

Implementation and Scope of the Nursing Metaparadigm in Practice

Aplicación y alcance del metaparadigma de enfermería en la práctica

Aplicação e escopo do metaparadigma de enfermagem na prática

Edwin Darío Archila-Hernández

<https://orcid.org/0000-0002-8633-8031>
Universidad de La Sabana, Colombia
edwinarhe@unisabana.edu.co

Keywords (Source: DeCS)

Philosophy in nursing, Nursing, nursing practice, nurses' roles.

Sergio Andrés Acuña-Caicedo

<https://orcid.org/0000-0003-0068-7992>
Universidad de La Sabana, Colombia
sergioacca@unisabana.edu.co

Palabras clave (Fuente: DeCS)

Filosofía en enfermería, Enfermería, práctica de enfermería, roles de los enfermeros.

Palavras-chave (Fonte: DeCS)

Filosofia em enfermagem, Enfermagem, prática de enfermagem, papéis dos enfermeiros.

DOI: 10.5294/aqui.2025.25.1.7

Para citar este artículo / To reference this article / Para citar este artigo

Archila-Hernandez ED, Acuña-Caicedo SA. Implementation and Scope of the Nursing Metaparadigm in Practice. *Aquichan*. 2025;25(1):e2517. DOI: <https://doi.org/10.5294/aqui.2025.25.1.7>

Introducción

The term metaparadigm was introduced to nursing by Margaret Hardy, who defined it as a total world vision that organizes the perceptions of this discipline. Hardy uses this concept based on the proposals of Masterman and Kuhn to give clear guidance and cohesion to the nursing science (1-3), given that the paradigm refers to a set of scientific habits that can be worked successfully to solve the problems of the discipline (4). The metaparadigm is a group of concepts that identify the nursing phenomena of interest to advance the development of knowledge.

While it is true that Hardy introduced the concept to the discipline, it was Fawcett who in 1978 established the theoretical support of the metaparadigm by defining two types of propositions: those describing concepts and those establishing relationships between them (5). Fawcett proposed a definition based on four concepts: man, society, health, and nursing (6). These concepts integrate the most abstract level of nursing knowledge and, at the same time, allow to guide the practice of the discipline. The metaparadigm has the function of summarizing the intellectual and social missions of nursing. It also establishes the limits of the discipline. The latter is not an easy task in practice, as it requires interdisciplinary work to address the needs related to the state of health of patients and their caregivers (4).

In its theoretical development, Fawcett established four fundamental requirements for the performance of its functions: First, to identify a domain different from the domain of other disciplines; second, to cover all phenomena of interest to the discipline; third, to be neutral, and fourth, to have a cross-border scope (5). The current analysis shows that these requirements have been satisfactorily met. This is evident both in academic discussions worldwide and in the Colombian context, where integration is achieved from undergraduate training. Its application is also reflected in the various roles nursing plays: Care, research, teaching, and management. This text explains the relationship between the metaparadigm and nursing visions, as tools that can guide practice, by defining concepts and their relation to the four important roles for the discipline.

How Are the Metaparadigm Concepts Defined?

In the last decades, the metaparadigm has evolved to reflect changes in nursing practice and theoretical understanding. Authors like Newman have proposed expansions of the original metaparadigm, through concepts such as care, quality of life, and health/disease experiences (7). This shows the world is changing and adaptation is a must, but it is at this point that this question must arise: Should any concept emerging in this dynamic society be introduced to the metaparadigm? This paper argues that emerging concepts should act as tools to help the development of the discipline, which leads to the existence of multiple visions in nursing science.

Table 1. Definitions of the Metaparadigm Concepts

Concept	Definition
Nursing	It is defined as the actions of professionals in the discipline to achieve care objectives through planning, intervention, and evaluation (5). These are framed in a nurse-patient relationship that allows the development of an act of care to facilitate the processes of health and well-being (8). The nursing discipline represents the body of knowledge related to the study of care in human health that must comprise both science and the art of nursing (9). Willis et al. describe it as a discipline of care and a profession of healing, focused on the care of the human health experience (10). In addition to an art and a science supported by activities aimed at health promotion that should be supported by evidence-based practice and the interaction of technologies in health. It is important to recognize that nursing relies on basic and social sciences to address the health needs of patients, their caregivers, and the environment (9).
Person	In the metaparadigm, this concept has evolved from man to person and finally to human being, to achieve a more universal and holistic understanding (5, 11). This approach is not limited to the patient, it also includes the caregiver and, from public health, the communities (5). It also recognizes cultural diversity and gender identities, allowing the nurse to address individual experiences, meanings, and needs to improve quality of life (10). This concept guides research, management decision-making, and the strengthening of tools in the education of future nurses to provide holistic and quality care.
Health	Fawcett defines this concept as the human processes of living and dying, implying that health is not limited to the absence of disease but also includes life experiences, sometimes hand in hand with disease, but in the continuing search for well-being despite the situation. Covers well-being, quality of life and resilience (5). It is also a dynamic phenomenon that integrates body, mind and spirit, in close relation to the context in which people live (8). In this scenario, nursing must encourage in the patient and their carer a process of transformation that allows them to achieve greater awareness and understanding of their state of health. Since the health experience is unique and changing for each individual, it must be developed in a context of balance and harmony.
Environment	Formerly called society, it covers the physical and contextual environments where care occurs (5). Newman extends this idea by including cultural, social, political and economic factors which influence health (8). The environment is an important variable that influences health and well-being; it is also a source of risk factors for the development of diseases which, with nursing interventions, must be addressed by public health. This includes the role of discipline in environmental sustainability and climate change.

Source: Prepared by the authors.

The metaparadigm is a tool that can guide practice through nursing visions, which emerge from the evolution of the discipline through the theories and knowledge generated. It becomes a resource for interpreting concepts and using them effectively in the daily practice of different roles in the profession. These visions must be integrated into all nursing roles so that their application can be ensured in various contexts, which represents a challenge for the discipline.

What Does It Contribute to Teaching?

The teaching practice in health sciences is key to training students with problem-solving, teamwork, critical thinking innovation, and research abilities by integrating theory with daily nursing practice

(4). The metaparadigm gives coherence to the nursing curriculum and the performance of teachers in teaching the discipline, and nursing visions guide how to carry it out. The perspective of the metaparadigm in teaching must have the same orientation as nursing visions, since these are those that offer the teacher a panorama of how concepts that limit practice are seen, based on the governing for the discipline. In this way, articulating the metaparadigm and visions, the students identify different nursing phenomena, integrating basic, social, and human sciences as the central axis of care (4).

Relational propositions allow students to understand the interconnectedness between all of these elements, allowing them to build care plans that consider the complexity of these interrelationships. The use of visions guides the teacher to show how each intervention impacts the health/disease process. Thus, the metaparadigm in teaching has a fundamental role in guiding learning contents and ensuring that students not only apply the knowledge acquired but also develop an understanding of the meaning of nursing care and its impact on the health of people. This training process makes it evolve from theory to a reflective, integral and focused practice on the real needs of those who require care.

What Does It Contribute to Research?

Research has a fundamental role in the development of knowledge within the discipline, influenced by different philosophical currents; among these, positivism, which seeks to study reality from the objectivity and without the intervention of the researcher, and currents such as postpositivism, which recognizes the human being as the center of research (12). The metaparadigm with the help of nursing visions delimits what should be investigated (person, environment, health and care) and the tools to conduct research methodologies aimed at deepening the phenomena of the discipline and thus broadening knowledge (13).

Visions, particularly the interactive integrative and transformative, facilitate the use of qualitative methodologies that allow for a deep understanding of the human dimensions of care, including feelings, experiences, meanings and cultural expressions. To complement, quantitative approaches enable the measurement, analysis, and prediction of phenomena, contributing to the development and strengthening of protocols, procedures, and guidelines based on the best available evidence (9, 14). This methodological integration, guided by the metaparadigm and the visions, allows a holistic approach to the phenomena of interest for the discipline.

What Does It Contribute to Management?

Effective management of nursing services requires a solid conceptual foundation supported by the metaparadigm and nursing

visions. These elements provide a theoretical framework that allows managers to set clear objectives, design precise strategies, and guide staff toward an institutional vision for seeking excellence in care. From a management perspective, the articulation of the metaparadigm with nursing visions facilitates the organization of services, continuous improvement and quality assessment through indicators that are sensitive to nursing (15).

These indicators allow for crucial aspects such as patient and caregiver satisfaction, health outcomes, and staff work environment. The integration of these theoretical elements into management practice, supported by research, strengthens decision-making and ensures that nursing interventions are aligned with quality standards, contributing to the achievement of institutional objectives and the continuous improvement of health services. In health institutions, there must be conceptual clarity about what nursing care is, which implies a clear vision of nursing. This encourages the people who integrate this service to find the best way to fulfill this vision and ensure quality nursing care.

Models of professional practice, articulated with the metaparadigm and nursing visions are essential for the management and quality of services (16). Not only do they strengthen vocational skills and the design of indicators, but they also make it possible to apply theoretical concepts in specific institutional contexts. In addition, evidence-based practice and nursing theories reinforce professional work and ensure focused attention to the needs of patients, families and communities (16, 17).

What Does it Contribute to the Caring Practice?

The metaparadigm delimits and orients nursing care practice, providing tools for its development in various contexts. One way to define the limits of practice is by considering the four central concepts: person, health, environment and nursing care, which must be articulated through visions. One way of responding to the complexity of clinical practice is a view that integrates multiple factors and dimensions and considers multicausality in phenomena. The integrative interactive view is about listening to patients and their caregivers and supporting them in the process of health and disease. This support should be based on teaching, providing self-care tools, and relying on more interdependent ones. By adopting this integrative view, nursing care is easier to implement, and the art of discipline is strengthened (9). This requires nurses with a humanistic, scientific, holistic, ethical, relational and leadership vision; these bring unique aspects to nursing practice and, if this combination is achieved, advances toward comprehensiveness and effectiveness in care (8).

Nursing care should focus on addressing the health needs of individuals, their families, and the community, evolving from a linear ap-

proach to an integrative perspective. This involves developing skills in promoting, preventing, healing, and alleviating suffering at all stages of the life cycle. To achieve holistic care, it is key to integrate biological, psychosocial, and spiritual aspects with specific nursing theories. This allows us to understand the dynamics of the health/disease process and ensure a practice aligned with social and legal norms, always guided by the concepts of the metaparadigm.

Conclusions

The metaparadigm and visions provide nursing with the limits on which it must focus its efforts to develop since they provide key tools for the development of methodologies that respond to the needs of the phenomena of interest. To paraphrase Kant, the metaparadigm without visions is empty, and visions without the metaparadigm are blind (18).

Nursing scientists who share visions are committed to the rules and standards governing scientific practice. Since nursing is a diverse and complex discipline, it hosts several visions that are valuable because they provide a general orientation toward the phenomena and a way to organize those perceptions and knowledge.

The nursing scientific community has many challenges regarding how this integration between metaparadigm and nursing visions is done. But there are also others, including the integration of artificial intelligence and the use of big data in care, as well as questions such as: What will be the role of the profession in addressing the effects of climate change on health? And, how must we bring scientific evidence into practice? To answer, nurses must be creative, open to change, and articulate the art of nursing with science. To do this, it is essential to use nursing visions and employ qualitative and quantitative methods to meet these challenges and move forward with the evolution of the world. Artificial intelligence may have the knowledge, but it lacks the ability to apply it; that is going to be the task of the professionals in the discipline.

Acknowledgments

This work was developed within the framework of the Philosophy of Science course from the PhD in Nursing at the Universidad de La Sabana. We would like to thank the teachers: María Mercedes Duran de Villalobos and Juan Camilo Espejo Serna.

References

1. Hardy ME. Perspectives on nursing theory. *ANS Adv Nurs Sci.* 1978;1(1):37-48. <https://doi.org/10.1097/00012272-197810000-00006>
2. Masterman M. The nature of a paradigm. In Latakos I, Musgrave A, editors. *Criticism and the growth of knowledge.* London, UK: Cambridge University Press; 1970. p. 59-89. <https://doi.org/10.1017/CBO9781139171434>
3. Kuhn TS. *The structure of scientific revolutions.* Chicago: University of Chicago Press; 2012. <https://doi.org/10.7208/chicago/9780226458144.001.0001>
4. Bender M. Re-conceptualizing the nursing metaparadigm: Articulating the philosophical ontology of the nursing discipline that orients inquiry and practice. *Nurs Inq.* 2018;25(3):e12243. <https://doi.org/10.1111/nin.12243>
5. Fawcett J, Desanto-Madeya S. *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories.* Chapter 1. 3rd ed. Philadelphia: F. A. Davis; 2013.
6. Fawcett J. The relationship between theory and research: a double helix. *ANS Adv Nurs Sci.* 1978;1(1):49-62. <https://doi.org/10.1097/00012272-197810000-00007>
7. Newman MA, Sime AM, Corcoran-Perry SA. The focus of the discipline of nursing. *ANS Adv Nurs Sci.* 1991;14(1):1-6. <https://doi.org/10.1097/00012272-199109000-00002>
8. Newman MA, Smith MC, Pharris MD, Jones D. The focus of the discipline revisited. *ANS Adv Nurs Sci.* 2008;31(1):E16-27. <https://doi.org/10.1097/01.ANS.0000311533.65941.f1>
9. Monti EJ, Tinggen MS. Multiple paradigms of nursing science. *ANS Adv Nurs Sci.* 1999;21(4):64-80. <https://doi.org/10.1097/00012272-199906000-00010>
10. Willis DG, Grace PJ, Roy C. A central unifying focus for the discipline: facilitating humanization, meaning, choice, quality of life, and healing in living and dying. *ANS Adv Nurs Sci.* 2008;31(1):E28-40. <https://doi.org/10.1097/01.ANS.0000311533.04059.d9>
11. Fawcett J. The “what” of theory development. *NLN Publ.* 1978;(15-1708):17-33.
12. Maksimovic J, Evtimov J. Positivism and Post-Positivism as the Basis of Quantitative Research in Pedagogy. *Res Pedagogy.* 2023;13(1):208-18. <https://doi.org/10.5937/lstrPed2301208M>
13. Fuentes-Ramírez A. El metaparadigma de enfermería: estrategias para su uso en la práctica. *Avanzando en el desarrollo del conocimiento.* Aquichan. 2023;23(4):e2341. <https://doi.org/10.5294/aqui.2023.23.4.1>
14. Finnegan L, Polivka B. Advancing nursing science through pragmatic trials. *Nurs Outlook.* 2018;66(5):425-7. <https://doi.org/10.1016/j.outlook.2018.07.002>
15. Burston S, Chaboyer W, Gillespie B. Nurse-sensitive indicators suitable to reflect nursing care quality: a review and discussion of issues. *J Clin Nurs.* 2014;23(13-14):1785-95. <https://doi.org/10.1111/jocn.12337>
16. Rojas-Rivera A, Quiroga N, Echeverría A, Muñoz-Larrondo F, Concha-Gutiérrez C, Galiano A, et al. Development of a Professional Practice Nursing Model for a University Nursing School and Teaching Hospital: A nursing methodology research. *Nurs Open.* 2023;10(1):358-66. <https://doi.org/10.1002/nop2.1308>
17. Restrepo AS, Castañeda YAR, Rubiano MPM, Vergara LV, Acuña CES, Sánchez-Herrera B. Modelo de práctica de enfermería para fortalecer la capacidad de cuidado de los pacientes y sus cuidadores. *Cult Los Cuid.* 2021;253-67. <https://doi.org/10.14198/cuid.2021.61.16>
18. Kant I. *Crítica de la razón pura.* Primera edición. Madrid: Taurus; 2005. p. 692.