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THE PERSPECTIVE OF PORTUGUESE NURSES ON NURSING METAPARADIGMATIC CONCEPTS

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ABSTRACT

Objective: to identify the level of agreement between the concepts that nurses have about the nursing metaparadigm and the application of these ideas in professional practice.

Methods: Exploratory, descriptive and quantitative study, carried out from July 2015 to March 2016 in 36 hospital institutions in Continental Portugal, with the participation of 3,451 nurses. Data were collected through the application of a questionnaire with two parts, one regarding the characterization of the participants and another about personal, health, environment and nursing conceptions according to 13 nursing theoreticians. Agreement with the mentioned metaparadigmatic concepts was evaluated through a Likert scale.

Results: analysis showed that the sample was predominantly made up of women (77.1%), with an average age of 36.4 years. As for professional training, 76.3% were nurses, 19.9% specialized nurses and 3.8% nurse managers. The conceptions that obtained higher agreement were those by Virginia Henderson, Afaf Meleis, Dorothea Orem, Madeleine Leininger, and Callista Roy. Nurses qualified the conceptions of Virginia Henderson and Afaf Meleis as “totally in line with their practice” regarding the four metaparadigmatic concepts.

Conclusion: the congruence verified between the concepts established by theoretical models and the practice of nurses is an opportunity to evolve a logic marked by the assumption of “doing for clients what they cannot do by themselves”, as advocated by Virginia Henderson, to a reasoning centered on the principle “do with clients”, in the context of their transitions, influenced by Afaf Meleis’s approach.

DESCRIPTORS: Nursing models. Patients. Environment. Health. Nursing.

O OLHAR DOS ENFERMEIROS PORTUGUESES SOBRE OS CONCEITOS METAPARADIGMÁTICOS DE ENFERMAGEM

RESUMO

Objetivo: identificar o grau de concordância de enfermeiros sobre os conceitos que formam o metaparadigma de enfermagem e sua aplicação à prática profissional.

Método: estudo exploratório, descritivo, quantitativo, realizado entre julho de 2015 e março de 2016, em 36 instituições hospitalares de Portugal Continental, com a participação de 3.451 enfermeiros. Os dados foram coletados por meio de um questionário composto por duas partes, sendo uma sobre a caracterização dos participantes e outra sobre as concepções de enfermagem, pessoa, saúde e ambiente, à luz de 13 teóricas de enfermagem. A concordância com os referidos conceitos metaparadigmáticos foi avaliada por escala do tipo Likert.

Resultados: a análise evidenciou uma amostra majoritariamente feminina (77,1%), com média etária de 36,4 anos. Quanto à formação profissional, 76,3% enfermeiros, 19,9% enfermeiros especialistas e 3,8% enfermeiros gestores. As concepções que obtiveram maior concordância foram as de Virginia Henderson, Afaf Meleis, Dorothea Orem, Madeleine Leninger e Callista Roy. Os enfermeiros qualificaram as concepções de Virginia Henderson e Afaf Meleis, relativamente aos quatro conceitos metaparadigmáticos, como “totalmente de acordo com a sua prática”.

Conclusão: a congruência constatada entre os conceitos estabelecidos pelos modelos teóricos e a prática dos enfermeiros constitui uma oportunidade para a evolução de uma lógica marcada pelo pressuposto de “fazer pelo cliente o que ele não pode fazer”, à luz de Virginia Henderson, para uma lógica centrada no pressuposto de “fazer com o cliente”, no âmbito dos seus processos de transição, claramente influenciada pela perspectiva de Afaf Meleis.

DESCRIPTORIOS: Modelos de enfermagem. Pacientes. Ambiente. Saúde. Enfermagem.

LA OPINIÓN DE LOS ENFERMEROS PORTUGUESES SOBRE LOS CONCEPTOS METAPARADIGMÁTICOS DE ENFERMERÍA

RESUMEN

Objetivo: identificar el grado de concordancia de los enfermeros sobre los conceptos que forman el metaparadigma de enfermería y su aplicación para la práctica profesional.

Método: estudio exploratorio, descriptivo y cuantitativo realizado entre Julio del 2015 y Marzo del 2016 en 36 instituciones hospitalarias de Portugal Continental y con la participación de 3.451 enfermeros. Los datos fueron obtenidos por medio de un cuestionario compuesto por dos partes siendo una de ellas sobre la caracterización de los participantes y la otra sobre las concepciones de la enfermería, persona, salud y ambiente a la luz de 13 teóricas de la enfermería. La concordancia con los referidos conceptos metaparadigmáticos fue evaluada por la escala de tipo Likert.

Resultados: el análisis evidenció que la muestra es mayormente femenina (77,1%) y con un promedio de 36,4 años. En relación a la formación profesional: 76,3% son enfermeros, 19,9% son enfermeros especialistas y 3,8% son enfermeros gestores. Las concepciones que obtuvieron mayor concordancia fueron las de Virginia Henderson, Afaf Meleis, Dorothea Orem, Madeleine Leninger y Callista Roy. Los enfermeros calificaron las concepciones de Virginia Henderson y Afaf Meleis, relacionadas con los cuatro conceptos metaparadigmáticos, como "totalmente de acuerdo con su práctica".

Conclusiones: la congruencia constatada entre los conceptos establecidos por los modelos teóricos y la práctica de los enfermeros constituyen una oportunidad para la evolución de una lógica marcada por el presupuesto de "hacer por el cliente lo que el mismo no puede hacer" a la luz de Virginia Henderson, para una lógica centrada en el presupuesto de "hacer con el cliente", en el ámbito de sus procesos de transición y claramente influenciados por la perspectiva de Afaf Meleis.

DESCRIPTORES: Modelos de enfermería. Pacientes. Ambiente. Salud. Enfermería.

INTRODUCTION

Many experts believe that practice guided by theories is the future of nursing. Theories offer structure and organization to nursing knowledge and give nurses a perspective about how to visualize the situation of patients, providing them with a systematic approach to collect data. Models allow nurses to focus on important information and ignore irrelevant data. In addition to facilitating data analysis and interpretation, a theoretical perspective allows nurses to plan and implement care in a systematic and deliberate way.¹

Before the development of theories, nursing was subordinate to medicine. The nursing practice was advocated by people from other areas and marked by tasks, which had a ritualistic nature. The initial work by nursing theoreticians in this scenario aimed to clarify the difference between nursing and the mere execution of tasks.¹

Florence Nightingale was the pioneer in the association of nursing with theoretical issues.² Most nursing scholars credit the role of first modern theoretician of nursing to her.¹ Despite her strong influence, nursing assumed a professional orientation focused on immediacy and nurses got used to practicing the profession centering their actions on the disease more intensively than on clients.³ After the seminal work by Nightingale, it took around one century until other scholars developed philosophical and theoretical studies to describe and define nursing and guide on its practice.¹

The different conceptions that emerged originated different paradigms: categorization, in-

tegration, and transformation.⁴ The categorization paradigm, developed in the 18th and 19th centuries, is characterized by foreseeing phenomena in a simple way, isolated from context. It is possible to fit the biomedical model into this paradigm, in which the conception of nursing care corresponds to the execution of what was prescribed or delegated by physicians. This approach ruled nursing practices and mentalities throughout the 20th century. In Portugal, research in this area has revealed that, despite the progress, there is still the perception that the biomedical model, in which nurses give priority to the management of signs and symptoms of diseases and the activities of cooperation with medicine, is dominant and that there are difficulties to introduce aspects from other models resulting from the development of nursing as a subject in the professional practice.⁵⁻⁶

The integration paradigm started to become important in the 1950s and influenced the orientation of care toward people, distinguishing nursing from medicine. In this paradigm, the goal of nursing care is the maintenance of health in all dimensions (biological, psychological, social, spiritual and cultural), giving rise to the concept of holism. In this context, conceptual models emerged and were categorized in four schools of thought: the need school, whose reference theoreticians are Virginia Henderson, Dorothea Orem, and Faye Abdellah, the interaction school, developed by Hildegard Peplau, Ida Orlando, Joyce Travelbee, Ernestine Wiedenbach, and Imogene King, the school of desired effects or results, whose main names are Dorothy Johnson, Lydia Hall, Myra Levine, Callista Roy, and

Betty Neuman, and the health promotion school, in which Moyra Allen stands out.⁴

Last, the transformation paradigm, consolidated in the 1970s, came up in a context in which professionals recognized in people the capacity and the possibility to be agents and partners in health-related decisions that concern them, which were a responsibility of healthcare professionals only. This paradigm originated two schools of thought: the school of unitary human beings, whose main theoreticians are Martha Rogers, Margaret Newman, and Rosemarie Rizzo Parse, and the care school, presented by Madeleine Leininger, Jean Watson, and Simone Roach.⁴

In the beginning of the 1980s, many nursing scholars detected that dominant phenomena in the science of nursing orbited the concepts of person, health, environment and nursing. In 1978 Fawcett wrote about the central nursing concepts for the first time and formalized them in 1984 as the nursing metaparadigm.¹

It is understood that nursing theories have contributed to building a solid knowledge basis, capable of organizing nursing phenomena around four central concepts (person, health, environment, and nursing),⁷ which constitute fundamental references to the subject and the professional practice of nursing.⁸

More recently, Afaf Meleis stood for the idea that transition is a central concept in nursing. According to this author's perspective, the nursing subject is related to human transition experiences, in which health and well-being can be considered as results of their intervention. The challenge for nurses is to understand transition processes and develop effective treatments that help people to recover stability and welfare.⁹

The nursing theoretical thought has evolved and continues to develop in a route of significant conceptual affluence, which should be apprehended by nurses.¹⁰ However, despite the many decades of advances in nursing theory, the idea that theories are irrelevant for the conception and execution of nursing care is still prevalent, worsened by the difficulty that nurses have to apply theoretical models in their practice.²

Nevertheless, it has become a consensus that nurses need to define a line of reasoning which underpins and determines a new course for nursing practice. The fact that nursing theories provide a structure for this new direction poses a challenge. It is important to take into account that, to choose the

models that better base the care practice, there must be an agreement between the concepts established by theoretical models (person, health, environment, and nursing) and the work context of nurses.^{2,11}

The aim of the present study was to identify the level of concordance between nurses who work at hospitals and the concepts which make the nursing metaparadigm (person, health, environment, and nursing), under the perspective of several nursing theories.

METHOD

The present investigation was exploratory, descriptive and quantitative, carried out in 36 of the 38 hospital institutions considered as Public Corporate Entities (PCEs) in Continental Portugal, more specifically in PCE Hospital Centers, PCE Hospitals and PCE Local Health Units, in the 18 districts of Continental Portugal, between July 2015 and March 2016. It is noteworthy that the present study is part of a more comprehensive national research project entitled "The contexts of hospital practice and the conceptions of nurses".

The study population was made up of nurses who had been working for at least six months in departments of medical specialties, surgical specialties, intensive medicine, and urgency, in the 36 PCE hospital institutions. To meet the specificities of the contexts, nurses who worked in women's or children's health departments, services oriented to mental health and psychiatry, surgery sectors and outpatient facilities were excluded from the sample. Nurses that were on leave or vacation were ruled out too, even those who worked in departments compatible with the study. Summing the number of professionals in each hospital institution where the investigation was approved, the available population had 10,013 nurses. Given the impossibility of examining the whole group, a sample was picked with a non-probability convenience sampling technique. The 3,451 nurses who participated in the study represented the services of medical specialties, surgical specialties, intensive medicine, and urgency of the 36 hospital institutions.

The instrument used to collect data was the questionnaire "Conception and practices of nurses: contributions to the quality of care", composed of two parts: Respondents' characterization and Nurses' conceptions. In this survey designed by the authors, the validity of the construct of the second part is based on the conceptions of person, health,

environment and nursing of 13 nursing theoreticians: Florence Nightingale, Virginia Henderson, Dorothea Orem, Hildegard Peplau, Imogene King, Callista Roy, Betty Neuman, Moyra Allen, Martha Rogers, Rosemarie Parse, Madeleine Leininger, Jean Watson, and Afaf Meleis. The option for these nursing scholars is related to the fact that their contribution to the area is taught in undergraduate and graduate nursing courses. In addition, a literature review showed that these models are the most used by Portuguese nurses in research contexts. The questionnaire asked nurses to express their opinion about the statements of each nursing theoretician regarding the four metaparadigmatic concepts. The answer scale had a Likert design and ranged from 1 to 5, in which 1 meant "it is totally in disagreement with my practice", 2 corresponded to "it is in disagreement with my practice", 3 indicated "I have no opinion", 4 conveyed "it is in agreement with my practice" and 5 denoted "it is totally in agreement with my practice".

Data were treated with the statistics software Statistical Package for the Social Sciences (SPSS), version 22.0. To determine what attributes affect the level of agreement significantly and extend the analysis beyond description, a multcategory logistic regression model or an ordinal regression model (logistic regression models for ordinal responses) was adjusted for each conception, because the answer (level of concordance) is an ordinal qualitative ordinal. This model allowed to find out what attributes effectively influence the level of agreement with each conception and in what way. It is worth to stress that the variables that affected the level of agreement more often were region, service, gender, professional training and time of professional practice. Given the impossibility to address all the results, this paper only exhibits the data resulting from descriptive analysis.

The study proposal was approved by ethics committees and administrative councils of the 36 PCE hospital institutions involved in the investigation. The objectives and procedures of the study

were clarified to the nurses who made up the sample. They were told that the participation would be voluntary and that they could drop out of the survey at any time, with no risk to be harmed for such decision. The nurses who accepted to contribute to the study were asked to sign a free and informed consent form. Confidentiality and anonymity were assured in the use and disclosure of the gathered information.

RESULTS

The sample was made up of 3,451 nurses, with a prevalence of women (77.1%), average age of 36.4 years (SD=8.3 years); and minimum and maximum ages of 22 and 62 years, respectively. The predominant marital status was married/consensual union (61.1%), followed by single (33.8%), divorced (4.7%) and widowed (0.3%). As for the professional area, 76.3% were nurses, 19.9% were specialist nurses and 3.8% were nurse managers. The average time of professional practice was 12.2 years (SD=7.7 years), with minimum and maximum times of one and 39 years, respectively. In the group of specialist nurses, the average time was 15.7 years (SD=7.2 years), ranging from one to 37 years. For nurse managers, the average time was 27.2 years (SD=6.2 years), with minimum and maximum experience times of 11 and 38 years, respectively.

The most common specialty was rehabilitation nursing (44.6%), followed by medical-surgical nursing (37.8%), community nursing (8%), psychiatric mental health nursing (5.4%), children's health and pediatric nursing (2.5%) and maternal health and obstetric nursing (1.7%). Most participants had a nursing degree (88%), followed by a master's degree (10.7%), a bachelor's degree (1.1%) and a Ph.D. degree (0.2%).

The application of the questionnaire allowed to examine the trends of nurses' perceptions about the conceptions of person, health, environment, and nursing. The results related to the conceptions of nursing are shown in table 1.

Table 1 – Numeric distribution and percentage of nurses regarding the agreement with different nursing conceptions. Porto, Portugal, 2016. (n = 3,451)

Nursing conceptions	It is totally in disagreement with my practice		It is in disagreement with my practice		I have no opinion		It is in agreement with my practice		It is totally in agreement with my practice	
	n	%	n	%	n	%	n	%	n	%
Florence Nightingale	33	1.0	496	14.4	566	16.4	1572	45.6	784	22.7
Virginia Henderson	9	0.3	80	2.3	228	6.6	1891	54.8	1243	36.0

Nursing conceptions	It is totally in disagreement with my practice		It is in disagreement with my practice		I have no opinion		It is in agreement with my practice		It is totally in agreement with my practice	
	n	%	n	%	n	%	n	%	n	%
Dorothea Orem	31	0.9	175	5.1	485	14.1	1822	52.8	938	27.2
Hildegard Peplau	9	0.3	343	9.9	967	28.0	1629	47.2	503	14.6
Imogene King	12	0.3	367	10.6	1049	30.4	1595	46.2	428	12.4
Callista Roy	4	0.1	69	2.0	491	14.2	2050	59.4	837	24.3
Betty Neuman	21	0.6	471	13.6	1088	31.5	1514	43.9	357	10.3
Moyra Allen	20	0.6	404	11.7	1154	33.4	1545	44.8	328	9.5
Martha Rogers	11	0.3	155	4.5	837	24.3	1941	56.2	507	14.7
Rosemarie Parse	22	0.6	473	13.7	1280	37.1	1325	38.4	351	10.2
Madeleine Leininger	9	0.3	69	2.0	470	13.6	2021	58.6	882	25.6
Jean Watson	26	0.8	406	11.8	1037	30.0	1533	44.4	449	13.0
Afaf Meleis	11	0.3	73	2.1	571	16.5	1786	51.8	1010	29.3

The conceptions that the nurses declared to present a higher congruence with their practice were those created by Virginia Henderson (90.8%), Madeleine Leininger (84.2%), Callista Roy (83.7%), Afaf Meleis (81.1%), and Dorothea Orem (80%). Data in table 1 show that the nurses classified the

conceptions by Virginia Henderson (36%), Afaf Meleis (29.3%), Dorothea Orem (27.2%), Madeleine Leininger (25.6%), and Callista Roy (24.3%) as "totally in agreement with their practice".

The findings about the conceptions of person are exhibited in table 2.

Table 2 – Numeric distribution and percentage of nurses regarding the agreement with different person conceptions. Porto, Portugal, 2016. (n = 3,451)

Person conceptions	It is totally in disagreement with my practice		It is in disagreement with my practice		I have no opinion		It is in agreement with my practice		It is totally in agreement with my practice	
	n	%	n	%	n	%	n	%	n	%
Florence Nightingale	12	0.3	408	11.8	483	14.0	1512	43.8	1036	30.0
Virginia Henderson	5	0.1	55	1.6	188	5.4	1820	52.7	1383	40.1
Dorothea Orem	6	0.2	84	2.4	529	15.3	1907	55.3	925	26.8
Hildegard Peplau	5	0.1	105	3.0	1027	29.8	1599	46.3	715	20.7
Imogene King	10	0.3	291	8.4	958	27.8	1599	46.3	593	17.2
Callista Roy	8	0.2	79	2.3	629	18.2	1949	56.5	786	22.8
Betty Neuman	5	0.1	76	2.2	1104	32.0	1666	48.3	600	17.4
Moyra Allen	14	0.4	296	8.6	1054	30.5	1591	46.1	496	14.4
Martha Rogers	11	0.3	120	3.5	988	28.6	1822	52.8	510	14.8
Rosemarie Parse	16	0.5	345	10.0	1181	34.2	1474	42.7	435	12.6
Madeleine Leininger	7	0.2	80	2.3	431	12.5	2037	59.0	896	26.0
Jean Watson	15	0.4	148	4.3	1231	35.7	1573	45.6	484	14.0
Afaf Meleis	2	0.1	31	0.9	364	10.5	1769	51.3	1285	37.2

According to the participants, the person concepts that show a higher agreement with their practice are those by Virginia Henderson (92.8%), Afaf Meleis (88.5%), Madeleine Leininger (85%), Dorothea Orem (82.1%), and Callista Roy (79.3%). The highest level of concordance, displayed in the

column on the right in table 2, was observed for the conceptions by Virginia Henderson (40.1%), Afaf Meleis (37.2%), Florence Nightingale (30%), Dorothea Orem (26.8%), and Madeleine Leininger (26%).

Table 3 shows the findings related to health conceptions.

Table 3 – Numeric distribution and percentage of nurses regarding the agreement with different health conceptions. Porto, Portugal, 2016. (n = 3,451)

Health conceptions	It is totally in disagreement with my practice		It is in disagreement with my practice		I have no opinion		It is in agreement with my practice		It is totally in agreement with my practice	
	n	%	n	%	n	%	n	%	n	%
Florence Nightingale	84	2.4	581	16.8	579	16.8	1557	45.1	650	18.8
Virginia Henderson	29	0.8	202	5.9	436	12.6	1878	54.4	906	26.3
Dorothea Orem	14	0.4	113	3.3	538	15.6	1918	55.6	868	25.2
Hildegard Peplau	11	0.3	161	4.7	1304	37.8	1546	44.8	429	12.4
Imogene King	6	0.2	281	8.1	1098	31.8	1611	46.7	455	13.2
Callista Roy	8	0.2	90	2.6	687	19.9	1948	56.4	718	20.8
Betty Neuman	16	0.5	176	5.1	1044	30.3	1766	51.2	449	13.0
Moyra Allen	42	1.2	417	12.1	1474	42.7	1211	35.1	307	8.9
Martha Rogers	24	0.7	386	11.2	1239	35.9	1414	41.0	388	11.2
Rosemarie Parse	21	0.6	395	11.4	1276	37.0	1364	39.5	395	11.4
Madeleine Leininger	15	0.4	138	4.0	660	19.1	2002	58.0	636	18.4
Jean Watson	10	0.3	155	4.5	1025	29.7	1678	48.6	583	16.9
Afaf Meleis	12	0.3	59	1.7	350	10.1	1781	51.6	1249	36.2

The health conceptions which had more agreement with the nurses' practice were those by Afaf Meleis (87.8%), Dorothea Orem (80.8%), Virginia Henderson (80.7%), Callista Roy (77.2%), and Madeleine Leininger (76.4%). The answer 5 in the Likert scale, indicating that the conception was totally in

agreement with their practice, was chosen for the ideas of Afaf Meleis (36.2%), Virginia Henderson (26.3%), Dorothea Orem (25.2%), Callista Roy (20.8%), and Florence Nightingale (18.8%).

Last, the data referring to environment conceptions are shown in table 4.

Table 4 – Numeric distribution and percentage of nurses regarding the agreement with different environment conceptions. Porto, Portugal, 2016. (n = 3,451)

Health conceptions	It is totally in disagreement with my practice		It is in disagreement with my practice		I have no opinion		It is in agreement with my practice		It is totally in agreement with my practice	
	n	%	n	%	n	%	n	%	n	%
Florence Nightingale	36	1.0	456	13.2	563	16.3	1767	51.2	629	18.2
Virginia Henderson	7	0.2	60	1.7	263	7.6	2054	59.5	1067	30.9
Dorothea Orem	10	0.3	48	1.4	310	9.0	2060	59.7	1023	29.6
Hildegard Peplau	14	0.4	149	4.3	1229	35.6	1620	46.9	439	12.7
Imogene King	23	0.7	129	3.7	1322	38.3	1544	44.7	433	12.5
Callista Roy	4	0.1	49	1.4	533	15.4	1929	55.9	936	27.1
Betty Neuman	8	0.2	55	1.6	701	20.3	2012	58.3	675	19.6
Moyra Allen	48	1.4	449	13.0	1232	35.7	1368	39.6	354	10.3
Martha Rogers	31	0.9	369	10.7	1266	36.7	1412	40.9	373	10.8
Rosemarie Parse	29	0.8	197	5.7	1486	43.1	1355	39.3	384	11.1
Madeleine Leininger	5	0.1	43	1.2	429	12.4	2142	62.1	832	24.1
Jean Watson	19	0.6	113	3.3	892	25.8	1852	53.7	575	16.7
Afaf Meleis	6	0.2	28	0.8	294	8.5	1851	53.6	1272	36.9

For this last item, the conceptions with a higher agreement with nurses' practice were those

by Afaf Meleis (90.5%), Virginia Henderson (90.4%), Dorothea Orem (89.3%), Madeleine Leininger

(86.2%), and Callista Roy (83%). The ideas advocated by Afaf Meleis (36.9%), Virginia Henderson (30.9%), Dorothea Orem (29.6%), Callista Roy, (27.1%) and Madeleine Leininger (24.1%) were associated with the category "totally in agreement with my practice" by the participants.

DISCUSSION

In the context of reflections about the direction of nursing development, both as a subject and a profession, two options have been envisaged: one which refers to an advanced practice, associated with a higher competence for a performance centered at an executive logic, frequently based on the biomedical model, and another pointing to an advanced nursing, indicating a higher competence for a performance oriented to a conceptual logic and grounded on nursing theories.⁵

It is expected that nurses recognize the importance of nursing theories and evaluate the concepts created by their authors and their agreement with the work routine during the process of choosing one or more nursing theories to base the care practice.³ It is worth stressing that, according to the findings of the present study, once nurses stick to one nursing theory, they usually embrace all the concepts it encompasses: nursing, person, health, and environment.

The investigation demonstrated that the conceptions which showed a higher concordance with the practice of nurses were those by Virginia Henderson, Afaf Meleis, Dorothea Orem, Madeleine Leininger, and Callista Roy. The agreement observed in the results makes them more consistent and reveals that nurses focus their role on satisfying the fundamental and self-care needs, by assisting, supporting and training people to keep or recover their well-being in culturally significant ways, as well as people's adaptation skills, stressing the importance of health promotion, stability, homeostasis, and quality of life.

In 2013, an investigation carried out in Poland reported that the contributions by Florence Nightingale, Dorothea Orem, and Virginia Henderson are used more frequently in the nursing practice of that country. The findings allowed the authors to conclude that Florence Nightingale is the most important theoretician in the design of contemporary nursing.¹²

An investigation performed in six health units, designed to find out the positioning of nurses about the environment concept, revealed that they relate to the environment ideas advocated by Callista Roy

(52.9%) and Virginia Henderson (52.5%).¹³ Although they have lived in different historical moments – Roy belonged to the desired effects or results school and Henderson was one of the exponents of the needs school –, the authors believed that the similarity between the contents of these two frameworks reinforced the nurses' orientation. Roy's environment conception was also among those which presented the highest agreement with the participants' practice in the present study.

In Portugal, Virginia Henderson's needs theory helps base the development of nursing, similarly to what happened in other countries, and the present study confirmed that the principles incorporated by the 14 needs still prevail in the 21st century. A significant percentage of Portuguese nurses declared their agreement with Virginia Henderson's marked standpoint that nursing is characterized by assisting both sick or healthy people to perform activities which contribute to their health or recovery, that they would execute independently if they had the necessary strength, will or knowledge.¹

The findings of the present study support the idea that the main model that has helped shape the professional practice of Portuguese nurses is the needs theory, by Virginia Henderson. Based on this theoretical framework, nurses validate the needs and problems of their clients and plan interventions oriented to replace people's role when they are unable to do something, that is, when they are dependent. This reality is not Portuguese only. Virginia Henderson's framework has been implemented to guide on nursing practice worldwide, regardless of the clinical contexts.¹⁴⁻¹⁵

There are a few explanations for the results related to the conceptions by Afaf Meleis. In the past few years, educational institutions have invested in her theoretical framework. Also, studies carried out in Portugal demonstrated that the transitions theory is widely applicable and an essential contribution to the grounding and orientation of the nursing practice. In this perspective, nurses' contribution will be significant if it is associated with the diagnostic and treatment of human responses to transitions resulting from processes of development or notable events that demand adaptation, for instance, disease situations.⁵⁻⁶

Some scholars claim that the scientific production in the field of nursing theories has been scarce^{11,16} and the lack of investigations similar to the present study makes it difficult to compare and discuss results. However, the authors expect that the present paper motivates the reflection on the subject.

The authors believe that nurses' practice and their capacity to maintain it depend on relevant nursing knowledge, that is, the knowledge that originates from nursing models and theories. Despite the fact that most nurses continue to believe that nursing models contribute little to their performance, the search for models that bring diligence and strengthening should go on¹⁷ to reinforce the subject nature of the profession.¹⁰ The use of theoretical models as a reference to base care can pose a challenge.¹⁸ Drawing upon theories to guide the practice will contribute to a more efficient and effective nursing, in which data collection and organization, nursing diagnosis formulation, planning of interventions, and definition of results will be based on the same guiding principle.

The present study unraveled the inclinations of Portuguese nurses regarding the theoretical conceptions that are more aligned with their practice in hospital settings and offers an opportunity to think over their potential to underpin the nursing care models in use.

CONCLUSION

The findings of the present investigation showed that, in general, when nurses identify with a specific nursing theoretical framework, they relate to all metaparadigmatic concepts: nursing, person, health, and environment. The survey evinced that the conceptions which presented a higher agreement with the participants' practice were those by Virginia Henderson, Afaf Meleis, Dorothea Orem, Madeleine Leininger, and Callista Roy.

The fact that most nurses qualified the four paradigmatic concepts from the conceptions by Virginia Henderson and Afaf Meleis as "totally in agreement with their practice" can be seen, in the case of Meleis's transitions theory, as an opportunity to change the nursing paradigm, and to illustrate the importance of Virginia Henderson's needs theory in the development of nursing as a subject in Portugal.

In accordance with the fact that professional practice is influenced by the theoretical frameworks to which nurses relate, the results of the present study reveal the evolution of a logic marked by the assumption of "doing for clients what they cannot do" to a reasoning focused on the principle of "doing with clients" in the context of their transition processes.

Although the content related to nursing theories is incorporated in all teaching levels, the outcomes reveal the need to address this topic with

a greater concern with practice contexts, which would facilitate their implementation and help achieve a more systematized and deliberate professional practice.

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