Praxis and Nurses

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Praxis is a Greek word meaning "habitual or established practice". Translated to one's business routine, it implies the way one naturally does their job. There are many ways to describe praxis; adjectives such as creative, driven, sympathetic, excellent problem solver, organized, efficient, and decisive are all examples. Unfortunately, these adjectives are relative and imprecise. Tests have been derived which measure behavior and personality – key elements of praxis. Myers-Briggs, and Enneagram are two very popular evaluations yielding 16 and 9 "types" respectively. Much effort has gone into mapping Myers-Briggs, Enneagram, and other personality test results to professions and functions such as: marketing, sales, manufacturing, finance, doctors, lawyers, teachers, contractors, police, etc. The matches can only approximate these professions and functions as they come with many variations in dimensions such as need for following processes, helpfulness with customers, sense of urgency, risk aversion, inventiveness, and dozens of others – all elements of praxis. As a result we see many situations where describing a specific job as simply marketing, sales, contractor, or even nursing could attract someone with the right background but with a very inappropriate praxis.

CycloPraxis is the mapping of worker praxis to the lifecycle stage representing the maturity of any given business unit. For the purposes of cyclopraxis the lifecycle stages are defined as authoring [startup], building [early growth], capitalizing [late growth and maturity], diversifying [really authoring/building a new business unit], and enduring [decline]. Authors, builders, capitalizers and captains, and extenders best staff these lifecycle stages. Various elements of the praxis of each have been well researched. Authors are responsible for undeterred championing of the initial idea. Builders are personally credited with necessary and important first accomplishments. Capitalizers seek maximum returns by carefully adhering to processes and being mindful of boundaries. Extenders keep both accumulated wisdom alive and key customers supported for as long as possible. Diversifiers and Captains play special roles. Each group has a natural way of working [praxis] that happens to align with the needs of the business as the business moves from lifecycle stage to stage. For more information, see the companion article "Cyclopraxis in the Business World" available at www.cyclopraxis.com.

CycloPraxis can be extremely beneficial for staffing and people management when the business unit under consideration is for profit and will likely follow the traditional lifecycle evolution – authoring, building, capitalizing, and extending apply easily. CycloPraxis can be more difficult to apply when the business organization under consideration requires a multiple of the praxes for success in the steady state maturity stage. Such might be the case with doctors, nurses, realtors, teachers, and public servants. Typically the maturity stage is staffed with capitalizers and managed by captains. However for some business types, this would be suboptimal -- consider that it is more desirable for a family doctor to be caring about patients [extending praxis] than trying to maximize efficiency and profits [capitalizer praxis]. ActiPraxis [Activity + Praxis] departs from the lifecycle implication of cyclopraxis.

ActiPraxis looks at the way in which work is naturally performed. Most studies of work focus on rule based performance oriented *productive* work. Scores of classifications have been developed since the mid 1900's. Many in the workforce optimize their work behaviors to reap maximum rewards in such productive work environments. Rules however don't fit all situations. Sometimes the needs of a

customer or client are not covered by a pre-established rule and the benefits of assisting that customer outweigh the benefits of adhering to the rules. Workers empowered with the authority to depart from rules in pursuit of customer satisfaction are engaging in *assistive* work. There are other types of non-rule based work as well. For instance, the work activity that leads to the establishment of rules certainly cannot be rule based. Indeed, it is generally *prescriptive* and closely preceded by *discovery* work. And, inventors and early stage entrepreneurs engage in *inspirational* work. For more thorough discussion of the ActiPraxis types of work, see the companion article "ActiPraxis Classification of Work" available at www.cyclopraxis.com.

The nursing profession plays a very valuable – and diverse – role in today's society. Conventional perceptions would generalize nurses to the extender-cyclopraxis performing assistive-actipraxis work with strong preference for empathizing. Extrapolation of the same thought would lead to the conclusion that the other praxes would be all but absent. Of course to start a new nursing business, some amount of authoring and building must likely occur. But then, once a practice is underway and mature, conventional cyclopraxis theory would suggest that traditional nurses would be capitalizers. Which is it, extenders or capitalizers? Our research confirms the author/builder contributing in the startup phase. But research also shows builder, capitalizer, and extender praxes all present and contributing in with discovery, prescriptive, productive and assistive actipraxis work in the steady-state mature nursing profession.

Nursing in an oncology ward or on the recovery floor or in case management generally attracts nurses with the extender praxis who prefer assistive work. The best match to patient needs is with staff that show caring and empathy. Educating the patient towards self-care is important in many situations. Hospital human resources specialists know these nurses as the 'people pleaser' type. Capitalizer nurses more oriented to efficient productive work usually avoid these assistive assignments because predictability is low [each individual patient's circumstances are different], because individual cases tend to linger on without sense of completion, and because there is little to no interest in efficiency improvement. Putting a capitalizer praxis nurse into an assistive work situation not only frustrates the capitalizer, it also irritates the other extender praxis nurses. Viewed the other way, the extending praxis nurses usually see the productive-actipraxis type as abrupt, needlessly driven to schedule, unsociable, and uncaring. Effective teamwork between capitalizing and extending nurses is difficult.

Extender praxis nurses often must work for captains who are capitalizer praxis at heart. This too can result in some tensions. The capitalizer/captain will impose structure, measure productivity, look for efficiency improvement, and limit sociability. Frequently the management of these dimensions is grounded in budgetary considerations imposed from executive leadership. Nevertheless, the extender praxis nurses usually find that each of these management actions impedes the care that they see as so essential. The resulting tension and stress contributes to the burnout and departure of many from the nursing field.

Nursing in the operating room or for specialized medical routines generally attracts nurses with the capitalizer praxis comfortable with the efficiencies of productive work. Capitalizing nurses work closely with the physician practicing in the operating room or responsible for a particular specialized routine. They run the same procedures again and again for each new patient. They enjoy having special structured ways to doing each task and sub-task. There are multiple rules to follow. They work hard at improving the efficiency and effectiveness of their contribution. The same work patterns

usually apply for many of the patients in intensive care wards. Compared to the extender nurse, they have little time to socialize with patients – in fact few get to know their patients at all.

If an extending praxis nurse – from oncology or recovery floors – were to work in the operating room or other similar nursing situation, they would likely feel an emptiness. The emotional connection that energizes the extending praxis nurse would be absent. The boundaries of the process and the job, which are 2nd nature to the capitalizing nurse, would feel confining to the oncology/recovery nurse. And much of their specialized knowledge of patient well-being and after-hospital care would be unnecessary.

Nursing in the emergency room generally attracts nurses with the builder praxis. The emergency room environment requires multitasking, adrenaline to attack every problem, and a strong sense of task accomplishment. The equivalent actipraxis are discovery work [figuring out what is wrong] and prescriptive work [taking action to the limits of authority]. There is essentially no opportunity for patient relationship and no chance for continuing patient assistance. Each emergency is unique, thus rendering predictability and standardized approaches almost useless. It takes a special individual to have continued energy for such a chaotic environment. These "adrenaline junkies" actually thrive on the more difficult emergencies where their personal contribution can save a life.

A few builder praxis nurses also enjoy the intensive care environment – especially for the more difficult cases where the actions of the nursing staff can make substantial difference. Other builder praxis nurses move out of the emergency room, but into similar ActiPraxis opportunities such as becoming a flight nurse. If a builder nurse were to choose an operating room position or other position more suited to a capitalizer or extender, they would probably quickly tire of the repetitive procedures and feel unfulfilled at the lack of opportunity to personally make a difference. Capitalizers and extenders would most likely judge the errant builder nurses as brash, hurried, and inconsiderate.

Builders can also be found in the nursing profession as change agents. They undertake short task assignments to improve quality, streamline procedures, and other management assigned projects. When opportunities of this nature are defined, management is hesitant to assign extender praxis nurses. [The extender nurse is relatively uninterested because little relationship is involved; and the extender is relatively ineffective because of a tendency to keep a project going rather than drive to completion]. Management is similarly hesitant to assign capitalizer praxis nurses. The capitalizer nurse is relatively ineffective because they are being asked to re-write the very structure that they rely upon for effectiveness and because measures of their work progress are unique and different than past measures.

Launching a new business unit inside a nursing environment requires conscious management of CycloPraxis and ActiPraxis. Examples of emerging nursing businesses in the 2000's are brain scanning, drug prescription based on genetic measurement, and caring for epidemics of age related illnesses. In all cases, author and builder praxes nurses would be the best leaders and participants for the early experimentation and development of these emerging health care opportunities. Authors are creative and will suggest and champion new ideas. Builders are most appropriate for exploring and debugging these new ideas into shape for widespread application. Builders will appreciate the chance to write the first procedures, to establish productivity standards, and to promote the values of the emerging medical opportunity to willing early candidates. These first few steps are CycloPraxis in action. The next step is to engage the necessary numbers of nurses with appropriate actipraxis work

interests [discovery, prescriptive, productive, assistive] to deliver the new medical opportunity to large numbers of population with appropriate predictability, care, and decisiveness.