Chapter 4

Praxis: The Essential Nursing Construct

Cathrine Fowler
University of Technology Sydney, Australia

Denise McGarry
Northern Sydney Central Coast Health, Australia

ABSTRACT

Praxis is grounded as an essential underpinning construct of nursing. Praxis is advocated to be the route to allow nurses to be emancipated from ‘regimes of truth’ and reified bureaucratic structures. Praxis is also described as the vehicle to take nurses on the journey of continued professional and profession growth.

INTRODUCTION

A worldwide knowledge revolution is occurring with easy access to information through the use of multiple technologies and a call for a global knowledge economy. Access to current health information is no longer limited or identified as the domain or property of the health professional or for “professional eyes only”. Individuals are presently able to easily seek out health information.

In many instances we are bombarded through the popular media with information about health regardless of our need or desire to know. This information has multiple uses. It often aims to prepare the individual to contribute to their own health maintenance, to self-diagnose, to provide health management suggestions to their health professional, or to check health advice received from health professionals. It is, on occasion, a source of vicarious titillation.

Nurses are clearly a part of this worldwide trend, both as contributors and users of information. A growing call for nursing practice to be grounded in evidence creates tensions, as well as opportunities, for nursing knowledge and practice to be developed and supported. There are many challenges for nurses if they are to engage in and be part of this knowledge society, using this increase in information accessibility to apply to nursing practice and advance nursing knowledge. A way forward is through refining our understanding and use of praxis as a nursing construct. Nursing praxis is not only about nursing actions but an ongoing reflective activity in terms of consequences.
Praxis

and evaluation of nursing actions to enable a refinement of our knowledge and future nursing practices (McCormack & Manley, 2004). Heron refers to praxis as “… (informed, committed action), the most eloquent and socially significant form of human action” (1985, p. 141). Nursing praxis is a potentially productive term to consider how new knowledge can be developed and used within nursing practice. Chinn and Kramer (2004) promote praxis as necessary to create a vision of the future to advance nursing knowledge and the nursing profession.

We are making four assertions related to praxis as a nursing construct. The first is that nursing practice does not happen in a well ordered predictable manner. Nursing always occurs within a context; this context is usually complex and can be emotionally highly charged. The second assumption is that formal or accepted theory is not actively or consciously used, in most instances, to make clinical judgements or support clinical actions. A disconnect often exists between what nurses know and do (Hartrick, Doane & Varcoe 2008). Situated learning or learning gained through engagement in the practice setting is more likely to be the framework for nursing practice. The third assumption is that nurses regularly reflect on their clinical actions and talk about their work with other nurses as a form of informal clinical supervision. This reflection is not always critical and it rarely results in the development of new knowledge or the troubling of existing nursing and other practices. Finally, clinical settings are productive places for the generation of nursing knowledge and learning. Through opportunistic knowledge generation within clinical settings, nurses can be positioned as knowledge workers and as adult learners who engage with situated learning and knowledge.

We are making four assertions related to praxis as a nursing construct. The first is that nursing practice does not happen in a well ordered predictable manner. Nursing always occurs within a context; this context is usually complex and can be emotionally highly charged. The second assumption is that formal or accepted theory is not actively or consciously used, in most instances, to make clinical judgements or support clinical actions. A disconnect often exists between what nurses know and do (Hartrick, Doane & Varcoe 2008). Situated learning or learning gained through engagement in the practice setting is more likely to be the framework for nursing practice. The third assumption is that nurses regularly reflect on their clinical actions and talk about their work with other nurses as a form of informal clinical supervision. This reflection is not always critical and it rarely results in the development of new knowledge or the troubling of existing nursing and other practices. Finally, clinical settings are productive places for the generation of nursing knowledge and learning. Through opportunistic knowledge generation within clinical settings, nurses can be positioned as knowledge workers and as adult learners who engage with situated learning and knowledge.

The catalyst for this chapter is our interest in nurse education through many years of working within clinical settings and providing education support for beginning to expert level nurses. A clear understanding of clinical experience opportunities is the creation of powerful and sustained learning situations for nurses. Nursing praxis values and labels those clinical experiences by bringing together the worlds of nursing practice and theory through the use of reflection and action.

In this chapter we will explore praxis as a central idea and activity for nursing. During this exploration we will highlight the importance of reflection and action as an inherent component of praxis. By using reflection in and on practice, the possibilities of developing and sharing situated knowledge will be proposed to enable nurses to meet the increasing needs for nursing knowledge development. To continue to advance nursing knowledge and practice, nurses need to understand and foreground the uniqueness of nursing knowledge.

INFORMATION EXPLOSION

During the past decade there has been an explosion in the amount of and access to medical and other health related information. Summary estimates from the UC Berkley’s School of Information Management show that the storage of information has been growing at the rate of 30% a year (Lyman & Varian, 2003). While a report from IBM projected an increase in the world’s information base as doubling in size every 11 hours due to the constant increase in computer information processing ability, sharing of information on the world wide web, as well as the storage of data (images, sound and text) by individuals on personal computers (Coles, MacKay & Richardson, 2006).

This information explosion poses a significant challenge but also a requirement to effectively access, assess and, in some instances, filter information. These processes are necessary to manage and productively utilise this information explosion and turn it into knowledge that is of benefit to nursing and the communities we work within. Drawing on an understanding provided by Lyotard that “… knowledge is not simply a