

# REFLECTING ON SOME NURSING THEORIES BASED ON MELEIS' EVALUATION MODEL

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**ABSTRACT:** This article aimed to undertake a comparative reflection on the theories of nursing of Paterson and Zderad, Parse, Watson and Meleis, based on the theory evaluation model and its functional components: focus, client, nursing, health, patient-nursing interaction, environment, problems, and nursing care, as proposed by Meleis. The choice of the academic theorists was explained as these are emerging theories and adhere to the current paradigm, converging towards the holistic view of the human being. After theoretical reflection, it was concluded that, in the theories analyzed, the definition of nursing is clear and explicit, emphasizing its action in the promotion of health and quality of life.

**DESCRIPTORS:** Nursing theory; Philosophy in nursing; Nursing.

## REFLETINDO SOBRE ALGUMAS TEORIAS DE ENFERMAGEM A PARTIR DO MODELO DE AVALIAÇÃO DE MELEIS

**RESUMO:** Este artigo teve como objetivo a realização de uma reflexão comparativa das teorias de enfermagem de Paterson e Zderad, Parse, Watson e Meleis, a partir do modelo de avaliação de teorias e seus componentes funcionais: foco, cliente, enfermagem, saúde, interação paciente-enfermagem, ambiente, problemas e cuidado de enfermagem proposto por Meleis. A escolha das teóricas justificou-se por serem teorias emergentes e que aderem ao paradigma atual, convergindo para visão holística do ser humano. Após reflexão teórica, concluiu-se que nas teorias analisadas a definição de enfermagem é clara e explícita, destacando sua ação na promoção da saúde e da qualidade de vida.

**DESCRIPTORIOS:** Teoria de enfermagem; Filosofia em enfermagem; Enfermagem.

## REFLEXIONANDO ACERCA DE ALGUNAS TEORÍAS DE ENFERMERÍA CON BASE EN EL MODELO DE EVALUACIÓN DE MELEIS

**RESUMEN:** Este artículo tuvo como objetivo la realización de una reflexión comparativa de las teorías de enfermería de Paterson e Zderad, Parse, Watson y Meleis, con base en el modelo de evaluación de teorías y sus componentes funcionales: foco, cliente, enfermería, salud, interacción paciente enfermería, ambiente, problemas y cuidado de enfermería propuesto por Meleis. La elección de las teorías se justificó en su emergencia y por adherir al paradigma actual, convergiendo para visión holística del ser humano. Después de la reflexión teórica, se concluyó que, en las teorías analizadas, la definición de enfermería es evidente y explícita, destacando su acción en la promoción de la salud y de la cualidad de vida.

**DESCRIPTORIOS:** Teoría de enfermería; Filosofía en enfermería; Enfermería.

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## INTRODUCTION

With nursing's evolution as a science, its professionals have come to question themselves regarding the way of using the traditional practices, with indications emerging which led to the development of a specific body of knowledge as the foundation for the exercise of Nursing. Seeking to respond to this need, the theories of nursing have arisen, which contribute to the strengthening of the discipline in the sense of functioning significantly in the promotion, recovery and rehabilitation of health and the preventing of ill health. This body of knowledge has transformed over the years and has taken on various modes of expression in the trajectory of its construction<sup>(1-2)</sup>.

Theory is defined as an organized and systematic articulation of a set of concepts related to the questions in a discipline, providing means for knowing the concrete reality<sup>(3)</sup>. In relation to nursing, theory is a set of concepts related to the nursing context, its phenomena, and the relation between them. The theories serve to describe, explain, diagnose and prescribe measures for care practice, offering scientific support for the nursing actions<sup>(3-4)</sup>.

However, to respond to the relevance or not of a theory in the context of care practice, theory analysis models are used. Of the models existing, emphasis is placed on the Theory Evaluation Model proposed by Meleis<sup>(5)</sup>, which is philosophically based in a historical vision of science, covering the five segments for the analysis: description, analysis, criticism, test and support.

In this study, the reflection will focus on the segment of description, as this identifies the theory's central conceptual elements, through the functional components: focus, client, nursing, health, patient-nursing interaction, environment, nursing problems and nursing care. These components must be clear and objective if the proposal is to be considered a theory of nursing.

The theorists chosen for this study present emerging nursing theories which adhere to the current paradigm, converging towards the holistic view of the human being and humanistic care, which goes beyond the conception that health is merely the absence of illnesses.

In this context, the study is the construct of

the discipline of Theoretical-Philosophical Conceptions in the Process of Care in Nursing and Health, of the Academic Master's Degree, of the Postgraduate Program in Nursing of the Federal University of Santa Catarina (PEN/UFSC), in the field of Philosophy and Care in Health and Nursing, and aimed to undertake a comparative reflection between Humanistic Theory (1976), Man-Living-Health Theory (1987), the Theory of Transpersonal Care (1988) and the Theory of Transition (2010), using the functional components described according to the Theory Evaluation Model<sup>(3)</sup>.

## DESCRIPTION OF THE THEORIES' FUNCTIONAL COMPONENTS AND THEIR APPLICABILITY IN NURSING PRACTICE

Josephine E. Paterson and Loretta T. Zderad published the Humanistic Theory in 1976, the product of their experiences in clinical nursing, in the reflection and exploration of these experiences undergone by the authors. It is a theory geared towards practice, which proposes that nurses should approach nursing in an aware and deliberate way, as an existential experience. It is concerned with the phenomenological experiences of the individuals, seeking to obtain a broad view of the potential of the human being. They argue that the summaries of the phenomenological descriptions instruct and explain the science of nursing<sup>(5)</sup>.

Rosemarie Rizzo Parse created the Theory of Nursing called "Man-Living Health", under the influence of the principles and concepts of Rogers, and the works of Heidegger, Sartre and Merleau-Ponty in the perspective of existential-phenomenological thinking. The theory was produced as an alternative to the Nursing practices, which at that time were directed towards the medical model, demonstrating the importance of studying the individual as participative live units, taking into consideration her experiences in the health situations, and conferring on the client the role of principal person responsible and taking choices and making decisions entailing changes in health, based in the human sciences<sup>(6)</sup>.

Jean Watson published her theory of nursing in 1988, termed the Theory of Transpersonal Caring, in which the main focus of the nursing is on the care factors which derive from the

humanistic perspective, combined with the basis of scientific knowledge. She argues that the care can help the person to obtain control, make him versatile, and promote changes in health based in the humanistic system of values which calls for autonomy and freedom of choice, with emphasis on self-knowledge and self-control<sup>(7)</sup>.

Transition Theory, proposed by Afaf I. Meleis, was influenced by symbolic interactionism and the ideas of Florence Nightingale. The theorist lists seven reasons for which the transition must be considered the focus of nursing, as the nurses help individuals and their family members in the experiencing of various situations, and in dealing with a multiplicity of changes which these situations cause. Hence, she defines transitions as "complex multidimensional processes that both cause and affect changes in life, health, relationships, and environment"<sup>(8:359)</sup>.

The functional components of the theory point to a description which analyzes the relationship of the presuppositions with the concepts and the proposals of the theory<sup>(9)</sup>. The analysis of these components results in explicit and implicit definitions, identifying in the theory evaluated the direction of the focus, offering a broadened view regarding the nursing problem and its possible interventions.

In this perspective, Table 1 below emphasizes the comparison between functional components of the theories of nursing of Paterson and Zderad, Parse, Watson and Meleis, and shows each one of the functional components proposed by the theorists in each perspective, such as to allow a comparative theoretical reflection of the same.

Analyzing the proposals presented by the theorists regarding the component of focus, one can observe that Paterson and Zderad detected this as a dialogical and intersubjective relationship, while Parse places responsibility on the individuals and the families for the change in their care practices. For Watson, the same is anchored in the humanistic vision of the care, mixed with scientific knowledge, and for Meleis, the transitions which occurred throughout life entail individual transformations, and consequent adaptation of the care.

In relation to the 'client' component, similarities are found between Paterson and Zderad and Parse, in the sense that both believe in the responsabilization of human beings for their

choices and decisions which lead to different standards of living which influence their health. In this perspective, Meleis and Watson bring the idea of interaction between the parts, whether the man or environment, establishing a relationship of proximity between the concepts.

For the 'health' component, the theorists Paterson and Zderad, Parse and Meleis converge on the meaning of believing that health is the result of life experiences, while Watson sees the health of the human being as something which transcends the physical, to a spiritual dimension. Finally, regarding the 'environment' component, the theorists present the interrelationship between man and environment, in the sense of interconnectivity, exercising influence on the man, whether internally or externally, so as to cause a relationship of exchange and joint evolution.

Table 2 represents the comparative analysis of the functional components in relation to the central questions regarding Nursing, and reveals that in the four theories, the definition of nursing is clear and explicit, emphasizing its action in the perspective of the promotion of health and quality of life. However, it is emphasized that Watson and Parse strengthen nursing as a science, while Meleis and Paterson and Zderad focus on nursing as a facilitating agent which assists the individual to achieve better levels of health.

The theories offer insight in relation to the intervention of nursing, as this takes place through a care plan which is appropriate for better assisting the health of the client, family and community. However, the four theorists reveal the idea that the nursing care transcends the practices and procedures of nursing, as it depends on the relationship established between professional/patient, and reinforce that it is necessary to care for the individual in a global way.

The theories of Parse and Paterson and Zderad do not offer a clear idea regarding the problems of nursing, however, in a greater depth, one can state that, as with the other two theories, the problems originate in the human being itself.

The functional component of patient/nursing interaction emphasizes the therapeutic relationship existing between nurse and patient; in this regard, the theories have presuppositions which are basic to this relationship as the essence of the proposal of nursing. The theory of Transpersonal Care, and Transition Theory,

strongly emphasize that their practices take place based on the interactions between patients/nurses, while in the Man-Living-Health theory, the interaction is broadened and applied in the circumstances of crisis and changes experienced by the individual, family and community, starting initially with the nurse<sup>(9)</sup>.

Table 1 – Comparison between the functional components of the theories of nursing of Paterson and Zderad, Parse, Watson and Meleis. Florianópolis-SC-Brazil, 2014

Components	Theorists			
	Paterson and Zderad	Parse	Watson	Meleis
Focus	Focus is the dialogical intersubjective relationship experienced by human beings for the use of their potentials in order to be better <sup>(5)</sup> .	Focus is the orientation to changes in the practice of nursing and directs the people to participate as responsible for caring for their health <sup>(9)</sup> .	The focus is on the factors of care from the humanistic perspective, combined with the basis of scientific knowledge <sup>(10)</sup> .	The focus is to facilitate the transitions which occur throughout life, the concept of transition being central to the nursing care <sup>(8)</sup> .
Client	The client has the capacity to know himself and his interior world, to reflect, value, to come to be more. Human beings are considered based on an existential structure which takes place through choices <sup>(5)</sup> .	The client is the element which commands, and the principal agent responsible for his decisions. As a result, he determines the activities which will change his living standards and is advised by the nurse <sup>(9)</sup> .	The client is valued in himself and for himself in order to be cared for and helped. This reflects the philosophical view of a completely integrated being, and is seen as bigger and different than the sum of the parts <sup>(10)</sup> .	The client is a human being with specific needs and interacts with the environment in which he is involved, and who possesses the capacity to adapt to its changes <sup>(8)</sup> .
Health	This is defined as well-being and being better. The concept of health supposes that illness does little to determine the capacity for health. It is a process of finding meaning in life, hence, health is experienced in the process of being involved in each moment <sup>(5)</sup> .	It is a process of “coming to be”, experienced by the human and which interrelates with the environment. Health consists of the experiences lived through. It is a process of continuous change, of transformation, perceived through the exchanging of energy with people and with the environment <sup>(9)</sup> .	Health refers to unity and harmony in the mind, the body and soul. Health is also associated with the degree of congruence between the being as perceived and the being as presented <sup>(10)</sup> .	Health is more than simply the absence of illness, it is the adaptation and the manifestation of consciousness-raising, empowerment and control over life, and when imbalance occurs in these elements, the process of transition begins <sup>(8)</sup> .
Environment	It defines that there are two environments in which the human being lives. The first is the internal, this being subjective, where the values, beliefs and feelings originate and reflection allows the perception of these feelings; the second is the external environment, made up of objects, people and things <sup>(5)</sup> .	The environment is constructed based on the experiences lived through by the person. The human being is in the environment jointly and simultaneously. It relates Man-Living-Health with the environment, both participate in the creation one of the other, and evolve together <sup>(9)</sup> .	The environment allows the development of the potential, while the person chooses for herself the best action at a specific moment. It considers that the pleasant environment of care improves the affective state, facilitates the interactions and promotes a feeling of satisfaction <sup>(10)</sup> .	The environment is the context in which the individual is inserted, and which can favor the conception of favorable conditions for transition, these possibly being the family, the community, and the physical, natural and artificial conditions. The interaction with the environment is influenced by internal and external factors <sup>(8)</sup> .

Table 2 – Comparison between the functional components of the theories of nursing of Paterson and Zderad, Parse, Watson and Meleis. Florianópolis-SC-Brazil, 2014

Components	Theorists			
	Paterson and Zderad	Parse	Watson	Meleis
Nursing	This is responsible for developing the well-being and acts towards helping in the nurse's choices, based on the perceived needs. The meaning of nursing as a human act lies in the act itself. In order to understand it, it is necessary to consider it "existing", a phenomenon which occurs in the real world of human experiences <sup>(5)</sup> .	Nursing is defined as a science and art, based in the human sciences rather than in the natural sciences and which uses its knowledge in favor of, and in the service of, people. Nursing's goal is peoples' quality of life <sup>(9)</sup> .	Nursing is a human science of people and of human health-illness experiences which are mediated by the transaction of the professional, personal, scientific, esthetic and ethical care <sup>(10)</sup> .	It is the profession that has the greatest contact with who is affected by the transition, and is concerned with the individuals' development, promotion and recovery. It is the agent that facilitates the generation of transition and contributes to the maintenance and promotion of health <sup>(8)</sup> .
Patient-Nursing Interaction	The interaction is centered on the being with the other. The subject-object, that it is possible to know a person in her unique individuality, while the subject-subject is when two people are open to each other in a fully human way <sup>(5)</sup> .	In the patient-nursing interaction, the nurse is seen as a teacher and agent of change who guides and advises the client and family members <sup>(9)</sup> .	The interaction is based on the principle that nurses promote health when they form person-to-person relationships, as opposed to relationships of manipulation <sup>(10)</sup> .	The patient-nursing interaction is organized around a proposal that entails various nursing therapies for promoting and restoring health <sup>(8)</sup> .
Problems of Nursing	The authors problematize the practice of nursing, through the premises of phenomenology <sup>(5)</sup> .	One of the problems presented by Parse is in the implication of the use of the nursing process, as, according to her, the practice of nursing is creative and innovative and is not limited by prescriptive rules. The nursing process makes the individual or family "fixed", not being compatible with her theory <sup>(9)</sup> .	The problem consists not only in the biophysical expression of the disease, but also in the psychophysical and psychosocial dimensions, this because the system of care calls for the creation of a system of humanistic values, faith and hope, a relationship of self-confidence and the expressing of feelings <sup>(10)</sup> .	The nursing problems are visualized as being something which inserts the strategies of care in the grasping of the transition, based on the perspective of the person who experiences it, and leads to the identification of the needs for the care with this approach <sup>(8)</sup> .
Nursing Care	They treat nursing care as a living and dialogued meeting, in which the patient and the nurse complete each other within this integral and holistic care. Nursing works in the strengthening of the well-being and quality of life. Thus, it sees beyond the parts, while the caregiver has the possibility of knowing the patient through the dialogue. Each act of caring is related to sharing. Each one participates in the situation according to her way of being <sup>(5)</sup> .	They are based in guiding the human being, also called a unit of living, in the choice of the possibilities regarding the process of health, through an intersubjective participation with the people and families <sup>(9)</sup> .	The forming of humanistic-altruistic values, the cultivation of faith, hope and sensitivity, self-confidence, promotion and acceptance of the expression of emotions. The provision of a mental, physical, social and spiritual environment <sup>(10)</sup> .	The nursing care is the nurses' nucleus of action, being the facilitative process for successful transitions, which are characterized by emotional well-being, expertise and relational well-being <sup>(8)</sup> .

## FINAL CONSIDERATIONS

Knowledge of the theories of nursing consolidates nursing as a profession and science, as the articulation of these theoretical knowledges and professional practice promotes excellent nursing care<sup>(4)</sup>. Constructing this comparative reflection allowed deepening regarding the central concepts of the theories, and a generalized view of the relationship between the events of the nucleus of the same.

This evaluation guided the adaptation of the theories to the nursing action and to the understanding of how this profession can interact with the client/patient/family in the context in which they are inserted, bringing ideas of connectivity between some components such as environment, nursing and patient-nursing interaction.

This study's theoretical reflections, therefore, contribute to advances of the nursing care actions for the patient at various points of her life, transitions and/or changes arising in the health-illness process. Thus, the special attention to humanized care, based in theories, facilitates the process of understanding and visualizing the human being and nursing professional as a whole.

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