

Critical Thinking

If your ultimate goal is to become a competent nurse, first you have to identify what knowledge base and skills are required to achieve this goal. Study skills, critical-thinking skills, and problem-solving skills are essential to achieve success as a learner. Your goal should be to develop skills that support your ability to use reasoning and not just react by rote (a fixed, routine, mechanical way of doing something). Several chapters in this book are designed to assist you in the journey toward this goal. General and specific study skills are addressed in Chapter 4; the nursing process as a problem-solving process is addressed in Chapter 6; and critical-thinking skills are addressed in this chapter. No one can argue with the statement that a nurse must be a safe, qualified, and technically proficient practitioner. Consumers of nursing care are most aware of the actions (psychomotor skills) that nurses engage in and generally rate the quality of nursing care in relation to the degree to which their expectations are satisfied. However, the quality of nursing care is based on more than just what the nurse does. It also is based on how the nurse thinks (cognitive skills) in relation to how conclusions are drawn, decisions are made, and problems are resolved.

Thinking is the hardest work there is, which is the probable reason why so few engage in it.

—HENRY FORD

The thinking skills that rarely are recognized by the consumer, such as reflecting, clarifying, analyzing, and reasoning, are crucial to the development of a competent nurse. Historically, critical thinking in nursing was associated just with the nursing process (assessment, analysis/diagnosis, planning, implementation, and evaluation). This theoretical framework, which is used to identify and attain solutions to complex problems, is the foundation for nursing education, practice, and research. It is a systematic, orderly, step-by-step progression with a beginning and an end (linear format). Clinical decision making in relation to the nursing process produces a nursing care plan or “product.” In Chapter 6 the steps in the nursing process are addressed and many sample items are provided that demonstrate application of information within the context of the nursing process.

Because nursing entails more than just the solving of problems, the concept of critical thinking as a “process” is receiving increasing attention. Various researchers believe that critical thinking in nursing is more than just a behavioral, task-oriented, linear approach demonstrated in problem solving and that critical thinking should be based on an emancipatory model. Emancipatory models embrace the concept of empowerment and autonomous action stemming from critical insights. These models stress critical thinking as a process rather than just a method of producing a product or solution.

DEFINITION OF CRITICAL THINKING

Leaders in the field of nursing do not agree on any one definition of critical thinking. However, the following excerpts may enhance your understanding of the concept. Chaffee (2015) explains that “the process of thinking critically involves thinking for ourselves by carefully examining the way that we make sense of the world.” He further explains that as humans we

have an ability to reflect back on what we are thinking, doing, or feeling; this reflection makes us more effective thinkers. Alfaro-LeFevre (2009) summarized that critical thinking:

- Entails purposeful, goal-directed thinking
- Aims to make clinical judgments based on evidence (fact) rather than conjecture (guesswork)
- Is based on principles of science and the scientific method
- Requires strategies that maximize *human potential* and compensate for problems caused by *human nature*. Alfaro-LeFevre (2011) further indicated that the word *reasoning* could be used as a synonym for critical thinking because it implies careful, deliberate thought.

The Delphi Research Project characterized the ideal critical thinker as one who is habitually inquisitive, well informed, trustful of reason, open-minded in evaluation, honest in facing personal biases, prudent in making judgments, willing to reconsider, clear about issues, orderly in complex matters, diligent in seeking relevant information, reasonable in the selection of criteria, focused in inquiry, and persistent in seeking results that are as precise as the subject and the circumstances of inquiry permit (American Philosophical Association, 1990).

Brookfield (1991) described four components of critical thinking: identifying and challenging assumptions, becoming aware of the importance of context in creating meaning, imagining and exploring alternatives, and cultivating a reflective skepticism.

Pless (1993) identified these critical-thinking cognitive skills and subskills as essential for critical thinking:

- Interpretation—categorization, decoding significance, and clarifying meaning
- Analysis—examining ideas, identifying arguments, and analyzing arguments
- Evaluation—assessing claims and assessing arguments
- Inference—querying evidence, conjecturing alternatives, and drawing conclusions
- Explanation—stating results, justifying procedures, and presenting arguments
- Self-regulation—self-examination and self-correction

CRITICAL THINKING IN NURSING

Nursing requires not only the learning of facts and procedures but also the ability to evaluate each unique patient situation. In Chapter 4, Study Techniques, a section titled “Specific Study Techniques Related to Cognitive Levels of Nursing Questions” addresses the variety of thinking processes—knowledge, comprehension, application, and analysis—that the nurse uses when managing data and identifying and meeting a patient’s needs.

Because these thinking processes are important to both the process and product inherent in nursing care, multiple-choice questions in Chapter 4 are designed to test your knowledge base, comprehension of information, application of theory and principles, and analytical ability. In all but knowledge-type questions, intellectual skills that involve more than just the recall of information are required. In comprehension-type questions, you are required to translate, interpret, and determine the implications, consequences, and corollaries of the effects of information. In application-type questions you are required to use information in a new situation. In analysis-type questions you must interpret a variety of data and recognize the commonalities, differences, and interrelationships among the ideas presented. Numerous sample items in Chapter 4 challenge your analytical abilities, address the cognitive domains, and demonstrate the concepts being presented.

An understanding of the nursing process and the cognitive domains is important; however, critical-thinking skills must be developed if you are going to be a successful thinker and, ultimately, an expert nurse. The first step is to build a foundation of knowledge and information that eventually can be applied in clinical situations.

Both minds and fountain pens will work when filled. but minds, like fountain pens, must first be filled.

—ARTHUR GUITERMAN

Before you can apply knowledge, you need to know what needs to be known and how the knowledge can be applied. Therefore, you must ask yourself serious questions, such as: “What do I know?” “What do I need to know?” “What do I have to do to know it?” This is a new activity for some students. It can be threatening and even anxiety producing. It is not easy to acknowledge the degree of your own lack of knowledge or ignorance, and it can be a sobering experience.

The more I know I know, I know the less.

—ROBERT OWEN

Therefore, to fill voids in your knowledge you need to study. Avoid the pitfall of being a superficial thinker. This type of thinker devotes excessive time to memorization and rote learning. Become a deep thinker.

Many bring rakes but few shovels.

—FRANK C. BROWN

A deep thinker develops a thorough understanding of the material studied. In Chapter 4, Study Techniques, strategies are discussed that will help you answer some of the questions raised in this chapter and study more effectively and efficiently.

After you know basic information, you are better able to recognize the significance of cue data. Nursing questions are carefully designed to test your knowledge and comprehension of information regarding key concepts and your ability to analyze and apply this information in various situations. As you move from being a neophyte to a more experienced student, you are more able to identify the significance of cues and respond readily in all situations, whether in a laboratory setting, in a computer simulation, in a clinical setting, or on a test. In nursing questions, you must recognize the key words and concepts being tested in the question. They require that you ask, “What is happening?” and “What should I do?” Before you can answer these questions, it is helpful to identify the information processing style you use when confronted with a situation that requires a response.

Left-Hemisphere and Right-Hemisphere Brain Information Processing

Taggart and Torrance (1984) explored left- and right-hemisphere information processing and found that individuals who used **left-hemisphere information processing functions** used rational problem-solving strategies and logical sequencing. Rational learners break down situations into components and look for universal rules and approaches that can be applied in all situations. Individuals who used **right-hemisphere information processing functions** looked for main ideas to establish relationships that can be abstracted as the foundation for intuitive problem solving. The intuitive learner first learns from context and experience and then applies and analyzes principles. Additional research in this area demonstrates that, although both the novice and the expert use logical and rational problem-solving strategies, it is the expert who uses a broad range of thinking skills that integrate both logical and intuitive thinking to address facts and feelings to achieve accurate decision making.

Clinical Judgments

Clinical judgments are conclusions or enlightened opinions arrived at after using reasoning or critical thinking. The ability to build a foundation of data, inferences, and hypotheses for nursing decision making is dependent on your ability to use several types of clinical judgments. **Perceptual judgments** are judgments that you make regarding the data you need to collect

and the validation of the importance of the data you collect within the context of the situation. **Inferential judgments** are judgments that you make when you determine which data are significant, eliminate data that are insignificant, and identify the relationship that exists among the data collected. **Diagnostic judgments** are judgments that you make when you link clusters of data with patterns affiliated with a specific nursing diagnosis.

Levels of Critical Thinking

As your knowledge of theory and experience increases, you will be constructing a scientific foundation to support critical thinking and clinical decision making. When developing critical-thinking skills, you will advance through three levels of competence: basic, complex, and expert. As a student, you are a basic-level critical thinker. As a **basic-level critical thinker**, you are building a novice's database of information and experiential knowledge. When you are confronted with a situation, initially your response is based on recall and rote memory. You tend to guide your responses by rules and procedures and seek concrete actions. You reduce situations to their distinct and independent parts. For example, when applying a simple dry, sterile dressing for an abdominal wound with approximated edges (healing by primary intention), you may use a procedure book and follow each step as outlined. As you acquire more knowledge and experience, you will advance from a basic-level thinker to a complex-level thinker. As a **complex-level thinker**, you will be guided by the need to explore options based on principles and patterns and an understanding of commonalities and differences. Your response will begin to be based on the ability to identify cue data, analyze clustered information, sort and choose the most appropriate action, and evaluate the patient's response. For example, when performing a sterile dressing for an open wound where the edges are not readily approximated (healing by secondary intention), you may need to modify the procedure. Depending on the situation, you may reposition the patient, use additional sterile equipment, or irrigate the wound. The more knowledge and experience you gain, the more solid the connections between your knowledge base and the application of that knowledge will become. You are now becoming an expert critical thinker. As an **expert critical thinker**, you will develop reasoning based on models, patterns, and standards associated with the "uniqueness" and "wholeness" of each situation. For example, when performing a sterile dressing on a large, gaping wound that is purposely left open (healing by tertiary intention), critical thinking will require a higher level of sophistication. You will need to consider concepts such as dehiscence, evisceration, fistula formation, sinus tracking, undermining, presence of infection, necrosis, factors that impair or facilitate wound healing, and dressing alternatives. The expert views the situation from an entire perspective that can be accomplished only with a broad and deep knowledge base and experience.

All critical thinkers should be asking, "What is wrong?" "Why?" "How?" "What else?" "What if?" and even "So what!" However, at each successive level of critical thinking the degree of sophistication required to explore these questions increases. These questions need to be asked when studying, when faced with a clinical situation (whether simulated or real), and when challenged by a test question. As a beginning nursing student, you are a novice, not an expert! Nursing school is several years long for a purpose. Be realistic with your self-expectations. It takes time to acquire and integrate the knowledge and experience necessary to be an expert critical thinker.

PRACTICE CRITICAL THINKING

You first learned how to turn over, crawl, stand, walk, and then run by practicing balance and building strength and endurance. You also must learn and practice critical-thinking and problem-solving skills until you are proficient in using these skills and can respond accurately and achieve your goal of being an expert critical thinker. For you to be able to tap your critical-thinking skills when taking an examination these skills must be well entrenched in your approach to all professional endeavors.

Strategies to Employ in Critical Thinking

When challenged by any patient situation, you should employ these strategies:

- Identify assumptions.
- Use a method to collect and organize information.
- Validate the accuracy and reliability of collected information.
- Determine the significance of collected information.
- Determine inconsistencies in collected information.
- Identify commonalities and differences.
- Identify patterns of patient responses.
- Identify stressors and common responses to stressors.
- Identify discrepancies or gaps in information.
- Cluster information to determine relationships.
- Make inferences based on collected information.
- Identify actual problems and patients who may be at risk for problems.
- Establish priorities (Maslow's Hierarchy of Needs is an excellent model to use to achieve this goal).
- Formulate specific, patient-centered, realistic, measurable goals with a time frame.
- Identify appropriate nursing actions.
- Evaluate outcomes.
- Evaluate and modify critical-thinking activities.

This list of strategies reflects sophisticated, deep thinking. Critical thinking is a type of highly developed thinking and a learned skill. The learner must be actively involved in the learning process. Critical thinking cannot be memorized; it must be practiced.

Knowledge is a treasure, but practice is the key to it.

—THOMAS FULLER

Activities to Improve Critical Thinking

To develop or refine thinking that can become more critical, it is suggested that you engage in the following activities while incorporating the strategies previously listed.

THINKING ALOUD

The proficient thinker verbalizes thought processes and rationales. The actual expression of thoughts in words helps to clarify and solidify thinking. Thinking aloud can be used while you are engaged in an activity that does not involve a patient or later when you review your performance. Clinical postconferences and individual mentoring experiences in which information is exchanged promote critical thinking.

REVIEW OF PATIENT SCENARIOS

Chart review, grand rounds, and case study approaches when performed in a group provide interdisciplinary exchanges, a variety of different thinking perspectives, and learning from role models. These approaches require a verbal exchange that includes reasoning, interpreting, identifying evidence, deducing, and concluding. In these situations you can examine your viewpoint in relation to the viewpoints of others. This exchange promotes learning and stimulates critical thinking.

WRITTEN ASSIGNMENTS

Written assignments are not just “busy work.” Journal writing is an activity that requires you to log and respond to important and meaningful situations. Faculty review of your journal (with comments) and periodic study and review of it by you will enable you to identify your progress and growth. Journal writing involves you in the process of learning. It encourages you to use abstract thinking and to conceptualize, elaborate, generalize, and interpret, all of which promote critical thinking. A term paper is a written assignment in which you are involved not only in the process of writing but also in the development of a product. When this product is reviewed by the instructor, conclusions can be drawn regarding your command of the information and your ability to convey your knowledge to others. Written assignments require organizing, prioritizing, integrating, persuading, proving, and summarizing, all of which require *critical thinking*.

COMPUTER-ASSISTED LEARNING

Computers provide an environment that enhances and challenges critical-thinking skills. Software offers a variety of critical-thinking programs, from a simple lesson presenting content using an interactive linear approach to programs in which the learner is challenged to seek solutions to complex problems following a branching design. Computers allow for thinking and learning in a nonthreatening and safe environment. Refer to Chapter 9, Computer Applications in Education and Evaluation, for more details regarding the valuable use of computers to increase learning.

VIDEOTAPING

Videotaping can be used to record role-playing scenarios or the performance of a skill. Videotaping allows you to engage in an activity and then be able to review your performance. During this review, you, as well as others, can examine, analyze, rationalize, justify, and correct your performance, which can support critical thinking.

CLINICAL PROCESS RECORDS

A clinical process record is a focused writing assignment, similar to a case study that centers on a simulated or specific patient experience. It requires you to use the problem-solving process, examine the scientific reasons for health-care interventions, assess outcomes, and evaluate and modify the plan of care, which all contribute to critical thinking.

EXAMINATIONS

Examinations should be approached as learning opportunities. All examinations must be thoughtfully reviewed. Small groups of four or five students should review and discuss each question. Group members help one another to identify the key concepts being tested and how to best answer the questions “What is happening?” and “What should I do?” When reviewing examination questions, be willing to listen to other people’s interpretation of the question. If all of your energy is spent defending your response, then your mind is not open to different perspectives, which limits your learning. Reviewing examinations requires you to integrate information, apply theory and principles, analyze content, compare and contrast information, and rationalize your response, all of which contribute to critical thinking.

APPLY CRITICAL THINKING TO MULTIPLE-CHOICE QUESTIONS

Case (1994) explored the concept of critical thinking as a journey, not a destination. Case stated, “We cannot stand in the same river twice, because water rushes away as new water

takes its place and the rushing water changes the river bed. The decisions we make today may not fit circumstances that change tomorrow.” This concept applies to clinical situations as well as nursing test questions. Just as no clinical situation will be exactly like a previous experience, no test question will be exactly like a previous question. One different factor in a situation can change the entire landscape of the situation. One different word in a question can change what the question is asking. Practicing critical thinking when answering questions will improve your ability to think critically and be more successful when taking a test.

Identify the Key Concept Being Tested

Each question scenario is different and requires you to identify the key concept being tested and to answer the questions “What is happening?” and “What should I do?” Reframe, critique, and evaluate the stem of each question. Then, try to construct the correct answer before looking at the options. When assessing the options in a multiple-choice question, manipulate the information by cognitive activities such as organizing, correlating, differentiating, reasoning, and evaluating against standards of practice, criteria, and critical elements. Review the following sample item.

SAMPLE ITEM 2-1

A patient has just returned from the operating room with a urinary retention (Foley) catheter, an IV line, and an oral airway and is still unresponsive. Which nursing assessment should be made first?

1. Check the surgical dressing to ensure that it is intact.
2. Confirm the placement of the oral airway.
3. Observe the Foley catheter for drainage.
4. Examine the IV site for infiltration.

First, you need to identify the key concept being tested in the question. The key concept in this question is the **priority care for the unresponsive postoperative patient**. The key words in the question that ask “What is happening?” are **postoperative patient**, **oral airway**, and **unresponsive**. The key words in the question that ask “What should I do?” are **assessment** and **should be made first**. The question being asked is: **What assessment takes priority when caring for an unresponsive postoperative patient with an oral airway?** Although the IV line, the retention catheter, and surgical dressing are important and must be assessed, it is ensuring the correct placement of the oral airway that takes priority.

To answer this question you need to know: the normal anatomy and physiology associated with the respiratory system and the body’s essential need for a continuous exchange of oxygen and carbon dioxide; that a patent airway is essential to the exchange of oxygen and carbon dioxide; the ABCs of life support, which refer to Airway, Breathing, and Circulation, and thus that maintaining an airway takes priority; that a common response to anesthesia is lack of a gag reflex; and that a correctly placed oral airway will contribute to maintaining an open airway.

Another critical-thinking study technique when answering multiple-choice questions is to explore the consequences of each nursing action presented in the alternatives. You can ask many different questions: “Is the action safe or unsafe?” “Is the statement true or false?” “Is it fact or inference?”

Avoid Reading Into the Question

Highly discriminating questions are questions that are answered correctly by the test taker who scored in the top percent of the class versus the test taker who answered the question incorrectly and scored in the bottom percent of the class on the same examination. It is

believed that the student who answers a highly discriminating question correctly generally is responding to subtle cues based on more highly developed critical-thinking skills. However, students who come to the testing situation with an in-depth perspective sometimes will “read into” the meaning of the question because of the “context” they bring to the test item. It is often frustrating for students who are sophisticated, deep thinkers to accept lost points on an examination because they “read into” the question. Analyze questions you answer incorrectly and determine “why” by asking questions such as: “Did I add information to the stem?” “Did I have difficulty deciding among the options presented because I would have done something completely different?” “Did I delete an option because my experience was different from the patient situation presented?” “Did I view the question in light of a more sophisticated level of curricular content than that being tested?” “Did I view the patient scenario in more depth and breadth than was necessary?” Multiple-choice questions provide all the information necessary to answer the question. Your job is to use critical thinking to answer the question, not rewrite the question. For additional information see Chapter 10, Analyze Your Test Performance.

Study the Rationales for the Right and Wrong Answers

Every nursing action is based on a standard of practice that has a scientific foundation. When practicing test taking, in your own words, identify the reason why the option you chose is correct and why the options you considered incorrect are wrong. Now compare your rationales with the rationales presented. When you answered a question correctly, review the rationales several times to reinforce your knowledge. When you answered a question incorrectly, identify your faulty thinking by comparing your rationale to the presented rationale. When you identify content that you did not know or cannot apply, review this content in your nursing textbook. An excellent study technique associated with principles is to identify other situations in which the same principle applies and situations in which it is different. See Chapter 10, Analyze Your Test Performance, to design a corrective action plan.

Change the Focus of the Question

A great way to explore additional situations using multiple-choice questions is to change one of the key facts in the stem of a question to alter the focus of the question (see Sample Items 2-2 and 2-3). Also, in a question that expects you to set a priority, you can eliminate the option that is the correct answer (see Sample Items 2-4 and 2-5). This requires you to identify the next best option that answers the question. When the context of the question is altered even slightly, the contour or territory around it changes, which may significantly rearrange the internal structure of the entire question. When a question is altered, the meaning of the situation may require a distinctly different nursing assessment or action.

SAMPLE ITEM 2-2

Which is associated with a physiological need of a patient with a colostomy?

1. Disturbance in body image
2. Inadequate nutrition
3. Lack of knowledge
4. Skin breakdown

The correct answer is option 4. The word “physiological” modifies the word “need” and is a clue in the stem. For study purposes, you can change the focus of this question by changing the word “physiological” to “psychological” in the stem. Now answer this question from this new perspective.

SAMPLE ITEM 2-3

Which is associated with a psychological need of a patient with a colostomy?

1. Disturbance in body image
2. Inadequate nutrition
3. Lack of knowledge
4. Skin breakdown

The correct answer is option 1. The entire focus of this question has changed. The focus has moved from “physiological” to “psychological.” Now the clue in the stem is the word “psychological.” By using this technique, you can apply critical thinking to multiple-choice questions and maximize opportunities for learning. This is an effective strategy either when working alone or when working with a study group.

SAMPLE ITEM 2-4

A preoperative patient talks about being afraid of pain because of a previous experience with painful surgery. What should the nurse do *first* to help the patient cope with this fear?

1. Encourage the patient not to be afraid.
2. Teach the patient relaxation techniques.
3. Listen to the patient’s concerns about pain.
4. Inform the patient that medication is available.

The correct answer is option 3. The word “first” is asking you to set a priority. For study purposes, you can change the focus of the question by eliminating the correct answer as a choice and then attempting to answer the question from the remaining three options. Now answer the question from this new perspective.

SAMPLE ITEM 2-5

A preoperative patient talks about being afraid of pain because of a previous experience with painful surgery. What should the nurse do *first* to help the patient cope with this fear?

1. Encourage the patient not to be afraid.
2. Teach the patient relaxation techniques.
3. Inform the patient that medication is available.

The correct answer is option 2. The technique of eliminating the correct answer and attempting to select the next best action requires you to rank the options presented in order of importance. This strategy works only with questions that require you to set a priority. Key words such as “initially,” “first,” “best,” “priority,” and “most” should alert you that the question is a priority question. By using this strategy, you increase opportunities to sharpen your critical-thinking skills.

Study in a Small Group

Studying in groups contributes to building a body of knowledge that increases your perspective and context when the group jointly seeks a solution to a highly discriminating question. This technique is particularly helpful because different people bring different perspectives and thinking styles to the sharing that enrich the learning experience. More perspectives produce a variety of views of the problem and generate more approaches to selecting the most accurate response. Small groups are most effective

when the number of members is kept at three to five people. Larger groups tend to have inherent problems such as all members may not express their input, one member may monopolize the discussion, or the activity may progress to a social gathering rather than a focused work group.

Where all think alike, no one thinks very much.

—WALTER LIPPMANN

SUMMARY

In our informational society there is no way you can know or experience everything. With the explosion of knowledge and technology and changes in the role of the nurse within a fluid health-care delivery environment, what is learned today may be obsolete tomorrow. Consequently, an integral part of your continuing education consists of the development and refinement of critical-thinking skills. To be a critical thinker, you must be intellectually humble, able to listen, dissatisfied with the status quo, creative, flexible, self-confident but aware of your limitations, and willing to change. Take time to cultivate your critical-thinking skills because they will be the ultimate tool you bring to patient-care situations—the therapeutic use of self. When you can think critically, you are empowered to maximize your abilities to meet patient needs.

ANSWERS AND RATIONALES FOR SAMPLE ITEMS IN CHAPTER 2

- 2-1**
1. Although checking the surgical dressing is important, it does not involve a life-threatening situation.
 2. **Confirming the placement of the oral airway ensures a patent air passage. An oral airway displaces the tongue and prevents obstruction of the trachea, permitting free passage of air to and from the lungs. Oxygen is essential for life, and this action takes priority.**
 3. Although observing the Foley catheter for drainage is important, urinary output at this time is less critical than assessing airway, breathing, and circulation.
 4. Although examining the IV site is important, an infiltration can be tolerated for a few minutes while higher priority assessments are made.
- 2-2**
1. Concern about body image is a psychological, not physiological, concern.
 2. Although inadequate nutrition is a physiological problem, it is not specific to a patient with a colostomy.
 3. A knowledge deficit is a cognitive/perceptual problem, not a physiological problem.
 4. **Skin breakdown is a common physiological problem associated with the presence of a colostomy because of the digestive enzymes present in feces.**
- 2-3**
1. **Concern about body image is a psychological problem often encountered when a person has surgery that alters the body's structure or function.**
- 2-4**
2. Nutrition is a physiological, not a psychological, problem.
 3. Knowledge deficit is a cognitive/perceptual problem, not a psychological problem.
 4. Skin breakdown is a physiological, not a psychological, problem.
- 2-4**
1. Encouraging the patient not to be afraid denies the patient's fears.
 2. Although relaxation techniques may be taught eventually, it is not the priority at this time.
 3. **Listening to the patient's concerns about pain supports the patient's need to verbalize fears.**
 4. Although medication may be available, this is false reassurance and cuts off communication.
- 2-5**
1. Encouraging the patient not to be afraid denies the patient's fears.
 2. **Depending on the relaxation technique used, it can reduce muscle tension, distract the person from the stimulus, and/or limit the physiological response to fight or flight, thus reducing pain.**
 3. Although medication may be available, this statement is false reassurance and cuts off communication.

