Article

Practice Inquiry Competency of Nurse Practitioners: A Wilsonian Approach to Concept Analysis

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Abstract

The aim of this concept analysis paper was to critically analyze the practice inquiry competency of nurse practitioners as a concept using the Wilsonian approach. The novelty of practice inquiry competency, one of the entry level nurse practitioner’s core competencies is nascent. The Wilsonian approach of concept analysis provided the framework. Web searches using Google Scholar and databases from PubMed, CINAHL, Science Direct, ProQuest, and Medline provided related literature from 1963–2013 to capture the evolution of the Wilsonian approach to concept analysis.

The sample cases of the Wilsonian concept analysis process validated that the impetus of practice inquiry competency is greater when used in collaboration with healthcare professionals.

The paucity of scholarly works on practice inquiry as a novel competency of nurse practitioners makes this an opportune time for both nurse researchers and doctoral students in nursing to develop and analyze concepts toward building a stronger foundation for nursing theory and then evaluating its impact on health.

Keywords: competency; concept analysis; nurse practitioner; practice inquiry; Wilsonian approach; Wilsonian-derived

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Background

In 1990, the National Organization of Nurse Practitioner Faculties (NONPF), a United States-based organization which represented over 90% of academic institutions with nurse practitioner (NP) education programs, released the first set of entry into practice core competencies. These competencies involved five domains, namely: Health Promotion/Health Protection and Disease Prevention, Nurse Practitioner-Patient Relationship, Teaching-Coaching Function, Professional Role, Managing and Negotiating Health Care Delivery Systems, and, corresponding competencies. Then, in 2008, NONPF endorsed the Doctorate in Nursing Practice (DNP) as the entry level for NP practice, and all NONPF competencies which built upon existing Master’s and DNP core competencies were integrated. This served as a guideline for educational programs preparing NPs to fully function as a licensed independent practitioner (National Organization of Nurse Practitioner Faculties, 2008).

Through the 2011–2012 Population-Focused Competencies Task Force, NONPF published a nationally validated set of core competencies for NPs which, for the first time, included practice inquiry to amplify its clinical investigative underpinnings as one of the nine competencies. As of 2012, there was only one set of entry level NP core competencies regardless of practice focus. The nine core competencies included: Scientific Foundation, Leadership, Quality, Practice Inquiry, Technology and Information Literacy, Policy, Ethics, Independent Practice (National Organization of Nurse Practitioner Faculties, 2011).

While the professional literature is replete with successes of the NP role enactment (Alber, Augustus, Hahn, Penkert, Sauer, & Desocio, 2009), the novelty of practice inquiry as an NP core competency shows paucity. It needs to be explored, developed, described, and disseminated.

Aim

The purpose of this paper was to critically analyze the practice inquiry competency of NPs as a concept using the Wilsonian approach. Practice inquiry competency, one of the nine entry level NP core competencies that all nurse practitioners are expected to demonstrate upon graduation, is nascent. Therefore, it is worth exploring and cultivating.

Methods

Computerized searches using Google Scholar and databases from PubMed, CINAHL, Science Direct, ProQuest, and Medline provided related literature for the years 1963–2013 to capture the early beginnings of the Wilsonian approach to concept analysis. The Wilsonian method of concept analysis provided the framework for this study.

The initial search using the key words concept analysis, Wilsonian approach, Wilsonian-derived, practice inquiry, nurse
practitioner and competency showed robust yields of more than 12,000 articles. However, using the advanced search option, the following inclusion criteria were specified: primary source journal articles written in the English language for the years 1963 to 2013; special interest in Advanced Practice Nursing subset. Using the same key words, the harvest was less prolific: there were 134 articles specific to advanced practice and one article on practice inquiry by Magyary, Whitney, and Brown (2006).

Applying the Wilsonian approach to analyze the concept

The Wilsonian approach to concept analysis, also described as “linguistic analysis” or “linguistic philosophy” (Wilson, 1963) is philosophical in design. Although not intended to be used as a research method, it is widely adapted by nurse researchers and has formed the base of concept development (Chinn & Kramer, 1991; Schwartz-Barcott Kim, 1993 as cited in Hupcey, Morse, Lenz, & Tasón, 1996; Walker & Avant, 2011). The intent of the Wilsonian approach to conceptual analysis is to identify first the broadest possible meaning of the word, then construct cases to clarify meaning in particular context. This means only relevant and applicable techniques may be used for a particular concept being analyzed.

The eleven Wilsonian techniques and processes are as follows:

1) Isolating question of concept. This technique requires identifying, delineating, and addressing the question of concept first over other questions, i.e., questions of fact or values.

2) Finding the “right answer”: The concept may have multiple meanings and contexts, so the “right answer” to be developed is the one that is closest to the core of the concept. This requires discriminating which elements are essential and non-essential to the heart of the concept.

3) Model cases: The analyst describes case studies based on everyday real-life experiences which allows for the explication of essential elements of the concept that would make him/her say, “This is it! If this is not the example of it, then nothing is.” (Wilson, 1963).

4) Contrary case. The analyst identifies and describes explicit real-life cases that are obviously opposite and, thus, contradicts the concept.

5) Related case. A case that is similar or importantly connected to the concept being analyzed. Analyst describes similar real-life scenarios or cases that occur in similar environment. Critical analysis of the case allows for explication of which elements of the concept are essential and which are non-essential

6) Borderline case. A case resembling a model case, but maybe be missing some important elements.

7) Invented case – this is constructed when there are insufficient real-life cases that could clarify understanding of the concept.
8) Social context – exploring the nature or circumstances of the concept to identify who uses it, in what manner, and where in order to determine the context in which it is used. The analyst stays sensitive to the cultural and social milieu in which the concept under study is used.

9) Underlying anxiety – the analyst clarifies underlying emotions and discourses surrounding the concept. Identifies any controversies or insecurities surrounding the concept which need to be understood and controlled.

10) Practical result – the analyst tests the results of understanding the concept’s essential elements. These results should be useful for everyday basis and arriving at some understanding or meaning.

11) Results in language – the most useful criteria in defining the meaning of a concept where the analyst clarifies it and its essential elements in order to come up with the best meaning.

More importantly, Wilson (1963) also suggested conducting an internal dialogue about the concept, re-analyzing the conceptual questions for relevancy, and then comparing the results.

Findings

It was Wilson’s intent to use only the techniques that were relevant to the concept being analyzed. For the concept of practice inquiry competency of NPs, seven of the eleven techniques were deemed relevant, appropriate, and sufficient to explicate and guide analysis. For example, Model cases were true-to-life scenarios which rendered Borderline and Invented cases unwarranted. Since practice inquiry competency is a specific behavior expected of NPs, and developed by NPs for NPs, inclusion of Social Context and Underlying Anxiety were, likewise, deemed unnecessary.

There were seven relevant Wilsonian techniques applied to guide the concept analysis.

1. Isolating the question of concept: Considering the novelty of practice inquiry competency as a concept and its sparsity in the available literature, certain questions arose. These were: (1) What is the meaning of practice inquiry competency? (2) What are the elements of practice inquiry? Wilson suggested isolating the question of concept from questions of fact and value. This is important because questions of concept are the focus of this analysis and should be addressed first. Thus, according to the Wilsonian framework, the first question is a question of concept and the second is a question of fact.

2. Finding the “right answer”: The right answer is the one which is at the core of the concept. Practice inquiry competency is one of the nine NP core competencies released by the National Organization of Nurse Practitioner Faculties (2012). It is a dynamic clinical investigation of clinical issues encountered by NPs daily through observation, description, and appraisal and how they
interface with empirically and theoretically-based knowledge (Magyary et al., 2006). It is a behavior that all NPs are expected to demonstrate upon graduation from NP education regardless of their practice focus, i.e., community, primary care, specialty clinics, women's health, etc.

3. Model cases: The following real life scenarios were used to explicate the essential elements of this concept.

Case 1. A patient with advanced liver disease presented to a Primary Care Clinic of a large urban federal facility. The Primary Care Provider, who was a physician, after reviewing the patient’s history and performing physical examination, consulted with the Liver Clinic NP regarding the current guideline in the management of cirrhosis. Additionally, the physician wanted to know about the latest criteria for liver transplantation. Both MD and NP providers collaborated in formulating a plan of care for the patient which included laboratory workup first and, then, referral to the Liver Clinic. Both providers discussed the plan with the patient and answered the patient's questions related to post-liver transplant outcomes. After a thorough explanation and discussion, the patient concurred.

In this case, the investigative process of exploring the best option for the patient between the physician primary care provider and the Liver Clinic NP reflected a collaborative effort with colleagues who contributed to the collective advancement of nursing/health science, practice and health care (Magyary et al., 2006).

Case 2. A Neurology NP initiated the first ever nurse practitioner-led outpatient clinic for stable post-cardiovascular accident (CVA) patients. As a pioneer in this arena, the NP observed, described, appraised, and gathered data pertaining to clinical issues and discussed them with the team during regularly scheduled weekly meetings. Her practice became the benchmark of NP-led ambulatory care clinics. She has since has been sharing best practices in post-CVA care. She has also been presenting and disseminating evidence from inquiry to diverse audiences of healthcare providers.

4. Related case: A junior faculty from a college of nursing departed from the usual method of teaching lengthy lectures by switching to a seminar type of discussion. The students were given a menu of topics to choose from and lead the discussion on. A symbiotic sharing of ideas ensued, making the students feel empowered and the teacher, actualized. This is also another example of collaborative/reciprocal learning.

5. Contrary case: An advanced practice nurse was hired as an ICU nurse manager in a large and complex federal facility. Her schedule was laden with committee meetings, staffing issues, monitoring high volume and high risk unit activities, and other tasks. These hardly have any relevance to translation of new knowledge into practice, or generation of knowledge from clinical practice to improve practice.
6. Practical result: This analysis showed that practice inquiry competency is an ongoing process of clinical investigative focused on searching for answers to questions involving daily realities and complexities of the NP's daily practice. As investigative process, it can be performed independently. However, it is done with increased impetus when undertaken in collaboration with other healthcare professionals.

What are already known about this topic: 1) that practice inquiry competency is a behavior expected of all NP graduates regardless of practice focus; 2) it is the latest addition in the nine NP core competencies released by the National Organization of Nurse Practitioner Faculty; and 3) the Wilsonian approach is intended to be used as exercise for high school students to enhance their cognitive and writing skills. However, the technique had been widely adapted in nursing and formed the basis of concept development.

What this paper adds: 1) The sample cases derived from real life experiences validated that practice inquiry competency is a dynamic investigative process of clinical issues encountered by NPs. This can be accomplished through observation, description, appraisal, and interfacing with empirically and theoretically-based knowledge (Magyary et al., 2006).

2) As an investigative process, practice inquiry competency can be performed independently. However, it is done with increased impetus when undertaken in collaboration with other healthcare professionals.

7. Results in language: Practice inquiry competency is a demonstrated ability to perform a dynamic process of clinical investigation by all NPs regardless of practice focus. Areas of increased knowledge, skills, and expertise include, but are not limited to, collaboration, complex decision-making, and leadership in translation and dissemination of new knowledge. Practice inquiry competency is an ongoing process of clinical investigative focus searching for answers to questions involving the daily realities and complexities of the NP's daily practice. It involves observing, describing and appraising clinical issues and understanding crossing points with empiric and theoretic knowledge. The investigative focus integrates scientific curiosity and inquiry with the realities of everyday practice (Reid & O’ Donoghue, 2004). As investigative process, it can be performed independently. However, it is done with increased impetus when undertaken in collaboration with other healthcare professionals. Ultimately, the goal is translating all forms of best available evidence into practice and assessing the
translational impact on the quality of health and healthcare outcomes (Magyary et al., 2006).

**Discussion**

The major strong points of Wilsonian approach as cited by Hupcey et al., (1996) are: (1) A concept is chosen by thoughtfully examining a situation, or passage from literature prior to analysis. (2) The Model cases that explicate the concept and guide analysis are constructed from real life everyday situations, otherwise, Invented cases are constructed when there is insufficient actual cases to illumine the concept (3) Attributes emanate from the sample cases, and (4) The iterative process of “internal dialogue” and “reanalysis” which are essential in the analysis continue until adequate results are secured.

**Limitations to the Wilsonian and Wilsonian-derived approach**

The Wilsonian technique was not a research method. It was originally intended as a class exercise for six-form level students so they may enhance their writing and cognitive skills, a requisite in concept analysis (Wilson, 1963). However, it was widely adapted by nursing researchers and had in fact formed the basis of concept analysis as described by Hupcey et al., 1996; Chinn & Kramer, 1991; Schwartz-Barcott & Kim, 1986, 1993; Rodgers, 1989a, 1993 as cited in Weaver & Mitcham, 2008; Walker & Avant, 2011.

Walker and Avant (1995) the most frequently-used Wilsonian-derived method was described as overly simplified and lacked description of critical inquiry processes. That the “adherence to simplistic techniques reflects enshrinement of the method over the intellectual effort that necessarily accompanies the process of inquiry” (Hupcey et al., 1996). Moreover, the dictionary definitions, and invented cases reduced validity, comprehensiveness and relevance.

**Inquiry and research**

Overlap between research and practice inquiry was explored by Robinson (2003), which clarified that both require attitudes of openness, intellectual curiosity, and a willingness to step outside a frame of reference to see things in new ways. Robinson continues to say that inquiry involves practitioners in examining the knowledge, skills, attitudes, and strategies that underpin their practice and in testing their assumptions. She adds that both are scaffolded on the research findings of others. Like (Robinson, 2003; Reid & O’ Donoghue, 2004) identified a close relationship between inquiry and research. However, both authors are careful to draw a distinction between the two. For example, research uses appropriate methods and methodologies, builds upon the literature in the area being researched, is an accessible activity open to peer review, and the knowledge produced is applicable to other researches. The contention is that, sometimes, inquiry may meet these requirements, but most often
Conclusion and recommendation: Implications for theory, research, practice

The concept of practice inquiry competency is still in its infancy stage. The paucity of scholarly works on practice inquiry as a novel competency of NPs makes this an opportune time for both nurse researchers and doctoral students in nursing. There is an increasing need to demonstrate heightened level of urgency in developing and analyzing the concept in order to build a stronger foundation of nursing theory and then evaluate its impact on health and healthcare policies and outcomes. The fact that NP education is now moving toward the doctoral educational level confirms the NPs role to assume a newly defined leadership stance in transforming science from bench to bedside.

In advancing practice inquiry perspectives and competencies, the benefits are many: (a) influence the drafting of healthcare policy to remove barriers to NP practice; (b) revise educational curricula to strengthen investigative endeavors; and, (c) distinctly define the role description and research agenda of NPs. (Magyary et al., 2006).

The hope is that practice inquiry competency perspectives may fuel the growing interest in integrating the role and practice of advanced practice nurses in ASEAN countries. The Board of Nursing, University of the Philippines College of Nursing, Philippine Nurses Association, and other stakeholders are germinating the seed through round table discussions to make this a reality. More studies are recommended to provide needed insights which will further serve as a springboard to curriculum development, practice and policy changes, and give direction to bigger future studies.

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References


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