

Janforum

Nursing praxis: a zealot responds

Halfway through an absorbing and challenging paper in the *Journal of Advanced Nursing* about the nature of the theory–practice gap (Rafferty *et al.* 1996), I came across a reference to myself as one of the ‘new zealots of nursing praxis’ (p. 688). Unsure of whether to be pleased or insulted, I turned to my dictionary, and while I certainly try to display zeal (enthusiasm; hearty and persistent effort), I am not sure that I would wish to be known as a zealot (a fanatical partisan; a bigot).

My reason for responding to this paper is not to refute my alleged bigotry, however, but to challenge several of the assumptions made about the nature of praxis as I understood and wrote about it (Rolfe 1993). Rafferty *et al.* (1996) provide a very succinct and accurate summary of my position, but then develop several points which reflect either a lack of understanding or a misreading of my original paper.

False dichotomy

Firstly, they argue that I have established ‘a false dichotomy between so-called formal and informal theory’ (Rafferty *et al.* 1996 p. 688). The notion of informal theory, which was developed within the discipline of education, is that it is constructed by practitioners to account for and make sense of individual and unique practice situations. Informal theories are unique, one-off explanations which are developed out of practice and which are then tested and modified in the practice setting, before being discarded as the practitioner moves on to the next clinical encounter.

Informal theories are therefore very different from traditional formal theories which are applied *to* practice rather than constructed *from* practice. But the most important difference between the two is that in developing and testing an informal theory, changes are made in the practice setting. Informal theory not only arises from practice, but the generation and refining of the theory has a direct impact on patient care. Any notion of a gap between informal theory and practice is therefore meaningless, as they are simply two different aspects of praxis. As I claimed in my paper, ‘Theory and practice are locked in an inseparable whole, such that reflective practice produces informal theory, and reflexive theory modifies and develops practice’ (Rolfe 1993 p. 176). The dichotomous relationship between formal and informal theory is, I hope, fairly clear, and I am not sure on what grounds that Rafferty *et al.* (1996) claim that it is ‘false’.

This brings me to the second point, clearly related to the first, where they claim that ‘by privileging one epistemology over another, the praxis argument displays double standards. What it leaves unexplored is the question of the standards by which knowledge comes to be judged and legitimized’ (Rafferty *et al.* 1996 p. 688). In response, I would argue that the epistemology of praxis does not employ the same standards for the legitimation of knowledge as the traditional scientific epistemology, but it nevertheless has clear and far more pragmatic standards. As Stenhouse (1978) pointed out, the knowledge-base of most practice disciplines is legitimized not according to whether the knowledge is of any practical use, but by the research methods used to generate it. He argued that research has imposed its own agenda on practice, and appeals to research judgement rather than practice judgement, to the extent that we can only legitimately criticize research findings on the strength of the methodology of the study. If there are no flaws in the design and conduct of the study, then we are compelled to accept the findings as applicable to practice. And as Stenhouse (1978) pointed out, this vision is seductive, particularly to less experienced practitioners, as

without understanding why one course of action is better than another, we could prove by statistical treatment that it is. The vision is an enticing one: it suggests that we may make wise judgements without understanding what we are doing.

(Stenhouse 1978 p. 27)

Improving practice

But if the main criterion for accepting formal theory is the methodological soundness of its generation, then the main criterion for accepting informal theory is whether it brings about improvements to practice. Indeed, the theory is modified until it *does* bring about improvements. Unlike findings from formal scientific research which, even if they do not successfully translate into practice, seem to hang around forever like a bad smell, contributing to the theory–practice gap, informal theories that are ineffective are immediately modified or discarded by practitioners themselves. In answer to Rafferty *et al.*’s criticism then, the standard by which informal theory is judged and legitimized is according to the criterion of whether it translates into good and effective practice, and it therefore appeals to the professional clinical judgement of the practitioners rather than to the methodological judgement of the academic.

This brings me finally to Rafferty *et al.*'s third point, that 'there is a deep irony embedded within the politics of praxis' (p. 688) such that 'new wave theorists of action learning and reflective practice have found favour in a climate committed to the Thatcherite values of self-reliance and self-improvement'. Praxis, it is argued, needs to take a wider political perspective rather than unwittingly support Thatcherite policy.

I have to say that whilst I can tolerate being called a bigot, I draw the line at a Thatcherite, and I therefore went back to my dictionary, where I learned that politics is 'the manoeuvring for power within a group'. With this definition in mind, the underlying politics of praxis is not, as Rafferty *et al.* maintain, concerned with the so-called Thatcherite values of self-reliance and self-improvement, but with the legitimation and ownership of the knowledge-base (and hence the power) of the discipline. This is currently in the hands of a small group of largely non-practising academics who commission and carry out the research, devise the nursing models, and publish their findings and conclusions in the academic and professional journals. One of the many implications of praxis is that the power to legitimize and create knowledge will fall to practising nurses.

It is therefore hardly surprising that the nursing hierarchy should strongly resist such a transition of power, either by claiming that the theory–practice gap is the fault of practitioners who do not understand or do not read theory, or by claiming, as do Rafferty *et al.* (1996), that perhaps the gap is inevitable, or even that it is a good

thing, and that 'it is only when the theory–practice gap is held in dynamic tension that change can occur'. I find this latter view in particular to be very misleading and potentially dangerous. A gap between theory and practice in, say, engineering, would be totally unacceptable and would put lives at risk. Why, then, do we continue to justify it in nursing, where lives are equally at risk? I do not wish to be seen as a zealot, but I do believe that praxis, which seeks to legitimize the professional judgements of ordinary practising nurses, offers one (but not the only) way of resolving the theory–practice gap and thereby improving patient care.

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