved to be a crucial factor to ensure safe, competent patient care and it is also related to the success of graduate nurses in their transition to clinical practice [2].

Nurses work in many different roles and settings either directly or indirectly related to patient care [3]. Critical thinking has drawn special attention within quality improvement. Nurses are expected on a daily basis to provide high-quality care for their patients. Such nurses make use of their critical thinking skills to manage quality improvement initiatives effectively by coaching staff and/or their peers in various ways so as to improve patient care [4].

Nurses must think critically to provide effective care while coping with the expansion in role associated with the complexities of current health care systems. Nurses use critical thinking skills every day to assess, plan for and provide quality of patient care [5]. Critical thinking is a featured procedure of nurses' work as the evolving role of the professional nurse from the traditional function of being task oriented - such as reporting and recording - to the function oriented one - a nurse who solves problems, makes decisions, acts as educator and change agent - requires nurses to be critical thinkers [6].

Critical thinking is generally denoted as a meaningful, self-regulatory assessment, which comes out with analysis, evaluation, interpretation, and inference so as to reach a judgment based on concepts, evidence, criteria, methodologies, and contextual considerations [7]. Critical thinking is an intellectual process that incorporates discerning examination of data to encourage clinical thinking, judgment and basic leadership [8]. It is generally acknowledged that critical thinking is a complicated process whose segments incorporate intellectual abilities and attitudinal dispositions [9,10].

Critical thinking is made up of two main domains: the cognitive

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and disposition skills. Cognitive skills allude to nurses' capability to participate in activities like explanation, inference, analysis, assessment, and self-adjustment to specific issues, decisions or judgments. While, disposition to think critically can be defined as consistent willingness, motivation, inclination and an intention to be engaged in critical thinking while reflecting on significant issues, making decisions and solving problems [11].

In nursing, critical thinking is a vital segment of professional accountability [12]. And is the ability to think in a systematic and logical manner with openness to question and reflect on the reasoning process used to ensure safe nursing practice and quality care [13]. Critical thinking is used when they identify patient problems, plan of care, and administrate the care process. Without the cautious examination of all features of patient care, the result reached may deliver more mischief than good on the patient [14].

Critical thinking is linked to the success of graduate nurses in their transition to clinical practice [2]. So as to achieve success in their workplace, nurses have to practice and share in independent and group work problem-solving activities, acquire and evaluate information, take ownership and responsibility, use resources and use technology [15]. Moreover, the critical thinking process will upgrade the nurses' ability to point out the clinical indicators, evaluate their significance, discuss areas for improvement and work efficiently in complex health care settings [16–18]. Additionally, the critical thinking ability is likewise depicted as minimizing the research–practice gap and confirming the nursing based on evidence [19].

1.1. Significance of the study

Critical thinking is very crucial in the nursing profession given its utmost consideration upon the care that patients get. The limit of the nursing proficient to accomplish upgrades in the quality of care depends, substantially, upon developing critical thinking skills in order to improve diagnostic decisions [20].

2. Aim of the study

The aim of this study is to investigate critical thinking disposition among nurses working in Public Hospitals in Port-Said Governorate.

2.1. Research questions

1. What is the critical thinking level among staff nurses?
2. What is the highest and lowest critical thinking subscale among staff nurses?
3. Is there a relationship between nurses' critical thinking disposition and their personal and job characteristics?

3. Subjects and methods

3.1. Subjects

3.1.1. Study design

A descriptive research design was utilized in this study.

3.1.2. Study setting

This study was carried out in three public hospitals in Port Said Governorate, affiliated to the Ministry of Health; namely: El-Zouhour Hospital with the total capacity 71 beds, Port Said Public Hospital with the total capacity 189 beds and Port-Fouad Hospital with the total capacity 129 beds.

3.1.3. Study subject

A sample with total number (196) nurses was selected by systemic random sampling, recruited from the three public hospitals mentioned before - 53 from El-Zouhour Hospital, 98 from Port Said Public Hospital and 45 from Port-Fouad Hospital. The participants were chosen with no age limit, all available educational levels and their approval to share in the study.

3.1.4. Sample

The sample size was determined to measure critical thinking with a 95% confidence level, and 0.05 error tolerance according Slovin's formula [21].

$$n = N / (1 + Ne^2)$$

where:

n = Number of samples

N = Total population

e = Error tolerance

1 = A constant value

$$n = 388 / (1 + 388 * 0.05^2)$$

Accordingly, the required sample size is 196 nurses.

3.1.5. Tools of data collection

The tool consists of following sections

Section 1: Personal and job characteristics of the study subjects. It comprises: nurses age, gender, years of experience, marital status, educational qualification, and work place.

Section 2: California Critical Thinking Disposition Inventory (CCTDI).

The California Critical Thinking Disposition Inventory (CCTDI). It was developed by Ref. [22]. In which critical thinking and disposition toward critical thinking were conceptualized by a panel of the critical thinking experts. The aim of this tool was to assess the disposition of staff nurses toward critical thinking at the study setting. This tool was translated into Arabic and some modifications were done. It consists of 75 items divided into seven dispositional characteristics, namely: truth seeking (12 items), open mindedness (12 items), analyticity(11 items), systematicity (11 items), self-confidence (9 items), inquisitiveness(10 items), and maturity(10 items). Briefly, the truth seeking subscale measures the disposition of being eager to seek the best knowledge in a given context, courageous about asking questions, and honest and objective about following inquiry. The open-mindedness subscale measures being tolerant of divergent views and sensitive to the possibility of one's own bias. The analyticity subscale addresses the application of reasoning and the use of evidence to resolve problems. The systematicity subscale measures how a person is organized, orderly, focused, and diligent in inquiry. The self-confidence subscale measures the trust the soundness of one's own reasoning processes. The inquisitiveness subscale measures one's intellectual curiosity and one's desire for learning without considering any profit. Finally, the maturity subscale measures cognitive maturity and the disposition to be judicious in one's decision-making.

3.1.5.1. Scoring system. Subjects responses for CCTDI (75 items) were measured on a 6-point Likert Scale in which 6 = strongly agree and 1 = strongly disagree. For the negative items the score reversed. Total subscale scores range from 10 to 60. Scores from 41 to 60 indicate a strong a positive inclination toward critical thinking. Scores between 30 and 40 indicate an ambivalent

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