Open Minds

Internacional Journal

●●● **ARTICLE 6**

NSHR MODEL: NURSING AS A SCIENCE OF HUMAN RESPONSES - PROPOSAL FOR AN EPISTEMOLOGICAL AND IDENTITY STRUCTURE

Paulo Jose Seabra Vieira

INTRODUCTION

Nursing, as a scientific discipline and a socially relevant profession, faces persistent challenges regarding the consolidation of its professional identity. The specialized literature shows that defining the object of nursing, clarifying its purpose, and delimiting its constitutive domains remain central issues in the theoretical and practical debate within the field. Recent studies indicate that the professional identity of nursing is still undergoing a process of conceptual maturation, characterized by fragmentation and the absence of a unified identity axis, which directly impacts clinical practice and the training of professionals (SILVA et al., 2019).

Narrative and integrative reviews point to a scarcity of robust empirical research and a predominance of opinion-based productions, revealing the need for greater theoretical and methodological systematization to strengthen the identity foundations of the profession. This gap contributes to ambiguities in understanding the role of the nurse, hindering the articulation between theory and practice and weakening the construction of a solid disciplinary core (OLIVEIRA et al., 2023).

Additionally, studies analyzing the social representation of nursing demonstrate that the profession is still marked by distorted perceptions and a fragile social image. Analyses of discourses and professional practices in hospital settings show that the figure of the nurse is frequently presented in an erroneous way, reinforcing historical stereotypes and hindering the social recognition of the complexity and autonomy inherent in professional work (ALMEIDA et al., 2023). Such distortions impact not only the visibility of the profession but also the self-perception of professionals and students.

Another relevant aspect concerns the difficulties in interprofessional communication and integration. Recent research shows that a lack of identity clarity influences the positioning of nursing students and professionals in multidisciplinary teams, especially in highly complex contexts. Evidence suggests that identity tensions emerge or intensify in critical situations, revealing the need to strengthen the understanding of the role of nursing to improve interprofessional collaboration and the quality of health care (OLIVEIRA et al., 2023).

The consolidation of nursing as a scientific discipline was strongly influenced by classical models and theories, which played a structuring role in the organization of knowledge and in defining the profession's first conceptual frameworks. However, these models were developed in specific historical contexts, marked by social, sanitary, and epistemological demands distinct from those that characterize the contemporary scenario. Thus, although they were fundamental to the initial development of the discipline, many of these theories do not fully respond to the current challenges of professional practice (SOUZA et al., 2021).

Recent literature indicates that the evolution of nursing science, especially since the second half of the 20th century, has increased the complexity of the phenomena investigated and demanded new forms of theorizing. Theoretical-reflective studies demonstrate that the advancement of clinical practice, research, and professional training requires more comprehensive conceptual frameworks, capable of integrating

different dimensions of care and offering more precise and contextualized explanations of the phenomena of interest to the discipline (LACERDA et al., 2024). In this sense, the importance of epistemology as an articulating axis of theoretical development is reinforced, allowing nursing to advance in the construction of its own updated body of knowledge.

Furthermore, contemporary authors highlight that current clinical practice requires the articulation between theory, standardized language, and professional identity. The use of classification systems, such as diagnostic taxonomies and standardized interventions, depends on theoretical frameworks that guide clinical reasoning and support decision-making. Similarly, professional identity is strengthened when practice is anchored in solid conceptual foundations that distinguish nursing from other health areas and provide greater clarity to its object and purpose (PRIMO et al., 2023).

Thus, the need for the development of new conceptual frameworks that integrate epistemology, clinical practice, standardized language, and professional identity becomes evident. These frameworks must be capable of responding to contemporary demands, characterized by increasing care complexity, interdisciplinarity, and the need for robust scientific foundations. Theoretical updating, therefore, does not imply a break with classical models, but rather their critical expansion, to support the evolution of the discipline and strengthen the role of nursing in today's society.

This article aims to present the **NSHR Model — Nursing as a Science of Human Responses**, a metamodel that organizes the profession into five structuring axes:

Object, Purpose, Method, Results, and Representation.

THEORETICAL FOUNDATION

Epistemology of Nursing

The epistemology of nursing constitutes a fundamental field for understanding the nature of the knowledge produced by the discipline, encompassing its foundations, methods, objects, and validity criteria. Theoretical studies highlight that nursing is configured as a science in construction, whose body of knowledge demands constant critical reflection on its origin, structure, and modes of knowledge production, to support practices consistent with the scientific principles that guide professional care (CARVALHO, 2009).

In this context, the literature shows that the epistemological consolidation of nursing is intrinsically related to the definition of an identity axis capable of guiding practice, strengthening professional autonomy, and providing greater clarity to the social representation of the profession. Empirical research conducted in hospital settings demonstrates that the professional identity of nurses is marked by tensions, precarious work, devaluation, and weaknesses in identity models, factors that hinder social recognition and the affirmation of the profession's autonomy (ALMEIDA et al., 2023).

Literature reviews reinforce this diagnosis by pointing out that nursing presents multiple, often fragmented, identity configurations, which highlights the absence of a sufficiently clear core identity to support the epistemological consolidation and strengthening of the profession in the

field of health. Such studies emphasize the need for theoretical deepening and greater conceptual systematization so that nursing can advance in the construction of a solid and coherent identity framework consistent with its practices and social purposes (SILVA et al., 2019).

Thus, it becomes evident that the epistemology of nursing not only seeks to understand the nature of disciplinary knowledge but also articulates the need to consolidate a clear professional identity capable of sustaining the autonomy, visibility, and social legitimacy of the profession.

Nursing Theories

The consolidation of nursing as a scientific discipline was strongly driven by the formulation of models and theories that sought to explain and organize the phenomena inherent to care. Theorists such as Roy, Orem, Horta, Meleis, Neuman, and Watson contributed to the construction of robust frameworks, offering conceptual schemes that made it possible to understand human responses, adaptive processes, basic needs, care systems, and existential dimensions of being cared for. These contributions were decisive for the structuring of the body of nursing knowledge and for the advancement of its identity as a profession and science, by providing categories, concepts, and propositions capable of guiding practice and teaching in different care contexts (ALLIGOOD, 2018).

However, the literature discussing the structure of knowledge in nursing shows that a large part of these formulations takes the form of grand theories or conceptual models with a high degree of abstraction. Although they offer a broad framework for thinking about the discipline, such theories were not originally conceived to deal with the totality of the complexity experienced in contemporary practice, but to respond to specific problems and historical contexts. In this sense, authors point out that theories at a more abstract level, while relevant to the organization of disciplinary thought, are not, by themselves, sufficient to explain, predict, and guide practice in particular situations, which limits their use as comprehensive integrative structures (ALLIGOOD, 2018; WIKIPEDIA, 2024).

Recent discussions on nursing theory highlight that the so-called "grand theories" have a broad scope and a high level of generality, serving as benchmarks for the discipline, but were not designed for direct, detailed, and systematic application in all care settings. This limits their ability to guide specific clinical decisions and encompass the complexity of current health systems, marked by high technology, multimorbidity, interdisciplinarity, and diverse social demands, when used in isolation. Such theories tend to require supplementation by mid-range models, protocols, empirical evidence, and classification systems, reinforcing the idea that they do not, individually, constitute complete integrative frameworks for contemporary practice (WIKIPEDIA, 2024).

Theoretical analyses, such as those employing Meleis' theory evaluation model, show that even widely disseminated theories, such as Orem's General Theory of Self-Care, reveal localized utility dependent on specific application contexts. By dissecting their concepts, assumptions, and propositions, these studies highlight both the relevance of the theory in supporting care and its limitations in encompassing, in iso-

lation, the multiplicity of phenomena and scenarios that characterize contemporary nursing practice (SANTOS et al., 2022). Such analyses reinforce the need to articulate different theoretical levels and multiple frameworks to account for the complexity of healthcare.

Given this scenario, authors have defended the importance of more integrative conceptual structures, capable of articulating epistemology, clinical practice, standardized language systems, and professional identity. The organization of knowledge into levels (metaparadigms, conceptual models, large-scale theories, and medium-range theories) is presented as a way to give coherence to the disciplinary body, but it also highlights the fragmentation and the need for theoretical syntheses that connect these levels around a common axis (ALLIGOOD, 2018). In this context, the proposition of models that consider nursing as a science of human responses, for example, seeks precisely to offer an integrative structure that overcomes the isolated action of classical theories and responds more consistently to the complexity of contemporary practice.

Clinical Reasoning and the Nursing Process

Clinical reasoning has been recognized in the literature as a core competency of nurses, forming the basis for the development of the Nursing Process, for clinical decision-making, and for care management. Theoretical-reflective studies indicate that clinical reasoning involves complex information processing, integrates scientific knowledge, practical experience, and critical judgment, and is directly related to the safety and quality of care provided (COELHO et al., 2017; QUARESMA et al., 2019; MARQUES; DEN; LEMMENS, 2024).

In this context, different cognitive models have been proposed to promote the development and improvement of clinical reasoning in nursing. The Outcome-Present model State Test (OPT) is presented as a reflective clinical reasoning framework that organizes the nurse's thinking around the comparison between the present state and the expected outcome, assisting in the identification of diagnoses, care planning, and outcome evaluation (PESUT; KUIPER, 1999). This model is described as an evolutionary development of the Nursing Process, offering support to teaching, clinical supervision, and care planning, while simultaneously stimulating critical reflection on practice (MA; JIANG; LIN, 2023).

The literature also highlights that clinical reasoning, whether mediated by cognitive models such as the OPT or structured by the Nursing Process itself, depends on a clearly defined object and professional purpose. By stating that clinical reasoning constitutes the basis of the Nursing Process and care management, the authors demonstrate that the quality of clinical decisions is directly linked to clarity regarding what is understood by nursing care, which phenomena are of interest to the discipline, and what results are intended to be achieved (COELHO et al., 2017; QUARESMA et al., 2019). From this perspective, reasoning models and procedural structures are not fully sustainable if they are not anchored in a consistent definition of the object of nursing and its purpose as a science and profession, which reinforces the need for integrative conceptual frameworks, such as those that understand nursing as the science of human responses.

Article 6

Professional Identity and Representation

The professional identity of nurses constitutes a complex construct, influenced by multiple historical, social, and cultural factors that shape how the profession is perceived and practiced. Studies demonstrate that the identity construction of nurses is intrinsically related to the historical legacy of the profession, socioeconomic conditions, and cultural representations that, over time, have attributed specific meanings to care and the social role of nursing (ALMEIDA et al., 2023). These elements structure ways of being and acting professionally, while also defining social and institutional expectations about the work of nurses.

Literature shows that nursing carries deep historical marks, such as gender stereotypes, religious influences, and disciplinary models inherited from military traditions, which have contributed to the formation of a fragmented professional identity. These marks, instead of strengthening the profession's visibility, often reinforce stereotypical images that hinder social recognition of the complexity and autonomy of nursing work (PEREIRA; CAMPOS; OLIVEIRA, 2014). The absence of a unified identity narrative, capable of integrating these multiple influences, contributes to the maintenance of a subordinate social position and the persistence of professional invisibility.

Literature reviews indicate that the professional identity of nursing is plural and sometimes contradictory, reflecting the diversity of contexts of practice and the multiplicity of social expectations attributed to the profession. This identity fragmentation, while revealing the richness and breadth of the field, also highlights the lack of an articulating axis that supports professional

autonomy and strengthens the social representation of nursing (SILVA et al., 2019). Thus, the consolidation of a cohesive identity narrative emerges as a strategic necessity for strengthening the profession, especially in a contemporary scenario that demands epistemological clarity, social visibility, and political recognition.

The NSHR Model

The ECRH Model is a conceptual framework that defines nursing as an **applied science of human responses**, organizing its practice into five structuring axes.

Axis 1 — Object:

What nursing cares for → *Human responses*

Human responses are multidimensional phenomena—physiological, emotional, social, spiritual, behavioral, and functional—that emerge from the interaction between person, environment, health, and care. This axis defines the scientific field of nursing and delineates its practice as distinct from other health professions.

Axis 2 — Purpose:

Why does nursing exist? → *Modulating human responses*

Modularity means transforming, adjusting, promoting, reducing, preventing, or optimizing human responses, focusing on adaptation, safety, comfort, autonomy, and well-being. This axis establishes the purpose of professional practice and guides clinical decision-making.

Article 6

Axis 3 — Method:

How nursing thinks and acts → *Clinical reasoning + Nursing process + Standardized language*

The method integrates:

- interpretive and continuous clinical reasoning

- Nursing Process (data collection, diagnosis, planning, implementation, evaluation)

- standardized languages (NANDA-I, NIC, NOC, CIPE)

- cognitive models (e.g., OPT – Outcome-Present) State -Test

This axis operationalizes the purpose and ensures scientific rigor, systematization, and precision.

Axis 4 — Results:

What nursing delivers → *Measurable changes in human responses*

The results are evaluated using objective indicators, especially the NOC indicators, which allow for measuring clinical progress, therapeutic impact, and the effectiveness of nursing interventions.

Axis 5 — Representation:

How nursing presents itself to the world → *A profession of knowledge*

This axis addresses the symbolic, political, and communicational dimensions of nursing, including:

- professional identity

- public narrative

- autonomy

- social presence

- advocacy

- institutional communication

Representation is a constitutive part of the practice and essential for the social recognition of the profession.

Figure 1 below presents a diagram of the NSHR Model - Nursing as the Science of Human Responses, containing the five axes of the conceptual structure that defines nursing as a science applied to human responses. The central linking term between the concepts/constructs is the human response.

DISCUSSION

The NSHR Model — Nursing as a Science of Human Responses — is part of the contemporary movement of theoretical renewal in the discipline, engaging with classical nursing theories but differentiating itself by proposing an integrative structure capable of responding to the epistemological, practical, and identity demands of the present day. The literature demonstrates that, although traditional models have played a fundamental role in consolidating nursing as a science, many of them were formulated in specific historical contexts and do not fully encompass the contemporary complexity of care (SOUZA et al., 2021). In this sense, the NSHR emerges as a proposal that articulates tradition and innovation, offering a conceptual synthesis that integrates epistemological foundations, clinical practice, and professional identity.

By defining human responses as the object of the discipline and the modulation of these responses as the purpose of care, the NSHR Model aligns with episte-
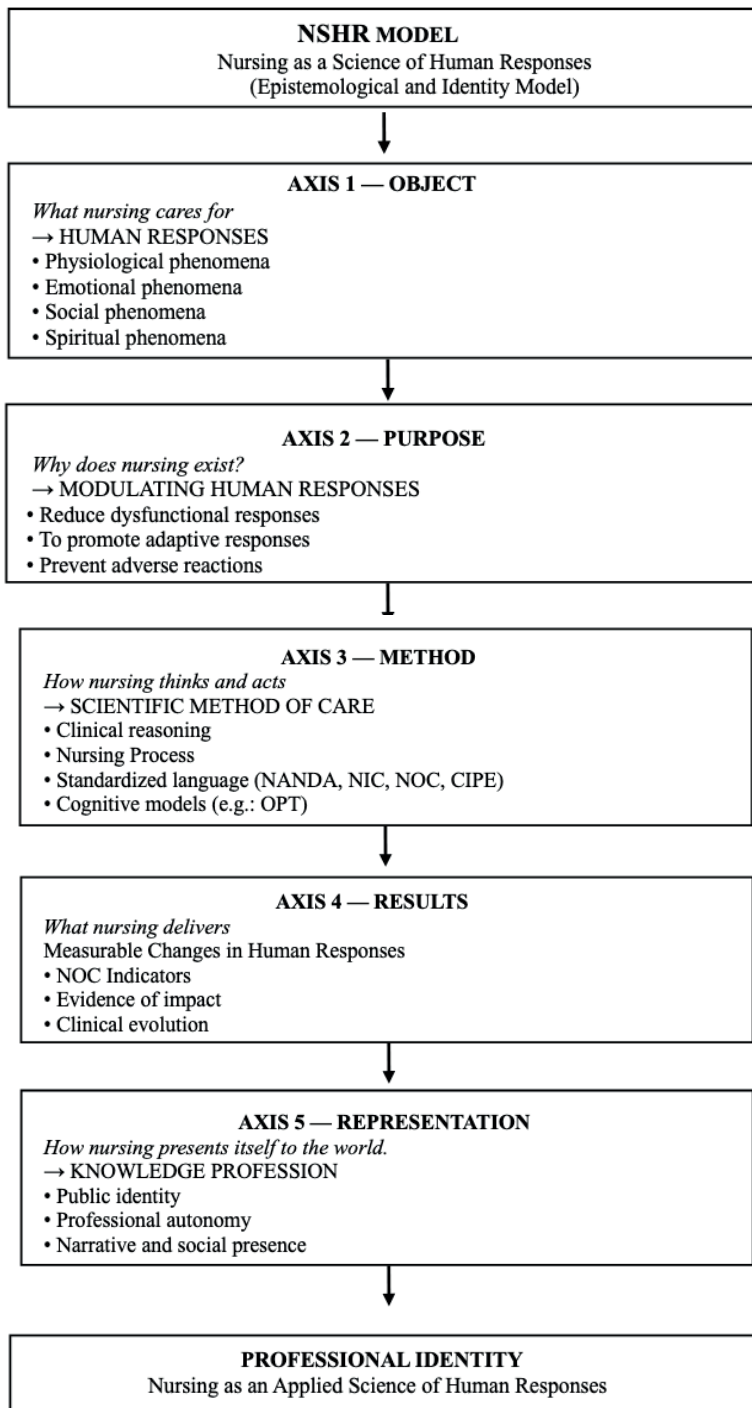
Figure 1 – Diagram of the NSHR Model – Nursing as a Science of Human Responses.

mological discussions that defend the need for conceptual clarity to support the autonomy and scientific legitimacy of nursing. Studies on the epistemology of care indicate that the profession requires frameworks that articulate theoretical foundations and practical action, allowing for an understanding of what nursing does, why it does it, and what results it produces (SANTANA et al., 2016). This articulation is essential to strengthen professional identity, since the literature points out that nursing has historically lacked a unified narrative that explains its object and its social contribution (CARVALHO, 2013).

The professional identity of nursing is recognized as a dynamic construction, influenced by historical, social, and cultural factors, and marked by fragmentations that hinder the visibility and appreciation of the profession (IGOR, 2010). Integrative reviews show that identity clarity depends on the existence of conceptual models capable of organizing disciplinary thought and guiding practice, contributing to the autonomy and social recognition of nurses (BELLAGUARDA et al., 2011). The NSHR (Educational Framework for Human Resources) directly contributes to this process by offering a clear narrative about what nursing is—the science of human responses—what it does—how it modulates those responses—and what it delivers—measurable and socially relevant results.

Furthermore, recent studies highlight that contemporary theoretical models strengthen the visibility and autonomy of nursing by systematizing care, broadening the understanding of the professional role, and promoting evidence-based practices (JUNIOR et al., 2025). The NSHR converges with this perspective by proposing

a framework applicable not only to clinical practice but also to management, education, and research, responding to the need for references that support the complexity and diversity of nursing practice settings.

Thus, the NSHR Model stands out by offering an integrative and contemporary structure that articulates epistemology, practice, and identity, while strengthening professional autonomy and expanding the applicability of the discipline in multiple contexts. Its proposal contributes to overcoming historical fragmentations and consolidating a disciplinary narrative consistent with the demands of nursing in the 21st century.

FINAL CONSIDERATIONS

This article presented the NSHR Model — Nursing as a Science of Human Responses — as a theoretical-conceptual proposal capable of responding to historical and contemporary challenges of the discipline. The literature review revealed that nursing still faces identity weaknesses, conceptual dispersion, and difficulties in articulating epistemology, practice, and professional representation. These elements, widely documented in recent studies, reinforce the need for integrative structures that offer clarity about the object, purpose, and modes of action of the profession.

In this context, the NSHR Model stands out as an original contribution to the epistemology of nursing by proposing a meta-framework organized into five structuring axes—Object, Purpose, Method, Results, and Representation. By defining **human responses** as the object of the discipline and the **modulation of these responses** as the central purpose of care, the model offers a

clear identity axis capable of guiding clinical reasoning, supporting decision-making, and strengthening professional autonomy. This definition contributes to overcoming historical fragmentations and consolidating a disciplinary narrative consistent with contemporary demands.

Furthermore, by integrating clinical reasoning, the Nursing Process, standardized languages, and cognitive models, NSHR provides a robust methodological framework that favors the systematization of practice and the measurement of results. Its cross-cutting applicability—encompassing clinical practice, management, education, and research—reinforces its potential as an instrument for organizing knowledge and improving the quality of care.

Finally, by articulating epistemology, practice, and identity, the NSHR Model contributes to strengthening the social representation of nursing, expanding its visibility and legitimacy as a knowledge-based profession. Its adoption can favor the consolidation of nursing as an **applied science of human responses**, offering solid conceptual foundations for disciplinary advancement and for the development of future research that deepens, tests, and expands its assumptions.

The NSHR, therefore, not only synthesizes essential elements of nursing's theoretical tradition but also projects the discipline towards a horizon of greater conceptual clarity, autonomy, and social relevance.

▌ REFERENCES

ALLIGOOD, M. R. *Nursing Theories and their work*. St Louis: Elsevier Ltd, 2018.

ALMEIDA, D. B. de et al. Identidade profissional da enfermeira no contexto hospitalar. *HERE - História da Enfermagem Revista Eletrônica*, p. 1–11, 2023. Disponível em: <https://doi.org/10.51234/%0Ahere.2023.v14.e03>.

BELLAGUARDA, M. L. dos R. et al. Identidade da profissional enfermeira caracterizada numa revisão integrativa. *Enfermagem em Foco*, v. 2, n. 3, p. 180–183, 2011. Disponível em: <https://biblioteca.cofen.gov.br/wp-content/uploads/2016/01/Identidade-da-profissional-enfermeira-caracterizada-numa-revisao-integrativa.pdf>.

CARVALHO, V. De. Por uma epistemologia do cuidado de enfermagem e a formação dos sujeitos do conhecimento na área da enfermagem - Do ângulo de uma visão filosófica. *Esc Anna Nery Rev Enferm*, 2009. Disponível em: <https://doi.org/10.1590/S1414-81452009000200024>.

CARVALHO, V. De. Sobre a identidade profissional na Enfermagem : reconsiderações pontuais em visão filosófica. *Esc Anna Nery Rev Enferm Anna Nery*, v. 66, p. 24–32, 2013. Disponível em: <https://www.scielo.br/j/reben/a/G89WjXW35RhrCy9RFLCF7KD/?format=pdf&lang=pt>.

COELHO, S. et al. Clinical reasoning in nursing : teaching strategies and assessment tools. *REBEn*, v. 70, n. 3, p. 662–668, 2017. Disponível em: <http://dx.doi.org/10.1590/0034-7167-2016-0509>.

IGOR, É. Formação da identidade profissional de enfermagem : uma reflexão teórica Nursing professional theoretical review Érick Igor * identity formation : an ongoing A dinâmica da construção da identidade de um indivíduo quando em sociologia , da psicologia socia. *Estudos e Pesquisas em Psicologia*, p. 967–971, 2010. Disponível em: <https://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1808-42812010000300020>.

JUNIOR, J. T. N. et al. A Evolução da Visibilidade da Enfermagem Contemporânea : Reflexões com Base na Teoria das Necessidades Humanas de Wanda Horta A enfermagem , enquanto profissão , tem experimentado uma notável relevância e a especificidade da profissão . Um dos marcos sign. *REVISTA CIENTÍFICA ELETRÔNICA DE CIÊNCIAS APLICADAS DA FAIT*, 2025. Disponível em: <https://revista.fait.edu.br/cloud/artigos/2025/07/20250704163417-01200.pdf>.

LACERDA, M. R. et al. Contributo da construção de teorias para o desenvolvimento do conhecimento em enfermagem. *Revista de Enfermagem Referência*, p. 1–6, 2024. Disponível em: <https://doi.org/10.12707/rvi24.18.34542>.

MA, Y.-C.; JIANG, J.-L.; LIN, Y.-C. The Outcome-Present State Test Model of Clinical Reasoning to Promote Critical Thinking in Psychiatric Nursing Practice among Nursing Students : A Mixed Research Study. *Healthcare*, 2023. Disponível em: <https://doi.org/10.3390/healthcare11040545>.

MARQUES, F.; DEN, L. P.; LEMMENS, K. Teaching and Learning Clinical Reasoning in Nursing Education : A Student Training Course. *Healthcare*, p. 1–9, 2024. Disponível em: <https://doi.org/10.3390/%0Ahealthcare12121219>.

OLIVEIRA, T. da C. P. et al. Identidade Profissional de Enfermeiras do Campo da Saúde Mental: Uma Revisão Integrativa. *Cogitare Enfermagem*, 2023. Disponível em: <https://dx.doi.org/10.1590/ce.v28i0.91494>.

PEREIRA, J. G.; CAMPOS, M. A. de; OLIVEIRA, C. Y. Identidade Profissional da Enfermeira no Brasil: Passado, Presente e Futuro. *Blucher Medical Proceedings*, 2014. Disponível em: <https://www-periodicos-capes-gov-br.ez75.periodicos.capes.gov.br/index.php/acervo/buscador.html?task=detalhes&source=all&id=W2092311694>.

PESUT, D. J.; KUIPER, R. The Outcome Present State Test (OPT) Model of Reflective Clinical Reasoning. *Nursology*, 1999. Disponível em: <https://nursology.net/nurse-theories/the-outcome-present-state-test-opt-model-of-reflective-clinical-reasoning/>.

PRIMO, C. C. et al. O ensino das teorias como formas de pensar a prática de enfermagem. *Editora ABen*, p. 52–61, 2023. Disponível em: <https://doi.org/10.51234/aben.23.e20.c7>.

QUARESMA, A. et al. Machine Translated by Google Raciocínio clínico de enfermeiros : uma abordagem da Teoria do Processo Dual Raciocínio clínico do enfermeiro : uma abordagem segundo a Teoria do Processo Dual Razão clínica do enfermeiro : uma abordagem baseada na Teoria do P. *Rev enferm UERJ*, p. 1–6, 2019. Disponível em: <doi: http://dx.doi.org/10.12957/reuerj.2019.37862>.

SANTANA, R. M. et al. FILOSOFIA DE ENFERMAGEM Epistemologia do Cuidado Profissional. *UNIVERSIDADE ESTADUAL DE SANTA CRUZ*, 2016. Disponível em: <http://www.uesc.br/nucleos/nepemenf/arquivos/filosofia_enfermagem_epistemologia_cuidado_profissional.pdf>.

SANTOS, M. C. de F. et al. Teoria geral do autocuidado segundo o modelo de análise de teorias de Meleis. *REVISTA DE ENFERMAGEM REFERÊNCIA*, p. 1–10, 2022. Disponível em: <https://doi.org/10.12707/RV21047 >.

SILVA, T. A. da et al. Identidade profissional do enfermeiro : uma revisão de literatura Identidad profesional del enfermero : una revisión de literatura. *Enfermería Global*, p. 576–588, 2019. Disponível em: <http://dx.doi.org/10.6018/eglobal.18.2.324291>.

SOUZA, D. G. de et al. *Teoria de Enfermagem: Relevância para a prática profissional na atualidade*. Inovar ed. [s.l.] Biblioteca Virtual de Enfermagem - Cofen, 2021.

WIKIPEDIA, the free encyclopedia. *Nursing theory*. Disponível em: <https://en.wikipedia.org/wiki/Nursing_theory>.