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Pragmatism in Nursing: A Narrative Review with Implications for Hospital-to-Home Care

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Abstract

Context: This narrative review examines philosophical pragmatism in nursing in relation to the practical concerns of hospital-to-home care. It explores how nursing knowledge and action can be connected across discharge planning, patient and caregiver participation, coordination between services, and recovery at home.

Evidence Acquisition: Initial searches were conducted in March 2026 for English- and Persian-language publications from 2000 - 2026. Google Scholar was the primary source, yielding 92 results, all of which were screened. Other sources were PubMed (including MEDLINE), Web of Science, Scopus, ScienceDirect, ProQuest, SID, and Magiran. Search terms covered pragmatism, nursing, philosophy, knowledge, practice, home care, and transitional care and were combined using AND and OR. Initial searches identified 185 records; focused care-transition searches also contributed eligible reports. Screening and full-text assessment yielded 17 publications: 7 direct nursing contributions, 6 contextual sources, and 4 empirical care-transition studies. An inductive narrative synthesis was undertaken without a formal methodological quality appraisal.

Results: Five themes linked philosophical assumptions to knowledge co-creation, individual decisions about discharge and home care, organizational continuity, and ethical and digital constraints. The 4 care-transition studies informed the interpretation of patient involvement, medication and self-management support, communication between hospital and primary care, and adaptation of follow-up after discharge. The synthesis distinguished studies explicitly guided by pragmatism from clinical studies whose relationship to pragmatism was interpretive. These studies identified problems and implementation processes; they did not establish an independent effect of philosophical pragmatism on clinical outcomes.

Conclusions: The review suggests that pragmatism can frame hospital-to-home nursing as a continuing inquiry in which patients, caregivers, and professionals examine whether care plans remain workable after discharge. Shared goals, explicit coordination responsibilities, and feedback from home are proposed priorities for evaluation. Clinical effectiveness, safety, equity, and caregiver burden require direct assessment.

Keywords: Pragmatism, Philosophy, Nursing, Nursing Research, Nursing Care, Transitional Care, Home Care

1. Context

Nursing is a knowledge-based profession in which philosophical assumptions shape how evidence and experience inform care (1). Hospital-to-home transitions reveal difficulties in translating plans into everyday care: patients report limited involvement in discharge arrangements, while professionals describe discontinuities between hospital and primary care (2, 3).

Pragmatism clarifies ideas through their implications for experience and action; the term derives from the Greek pragma, meaning action (4, 5). Peirce formulated the pragmatic maxim, James emphasized experience, and Dewey developed an instrumental account of inquiry into problematic situations (4, 5). James also distinguished his radical empiricism from pragmatism itself (5). These related positions encourage the examination and revision of knowledge in practice without constituting a single theory of truth (4, 6).

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In research methodology and nursing, pragmatism links inquiry with practical problems and the use of knowledge (7, 8). Dolan et al. connect nursing education, practice, research, and policy, whereas Nowell examines integrated knowledge translation through collaboration with knowledge users (8, 9). For hospital-to-home pathways, these arguments suggest treating discharge decisions as provisional plans to be examined with patients and community teams as needs change (2, 3, 8, 9).

Existing nursing contributions address philosophical differences, actionable knowledge, the integration of education and practice, and philosophy-led research (6, 10-12). Further interpretation is needed to understand how these arguments illuminate specific transition problems without conflating philosophical plausibility with clinical effectiveness (6, 12,-14). Petsani et al. explicitly identify pragmatism as a guiding philosophy, whereas the other care-transition reports provide contextual clinical evidence (2, 3, 13, 14).

This review therefore explores pragmatism in nursing knowledge, research, and practice, with particular attention to discharge planning, continuity between hospital and home, and the evidential limits of these applications.

2. Evidence Acquisition

2.1. Literature Search Strategy

Initial searches for this narrative review were conducted in March 2026 for English- and Persian-language publications from 2000 - 2026. Google Scholar was the primary source and yielded 92 results, all of which were screened. Additional sources included PubMed, through which MEDLINE was searched, Web of Science, Scopus, ScienceDirect, ProQuest, SID, and Magiran. Focused care-transition searches used PubMed-indexed records and publisher websites to examine patient involvement, coordination, and transitional-care models.

The reported Boolean combination was as follows: ("Pragmatism" OR "Pragmatic Philosophy") AND ("Nursing" OR "Nursing Research") AND ("Philosophy" OR "Knowledge" OR "Practice") AND ("Home care" OR "Transitional care"). This combination comprises 4 concept blocks. "Pragmatism" remains a topic-specific free-text keyword alongside the nursing-specific Medical Subject Headings (MeSH) descriptor "Philosophy, Nursing". The available reporting does not constitute a complete database-specific search log.

2.2. Study Selection and Synthesis

Initial searches identified 185 records, including 92 from Google Scholar. After 35 duplicates were removed, 150 records remained; title and abstract screening excluded 95, leaving 55. Seven full texts were unavailable. Of the 48 full texts assessed, 35 were ineligible, including brief editorials, letters, commentaries, and reports without developed scholarly analysis. Four care-transition studies identified through focused searches also met the eligibility criteria. Overall screening and eligibility assessment yielded 17 publications: 7 directly addressing pragmatism in nursing (6, 8-12, 15), 6 providing philosophical or methodological context (7, 16-20), and 4 examining care transitions (2, 3, 13, 14).

Eligible sources were full-length, peer-reviewed empirical, review, theoretical, philosophical, discursive, or methodological journal articles concerning pragmatism, nursing knowledge or practice, or hospital-to-home transitions and coordination. Books and chapters supplied background information and were excluded from the count of included publications. Non-scientific sources were defined as popular news, commercial material, and unsourced nonacademic web content. Reed was retained as a source of contextual nursing philosophy (19). Reviews were counted as secondary publications; their underlying studies were not counted separately.

An inductive thematic approach informed by Terry et al. guided the narrative comparison without meta-analysis (21). Two researchers read the publications, extracted recurring concepts, compared convergent and divergent interpretations, and developed provisional themes. The objectives defined the scope rather than predetermined codes. The interpretive synthesis connected philosophical themes with contributions to the care-transition literature; Table 1 maps sources to the final themes. A third researcher with doctoral-level nursing expertise, who contributed to searching and writing, independently checked the thematic fit against the extracted findings. Interpretive differences were resolved through discussion and consensus.

Country denotes author affiliation for conceptual papers and study setting for empirical reports. Themes: 1, philosophical foundations; 2, knowledge co-creation; 3, discharge and home-care decisions; 4, cross-setting coordination; 5, ethical and digital limits. Clinical transition reports are distinguished from explicitly pragmatism-guided inquiry. Thematic links do not establish clinical effectiveness. APN, advanced practice nurse.

No formal methodological quality appraisal, standardized credibility checklist, or risk-of-bias assessment was performed. Checking thematic coherence did not constitute quality appraisal or establish intercoder

Table 1. Summary of the Included Sources and Their Contributions to the Thematic Synthesis

Source	Country	Type and Scope	Key Contribution Relevant to This Review	Theme
Dolan et al. (8)	Canada	Critical theoretical reflection; direct nursing	Proposes reciprocal relationships among nursing education, practice, research, and policy; informs interpretation of learning across care settings.	1, 2, 4
Mayumi and Ota (6)	Japan	Philosophical comparison; direct nursing	Contrasts pragmatists on objective truth and identifies shared naturalism; cautions against equating usefulness with a uniform account of truth.	1, 5
Bryant (16)	UK	Methodological analysis; contextual	Examines grounded theory and pragmatism; informs the justification of research methods.	2
Reed (19)	USA	Nursing-philosophy article; contextual	Provides contextual discussion of philosophy and nursing science; is not a pragmatism-specific or effectiveness study.	1
Younas (12)	Canada; Pakistan	Philosophical analysis; direct nursing	Distinguishes approaches to actionable knowledge and practical reasoning; informs reflective revision of care decisions.	1, 2, 3, 5
Morgan (7)	USA	Methodological analysis; contextual	Develops a pragmatic orientation to combining qualitative and quantitative methods.	2
Nowell (9)	Canada	Critical inquiry; direct nursing	Examines knowledge co-creation with knowledge users, including compatibilities and tensions; informs cross-setting inquiry.	2, 4
Johnson and Onwuegbuzie (17)	USA	Methodological discussion; contextual	Discusses integrating methodological strengths in mixed research; does not prescribe mixed methods for every question.	2
Cornish and Gillespie (18)	UK	Conceptual health-psychology article; contextual	Examines whose interests knowledge serves; informs evaluation of patient, caregiver, and service priorities.	5
Doane and Varcoe (15)	Canada	Theoretical discussion; direct nursing	Connects compassionate action and theory/practice; informs patient- and family-sensitive discharge reasoning.	3, 5
Korte and Mercurio (20)	USA	Conceptual review in human resource development; contextual	Connects inquiry and professional practice; organizational learning in nursing is an interpretive application.	4
Ebrahimi et al. (10)	Iran	Scoping review; direct nursing	Examines the use of nursing knowledge to connect theoretical education and clinical practice.	2, 4
Pettifer and *Hughes* (11)	UK	Philosophical/methodological discussion with a qualitative exemplar; direct nursing	Uses a palliative care exemplar to show how Jamesian commitments can guide narrative inquiry from topic to analysis.	1, 2, 5
Alarslan et al. (2)	Netherlands	Phenomenological case study; n = 7; contextual clinical	Reports limited involvement in follow-up decisions and medication uncertainty; informs examination of discharge understanding and feasibility at home.	3, 4, 5
van Grootel et al. (3)	Netherlands	Phenomenological study; n = 53; contextual clinical	Identifies communication difficulties, unclear responsibilities, and coordination needs between hospital and primary care.	3, 4, 5
Petsani et al. (13)	Six countries	Pragmatism-guided qualitative study; n = 115, including students	Uses 11 co-creation sessions to examine transition processes and digital adoption; identifies usability, interoperability, privacy, and resource constraints.	2, 4, 5
Pfundstein et al. (14)	Switzerland	Multi-method development and pilot; n = 62; contextual clinical	Develops and pilots care supported by an APN for frail older adults, including home follow-up, medication/self-management support, and primary-care coordination; uncontrolled pilot.	3, 4, 5

reliability. Accordingly, the synthesis supports interpretive propositions rather than graded conclusions about intervention effectiveness.

3. Results

The reviewed literature indicates connections among pragmatist inquiry, nursing action, and collaborative knowledge use (8, 9, 12, 15). Seventeen publications were compared narratively, and the 4 empirical transition reports were used to refine the clinical interpretation (Table 1). Five themes distinguish philosophical assumptions, knowledge development, individual care decisions, organizational continuity, and limitations; the clinical and organizational themes address different analytical levels.

3.1. Philosophical Foundations for Nursing Across Care Settings

This theme examines the assumptions underlying nursing inquiry rather than the effects of a care model (6, 8, 19). Reed provides contextual arguments about philosophy in nursing science, whereas Dolan et al. connect pluralism and fallibilism with reciprocal relationships across the profession (8, 19). Applied to hospital-to-home care, this perspective supports questioning whether a hospital plan remains appropriate when patients encounter different resources and demands at home (2, 8, 12).

The philosophical accounts differ substantively: Mayumi and Ota contrast Peirce and Haack with James and Rorty on objective truth while identifying naturalism as common ground (6). Pettifer and *Hughes illustrate* Jamesian attention to plural, evolving experience through philosophy-led nursing research (11). A transition-focused interpretation should therefore specify its assumptions and examine patient experience alongside clinical

evidence rather than define a successful transition solely by immediate practical convenience (6, 11, 12).

3.2. Knowledge Development and Co-Creation for Transitional Care

The second theme concerns how relevant knowledge is produced and revised with its users (9, 12). Younas distinguishes operationalist and inferentialist approaches to developing actionable nursing knowledge, whereas Nowell examines areas of compatibility and tension between pragmatism and integrated knowledge translation (9, 12). In transition research, their arguments support involving patients, caregivers, and hospital and community professionals in defining the problem and interpreting whether proposed solutions are workable (9, 12, 13).

Petsani et al. provide an explicit example: pragmatism guided qualitative inquiry through 11 co-creation sessions with 115 participants, including nursing students, across 6 countries (13). Their analysis addressed assessment, shared decisions, discharge protocols, follow-up, and support after discharge, connecting the inquiry to the entire transition pathway (13). This provides evidence about stakeholder perspectives and implementation requirements rather than a test of technological effectiveness (13).

Methodological flexibility does not prescribe a single design: Morgan discusses mixed methods, as do Johnson and Onwuegbuzie; Bryant examines grounded theory; and Pettifer and *Hughes illustrate* narrative inquiry (7, 11, 16, 17). Ebrahimi et al. address the use of knowledge to connect nursing education and clinical practice (10). Together, these contributions support choosing methods that answer a defined transition question while making philosophical commitments explicit (7, 10-12).

3.3. Patient-Centered Discharge Planning and Care at Home

The clinical theme addresses reasoning and action for an individual patient and family; organizational responsibilities are considered in Section 3.4 (12, 15). Doane and Varcoe connect theory and practice through compassionate inquiry, providing a basis for examining whose needs and circumstances shape discharge decisions (15).

In Alarslan et al.'s 7-patient case study, 6 participants returned home with home care, and 1 entered rehabilitation; patients reported no involvement in decisions about the need for or content of follow-up care (2). Medication uncertainties persisted despite the provision of medication information, and patients encountered practical problems with supplies and care at home (2). Professionals in van Grootel et al.'s study also described information overload at discharge (3). These findings suggest examining patients' understanding and the feasibility of care at home, rather than assuming that information provision or completion of referrals demonstrates readiness (2, 12, 15).

Pfundstein et al.'s AdvantAGE study developed and piloted an interprofessional model in which 62 frail older adults received transitional care supported by an advanced practice nurse (14). Its components included support for patients and caregivers, coordination with primary care, home health management, medication and self-management support, and advance care planning (14). Implementation experience informed revisions to follow-up contacts and coordination; the pilot had no control group (14).

Taken together, the patient-journey and pilot findings support an interpretive cycle of identifying a concrete home-care problem, agreeing on a feasible response, and reviewing that response after discharge (2, 12, 14). A pragmatist application would connect patient goals with medication use, available help, and follow-up arrangements, with the plan revised when experience at home reveals a mismatch (2, 12, 14, 15). This is a proposed use of the synthesis, not evidence that philosophical pragmatism produced better clinical outcomes (12, 14).

3.4. Coordination and Continuity Between Hospital and Community

The organizational theme concerns the relationships that enable patient-level plans to function across services (3, 8, 9). In Van Grootel et al.'s study, 53 professionals described communication problems, unclear responsibilities, and the need for a designated coordinator during hospital-to-home transitions (3). Incomplete information about patients' conditions and recovery expectations complicated continuity beyond the hospital (3). The findings locate discontinuity in arrangements between organizations as well as in individual professional decisions (3).

The professionals' account complements Alarslan et al.'s patient perspective: arranging a transfer and providing information do not necessarily resolve uncertainty about care after discharge (2, 3). Nowell's argument for knowledge co-creation and Dolan et al.'s integrative account provide a rationale for bringing these perspectives together in a joint pathway review (8, 9). Petsani et al. identify information flow and interoperability as additional requirements for technology-supported coordination (13).

One implication is to make responsibility for follow-up explicit and enable community teams to report unresolved needs back to the discharging service (3, 9, 14). Korte and

Mercurio's account of learning through professional practice provides contextual support for examining such organizational learning, while Ebrahimi et al. connect knowledge use with nursing education and practice (10, 20). These conceptual contributions do not establish the effectiveness of a particular coordination model (10, 20).

3.5. Ethical, Evidential, and Digital Limits of Transition Pathways

This theme addresses the conditions under which practical usefulness can be responsibly judged (6, 12, 18). Cornish and Gillespie ask whose interests knowledge serves, whereas Mayumi and Ota show why usefulness cannot replace explicit discussion of truth and justification (6, 18). Thus, a hospital-to-home pathway should be evaluated against patient and caregiver priorities, alongside service goals, with attention to burdens shifted into the home (2, 3, 15, 18).

Petsani et al. identified digital literacy, usability, interoperability, privacy, trust, and resource constraints in transitional-care technology (13). A pragmatist interpretation therefore asks whether a digital pathway is usable in its actual setting and who remains unable to access it, rather than treating technology adoption as success in itself (12, 13, 18). These qualitative findings support implementation questions, not claims that digital tools reduce readmissions (13).

Evidence types also constrain inference: patient experiences, professional perspectives, and an uncontrolled development pilot answer different questions (2, 3, 14). Of the 4 transition reports, only Petsani et al. explicitly describe pragmatist guidance; the other 3 illustrate relevant clinical problems or processes without attributing them to that philosophy (2, 3, 13, 14). None isolates an independent causal effect of philosophical pragmatism (2, 3, 13, 14).

4. Conclusions

The synthesis extends the general discussion of nursing pragmatism to specific decisions regarding hospital discharge and home recovery while retaining the distinction between philosophical interpretation and clinical evidence (2, 3, 8, 9, 13, 14). Its contribution is a clinically situated comparison of the included sources, not a validated transitional-care intervention (8, 12, 14).

4.1. Critical Interpretation and Comparison

The first major finding is that knowledge becomes relevant to a care pathway through the ongoing examination of actions and experiences (8, 9, 12). This finding aligns with Dolan et al.'s integrative argument and Nowell's collaborative account of knowledge translation. The transition reports identify areas requiring inquiry, including patient understanding, professional responsibility, and follow-up at home (2, 3, 8, 9, 14).

The second major finding is that patient-centered adaptation and organizational coordination are interdependent but analytically distinct (2, 3, 14). Alarslan et al. emphasize patients' experiences, Van Grootel et al. emphasize professional coordination, and AdvantAGE examines the implementation of continuing support. Together, these perspectives identify problems for pathway development without proving that a single philosophical position can solve them (2, 3, 14).

Philosophical tensions remain: Mayumi and Ota challenge a uniform account of truth, whereas Pettifer and *Hughes demonstrate* that a Jamesian commitment can shape inquiry from its outset (6, 11). The tensions that Nowell identifies around knowledge co-creation further caution that stakeholder participation does not automatically reconcile divergent interests (9). This interpretation therefore requires explicit justification of whose goals guide discharge and how disagreements are handled (9, 12, 18).

4.2. Implications for Nursing Education

For nursing education, Ebrahimi et al. support examining the relationship between theoretical knowledge and clinical use (10). A proposed hospital-to-home simulation could ask learners to justify a discharge plan, incorporate patient and caregiver capabilities, communicate with a community professional, and revise the plan after receiving feedback about difficulties at home (2, 3, 10, 12, 15). Assessment could combine observed performance with an explanation of the evidence, assumptions, and patient priorities underlying decisions; educational benefit would require evaluation (10, 12).

4.3. Implications for Clinical Practice and Hospital-to-Home Care

One proposed application of the pathway is to document patient-defined goals before discharge and clarify what care will be provided, by whom, and what support will be available at home (2, 3, 15). The patient-journey findings suggest assessing patients' understanding of medication and follow-up arrangements as part of that conversation, while professional perspectives caution against concentrating all information at discharge (2, 3).

After transfer, an identified professional could review whether the plan is feasible, clarify unresolved questions, and communicate changed needs to the relevant hospital or primary care team (2, 3, 14). AdvantAGE offers an example of continuing nurse-supported care; adopting its specific components elsewhere would require assessment

of local resources and population needs (14). Evaluation should examine patient preparedness, continuity, medication-related difficulties, caregiver burden, and unplanned care use, with outcomes negotiated with those affected (2, 3, 9, 14, 18).

4.4. Implications for Leadership and Policy

For nursing leadership and policy, the synthesis suggests defining cross-setting responsibilities and allocating time for communication and joint review of transition problems (3, 8, 9). Digital systems should be examined for interoperability, usability, and privacy within this workflow, with alternative routes for patients who cannot use them (3, 13, 18). Under this interpretation, feedback from home informs service redesign and professional learning rather than remaining an isolated complaint or an individual nurse's responsibility (3, 8, 9, 20).

4.5. Implications for Research

Future research should distinguish explicit philosophical commitments from the pragmatic features of a study design or an adaptable care model (7, 11, 12, 14). Qualitative inquiry can explore patient and caregiver priorities, whereas comparative designs are needed to assess the clinical outcomes and harms of specified transitional-care interventions (2, 7, 14, 17). Mixed-methods approaches may connect these questions but are not required by a pragmatist orientation (7, 11, 17). Technology studies should evaluate accessibility and integration into work across settings alongside outcomes, rather than infer benefit from stakeholder acceptability alone (13).

4.6. Summary

This narrative review suggests that pragmatism can frame hospital-to-home nursing as a continuing inquiry that links knowledge, care decisions, and experience after discharge (8, 9, 12). The 4 transition studies make this interpretation clinically specific by addressing patient participation, continuing support at home, cross-setting coordination, and digital implementation requirements (2, 3, 13, 14).

Shared goals, clear responsibilities, and feedback from home are proposed as priorities for pathway development and evaluation (2, 3, 9, 14). Philosophical diversity and unequal burdens on patients and caregivers require explicit ethical consideration; the available evidence does not establish that adopting pragmatism independently improves clinical outcomes (2, 3, 6, 13, 14, 18).

4.7. Study Limitations

This is a focused, interpretive narrative review of 17 heterogeneous publications, restricted to English and Persian, with no prospectively registered protocol and no formal quality appraisal. The reported initial search and focused care-transition searches may have missed relevant literature and do not establish exhaustive coverage. The emphasis on hospital-to-home applications and the reviewers' philosophical standpoints may influence interpretation. The 4 empirical reports concern different populations, settings, and designs; their findings cannot be pooled or used to isolate a philosophical effect (2, 3, 13, 14). Proposed pathway applications require direct evaluation.

Footnotes

AI Use Disclosure: The authors declare that no generative AI tools were used to create this article.

Authors' Contribution: All authors contributed to the conception and design of the study, literature searches, data analysis and interpretation, preparation of the manuscript, and critical revision of the article. All authors reviewed and approved the final version of the manuscript.

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