

Practice Without Theory: A Philosophical Inquiry into Contemporary Nursing in South Asia

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Abstract

The paper critically examines the prevalent sentiment among nurses in practice who reject the necessity of nursing theory. Through a philosophical lens, the author challenges this assertion, emphasizing the pivotal role of theory in contemporary nursing practice. The discussion explores the broader purpose of theory, detailing its relevance to nursing and its instrumental role in empowering nurses for the future of the profession. The paper contends that theory is indispensable in today's practice, especially in South Asian countries facing healthcare disparities. It traces the evolution of nursing in this region from a vocation to a profession facilitated by nursing theories. The author asserts that without theory, nursing in South Asia may risk reverting to a stage where nurses are perceived as powerless and marginalized. In conclusion, paper advocates for a better understanding of the intricate link between theory and practice to empower nurses and positively impact the future of profession in the region.

Keywords: nursing, nursing science, practice, profession, theory

Introduction

Generally, theory is a set of principles upon which an activity is based (Merriam-Webster, 2002). In the broader context of healthcare, theory serves as the foundation for any activity, providing a set of principles to guide actions. In a nursing context, theory is a skeleton that forms the basis for actions performed by nurses (Powers & Knapp, 2010). Nursing theory, in particular, is a structured set of principles that essentially define the scope of nursing providing a framework to guide and inform nursing practice (McEwen & Wills, 2021, Chapter 2, p. 50). The scope of nursing practice involves what constitutes nursing, what nurses do and why they do what they do (Masters, 2014). The scope extends beyond mere task performance to encompass a mix of knowledge, judgment, and competence, allowing nurses to evaluate the impact of their practice (Chinn, 2012).

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Why might nurses in contemporary practice need a theory?

Nursing theory serves as a lens through which nurses gain a deeper understanding of nursing phenomena, the rationale behind care interventions, and the potential outcomes (Colley, 2003). For example, cultural competence is an evolving concept that requires being sensitive, respectful and informed about patient's cultural background and associated needs because culture influences language, religion, values and beliefs, all of which can have an impact on a patient's health history and care preferences. With the help of Transcultural theory, nurses gain a better understanding of how to incorporate cultural competence in practice and thus, to improve patient care outcomes (Leininger, 1991). Transcultural theory here, serves as a useful tool for nurses, facilitating critical thinking, reasoning, formulating judgments and guiding clinical decisions in practice (Iskandarani et al., 2012). Similarly, Hodges' Health Career Model exemplifies its use as a tool for reflection during clinical assessments, care planning, and decision-making processes (Doyle & Jones, 2013). The model encourages nurses to reflect on their practice through multiple lenses, ensuring a comprehensive understanding of patient needs and care strategies. The Interpersonal domain emphasizes the relational aspects of nursing, including communication and empathy. The Sociological domain highlights the impact of societal factors and social determinants on health. The Scientific domain focuses on evidence-based practice and the integration of scientific knowledge into care. Finally, the Political domain addresses the influence of healthcare policies and organizational structures on contemporary nursing practice. In contemporary nursing practice, a nurse might use Hodges' model to provide holistic and personalized care by considering the patient's social background, the scientific basis of their care, interpersonal dynamics, and relevant political or policy-related factors. According to Jones (2017), using conceptual models like Hodges' can greatly enhance nurses' critical thinking, fostering a reflective and engaged nursing workforce.

Nursing theory, further allows nurses to examine relationships and patterns associated with clinical questions and processes in a more comprehensive manner, allowing them to link concepts in the development of new knowledge (Karnick, 2016). For instance, Imogene King's Theory of Goal Attainment emphasizes the dynamic interactions between the nurse, patient, and the environment, helping nurses to identify and analyze the factors influencing patient outcomes, fostering a more holistic approach to care (King, 1981). By applying this theory, nurses can develop targeted interventions that address both the physiological and psychosocial aspects of patient care, leading to improved overall health outcomes. Another practical example is the application of Dorothea Orem's Self-Care Deficit Theory (SCDT) in chronic disease management. SCDT posits that patients who are able to meet their own self-care needs experience better health outcomes (Orem, 1995). For example, nurses use SCDT to design education programs that empower patients with Diabetes Mellitus to manage their condition effectively. Research has shown that such theory-based interventions lead to significant improvements in patients' self-management behaviors and glycemic control (Asmat et al., 2022). The iterative process of applying theory in practice often leads to the development of new theoretical models. For instance, the adaptation of existing theories to address emerging healthcare challenges, such as the integration of technology in patient care, has led to the development of models that incorporate telehealth and digital health interventions. Theoretical frameworks like the Technology Acceptance Model (TAM) have been adapted in nursing to understand how nurses and patients accept and use technology, leading to more effective implementation strategies (Davis, 1989; Holden & Karsh, 2010).

Nursing theory serves as the cornerstone for professional autonomy, establishing nursing as a distinct discipline. Cutcliffe and McKenna (2011) argue that this theoretical foundation distinguishes nursing from other professions by rooting it in a unique body of knowledge. By leveraging theory, nurses gain the autonomy to make informed decisions, advocate for patients, and engage in reflective practice, which sets them apart from other healthcare professionals. For example, Patricia Benner's "From Novice to Expert" model illustrates how theory empowers nurses at all levels to exercise professional judgment. This model delineates a path for nurses to develop from novices, who rely on rules and guidelines, to experts, who can draw on a rich, internalized understanding of clinical situations (Benner, 1982). This progression fosters autonomy, as experienced nurses make complex decisions based on their advanced skills and deep theoretical knowledge. Similarly, Jean Watson's theory of human caring emphasizes the importance of holistic care and the nurse-patient relationship, guiding nurses to make autonomous decisions that prioritize patient dignity and emotional well-being (Watson, 2010). In a scenario where a patient faces

end-of-life decisions, the nurse, grounded in Watson's theory, can independently advocate for care that aligns with the patient's values and wishes, even in the face of differing opinions from other healthcare team members.

Collectively, nursing theory remains a cornerstone of contemporary nursing practice, providing an essential framework that guides clinical decision-making, promotes critical thinking, and supports reflective practice. Peter Jones, in his seminal works, underscores the critical role of theoretical models in enhancing nursing practice. His insights provide compelling evidence for the continued relevance of theory in contemporary practice. In "Humans, Information, and Science", Jones (1996a), articulates the interrelationship between human factors, informational processes, and scientific principles in healthcare. He argues that nursing, as a discipline, uniquely integrates these elements to form a comprehensive approach to patient care. This integration is fundamental in moving beyond task-oriented care towards a practice that is reflective and evidence-based. Jones emphasizes that without a theoretical foundation, contemporary nursing practice risks becoming fragmented and superficial, lacking the depth required for truly effective patient care. Similarly, in "An Overarching Theory of Health Communication", Jones (1996b) explores the necessity of robust communication theories in healthcare. He posits that effective communication is not merely a skill but a complex process grounded in theoretical understanding. This perspective is particularly relevant to nursing, where communication is pivotal in patient interactions, interdisciplinary collaboration, and health education. Jones' work illustrates that theoretical frameworks in communication enhance nurses' ability to engage with patients and colleagues thoughtfully and effectively, fostering better health outcomes and professional practice. Jones' analyses reinforce the argument that nursing theory is indispensable in contemporary practice. Likewise, McEwen and Wills (2021) also highlight that nursing theory is integral to the development of nursing as a discipline. They assert that without the theoretical underpinnings, nursing risks regressing to a technical occupation devoid of critical thinking and judgment that characterize nursing professional practice. Thus, the survival and progression of nursing as a distinct profession depend on the continued integration and application of theory in contemporary nursing practice.

Why might nurses in contemporary practice find nursing theory useless?

In answer to this question, I would argue that it is due to the lack of understanding of their role as part of a health care system. Nurses are interacting with a person (part of the system) whose needs are to be assessed and acted upon. They are also in constant interaction with others like physicians and administrators (also part of the system) with whom they would be communicating and justifying the actions they performed. This needs assessment, corresponding action taken and making justification behind actions requires critical thinking to connect the biological, psychosocial and environmental dimensions within the health care system. Theory here, by providing a theoretical premise, will support the why, how and when for their actions. I believe that nurses in practice who dismiss the use of theory, fail to recognize the true use of thinking that is taking place to support the need of theory in order for enhancing the use of evidence-based practice. I would further argue that the usefulness of nursing theory in practice is mainly determined by the timing and relevance in the specific context. For example, self-empowerment and health promotion may not be of use in a triage situation but they would be very useful in another setting. I believe that as nurses gain expertise in foundational knowledge, they would become less aware of the need for theories, not because they are useless, but because they would be using them on concrete level of practice without going into argumentation of theory being useless or difficulty in using abstract concepts and complex diagrams in nursing theories.

Contrary to the perceived complexity, nurses in South Asia unconsciously apply various nursing theories in their daily practice. For instance, Hildegard Peplau's Interpersonal Relationship Theory (IRT) subtly guides their interactions, showcasing the practical applicability of nursing theories (Peplau, 1987). Nurses in contemporary practice, only need a driver to understand and gain a sense of how to use theory in practice. My experience in teaching undergraduate nursing students also affirms that students can easily explain patients' clinical presentation using a biomedical model, however, at times when a patient does not present with classical clinical symptoms, the students appeared to have challenges in explaining the 'why' for care interventions they chose. I believe nursing theory answers the 'why' and 'how' of such

interventions. The key to promoting evidence-based nursing practice is to expose our students to various nursing theories and their applications by encouraging them to unfold their thought process by reflecting on the usefulness of nursing theory, questioning their own assumptions about the theory, and comparing and contrasting their responses with colleagues. This would help them gain a greater understanding of the data they collect (whether clinical symptoms or other) and transfer this understanding to create and articulate targeted interventions. Further, a better grasp on theories by understanding the contextual application of specific nursing theory to nursing practice would also help in salvaging the falling standards of nursing care particularly in developing countries such as Pakistan.

Nurses in practice also argue that use of theory in current practice is of no use as it would make the practice static, emphasizing that a practice discipline like nursing should be dynamic so that it can better respond to the changing demands which result from advancing technology, reforms in health care and globalization. However, I would argue that dynamic disciplines also need to maintain some stability as well as uniqueness by having core values, perspectives and assumptions. By uncovering the theory, nurses gain insights that improve their understanding of current practice and by building on this, they can shape the future of high quality accessible and equitable health care. Moreover, by helping in synthesizing insights from the past, analysing the present health care system, and considering the possible vision of high-quality nursing practice in future; theory can boost nursing discipline's creativity thereby promoting its development and progress.

As the landscape of global health evolves, nursing faces a multitude of challenges that demand a robust theoretical foundation to guide practice and policy. Nursing theory provides the critical framework necessary to address these emerging issues, ensuring that nursing remains an essential component of the healthcare system. For instance, an ageing population and shifts in demographic patterns are posing a significant challenge for healthcare systems worldwide. By integrating theoretical models that emphasize coordinated, patient-centred care, nurses can better manage the complex needs of an ageing population (Wagner et al., 1996). Climate change poses another threat towards public health, influencing disease patterns and exacerbating health disparities. Nursing theories that focus on environmental health, such as Florence Nightingale's Environmental Theory, although dated, can highlight the importance of clean air, water, and sanitation (Nightingale, 1860). Integrating these principles into practice can help nurses advocate for and implement sustainable healthcare practices (Selanders, 2010). Theories that address social determinants of health, such as the Social Ecological Model (SEM), help nurses understand the interplay between individual, community, and societal factors. By applying SEM, nurses can develop interventions that address economic, educational, and social barriers to health (McLeroy et al., 1988). Furthermore, effective leadership is crucial for navigating the complexities of 21st-century healthcare. Theories such as Transformational Leadership Theory (TLT) emphasize the role of visionary leadership in inspiring and motivating healthcare teams. By adopting TLT, nurses can lead initiatives that advocate for global health and policy changes (Doody & Doody, 2012). In a nutshell, theory is essential for addressing the myriad challenges facing the nursing profession in the future. Thus, theory not only provides the foundation for professional practice but also equips nurses to meet the evolving demands of global health with resilience and innovation.

Does nursing exist without theory?

Now, to answer this question, one must delve into the evolution of theory and the history of nursing as a profession. The evolution of nursing theory has been a transformative journey, reshaping the profession from task-oriented care to a practice grounded in scientific principles. This evolution can be traced back to the late 19th and early 20th centuries, with significant contributions from pioneers like Florence Nightingale, whose Environmental Theory emphasized sanitation, hygiene, and the overall milieu affecting patient health (Nightingale, 1860). In the mid-20th century, the development of nursing theory gained substantial momentum in the United States (US). Pioneers such as Virginia Henderson, who defined nursing as assisting individuals to gain independence in relation to the performance of activities contributing to health or its recovery, played a crucial role (Henderson, 1966). Subsequently, the 1960s and 1970s saw the emergence of several grand nursing theories, including Dorothea Orem's SCDT (Orem, 1995) and Hildegard Peplau's IRT (Peplau, 1987), providing structured frameworks that guided

nursing practice, education, and research. In the United Kingdom (UK), the adoption and development of nursing theories lagged behind the US. Initially, nursing in the UK was heavily task-oriented, as exemplified by the care provided in mental asylums where patients' personal identities and needs were often overlooked. The introduction of the Nursing Process in 1970s marked a shift towards more systematic and patient-centered care approach. During 1980s, the publication of nursing theories and models in professional magazines and journals began to influence practice. However, nursing theory did not achieve the same prominence in UK as in the US. The nursing profession in South Asia particularly Pakistan, has a unique history marked by colonial influence and post-independence developments. Initially, nursing was considered a low-status occupation associated with performing menial tasks that required little to no rationale. Therefore, practicing nursing did not require any particular training or specialized skills. Mostly, the patients were cared for by female family members or servants. Formal nursing education began in the early 20th century, heavily influenced by the British colonial administration when globally, early nurse theorists recognized the need to distinguish nursing from its conventional handmaiden status and saw theory development as a way to establish nursing as a thinking profession (McCrae, 2012). The evolution of theory thus, facilitated the shifting of nursing from a vocation (performing repetitive tasks without rationale) to nursing as a profession (thinking discipline requiring specialized knowledge, skill and competence). Theory enabled nurses to be recognized as self-directing professionals rather than sub-ordinates of medical profession (Meleis, 2011).

The evolution of nursing theory from a global perspective highlights the transition from task-oriented care to a more scientific and holistic care approach. In South Asia, this evolution is still in progress, with significant strides made in integrating nursing theory into practice. By embracing nursing theory, South Asian countries can enhance quality of care, foster professional growth, and address the complex health challenges of 21st century.

Nursing, especially in the context of South Asia and developing countries like Pakistan, without theory, would reduce nurses to bedside technicians who perform routine tasks without understanding the rationale. Nursing practice without theory would take them back to the level where they were mere subordinates obeying orders by performing repetitive tasks on patients. Nurses as professionals would lose their identity because as sub-servant to the doctors and medical profession, they would be more technical, performing routine tasks ordered by the physicians, using medical jargon and doing everything but *caring* – the essence of nursing. Caring in nursing involves viewing patients holistically, considering their biological, psychosocial, environmental, and cultural dimensions. It requires nurses to understand and critically evaluate specific interventions, considering all aspects of patient care (Fahrenwald et al., 2005). This holistic approach is foundational to nursing and distinguishes it from other healthcare professions that might focus more narrowly on disease and its treatment. It is therefore important to highlight caring as a central tenet of contemporary nursing practice that can strengthen nurses' self-reflection and understanding of their actions by critical thinking. Nursing theory is vital in maintaining the core of caring within the profession. By integrating nursing theory into contemporary practice, nurses can ensure that their care remains patient-centered and holistic. Thus, to prevent nursing from becoming too technical, contemporary practice must be rooted in caring – the core of nursing, with theory providing the essential framework that supports this core.

Conclusion

In the context of South Asia, practice without theory would render nurses powerless and marginalized, perpetuating a subordinate status, discouraging further education, and limiting their exposure to the foundational knowledge that distinguishes them from others. To counter this, it is crucial to help nurses understand the intricate link between theory and practice, allowing them to maintain their professional identity, exercise critical thinking, and improve patient care quality. By integrating theory into contemporary practice, nurses ensure that they continue to meet the comprehensive needs of their patients and deliver holistic care – the true essence of the profession.

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References

- Asmat, K., Dhamani, K., Gul, R., & Froelicher, E. S. (2022). The effectiveness of patient-centered care vs. usual care in type 2 diabetes self-management: A systematic review and meta-analysis. *Frontiers in public health*, 10, Article 994766. <https://doi.org/10.3389/fpubh.2022.994766>
- Benner, P. (1982). From novice to expert. *AJN: American Journal of Nursing*, 82(3), 402-407.
- Chinn, P. L. (2012). Scope of nursing practice (Editorial). *ANS: Advances in Nursing Science*, 35(4), 285.
- Colley, S. (2003). Nursing theory: its importance to practice. *Nursing Standard*, 17(46), 33–38.
- Cutcliffe, J. R., & McKenna, H. P. (2011). The Essential concepts of nursing: *Building blocks for practice*. Elsevier Health Sciences.
- Davis, F. D. (1989). Technology acceptance model: *Information seeking behavior and technology adoption*, 205, 219.
- Doody, O., & Doody, C. M. (2012). Transformational leadership in nursing practice. *British Journal of Nursing*, 21(20), 1212-1218. <https://doi.org/10.12968/bjon.2012.21.20.1212>
- Doyle, M., & Jones, P. (2013). Hodges' health career model and its role and potential application in forensic mental health nursing. *Journal of psychiatric and mental health nursing*, 20(7), 631-640. <https://doi.org/10.1111/j.1365-2850.2012.01961.x>
- Fahrenwald, N. L., Bassett, S. D., Tschetter, L., Carson, P. P., White, L., & Winterboer, V. J. (2005). Teaching core nursing values. *Journal of Professional Nursing*, 21(1), 46–51. <https://doi.org/10.1016/j.profnurs.2004.11.001>
- Henderson, V. (1966). The nature of nursing: A definition and its implications for practice, research, and education. Macmillan.
- Holden, R. J., & Karsh, B. T. (2010). The technology acceptance model: Its past and its future in health care. *Journal of Biomedical Informatics*, 43(1), 159-172. <https://doi.org/10.1016/j.jbi.2009.07.002>
- Iskandarani, L. S., Al Hammadi, A. M., & Al Gizani, R. A. (2012). Importance of nursing theories as a basis for practice. *Journal of King Abdulaziz University: Medical Sciences*, 19(1S), 115–123. <https://doi.org/10.4197/MED.19-1S.8>
- Jones, P. (1996a). Humans, Information, and Science. *Journal of Advanced Nursing*, 24(3), 591-598. <https://doi.org/10.1046/j.1365-2648.1996.23321.x>
- Jones, P. (1996b). An overarching theory of health communication? *Health Informatics Journal*, 2(1), 28-34. <https://doi.org/10.1177/146045829600200105>
- Howatson-Jones, L. (2016). *Reflective practice in nursing*. Learning Matters.
- Karnick, P. M. (2016). Evidence-based practice and nursing theory. *Nursing Science Quarterly*, 29(4), 283–284. <https://doi.org/10.1177/08943184166661107>
- King, I. M. (1981). A theory for nursing: *Systems, concepts, process*. John Wiley & Sons
- Leininger, M. M. (1991). *Culture care diversity and universality: A theory of nursing*. National League for Nursing Press.
- Masters, K. (2014). *Nursing theories: A framework for professional practice*. Jones & Bartlett Publishers.

- McCrae, N. (2012). Whither nursing models? The value of nursing theory in the context of evidence-based practice and multidisciplinary health care. *Journal of Advanced Nursing*, 68(1), 222–229. <https://doi.org/10.1111/j.1365-2648.2011.05821.x>
- McEwen, M., & Wills, E. M. (2021). Overview of theory in nursing. *Theoretical basis for nursing*, (5th ed, pp 49-71). Lippincott Williams & Wilkins.
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377.
- Meleis, A. I. (2011). *Theoretical nursing: Development and progress*. Lippincott Williams & Wilkins.
- Merriam-Webster. (2002). Merriam-Webster.com Dictionary. <https://www.merriam-webster.com/>.
- Nightingale, F. (1860). *Notes on nursing: What it is and what it is not*. Harrison.
- Orem, D. E. (1995). *Nursing: Concepts of practice*. Mosby. (Original work published 1971)
- Peplau, H. E. (1987). Interpersonal constructs for nursing practice. *Nurse Education Today*, 7(5), 201-208. [https://doi.org/10.1016/0260-6917\(87\)90002-5](https://doi.org/10.1016/0260-6917(87)90002-5)
- Powers, B. A., & Knapp, T. R. (2010). *Dictionary of nursing theory and research* (4th ed.). Springer publishing company.
- Selanders, L. C. (2010). The power of environmental adaptation: Florence Nightingale's original theory for nursing practice. *Journal of Holistic Nursing*, 28(1), 81-88. <https://doi.org/10.1177/0898010109360257>
- Wagner, E. H., Austin, B. T., & Von Korff, M. (1996). Improving outcomes in chronic illness. *Managed Care Quarterly*, 4(2), 12-25.
- Watson, J., & Woodward, T. K. (2010). Jean Watson's theory of human caring. In M. E. Parker & M. C. Smith (Eds.), *Nursing theories and nursing practice*, (3rd ed., pp. 351-369). F. A. Davis Company.