

Holistic Critical Thinking in the Nursing Diagnostic Process

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The constant and rapid changes in the world over the last decades as the result of social, political and economic determinants have caused changes in the health care of the globalized society with consequent modifications of the epidemiological profile, increase in the complexity of health problems and in the demand of individuals. These factors compel the different disciplines of knowledge, specifically in health, to adapt their care processes, aiming at finding solutions for the real or potential needs of the individual⁽¹⁾.

In this scenario, we emphasize Nursing, a social and humanistic health care practice discipline, which is structured in the science and art of prevention, diagnosis and treatment of human beings with knowledge, skill and care. This premise has mobilized nursing theorists to produce specific knowledge in teaching, research and care, seeking to develop, test and apply care technologies and instruments that guide the choice for better practices which are sensitive to the singularity of each individual and that person's life context and overall well-being.

To transfer this knowledge into the professional practice, it is critical that the nurses develop strong intellectual abilities as well as technical-scientific, ethical, aesthetic, and humanistic skills. Today and into the future the best nurses will demonstrate the ability to investigate, diagnose, set goals and intervene based on evidence, yet without losing the holistic perspective. Critical holistic thinking is most clearly evident in the nursing diagnosis process because "getting the problem right" is the first and most important step in solving the problem. The application of strong critical thinking, in conjunction with good clinical data and solid knowledge, is essential if an accurate diagnosis is to be made, a diagnosis which takes all the relevant factors into consideration⁽¹⁾.

Critical thinking is the process of forming a reflective judgment concerning what to believe or what to do in any given context⁽²⁾. It is reflective, meaning that it is open to self-monitoring and self-correction. It applies cognitive skills, including analysis, inference, evaluation, interpretation, and explanation. More than skills alone, strong critical thinking is driven by the consistent internal motivation to apply those skills. An orientation toward truth-seeking, inquisitiveness, confidence in reasoning, organization, foresight, and maturity of judgment characterizes strong critical thinkers. Individuals are capable of developing into strong critical thinkers, and so are groups or teams which work together on problems.

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Nurses with strong critical thinking do not function as clinical robots. Because it is fundamentally reflective, critical thinking enables the critical thinker to consider the way problems are framed, the quality of the evidence, the appropriateness of the methods, the reasonableness of the criteria, the applicability of theories and principles. Rather than reacting to clinical situations automatically or unreflectively, the nurses with strong critical thinking will consider a wide variety of factors including the clinical data and the patient's life and family situations⁽¹⁾. Thus, intersubjectivity and dialogue are constructs of this process that reveal fundamental existential phenomenological aspects when professionals are willing to be with the patient to find authentic care.

This is a challenge still to be overcome, as high technology insertion within the hospitals is demonstrated, favoring high-precision treatment and monitoring diagnostic methods and qualifying nurses' practices. However, the misuse of these technologies too often leads to the (de)humanization of patient and family care. This is a paradigm in hospitals where nursing is reduced to the minimalist biomedical model, despite the self-evident call for more fully humanized models in health care⁽³⁾.

Transforming clinical practice from robotics to thoughtful humanistic care giving begins in an education that takes as an essential goal the development of critical thinking. By treating the students as human beings fully capable of reflective thinking, the teacher is already acknowledging the importance of considering the whole human being, which is what the program will enable the student to do when he enters professional practice⁽³⁾. In this context, thinking about thinking in a holistic perspective is revealed and its historicity and temporality, which define the individual's way of being and existing in the world with others in the health-disease process, are considered as a unified whole in clinical decision-making⁽¹⁾. This presupposes the need for a differentiated care that considers the uniqueness of this human being⁽³⁾.

In this regard, Holistic Critical Thinking proves to be an essential tool in teaching the diagnostic process in nursing. The Holistic Critical Thinking is an orientation, one that draws together and unifies all the relevant elements of a patient's clinical and human situation⁽²⁾. To think holistically is to conceive of the patient's well-being as an integrated whole, not just as a momentary clinical issue or problem to be treated in isolation of the rest of the person's health and life circumstances⁽³⁾.

Therefore, models that can contribute to the measurement or evaluation of Holistic Critical Thinking (HCT) are necessary in curricular practices to identify the need to define active learning teaching strategies aimed at developing through exercise and reflection thoughtful prevention, diagnostic, and treatment processes⁽⁴⁾.

Holistic Critical Thinking in nursing emerges as a possibility to enable nurses to work in a diverse and/or adverse scenario. The holistic approach comprises the participation of individuals in their totality, that is, brain and spirit, body and mind, reason and emotion are part of a dynamic and interconnected whole, present in the process of caring for and with others human beings⁽³⁾.

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