



## ARTICLE REVIEW

### Care metaparadigm as a management process in Nursing from Primary Health Care

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## ABSTRACT

**Introduction:** the metaparadigm is the foundation of nursing knowledge, composed of four interconnected core concepts: human being, environment, health, and care. Nursing care, viewed through the metaparadigm, allows for the identification of populations with the greatest need for care within a specific society and environment in Primary Health Care.

**Objective:** to identify the care metaparadigm as a management process in Nursing and its approach or perspective within Primary Health Care.

**Methods:** an integrative review was conducted between January 2022 and August 2023, critically analyzing 937 national and international articles on nursing concepts and practices. The search was carried out in PubMed, Scopus, and ScienceDirect using keywords related to theory, philosophy, and primary care in nursing. Studies published between 2010 and 2023 in Spanish, English, or Portuguese were included.

**Development:** the care metaparadigm, as a management process in Nursing, is consolidated in Primary Health Care (PHC) through planning, leadership, and decision-making based on the Nursing Care Process (NCP). This management integrates clinical, administrative, and community dimensions, focusing on the individual, the family, and their environment. Various theoretical models support this practice, which requires standardized nursing language, continuous training, and context-adapted strategies to ensure comprehensive, safe, and humanized care.

**Conclusions:** the care metaparadigm in Primary Health Care plays a highly significant role, as effective management helps prevent diseases and their complications.

**Keywords:** Practice Patterns, Nurses'; Nursing Research; Nursing Theory; Philosophy, Nursing; Nursing Care; Primary Care Nursing.

## INTRODUCTION

The conditions that influence the quality of nursing care and attention are related to the Nursing metaparadigm, which establishes the specificity of this activity and the perspective that nurses adopt in their work. This metaparadigm includes as global definitions the person, the environment, specific care and the health. Human beings are dynamic, flexible, and ever-changing. This dynamism determines and individualizes care, a universal and intercultural phenomenon. The development of nursing knowledge must fully respond to this individualization of care; therefore, it is unsustainable to create a generalized knowledge with standard applicability to all people.<sup>(1)</sup>

The nursing profession implies care, a vital issue for the subsistence of humanity and for caring relationships between people. From this perspective, caring is an indispensable activity for humanity, since it is not only about survival, but also about promoting and developing all those activities that ensure the common good of individuals and groups. Every woman at some point in her life will work as a nurse in one way or another, since nursing consists of accompanying or responsibly assuming the care of another person. Thus, nursing care is defined from a holistic view of humanity in which the person is a whole made up of different dimensions of being: physical, psychological, social and spiritual. It is possible to find nurses with a great capacity to maintain a balanced care between human dimensions, while others have a greater interest in physical care, in which undoubtedly the aspects of the relationship of patient care-nursing professional could be weakened.<sup>(2)</sup>

The concept of "care" comes from the Latin term "cuidare/curare" and has multiple meanings in Spanish, from a warning of danger to a profound notion linked to health and human life. In the healthcare field, caring implies not only physical attention but also healing, considering body and mind. Aristotle expanded this concept by associating it with respect, attention, and sensitivity toward the human condition. Care encompasses both the individual and the collective: caring for the body and health is essential for well-being, but so is caring for others and respecting their autonomy, thus integrating a holistic vision of living.<sup>(3)</sup>

The word "care" affects all human life, both mind and body. Thus, a healthy mind is the prerequisite for a good life. This term has been discussed from different perspectives, but there is consensus on its importance for humanity in general, and in the field of health and nursing professionals in particular. Undoubtedly, the epistemological essence of nursing has been influenced by different philosophical currents that, depending on the historical and social moment, have contributed to the scientific development of the discipline. Thus, nursing has evolved not only with the generation of knowledge but also with the contributions that philosophy has made to the way of researching, conceiving, and interpreting care.<sup>(4)</sup>

Nursing professionals in the Basic Health Teams of Primary Health Care play a fundamental role in the coordination of care because they act as a preferential gateway to all services of the health system.<sup>(5,6,7)</sup> Given the importance that the study of the metaparadigms as the basis of knowledge in Nursing, it is necessary to investigate and establish the specificity of this activity and the approach adopted by nursing professionals in their work, given that this metaparadigm encompasses the person, the environment, specific care and health as integral categories, and PHC is the most inclusive, equitable, cost-effective and efficient approach to achieve this. Hence the clear interest in the topic, with the aim of identifying the metaparadigm of care as a management process in Nursing and its approach or vision from the perspective of Primary Health Care.

## METHODS

An integrative review was carried out to develop a reflective critical analysis of the content of documents from various perspectives, both national and international, original and review articles were considered. To develop the research, a review of the specialized literature was conducted, keywords and specific descriptors were established, appropriate bibliographic databases were selected, and a search strategy was developed to address the stated objective.

In addition, information was used from official government websites and scientific societies, as well as a book published by the publisher: Elsevier.

Keywords for the search: "nursing practice, nursing research, concept of nursing theories" "concept of nursing care" "concept of nursing philosophy" "primary care nursing"

The inclusion criteria for the selection of articles were research available on the selected data portals that adhered to the topic, published between the years 2010-2023 that clearly explained the selected methodology or theoretical framework.

The following articles were selected for analysis: 937 articles, which were analyzed to determine which ones would be useful in achieving the objective; the 25 that appear in the bibliographic references were chosen.

After identifying the preselected studies, the titles, abstracts, and keywords of the publications were read, and their relevance to the study was verified, as it was related to the topic addressed. For a better visualization of the data selection steps, the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) flowchart was used (Fig. 1).<sup>(6)</sup>



**Fig.1** PRISMA 2020 Statement Flowchart,<sup>(7)</sup>

## DEVELOPMENT

The profession of nursing is as old as humanity, as people have always needed nursing care when they are sick or injured. Nursing as a professional activity emerges from the evolution of the concept of caring within society. Nursing, not as a profession, but as the practice of "caring practices," has been a necessary activity for the preservation of the human species. When discussing the origins of nursing practice, we must take into account the history of nursing related to religious values and practices that have traditionally characterized nursing.<sup>(8)</sup>

Care is the object of nursing knowledge and the element that distinguishes it from other health professions. It is professional care, which also refers to the help, support, or encouraging behaviors that facilitate or improve a person's health. Currently, the challenge for the nursing profession is to rebuild its expertise based on new ways of interpreting what care means, in order to transform its practice. The focus of care has been, is, and will be the individual, the family, the community, and the environment in which they develop.<sup>(9)</sup>

In the authors' opinion, these currents, in addition to contributions put into practice in order to improve the quality of healthcare services and the hygienic and sanitary conditions of patients, stamped a divergence in the profession and assisted its evolution towards its scientific development and from that moment on, the philosophical optimization of care was promoted through the theoretical advancement of the discipline.

Various celebrities have favored the strengthening of the profession from the theory, the systematization executed and the experience of the authors focused attention on several philosophical dimensions of its scientific progress:<sup>(10,11)</sup>

- Faye Glenn Abdellah, developed the theory of the 21 problems of nursing: The focus of nursing shifted from being disease-centered to being person-centered, whether healthy or sick, and families and the elderly began to be included in nursing care. The nursing model is intended to guide care in hospital settings, but can also be applied to community nursing.
- Joyce Travelbee, states in its model of human-to-human relationship that the purpose of Nursing was to help and support an individual, family or community to prevent or cope with the struggles of illness and suffering and, if necessary, to find meaning in these events, the ultimate goal being the presence of hope.
- Nancy Roper, Winifred Logan, and Alison J. Tierney, proposed a model of Nursing based on a life model, Logan produced a simple theory, which actually helped bedside nurses, but the trio collaborated in the fourth edition neither of The Elements of Nursing: A Model for Nursing Based on a Model of Living and prepared a monograph entitled The Roper-Logan-Tierney Model of Nursing: Based on Activities of Daily Living. It includes maintaining a safe environment, communicating, breathing, eating and drinking, bowel movements, toileting and dressing, controlling body temperature, getting around, working and playing, expressing sexuality, sleeping, and dying.
- Jean Watson, founded the theory of human care, was a pioneer in the Philosophy and Theory of Transpersonal Care Nursing is concerned with health promotion, disease prevention, care of the sick, and restoration of health.
- Kari Martinsen, worked on the philosophy of caring. Nursing is based on caring for life and loving one's neighbor. At the same time, nurses must be professionally trained.
- Martha E. Rogers, developed the theory of unitary human beings, in which he defined nursing as an art and science that is humanistic and humanitarian. A sick person cannot be separated from their environment when it comes to health and treatment.
- Dorothea E. Orem In his Self-Care Theory, he defined nursing as the act of assisting others in the provision and management of self-care to maintain or improve human functioning at the level of effectiveness in the home. It focuses on each individual's capacity to perform self-care. It is composed of four interrelated theories.
- Callista Roy, in the adaptation model, defined Nursing as a health care profession that focuses on the processes and patterns of human life and emphasizes the promotion of health for individuals, families, groups, and society as a whole.
- Anne Boykin and Savina O. Schoenhofer They worked on the theory of Nursing as Caring: A Model for Transforming Practice. Caring in nursing is an altruistic, active expression of love; it is the intentional and embodied recognition of value and connection.
- Nola J. Pender, developed the model of health promotion, describes the interaction between the nurse and the consumer when considering the role of the health promoting environment, focuses on three areas: individual characteristics and experiences, behavior-specific cognitions and affects, and behavioral outcomes, describes the multidimensional nature of people as they interact within their environment to seek health.
- Madeleine M. Leininger, I believe the transcultural nursing theory, or what is the same as the Culture of Care Theory of Diversity and Universality. It focuses on the fact that various cultures have different and unique care behaviors, different values, beliefs, and behavioral patterns regarding health and illness.
- Kristen M. Swanson, created the theory of caring. It defines nursing as the informed care of others' well-being and offers a framework for improving nursing practice, education, and research, while returning the discipline to its traditional values and healing roots.

Afaf Meleis's Transitions Theory supports care as a dynamic process of change in life patterns, recognizing the individual's capacity for adaptation and interaction with their environment. Since the 1970s, nursing care has focused on health promotion and prevention, becoming established as a scientific discipline through the Nursing Care Process (NCP), which allows for rational and systematic interventions. In the community setting, the OMAHA diagnostic model, based on environmental, psychosocial, physiological, and behavioral dimensions, is incorporated.<sup>(9)</sup>

Various models support family-centered healthcare, recognizing the influence of the family throughout the life cycle. Evelyn Duvall's model, described by Dandicourt,<sup>(9)</sup> allows for the analysis of common changes and tasks in family development, facilitating actions to preserve individual and collective health. Allen's model highlights the reciprocal influence between the family and its members, aimed at promoting health. Marilyn Friedman proposes structural and functional approaches, considering family composition, values, roles, and needs. The model developed by professors at the University of Calgary is based on three key dimensions: family structure, development, and functions, integrating these elements into nursing care planning.

These references show how, for the study of the history of care, it is essential to identify the structures that, in the exercise of their function of facilitating the process of satisfying needs in society, have participated in the configuration of a particular way of organizing and providing care.<sup>(12)</sup>

Cuban Nursing is a profession that has experienced transcendental changes in its functions as a provider of health services.<sup>(13)</sup> The country's policy guarantees nursing coverage in all services, not only in quantity but also in quality. Nursing care in primary care is directed toward these actions, placing services within reach of the individual, family, and community. Preventive care is oriented toward modifying or establishing new social, economic, and cultural patterns that contribute to reducing the incidence of disease and improving people's quality of life. Therefore, providing preventative-based care entails establishing individual and collective actions that consider activities, interventions, and procedures for early detection and specific protection.<sup>(14)</sup>

At the same time, the authors reflect, from their modest opinion, that the problem throughout the development of the Nursing profession in Cuba has been the style of transporting models and theories from other environments to the Cuban scene, which is why there has been little effort to configure a body of knowledge of their own.<sup>(15)</sup>

An extensive transformation process has benefited the professional, scientific, and technical reinforcement of nursing as a profession, which has been established since its inception, both theoretically and in terms of care, allowing for the transformation of the current international vision of the profession. Management as a new technology oriented toward practical goals was introduced to the general public during the last decades of the 19th century, and rapidly developed into a discipline in the 1920s and 1930s as an organized body of knowledge oriented to support companies that acted on instinct by generating changes in organizational values and processes.<sup>(16)</sup>

Since the beginning of the 20th century, exponents of the classical theory of scientific administration, such as Frederick Winslow Taylor and his work *The Principles of Scientific Management* and Henri Fayol, with the general principles of administration, contributed to the theoretical and practical aspects of the term administration. Despite the application path in the health area, in the continuum of the evolution of the health system itself, the terms administration and management were used interchangeably.<sup>(17)</sup>

Beginning in the mid-20th century, the need arose to differentiate management from traditional administration, although initially both terms were used interchangeably. It was not until the late 1980s and 1990s that the concept of management gained relevance in the healthcare field, as it was recognized as a dynamic, complex, and transformative process. In this context, management was consolidated as a priority in the organization of health services, understood as the systematic application of scientific and technical knowledge by those responsible for directing and solving institutional problems.<sup>(17)</sup>

Nursing Care Management is defined as the application of professional judgment in the planning, organization, motivation and control of the provision of timely, safe, comprehensive care that ensures continuity of care and is based on strategic guidelines, to obtain health as the final product.<sup>(18)</sup>

Care management aims to adapt care to the needs of the patient, the demands of their families, caregivers, and the community. It is a human and social process supported by interpersonal influence, leadership, participation, and communication. The nurse responsible for management must consider the values, attitudes, and knowledge of the discipline, which provide a distinct and specific perspective on care management. Thus, they must exercise comprehensive leadership that motivates internal users toward continuous improvement of care.<sup>(18)</sup> Madeleine Leininger warns that if anything is clear in nursing, it is its close dependence on care.<sup>(19)</sup>

According to the bibliographic review, Nursing Management can be divided into two areas: administrative and clinical. From a clinical perspective, it is "the application of the PAE, which is the current form of management." From an administrative perspective, it is framed in the sense that it is essential to define, at all levels, guidelines regarding protocols, guides, and processes in every Nursing organization; these are organized in such a way that they become a strategy with defined goals that coherently guide care in Nursing organizations to achieve a contribution to the impact of quality care.<sup>(20,21)</sup> Therefore, it is necessary to implement nursing care management models in PHC services.<sup>(22,23,24)</sup>

According to Franco-Giraldo,<sup>(25)</sup> there is the Integrated Risk Management, Clinical Management model. These Community Models of Family Health/Family Medicine; with family and community responsibility, based on healthy lifestyles and multi-sector action, are highly valid today.<sup>(26)</sup>

A bibliometric analysis carried out by Fernández Silva et al.,<sup>(27)</sup> about care management in PHC in Chile in 2018, concluded that it is evident that in PHC, the roles with the highest performance that are carried out include the care and administrative roles, expressed in the routines of nurses in the development of procedures, techniques and compliance with ministerial indicators that reduce the potential for action that the profession has, the principles of promotion and prevention that the environment demands, which is why it is necessary to have strategies for the dissemination and implementation of the concept of care management, which involves all those involved in the framework of the subject-subject relationship in PHC, in addition to making the daily work known through records prepared based on disciplinary foundations that account for the systematicity and effectiveness of Nursing actions.

In this sense, Nursing Management in PHC is understood as the professional practice of the nurse based on their discipline: the science of caring. This is defined as the application of professional judgment in the planning, organization, motivation, and control of the provision of timely, safe, and comprehensive care that ensures continuity of care and is based on the institution's policies and strategic guidelines. These are actions framed within the primary care framework, directed at the individual, integrating their social context. Care Management in PHC is directed not only at the individual but also considers their environment and community, where the social aspect

becomes paramount to understanding the health status of individuals, and the approach to care is prioritized based on the needs of the context.<sup>(21,28)</sup>

Nowadays there is a global need to strengthen the role of Nursing in the community role, the formation of specialties, focused on the community and the family in order to contribute to identify new tools for action, the implementation of this type of specialties will allow Nursing to be the first line of action in Health Systems, by favoring an improvement in the PHC, since it directs actions to health promotion, disease prevention, which allows progress and safe steps to a renewed PHC.<sup>(21,29)</sup>

In the opinion of the authors, in Cuba, Nursing Management in PHC is mixed with community care, since community care and the implementation of a series of practices that meet the needs of people in each territory is the main objective of Nursing in PHC, where each action must be aimed at the particularity of each community to guarantee comprehensive care, at the same time, PHC management is established and directed from a contextualized community perspective, the particularities and directions that nursing professionals in PHC must have are established through educational opportunities focused on promotion, prevention; honesty of clinical care, and the Basic Health Team, to work in cooperation with other health professionals belonging to the Basic Working Group.

Nursing practice involves making decisions on a permanent basis together with the multidisciplinary team. To achieve this, it is necessary to standardize the language and nursing care, using the PAE methodology and the taxonomic link North American Nursing Diagnosis Association (NANDA), Nursing Outcome Classification (NOC) and Nursing Intervention Classification (NIC). Care management must allow for the provision of planned care through available resources, establish objectives, goals and strategies, and also implies that it is a creative process, mobilizing human resources and those of the environment with the intention of maintaining and promoting the care of the person.<sup>(30)</sup>

Care contributes to meeting people's needs with optimal solutions, in line with the professional commitment that nursing professionals have formally assumed before society: to care for the most vulnerable beings. It is a human and social process that relies on interpersonal influence, leadership, participation, and communication. For adequate care management, nursing professionals must be up-to-date in their knowledge of the context, the contents of the profession, the organization, and the procedures that guarantee better care.<sup>(30)</sup>

Managing care involves the ongoing development of a nursing language, which also includes the creation of instruments for systematic data collection, both on the health experience and knowledge of the environment. Human capital must resort to creativity, inquiry, and transformation; all of this to support the actions to be performed and analyze them in a reflective and critical manner.<sup>(31,32)</sup>

As a consequence of systematization, the authors propose that management is an energetic process in decision-making concerning the health and prosperity of people, where there must be an obligation to meditate on the use and distribution of resources in a quality environment, which requires taking advantage of more professional reasoning to respond to the needs of the population., therefore, from its structure and function, the APS demands to be seen from the complexity, in the collective, and from the governance, manifested in the programmatic and technical activities with a holistic vision of the user and the population in general, by using the family health approach, and developing to the extent of its resources, actions of promotion, prevention and rehabilitation in health throughout the life cycle in the entire health - disease process, and emphasizing the leadership and professional empowerment exercised, as well as

in the multidisciplinary and intersectoral teamwork, which is highlighted by other professionals, for their commitment and professional responsibility, which has a positive impact on the science of Nursing.

Limited access to available information is estimated, so the results may not reflect the totality of evidence on the study of the care metaparadigm as a management process in nursing and its perspective in primary care. Most of the literature is in English, thus excluding notable documents in other languages. Numerous studies showcase experiences with the care metaparadigm as a management process in nursing at other levels of care, and particularly in diseases.

## CONCLUSIONS

It is identified and highlighted that the metaparadigm of care as a management process in Nursing and its approach or vision from the APS, plays a role of great hierarchy, since through management diseases and their complications are prevented, and at the same time Nursing care from the metaparadigm allows us to define in the PHC the population with the greatest need for care, immersed in society and the environment.

### Conflict of interest

The authors declare no conflict of interest.

### Authors' contribution

**FMR:** Conceptualization, Data curation, Formal analysis, Research, Methodology, Project management, Writing–original draft, Writing–review and editing.

**MCCM:** Conceptualization, Data curation, Formal analysis, Research, Methodology, Project management, Writing–original draft, Writing–review and editing.

**IMG:** Conceptualization, Data curation, Formal analysis, Research, Methodology, Writing–original draft, Writing–review and editing.

**DML:** Conceptualization, Data curation, Formal analysis, Research, Methodology, Writing–original draft, Writing–review and editing.

**DCM:** Conceptualization, Data curation, Formal analysis, Research, Methodology, Writing–original draft, Writing–review and editing.

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