
From the editor

Accountability in nursing practice is an exceedingly complex concept. Ordinarily it is viewed from a legal, ethical, or social perspective. These points of view take into account the most immediately evident ideas that originate in the underlying premise of accountability—that a person must conform to the prevailing legal, ethical, and social expectations that are held for one's performance of one's duty to other people. These ideas are worthy of note especially when the idea of accountability is being considered.

The complexity of the concept is evident as soon as the more immediately evident problems are dealt with to any extent. The recent pamphlet published by the American Nurses' Association titled *Nursing: A Social Policy Statement* illustrates the complexity of the notion of accountability. In this publication, the various dimensions of nursing's accountability to society are made explicit and form a basic framework for the practice of nursing in our current society. The Congress for Nursing Practice, who prepared this document, acknowledges the historical basis on which nursing practice has been developed, the theoretical and research basis on which it will continue to be developed, the legal and social contractual relationships that operate to establish the boundaries of nursing practice, and the intraprofessional and personal factors that effect the practice of nursing by individuals.

The statement also implicitly acknowledges the foundation on which accountability in nursing practice is based. This foundation is conveyed by the concept of praxis—thoughtful reflection and action on the world in order to transform it. Nursing exists in society to create the transformation we know as health and healing. We are accountable to provide the conditions under which human beings become well, or remain well, or achieve a higher level of wellness. This notion in and of itself is a transformation. The concept of praxis requires that we achieve this transformation by

two continually interacting processes: reflection and action.

Reflection requires our best thinking. It involves many different kinds of thought, including understanding and knowing our history, knowing and understanding the theories on which our practice is based, giving thoughtful and critical attention to the development of ideas, concepts, and theoretical propositions, being informed about the political and social forces that effect our lives, being aware of forces that effect us as individuals, and for most of us, as women. Integrating these complex ideas results in a "world view." Once we begin to achieve a view of the world that seems to make sense through thoughtful reflection, we can then begin to act in a manner that is consistent with that world view. Once we act, we begin to alter our world view as we evaluate and reflect on the results of our actions.

Action based on thoughtful reflection goes far beyond the mere observable acts that we see someone doing in nursing practice. Action, when viewed as part of the concept of praxis, is action based on the world view developed through thoughtful reflection. It is purposeful, and it is meant to stand for something that is greater than the simple act of doing. If a nurse makes an observation, records an observation, or carries out a nursing act, praxis requires that these actions are done within some deliberate context and toward some deliberate end.

Florence Nightingale's *Notes on Nursing: What It Is and What It Is Not* provides an excellent foundation for praxis in today's practice of nursing. Although some of Nightingale's reasoning has since been outdated, the logic and the thoughtful reflection that is evident in her directions for action is a tradition that we need to continue to develop. Accountability in nursing practice requires the kind of thoughtful deliberation that Nightingale exhibited over 100 years ago. She advo-

cated that nursing needed to develop a body of knowledge based on astute observation, and that critical reflection on the meaning of observations was needed in order to develop nursing practice.

This and the previous issue of ANS illustrate the need for praxis. Ordinarily we tend to think of scholarship (the focus of the previous issue) and practice (the focus of this issue) as two separate things. By the same token, scholarship typically tends to be equated

with thought, whereas practice tends to be equated with action. As the content of each of these issues illustrates, scholarship and practice, or thought and action, cannot really be separated or conceptualized as two separate entities. If we act without thoughtful reflection or think without acting, we cannot be accountable. To be accountable, praxis is required.

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Editor

CORRECTION

In the article "Accountability in Research: The Relationship of Scientific and Humanistic Values" by Sara T. Fry in the October 1981 issue (4:2), one of the sentences was worded incorrectly. On page 6, the last sentence of the paragraph above the heading "Human rights guidelines" should read: "It is not possible to predict which of these value assumptions is of higher rank. Yet it is certain that each of these value assumptions of professional nurse behavior can be explicated from the *Standards of Nursing Practice*."