

Nursing professionals training under theoretical models' context

If we start from the premise that a model does not adjust to reality, then it cannot be assured that a nursing theory represents the practice of care. This reasoning does not have a definite conclusion; however, it invites us to reflect on the use of models and theories in nursing. The purpose of this manuscript is to make a brief reflection on the training of nursing professionals, the use and application of models and theories in practice and research.

What is a nursing model?

There are several definitions, but if we consider Jacqueline Fawcett, a theoretical model is "a set of abstract and general concepts and the propositions that express something about the concepts; given the abstract and general nature of the concepts, the propositions, which describe or link up the concepts, are also abstract and general"⁽¹⁾.

Then, if a model is the conceptual representation of what is built around the phenomenon of nursing care, its level is very abstract. That is, the degree of utility of the concepts of each theory may or may not work for each situation, since the way in which this concept can be measured lies between the abstraction at a philosophical level and an empirical indicator that demonstrates that the concept is measurable.

So, we have a disjunctive, on one side, there are several phenomena of care that are highly subjective that have no way of being quantified and lack measuring instruments, this is where some models are, which some professionals still consider them philosophies of care, for example, theoretical like Henderson, Watson, Abdellah, King, among others. However, despite their limited use in certain real fields of care practice, these models seem ideal for initiating the training of nursing professionals, because within their theoretical statements prevails the original sense of care, which is the respect of the human being life, for their health and illness, for the environment and the community.

On the other side, there are models with deterministic ideals, which despite having very well defined their constructs, their postulates and axioms, do not adjust to reality. These models are the most used in research, because they have instruments that can prove their theoretical postulates, indicate causality and variations, they can also be submitted to mathematical models, but in many cases (most) they have to be complemented with theoretical models of other disciplines to explain the phenomenon of study, a situation known as borrowed theories, which is the case of most nursing theories (there is no complete originality).

Despite this, the use of theoretical models in nursing prevails, since according to Jacqueline Fawcett there is an intimate and bidirectional (theoretical) relationship between these and the nursing practice (clinical in most cases), where both are influence, transform and evolve to improve the standards of care for each phenomenon in reality⁽¹⁾.

Different areas in the use of nursing theories

Apparently, the use of nursing theories is found at three levels, in the training, practice and research.

Training level: In the United States of America, models are only used at this level, in universities, but they are not used in professional clinical practice, only in some cases for research. In Latin America, the situation is not different, for example, in the case of Colombia and Mexico, various Higher Education Institutions (HEI) show in their curricula the use of models and theories of nursing, either for a semester in particular or to guide the assessments during all the learning units. Among the most used in Colombia is the Model of Watson and Roy, in Mexico they use Henderson and Orem; however, they do not use the whole model, because they are very broad and general, they are more used to guide nursing assessment. For example, in Mexico the 14 needs or the Universal Requirements are used and in some HEI the functional patterns of Marjory Gordon are also used and so, explain and guide the first phase of the Nursing Process (NP).

Practical level: There are few documented cases where health institutions (outside of a university ambit) have implemented the use of theoretical models in the nursing notes and in the care plans. In the Ministry of Health, the best known are the use of Virginia Henderson's theory in the National Institute of Cardiology Ignacio Chávez and the use of the Orem's Self-care Deficit Model in the General Hospital of Mexico Dr. Eduardo Liceaga; even in private institutions such as the Hospital Angeles, an eclectic model of these two theories was published in the magazine *Desarrollo Científico de Enfermería*. None of the three cases or any other documented case, has accomplished to establish a theoretical model as a guide in the care of users in health institutions in an official manner, only proposals and pilot studies can be read in specific health services.

In Mexico, the current trend is the proposal of an eclectic model built by some American nomenclatures (NANDA-NIC-NOC), including the bases of the nursing paradigm described by Chin and Kramer⁽²⁾, the NP with five stages and the use of Clinical Practice Guides; but, without the use of a theoretical model of nursing in particular.

Research level: In general, the use of theoretical nursing models in the research field is broad, they are used at the postgrad levels in nursing of all the programs in Mexico. In most cases to test theoretical relationships between variables or concepts, they are also used as a guide for the construction of case studies; however, although its academic use prevails, its use has decreased in recent years, according to García et al⁽³⁾, from 2005 to 2010, 358 articles on nursing research were published in Mexican magazines, identifying that 57.8% of the articles did not use nursing theory, that is, 207 articles. If we compare with a second cut published in 2018, where 244 research articles published in the same Mexican magazines from 2010 to 2015 were identified, 84% of the articles did not use nursing theory; in other words, "only 40 research works used theory in a period of 5 years". Given the evidence from the analysis of these reviews, it can be deduced that in a period of 10 years the use of theoretical models in Mexico decreased 26.2%, therefore, in the following 20 years it is possible that it decreases 52.4%⁽⁴⁾.

Final comments

It cannot be assured that a model fits perfectly to reality, nursing models can be useful, but they do not represent the reality of nursing practice, therefore, most of them must be complemented with other theoretical concepts of different disciplines.

Resuming theories that do not have borrowed elements from other disciplines such as Orem's Self-care Deficit and the Theory of Transitions of Afaf Meleis models, would strengthen the training of nursing professionals, for the clinical or community ambit and for research, however, do not cover specific situations.

For the above, an alternative is to encourage the use of theories of specific situations (the wrong called microtheories), which are less abstraction theories clearly designed for specific situations, so it is less complex to take them to the real practice of nursing ; such is the case of Lenz's Theory of Unpleasant Symptoms, Mishel's Theory of Uncertainty, Riegel's theory of Self-Care in Heart Failure, among others.

The theoretical models of nursing in Mexico had great importance in the decade of the nineties and at the beginning of this century. The academic teaching of nursing in practice and research have had support with the vision of the theories, however, the gap between theory and practice persists, so the Mexican health system has opted for a more practical model, less theoretical and based on published scientific evidence, not on postulates that are willing to be proved, only time will tell what was the best.

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