

Development Of Creative Critical Thinking And Spiritual Attitudes (Ccsa) Evaluation Instruments In Nursing Training

Putu Sudarmika^{1,2*}, I Wayan Santyasa³, I Made Tegeh⁴, I Komang Sudarma⁵

¹ Nursing Department, Prof. Dr. I. G.N.G. Ngoerah General Hospital, Denpasar, Indonesia

^{2, 3, 4, 5} Education of Science, Ganesha University of Education, Singaraja, Indonesia

^{1, 2} sudarmika_sanglah@yahoo.co.id, ³ santyasa@yahoo.com, ⁴ im-tegeh@undiksha.ac.id,

⁵ ik-sudarma@undiksha.ac.id

Correspondence Author: Putu Sudarmika, Jl Diponegoro, Denpasar, Bali Indonesia. Phone sudarmika_sanglah@yahoo.co.id

ABSTRACT

This study aims to analyze the instruments of critical thinking skills, creative thinking, and spiritual attitudes of nurses in emergency training.

The method uses the ADDIE development design. In the analysis phase, needs analysis, participant characteristics, and literature search was carried out. The design stage compiles test designs, rubrics, and attitude questionnaires. The development stage developed a test in the form of multiple-choice extended responses, observation sheets, and attitude questionnaires. The implementation stage carried out informed consent, expert trials, field trials, and conducted data analysis. Expert validity uses the rater agreement index on the suitability of items according to Aitken. Validity test using product moment correlation and reliability using Chronbach's alpha. The validity coefficients based on the results of expert reviews were obtained in the range of 0.84-0.85 (valid category). 80 nurses completed the test which obtained 30 valid items and 10 items were declared unused. A total of 30 nurses were willing to make a project and were evaluated using an observation sheet with an assessment using the rubric of creative thinking. The results of the observation of creative thinking and the questionnaire on spiritual attitudes were found valid and reliable.

In conclusion, the form the multiple-choice extended response test, observation sheet, and spiritual attitude questionnaire can be used as an instrument for assessing critical thinking skills, creative thinking, and spiritual attitudes. It is recommended to use the test form, rubrics, and spiritual attitude questionnaires in nursing education and training.

Keywords: development, critical, creative, spiritual attitude, nurse .

INTRODUCTION

Thinking skills are a key component in problem-solving for nurses to make decisions independently in critical situations. Critical thinking skills make it possible to identify important data, distinguish threatening or non-

life-threatening problems, reflect on actions, and consider the consequences of each appropriate action (Shirazi & Heidari, 2019). Critical thinking has several characteristics such as the interaction of the environment, providing arguments

accompanied by evidence, providing knowledge in the discussion, having logical thinking, and paying attention to conclusions to provide data. The development of critical thinking skills is carried out using educational technology (Al-mafraji & Asker, 2022).

Creative thinking skills are also a demand in 21st-century learning as an important element of the problem-solving process. Reasoning based on observations can be a powerful tool to increase creativity by using open-ended questions allowing creativity to be explored in more depth (Nussbaum et al., 2020). Creative thinking can be stimulated both by unstructured processes such as brainstorming and by structured processes such as heuristic programming. In addition, creative thinking can also mean observing something in a new way (Gafour & Gafour, 2020). There are four characteristics of creative thinking, namely, fluency, originality, flexibility, and elaboration (Chen et al., 2019; Wijayati et al., 2019). Positive emotional stimulation has an emotional regulation effect that has an impact on creative thinking skills (Wu et al., 2020).

Positive emotions can be found in spiritual attitudes. Spirituality has the highest human values, such as faith in God, respect for others, piety, service, optimism, and honesty (Sakhaei et al., 2020). Nursing services must be provided by nurses comprehensively not only about the body but must be seen from a holistic perspective including bio-psycho-social-spiritual (Savel & Munro, 2014). Nurses can use a variety

of techniques to inculcate spiritual care in daily practice such as conducting spiritual assessments, asking open-ended questions, and reflecting on their spirituality (Clarke & Baume, 2019).

The reality is that the pandemic has disrupted improving the quality of training and education for health professionals (Khurshid et al., 2020). This disruption has long-term implications for the nursing and midwifery workforce for future health care against a pandemic (Lazenby et al., 2020). Lack of infrastructure, and poor quality hardware and software can lead to frustration, learning impairment, and resistance to technology in nursing education (Singh & Masango, 2020).

The pandemic has created limited challenges from participation in face-to-face learning opportunities and hands-on clinical experiences (Beltz et al., 2020). Training plays an important role in maintaining the good performance of government and private nurses. The workplace is a nurse learning environment and work-based learning is one of the success factors (Attenborough et al., 2019). This study aims to develop instruments for critical thinking skills, creative thinking, and spiritual attitudes of nurses in emergency training. Efforts to improve critical thinking skills, and creative and spiritual attitudes need to be done in nursing education and training because nurses are health workers who serve as the front line of health services.

METODE

This study uses the ADDIE model development design. The first stage analyzes the needs, characteristics of participants, and the material to be provided. Furthermore, test assessment items were developed to evaluate critical thinking skills, observation sheets for creativity, and questionnaires for spiritual attitudes. Content validity involves learning content experts in the field of emergency nursing with the criteria of having worked and teaching experience > 10 years in the emergency field. Expert tests validate and review tests, observation sheets, and questionnaires by

providing assessments, responses, and input for improvement. The instrument for expert testing uses four scales, namely very relevant, relevant, less relevant, and irrelevant.

The Aiken V index shows the index of rater agreement on the suitability of the item (or whether the item is appropriate) with the indicator that you want to measure using that item. From the results of the calculation of index V, an item or device can be categorized based on its index (Retnawati, 2016).

$$V = \frac{\sum s}{n(c - 1)}$$

Description:

- V : Rater agreement index on item validity
- s : The score assigned by each rater minus the lowest score in the category used ($s = r - lo$, where r: the score of the rater's choice category and lo is the lowest score in the scoring category)
- n : The number of raters
- c : The number of categories that the rater can choose

Furthermore, a field trial was carried out involving 80 nurses with the subject criteria being nurses who had received or had attended basic life support training. Informed consent was given to nurses before becoming research subjects. The number of items tested was 40 questions that were developed to represent all the indicators of the core training material to be achieved in the learning process. The data that has been collected is then analyzed using the item Distinctive Power Index (DPI) test, and Item Difficulty Index (IDI) with the help of Microsoft Office Excel 2016 application software. The item scores for the multiple-choice test are expanded to produce non-dichotomous item scores. The test reliability coefficient was estimated based on Cronbach's alpha coefficient. Cronbach's alpha coefficient can be calculated using the Mehrens and Lehmann formula. The internal consistency of the items and the internal consistency of the test (test reliability) were analyzed with the help of the SPSS version 25.0 application. Spiritual attitude assessment is based on the results of a questionnaire using a Likert scale Strongly Agree, Agree, Hesitate, Disagree, Strongly Disagree.

RESULT

Analysis stage

The analysis phase is carried out by examining the needs, characteristics of participants, and the level of initial knowledge. The results of the initial assessment of basic life support training are needed because all nurses must have this competence in providing services. Before working, nurses must be declared competent in carrying out emergency actions. Nurses need to have the ability to think critically, creatively, and spiritually because nurses are often faced with uncertain situations and varied patient conditions. In emergency conditions, nurses must be able to determine nursing interventions because they are related to patient safety.

Design stage

The critical thinking skills instrument was designed using a multiple choice extended response test. The test is one form of instrument used to measure learning achievement or competence (Mardapi, 2017). Instrument design by compiling test grids to measure critical thinking skills is detailed according to competency standards based on the curriculum referred to as core competencies, and the number of items. Each answer choice from the trainees accompanied by reasons is assessed with the criteria for scoring critical thinking skills. The design of the creative thinking instrument uses the rubric of the observation sheet for assessing the ability to take action. The assessment of creative thinking skills is based on the results of observations made by the trainees with indicators 1) Fluency, 2) Originality, 3) Flexibility, and 4) Elaboration.

Table 1 Assessment Sheet For Creative Thinking

No	Observation criteria
1.	Scene safety (self safe, environmentally safe, patient safe)
2.	Check the patient's awareness (unconscious) immediately call for help / activate emergency medical service, and ask to bring an automatic external defibrillator and emergency equipment
3.	Place the patient in the anatomical/supine position on a flat, firm surface
4.	Check the patient's carotid pulse and breathing for no more than 10 seconds

5. If the carotid pulse is not palpable/gasping breathing, immediately perform 30 chest compressions with both hands on the lower half of the sternum, followed by 2 ventilations. If the airway is clear, give 30 compressions: ventilation: 2 at a speed of 100-120 time per minute, with a depth of 2-2.4 inches or 5-6 cm do as much as 5 cycles (2 minutes)
6. After 5 cycles, do a reassessment in stages (circulation: check carotid pulse, open airway, and check to breathe)
7. If the pulse is not palpable, perform CPR until a more competent rescuer arrives, after 30 minutes the rescuer is exhausted, and there are signs of biological death. Stop CPR if there is a pulse and breathing (ROSC/ Return Of Spontaneous Circulation).
8. If the carotid pulse is palpable, the airway is clear, but breathing is inadequate < 10 breaths/minute, give rescue breathing 10-12 breaths/minute for 2 minutes (20-24 times every 5-6 seconds with a count of 1,2,3,4,5 blow...or 1,2,3,4,5 blow using BVM (Bag Valve Mask)
9. If the carotid pulse is palpable, the airway is clear, and the breathing is adequate at more than 10 breaths/minute then give the recovery position.

The assessment indicator uses the criteria are not done, not enough, enough, good, very good. Creative thinking skills are based on procedural actions, techniques for carrying out basic life support in the form of a standard operating procedure checklist for cardiopulmonary resuscitation in adults, cardiopulmonary resuscitation in pediatrics, foreign object choking assistance in adults, and choking techniques in pediatrics. Spiritual attitude design uses the Spiritual Attitude and Involvement List (SAIL) instrument assessment rubric which consists of 8 subscales (Deluga et al., 2020).

Development stage

The instrument developed is a multiple choice extended response test. This test will be given

online through a google form. The developed test is based on a combination of the dimensions of learning outcomes according to Anderson and Krathwohl (Lorin W. Anderson, 2014) and the concept of the critical thinking ability assessment model Critical and Analysis Reasoning (Maslin, 2021). The assessment of creative thinking skills is based on the number of values divided by the total score which when converted is declared very creative (76-100), creative (50-75), quite creative (26-50), and less creative (< 25). The instrument for obtaining spiritual attitude data is based on the Spiritual Attitude and Involvement List (SAIL) instrument (Deluga et al., 2020). Evaluation of spiritual attitude using 5 scales (strongly agree, agree, undecided, disagree, and strongly disagree).

Table 2 Indicators Of Spiritual Attitude

Variable	Subscale	Items number
Spiritual attitude	Meaningfulness	1,2,3
	Trust	4,5,6,7
	Acceptance	8,9,10,11
	Awareness in the present	12, 13, 14, 15
	Caring to others	16,17,18,19
	Connected with the nature	20, 21, 22
	Transcendental experience	23,24,25,26,27
	Spiritual activities	28,29,30

Table 2 shows the indicators developed to determine the spiritual attitude of nurses

which consist of 8 subscales, namely, 1) Meaningfulness, 2) Trust, 3) Acceptance, 4)

Awareness of the present moment, 5) Caring for others, 6) connected with the nature, 7) transcendental experience, and 8) spiritual activities.

Implementation Stage

A total of 5 experts have reviewed and analyzed the tests used in this study.

Table 3 Summary of Review Results by Experts

Variable	Expert					Skor rater					V	Description
	1	2	3	4	5	S1	S2	S3	S4	S5		
Critical thinking	150	125	140	129	160	110	85	100	89	120	0.84	Valid
Creative thinking	36	33	33	33	40	26	23	23	23	30	0.83	Valid
Spiritual attitude	120	91	109	94	120	90	61	79	64	90	0.85	Valid

Table 3 shows the results of the Aitken coefficient based on the expert obtained in the valid category. Tests that have been validated

by experts are continued by conducting field trials involving 80 nurses who have received basic life support training in less than 6 months.

Table 4 Results of the Validity and Reliability of the Differentiation Power Index (DPI) and the Test Item Difficulty Index (IDI)

Items Number	Validity	Reliability	DPI	IDI	Description
1	0.49	0.94	0.33	0.65	Accepted
2	-0.19	0.94	0.00	0.25	Not accepted
3	-0.55	0.94	-0.14	0.36	Not accepted
4	0.47	0.94	0.20	0.35	Accepted
5	0.53	0.94	0.27	0.78	Accepted
6	0.66	0.94	0.39	0.74	Accepted
7	0.90	0.94	0.73	0.64	Accepted
8	0.82	0.94	0.59	0.63	Accepted
9	0.76	0.94	0.45	0.59	Accepted
10	0.57	0.94	0.33	0.61	Accepted
11	0.90	0.94	0.73	0.64	Accepted
12	0.63	0.94	0.36	0.44	Accepted
13	0.62	0.94	0.44	0.72	Accepted
14	0.13	0.94	0.06	0.39	Not accepted
15	0.48	0.94	0.22	0.62	Accepted
16	0.67	0.94	0.40	0.70	Accepted
17	0.27	0.94	0.10	0.32	Not accepted
18	0.82	0.94	0.59	0.63	Accepted
19	0.84	0.94	0.48	0.75	Accepted
20	0.37	0.94	0.16	0.59	Not accepted
21	0.49	0.94	0.26	0.63	Accepted
22	-0.34	0.94	-0.09	0.30	Not accepted
23	0.60	0.94	0.44	0.60	Accepted
24	0.47	0.94	0.20	0.35	Accepted
25	0.27	0.94	0.13	0.50	Not accepted
26	0.67	0.94	0.40	0.70	Accepted

Items Number	Validity	Reliability	DPI	IDI	Description
27	0.27	0.94	0.10	0.32	Not accepted
28	0.60	0.94	0.44	0.60	Accepted
29	0.84	0.94	0.48	0.75	Accepted
30	0.90	0.94	0.73	0.59	Accepted
31	0.37	0.94	0.16	0.59	Not accepted
32	0.49	0.94	0.26	0.63	Accepted
33	0.48	0.94	0.32	0.72	Accepted
34	0.90	0.94	0.73	0.64	Accepted
35	0.63	0.94	0.36	0.44	Accepted
36	0.76	0.94	0.45	0.59	Accepted
37	0.90	0.94	0.73	0.64	Accepted
38	0.90	0.94	0.73	0.64	Accepted
39	0.67	0.94	0.40	0.70	Accepted
40	0.02	0.94	-0.03	0.47	Not accepted

Table 4 shows that 5 questions do not meet the validity criteria, all questions have high validity, but based on the results of the discriminatory index and item difficulty index, it is stated that 10 questions are not accepted and only 30 questions are eligible to be used. To evaluate creative thinking skills, we developed 4 observation sheets using rubrics. A total of 30 nurses were willing to participate in demonstrating basic life support techniques. The results of the observations are based on the ability to perform cardiopulmonary

resuscitation techniques in adults, the ability to perform cardiopulmonary resuscitation techniques in children/infants, the ability to perform choking techniques in adults, and the ability to perform choking techniques in children/infants. The demonstration is carried out using a manikin. The rubric of the observation sheet is based on an assessment of fluency in conveying the stages of each skill, and the ability to elaborate on American Heart Association guidelines.



Fig. 1 CPR in Adult and pediatric



Fig. 2 Chocking Technique in Pediatric and Adult

Figures 1 and 2 are the results of observations using the rubric of creative thinking assessment. The results of the observations show the width of the observations in the valid and reliable categories. A field trial of the spiritual attitude questionnaire instrument involved 80 nurses. The results of the validity test obtained 30 statement items with an r value > 0.3 (valid category) with Chronbach's alpha of 0.85.

Evaluation stage

Implementation evaluation is carried out based on the results of field tests. The results of the test trials obtained as many as 10 items were declared dropped out/not used and 30 tests were declared valid in the achievement of critical thinking skills. The test results of the observation sheet with a value of $r > 0.3$ (valid and reliable category). Evaluation of the attitude questionnaire obtained 30 valid and reliable statements in the questionnaire. All the results of the validation of the development of this instrument can be used as a valid measuring tool for the achievement of critical thinking skills, and creative and spiritual attitudes of nurses.

DISCUSSION

Critical thinking

The results of this study have developed a test instrument in the form of a multiple-choice extended response. The results are in the very valid category and are suitable for use in evaluating critical thinking skills. There are different instruments used to evaluate critical thinking in nursing such as the Nursing Critical Thinking in Clinical Practice Questionnaires (N-CT-4) (Zuriguel-Pérez et al., 2018). The Zuriguel-Pérez et al (2018) instrument consists of seven dimensions that are measured, namely seeking truth, mental depth, desire for analysis, desire to be systematic, confidence in argument, and curiosity. Each assessment tool has a distinct potential for assessing critical thinking concerning more or less authentic clinical assessment situations. Critical thinking tests must produce evidence of critical thinking itself and not just evidence of content knowledge if it is to assess thinking skills well. Psychological measures of critical thinking disposition can provide a barometer of whether a particular individual is willing to use critical thinking skills rather than relying on some other way to deal with problems. It tests the individual's willingness to try to think well (Facione & Facione, 2008).

Mabruroh & Suhandi's research (2017) developed 18 items of critical thinking skills test instrument with five (5) indicators and eight (8) critical sub-indicators based on the Ennis

concept. Based on the analysis, the validator stated that there were no test problems that could not be used, but some questions need to be fixed. Maslin developed critical thinking skills using the CAR (Critical and Reasoning) model as a mediating tool consisting of writing case scenarios and formulating answer models. The first stage in the CAR model by compiling a written case scenario to contain information containing personal and social information, illness and medical treatment; assessment, and a brief description of the two interventions. Each intervention option includes an activity and a basic description of the intervention strategy aimed at achieving the treatment goals. There are two kinds of reasons: necessary and relevant. The reasons needed are critical to the task of selecting and justifying interventions and are critical to the well-being and safety of the patient/client. Relevant reasons add to and enrich the deliberation but are not fundamental or necessary to determine the choice of intervention (Maslin, 2021).

Critical thinking consists of two aspects, namely critical thinking skills (critical thinking skills) and critical thinking dispositions (critical thinking dispositions) where critical thinking dispositions include aspects of attitude components, maintaining internal components of motivation to solve problems. Critical thinking skills come from the cognitive aspect (Lou, 2018). The development of critical thinking for nurses in health services requires an effort that is not easy, one of the efforts to develop critical thinking is by reflection. Reflection provides opportunities for nurses to think about their behavior and analyze their actions, take alternative actions and develop new ideas. Nurses who reflect effectively will be able to improve their disposition or critical thinking (Zhang et al., 2017).

Creative thinking

This research has developed a project evaluation rubric. The results of content validation by experts indicate that the wide observation instrument using a rubric is valid

and feasible to be used as a research instrument. Assessing creative thinking skills requires authentic assessment by test or project assessment. Rubrics must be developed based on needs, measuring multidimensional skills, namely logical reasoning skills and empirical experience, and indicator criteria namely, fluency, flexibility, originality, elaboration, and redefinition (Wening, 2015). Assessment of creative thinking with rubrics with different dimensions was also developed, namely planning, implementation, and presentation. Based on the results of the study, it can be concluded that the implementation of the assessment performance rubric has a significant effect on identifying creative thinking skills and student outcomes that have been studied (Ratnasusanti et al., 2018).

Creativity contributes not only to personal growth but also to the development of society, so it has been recognized as an important task of education to promote student creativity. Therefore, in the 21st century, creativity or creative problem-solving ability is a core competency of students (Facione & Facione, 2008). Creativity is defined as a way of looking at and solving problems from a singular perspective, avoiding orthodox solutions, and thinking outside the box. This creative process allows finding connections, facing new challenges, and seeking unconventional, original, and new resolutions (Gafour & Gafour, 2020). Creativity is an important and highest component in 21st-century education (Wahyudi et al., 2020). A nursing literature study conducted by Chan et al mentioned that nurses apply creativity in decision-making and problem-solving. This is because nursing is a profession that often faces unexpected situations when providing care to patients, such as patients with different cultures, and changing health conditions, so the nursing profession must use its creative thinking process to make decisions that are beneficial to patients (Chan, 2013).

Creative thinking ability is a mental process used by individuals to come up with new ideas, new insights, new approaches, perspectives,

and new ways to understand things (Eragamreddy, 2013). Creative thinking will bring out creativity and make students many ways to solve problems with different perceptions and concepts (Kutlu & Gökdere, 2015). Some of the things that cause creative thinking skills have not been developed are the lack of teacher knowledge is difficult if applied to students who have limited knowledge and thinking skills, institutions do not have access to students to develop their ability to think independently and the learning process still emphasizes unproductive thinking, resulting in delays. student creativity (Wijayati et al., 2019).

Spiritual Attitude

This research has developed a spiritual attitude assessment instrument. The results of the study obtained a valid questionnaire statement based on experts and reliability. There are 30 statement items in the questionnaire which was developed by adopting the subscale of SAIL. The subscales in the SAIL are, 1) Meaningfulness, 2) Trust, 3) Acceptance, 4) Awareness in the present, 5) Caring for others, 6) Connectedness with nature, 7) Transcendent experience, and 8) spiritual activity (Sakhaei et al., 2020). Meezenbroek and colleagues' list of spiritual attitudes and engagements contain 26 items scored from 1 to 6, with higher scores indicating higher levels of spiritual attitudes/engagement. The mean value of the Spiritual Attitude and Involvement List (SAIL) > 4 indicates a high involvement of spiritual attitudes (Brandstötter et al., 2021; Ross et al., 2014). The results of Sakhaei et al's study found that the spiritual attitude of most students was positive by 81.6% and the tendency to protect patient privacy was positively desired. A 43-item spiritual attitude questionnaire was designed on a 5-point Likert scale (strongly agree to strongly disagree).

With an Alpha coefficient of 0.85, the spiritual attitude questionnaire's validity and reliability were verified. Evaluating spirituality can help nurses to self-reflect and promote growth, which in turn can positively affect the nursing care provided to patients (Leeuwen &

Schepakkerman, 2015; Lopez et al., 2015) Spirituality is a complex phenomenon with different definitions and conceptualizations developed and understood as a relationship with God; an existential one with spirituality as the meaning of life and a source of hope and strength; and connectedness to self/others/nature (Cooper et al., 2020; Deluga et al., 2020; Ross et al., 2016).

Nurses should consider the role of spirituality in developing a therapeutic relationship. Within the nursing definition of spirituality, we can find elements such as higher powers, feelings of connectedness, purpose, and meaning in life, relationships, and transcendence (Harrad et al., 2019; Tanyi, 2002). Spirituality is a passion or urges to perform noble actions and religion is one of the dimensions of spirituality that affects the spiritual life of the faithful (Bakar et al., 2017). Spiritual well-being has important implications for the health and well-being of individuals. While the provision of spiritual care and assessment of spiritual needs is a vital part of the nurse's role (Harrad et al., 2019). Meeting the spiritual needs of patients can make palliative care more effective and can also assist in the detection and management of spiritual pain (Balducci, 2019). Spiritual distress can occur at any time during the patient's illness and therefore nurses must be prepared to provide spiritual care whenever it is needed (Giske & Cone, 2015).

Nurses working in hospitals reported positive attitudes towards spirituality and spiritual care. Given the importance of spiritual care and the spirituality of nurses, it is necessary to provide the right context, and implement interventions to improve spiritual care and other nursing skills (Babamohamadi et al., 2018). A person's response to embracing, appreciating, living, and putting into practice objects (religious doctrines and values) that are acquired via learning in their relationships with other people, other creatures, and nature is referred to as their spiritual attitude. An evaluation of a student's attitude competencies, such as receiving or paying attention,

responding or replying, assessing or appreciating, organizing or managing, and possessing character, is called an attitude assessment (Puji Sulani, 2020).

Spiritual care leads to positive consequences such as healing, increased spiritual well-being, psychological adaptation and feelings of satisfaction for patients, and promotion of spiritual awareness and job satisfaction for nurses (Ramezani et al., 2014). There is empirical evidence that the ability to demonstrate spirituality in the workplace has positive effects on job commitment, satisfaction, and demonstrated outcomes in altruism and conscientiousness, career self-management, reduced inter-role conflict, reduced frustration, organizational self-esteem, engagement, retention, and ethical behavior (Paal et al., 2018). Spiritual care training improves not only spirituality at the individual level but also in clinical practice (Brandstötter et al., 2021; Paal et al., 2015). Nurses must build an understanding of spirituality and spiritual care that shape nurses' understanding of spirituality (Cooper et al., 2020). Increased awareness of the spiritual dimension can help overcome personal barriers, and competence in spiritual care mentoring (Cone & Giske, 2012). Effective learning begins with providing a conducive learning environment, and structure for teaching, and practicing spiritual care in nursing (Booth & Kaylor, 2018; Linda et al., 2015).

CONCLUSION

The results of the research and discussion can be concluded that the test developed in the form of multiple-choice extended response has high validity in evaluating nurses' critical thinking skills. The results of the observations obtained that the observation sheet for the ability to carry out cardiopulmonary resuscitation using manikins was obtained in the valid and reliable categories. The spiritual attitude instrument was obtained with a valid category and with high reliability. Recommendations are given to nursing instructors to use the extended response test model to improve critical thinking skills.

Observation sheets with assessment rubrics can also be used to train creative thinking skills. It is very important to improve the spiritual attitude because nurses must provide comprehensive services. It is recommended to always provide spiritual attitude education in nurse education and training.

CONFLICT OF INTEREST

There is no conflict of interest to be declared

ETHICAL APPROVAL

This research has been approved by Institutional Review Board number LB.02.01/XIV.2.2.2/ 24813/2022

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