

## Chapter 2. Critical Thinking & the Nursing Process

### Multiple Choice

Identify the choice that best completes the statement or answers the question.

- \_\_\_\_\_ 1. Which of the following characteristics do the various definitions of critical thinking have in common? Critical thinking:
- 1) Requires reasoned thought.
  - 2) Asks the questions “why” or “how”.
  - 3) Is a hierarchical process.
  - 4) Demands specialized thinking skills.
- \_\_\_\_\_ 2. A few nurses on a unit have proposed to the nurse manager that the process for documenting care on the unit be changed. They have described a completely new system. Why is it important for the nurse manager to have a critical attitude? It will help the manager to:
- 1) Consider all the possible advantages and disadvantages.
  - 2) Maintain an open mind about the proposed change.
  - 3) Apply the nursing process to the situation.
  - 4) Make a decision based on past experience with documentation.
- \_\_\_\_\_ 3. The nurse has just been assigned to the clinical care of a newly admitted patient. To know how to best care for the patient, the nurse uses the nursing process. Which step would the nurse probably do first?
- 1) Assessment
  - 2) Diagnosis
  - 3) Plan outcomes
  - 4) Plan interventions
- \_\_\_\_\_ 4. Which of the following is an example of theoretical knowledge?
- 1) A nurse uses sterile technique to catheterize a patient.
  - 2) Room air has an oxygen concentration of 21%.
  - 3) Glucose monitoring machines should be calibrated daily.
  - 4) An irregular apical heart rate should be compared with the radial pulse.
- \_\_\_\_\_ 5. Which of the following is an example of practical knowledge (assume all are true)?
- 1) The tricuspid valve is between the right atrium and ventricle of the heart.
  - 2) The pancreas does not produce enough insulin in type 1 diabetes.
  - 3) When assessing the abdomen, you should auscultate before palpating.
  - 4) Research shows pain medication given intravenously acts faster than by other routes.
- \_\_\_\_\_ 6. Which of the following is an example of self-knowledge? The nurse thinks, “I know that I:
- 1) Should take the client’s apical pulse for 1 minute before giving digoxin.”
  - 2) Should follow the client’s wishes even though it is not what I would want.”
  - 3) Have religious beliefs that may make it difficult to take care of some clients.”
  - 4) Need to honor the client’s request not to discuss his health concern with the family.”

- \_\_\_\_\_ 7. Which of the following is the most important reason for nurses to be critical thinkers?
- 1) Nurses need to follow policies and procedures.
  - 2) Nurses work with other healthcare team members.
  - 3) Nurses care for clients who have multiple health problems.
  - 4) Nurses have to be flexible and work variable schedules.
- \_\_\_\_\_ 8. The nurse administering pain medication every 4 hours is an example of which aspect of patient care?
- 1) Assessment data
  - 2) Nursing diagnosis
  - 3) Patient outcome
  - 4) Nursing intervention
- \_\_\_\_\_ 9. How does nursing diagnosis differ from a medical diagnosis? A nursing diagnosis is:
- 1) Terminology for the client's disease or injury.
  - 2) A part of the client's medical diagnosis.
  - 3) The client's presenting signs and symptoms.
  - 4) A client's response to a health problem.
- \_\_\_\_\_ 10. Which statement about the nursing process is correct?
- 1) It was developed from the ANA Standards of Care.
  - 2) It is a problem-solving method to guide nursing activities.
  - 3) It is a linear process with separate, distinct steps.
  - 4) It involves care that only the nurse will give.
- \_\_\_\_\_ 11. What do critical thinking and the nursing process have in common?
- 1) They are both linear processes used to guide one's thinking.
  - 2) They are both thinking methods used to solve a problem.
  - 3) They both use specific steps to solve a problem.
  - 4) They both use similar steps to solve a problem.
- \_\_\_\_\_ 12. A nurse admits a patient to the unit after completing a comprehensive interview and physical examination. In order to develop a nursing diagnosis, the nurse must now:
- 1) Analyze the assessment data.
  - 2) Consult standards of care.
  - 3) Decide which interventions are appropriate.
  - 4) Ask the client's perceptions of her health problem.
- \_\_\_\_\_ 13. The nurse developed a care plan for a patient to help prevent Impaired Skin Integrity. She has made sure that nursing assistive personnel change the patient's position every 2 hours. In the evaluation phase of the nursing process, which of the following would the nurse do *first*?
- 1) Determine whether she has gathered enough assessment data.
  - 2) Judge whether the interventions achieved the stated outcomes.
  - 3) Follow-up to make verify care for the nursing diagnosis was given.
  - 4) Decide whether the nursing diagnosis was accurate for the patient's condition.

- \_\_\_\_\_ 14. In caring for a patient with comorbidities, the nurse draws upon her knowledge of diabetes and skin integrity. In a spirit of inquiry, she looks up the latest guidelines for providing skin care and includes them in the plan of care. The nurse provides skin care according to the procedural guidelines and begins regular monitoring to evaluate the effectiveness of the interventions. The nurse has demonstrated:
- 1) Full-spectrum nursing.
  - 2) Critical thinking.
  - 3) Nursing process.
  - 4) Nursing knowledge.
- \_\_\_\_\_ 15. The nurse is preparing to admit a patient from the emergency department. The transferring nurse reports that the patient is obese. The nurse has been overweight at one time and works very hard now to maintain a healthy weight. She immediately thinks to herself, "I know I tend to feel negatively about obese people; I figure if I can stop eating, they should be able to. I must remember how very difficult that is, and be very careful not to be judgmental of this patient." This best illustrates:
- 1) Theoretical knowledge.
  - 2) Self-knowledge.
  - 3) Using reliable resources.
  - 4) Use of the nursing process.

### Multiple Response

*Identify one or more choices that best complete the statement or answer the question.*

- \_\_\_\_\_ 1. Which aspects of healthcare are affected by a client's culture? Select all that apply.
- 1) How the clients views healthcare
  - 2) How the client views illness
  - 3) How the client will pay for healthcare services
  - 4) The types of treatments the client will accept
  - 5) When the client will seek healthcare services
  - 6) The environment where the healthcare services are provided
  - 7) The ease of accessibility of healthcare services

### Matching

Match the critical thinking attitude on the left with the appropriate example on the right.

- 1) Reading the instruction manual of a new glucose monitoring machine
- 2) Asking for help with a procedure because you have not done it before
- 3) Obtaining the latest research about a new diagnostic procedure even though the articles are difficult to find
- 4) Questioning the reason for a new staffing policy
- 5) Realizing your feelings about alternative medicine may interfere with the care you give a patient
- 6) Asking a patient's feelings about his cancer diagnosis
- 7) Questioning your feelings when a patient's family requests withholding nutrition for a terminally ill client

- \_\_\_ 1. Independent thinking
- \_\_\_ 2. Intellectual curiosity
- \_\_\_ 3. Intellectual humility
- \_\_\_ 4. Intellectual empathy
- \_\_\_ 5. Intellectual courage
- \_\_\_ 6. Intellectual perseverance

Match the terms from the critical thinking model in your text with the correct example.

- 1) I wonder if my values about quality of life have affected my thinking?
  - 2) What should I have done differently?
  - 3) I need to talk with the client to make sure the family gave me the correct information.
  - 4) I have been through a situation like this before.
  - 5) There are several interventions that would work in this situation.
  - 6) I need to follow the steps in the procedure manual.
- 
- \_\_\_ 7. Contextual awareness
  - \_\_\_ 8. Inquiry
  - \_\_\_ 9. Considering alternatives
  - \_\_\_ 10. Analyzing assumptions
  - \_\_\_ 11. Reflecting skeptically

## Chapter 2. Critical Thinking & the Nursing Process

### Answer Section

#### MULTIPLE CHOICE

1. ANS: 1

The definitions listed in the text as well as definitions in Box 2-1 state that critical thinking requires reasoning or reasoned thinking. Critical thinking is neither linear nor hierarchical. That means that the steps involved in critical thinking are not necessarily sequential, where mastery of one step is necessary to proceed to the next. Critical thinking is a purposeful, dynamic, analytic process that contributes to reasoned decisions and sound contextual judgments.

PTS: 1

DIF: Moderate

REF: V1, p. 27; High level question, answer not stated verbatim

KEY: Client need: SECE | Cognitive level: Analysis

2. ANS: 2

A critical attitude enables the person to think fairly and keep an open mind.

PTS: 1

DIF: Moderate

REF: V1, pp. 27-28

KEY: Client need: SECE | Cognitive level: Comprehension

3. ANS: 1

Assessment is the first step of the nursing process. The nursing diagnosis is derived from the data gathered during assessment, outcomes from the diagnosis, and interventions from the outcomes.

PTS: 1

DIF: Easy

REF: V1, p. 33

KEY: Nursing process: Assessment | Client need: SECE | Cognitive level: Application

4. ANS: 2

Theoretical knowledge consists of research findings, facts, principles, and theories. The oxygen concentration of room air is a scientific fact. The others are examples of practical knowledge—what to do and how to do it.

PTS: 1

DIF: Moderate

REF: V1, p. 30; High level question, answer not stated verbatim

KEY: Client need: SECE | Cognitive level: Application

5. ANS: 3

Practical knowledge is knowing what to do and how to do it, such as how to do an assessment. The others are examples of theoretical knowledge, anatomy (tricuspid valve), fact (type 1 diabetes), and research (intravenous pain medication).

PTS: 1

DIF: Moderate

REF: V1, p. 30; High level question, answer not stated verbatim

KEY: Client need: SECE | Cognitive level: Application

6. ANS: 3

Self-knowledge is being aware of your religious and cultural beliefs and values. Taking the pulse is an example of practical knowledge. Following client wishes and honoring client requests are examples of ethical knowledge.

PTS: 1 DIF: Difficult

REF: V1, p. 30; High level question, answer not stated verbatim | V1, p. 32; High level question, answer not stated verbatim

KEY: Client need: SECE | Cognitive level: Application

7. ANS: 3

Critical thinking is essential for client care, particularly when the care is complex, involving numerous health issues. Following policies and procedures does not necessarily require critical thinking and working with others or being flexible and working different schedules do not necessarily require critical thinking.

PTS: 1 DIF: Moderate

REF: V1, p. 28; High level question, answer not stated verbatim

KEY: Client need: SECE | Cognitive level: Application

8. ANS: 4

Interventions are activities that will help the patient achieve a goal, such as administering pain relieving medication. An example of assessment data might be: "Patient reports pain is a 5 on a 1 to 10 scale." The nursing diagnosis would be "pain." The nurse might define the patient outcome in this scenario as, "The patient will state the level of pain is less than 4."

PTS: 1 DIF: Moderate

REF: V1, p. 33; High level question, answer not stated verbatim

KEY: Nursing process: Interventions | Client need: SECE | Cognitive level: Application

9. ANS: 4

A nursing diagnosis is the client's response to actual or potential health problems.

PTS: 1 DIF: Moderate REF: V1, p. 33

KEY: Nursing process: Diagnosis | Client need: SECE | Cognitive level: Recall

10. ANS: 2

The nursing process is a problem-solving process that guides nursing actions. The ANA organizes its Standards of Care around the nursing process, but the process was not developed from the standards. The nursing process is cyclical and involves care the nurses give or delegate to other members of the healthcare team.

PTS: 1 DIF: Easy REF: V1, p. 32

KEY: Client need: SECE | Cognitive level: Recall

11. ANS: 2

Critical thinking and the nursing process are ways of thinking that can be used in problem solving (although critical thinking can be used for other than problem-solving applications). Neither method of thinking is linear. The nursing process has specific steps; critical thinking does not.

PTS: 1 DIF: Difficult REF: V1, p. 34

KEY: Client need: SECE | Cognitive level: Analysis

12. ANS: 1

The basis of the nursing diagnosis is the assessment data. Standards of care are referred to when establishing nursing interventions. Customizing interventions personalizes nursing care. Asking the patient about her perceptions is a method to validate whether the nurse has chosen the correct nursing diagnosis and would probably have been done during the comprehensive assessment.

PTS: 1 DIF: Moderate REF: V1, p. 33

KEY: Nursing process: Diagnosis | Client need: SECE | Cognitive level: Application

13. ANS: 2

The evaluation phase judges whether the interventions were effective in achieving the desired outcomes and helped to alleviate the nursing diagnosis. This must be done before examining the nursing process steps and revising the care plan.

PTS: 1 DIF: Moderate REF: V1, p. 33

KEY: Nursing process: Evaluation | Client need: SECE | Cognitive level: Analysis

14. ANS: 1

Full-spectrum nursing (1) involves the use of critical thinking, nursing knowledge, nursing process, and patient situation. Although the other answers are important for planning and delivering nursing care, they do not reflect all the nurse has demonstrated.

PTS: 1 DIF: Difficult

REF: V1, pp. 34-35; High level question, answer not stated verbatim

KEY: Client need: PHSI | Cognitive level: Analysis

15. ANS: 2

Self-knowledge is self-understanding—awareness of one’s beliefs, values, biases, and so on. That best describes the nurse’s awareness that her bias can affect her patient care. Theoretical knowledge consists of information, facts, principles, and theories in nursing and related disciplines; it consists of research findings and rationally constructed explanations of phenomena. Using reliable resources is a critical thinking skill. The nursing process is a problem-solving process consisting of the steps of assessing, diagnosing, planning outcomes, planning interventions, implementing, and evaluating. The nurse has not yet met this patient, so she could not have begun the nursing process.

PTS: 1 DIF: Difficult

REF: V1, pp. 30-31; High level question, answer not stated verbatim

KEY: Client need: PHSI | Cognitive level: Comprehension

## **MULTIPLE RESPONSE**

1. ANS: 1, 2, 4, 5

Culture impacts clients’ view of health and healthcare. It influences how they will define illness, when they will seek healthcare, and what treatments are acceptable in their culture. How services are paid for is related to economic status. Regardless of culture, anyone can be affected by previous healthcare experiences, the environment in which healthcare is provided, and accessibility of services.

PTS: 1                    DIF: Moderate        REF: V1, p. 29  
KEY: Client need: SECE | Cognitive level: Recall

## MATCHING

1. ANS: 4                    PTS: 1                    DIF: Difficult        REF: V1, p. 28  
KEY: Client need: SECE | Cognitive level: Application
2. ANS: 1                    PTS: 1                    DIF: Difficult        REF: V1, p. 28  
KEY: Client need: SECE | Cognitive level: Application
3. ANS: 2                    PTS: 1                    DIF: Difficult        REF: V1, p. 28  
KEY: Client need: SECE | Cognitive level: Application
4. ANS: 6                    PTS: 1                    DIF: Difficult        REF: V1, p. 28  
KEY: Client need: SECE | Cognitive level: Application
5. ANS: 7                    PTS: 1                    DIF: Difficult        REF: V1, p. 28  
KEY: Client need: SECE | Cognitive level: Application
6. ANS: 3                    PTS: 1                    DIF: Difficult        REF: V1, p. 28  
KEY: Client need: SECE | Cognitive level: Application
  
7. ANS: 4                    PTS: 1                    DIF: Difficult  
REF: V1, p. 30; High level question, answer not stated verbatim  
KEY: Client need: SECE | Cognitive level: Analysis
8. ANS: 3                    PTS: 1                    DIF: Difficult  
REF: V1, p. 30; High level question, answer not stated verbatim  
KEY: Client need: SECE | Cognitive level: Analysis
9. ANS: 5                    PTS: 1                    DIF: Difficult  
REF: V1, p. 30; High level question, answer not stated verbatim  
KEY: Client need: SECE | Cognitive level: Analysis
10. ANS: 1                    PTS: 1                    DIF: Difficult  
REF: V1, p. 30; High level question, answer not stated verbatim  
KEY: Client need: SECE | Cognitive level: Analysis
11. ANS: 2                    PTS: 1                    DIF: Difficult  
REF: V1, p. 30; High level question, answer not stated verbatim  
KEY: Client need: SECE | Cognitive level: Analysis