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# THEORETICAL FOUNDATIONS OF NURSING PRACTICE

## IN THE PHILIPPINE CONTEXT

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## **Dedication**

This book is to the nurses of the Philippines (past, present, and future) whose love for patients, resilience in times of trial and adversity through dedication as a service-oriented professional motivate me to consider betterment of my profession.

To the educators who influence minds, to the practitioners who touch lives, and to the researchers who extend knowledge- may this work serve as a roadmap, a stimulus for thought, and an appreciation of the deep theoretical and cultural heritage of nursing in our nation.

To Philippine families and communities who believe in the value of nursing care for an ailing relative, this book celebrates you as central to nurturing thoughtful, culturally sensitive, patient-centered practice.

## **Foreword**

Nursing is an art and science, grounded in caring, evidence-based practice and a commitment to advocating for the health of people, families, groups and communities. The nursing practice in the Philippines is influenced by a set of cultural values, social realities and health care demands that makes it uniquely Filipino. Understanding this, that nursing theory is the bridge for practice, education, leadership, and research to professionalize the discipline and care in holistic manner synthesize with culture awareness.

Nursing Theories, Current Nursing Knowledge and Their Practice in the Philippines is an in-depth contemporary study of nursing theories studied at their theoretical and clinical contexts. It has six well-arranged parts that introduce nursing theory and philosophical foundations, discuss the major global nursing theories and their applicability to the Philippine context. It discusses the historical perspective of nursing education and

practice in the Philippines, Filipino-focused models and cultural competence in caregiving.

The text also illustrates the use of nursing theory in practice in medical-surgical, maternal and child health, community, and psychiatric assignments. It is also a valuable supplement to other texts on nursing theory, education, leadership, research, and management as it covers the importance of theory in achieving excellence in practice. The book ends by focusing on new views, healthcare developments and theory-practice nexus issues for the further development of the Philippine nursing identity.

This book, with orienting and appendiceal glossary of process terms, summary global/local nursing theories matrices, typical Philippine theoretical models components, CHED and PNA frameworks is a must-have for nurses as students, teachers or practitioners and researchers. It connects theory and practice, promotes reflective and culturally-competent care, and develops

the nursing profession within the Philippine setting.

I hope that the discussion in this paper will encourage Filipino nurses to take up on theoretical ideas, use these created meanings rationally into actions and keep on re-creating and interpreting the need of health care rendered humanely. It is a guide and testament of the wealth of intellectual and cultural foundations in nursing in the Philippines.

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## **PART I. INTRODUCTION TO NURSING THEORY**

Nursing theory is the speculative and logical underpinning of the nursing practice, guiding how nurses understand their musings on their role, interpretation of patient needs and implementation of care. This foundational section of the book provides an overview of these fundamental ideas that describe why nursing theory exists and how it serves as a basis for nursing as a science and an art. It initially describes the history of nursing— from its humble care giving origins through development of a scientific discipline— and it emphasizes that theoretical knowledge made nursing a task oriented job to be transformed into a professional practice based on critical thinking and science.

This section further expounds on the meaning, intention and structure of theory as a tool to help clinicians and researchers decide how to think about patients, select questions for research, approach professional practice. It also



examines the nature of philosophy, and discusses the philosophical premises that are natural assumptions or foundations for nursing theories, such as personal beliefs and values about health, illness person-centred care and environment.

Within the Philippine context, the paper acknowledges indigenous values such as *pagmamalasakit*, *pakikipagkapwa* and *bayanihan* that influence Filipino nursing practice and are used in developing culturally appropriate theoretical perspectives.

Part I is designed to equip readers with basic concepts which are expected for one appreciate the relevance, significance and dynamism of nursing theories so that as they traverse global and world views on theoretical frameworks vis-à-vis Philippine context-based theoretical foundation in Chapters 1 and beyond.

## **Chapter 1: Overview of Nursing as a Discipline**

Nursing is a dynamic profession that combines knowledge-based skill and skills with caring rooted in the sound science of nursing, evidence-based practice, and the latest information available to deliver quality care. Nursing is a profession that ranges from the prevention of illness and promotion of health, to care of people in life-threatening conditions including those at end of life.

This chapter will present nursing as an academic and practice-based profession, focusing on its philosophical underpinnings; historical development; and the needs for theory to define it and direct it in addressing practice. Through a comprehension of the nature, extent and discipline base of nursing, readers would have an appreciation of how nursing is evolving in terms of its mechanisms in response to societal demands, cultural imperatives and global health patterns with particular reference to the Philippine context.

## **Nature and scope of nursing**

The essence of nursing has everything to do with caring, compassion and maintaining the integrity of our health care systems for a better patient quality of care. It acknowledges the individual as a physical, emotional, social, cultural and spiritual being whose health is impacted upon by inter-related factors.

Nursing is more than physical care, it also includes advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education. Its content focuses on a variety of responsibilities, including clinical assessment planning and intervention; outcomes evaluation; mentoring individuals and teams; inter-professional team collaboration, practice evolution and change; evidence for practice, and leadership in practice.

In the Philippines, nursing also draws from cultural values such as

*malasakit, pakikipagkapwa*, and family-centered care and legal parameters provided by laws like the Philippine Nursing Act and CHED policies. In the end, as healthcare itself grows and evolves, so does nursing – a profession that is constantly in a state of dynamic response and adaptation.

### **Nursing as a science and an art**

Nursing calls for both science and art—that is, things that cannot be either strictly calculated or marshaled in any way. Nursing as a science is founded on theoretical bases, knowledge gained through scientific inquiry, and evidence-based research using critical thinking. Nurses use scientific information to evaluate health problems and interpret data, as well as to take evidence-based action that will result in measurable outcomes.

Nursing is also an art that speaks to the caring, compassionate and empathic side of care, requiring good

communication and therapeutic use of self. It is about appreciating patients' experiences, establishing trust, and comforting them with dignity, culture and personhood.

In the Philippines, the 'art' of nursing is grounded in traditional cultural values around '*utang na loob*' or repaying a debt of gratitude for favors received and *pagkalinga* (caring). Empathetic values are interwoven with principles of science and art, resulting in a comprehensive method toward satisfying the needs of patients both medically and emotionally.

## **Evolution of nursing globally and in the Philippines**

The history of nursing across the globe is marked by significant milestones: from the time of the 19th century Florence Nightingale to recent knowledge dissemination events and projects that have expanded our knowledge in new directions.

Nightingale's attention to cleanliness, careful observations and teaching made nursing a respectable occupation based on science. Universities and research increasingly developed the academic profile of nursing and its theories succeeded across the globe.

Nursing in the Philippines developed through a distinct manner, influenced by cultural values and migration between two countries during centuries of colonization and occupation. Healing traditions such as *hilot*, the use of herbs and chanting were performed by those who historically served in their indigenous communities. During the Spanish colonial period, almsgiving-based care-giving was developed by religious orders. Western-style medical nursing education was introduced during the American colonial period, with the creation of schools and the setting of standards for nursing practice. In the aftermath of gaining independence, the Philippines was famed for having more

internationally-appreciated nursing professionals.

Today, the story of Philippine nursing is written in educational development, research, public health and culturally sensitive practice and Filipino nurses are held in high esteem throughout the world.

### **Role of theory in professionalizing nursing**

The role played by theory in developing the science of nursing out of a task-orientated profession. Those theories of nursing serve to direct assessment, diagnosis, intervention and evaluation so that the practice will be systematic and grounded in evidence. They clearly identify the specialty's unique perspective on health, illness, and caring; for people, their families, and communities as well as how the profession stands-apart from other healthcare disciplines. Theories also contribute to the academic underpinnings of the profession while guiding research,

influencing teaching and improving clinical decision-making.

The Filipino adaptation of the model is grounded on global and culturally-relevant concepts which facilitates the delivery of competent care, attends to local client needs, develops a professional identity for nurses. In theory, nursing acquires a coherent structure to guide practice, an established knowledge base and a significant mission—establishing its identity as both science and profession.

## **Chapter 2: Understanding Nursing Theory**



Nursing theory is the foundation and guide to nursing practice, teaching, education for cranial surgery patients. Nursing theory is important because it assists in defining what the discipline is, and explicates how nurses think and the philosophical, theoretical world that makes up nursing as a healthcare profession.

This chapter describes the meanings and functions of nursing theories, the structural elements common to all such theories, and classifications according to scope of content and level of abstraction, as well as their influence on research and practice. A study of these underlying constructs fosters a greater understanding of the manner in which theories guide the organization and application of knowledge, direct professional activities, and advance nursing science.

In conclusion, this chapter highlights the fact that theory is not just something for academia, but is a practical vehicle for nursing care to be thoughtful, evidence-provided and culturally sensitive.

## **Definition and purpose of nursing theories**

Nursing theories are systems of concepts and rules that have been put together with the purpose of describing, explaining or predicting nursing. Such models are organized frameworks that help nurses to comprehend the patients' condition, plan interventions and measure outcomes.

The main goal of nursing theories is to give a solid foundation for practice and to generate further knowledge about specific phenomena, if they are accurate or not the existing nursing practices, can be based on them. Theories also enhance the overall discipline of nursing by differentiating it from other health professions.

Furthermore, nursing theories facilitate the progression of the profession by fostering research initiatives and shaping curriculum development and professional autonomy. In the context of

the Philippines, the role of theory includes to sensitize caregivers to providing culturally appropriate care congruent with Filipino values, community organization and perceptions about health.

### **Components of a theory**

A theory has interconnected components that combine together to model a phenomena. Fundamental elements are concepts, definitions, assumptions and propositions. Concepts are building blocks for what the brain knows, ideas or mental images of qualities such as health, environment or adaptation.

Definitions give transparency to the meaning of each concept and are needed so that interpretation is consistent. Assumptions express the circumstances one thinks are supposed to be true without proof, and serve as the basis for theoretical arguments. Propositions describe relationships between concepts and are the logic structure of the theory.

This enables theories to be structured, testable, and readily applicable. Appreciating these factors allows nurses to critically evaluate, modify and implement theories in various clinical and cultural settings.

### **Types of theories (grand, middle-range, practice-level)**

Nursing theories are categorized based on the scope of practice, or at a more specific level, according to its approach and content area. Broad theories of relevance to nursing are the grand theories, which are wide in scope and abstract, and provide an all-encompassing view of nursing practice.

These are exemplified in the work of Orem, Roy and Watson. Middle-range theories, in contrast, are more limited and focus on pain, stress, comfort or interpersonal relationships. They are more suitable for implementation in clinical practice and research than the slightly higher abstract level. Finally, practice-level

theories or situation-specific theories are applied to specific populations, settings or clinical problems.

These claims are frequently based on observation rather than empirical evidence and are particularly beneficial for guiding specific nursing interventions. In the Philippines, practice-level theories can be especially useful in meeting the immediate needs with unique contexts such as disaster nursing, community health and culturally based care giving.

### **Relationship of theory to research and practice**

Theory, practice and research are interwoven and inseparable from the development of nursing as a body of scientific knowledge. Conceptually, theory supports the how of research question and hypothesis generation.

In turn research tests and revises, the theories to produce new knowledge that either enhances their validity or lead to the development of new constructs.

Application incorporates theory and research into clinical practice and adds new meaning to their relevance and efficacy. This cyclical process maintains the nursing practice current, coherent and adaptable to altering health care demands.

This relationship fosters nurses' capacity to bridge global perspectives with local culture, and co-create theory-informed interventions that consider Filipino health beliefs, community values, and resource context. It's this partnership that enhances the credibility and advancement of nursing practice in the nation.

### **Chapter 3: Philosophical Foundations of Nursing**

Philosophy is the conceptual basis of nursing by which to direct how the profession views reality, knowledge and values. Nursing philosophy: offers the theoretical lens of nurses on person, health, environment and nursing role;

influencing all aspects of care both at an organizational as well as practical level.

This chapter provides an overview of the philosophical base for nursing practice and highlights ontology, epistemology and axiology as core elements of our field. It discusses prominent philosophical views that shape the thinking of nurses and provide a base for them in the development, critique, implementation, and evaluation of their own scientific knowledge.

Developing nursing through the grounding in philosophy may help nurses provide worthy care by being scientific and also looking at patients/communities as human beings living in a special cultural and value universe to make a better meaning for their lives.

### **Ontology, epistemology, and axiology in nursing**

The philosophy which is derived from the three branches of metaphysics



(ontology, epistemology and axiology) influences nursing theory and practice.

Ontology is concerned with the nature of reality and being, it can be helpful to nurse understanding concepts such as the human person, health and illness. Epistemology revolves around questions of what knowledge is, where it comes from and how we verify or validate the claims that it represents guidance to nurses on what information to seek out and use in the patients care and research.

Axiology investigates what is (from a value or ethical perspective) good practice that directs professional conduct and decisions. These philosophical domains, collectively, act as a lens for nurses to view patient care creation of interventions and the generation of theoretical models that respect scientific integrity and humaneness.

**Major philosophical worldviews:**  
**empiricism, rationalism,**  
**phenomenology, pragmatism**

Nursing as a scientific based discipline has been influenced by various philosophical worldviews about how knowledge is generated and used. Empiricism stresses exact observation, measurement and experimentation being the core of evidence-based practice.

Reason and reason alone is of paramount importance to rationalism with both theoretical reasoning and clinical decision-making protocols.

Phenomenology emphasizes the subjective experiences of humans as an individual, which is integrated with holistic care and patient-centered care.

Pragmatism emphasizes practical outcomes and solution, leads nurses to apply knowledge useful for real health problems. Nurses can choose the most suitable methods of investigation, interpretation and intervention, by understanding these worldviews that integrate scientific findings with experiences and practical realities.

**Filipino worldview and cultural philosophies in caregiving  
(*pagmamalasakit, pakikipagkapwa, bayanihan*)**

Filipino world view and cultural philosophy give Filipino nurses a fertile ground on which they can base nursing practice in the Philippines. Values like *pagmamalasakit*, *pakikipagkapwa* and *bayanihan* shape the provisioning and receipt of care. These values are centered around empathy, relational interdependence, family centered decision making and mutual support in the social and cultural Filipino context.

When nursing practice incorporates these cultural philosophies, care is more applicable, acceptable, and capable of meeting its intended purpose to intervene and maintain or remove a condition in people that require this level of care which is not only clinically guided, but also culturally appropriate and meaningful for the individuals who are patients.

## **Relevance of philosophy to theoretical development**

Philosophy is the anchoring point for nursing theory and philosophy, through philosophical assumptions and concepts nursing theories are constructed and they concentrate on a most significant aspect-values.

Philosophical perspectives help to specify what nursing should be (what health, illness or care) as well as how concepts and propositions of a theory are related in the network. In the Philippine situation, combining philosophical investigations with indigenous cultural values would serve to make nursing theories scientifically sound and socially and culturally responsive.

Through philosophy's relationship with critical thinking, ethical reasoning and reflective practice, nurses can derive theories that inform practice and achieve better patient outcomes as they further the discipline in meaningful ways that are

contextually relevant and meet the standards of nursing globally.

## **PART II. GLOBAL NURSING THEORIES AND THEIR APPLICATION IN THE PHILIPPINES**

Meanwhile, Part II provides an extensive examination of the key nursing theories that have influenced current nursing practice at the global scale, and how these theories may be applied in relation to health needs in the Philippines. These conceptual models—formulated by the early nurse theorists (Florence

Nightingale, Dorothea Orem, Sister Calista Roy, and Jean Watson) establish a systemic framework and structure which direct how nurses collect patient data/ information, develop interventions on behalf of patients and determine health related responses in different clinical environments.

This paper describes the basic assumptions, concepts and propositions of such theories and illustrates how these theories can be adapted to Filipino patients, families and community. It remains a concern that in the context of Philippine-specific cultural norms, health beliefs, economics and public health issues, models must be interpreted with cultural sensitivity. The discourse thus also illustrates how these theories relate to Filipino cultural practices (family centered care, *pakikiramay* and *holistic bayanihan-based support*) and can be tailored to address local realities; that is, scarce healthcare resources together with strong community linkages, as well as common

environmental and disaster-induced health concerns.

By interlinking world theories with Philippine nursing practice, Part II highlights the global relevance of nursing knowledge while underscoring the significance of local calibration to make these theories more meaningful, responsive and useful in improving care quality for Filipinos.

## **Chapter 4: Nightingale's Environmental Theory**

Environmental Theory – Nursing Theory According to Nightingale Florence Nightingale is a founder of modern nursing and most likely the “founder of environmental theory.”

She showed vent for her Environmental Theory in her books, Notes on nursing. Nightingale's writings emphasized the nurse's role in controlling

environmental variables to avoid illness, facilitate recovery, and optimize patient outcomes.

In this chapter we will investigate the main principles of her theory, where it is shown that things such as cleanliness, ventilation, light and nutrition have a direct impact on patient health. It also explores the applicability of Nightingale's Environmental Theory to present-day Philippine nursing and focuses on community nursing such as community health, disaster response and even primary care at the *barangay* level.

Utilizing Nightingale's ideas, Filipino nurses have the potential to achieve both individual and public health goals through proactive environmental control of health-damaging conditions, promotion of healthy living environments, providing a management framework for nursing practice in community settings, introduction of culturally relevant preventive interventions and provision of nursing care.



## **Principles of the theory**

Nightingale's Theory of Environment rests on the confidence that the environment correlates to patient recovery and good health.

Fundamental principles include keeping the environment clean and hygienic, ventilated and lit, ensuring nutritious food and safe drinking water, managing noise and providing an adequate comfort level with a favourable psychology.

Nightingale advocated for observation, assessment and intervention in the correction of environmental deficits that might impede recovery. She also emphasized that education is key, for patients and their families, to maintain a life style with well-being.

These principles build on the understanding that nursing is about more than tasks – it's about conditions for

healing and preventing the spread of disease.

**Relevance to Philippine communities, disaster settings, and *barangay* health care**

Nightingale's Environmental Theory is also significant to the local setting since most Filipino nurses work in resource-poor areas, rural communities and disaster-stricken places. Nurses are one of the key players down to *barangay* (village) level who influence the sanitary, safe water and waste disposal practices; they are also employed in these areas closely applying Nightingale's tenets in minimizing communicable diseases.

At times of natural calamities like typhoons, floods or volcanic eruptions, the Filipino nurses are first on hand to see that temporary shelters are kept in a hygienic state with proper ventilation and adequate nutrition for those displaced as well.

Furthermore, community health interventions benefit from this theory, for example in the form of health education initiatives or family-based interventions and preventive environmental changes.

By utilizing Nightingale's principles, Filipino nurses are agents of public health, disease prevention as well as holistic care to the patient itself and illustrate that environmental manipulation is an ageless matter of fact in the practice of nursing.

## **Chapter 5: Orem's Self-Care Deficit Theory**

Dorothea Orem's Self-Care Deficit Nursing Theory According to Dorothy Orem, Nursing is the act of helping others in the provision and management of self-care for dependent care agents. Nursing is needed when a person cannot meet their self-care needs because of illness, injury or developmental conditions (Orem).

This chapter presents key ideas and assumptions on which we can build further while focusing also on the practical use of Orem's theory in treating chronic illnesses in Philippine primary health care. By developing patients' self-care capacities, Filipino nurses can facilitate autonomy and better health status in the hospital and community settings while also facilitating culturally sensitive, family-centered interventions.

## **Concepts and propositions**

Orem's model contains three related parts: the theory of self-care, the theory of self-care deficit, and the nursing systems theory. Self-care The self-care model defines self-care as the activities people do to maintain their health and well-being.

The theory of self-care deficit indicates when nursing is needed by the individual as it is unable to meet their self-care demands. The theory of nursing

systems describes how, based on patients' needs – and depending on the extent to which they are able to care for themselves – nurses perform nursing activities until autonomy is achieved.

Central to the model were the beliefs that 1) patients recover better when they are involved actively in the care of themselves, 2) nursing interventions should complement and support patient efforts at healing, and 3) the goal of all nursing is to help individuals reach maximum health potential. These are providing an organized structure for thinking about patients, determining interventions and analyzing results.

### **Application in chronic illness management in Philippine primary care**

The self-care deficit theory of Orem is very useful in the handling of chronic conditions like diabetes, hypertension and cardiovascular diseases in primary care in Philippines.

Filipino nurses utilize this model to evaluate the ability of patients in carrying out self-care activities like medication management, dietary intake, checking blood pressure or blood sugar and changes in lifestyle.

When these needs can not be met independently, nurses offer advice, instruction, and encouragement appropriate to individual client and family situations.

Self-care approaches are frequently used in community health programs, rural health units, and *barangay* health stations to build capacity of patients and caregivers that value indigenous practices and beliefs regarding health.

When Orem's theory is implemented by the nurses, the latter assist patients in achieving patient autonomy and contribute to preventing complications thereby avert long-term health problems, reflecting on how self-care approaches can impact

quality and sustainability of Philippine healthcare.

## **Chapter 6: Roy's Adaptation Model**

Sister Callista Roy's Adaptation Model is based on the belief that the human being is a holistic being, and is in constant interaction with a changing environment.

Under this model, health is the unfolding manifestation of being and becoming a person that is centred and whole; manifested as stable and adaptive responses to internal and external demands.

Nursing in the model seeks to enhance adaptation at four levels: physiological, self-concept, role function and interdependence. In this chapter, the core concepts of Roy's Adaptation Model will be examined, focusing on its construct with regard to adaptive responses and its practical usage in developing resilience among Filipino families and communities who are constantly at risk to environmental threats and calamities.

Use of this conceptual framework, Filipino nurses may promote holistic wellness and improve coping abilities as well as increase resiliency with the ability to adapt more positively to challenges.

### **Adaptive responses**

Adaptive responses are key in Roy's model and reflect how people react to the environment so that they remain balanced and healthy. These accommodations either are effective, resulting in growth and integration, or ineffective, leading to



maladaptation or decline in health. Roy identifies four adaptive modes:

1. **Physiological-physical**: maintaining basic bodily functions and homeostasis,
2. **Self-concept**: psychological and spiritual integrity,
3. **Role function**: social roles and responsibilities within the family and community, and
4. **Interdependence**: relational support and nurturing of significant others.

Nurses can use these modes in the assessment of patients and families to identify areas where adaptive processes are supported or challenged with a goal of developing individualized care that enhances resilient responses leading to health.

### **Use in resilience-building among Filipino families and disaster-prone communities**

Roy's Adaptation Model is highly applicable in the Philippine setting which

remain a disaster-prone country as family and community experience typhoons, floods, and earthquake.

In the hands of Filipino nurses, the model is a tool for assisting families in developing new and beneficial coping patterns; enhancing social support systems; and maintaining functional abilities across physiologic (biologic) and psychologic (cognitive) domains during crisis situations.

In disaster-stricken communities, measures might be teaching stress management, promoting preparedness for emergencies and improving family cohesiveness and community resource accessibility.

Through their role in promoting effective adaptive responses, nurses contribute to more rapid community recovery, and preserved function roles, while minimizing impairment from environmental and social stressors. This application expounds on the model's

potential to support holistic, culturally responsive and resilient nursing practice in the Philippines.

## **Chapter 7: Watson's Theory of Human Caring**

The model of Jean Watson's Caring Theory is the ideal how we practice as a professional nurse and provide the best quality care to our patients.

Watson believes that "the practice of caring is central to nursing" and it has the power to help patients heal (as well as nurses themselves), experience personal growth, and maintain their well-being.

In this chapter the construct of transpersonal caring, which nurses create for patients in fully authentic relationships through their own humanness and genuine

address to patients as human beings, is introduced.

It also discusses how the Watson's theory is consistent with Filipino cultural roots and values as well as family-centered care, wherein a nurses in Philippines' incorporate caring constructs, implemented on daily basis leading to improvement of holistic healing and promotion of relational connectedness among families and communities.

### **Transpersonal caring**

Transpersonal caring is a central concept in Watson's theory and it is described as intentionality over an authentic relationship with the patient at a deeper spiritual-emotional level. It is concerned with more than the technical and procedural aspects of care, it focuses on empathy; presence, trust, and mutual respect. Transpersonal caring enables nurses to enter into patients' experiences of fear, despair and hope as they recover both physically and psychologically. By

seeking to be ethical agents who are “inwardly attentive and outwardly responsive” (Thorne, 2011, p.14), nurses cultivate a context of healing in which patients can feel both listened to and heard.

Key concepts of this model are the humanistic side of nursing, caring interaction is seen as itself a healing force.

### **Filipino cultural alignment with caring behaviors and family-centered care**

Watson’s philosophy of human caring is easily connected with Filipino cultural qualities of *dalangin*, *pakikiramdam*, and *kapwa*. Values like *pagmamalasakit* (compassionate concern), *pakikiramay* (sharing in others’ suffering) and *bayanihan* (working together as a community) are deeply rooted in Filipino tradition, and reflect what it means to give whole person care from the heart of the Filipino.

Also, the strong family orientation of Filipino culture is consonant with

Watson's emphasis on relational caring where nurses not only deal with patients but also family members and work with them to make their decisions open, support relief of suffering and maximization of functionality.

When these cultural values are incorporated into the model of transpersonal caring, Filipino nurses promote patient trust, compliance with treatment regimens and health status proving that human caring is a global as well as culturally sensitive cornerstone of nursing.

## **Chapter 8: Neuman's Systems Model**

The as a dynamic system that responds to environmental pressure Betty Neuman systems model stressors within the environment.

The model underscores the need for nursing interventions that support system stability and optimal health and for listening to the patient as an integrated whole (physical, psychological, social/cultural, and spiritual). This chapter discusses the central concepts of Neuman's model which are stressors and client systems, with an emphasis on its

applicability to public health nursing and community health nursing in the Philippines.

Application: Using this model, Filipino nurses can evaluate vulnerability and risk factors, prevent illness or disability among individuals, families, and communities in clinical and community-based settings while providing individualized care according to their needs.

### **Stressors and client systems**

In Neuman's System Model, stressors are those which cause instability in the patients system and require a response from its lines of defense to re-establish stability or balance.

The sources of stress can be intrapersonal (individual pretensions like illness or anxiety), interpersonal (originate from communication between people) or extrapersonal (external aspects, such as



occupational tasks, environmental dangers, socio-economic pressures).

The client system is composed of five dimensions; physiological, psychological, sociocultural, developmental and spiritual which interact with stressors and impact the well being of a client. Nursing examines these variables, assesses for potential stressors, and intervenes to support the lines of defense (LODs), prevent a break in LODs, or restore a balance. The intervention has the advantage to be comprehensive, anticipatory as well as individualized taking into account all contextures of patient's life and setting.

### **Relevance in Philippine public health and community nursing**

The Neuman's Systems Model is very relevant to Philippines and community nursing in the country given that RNs work mostly under resource-poor conditions and in disaster-prone areas. By identifying the complex sources of stress

that impact on Filipino communities—poverty, natural disasters, infectious diseases and limited access to healthcare—nurses can intervene through prevention and support as a form of advocating for system stability.

Under the *barangays* and rural health units, use of the model is integrated into community appraisals, health education activities, disaster contingency planning, and family-assessment interventions.

For example, nurses can provide families with disease prevention education, screen at-risk residents and build social and community support systems. The model is holistic and future-oriented, in accordance with Filipino cultural values of *bayanihan* and *pakikipagkapwa*, such that nursing care encompasses not only physical health but also the larger social and environmental factors affecting well-being.

## **Chapter 9: Pender's Health Promotion Model**

Nola Pender's Health Promotion Model highlights the importance of personal characteristics, experiences, and environmental influences that promote optimal health behaviours.

The model encourages positive behaviors that promote wellness, prevent illness and improve quality of life. The main constructs of the health-promotion model as identified by Pender are described in this chapter and how Filipino nurses can use the above-mentioned constructs in developing culturally

sensitive strategies to help improve healthcare among client populations.

By incorporating the principles of health promotion in nursing practice, nurses can help individuals, families and communities in the Philippines make healthy choices that comply with culturally sensitive values and regional disease prevention focus.

### **Determinants of health behaviors**

Pender's Health promotion model includes a number of factors that influence an individual's performance of health promoting behaviors.

Individual-level influences include personal (biological, psychological and sociocultural) characteristics, perceived benefits and barriers to taking action, perceived self-efficacy and interpersonal influences (family, peers, social networks).

Environmental determinants such as access to medical care, social resources and cultural norms are also important.

According to the model, knowledge of these determinants enables nurses to tailor interventions that foster motivation, overcome barriers, and facilitate behavioural change.

By reflecting both the individual and systemic determinants, nurses can design targeted interventions that respond to patient and community needs and capabilities.

### **Use in promoting healthy lifestyles in Filipino populations**

Pender's model is indeed relevant in motivating Filipinos to a healthy lifestyle because nurses in the Philippines are quelled by problems of diseases related to lifestyles, low health literacy and poverty.

Filipino nurses may apply the model in developing community health programs, wellness campaigns, and individualized counseling that promote aimed behaviors (balanced diet, routine exercise, personal

hygiene behaviour, adherence to vaccination and stress reduction).

Interventions can also use culturally appropriate strategies to involve families and communities in the promotion of health practices consistent with Filipino values of *bayanihan* (communal support) and *pagmamalasakit* (compassionate care).

Working with the determinants of health behaviors, nurses can promote life styles that are sustainable, prevent chronic diseases and enhance the overall health and well-being of individuals and communities across the Philippines.

## **Chapter 10: Other Influential Grand and Middle-Range Theories**

In addition to the central nursing theories described above there are many grand and middle-range theories that are influencing nursing practice, education, and research.

These theories offer various perspectives on patient needs, directing nursing interventions, and enhancing professional growth. This chapter features some of the dominant theories of motivation and how they apply to popular frameworks for understanding motivation based on their curricular relevance in the Philippines.

Philippine nurses and educators can use these frameworks to enhance their theory-based practice and apply culturally sensitive, evidence-informed strategies in clinical, community, and academic settings.

### **Peplau's Interpersonal Relations Theory**

Hildegard Peplau's Interpersonal Relations Theory focuses on the therapeutic relationship that exists between a nurse and patient.

Phases of the nurse-patient relationship are described as: orientation, identification, exploitation, and resolution and communication, trust and partnership is emphasized.

Within the Philippines, this model is ideal in communities where nurses provide health care services to families and areas for other locations of practice. Thus, through empathetic communication, active listening and patient engagement, Filipino



nurses may increase treatment adherence, emotional support and holistic care which are congruent with the cultural values of *pakikipagkapwa* and *pagmamalasakit*.

### **Leininger's Transcultural Nursing Theory (with Philippine cultural lens)**

The Transcultural Nursing Theory by Madeleine Leininger emphasises on the need for cultural sensitivity in order to deliver good and respectful nursing care.

The theory specifically emphasizes the need to understand cultural beliefs, values and practices of patients so that interventions are meaningful and accepted.

Applicable in the Philippine setting is this theory which concurs with the country's cultural diversity and provides direction for Filipino nurses to modify care given to indigenous people, Muslims and different ethnicities. The Filipino nurses using this practice take into account family

dynamics, spiritual and faith beliefs, and contemporary healing methods from their culture to provide holistic care for the individual.

### **Benner's Novice to Expert**

Patrica Benner has written about nursing skill acquisition by novice, advanced beginner, competent, proficient and expert.

This theory highlights experience, clinical judgment and decision-making and reflective practice in the development of nursing expertise.

In the case of the Philippines, Benner's model can be used in nursing education, mentoring and career development programs. Understanding that skill development is a continuum of learning can result in support from educators and nurse managers to enable these Filipino nurses' advancement,

upgrade clinical competency and increase patient care.

### **Kolcaba's Comfort Theory**

Katharine Kolcaba's Comfort Theory discusses the concept comfort in healthcare and divides them into three categories: physical, psycho-spiritual and environmental/social.

It gives direction to nurses to assess the need for comfort, administer interventions and measure the outcome.

This complements practices of culturally grounded care in Philippine healthcare (*pagkalinga*, family-centered care). Wholeness can be achieved in patients through nursing care by attending to the physical symptoms, taking into consideration spiritual, emotional and social aspects as well, hence leading to a higher level of comfort and satisfaction of well-being.

## **Erickson, Tomlin, and Swain's Modeling & Role-Modeling**

Erickson, Tomlin and Swain's Modeling & Role-Modeling theory ensures that the practitioner recognizes the patient's need; defines health as been able to function in a way congruent with an individual's adaptive patterns while continuing their tertiary prevention role.

Modeling means empathizing with how patients view the world; role-modeling, on the other hand, means prescribing interventions based on what patients need and can do. In a Filipino setting, this model promotes culturally congruent care and personalized health promotion especially in heterogeneous populations.

Philippine nurses may incorporate the support of family, religious beliefs and communal resources in the planning of care so that interventions are not only effective but culturally appropriate as well.

### **PART III. THEORETICAL DEVELOPMENTS IN PHILIPPINE NURSING**

Part III is a section exploring the evolution of nursing theory in its one-of-a-kind Philippine milieu, featuring how Filipino values, cultural traditions, and lifestyle have plowed the soil for unique Filipino inputs to the realm of world nursing knowledge.

This subject contextualizes the historical development of Philippine nursing—starting from traditional ways of caring and unwritten experience to the organization of formal nursing education during the American colonial regime down to its conceptual bases that somehow evolved from native ideas. The article

highlights the increasing visibility of Filipino cultural constructs such as *malasakit* (compassionate care), *pagkalinga* (nurturing), *pakikipagkapwa* (shared humanity) and *bayanihan* (communal cooperation) in shaping the way that Philippine caregivers act and interact with patients. Part III addresses the development of Philippine-based middle range theories and conceptual models representing nursing care in a culturally diverse archipelago that includes indigenous health beliefs, the significance of family-centered care systems, and spirituality's role in healing.

Finally it reviews the new literature from Filipino nurse theorists and researchers developing culture-based models for addressing public health deficit, resource disparities, and community need.

In representing these theoretical advances, Part III reinforces the necessity of rigorous attention to Philippine nursing identity as a foundation for innovations

that will continue to fuse culture, practice and research with theory.

## **Chapter 11: Historical Development of Philippine Nursing Education and Practice**

Philippine nursing history: Indigenous and colonial influences  
Nursing in the Philippines has deep roots as an indigenous practice demonstrated by these practices that have been subtly influenced by colonization, resulting to a drive of local innovation which eventually shaped Philippine nursing into its present form.

It is important to be aware of this historical development in order to appreciate the growth of nursing as a science and an art in the Philippine setting. This chapter describes the development of

nursing from traditional caring and curative ritual to formal education through Western nursing models during the colonial period, to local theorization.

In doing so, readers learn something of how Filipino nurses have adapted to social, cultural and educational changes both in the Philippines and the United States and forged identities for themselves as professionals who make significant contributions to health care delivery as well as nursing scholarship.

### **Indigenous healing traditions**

Before the advent of academic-based nursing, Filipino communities maintained a body of knowledge related to indigenous healing, tethered into cultural and spiritual originations.

Healers, who are generally called *herbolarios*, *albularyos* or *hilots*, gave care using herbs, massage techniques and prayer/saying of blessing/rituals for religious intervention. They advocated for



attention to physical, emotional, sociological and spiritual dimensions of health. Solidarity and the values of *pakikiramay* (empathy) and *bayanihan* (community support) were cornerstones to family-based, community caregiving in Philippines. Indigenous healing laid a basis for culturally congruent nursing practice by emphasizing the importance of indigenous knowledge and community involvement in health care.

### **American colonial influence**

Western-style nursing education, standards, and the professionalization of the Philippines were begun during the American colonial period between 1898 and 1946.

Formally established nursing schools, like the Philippine General Hospital School of Nursing, introduced disciplined curricula, regulated clinical practice and licensure exams.

The american trained nurses and educators brought scientific rigor, evidence-based nursing care and hospital-based practice in the development of modern profession's. It gave rise to professional standardization, licensure oversight and international mobility for Filipino nurses, as well as to a hybrid system of Western techniques and local cultural practices.

### **Philippine nursing education reforms**

After independence, the Philippine nursing education system underwent extensive changes in order to be comparable with international standards and suit local health care conditions.

Reforms to the curriculum would stress critical thinking, research, community health and practice culturally appropriate to minority populations. Regulatory bodies like the Professional Regulation Commission (PRC) and the Commission on Higher Education (CHED) have promulgated resolutions to ensure

quality nursing education, licensure, and in-service training.

Contemporary reforms also highlighted local care, disaster preparedness, and health promotion services, indicative of the changing position of nurses in national health care delivery and public health systems.

### **Evolution of local theoretical perspectives**

In conjunction to the global nursing theories, Filipino scholars and practitioners have crafted theoretical paradigms that emanate local cultural beliefs, healthcare concerns, and sociopolitical challenges.

*Malasakit* (compassionate care), *pakikipagkapwa* (shared humanity) and *bayanihan* (communal cooperation) have also been incorporated into conceptual models and middle-range theories highlighting family centred care, holistic health and indigenous community engagement.

These community-based outlooks provide a foundation for Filipino nurses to perform culturally appropriate, locally relevant and effective services, where internationalized nursing knowledge is placed in the context of the Philippine health care. The progression of these theories represents the continued development of nursing as a scholarly program that recognizes the significance of empiric methods.

## **Chapter 12: Filipino Nursing Theories and Frameworks**

Nursing in the Philippines has been an effort to assign professional credentials and intellectual breadth of training that is second to the work place drawn from theories apart from philosophical or metaphysical beliefs.

This chapter will focus on how Filipino nurses define and practice caring, family-focused care, and culture-specific cultural health care strategies to articulate the generation of Philippine-based middle range theories. Through analysis of these frameworks, the chapter underscores the significance of culturally appropriate care and how Filipino values, traditions, and ethno-cultural practices have influenced theory as well as professional nursing practice interventions.

### **Caring Behavior among Filipino Nurses**

Caring as a core value in nursing practice has been embedded within the Filipino culture, characterized by *pagmamalasakit* (compassionate concern) and *pakikipagkapwa* (shared humanity).

The care of Filipino nurses do not stop with administering of nebulization, medication and all those fancy nursing interventions; it extends to emotional, spiritual and relational aspect of caring.

Research on Filipino nursing practice reveals that caring in this context is demonstrated by an openness to empathy and attentive listening, patient advocacy, and a holistic presence with the client which establishes trust and therapeutic relationship. This focus on caring is consistent with the universal value of nursing worldwide and notions of caring in a specific culture, identifying Filipino nursing as unique.

### **Filipino Family-Centered Care Models**

Family-centered care is a cornerstone for nursing in the Philippines;

this comes as no surprise especially since the Filipino family plays a pivotal role in health and decision making.

Filipino nurses commonly treat families as care partners, like teaching them or allowing them to participate during ward rounds in the hospital and rely on family system support for compliance and recovery.

Models of Filipino family care usually stress dependence, community support and the use of family assets in nursing initiatives. These models ensure that care is not purely patient-centric, but also culturally sensitive in its acknowledgment of the shared responsibility of families in maintaining health and wellness.

### ***Tausug, Maranao, and other ethnocultural approaches to caregiving***

Ethnocultural practices have a substantial impact on caregiving in some Filipino communities, such as among the *Tausug*, *Maranao* and other *Muslim* groups

found in different parts of the country. These interventions include spiritual beliefs, traditional healing practices, community rituals and culturally relevant health behaviors.

For nurses serving these populations, the culture, tradition, beliefs and health-related practices of the community need to be well understood and respected while they form part of the interventions in line with available evidence-based practice.

Acknowledging ethnocultural approaches in this way would position nurses to provide culturally-competent care, foster trust and enhance health outcomes, particularly within rural areas, among conflict-affected populations and in areas of cultural diversity.

### **Development of Philippine-based middle-range theories**

Drawing from global theoretical frameworks, Filipino scientists and clinicians have constructed middle level



theoretical models that are grounded on local health concerns, cultural beliefs and practices of communities.

These theories cover aspects of family resilience, maternal and child health, disaster nursing, community empowerment, and culturally-based care giving. The hypotheses are based on specific experiences in an Asian country—the Philippines—such that these theories offer practical frameworks for assessment, intervention, and evaluation in micro- and macro level practices.

The creation of Filipino middle-range theories sustains the significance in both practice and research-based Philippine nursing enhancing clinical relevance, applicability, and scientific rigour by having global knowledge integrated with local demands for health and culture.

## **Chapter 13: Cultural Competence in the Philippine Setting**

Background Nursing care in the Philippines involves a patient's family members and significant others who participate in different ways, with varying perspectives on health-related decisions.

Linking in with cultural diversity enhances nurses' capacity to provide safe and meaningful care. This chapter examines the range of Filipino ethno-linguistic groups, health beliefs and practices that influence patient behaviors from within their own culture, and how indigenous practices such as *hilot*, herbal medicine, faith healing are incorporated into nursing theories and practice. Through the promotion of culturally competent nursing care among Filipino nurses, we can provide better patient outcomes, develop community trust and deliver total healthcare that is based not only on professional standards but also in accordance with cultural norms.

## **Diversity of Filipino ethnolinguistic groups**

It has more than 175 ethnolinguistically diverse groups, each with its own language, culture, and health-related belief. This diversity also contributes to how people understand health, sickness and healing and in turn health seeking behavior and attitude towards treatment. Filipino nurses need to know these cultural differences in order to respond effectively and sensitively. Knowledge of ethnolinguistic history supports effective communication, identification of culturally relevant practices and adaptation of interventions that respond to each community's unique needs; thus, trust is built and care is accepted.

## **Culturally embedded health beliefs and practices**

Filipino health beliefs are strongly rooted in cultural and spiritual perspectives including concepts related to the etiology of diseases, preventive measures, and modes of treatment.

These include the power of spiritual forces, family duty and responsibility to care for others on caregiving, and the value of balance between emotional, physical, and spiritual well-being.

Filipino nurses incorporate these values into nursing practice by teaching clients in a culturally sensitive manner, respecting spiritual and traditional healing practices and working with the family to meet care plans that are medically competent as well as culturally appropriate. With this integration, Value Based Care, Whole Person Care and Patient Engagement are now easier to achieve.

### **Local traditional methods (*hilot*, herbal medicine, faith healing)**

Traditional medicine is still widely practiced by many Filipinos in rural areas even today. *Hilot*, traditional massage for musculoskeletal complaints and to stimulate the circulation and relax.

Traditional healers treat a variety of conditions using herbal medicine prepared from plants that are locally available. Faith healing, performed by spiritual leaders to cure ailments believed to have supernatural or spiritual cause. Filipino nurses acknowledge, and help reinstate these practices when necessary in the name of patient care which is safe and is an adjunct to modern medicine. It enhances the rapport between nurse and patient, and facilitates culturally congruent care.

## **Integration into nursing theory and practice**

Cultural competence is embedded in nursing theory and practice through drawing from universal as well as indigenous theoretical frameworks to represent Filipino values, beliefs and customs.

Nursing assessments reflect cultural history, intra-familial connections, and spiritual requirements as interventions are based on the patients' cultural worlds. Models such as Leininger's Transcultural Nursing theory and Filipino developed mid-range models continue to serve as a guide to provide culturally competent care. Through the application of cultural competence in their practice, Filipino nurses advance patient-centered care and increase positive health outcomes while also playing a key role in shaping nursing knowledge that is informed by global perspectives, yet appropriate to local contexts.

## **PART IV. APPLICATION OF THEORY TO PHILIPPINE CLINICAL PRACTICE**

Part IV demonstrates how nursing theories are practical instruments used to improve clinical judgment and --outcomes, develop safe patient care, and advance professional practice in the variety of health care environments present in the Philippines. In this section theoretical frameworks are manifested in actual nursing care delivered on hospital medical-surgical units and maternity wards, community health centers, rural *barangays*, and mental health clinics.

It exemplifies how theory guides the systemic assessment of patients, care prioritization, planning interventions and evaluating health outcomes to facilitate evidence-based and culturally focused nursing care. With various predicaments of Philippine health systems (limited resources, overcrowded facilities, decentralization of services and the collaborative work between the family in terms of care giving), it highlights how

global or local theories can be systemized to fit into prevailing situations. It also discusses the use of theory in perinatal and child health, chronic illness management, health promotion, disaster care emergent psychiatric care with particular emphasis on Filipino cultural beliefs and family-centredness.

By blending theoretical and clinical foundation, Part IV emphasizes theory-based practice to enhance nursing standards of care, patient safety and quality of care while advancing the nursing profession in the Philippine context.



## **Chapter 14: Using Theory in Medical-Surgical Nursing**

Medical-Surgical Nursing is a specialty in Philippine nursing, this category of nursing practice concentrates on the care of adult patients with non-organ specific health problems.

The application of nursing theory in this area facilitates patient assessment and directs interventions that resulted in better clinical outcomes. This chapter addresses how nursing theories offer organized structures for assessing patients' needs, planning care, and employing evidence-based interventions in the medical-surgical setting.

By applying theoretical tenets in hedging, Filipino nurses may provide systemic and holistic culturally-centred care to the complex demands of their hospitalized patients.

## **Framework-based patient assessment and interventions**

Using theorized knowledge in medical-surgical context enables nurses to carry out the complete, systematic assessment and plans interventions based on patient's specific needs. For instance, Orem's Self-Care Deficit Theory assists nurses in determining which aspects of patients' self-care needs they are incapable of meeting without support; likewise, Roy's Adaptation Model aids in evaluations of patients' physiological, psychological, and role-function responses to illness. Interventions within a framework of care that not only responds to need but also prevents and supports.

These theories provide Filipino nurses with guidelines to identify nursing diagnoses, generate culturally congruent care plans, assess their response, and change interventions as the patient responds to improve safety, recovery, and overall quality of care.

## **Common conditions in Philippine hospitals**

Medical-surgical nursing is the basic foundation of all nursing practice, it is frequently performed in conjunction with other specialties by medical surgical nurses (Consequently, it becomes one of most demanding sections that require a lot of energy and time for them).

In Philippines, patients are often admitted to a hospital when they have exacerbation their diseases such as cardiovascular disease, diabetes mellitus, respiratory conditions or contagious illnesses; Or after they suffer from unexpected mishaps resulting in injuries like traffic accidents or natural disasters.

Using nursing theories to inform the management of these disorders is beneficial, as it offers evidence-based approaches in patient monitoring, education, and rehabilitation and in planning for discharge. For example, Pender's Health Promotion Model is instrumental in promoting lifestyle

changes among the patients who suffer from hypertension and diabetes; while Watson Theory of Human Caring emphasizes on compassionate care provision to the critically ill or postoperative patients.

These theoretical frameworks prepare nurses both to tend to clinical and other psychosocial patient care concerns, improving health outcomes and providing holistic healing across different conditions in various Philippine hospitals.

## **Chapter 15: Theory in Maternal and Child Health Nursing**

Maternal and child health nursing is a vital aspect of healthcare in the Philippines—caring for women, children, and babies throughout their lives. Nursing theories form a framework to guide the assessment, planning and implementation of strategies that will promote maternal and child health, prevent complications or improve well-being.

In this chapter, we discuss the utility of theoretical models for obstetric, child health and health promotion and particularly their role in the reduction in perinatal and maternal mortality rates and formulating community-based interventions.

The inclusion of theory in maternal and child health nursing allows Filipino nurses to provide evidence-based care that is culturally congruent and family focused, ultimately enhancing the processes and outcomes for mothers, infants, families, and communities.

## **Models applicable to obstetrics, child health, and preventive health**

Several nursing models are used to inform practice in maternal and child health. Orem's Self-Care Deficit Theory is used to define the dimensions of assistance that mothers or other caregivers require for self-care or infant care. Pender's Health Promotion Model specifically promotes the adoption of healthy behaviors in relation to pregnancy, postpartum and infancy (eating a proper diet, immunizing children on time, and following plans for lifestyle change ).

Watson's Theory of Human Caring promotes tender, loving care and supports mothers, children and therapeutic presence. Using these models, nurses can determine needs, develop tailored plan of care and advocate health throughout the maternal child spectrum by incorporating preventive measures and educational strategies to enhance long-term health.

## **Community and maternal mortality, perinatal interventions**

Despite accelerated, widespread progress in most regions, maternal and perinatal mortality continue to be important public health issues in the Philippines, especially in rural and underserved areas. Nursing theory is that which underpins care to minimize risks and enhance outcomes.

**Framework-Based Strategies for Tracking High-Risk Pregnancy, Offering Prenatal Research and Ensuring Safe Childbirth** In many cases, nurses employ framework-based approaches to track high-risk pregnancy, deliver pregnancy education and organize safe childbirth. In child health, perspectives help to design immunization services, follow children's growth and ensure early treatment of developmental issues. Nurse originating from the Philippines provide community health promotion, family panning and home visiting with cultural relevancy to the community.

Embedding theory within these interventions will provide a systematic and evidence-based approach to care that accounts for clinical, psychosocial, and cultural factors, thereby improving health outcomes for mothers and children at the national level.



## **Chapter 16: Theory-Driven Approaches in Community and Public Health Nursing**

The community and public health nursing in the Philippines is an essential part of population-based programs to prevent disease, promote the health of the people, access to care including rural and underserved areas.

In this context, the application of nursing theories offers a guide to those who assess community needs, plan interventions and assess results. Theory-Active Practice in Community and Public Health Nursing are described in this chapter, with attention to the Filipino nurse's role toward DOH Programs; PHC and UHC implementers; care providers at BHS & rural health units. Through a process of praxis, nurses ensure that evidence is translated into practice in the community so that interventions are effective, sustainable, and culturally congruent.

## **DOH programs and nursing roles**

Filipino nurses play an important role in administering Department of Health programs in maternal and child health, infectious disease control, immunization, nutrition, and health education. Models of care such as the Health Promotion Model proposed by Pender and System Model described by Neuman offer nursing a theoretical framework that guides assessment of community health needs, intervention priorities, and evaluation of programme impact.

Nurses as health educators, champions and coordinators, facilitate the efficient implementation of DOH programs, and integration in the societal basis of the participating community. Using evidence-based strategies, nurses can enhance the effectiveness of DOH programs, advance community health indicators and foster preventive and promotive care.

## **Integration between PHC and UHC**

The Primary Health Care (PHC) and Universal Health Care (UHC) strategies underscore fair access to essential health services and community based care. Nursing theories serve as a basis to ensure that initiatives can be integrated into practice, driving needs assessments, promotion of health, and allocation of resources. Preventive care Filipino nurses play a key role in the implementation of PHC and UHC through their work in preventive health promotions, disease monitoring and surveillance, referral systems coordination, and community education about health-seeking behaviors.

Theoretical underpinnings provide an effective and systematic foundation to interventions that are appropriate culturally, enable individuals and families to act as active participants in their health, thus further promoting health care and access for all.

## ***Barangay Health Stations and rural health Centers***

*Barangay Health Stations (BHSs)* are the first level of health care delivery system in rural communities of the Philippines providing essential preventive, promotive and curative services. At BHS, nurses work as theory-guided health practitioners in performing health assessments, immunization schedules, maternal and child care programs, and sanitation and nutrition counselling. For example, Neuman's Systems Model assists nurses in recognizing the stressors related to community health, and Orem's self-care model directs patient and family education.

The use of theoretical models in such environments allows nurses to improve the quality and responsiveness of care, build capacity at the community level, as well as working for rural citizens to receive culturally congruent, effective and sustainable health services.

## **Chapter 17: Theory in Mental Health and Psychiatric Nursing**

Psychology, Psychiatric and Mental Health Nursing is a vital class which focuses on the mental, emotional and social health concern of people as well as communities.

In the Philippines, mental health care is influenced by professional practices as well as cultural beliefs that affect how individuals conceptualize, cope with and seek help for their mental health problems. Nursing theories assist in organizing assessment, intervention, and therapeutic relationships in psychiatric nursing.

In this chapter, Filipino mental health beliefs will be discussed as well as the use of nursing theories like Peplau's Interpersonal Relations Theory to improve the way mental health care is provided and delivered and how these can inform holistic, culturally sensitive, and therapeutic interventions for individuals with psychosocial challenges.

## Understanding Filipino mental health beliefs

Cultural-Spiritual-Familial influences in Filipino mental health beliefs that Filipino views on mental health are shaped by cultural, spiritual and familial values. The aetiology of mental illness can be conceptualized in supernatural terms; spiritual disturbances or imbalance in the individual's personal and social life may also underlie disorders.

Family members often figure prominently in the provision of care and decision making, reflecting collectivist values such as *pakikiramay* (empathy) and *bayanihan* (collective support). Nurses need to have knowledge of these beliefs to deliver culturally competent care while minimizing stigma and including the family in the treatment planning process.” Understanding local mental health concept is important for nurses so that interventions can be personalized, psycho-education provided and therapeutic environment established to respect scientific and cultural views.

## **Implication / Application of Peplau Plus Other Theories**

Peplau's Theory of Interpersonal Relations is applicable especially for psychiatric nursing, focusing the nurse-patient relationship as a therapeutic instrument. Through building rapport, empathy and effective communication, nurses can help patients to understand their mental health conditions and learn how to manage them. Other theorist such as the Adaptation Model of Roy, and the Human Caring Theroy of Watson offer some basis for evaluating coping strategies or resilience promotion as well as holism in care delivery.

In the case of the Philippines, these theories provide direction to nurses in dealing with emotional, social and spiritual needs; promotion of family involvement, and offering culturally appropriate interventions. The use of theoretical frameworks in mental health nursing facilitates the provision of quality care, paves the way toward patient recovery and helps develop Filipino nurses' competence

to deliver comprehensive care for various psychological and psychiatric concerns.



## **PART V - THEORY IN NURSING EDUCATION, LEADERSHIP, AND RESEARCH**

Part V examines the crucial influence of theory on nursing education, leadership and research—the triadic forces that influence Filipino nursing's sphere of growth, directionality, and professional development. This section discusses how theories are building blocks for curriculum development, instructional design, and pedagogical approaches so that nursing students are competent in accordance with the CHED standard, global best practices, and cultural applications of Filipino communities. In the area of leadership and management, theory lends itself to organization models that enrich decision making, advance effective communication, facilitate organizational change and develop moral and ethical nurse leaders who can successfully effectuate the political climate in health care institutions within the country.

In research, through theory, one frames the question, focuses the study on

specific variables of interest to explain multifaceted relationships and processes in nursing science. Showing readers how theory applies to their professional identity, evidence-based decision making, and practice-based profession the authors draw on contextual research in nursing education and leadership by connecting it to aspects of developing knowledge through the work of doctorally prepared expertise.

In so doing, it emphasizes the need to anchor Philippine nursing in solid theoretical moorings as we strive for excellence, innovation and culturally sensitive contributions to global health.

## **Chapter 18: Theoretical Foundations in Nursing Education**

Filipino nursing education is anchored on both foreign and native theoretical frameworks which influence curricula, teaching methodologies, and professional role outputs.

Weaknesses in theoretical foundations of the curricular frameworks hinder educators to design and implement programs that prepare competent, ethical, and culturally sensitive nurses who can meet the broad scope of health care challenges. This chapter reflects on the importance of theory in curriculum and teaching strategies, integration of theories to nursing education, as well as adherence to Commission on Higher Education (CHED) Memorandum Orders (CMOs), and underpinning expected nursing outcomes. The inclusion of theory in nursing education ensures that students graduate with an understanding and application of empirically informed culturally competent knowledge and practice.

## **Curriculum development**

Nursing education program in the Philippines is based on theoretical generalist models which provide systematic and comprehensive instruction. Programs are informed by theory when planning the subject sequence, interlinking clinical experiences, and matching learning objectives to professional competencies. For example, the Self-care Deficit Theory by Orem instructs patient care and clinical decision-making courses, the Health Promotion Model, developed by Pender, is used in community health and wellness education. Embedded Learning in the Curriculum: Cultural Competence, Ethics and Localities Ensuring cultural relativism, ethical considerations, local health priorities in shaping Filipino nurses' preparation for the realities of clinical practice and community engagement.

### **Teaching strategies grounded in theory**

Teaching strategies grounded firmly in theory will help students to understand the framework behind new knowledge, skill development and critical thinking.

These theoretical based methods including simulations, case studies, role playing, reflective journal writing and problem-based learning can assist students to apply knowledge gained when working in practice-based situations. These models would include such models as Benner's Novice to Expert, used to guide the progression of clinical skills, and goal for Watson's Theory of Human Caring in developing empathy and therapeutic relationships. These tactics emphasize that nursing education is experiential, student-centered and grounded in professional practice standards.

### **CHED CMO nursing results and theoretical fit**

The regulatory measure of CHED on CMOs requires schools with nursing programs to focus the outcomes in clinical skills, research, leadership, and community development based on ethical standards. Theoretical frameworks facilitate attainment of these outcomes by providing systematic methods for instruction, learning and assessment. For example,

including nursing theories in curricula development guarantees that students will learn not only technical skills but also critical thinking abilities, culturally competent knowledge and patient-centered care.

Adoption of CHED CMOs in the nursing program curricula via theoretical foundations enhances professional readiness of graduates and a similar quality standards among different Philippine nursing programs.

## **Chapter 19: Nursing Leadership and Management Theories**

Quality patient care, staff  
development, and organizational

efficiency might be achieved through effective nursing leadership and management in hospital and community settings. Nursing theories can inform and structure how nurse leaders understand the nature of leadership and decision-making processes, as well as the functioning of the team so that they can act according to evidence-based strategies in healthcare delivery.

This chapter will examine several of these leadership models and how they are being used in Philippine nursing practice with specific emphasis on the influence that theoretical framework have in promoting professional growth, patient safety as well as effective management in a variety of healthcare settings.

## **Leadership models**

A number of leadership theories inform nursing practice such as

transformational, transactional, servant and situational leadership.

Transformational leadership highlights inspiring and motivating the staff, encouraging risk-taking, innovation and creation of a shared vision.

Transactional leadership practice refers to structured task and focused performance evaluation, rewards - oriented management. Servant leadership focuses on the needs of staff and patients, fosters teamwork and ethical care.

Situational leadership is about fitting styles of leadership with team requirements. These models offer theoretical underpinning for nurse leaders to develop positive work environments, improve team performance and provide patient focused quality care.

### **Philippine hospital and community settings to which theories were applied**

These theories are integrated into nursing administration and management



practice in Philippine hospitals, rural health units, and community based programs in an effort to enhance productivity, quality responsive care and job satisfaction. Lewin's Change Theory, for instance, directs nursing managers in facilitating organizational change; and Benner's Novice to Expert model frames the mentoring and career development of nursing personnel. In community health, systems and contingency theories assist nurse leaders to prepare for health interventions, assigned resource allocation and multi-sectoral program coordination in an efficient manner.

The application of the theories is for leadership that is evidence-informed, culturally congruent and sensitive, and relevant to local capacity to deliver healthcare in the Philippines.

## **Chapter 20: Research and Evidence-Based Practice**

Evidence-based practice and research are at the core of advancing nursing knowledge, growing the

profession, and ensuring quality patient care. Nursing theories support the creation of research questions, shape the study design, and direct effective analysis.

This chapter reviews the importance of theory in nursing research, the processes for testing and developing theories, and current trends in Philippine nurse-led research efforts. The incorporation of theoretical paradigms in research and evidence-based practice by Filipino nurses adds to the development of knowledge that is scientifically sound, applies well in diverse contexts and populations from hospital to community based as well as academic environments.

### **Theoretical perspective shaping the research formulation**

Theories of the structure of nursing research toward providing organized eyes to glimpse phenomena, way to identify

variables and relationship. They guide researchers in the development of specific research questions and hypotheses so that studies focus on important parts of nursing practice. In the Philippines, global and national self-discovered theories underpin research on patient care, community health, maternal-child nursing and nursing education.

When employing theory to guide, the rigor, meaning, and applicability of research findings are advanced; thus, nurses are able to produce evidence that influences practice, policy and education.

### **Theory testing and theory development**

Testing of theory is the empirical testing of theoretical statements to ascertain their validity, generality and utility. In contrast, theory development involves creating new concepts drawing from empirical data and clinical experiences, as well as sociocultural context.

In Philippine nursing, for example, theory testing may require research on the effectiveness of interventions based on Orem or Watson or Pender; where as theory development can be supported by a locally grounded study focused on Filipino cultural practices, family centered care or community health problems. Both activities enrich the scientific basis of nursing and assist in the relentless development of nursing science.

### **Research trends in Philippine nursing**

Trends in the Philippines on current research The current trends of research in the Philippines indicate that there is an increasing focus on evidence-based practice, culture-relevant intervention, and community-based care. Maternal and child health, chronic disease management, disaster preparedness, mental health, nursing education and leadership development are common areas of study.

Philippine nurses are gradually assimilating qualitative and quantitative techniques, participatory methods and

mixed method structures for complex phenomena. The use of theory in these papers leads to a systematic, relevant and actionable research, contributing to quality of care, professional practice and policy development in different healthcare contexts.

## **PART VI. FUTURE DIRECTIONS**

Part VI engages in the future of Philippine nursing theory and practice, accenting the importance of responding to changing health needs with innovative theory grounded within 'a cultural

context'. As the global health landscape continues to change (due to technological innovations, emerging global threats, climate dynamics and changing population demands) nursing must systematically update its theoretical underpinnings to maintain its ardent relevance.

The present post is intended to emphasize the role of incorporating digital health, telemedicine, artificial intelligence and data-driven decision-making in theoretical blueprints that orient nursing care. It emphasizes the call for new or further modification of theories that are reflective to Philippines' unique settings including disaster preparedness and rehabilitation, community-managed health system, multicultural and interfaith care as well as simultaneous public health issues.

Part VI recommends greater coherence among Filipino researchers, clinicians, and educational institutions to create culturally specific theories that are anchored in the context of Filipino values, promote holistic health for all persons, and enhance the contribution of this nation's

nurses to world nursing knowledge. Through an examination of future directions, this section demonstrates that nursing theory is not finished but a living and growing knowledge system—a system which will have to expand further in order to serve the next cohort of Filipino nurses and address the urgent health concerns of the country.

## **CHAPTER 21- Innovations and New Theoretical Perspectives**

The practice of nursing is rapidly changing as technology continues to advance, healthcare demand grows and Filipino communities encounter diverse health-related problems.

New approaches to the theory of patient care are discussed which offer new ways of managing and intervening in, as well as enhancing resiliency in complex human systems. This chapter includes innovative methods and unprecedented approaches, such as digital health, telehealth, AI in nursing practice, resilience theory to disaster-prone areas, theoretical frameworks grounded in culture. The incorporation of these evolving paradigms can help to guarantee Filipino nurses become responsive, adaptable and futurist care deliverers who provide evidence-informed, technology-enabled and culturally appropriate care.

### **Digital health, telehealth, AI nursing**

Digital health technologies, telehealth, and artificial intelligence (AI) in nursing practice in patient care delivery system create additional opportunities to enhance the care and surveillance, as well as patient education. Nursing theories are used to guide the development and use of



these technologies for safety, ethicality, and effect.

In the Philippines, digital tools enable nurses to reach out to isolated communities for virtual consultations, real-time monitoring of health status and data-based decision-making. Through theoretical perspectives, Filipino nurses can capitalize on the advantages of technology by keeping patient care holistic, centered in the patient as a whole person and not simply as a medical diagnosis or a body part, and sensitive to cultural human needs.

### **Resilience for disaster-prone areas in the Philippines**

The Philippines is one of the countries prone to natural hazards like typhoons, earthquakes, and volcanic activities. Theoretical Foundations Resilience theory offers a framework for conceptualizing how individuals, families, and communities adapt to stressors,

recover from negative events and adversity, and sustain well-being.

This theory can be applicable in nurses' disaster preparedness, response, and recovery programs by enhancing coping styles, improving community integration and strengthening mental health. Through their adoption of resilience model, Filipino nurses help in the building of resilient communities that can withstand adverse events while maintaining health and recovery.

### **Culturally grounded theoretical frameworks**

New nursing theories pay greater attention to culturally based frameworks that are consistent with Filipino values, beliefs and social structures. These models introduce the concepts of *pakikipagkapwa*, *bayanihan*, and *malasakit* into nursing practice, education

and research. The development and use of culturally relevant theories will allow nurses to design interventions that are sensitive to the context, norms, and taboos while effectively preventing or ameliorating health-related conditions. These frameworks link international nursing concepts and local contexts to maintain the cultural relevance of theory development in Philippine nursing practice, evidence-informed and context-sensitive, and to respond to new health concerns.

## **Chapter 22: Challenges and Opportunities in Theoretical Application**

Nursing theory, although useful for practice, education, and research is limited in application to the Philippine healthcare setting. Sensitization, training and supportive institutional structures Customary practice integration with theory

for effective implementation by the practitioner demands using warms to such initiatives.

The gaps in theory-to-practice utilization are discussed, policy directions and professional development efforts are explored, and approaches to promote the Philippine nursing identity using theoretical foundations are presented.

Faced by these same problems, Filipino nurses will be able to generate further concerns and with this create a stronger case for revising their own nursing theory so that it becomes more relevant in the local situation.

### **Gaps in theory-practice integration**

Although there is recognition of the value of nursing theory, a gap exists between theoretical knowledge and practical application in clinical, community, and educational arenas. Factors that account for these shortfalls in part, are inadequate theoretical exposure during training, overbearing workloads,

institutional neglect and lack of resources for the implementation of theory-based interventions. Filling such gaps is dependent on lifelong learning, mentoring and reflecting practice to facilitate nurse using theory in assessment, planning and evaluation. Theoretical and practical nursing synthesis reduces the gap between theory and practice, combining evidence-favored, methodical and comprehensive care to patients.

### **Policy directions and professional development**

Institutional and national policy can influence the use of nursing theory in practice. Some of the avenues where nurses' theoretical knowledge could be promoted include continuing professional development programs, clinical practice guidelines, and competency-based frameworks set by regulatory bodies like PRC (Professional Regulation Commission) and CHED (Commission on Higher Education). Projects such as workshops, seminars and collaborative research contribute to enhancing the

theoretical application skills, leadership and teaching competencies of Filipino nurses towards policy initiatives that mandate best practices in health care delivery.

### **Nurture Philippine Nursing Identity with Theory**

Theoretical base provides the skeleton of Filipino nurses' career identity. Through combining indigenous and global nursing theories, nurses are able to express their own contributions to health care, enhance cultural competence, and uphold holistic patient-focused care. The thoughtful use of theory develops professional pride, promotes evidence-based nursing practice and validates the ethical and social aspects of care. Reinforcing the Philippine nursing identity through theory ensures that the profession will further develop in a scientific and culturally grounded manner, projecting Filipino nurses as leaders of health care in international and national settings.

## **Glossary of Nursing Theoretical Terms**

**Adaptation** –The adjustment or change in a person's own mode following either internal or external variation, carrying one on functioning with as much effectiveness ad health and well-being as possible; the core of Roy's Adaptation Model.

**Caring** – Fundamental concept in nursing with implications for empathy, compassion, and the holistic health of

clients; whether or not the theory is consistent with this view is weighed in Watson's Theory of Human Caring.

**Clinical Judgment** –The decision-making aspect of the nursing process that is based on knowledge, experience and theoretical constructs.

**Community Health Nursing** – A nursing practice based on the health of a population, including aspects like prevention, promotion and culturally appropriate interventions.

**Concept** - Central building block of theory that is developed to explain a phenomenon  
Used to describe, explain or predict nursing practice.

**Culture** – The shared system of beliefs, values, customs, behaviors, and artifacts that the members of a group use to solve problems and make decisions together affecting health practices; central to Leininger's Transcultural Nursing Theory.



**Cultural Competence** - Nurses' training to comprehend, value and provide health or nursing services for patient culture-specific treatment needs.

**Disaster Nursing** – A specialty nursing practice that focuses on the prevention of, response to and recovery from natural or human caused disasters.

**Evaluation** – The systematic data collection and analysis during the nursing process to determine patient health status, needs, and necessity of care.

**Evidence-Based Practice (EBP)** - The integration of research evidence, clinical expertise, and patient preference to drive nursing intervention.

**Family-Centred Care** – A nursing model of care in which the family is an active participant in patient care, and includes decision-making and wellness.

**Framework** – An organized method or idea map used to structure information or

knowledge, to influence practice, and/or as a basis for research.

**Health Promotion** – activities and strategies that enhance health, prevent disease, and promote health behaviors in Pender’s model of Health Promotion.

**Interpersonal Relations** – The reciprocal, therapeutic nurse-patient relationship between a sick not person and a representative of a professional nursing discipline; in the context of coach/teacher/mother serving patient which is essential to teaching and development.

**Middle-Range Theory** – A theory of nursing that is narrow enough to use in practice and research, but broad enough for overall use across any setting.

**Model** – A physical and/or symbolic representation of ideas, concepts, inferences, and propositions constructed to describe or explain phenomena that cannot be observed directly.

**Nursing Theory** – A group of related concepts, definitions and statements that explain or predict nursing phenomena and guide practice.

**Patient-Centered Care** – Nursing that supports and sustains patients' rights, preferences, values and defined outcomes.

**Phenomenology** - A philosophical method focusing on lived experience for the purpose of understanding meaning, used frequently in qualitative nursing research.

**Practice Theory** – A form of nursing theory that addresses a situation experienced by patients.

**Predictor** – A variable or concept in a theoretical model that would impact patient outcome or behavior.

**Self-Care** – Actions people take to keep their health stable, prevent illness and injury, and aid recovery; a primary concept in Orem's Self-Care Deficit Theory.

**Stressors** – Any internal or external variable that act on the system, attempting to create instability.eg patient,family and community in Neuman's Systems Model.

**Theory Development** – The construction of new nursing theories derived from research, clinical experience and cross-cultural knowledge.

**Testing of theory** – The systematic examination of theoretical statements, their consistency with each other, as well as their possible applications to nursing.

**Transcultural Nursing** – Culturally competent nursing care practiced in a way that is sensitive to the needs of individuals from diverse cultural backgrounds.

**Wellbeing** – A multilayered idea of both physical, emotional, social and spiritual dimensions and often being the focus on nursing interventions and theoretical frameworks.

## Summary Table of Global and Philippine Nursing Theories

<b>Theory / Model</b>	<b>Theorist(s)</b>	<b>Key Concepts</b>	<b>Focus</b>	<b>Relevance to Philippine Nursing Practice</b>
<b>Environmental Theory</b>	Florence Nightingale	Environment, sanitation, health	Role of environment in health and recovery	Applied in community health,

<b>Theory / Model</b>	<b>Theorist(s)</b>	<b>Key Concepts</b>	<b>Focus</b>	<b>Relevance to Philippine Nursing Practice</b>
				disaster management, and barangay health care
<b>Self-Care Deficit Nursing Theory</b>	Dorothea Orem	Self-care, self-care deficits, nursing system	Supporting patients who cannot meet self-care needs	Used in primary care, chronic illness management, and patient education
<b>Adaptation Model</b>	Sister Callista Roy	Adaptation, coping, stimuli, modes	Helping individuals and families adapt to changes	Supports resilience-building in Filipino families

<b>Theory / Model</b>	<b>Theorist(s)</b>	<b>Key Concepts</b>	<b>Focus</b>	<b>Relevance to Philippine Nursing Practice</b>
				and disaster-prone communities
<b>Theory of Human Caring</b>	Jean Watson	Transpersonal caring, humanistic-altruistic values, caring moments	Holistic, empathetic nursing care	Guides family-centered care and culturally aligned caring behaviors in Philippine hospitals
<b>Neuman Systems Model</b>	Betty Neuman	Client system, stressors, lines of defense, prevention	Holistic assessment of client system under stress	Applied in public health, community nursing,

<b>Theory / Model</b>	<b>Theorist(s)</b>	<b>Key Concepts</b>	<b>Focus</b>	<b>Relevance to Philippine Nursing Practice</b>
				and disaster preparedness
<b>Health Promotion Model</b>	Nola Pender	Individual characteristics, perceived benefits, barriers, health behavior	Promoting healthy lifestyles	Guides community health programs and patient education for chronic disease prevention
<b>Interpersonal Relations Theory</b>	Hildegard Peplau	Nurse-patient relationship, phases of interaction,	Therapeutic communication and interpersonal processes	Used in mental health, psychiatric nursing,



<b>Theory / Model</b>	<b>Theorist(s)</b>	<b>Key Concepts</b>	<b>Focus</b>	<b>Relevance to Philippine Nursing Practice</b>
		therapeutic use of self		and patient counseling
<b>Transcultural Nursing Theory</b>	Madeleine Leiningner	Cultural care, cultural congruence, worldview	Culturally sensitive nursing care	Essential for ethnolinguistic groups, indigenous communities, and Filipino family-centered care
<b>Novice to Expert Model</b>	Patricia Benner	Skill acquisition, experience levels, clinical judgment	Professional development and competence	Guides mentorship

<b>Theory / Model</b>	<b>Theorist(s)</b>	<b>Key Concepts</b>	<b>Focus</b>	<b>Relevance to Philippine Nursing Practice</b>
				p, clinical training, and competency progression in hospitals
<b>Comfort Theory</b>	Katharine Kolcaba	Relief, ease, transcendence, comfort needs	Enhancing patient comfort	Applied in palliative care, patient satisfaction, and family support in Philippine healthcare
<b>Modeling &amp; Role-Modeling</b>	Erickson, Tomlin, Swain	Patient modeling, individualized care, role-modeling	Understanding patient perspective to guide care	Supports holistic assessment,

<b>Theory / Model</b>	<b>Theorist(s)</b>	<b>Key Concepts</b>	<b>Focus</b>	<b>Relevance to Philippine Nursing Practice</b>
				personalized care, and cultural sensitivity
<b>Filipino Caring Framework</b>	Local scholars	<i>Pagmamala sakit, pakikipagkapwa, empathy</i>	Culturally grounded caring practices	Central to Philippine nursing values, family-centered care, and compassionate practice
<b>Philippine Family-Centered Care Models</b>	Local scholars	Family involvement, interdependence, communal support	Family participation in health care	Used in maternal-child health, chronic care, and community nursing
<b>Culturally Grounded</b>	Local scholars			

<b>Theory / Model</b>	<b>Theorist(s)</b>	<b>Key Concepts</b>	<b>Focus</b>	<b>Relevance to Philippine Nursing Practice</b>
<b>Philippine Middle-Range Theories</b>		Resilience, community engagement, cultural competence	Culturally relevant nursing interventions	Guides practice in ethnocultural communities and disaster-prone areas

### **Sample theoretical models used in Philippine nursing practice**

In the Philippine context, nursing practice integrates both global and locally developed theoretical models to guide assessment, planning, interventions, and evaluation. The following are commonly

applied theoretical models with examples of their use in Filipino healthcare settings:

<b>Theoretical Model</b>	<b>Key Concepts</b>	<b>Application in Philippine Nursing Practice</b>
<b>Orem's Self-Care Deficit Nursing Theory</b>	Self-care, self-care deficit, nursing systems	Used in primary care centers and hospitals to identify patients unable to meet self-care needs; nurses guide chronic illness management, post-operative care, and

<b>Theoretical Model</b>	<b>Key Concepts</b>	<b>Application in Philippine Nursing Practice</b>
		patient education.
<b>Roy's Adaptation Model</b>	Adaptation, stimuli, coping mechanisms	Applied in disaster-prone communities, helping Filipino families adjust to environmental, social, and health stressors; used in community health nursing and

<b>Theoretical Model</b>	<b>Key Concepts</b>	<b>Application in Philippine Nursing Practice</b>
		resilience-building programs.
<b>Watson's Theory of Human Caring</b>	Transpersonal caring, caring moments, holistic care	Guides family-centered care in hospitals and community health programs; emphasizes empathy, compassion, and therapeutic nurse-patient

<b>Theoretical Model</b>	<b>Key Concepts</b>	<b>Application in Philippine Nursing Practice</b>
		relationships .
<b>Neuman Systems Model</b>	Stressors, client system, lines of defense	Used in public health and community nursing for holistic assessment and prevention strategies; applied in disaster response and health



<b>Theoretical Model</b>	<b>Key Concepts</b>	<b>Application in Philippine Nursing Practice</b>
		promotion programs.
<b>Pender's Health Promotion Model</b>	Determinants of health behavior, individual characteristics	Guides health education campaigns, lifestyle modification programs, and community-based interventions for chronic disease prevention.

<b>Theoretical Model</b>	<b>Key Concepts</b>	<b>Application in Philippine Nursing Practice</b>
<b>Peplau's Interpersonal Relations Theory</b>	Phases of nurse-patient relationship, therapeutic communication	Applied in mental health, psychiatric nursing, counseling, and therapeutic communication training in hospitals and community clinics.
<b>Leininger's Transcultural</b>	Cultural care, cultural	

<b>Theoretical Model</b>	<b>Key Concepts</b>	<b>Application in Philippine Nursing Practice</b>
<b>Humanistic Nursing Theory</b>	congruence, worldview	Guides culturally sensitive care for diverse Filipino ethnolinguistic groups, indigenous populations, and patients practicing traditional medicine.
<b>Benner's Novice to</b>	Skill acquisition, clinical	

<b>Theoretical Model</b>	<b>Key Concepts</b>	<b>Application in Philippine Nursing Practice</b>
<b>Expert Model</b>	judgment, experiential learning	Applied in mentoring programs, clinical education, and professional development for nurses in hospitals and rural health units.
<b>Kolcaba's Comfort Theory</b>	Relief, ease, transcendence	Used in palliative care, chronic care, and patient satisfaction

Theoretical Model	Key Concepts	Application in Philippine Nursing Practice
		programs; emphasizes holistic comfort in hospital and home care settings.
<b>Filipino Caring Frameworks</b>	<i>Pagmamalasa kit, pakikipagkapwa, empathy</i>	Reflects Filipino values in caregiving; applied in family-centered care, maternal-child health, and community

<b>Theoretical Model</b>	<b>Key Concepts</b>	<b>Application in Philippine Nursing Practice</b>
		health initiatives.
<b>Philippine Family-Centered Care Models</b>	Family involvement, interdependence	Guides maternal and child health programs, chronic care, and patient education, ensuring family participation in care decisions.

<b>Theoretical Model</b>	<b>Key Concepts</b>	<b>Application in Philippine Nursing Practice</b>
<b>Resilience Theory</b>	Coping, recovery, adaptation	Applied in disaster management , mental health support, and community health initiatives to enhance family and community resilience.

<b>Theoretical Model</b>	<b>Key Concepts</b>	<b>Application in Philippine Nursing Practice</b>
<b>Culturally Grounded Middle-Range Theories</b>	Cultural competence, community engagement	Used in ethnocultural communities, rural health practices, and disaster response to provide locally relevant, culturally sensitive interventions.



### **CHED and PNA Frameworks in Philippine Nursing**

Nursing education and practice in the Philippines are guided by frameworks established by the **Commission on Higher Education (CHED)** and the **Philippine Nurses Association (PNA)**. These frameworks provide standards, competencies, and guiding principles for producing professional, competent, and

culturally sensitive nurses who can respond effectively to local and global healthcare needs.

## **CHED Nursing Education Framework**

The CHED Nursing Education Framework aligns with global nursing standards while addressing the unique needs of the Filipino population. Key features include:

- **Outcome-Based Education (OBE):** Nursing programs are designed around clearly defined learning outcomes, including knowledge, skills, attitudes, and professional values.
- **Competency Domains:** CHED defines core nursing competencies across areas such as clinical practice, research, leadership, community health, and ethics.
- **Curriculum Structure:** Courses are sequenced to integrate theory, clinical practice, and community exposure, ensuring progressive

development of nursing competencies.

- **Alignment with Nursing Theories:** CHED encourages the integration of nursing theories in curriculum design to enhance critical thinking, evidence-based practice, and holistic care delivery.
- **Quality Assurance:** CHED monitors and evaluates nursing programs through accreditation, licensing examination performance, and compliance with CMOs (e.g., CMO No. 14 s. 2006, 2020).

**Application:** Filipino nursing schools incorporate global and local nursing theories into teaching, clinical training, and research to meet CHED outcomes, ensuring graduates are competent, reflective, and culturally responsive practitioners.

## **PNA Competency and Professional Practice Framework**

The Philippine Nurses Association (PNA) provides professional guidance for nurses' practice, ethics, and continuing development. Key elements include:

- **Nursing Competency Domains:** The PNA framework identifies competencies in direct patient care, leadership, research, education, and community health.
- **Professional Standards:** Nurses are expected to adhere to ethical practice, cultural sensitivity, and evidence-based interventions in all settings.
- **Continuing Professional Development (CPD):** PNA promotes lifelong learning through workshops, seminars, research involvement, and specialty training.
- **Integration of Nursing Theory:** PNA emphasizes that theoretical knowledge underpins safe, effective, and holistic nursing practice. Nurses are encouraged to apply both global and Philippine-based theories in clinical, educational, and community contexts.

**Application:** PNA frameworks guide hospital protocols, community health programs, and professional development activities, ensuring that nurses maintain high standards of practice while responding to Filipino cultural and healthcare needs.

### **Integration of CHED and PNA Frameworks**

The CHED and PNA frameworks complement each other by linking **nursing education** with **professional practice**. Nursing theories are applied throughout:

- **In Education:** Theoretical foundations shape curriculum, teaching methods, and competency development.
- **In Practice:** Theories guide patient care, clinical decision-making, and community interventions.
- **In Leadership & Research:** Frameworks support evidence-based practice, quality improvement, and culturally sensitive program development.

By adhering to these frameworks, Filipino nurses are equipped to provide competent, ethical, and culturally responsive care in diverse healthcare settings, while contributing to the advancement of Philippine nursing as a profession.

## Florence Nightingale



Environmental Theory. She was born in 1820; her ideas that formed the Environmental Theory date back to the mid-19th century, often cited around 1859-1860 as foundational for modern nursing theory.



## Hildegard E. Peplau



Theory of Interpersonal Relations. She was born in September 1, 1909 and on died March 17, 1999



**Dorothea E. Orem**



Self-Care Deficit Nursing Theory. She was Born in 1914 and (died 2007) — the Self-Care Deficit Theory gained prominence around 1971.



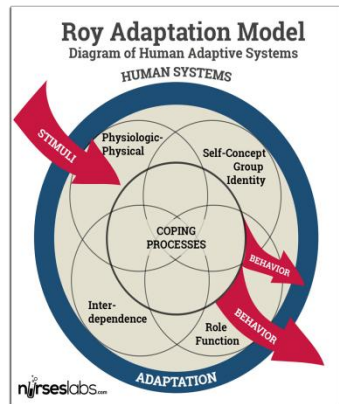




## Sister Callista Roy



Roy Adaptation Model. She was Born in October 14, 1939 — her adaptation model became influential in the early **1970s**.



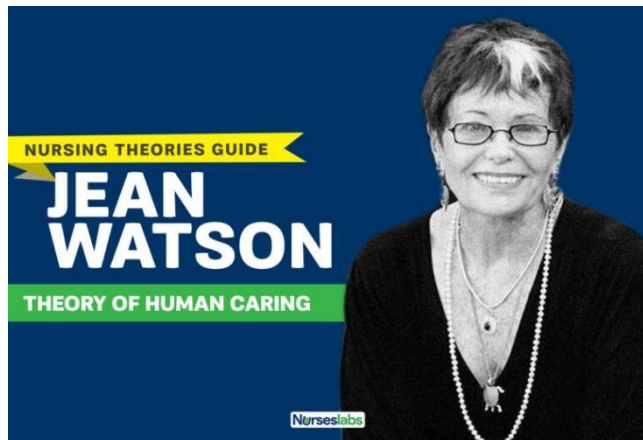
## Betty Neuman



Neuman Systems Model. Her systems model became widely recognized around 1972.

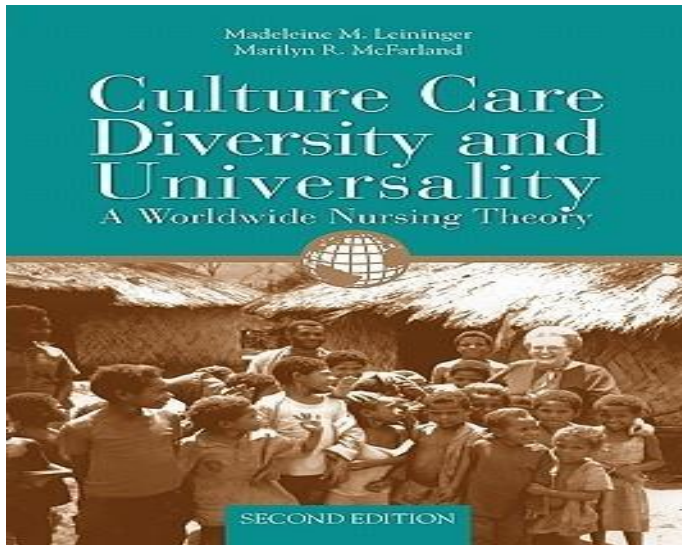


Theory of Human Caring  
(Caring Science). Watson's caring  
theory is often dated around **1979**.



Transcultural  
Nursing Theory / Culture  
Care Diversity and  
Universality. Her major work  
on transcultural care began

in the mid-1970s and was well established by **1978**.



Comfort Theory. Katharine Kolcaba was born December 28, 1944; her Comfort Theory emerged in the **1990s** and continues to inform practice.



**questions per chapter (Chapters 1–22).**

**Total: 110 questions and answers**

All items are aligned with Philippine Nursing Board–  
type questioning (NLE style).

**PART I — INTRODUCTION TO NURSING  
THEORY**

## **CHAPTER 1 — Overview of Nursing as a Discipline**

**1.** The scope of nursing best reflects which major function?

- A. Diagnosing diseases
- B. Providing holistic care
- C. Prescribing medications
- D. Performing surgeries

**Answer: B**

**Rationale:** Nursing focuses on holistic, patient-centered care.

**2.** Nursing as both a science and an art means:

- A. It is based only on scientific procedures
- B. It is purely intuitive
- C. It integrates evidence and compassionate care
- D. It is similar to medical practice

**Answer: C**

**Rationale:** Nursing blends research evidence with caring.

**3.** Florence Nightingale contributed to nursing by emphasizing:

- A. Medication administration
- B. Environmental sanitation
- C. Complex surgical techniques
- D. Pharmacologic treatments

**Answer: B**

**Rationale:** Nightingale highlighted environment affecting health.

4. Philippine nursing evolved significantly due to:

- A. Spanish-era hospitals and American education system
- B. Roman empire influence
- C. Middle Eastern medical missions
- D. European royal decrees

**Answer: A**

**Rationale:** Both periods shaped local nursing education.

5. Nursing theories professionalize nursing because they:

- A. Restrict practice
- B. Provide structured knowledge
- C. Replace clinical skills
- D. Eliminate clinical judgment

**Answer: B**

**Rationale:** Theory offers a foundation for practice and research.

## **CHAPTER 2 — Understanding Nursing Theory**

1. A nursing theory is best defined as:

- A. Random beliefs
- B. Organized framework of concepts
- C. Medical hypothesis
- D. Physician-created guideline

**Answer: B**



**Rationale:** A theory is a structured set of ideas guiding practice.

2. A basic component of a theory is:

- A. Drug formularies
- B. Concepts and assumptions
- C. Surgical steps
- D. Hospital policies

**Answer: B**

**Rationale:** Concepts, definitions, and propositions form theories.

3. A grand theory is characterized by:

- A. Narrow focus
- B. Highly specific practice steps
- C. Broad, abstract frameworks
- D. Limited applicability

**Answer: C**

**Rationale:** Grand theories offer wide philosophical views.

4. Theory guides research because it:

- A. Replaces methodologies
- B. Generates questions and variables
- C. Eliminates ethical concerns
- D. Removes need for data

**Answer: B**

**Rationale:** Theories help identify what to study.

5. Practice-level theories are:

- A. Abstract
- B. Broad and philosophical
- C. Directly applicable to bedside care
- D. Only for administrators

**Answer: C**

**Rationale:** Practice theories guide specific nursing actions.

### **CHAPTER 3 — Philosophical Foundations of Nursing**

**1.** Ontology in nursing refers to:

- A. Nature of reality
- B. Ways of knowing
- C. Ethical values
- D. Research tools

**Answer: A**

**Rationale:** Ontology studies “what exists.”

**2.** Empiricism emphasizes knowledge from:

- A. Feelings
- B. Intuition
- C. Experience and observation
- D. Tradition

**Answer: C**

**Rationale:** Empirical data is foundation of science.

**3.** Pakikipagkapwa is a Filipino value meaning:

- A. Individual independence
- B. Shared identity and connection
- C. Punitive discipline
- D. Competitive mindset

**Answer: B**

**Rationale:** It reflects shared humanity.

**4.** Philosophy is important in nursing theory because it:

- A. Replaces clinical guidelines
- B. Clarifies foundational beliefs and assumptions
- C. Eliminates need for research
- D. Focuses only on spirituality

**Answer: B**

**Rationale:** Philosophy guides theoretical development.

**5.** Axiology refers to:

- A. Methods of research
- B. Ethical and value considerations
- C. Biological processes
- D. Statistical analysis

**Answer: B**

**Rationale:** Axiology examines values in decision-making.

## **PART II — GLOBAL NURSING THEORIES**

## **CHAPTER 4 — Nightingale's Environmental Theory**

**1.** Nightingale emphasized which key factor?

- A. Medication timing
- B. Clean environment
- C. Surgical sterility
- D. Technological tools

**Answer: B**

**2.** Good ventilation prevents:

- A. Renal failure
- B. Respiratory infections
- C. Surgical errors
- D. Cardiac arrest

**Answer: B**

**3.** In disaster response, Nightingale's theory guides nurses to:

- A. Prioritize machine-based interventions
- B. Ensure sanitation, lighting, and ventilation
- C. Focus solely on triage
- D. Use advanced diagnostic tools

**Answer: B**

**4.** Applying the theory in barangay health stations means:

- A. Installing air-conditioning
- B. Maintaining cleanliness and safe surroundings
- C. Reducing community participation

D. Eliminating traditional practices

**Answer: B**

5. The environment influences:

A. Only physical health

B. Only emotional health

C. All dimensions of health

D. None of the above

**Answer: C**

## **CHAPTER 5 — Orem's Self-Care Deficit Theory**

1. Self-care deficit occurs when:

A. Patient surpasses ability

B. Nurse performs unnecessary care

C. Patient cannot meet self-care needs

D. Family refuses assistance

**Answer: C**

2. Orem's theory has how many major components?

A. One

B. Two

C. Three

D. Four

**Answer: C** (Self-care, self-care deficit, nursing systems)

3. In chronic illness, Orem emphasizes:

- A. Patient dependence
- B. Promoting self-management
- C. Full nurse control
- D. Technology reliance

**Answer: B**

4. A wholly compensatory system means:

- A. Patient performs all care
- B. Nurse performs all care
- C. Family performs all care
- D. Community performs care

**Answer: B**

5. Health teaching is part of:

- A. Supportive-educative system
- B. Total compensatory system
- C. Self-neglect system
- D. Restorative model

**Answer: A**

## **CHAPTER 6 — Roy's Adaptation Model**

1. A stimulus that directly affects the person is called:

- A. Contextual
- B. Focal
- C. Residual
- D. Latent

**Answer: B**

2. Adaptation occurs when:

- A. Person fails to cope
- B. Person maintains integrity
- C. Stressors dominate
- D. Nurses replace coping

**Answer: B**

**3.** Filipino families showing resilience after disasters reflect which mode?

- A. Physiologic
- B. Self-concept
- C. Role function
- D. Interdependence

**Answer: D**

**4.** A contextual stimulus is:

- A. Main stressor
- B. Background factor
- C. Unclear belief
- D. Unrelated event

**Answer: B**

**5.** Roy's goal is to:

- A. Cure disease
- B. Enhance adaptation
- C. Maintain dependence
- D. Promote isolation

**Answer: B**

## **CHAPTER 7 — Watson's Theory of Human Caring**

1. Watson emphasizes:

- A. Mechanical care
- B. Transpersonal caring
- C. Strict routines
- D. Detached professionalism

**Answer: B**

2. Caring moments involve:

- A. Distant communication
- B. Shared human connection
- C. Task-focused interactions
- D. Completing charts

**Answer: B**

3. Filipino family-centered care aligns with:

- A. Cold efficiency
- B. Depersonalization
- C. Compassionate relationships
- D. Strict autonomy

**Answer: C**

4. A nurse giving presence means:

- A. Multitasking
- B. Authentic engagement
- C. Avoiding emotions
- D. Speeding up tasks

**Answer: B**



5. The theory's main goal is to:

- A. Fix machines
- B. Promote caring and healing
- C. Produce independence only
- D. Focus on pathology

**Answer: B**

## **CHAPTER 8 — Neuman's Systems Model**

1. The basic structure refers to:

- A. External stressors
- B. Client core
- C. Lines of resistance
- D. Normal line of defense

**Answer: B**

2. A stressor is defined as:

- A. Something beneficial
- B. Neutral event
- C. Environmental force causing reaction
- D. Device malfunction

**Answer: C**

3. Primary prevention aims to:

- A. Restore health
- B. Prevent illness
- C. Limit disability
- D. Reduce expenses

**Answer: B**

4. In public health, the model helps identify:

- A. Isolated symptoms
- B. Stressors affecting client system
- C. Only physical issues
- D. Administrative concerns

**Answer: B**

5. Secondary prevention includes:

- A. Vaccination
- B. Screening and early treatment
- C. Rehabilitation
- D. None

**Answer: B**

## **CHAPTER 9 — Pender's Health Promotion Model**

1. Perceived barriers influence:

- A. Increase motivation
- B. Reduce likelihood of action
- C. Improve compliance
- D. Are irrelevant

**Answer: B**

2. Health-promoting behaviors are affected by:

- A. Personal beliefs
- B. Pure luck
- C. Only genetics

D. None

**Answer: A**

**3.** Filipino lifestyle programs reflect:

A. Health promotion initiatives

B. Disease-curative focus

C. Tertiary care

D. Acute interventions

**Answer: A**

**4.** Self-efficacy means:

A. External support

B. Belief in capability

C. Avoiding tasks

D. Delegation

**Answer: B**

**5.** Immediate competing demands:

A. Encourage healthy actions

B. Hinder healthy behaviors

C. Strengthen motivation

D. Irrelevant

**Answer: B**

## **CHAPTER 10 — Other Grand & Middle-Range Theories**

**1.** Peplau's theory focuses on:

A. Machines

B. Interpersonal relationships

- C. Lab tests
- D. Diet alone

**Answer: B**

**2. Leininger emphasizes:**

- A. Universal care
- B. Culturally congruent care
- C. Mechanical interventions
- D. Standardized protocols

**Answer: B**

**3. Benner's novice stage is:**

- A. Expert decision-making
- B. No experience
- C. Highly intuitive
- D. Competent

**Answer: B**

**4. Kolcaba's theory centers on:**

- A. Physical care only
- B. Comfort needs
- C. Diagnostic procedures
- D. Pure technology use

**Answer: B**

**5. Modeling & Role-Modeling helps nurses:**

- A. Control patients
- B. Understand client worldview
- C. Enforce conformity

D. Ignore emotions

**Answer: B**

### **PART III — PHILIPPINE NURSING**

#### **CHAPTER 11 — Historical Development of Philippine Nursing**

**1.** Hilot reflects:

A. Spanish practice

B. Indigenous healing

C. American medicine

D. Western surgery

**Answer: B**

**2.** American period introduced:

A. Community herbalists

B. Hospital-based nursing schools

C. Tribal healers

D. Ritual medicine

**Answer: B**

**3.** RA 9173 refers to:

A. Nurse salary act

B. Philippine Nursing Act

- C. PhilHealth law
- D. Disaster law

**Answer: B**

4. Modernization led to:

- A. Decline in research
- B. Stronger nursing education reforms
- C. Elimination of clinical training
- D. Removal of licensing

**Answer: B**

5. Filipino theoretical models are rooted in:

- A. European nobles
- B. Local cultural experiences
- C. American politics
- D. Ritual dances

**Answer: B**

## **CHAPTER 12 — Filipino Nursing Theories and Frameworks**

1. Filipino caring behavior is described as:

- A. Detached
- B. Task-centered
- C. Respectful and compassionate
- D. Purely technical

**Answer: C**

2. Family-centered care is important because:

- A. Families make all decisions
- B. Filipino culture values close family ties
- C. It is required globally
- D. It reduces nurse workload

**Answer: B**

**3.** Tausug caregiver traits show:

- A. Strong resilience
- B. Avoidance of care
- C. Purely biomedical approach
- D. Isolation

**Answer: A**

**4.** A middle-range Philippine theory is:

- A. Broad and abstract
- B. Locally grounded and specific
- C. Only for foreigners
- D. Irrelevant

**Answer: B**

**5.** Culturally congruent care supports:

- A. Miscommunication
- B. Patient's values
- C. Stereotyping
- D. Uniform treatment

**Answer: B**

## **CHAPTER 13 — Cultural Competence in the Philippine Setting**

1. The Philippines has how many recognized ethnolinguistic groups?

- A. Only 2
- B. More than 100
- C. Less than 20
- D. Approximately 10

**Answer: B**

2. Hilot is considered:

- A. Western medicine
- B. Indigenous healing modality
- C. Mechanical therapy
- D. Surgery

**Answer: B**

3. Cultural competence requires nurses to:

- A. Ignore cultural beliefs
- B. Adapt care based on culture
- C. Impose personal values
- D. Reject traditions

**Answer: B**

4. Herbal medicine in communities is:

- A. Illegal
- B. Culturally embedded
- C. Never useful
- D. Only entertainment

**Answer: B**

5. Faith healing is common among:



- A. Urban centers
- B. Indigenous groups
- C. Foreign communities
- D. Hospitals

**Answer: B**

## **PART IV — CLINICAL APPLICATION**

### **CHAPTER 14 — Using Theory in Medical-Surgical Nursing**

**1.** Framework-guided assessment helps nurses to:

- A. Perform random tasks
- B. Use structured evaluation
- C. Skip steps
- D. Omit documentation

**Answer: B**

**2.** Hypertension in PH hospitals is managed using:

- A. Pure intuition
- B. Evidence-based guidelines
- C. Ritual healing only
- D. No standardized care

**Answer: B**

**3.** Theories increase safety by:

- A. Creating confusion
- B. Offering consistent guidance
- C. Eliminating all risks

D. Replacing experience

**Answer: B**

4. A patient with pneumonia needs:

A. Unstructured care

B. Theory-based interventions

C. No assessment

D. Nutritional restriction

**Answer: B**

5. Theory assists med-surg nurses in:

A. Random decision-making

B. Predictable patient outcomes

C. Delayed interventions

D. Confusion

**Answer: B**

## **CHAPTER 15 — Maternal and Child Health Nursing**

1. Perinatal models address:

A. Elderly care

B. Pregnancy and newborn outcomes

C. Only male health

D. Environmental issues

**Answer: B**

2. MMR refers to:

A. Medicine management rate

B. Maternal mortality ratio

- C. Municipal medical record
- D. Minimum medical requirement

**Answer: B**

**3. Health promotion in pregnancy stresses:**

- A. Tertiary care only
- B. Preventive and supportive care
- C. Post-mortem practices
- D. Surgical focus only

**Answer: B**

**4. Breastfeeding models reflect:**

- A. Theory-guided maternal behavior
- B. Purely cultural opposition
- C. Hospital rejection
- D. Irrelevance

**Answer: A**

**5. Community maternal programs aim to:**

- A. Reduce maternal deaths
- B. Increase workload
- C. Reduce education
- D. Promote dependence

**Answer: A**

## **CHAPTER 16 — Community and Public Health Nursing**

**1. UHC focuses on:**

- A. Limiting access
- B. Equitable health services
- C. Private hospitals only
- D. Reducing nurses

**Answer: B**

**2. DOH programs include:**

- A. None for prevention
- B. NIP, TB-DOTS, and NCD programs
- C. Only curative measures
- D. Private policies

**Answer: B**

**3. Primary Health Care promotes:**

- A. Community participation
- B. Hospital-only care
- C. High-cost procedures
- D. Minimal access

**Answer: A**

**4. Barangay health stations focus on:**

- A. Acute surgeries
- B. Preventive services
- C. ICU care
- D. Dialysis

**Answer: B**

**5. Public health nursing emphasizes:**

- A. Individualized care only
- B. Population-based interventions

- C. No community involvement
- D. Purely administrative tasks

**Answer: B**

## **CHAPTER 17 — Mental Health Nursing**

**1.** Filipino mental health beliefs include:

- A. Purely biological focus
- B. Spiritual and cultural elements
- C. No involvement of family
- D. Isolation

**Answer: B**

**2.** Peplau's theory is useful in:

- A. Building nurse-patient relationships
- B. Avoiding communication
- C. Rigid task orientation
- D. Elimination of interaction

**Answer: A**

**3.** Rapport develops during which Peplau phase?

- A. Orientation
- B. Termination
- C. Post-interaction
- D. Disengagement

**Answer: A**

**4.** Folk beliefs affect mental health by:

- A. Having no influence
- B. Influencing help-seeking behaviors

- C. Always reducing illness
- D. Eliminating risk

**Answer: B**

**5. Recovery model emphasizes:**

- A. Patient empowerment
- B. Nurse control
- C. Family exclusion
- D. Institutional dependence

**Answer: A**

## **PART V — EDUCATION, MANAGEMENT, RESEARCH**

### **CHAPTER 18 — Nursing Education Theories**

**1. Curriculum development is guided by:**

- A. Personal intuition
- B. Educational theories
- C. Pure tradition
- D. Eliminated standards

**Answer: B**

**2. CHED outcomes emphasize:**

- A. Competence-based education
- B. Minimal skills
- C. No evaluation
- D. Random learning

**Answer: A**

**3. Constructivism promotes:**

- A. Passive learning
- B. Active engagement
- C. Memorization
- D. Repetition

**Answer: B**

4. Teaching rooted in theory leads to:

- A. Disorganized content
- B. Effective learning
- C. Confusion
- D. Poor outcomes

**Answer: B**

5. Simulation is an example of:

- A. Traditional lecture
- B. Experiential learning
- C. Pure theory
- D. Evaluative-only practice

**Answer: B**

## **CHAPTER 19 — Leadership and Management**

1. Transformational leaders:

- A. Inspire followers
- B. Focus only on tasks
- C. Avoid change
- D. Discourage growth

**Answer: A**

2. Autocratic leaders:

- A. Encourage shared decisions
- B. Make unilateral decisions
- C. Promote democracy
- D. Empower teams

**Answer: B**

**3.** Servant leadership emphasizes:

- A. Self-promotion
- B. Serving others
- C. Authoritarian control
- D. Avoidance

**Answer: B**

**4.** In Philippine hospitals, effective leadership improves:

- A. Errors
- B. Burnout
- C. Staff retention
- D. Conflict

**Answer: C**

**5.** Management theory helps nurses:

- A. Random decisions
- B. Organize workflow
- C. Increase confusion
- D. Avoid delegation

**Answer: B**

## **CHAPTER 20 — Research and EBP**

**1.** Theory guides research by identifying:



- A. Emotional needs only
- B. Variables and relationships
- C. Nothing relevant
- D. Purely numerical data

**Answer: B**

**2.** EBP means using:

- A. Tradition
- B. Best evidence + clinical judgment + patient values
- C. Pure intuition
- D. Rituals

**Answer: B**

**3.** Theory testing research aims to:

- A. Eliminate theory
- B. Validate theoretical propositions
- C. Ignore results
- D. Avoid analysis

**Answer: B**

**4.** Philippine research trends focus on:

- A. Costly technologies
- B. Nursing workforce, community health, leadership
- C. Purely laboratory research
- D. Political agendas

**Answer: B**

**5.** A conceptual framework is:

- A. Diagram of relationships
- B. Random sketch

- C. A law
- D. Policy document

**Answer: A**

## **PART VI — FUTURE DIRECTIONS**

### **CHAPTER 21 — Innovations & Emerging Perspectives**

**1.** Telehealth helps by:

- A. Limiting reach
- B. Increasing access to remote communities
- C. Reducing communication
- D. Increasing hospital congestion

**Answer: B**

**2.** AI in nursing is useful for:

- A. Replacing nurses
- B. Supporting decision-making
- C. Eliminating critical thinking
- D. Creating bias

**Answer: B**

**3.** Resilience is crucial in the Philippines because:

- A. Climate disasters are common
- B. No disasters occur

- C. Hospitals are disaster-proof
- D. It's irrelevant

**Answer: A**

**4.** Cultural frameworks ensure care is:

- A. Westernized
- B. Locally appropriate
- C. Uniform globally
- D. Technology-driven only

**Answer: B**

**5.** Innovation in nursing should be:

- A. Random
- B. Patient-centered and evidence-based
- C. Expensive
- D. Avoided

**Answer: B**

## **CHAPTER 22 — Challenges and Opportunities**

**1.** A major gap in theory-practice integration is:

- A. Excessive funding
- B. Limited application in clinical settings
- C. Too many nurses
- D. Overuse of theory

**Answer: B**

**2.** Professional development enhances:

- A. Outdated practice
- B. Evidence-based care
- C. Miscommunication
- D. Errors

**Answer: B**

**3.** Strengthening Philippine identity involves:

- A. Ignoring local culture
- B. Developing Filipino theories
- C. Copying foreign models entirely
- D. Removing local context

**Answer: B**

**4.** Policy directions support:

- A. Stagnation
- B. Advancement and quality improvement
- C. Professional decline
- D. Random changes

**Answer: B**

**5.** Continuing education improves:

- A. Competence
- B. No outcomes
- C. Confusion
- D. Burnout

**Answer: A**

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