

## Review Article

## Nursing Theory Guided Practice: A Lasting Challenge to Overcome

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**Abstract:** Nurses focus on medical diagnosis and they move away from providing the holistic care to their patients. This impairs the essence and goal of nursing science. Nursing theories have been marginalized in several parts of the world including South Asian countries like Pakistan. The fact that nursing science and biological sciences have different philosophical underpinnings is important to be realized by nurses. The authors of this article have highlighted educational, administrative and policy level issues in nursing theory guided practice and their practical solutions with future implications in Pakistan. The paper may serve as a whistle blower to inform future directions in regards to nursing theory guided practice.

**Keywords:** Nursing Theory OR Nursing Theories, Nursing Practice OR Clinical Nursing, South Asia OR Pakistan.

### BACKGROUND

Driven in technological advancements, nurses' embodiment in biological and behavioral sciences, to sustain parallelity among nursing science and biological sciences, cannot qualify the ontological, epistemological, and methodological underpinnings of their discipline. Nurses' planning for future directions especially for higher nursing education degrees have been found, intentionally or unintentionally, focusing on biological sciences more than nursing science (Parse, 2016). Such trends are not only hurting the nursing body of knowledge, they also are deeply affecting the nursing practice.

In late 19<sup>th</sup> and early 20<sup>th</sup> century, nursing body of knowledge relied mostly on theories and concepts borrowed from other disciplines. In the mid of 20<sup>th</sup> century, nurse leaders realized the need of nursing's own body of knowledge as it is a requirement of every profession. As a result, the development of nursing theories and models were on its peak during 1960s and 1970s. The initial nursing theories attempted to attain an ideal form of nursing; however, later on, the focus shifted to problem solving and nursing practice (McCrae, 2012; McKenna, 2006). Unfortunately, the well-developed base of modern nursing, nursing theories and frameworks, are not consistently reflected over the time in nursing practice.

### INTRODUCTION

In Pakistan, at the time of independence in 1947, there was an acute shortage of nurses as the country had only 350 nurses. In 1948, first nursing school at Ganga Ram Hospital, Lahore was established. In 1973, the nursing profession came into its power once Pakistan Nursing Council (PNC) was established. Since then, the PNC is the main regulatory body governing most of the nursing rules and regulations in the country. Every nursing institution in the country needs to be approved by the regulatory bodies. These are Pakistan Nursing Council (PNC), Health Science University that agrees to affiliate the nursing institution and higher education commissions (HEC). Similarly, every nurse working in the country is required to follow the PNC act and to hold a license issued by the PNC. Thus, the nursing institutions are to abide by the rules and regulations of all these statutory organizations, Otherwise they are not approved to initiate nursing programs.

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Health care system in Pakistan is mainly segregated in public and private hospitals. Traditionally, in public hospitals, all nurses are to work under chief nursing superintendent while in private sector there is no fixed hierarchy. In 1980s, the nursing directorate of each province was assigned to monitor rules and regulations related to clinical nursing. However, budget allocation, strategic plans, and policies development were centralized at federal level health ministry. In 2010, healthcare system devolution decentralized the power to local or provincial government. In 2019, Medical Teaching Institution (MTI) ordinance was passed. Although, yet not implemented countrywide, MTI considers nursing department working under nursing director in each hospital who reports to Board of Governors (BOG) parallel to medical and other directors in a hospital (Pakistan Today, 2019). This gave much of the authority to nurses to mobilize a care system based on the unique science of nursing.

There are numerous well known issues pertinent to nurses' shortage such as brain drain and these are common mainly in the countries of south Asian region. However, with all the contemporary evolutions and emerging challenges, it is very important and is needed to reflect that where we, the nurses, are standing? What role are we playing in sustaining the professional integrity of nursing? How are we developing nursing image based on nursing own body of knowledge; the nursing theories and frameworks, and through unique practice of caring? Also, what contribution are we making towards sustainability of nursing science?

Despite the well-articulated significance of nursing theories in the body of nursing science, the application of nursing theories into practice is not observed in Pakistan and other countries of south Asia (Pashaeypoor *et al.*, 2019). In this paper, the authors have highlighted educational, administrative, and policy level issues in application of nursing theories into practice in Pakistan. Moreover, solutions and future implications for nurses are also set forth.

### **Educational Issues**

In Pakistan, like other countries in south Asia, the issue of non-availability of competent nurse educators greatly affects the application of nursing theories into practice. A phenomenological study in Pakistan explicated the unavailability of nurse educators having command or interest in application of nursing theories into practice (Arif & Nasir, 2019). Similarly, in Iran as well, "Incompetency of Clinical Educators" was reported in a qualitative inquiry (Yousefy *et al.*, 2015). In Pakistan, there is no competency or clinical specific eligibility criterion for a clinical nurse instructor. Therefore, it is not strange to find nursing instructors who do not have experience of clinical nursing, nursing theory guided practice or scholarly work on nursing theories and their application in practice. Although, the advancement in nursing education is acknowledged in literature as bachelor of science in nursing graduates possess more critical thinking skills and command on routine skills of nursing care (Huda and Alisbinat, 2015), the utilization of nursing theory remains as neglected as it was before the advancements in nursing education. Consequently, the number of instructors competent in nursing theories and their application has become an issue as the graduates taught by such instructors carry the same trait of having poor command on nursing theories and their application.

In Pakistan, the nursing education ladder has already been advanced to Master of Science in Nursing (MSN) and Doctor of Philosophy (PhD) in nursing. However, having a vast experience of working with students in their research studies, to the best of the authors' knowledge, there is no masters in sciences thesis/research conducted using nursing theory or framework or its application into practice. In fact, nursing theories have been limited to just a subject taught in class room. Moreover, the pedagogy followed by many nursing institutions is student' presentation of nursing theories and students' assessment is through grading these presentations. Students, do the presentations of nursing theories but without a deep understanding. Also, they do not raise concerns and queries either being courteous to fellow students or due to their fear of failure. What gets affected is, the students' concepts and realization that nursing science stands on the pillars of nursing theories and nursing practice. As a result, issues in understanding, implementing, and evaluating nursing theories remain unresolved among BSN nurses graduated from most of the nursing institutions in Pakistan.

The curriculum revision and alignment with contextual problems is equally important issue that affects application of nursing theory into practice, which has also been reported from Iran (Chenari *et al.*, 2020). Accordingly, similar to what has been highlighted by Parse (2010), at several occasions, with their unmet expectations, the patients and families show dissatisfaction regarding either attitude or competence of nurses. Parse's assertion can be highlighted in curriculum and implementation of curriculum. But, most of the nursing institutions in Pakistan imitate curriculum from standard universities with no consideration of contextual nuances like 'what people want from nurses'. As a result, curricula of nursing degree programs in Pakistan are critiqued as of low quality (Younas *et al.*, 2019). Instead of copying, had they aligned the curriculum with contextual needs, they might have extended the focus on much required areas like nursing theories and their application that would have better addressed the people's expectations from nurses. Specifically, the curriculum of Bachelor of Science in nursing program is followed as prescribed by Higher Education Commission and Pakistan Nursing Council without motivation and realization in nurses for its revision and modification. Concomitantly, the recommended books in curricula are written by the western authors that increases the local context's

ascension (Younas *et al.*, 2019). Besides in most of the nursing institutions these books are not available for students to use.

In today's world, to a great extent, learning depends on intra-professional coordination and collaboration through online resources but such resources are also not uniformly available in all nursing institutions in Pakistan. It is evident that online nurses' forums or institutes, to address critical issues like fading practice of nursing theories application, also do not exist in Pakistan. Due to such gaps, there is scarcity of scholarly activities that contribute to nursing body of knowledge especially nursing theories' development, application or validation. Hence, alarmingly, the nursing students, and ultimately nurses in Pakistan are gradually getting away from nursing theories and their application into practice.

### **Administrative Issues**

In last few years, a rapid expansion of nursing institutions has been observed in Pakistan which has significantly affected the balance of available and required resources in the country (Bibi *et al.*, 2020). In 2011, there were only 11 nursing institutions; the number raised to 35 and then 62 in 2015 and 2017 respectively (Huda and Alisbinat, 2015; Pakistan Nursing Council, 2017). However by 2020; just within the last 2 years, the number increased exponentially to around 166, unfortunately, because of the fact that entrepreneurs and non-nursing personnel took 'opening nursing institute' as an opportunity to grow their business (Bibi *et al.*, 2020; Huda and Alisbinat, 2015). Subsequently, very few nursing institutes in the country could sustain the standards of teaching and learning and taking care of the challenges like enhancement of nursing theory guided practice. The rest of the institutes are struggling to make ends meet through imitating without contextual consideration and regardless of quality of teaching and learning.

Nursing theories' conceptualization, like other applied sciences, requires a conducive environment where classroom teaching, library, simulated clinical space, and finally actual clinical sites are the basic needed resources. In Pakistan, there are many nursing institutions that are established in rented buildings; most of them lack required space for class rooms, simulation labs and library (Bibi *et al.*, 2020; Huda & Alisbinat, 2015; Syed, 2016). Similarly, many of the nursing institutes do not have their own hospitals or have no affiliation with any hospitals, thus missing clinical experience as integral part of nursing students' training (Huda & Alisbinat, 2015; Syed, 2016).

Upon realization of the devastating situation due to rapid expansion of nursing institutes, imbalance in available and required resources and compromised quality services, the government of Pakistan established a task force for evaluation of current healthcare system including nursing education in Pakistan. The initiative enlightened the hopes of true professionals as many issues, unethical practices, and areas of improvement were expected to be revealed and addressed, however, effective outcomes of the task force are yet to be obtained.

### **Issues Related to Policies and Guidelines**

In a number of countries including United States, Sweden, Australia, Germany, Canada, England, and Thailand hospitals apply numerous nursing theories. These theories include but are not limited to theory of Dorothea Orem, Jean Watson, Betty Neumann, Sister Callista Roy, and Patricia Benner. For example in United States, Baltimore John Hopkins hospital utilizes Orem's theory and Lexington Central Baptist Hospital applies Watson's theory of human caring in its administrative conducts (Korukcu *et al.*, 2017). Similarly, In Pakistan, The Aga Khan University Hospital (AKUH) applies Patricia Banner's Model of Novice to Experts in Competency Based Orientation (CBO) program for nurses (Aga Khan University Hospital, November, 2007). However, except such high standard one or two hospitals in the country, no hospital or a care unit is found where the nursing care model or nursing administrative conduct is based on a nursing theory nor such attempts have been made in the past. Also, it has been reported that hospitals and nursing institutes lack policies and guidelines regarding application of nursing theory guided practice (Arif & Nasir, 2019). Lack of such policies and guidelines could be attributed to ground realities; first, although there are nurse leaders capable enough to develop such policies and guidelines, but they are very few in number and they prefer to work in the standard organizations [private] in Pakistan or they move abroad. Second, due to different political and other issues pertinent to service structure and recruitment, there are few key positions of nurse leaders possessing power to take initiatives but unfortunately, either least competent nurses are holding those positions or they work under supervision of non-nursing personnel. Consequently, beside many other issues, there are no policies or guidelines regarding the scope of nursing theories in practice.

It has been experienced in Khyber Pakhtunkhwa (KPK), a province of Pakistan that at the end of each semester students appear in theory based examination by the board of university the institution is affiliated with as mentioned above. However, the university boards do not assess for clinical learning. Clinical evaluation is expected to be done internally by individual nursing institutions and it has no contribution towards final grade point average. It is observed even beyond KPK, that except very few institutions, the nurse educators' main accountability has been limited to classroom teaching. These educators are not involved in clinical teaching. One of the nursing students in previously

quoted phenomenological study shared, “In class everything goes good, but on clinical I didn’t find anyone to whom I could take guidance” (Arif and Nasir, 2019, p.242).

On the other hand, in Pakistan, similar to other south Asian countries, heavy workload of nurses also preclude the application of nursing theories into practice (Jafree *et al.*, 2016; Pashaeypoor *et al.* 2019). Moreover, there is no system for continue nursing education, thus, with increasing clinical experience, nurses’ skills performance get efficient but the concepts of nursing science including nursing theories get faded. No policies or guidelines exist to bring balance in core competencies of clinical nurses. Besides, there are disparities because of the authoritative nature and major interruption of other discipline in nursing regulations. A statement of nurse leader in a qualitative study well-reflect the polarized power distribution in healthcare organizations of Pakistan; “Doctors feel that nurses are under their thumb” (Gulzar *et al.*, 2016, p.31).

Based on above mentioned issues, it is clear that there are major hindrances to nursing theories guided practice in Pakistan. But, with all the changing trends and priorities that are evolving in nursing science and the consideration we are giving to nursing theories, can we think of the fate of nursing theories and frameworks? Where we, nurses, will end if we kept on disregarding nursing theoretical frameworks in nursing practice? What will be the base of nursing discipline if nursing theories and models get extinct? This may certainly put the professional integrity of nursing in question. We quote Barrett (2017), “Let’s wake up and get the elephant out of the closet before nursing theories are silently erased from the blackboard of nursing science” (p.132), but how?

### **Solutions and Future Implications**

The issues highlighted above are all interconnected; therefore, a single effective initiative can contribute to solution of more than one issue. Baseline solutions proposed here are development of an online nursing theory forum; encouragement of student nurses to have passion in nursing theories’ research and scholarly activities; nurses’ motivation in curriculum alignment; replication of nursing theory modeled practices; and involvement of nurses in policy and guidelines development.

Nurses in Pakistan can develop a ‘nursing theories forum’ accessible through a web portal. One example of such an effective forum is ‘Watson Caring Science Institute (WCSI)’ accessible at <https://www.watsoncaringscience.org/>. In order to promote caring and caritas, the institute works on several platforms. Hence, a number of hospitals, academies and universities are affiliates of WCSI thus increasing the institutional collaboration and scope of its practices. Also, the institute arranges consortiums, seminars and other shared activities at national and international level. Furthermore, the institute offers programs like ‘one year caring science’. This is for capacity development of scholars in post doctorate programs. Similar kind of nursing theories guided practice forums can be developed in Pakistan. This can cultivate an environment for application of nursing theories into practice. The passionate nurses, as their passion can lead the stakeholders, can develop achievable goals pertinent to nursing theories. The forums can keep on building with inclusion of stakeholders like nursing students, faculty members, nurse administrators, leaders and the statutory bodies in the country. Online discussions on nursing theories guided practice will give nurses an opportunity to seek answers for their queries from experts in the forum. Moreover, through these forums nurses should be encouraged to participate in workshops, research activities, seminars, skills and trainings for concept building and other activities to enhance nurses’ competencies related to nursing theories application, validation, and development. Furthermore, the forums can maintain a repository of nursing theories related scholarly activities which can be referred for knowledge development, policy, and practice improvement purposes.

Student nurses’ motivation and passion for research on nursing science, particularly nursing theories, can be an effective strategy to promote nursing theories guided practice. Through research, one can highlight the importance of nursing theories for several purposes like integrity of nursing profession, people expectation from nurses, and the potentials of nursing theories to transform the practice. Besides, when masters and doctoral students who in their thesis would work on nursing theories they will be in better position to contribute effectively in activities like teaching and guiding students, and initiatives like the forum discussed above.

A contextually relevant curriculum to address basic notions like what people want from nurses, focus on nursing clinical learning and the application of nursing theories into practice are also needed for improving the nursing theories guided practice. In order to obtain such curriculum, a strong team including experienced nursing faculty members, clinical nurses and other stakeholders is recommended. This can co-create opportunities for nurses to realize the very unique and distinct nature of their profession through their practice (Parse, 2010). For such rigorous tasks, the peer nurses and institutions must pledge to provide support. Whereas, based on the authors’ experiences it is very important that the nursing curriculum in Pakistan should be revised.



The replication of effective care models based on nursing theories can be another efficient strategy to enhance the nursing theories guided practice. As discussed above under 'policy and guidelines issues', there are several examples of effective application of nursing frameworks at international as well as national level. One best example for replication can be, The Aga Khan University Hospital which applies Patricia Benner's model of 'Novice to Expert' in its competency based orientation program and for performance appraisal of nurses (Aga Khan University Hospital, November, 2007). The hospital also applies models for providing care to their patients. Such as in pediatric units, Karen Armstrong's compassionate life model is used for providing the care (Lalani, February, 2020).

Alike recommendations from Chenari *et al.*, (2020), nurses' involvement in policies reforms needs serious consideration in Pakistan. The realization that a policy developed by non-nursing professionals can hardly acknowledge the need of nursing theories integration in the healthcare models is much needed. Therefore, strong and supportive nursing leadership is required for development of effective practices (Gulzar *et al.*, 2016), policies and guidelines as only nursing personnel can highlight the basic areas like: nursing theories application into practice.

## CONCLUSION

This review highlights significant issue of application of nursing theories in nursing practice. Without giving due credit to the work of nurse leaders, the body of knowledge and practice of nursing science will remain prone to a non-autonomous and least integrated one. Although, there could still be need for improvements in nursing theories and it will be, this must not mean that nurses discard all the theories and get driven to work under the shadow of other health care disciplines. As mentioned by Parse (2016), science will keep on emerging and evolving. Scientific knowledge, theories or concepts, coming from any discipline is and should be welcomed in nursing profession. However, all such theories and concepts will be referred as borrowed because the discipline of nursing is philosophically based on nursing theories and frameworks.

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