Beyond the Surface: Why Community Health Nurses Should Embrace the Critical Realist Perspective

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Introduction
Researchers have often reflected on why improving community health remains a persistent challenge, and why many well-intentioned policies and interventions are often difficult to sustain or fall short in addressing complex health issues. Through the PhD journey at the University of Edinburgh, the researcher developed a deeper understanding of how community health nurses' practice is shaped by social, cultural, and structural dynamics. This journey has also highlighted the importance of addressing the social determinants of health and adopting a critical realist lens to explore not only what happens in communities but also why, for whom, and under what conditions. This approach offers a stronger foundation for the design of effective and sustainable interventions.

This study argues that there is an urgent need to shift the current paradigm on how to approach community health. Many community health nursing (CHN) interventions continue to operate within a biomedical framework that defines health as the absence of a disease and focuses on symptoms, diagnoses, and treatment. Others have adopted a behavioral paradigm that emphasizes individual behaviors and choices, such as smoking, diet, and condom use, as the primary determinants of health outcomes. However, both paradigms risk falling into reductionism, oversimplifying complex community health issues by focusing solely on individual- or surface-level factors (Saba & Anjum, 2020; Saba & Tagliagambe, 2023). For example, in addressing HIV/AIDS, interventions often assume that the problem lies in a lack of knowledge, leading to educational campaigns being the primary solution. However, people rarely ask deeper questions: why is the issue ignored? What social or structural forces shape people's choice?

Thus, a critical realist perspective is vital. Community health nurses work at the intersection of clinical care and the lived realities of the community. If nurses rely solely on dominant paradigms, they may overlook the underlying mechanisms and root causes of poor health. Critical realism enables community health nurses to move beyond surface-level explanations and engage more meaningfully with complex social contexts that shape health outcomes.

What is Critical Realism?
Critical realism (CR) is a philosophical approach rooted in realist ontology, which holds that reality exists independently of human thought. However, Critical realism acknowledges that people's understanding of reality is shaped by social, cultural, and historical contexts (Williams, 2019).

A core concept of critical realism is the stratification of reality into three levels. The first is the empirical level, which refers to what people can observe and experience, events that may be interpreted using common sense, or measured directly. The second is the actual level, where events occur, regardless of whether they are observed or experienced. Finally, the real level refers to the underlying causal structures or mechanisms that generate events (Danermark 2001; Mukumbang et al. 2023).

In the context of community health nursing, consider the case of a patient with type 2 diabetes who does not adhere to medication (Semi et al., 2025). At the empirical level, nurses may observe patients' non-adherence. A positivist approach might stop here, focusing on observable behaviours and quantifying adherence rates, perhaps attributing the issue to a lack of knowledge or discipline. A constructivist perspective, on the other hand, might prioritise the patient's subjective interpretation of their illness and treatment choices, understanding adherence as a personal, socially constructed meaning. While both offer valuable insights, critical realism moves further by examining the real level and underlying mechanisms and structures that generate the observed behavior. For instance, a patient's actions may be shaped by mistrust in the healthcare system, economic hardship, limited access to culturally appropriate care, or social norms favoring herbal remedies. By acknowledging the layered nature of reality (empirical, actual, and real), critical realism enables nurses to develop deeper and more contextually informed interventions that target root causes rather than surface-level symptoms.

Critical realism enables researchers and nurses to move beyond surface-level observations by offering causal explanations that consider all possible influencing factors, the community health nurse recognized as the social determinant of health. Understanding social determinants of health is vital for community health nurses, as factors such as poverty, education, gender, and access to services often shape community health outcomes. From a critical realist perspective, the social determinant of health is part of the deeper causal mechanisms behind observed behaviors. For instance, inconsistent condom use among youth may be less about knowledge gaps and more about stigma, gender-power relations, or lack of youth-friendly services. Recognizing these underlying forces allows community health nurses to design more contextually relevant interventions that address root causes, rather than surface-level symptoms.

How can Critical Realism Enrich Community Health Nurses?
Critical realism offers valuable insights for community health nurses working in complex settings. First, it enhances the understanding of the structural influences on health. Critical realism views the community as an open system in which individuals (agents) interact with broader social structures, such as cultural norms, economic conditions, and institutional policies (Bhaskar, 1978; Sayer, 2000). These structures are shaped by the social determinants of health and significantly affect health behaviours and outcomes. Critical realism encourages nurses to recognize and integrate these determinants when designing interventions, ensuring that responses are more grounded in community realities.

Second, critical realism supports the sustainability of interventions by exploring underlying mechanisms that generate outcomes in specific contexts. Drawing on Pawson and Tilley's realist evaluation (Pawson & Tilley, 1997), critical realism encourages nurses to ask: "What works, for whom, in what circumstances, and why?" By identifying the contexts that activate or suppress certain mechanisms, nurses can tailor and evaluate their programs to achieve the intended results.

Third, critical realism can inform health policy development by revealing deeper social, cultural, and institutional mechanisms that shape community health. Rather than relying solely on observable data, it probes hidden influences, such as stigma or power imbalances, which can undermine interventions. This perspective enables the formulation of more context-sensitive and equitable policies that are likely to succeed in the long term.

Conclusion

Critical realism views a community as a complex, open system influenced by multiple interacting factors. Relying solely on dominant paradigms may lead to a reductionist understanding of the health phenomena. However, critical realism does not aim to replace these models but rather to complement them by offering deeper causal explanations. Recognizing this complexity, researchers believe that adopting a critical realist perspective can strengthen community health nurses' ability to design and deliver more effective context-sensitive interventions and programmes.

References

Bhaskar, R. (1978). *A Realist Theory of Science* (second edition). Harvester Press.

Danermark, B. (2001). *Explaining society: an introduction to critical realism in the social sciences*. Routledge.

Mukumbang, F. C., De Souza, D. E. & Eastwood, J. G. (2023). The contributions of scientific realism and critical realism to realist evaluation. *Journal of Critical Realism*, *22*(3), 504–524. https://doi.org/10.1080/14767430.2023.2217052

Pawson, R., & Tilley, N. (1997). *Realistic evaluation*. Sage.

Rocca, E., & Anjum, R. L. (2020). *Complexity, reductionism and the biomedical model* (pp. 75–94). https://doi.org/10.1007/978-3-030-41239-5_5

Saba, Luca, & Tagliagambe, Silvano. (2023). Quantitative medicine: Tracing the transition from holistic to reductionist approaches. A new "quantitative holism" is possible? *Journal of Public Health Research*, *12*(2), 22799036231182270. https://doi.org/10.1177/22799036231182271

Sayer, A. (2000). *Realism and Social Science*. SAGE Publications Ltd. https://doi.org/10.4135/9781446218730

Semi, H., Ahmad, S. M., Tuti, M., & Islam, A. M. (2025). Effectiveness of Insulin Injection Technique on Glycemic Control of Fasting Plasma Glucose and HbA1c in Type II DM Patients at Hasanuddin University Hospital. Randomized Controlled Trial. *Indonesian Contemporary Nursing Journal (ICON Journal)*, *9*(2), 134–143. https://doi.org/10.20956/icon.v9i2.42527

Williams, M. (2019). *Realism*. SAGE Publications Ltd. https://doi.org/10.4135/9781526421036840325