Nurse Practitioner: Framework for Praxis

Elizabeth Harmon

University of South Alabama
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Nurse practitioners (NPs), especially those prepared at the doctor of nursing practice (DNP) level, will be equipped with the clinical expertise and the economic, organizational, and leadership abilities to assume substantial roles in healthcare reform. In order to be successful in their objectives, NPs must acquire a clear understanding of the principles that will guide their practice, thereby enabling them to effectively pursue constructive knowledge, represent their unique disciplinary perspective, and communicate with both clients and the multidisciplinary team. Intense self-reflection into the unique philosophical, theoretical, and ethical ideologies of the NP will foster the development of a praxis framework that both informs and directs transformative action (Zaccagnini & White, 2014). The significance of a praxis framework to the NP and the nursing discipline will be discussed, personal influences affecting praxis will be identified, and an example of the utilization of this framework in practice will be provided.

Overview of Advanced Practice Nursing Role

According to the AANP (2013), NPs are independent practitioners licensed to deliver nursing and medical services to individuals and groups in acute, long-term, and ambulatory care settings, in both primary and specialty areas. The NP role was initially created in 1965 to serve a dual purpose of countering a pediatric physician shortage and satisfying an increasing need for nurse specialization. Loretta Ford collaborated with pediatrician Henry Silver to initiate the first NP program at the University of Colorado, which was designed to determine if nurses in expanded roles could successfully provide services for well-child care, health promotion, and disease prevention in communities. Additional specialization programs quickly developed in response to the increasing complexity in nursing demands. These early programs awarded
certificates to graduates, but by 1990, 90% of nursing schools offered master’s level and post-master’s level programs (Zaccagnini & White, 2014).

Today, NP candidates must be graduates of an accredited program and pass a national certification exam before applying for state licensure. The state’s credentialing agency determines the regulations for credentialing, criteria for entry into advanced role, scope of practice, and officially awards the title of NP (ANA, 2010). Nine core competencies have been developed for the DNP role: scientific foundations of advanced practice nursing, leadership, quality of clinical practice, practice inquiry, technology and information literacy, policy, healthcare delivery systems, ethics, and independent practice. NPs will play a key role in the future transformation of healthcare by using evidence-based research to advocate for change at the state and national level, develop and implement innovative cost-effective programs, provide leadership within organizations, deliver quality patient-centered care in their communities, and remove barriers that lead to the wide disparities in access to care (Zaccagnini & White, 2014). One of the most important considerations for NPs in preparing for their clinical practice role is developing an integrative framework for praxis.

**Overview of Praxis**

Merriam-Webster (2013) defines praxis as the “practical application of theory.” Lutz, Jones, and Kendall (1997) describe praxis as the “synchronous conjoining of thinking and doing”, and emphasize that it goes beyond simply hypothesizing and requires meaningful action towards attaining a goal. Chinn and Kramer (2011) define praxis as “the integrated expression of emancipatory knowing.” A framework for praxis provides NPs with the necessary foundation to integrate all influences on practice into one comprehensive action plan. Emancipatory knowing refers to the awareness and critical reflection of the inequities embedded within political, social,
and cultural institutions, the source of these injustices, and the action required to eliminate them. The insight assimilated from emancipatory knowing in conjunction with Carper’s (1978) four patterns of knowing (ethics, personal knowing, aesthetics, and empirics) paves the way for praxis (Cody, 2013).

Through a complex cycle of reflection and action on both an individual and a collective level, previously unknown injustices can be brought to light and change can be initiated. When praxis becomes a collective endeavor among nurses, unified reflections and actions occur, emancipatory knowledge gained can be validated and recognized by other members of the discipline, and significant progress can be made toward transforming nursing and health care (Chinn & Kramer, 2011). Integration of the unique philosophical, theoretical, and ethical ideologies of the NP gives birth to the framework for praxis.

**Ideological Influences**

Mental health care throughout this country is severely fragmented and in need of significant reform. In order to gain insight into the root causes of the current system’s dysfunction, a holistic philosophical framework that supports a critical analysis of the underlying societal norms that created this condition should be selected. Critical social theory, the perspective from which the concept of praxis was derived, was chosen as the philosophical basis for practice (Lutz, Jones, & Kendall, 1997). Utilization of this framework provides the NP with an opportunity to view nursing through a historical and sociopolitical lens in order to examine the cause and effect of social injustices on various groups of people. Through self-knowledge and reflective inquiry, individual and collective enlightenment to the cultural, political, and societal forces that shape established ideologies can occur, thus leading to ongoing normative regulation and consensus. The ultimate goal of critical social theory is to emancipate society
from institutionalized norms and determine global strategies to that will lead to freedom and
equality (Bohman, 2013).

As a family psychiatric NP, it will be necessary to explore ways to change a system that
has led to substantial disparities in care. The stigma associated with mental health issues and the
barriers to obtaining quality services must be explored, alternative care delivery options that are
both cost-effective and evidence-based must be evaluated, core structural problems that have led
to pervasive fragmentation of services must be identified, and the economic resources allocated
to mental health care must be investigated. By analyzing these key issues through the lens of
critical social theory, the NP will gain the global perspective necessary to develop strategies that
can elicit profound change.

Theoretical Influences

In light of the philosophical perspective chosen, Jurgen Habermas’s (1984) theory of
communicative action would be an appropriate model to employ in this quest for enlightenment
in mental health care reform. Habermas proposed that there are four types of action by
individuals in society: teleological, normatively regulated, dramaturgical, and communicative.
He believes that communicative action is the only one of the four that promotes common
understanding and cooperation within a group because it fosters open communication from all
conceivable perspectives to achieve a practical consensus. The other three styles, particularly
teleological, use strategic communication and manipulation to achieve the subjective goals set by
individuals and institutions. According to Habermas, it is customary for modern institutions to
use teleological communication as the primary means in accomplishing their goals. He proposes
that communicative action must replace the existing strategic communication style in order for
an equitable transformation to take place. This involves a deliberate process of bringing
stakeholders with as many perspectives as possible together in order to critically reflect upon the fundamental aspects of institutional practices so a normative solution can be reached. Due to the extensive inefficiencies currently predominating mental health care, communicative action could drastically assist the NP in determining the best possible corrective measures to implement in order to produce the desired change.

**Ethical Influences**

In the area of mental health, it is necessary for the NP to possess highly evolved ethical standards that minimize bias and facilitate mutual trust. Although consideration would certainly be given to the traditional bioethical principles that remain widespread in clinical practice, an emphasis would be placed on care-based ethics that emphasize empathy and mutually interdependent relationships (Hamric, Spross, & Hanson, 2009). Since “caring” represents the very essence of nursing, it seems only logical to employ an ethical framework that focuses on the concept of care. Care ethics view moral responses as individualized and guided by personal values such as compassion, friendship, or love as opposed to more abstract principles of justice (Lachman, 2012). Joan Tronto (1993) proposed four elements required for effective caring: attendance, responsibility, competence, and responsiveness of the care receiver. When applied globally to mental health care, this constitutes the NP’s ability to detect the care needs of their patients, take full responsibility for these needs, maintain the necessary competence to address these needs, and verify that these needs for care are met.

**Utilization of Framework for Praxis**

As a family psychiatric NP, primary concern will be given to constructing a clinical practice that promotes equality, cooperation, empowerment, and acceptance. The coalescence of the NP’s ideological, theoretical, and ethical influences will provide the framework for praxis to
emerge. The philosophical underpinnings of critical social theory would be employed by assembling a diverse group of stakeholders to critically analyze the major issues and determine underlying causes of the current system’s failure. This group would continue to meet at regular intervals according to need. Habermas’ (1984) theory of communicative action would be utilized to foster critical reflection within the group in order to reach a consensus on the most practical and beneficial strategies that would elicit meaningful change. Care-based ethics would also be examined and integrated throughout the process to ensure that all individuals requiring mental health services are provided with equal access to quality care that meets their specific needs.

**Conclusion**

NPs, especially those at the DNP level, will be armed with the clinical, economical, organizational, and leadership skills necessary to play key roles in transforming health care. In order to meet this challenge, critical self-reflection will be required on the part of the NP to determine personal philosophical, theoretical, and ethical ideologies. The integration of these ideologies provides a praxis framework that will guide practice, strengthen the discipline of nursing, and direct transformative action. Due to the pervasive problems and social injustices evidenced in mental health care, it was felt that the philosophical underpinnings of critical social theory, Habermas’ theory of communicative action, and care-based ethics would provide an ideal integrative framework for praxis. The goal of praxis, in this case, would be to ensure that equitable, cost-effective, quality mental health services are provided to all individuals who are in need. NPs who utilize a well thought out praxis framework to guide practice will be influential pioneers in the health care system of tomorrow.
References


