


**Challenges and benefits of integrating nursing epistemology in the clinical practice of critical care units****Desafíos y beneficios de integrar la epistemología de enfermería en la práctica clínica en unidades críticas****Desafios e benefícios da integração da epistemologia de enfermagem na prática clínica de unidades críticas****Camilo Andrés Silva-Sánchez**<sup>1,2a</sup> , **José Francisco Carrera-Alarcón**<sup>3</sup> <sup>1</sup> Universidad Andrés Bello, Santiago, Chile.<sup>2</sup> Universidad Católica Silva Henríquez, Santiago, Chile.<sup>3</sup> Clínica MEDS, Santiago, Chile.<sup>a</sup> **Corresponding Author:** c.silvasanchez2@uandresbello.edu **Cite as:** Silva-Sánchez CA, Carrera-Alarcón JF. Challenges and benefits of integrating nursing epistemology in the clinical practice of critical care units. Rev. chil. enferm. 2024;6:73775. <https://doi.org/10.5354/2452-5839.2024.73775>

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Dear Editor:

Nursing models and theories are conceptual frameworks that serve as a foundation for nursing practice, research, and training.<sup>1</sup> Moreover, they are essential tools that aid nursing professionals in understanding, prioritizing, explaining, and predicting phenomena related to health and patient care.<sup>2</sup> While nursing models offer a structured framework for day-to-day practice, nursing theories are broader and more abstract, providing a deeper conceptual basis applicable to a myriad of situations and contexts within the field of nursing.<sup>1</sup>

Using nursing models and theories benefits both nursing professionals and their patients since they provide guidance, structure, and coherence to patient care.<sup>3</sup> Additionally, they facilitate interprofessional communication, improve decision-making, and promote evidence-based practice and research.<sup>4</sup> This in turn would provide a systematic approach that enhances evidence-based decision-making.

A hospital unit is an organized and specialized area designed to provide specific types of nursing care and services, as well as to cater to individuals with particular needs. They are usually organized

according to specialty, the severity of medical conditions, or the type of care required. For example, Intensive Care Units (ICUs) are designed for critically ill or injured patients who require intensive care and monitoring, such as those who have undergone major surgeries, severe traumas, or acute illnesses.<sup>5</sup>

Applying nursing models and theories in ICUs offers a methodical perspective that helps nursing professionals address the complexity of critical care, ensuring comprehensive and coordinated healthcare.<sup>6</sup> It also enables the establishment of common standards for assessment, diagnosis, and intervention, contributing to consistency in clinical care. Additionally, it facilitates communication and collaboration among health team members, improving the coordination of care and rapid response to the needs of patients.<sup>7</sup>

By using these foundations, nursing professionals could provide patient- and family-centered care since they would allow them to address both physical and emotional needs.<sup>6</sup> Given that the conditions of critically ill patients can change rapidly, nursing models and theories, particularly those focusing on adaptation and stress response, would be useful in understanding and managing changes in the patient's health status.<sup>7</sup>

The question is, which nursing models and theories could be applied in Critical Care Units? In ICUs, various nursing theories and models can be applied, that provide a conceptual framework to guide nursing practice and enhance patient care. While numerous nursing theories and models have been developed over time, some of the most commonly used in critical care settings include:

**Imogene King's Theory of Goal Attainment:** This theory is based on the idea that nursing helps individuals establish, pursue, and achieve healthcare goals. In the ICU, it can be applied to set clear goals and collaborate with individuals in achieving them.<sup>1</sup>

**Callista Roy's Adaptation Model:** This model is based on the idea that the patient is an adaptive system seeking to maintain balance. In a critical care setting, it can be applied to understand how patients adapt to severe illness and how nursing can intervene to support that process.<sup>1</sup>

**Dorothea Orem's Self-Care Deficit Theory:** This theory proposes that individuals have the ability and responsibility to care for themselves. In critical care settings, nursing professionals can apply this theory to assess and support the patient's ability to perform self-care activities, even when they are severely ill.<sup>1</sup>

**Neuman Systems Model:** This model focuses on the patient's response to stress and how nursing professionals can intervene to maintain balance. It can be applied to understand and manage patient responses in critical situations.<sup>1</sup>

**Madeleine Leininger's Transcultural Nursing Theory:** This theory emphasizes the importance of understanding and respecting cultural differences in nursing care. In critical care settings, cultural sensitivity can be crucial for providing patient-centered care.<sup>1</sup>

Although nursing theories and models offer benefits to professionals working in ICUs, they could also present disadvantages. For instance, their complexity and detail can lead to rigidity, making it difficult to adapt to changing clinical situations in critical care units.<sup>8</sup> On the other hand, using these theories may require additional time, increasing pressure in environments where every minute counts. The lack of consensus on the effectiveness of these theories in all clinical settings can lead to inconsistency and a lack of coordination among professionals.<sup>9</sup> Furthermore, the perception professionals have of these models and theories as abstract or distant from reality can decrease motivation for their application in day-to-day ICU care. In addition, the successful implementation

of certain nursing theories or models may require specific training, and in critical care environments where staff rotates frequently, consistent application could be challenging.<sup>10</sup>

In conclusion, the application of nursing models and theories in ICUs is crucial for providing structured and coordinated care. Despite challenges arising such as the complex structure of knowledge and time pressure in critical settings, careful adaptation of these conceptual frameworks can improve healthcare quality. The effective connection between theory and practice is essential to motivate nursing professionals, allowing them to address the complexity and stress arising in ICUs. Despite potential disadvantages, these frameworks have proven to be adaptable and are fundamental for providing quality and patient-centered care in critical settings.

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