

Applicability of theoretical references by nurses in primary health care: scoping review

Aplicabilidade de referenciais teóricos por enfermeiros na atenção primária à saúde: revisão de escopo

Aplicabilidad de las referencias teóricas por parte de las enfermeras de atención primaria de salud: revisión del alcance

Francini Castilha do Nascimento^I , Waldecy Lopes Júnior^I , Diovanna Rocha de Souza^I , Bianca Silva de Morais Freire^I , Cristiane Giffoni Braga^{II} , Isabelle Cristinne Pinto Costa^I 

^I Universidade Federal de Alfenas, Alfenas, Minas Gerais, Brasil

^{II} Faculdade Wenceslau Braz. Itajubá, Minas Gerais, Brasil

Abstract

Objective: to map the scientific evidence on the applicability of theoretical models that support nurses' practice in Primary Health Care. **Method:** scoping review, according to the recommendations of the JBI Reviewer's Manual, reported by the PRISMA-ScR instrument. Searches were conducted in December 2021 in Web of Science, Scopus, Cochrane Library, PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Excerpt Medica Database (EMBASE) and grey bases. **Results:** 52 studies published between 1989 and 2021 were included, of which, most showed applicability of nursing theories to support nursing care. **Conclusion:** the articles surveyed showed that the General Nursing Theory of Self-Care Deficit was expressively employed by nurses in the respective context. **Descriptors:** Nursing Theory; Primary Health Care; Public Health Nursing; Nursing Care; Nurses

Resumo

Objetivo: mapear as evidências científicas sobre a aplicabilidade de modelos teóricos que sustentam a prática de enfermeiros no âmbito da Atenção Primária à Saúde **Método:** revisão de escopo, segundo as recomendações do JBI Reviewer's Manual, relatada pelo instrumento PRISMA-ScR. As buscas foram realizadas no mês de dezembro de 2021 na *Web of Science*, *Scopus*, *Cochrane Library*, *PubMed*, *Cumulative Index to Nursing and Allied Health Literature* (CINAHL), *Excerpt Medica Database* (EMBASE) e bases cinzentas. **Resultados:** incluídos 52 estudos, publicados entre 1989 e 2021, dos quais, a maioria evidenciou aplicabilidade das teorias de enfermagem para subsidiar o cuidado de enfermagem. **Conclusão:** os artigos levantados demonstraram que a Teoria Geral de Enfermagem do Déficit de Autocuidado foi expressivamente empregada pelos enfermeiros do respectivo contexto.

Descritores: Teoria de Enfermagem; Atenção Primária à Saúde; Enfermagem em Saúde Pública; Cuidados de Enfermagem; Enfermeiras e Enfermeiros

Resumen

Objetivo: mapear la evidencia científica sobre la aplicabilidad de los modelos teóricos que apoyan la práctica de las enfermeras en Atención Primaria de Salud. **Método:** revisión de alcance, según las recomendaciones del Manual del Revisor del JBI, reportadas por el instrumento PRISMA-ScR. Las búsquedas se realizaron en diciembre de 2021 en Web of Science, Scopus, Cochrane Library, PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Excerpt Medica Database (EMBASE) y bases grises. **Resultados:** se incluyeron 52 estudios, publicados entre 1989 y 2021, de los cuales, la mayoría evidenció la aplicabilidad de las teorías de enfermería para subsidiar el cuidado de la salud. **Conclusión:** Los artículos encuestados mostraron que la Teoría General de Enfermería del Déficit de Autocuidado fue utilizada expresivamente por las enfermeras en el contexto respectivo.

Descritores: Teoría de Enfermería; Atención Primaria de Salud; Enfermería en Salud Pública; Atención de Enfermería; Enfermeras y Enfermeros

Introduction

The word theory is elaborated for a specific purpose, being defined as speculative, methodical, and organized knowledge. In the nursing context, theories play an essential role, as they support practices with their conceptual, epistemological, and descriptive bases of care, leading nurses' "thinking" based on the identification of problems during the care experience.¹

It should be noted that without a theoretical framework or care protocol to act as a guide, nurses are analyzing independently, that is, using only their professional experience. Furthermore, without such frameworks, the risk is that nursing will lose its sense of purpose or source of ethical guidance. Considering that the focus of Nursing is human care, theories and/or theoretical conceptual models, contribute to emphasize the multidimensionality of the human being, which requires an attentive look, whether at the person, family, or community, at their worldview and human responses, indicators that will allow establishing nursing diagnoses, planning, sensitive and effective interventions through the Nursing Process (NP).¹

In short: people working in Primary Health Care (PHC) should use nursing theories and/or conceptual models that define or clarify nursing and the purpose of its practice, to distinguish it from other care professions, to guide and inform nursing care, which will enable the implementation of NP. Therefore, it is imperative that nurses apply the philosophy and holistic assumptions of nursing theories.²

Thus, nursing has sought to guide its practices, above all, by the light of humanistic theories, which consider care as the most valuable attribute that nursing has to offer to humanity,

emphasizing the human being as a valued and respected being. In addition to contributing to the effectiveness of the fundamental pillars of PHC, based on the expanded view of the health condition, humanization, welcoming, and qualified listening as key elements of the work process of nurses working in primary care.³

In the context of PHC, the applicability of nursing theories is necessary to support the scientific knowledge used by nurses in the search for a systematic care that aims to protect, promote and preserve humanity.⁴ The use of theory, therefore, supports nurses in defining their roles, in the knowledge of reality and, consequently, in the adequacy and quality of professional performance, contributing to the consolidation and recognition of nursing as a science and art.

Considering this, the use of nursing theories and/or conceptual models influences professional nursing care, by offering excellent care, enabling conditions for the individual's participation in care planning,⁵ fulfilling the individual's demands and needs in a holistic way. For conceptual and operational purposes, a conceptual model is understood as a set of interrelated concepts that symbolize and transmit a mental image of a phenomenon. Conceptual models in nursing identify concepts and describe their relationships with phenomena of central interest to the discipline. Theories, on the other hand, are a set of logically interrelated concepts, statements, propositions, and definitions, which have been derived from philosophical beliefs, scientific data, and from which questions or hypotheses can be deduced, tested, and verified. A theory is supposed to provide answers to some phenomena or to characterize them.⁶

The applicability of theoretical frameworks in PHC is a relevant issue, related to the quality of care and the achievement of desired outcomes. The use of theoretical frameworks in nursing practice provides a solid conceptual basis that helps professionals understand users' health problems, identify appropriate interventions, and evaluate the results obtained. A scoping review in this area allows a comprehensive analysis of available studies, identifying scientific evidence that underpins nurses' clinical practice in this context, trends, and gaps in knowledge. By understanding the relationship between theory and practice in PHC, it is possible to strengthen the theoretical basis of nurses, improve clinical decision-making, optimize the planning and implementation of nursing interventions, and contribute to the advancement of science and the development of evidence-based health policies. Therefore, this scoping review was conducted to map the scientific evidence on the applicability of theoretical models that support nurses' practice in PHC.

Method

Type of study

This is a scoping review, characterized by being an essential design for mapping the theme of interest, since it tends to address broader topics by including several study designs, without assessing their methodological quality.⁷ This research was conducted according to the recommendations of the JBI Reviewer's Manual, based on the following steps: 1) Identification of the research question; 2) Identification of relevant studies; 3) Selection of studies; 4) Extraction of data; 5) summarization, presentation and analysis of data.⁸

It should be noted that the protocol was registered in the Open Science Framework (OSF) (<https://osf.io/b2kf9>) and this study was reported according to the indications of the Preferred Reporting Items for Systematic reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR).⁹

Identifying the research question

The mnemonic strategy Population, Concept and Context (PCC) was used to direct the development of the research question of this review.⁸ Thus, to identify what evidence is available in the literature (Population) on the applicability of nursing theories (Concept) in PHC (Context), the research question that guided this scoping review was: How are theoretical frameworks being applied to nurses' practice in PHC?

Identification of relevant studies

A preliminary search was conducted in the month of December 2021, in the Pubmed (US National Library of Medicine) database to determine the most commonly used keywords and descriptors for indexing studies related to the topic of interest of this review. The search strategy (Figure 1) was adapted to the specific needs of each database to be consulted for this review: Web of Science, Scopus, Cochrane Library, PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Excerpt Medica Database (EMBASE). To identify possible studies not yet published on the topic, a gray literature search was conducted on Google Scholar, ProQuest, and OpenGrey. Moreover, an additional search for articles was performed by reading the references of the studies included in the review:

1	Nursing Theory [Mesh, Title/Abstract]
2	Nursing Theories [Mesh, Title/Abstract]
3	Models, Nursing [Mesh, Title/Abstract]
4	Nursing Theory OR Nursing Theories OR Models, Nursing
5	Primary Health Care [Mesh, Title/Abstract]
6	Primary Care [Mesh, Title/Abstract]
7	Public Health Practice [Mesh, Title/Abstract]
8	Public Health Nursing [Mesh, Title/Abstract]
9	Primary Health Care OR Primary Care OR Public Health Practice OR Public Health Nursing
10	Nursing Theory OR Nursing Theories OR Models, Nursing AND Primary Health Care OR Primary Care OR Public Health Practice OR Public Health Nursing
11	Theory [Title/Abstract]
12	Nursing care [Mesh, Title/Abstract]
13	Nursing [Mesh, Title/Abstract]
14	Nursing care OR Nursing
15	Theory AND Nursing care OR Nursing AND Primary Health Care OR Primary Care OR Public Health Practice OR Public Health Nursing

Figure 1 - Search strategy. Alfenas, Brazil, 2022.

Study Selection

We included primary or secondary studies that addressed the applicability of nursing theories in PHC, regardless of the type of design. There was no limitation as to the year of publication and language of the articles. Letters, commentaries, editorials, and expert opinion articles were excluded, since these sources would not be appropriate to meet the review objectives.

After searching the databases, the retrieved articles were exported to EndNote, where duplicates were excluded. Subsequently, the studies were exported to the Rayyan application, software used for the selection step. First, the titles and abstracts were read, following the eligibility criteria of this review. The selected articles were read in full to exclude those that did not meet the criteria and the guiding question. It is noteworthy that both steps were carried out by two reviewers independently, in case of divergent decisions, resolved by a third reviewer.

Data extraction

Data extraction was performed using a form developed by the authors based on the recommendations of the JBI Manual for Evidence Synthesis.⁸ The data extracted were authorship, year of publication, country where it was developed, objective, design, population and sample, nursing theory applied, main results and conclusions about the applicability of nursing theories in

PHC. The sample articles were divided equally between two reviewers for data extraction. These reviewers reviewed and discussed the form before starting the data extraction. In addition, the authors tested the data extraction from a single selected study to ensure that there was consistent interpretation of the data required for extraction.

Data summarization, presentation, and analysis

The data was then analyzed based on three interactive questions: "What is the data telling me?" (explicitly engaging with theoretical, subjective, ontological, epistemological, and field issues); "What do we want to know?" (according to the research goal and theoretical points of interest); "What is the dialectical relationship between what the data is telling me and what I want to know?" (refining the focus and relating it to the research question).¹⁰ This step was developed by the same reviewers who performed the data mapping. The findings resulting from this process were reviewed and refined with the collaboration of a third reviewer.

Subsequently, an analysis was performed on the extent, nature, and overall distribution of the included studies. The data were sought to identify relationships, patterns, and recurring themes to then take a specific and consistent approach to the data according to the guiding question of this review. The articles were compared for common findings to establish similarities and differences. Through this comparison between the data obtained, it was possible to identify contradictory evidence, gaps, and the delineation of new frontiers for the area in question.⁷

To outline the networks of relationships between the keywords and the references included, a graphic map was generated, based on the VOSviewer® tool, software useful in visualizing the bibliometrics networks. The tool helps to highlight important themes or emerging patterns about the topic. This can be particularly useful for researchers who are trying to identify gaps in research, or for those who are trying to understand how different areas of research are connected.

Results

A total of 5,030 studies were identified, and after analyzing the title, abstract, and applying the inclusion and exclusion criteria, 380 were preselected to be read in full. Among the 380 reviewed, 52 were included in the final sample of this review, published between 1989 and 2021. The search and selection path of the studies can be seen in the flowchart (Figure 2).

strength of the link ties. The color of the bubble indicates the most frequently associated group (cluster) of words. The map generated in this study corresponds to the largest set of connected words (62), subdivided into four clusters (red cluster with 26 items; green cluster with 18 items; blue cluster with 13 items; and the yellow cluster with five items).

Characterization of the studies

Regarding the year of publication, it was found that the articles were published between 1989 and 2021, with the year 2020 having the largest number of publications (7; 13.46%). Regarding the place where they were developed, most were carried out in the United States of America (USA), with 29 (55.76%), followed by Brazil, with five (9.61%) publications. As for the design, most have a qualitative design, with 16 (30.75%) publications (Table 1).

Table 1 - Results related to the year published, place of study development, methodologies/designs, and study population. Alfenas, Minas Gerais, Brazil, 2022. (n=52).

Variables	Number of studies	Percentage (%)
Publication year		
2020	07	13.46
2018	04	7.69
2001, 1990	03*	5.76*
2021, 2011, 2002, 1996, 1994, 1991	02*	3.84*
2019, 2016, 2015, 2013, 2010, 2009, 2007, 2006, 2005, 2004, 2003, 2000, 1999, 1998, 1997, 1995, 1993, 1992, 1989	01*	1.92*
Method		
Qualitative	16	30.75
Review	11	21.16
Quantitative	08	15.39
Methodological	05	9.63
Experimental Study	04	7.67
Validation Study, Case Study	03*	5.77*
Cohort study	02	3.86
Countries		
United States of America	29	55.76
Brazil	05	9.61
Canada, United Kingdom	03*	5.76*
Turkey	02	3.85
Basque, Cyprus, Spain, France, India, England, Iran, Israel, Japan, Sweden	01*	1.92%*

* value for each variable.

Mode of application of nursing theories/theories and/or theoretical models, conceptual models

Considering that some articles presented more than one mode of application, it was observed that 38 studies used the nursing theories/theories and/or health models as a subsidy for nursing care, characterizing most of the sample. Ten articles employed them as a subsidy for theory building, and nine applied the theories to subsidize data collection.

Nursing theories used in PHC

Among the theories and models included in the sample, as shown in Chart 1, it was found that Orem's Theory, represented by the Theory of Self-Care and Self-Care Deficit, was the most prominent, with a total of 14 (7.3%) articles. In addition, we also observed the use of Imogene King's Goal Achievement Theory, Roy's Adaptation Theory and Grounded Theories, each with five studies.

Chart 1 - Relationship of the Theories, Nursing Theories and health models employed by nurses in Primary Health Care (PHC). Alfenas, Minas Gerais, Brazil, 2022.

Theories/nursing theories/health models applied within PHC*	Quantitative studies
Elisabeth Orem's Theory of Self-Care/ Self-Care Deficit Theory ¹¹⁻²³	13
King's Goal Achievement Theory/Imogene King's Goal Achievement Theory ^{12, 15, 24-26}	05
Roy's Adaptation Theory ^{15, 27-30}	05
Grounded theories of giving and receiving; Grounded Theory ³¹⁻³⁴	04
Parse Theory - Human Becoming ^{12, 24, 35-37}	05
Environmental Theory ^{12, 23, 38}	03
Nola J. Pender's Health Promotion Model ^{24, 39-40}	03
Watson's Transpersonal Theory / Transpersonal Theory; Watson's Human Caring Theory ^{24, 41-42}	03
Margaret Newman's theory/theory of health as consciousness expansion ⁴³⁻⁴⁴	02
Leininger's Theory of Cultural Care; Theory of the diversity and universality of cultural care ⁴⁵⁻⁴⁶	02
Virginia Henderson's theory - Fundamental needs ⁴⁷	01
Meleis ²⁴ Transitions theory	01
Theory of Collective Health Nursing Practice Intervention (TIPESC) ⁴⁸	01
Social Exchange Theories ³¹	01
Peplau's Theory of Interpersonal Relationship ⁴⁹	01
Critical Theory ⁵⁰	01
Marta Rogers' Theory (unitary human being) ¹⁵	01
Theory of Planned Behavior (TPB) ⁵¹	01
Chronic Care Model ⁵²	01
Kaiser Model ⁵²	01
Dennis' Theory of Breastfeeding Self-Efficacy ⁴⁰	01
Levine's conceptual model ³⁰	01
Albrecht's Home Health Nursing, Model ⁵³	01

Public Health Nursing Practice Model (PHN model) ⁵⁴	01
Japan's Purpose-focused Public Health Nursing Model ⁵⁵	01
Theory of Cultural Marginality, Dr. Heeseung Choi ⁵⁶	01
Wanda Horta's Theory ⁵⁷	01
Quality Care Model ⁵⁸	01
Trajectory Model Theory ⁵⁹	01
Acculturation Theory ⁶⁰	01
Empowerment Model ⁶¹	01
Community Health Nursing Models ⁶²	01

* The information presented in Chart 1 does not represent the total number of studies included in the sample, since more than one nursing theory/health model was identified in a single study.

Discussion

The nurse's knowledge needs to be based on theoretical, philosophical, and technological principles to provide care to people, seeking their well-being.⁶³ The use of nursing theories as theoretical support for the development of the nursing process is provided for in Resolution No. 358 of 2009 of the Federal Council of Nursing, to guide this process from data collection, establishment of diagnoses, and planning of nursing interventions, to the evaluation of the results achieved.⁶⁴ However, the theories are considered abstract in the view of nurses due to the philosophical basis, leading them to not visualize the scope for their practice, especially in the context of PHC, causing this professional to exercise his activity without reflecting on the determinants observed in the objective reality as to the health-disease process of individuals, families and community.⁶⁵

It is noteworthy that in a study that aimed to analyze the practices of nurses working in the Family Health Strategy (FHS) in a city of Rio de Janeiro (RJ), and the theoretical foundations that guide them, the reports indicated that their practices are based on the support network created in the FHS, the learning from the Ministry of Health (MH) manuals and the exchange of experiences with the health service user. However, no theoretical reference of Nursing or other reference from the field of Collective Health was presented that would engage in dialogue with their practice in the FHS.⁴⁸

Therefore, it is important to develop review studies with a view to unveiling the scientific basis of these theories, subsidizing PHC nurses for the application of these references in the daily practice of care, education, and research.

Through this review, it was possible to analyze the most frequent keywords in publications involving theoretical references used by PHC nurses. It should be noted that these words represent phenomena of interest to nursing, expressed through concepts, which confer meaning

to a theory, and will be connected to form relational statements.⁶⁶ From this analysis, it was observed the predominance of the keyword nursing theory, which is used to support the nursing process, in addition to organization and management, and can also be implemented to guide the nurse in relation to the psychological aspect (psychological aspect; social psychology; psychology) of users (human; female; male; adult; humans; middle-aged), as well as social support. These theoretical references were also used by nurses for the process of health education (patient education; education), self-care (self-care), quality of life (quality of life), and nurse-patient relationship (nurse-patient relationship). Furthermore, it was verified that nurses conduct nursing research on this theme by using randomized controlled trials (clinical trial), controlled studies (controlled study), qualitative research (qualitative research), and case reports (case report).

Regarding the applicability of nursing theories in the selected studies, it was observed that these were used for data collection, theory building and to support nursing care. Regarding the first applicability, studies understand the importance of the elaboration and validation of data collection instruments for nursing consultation in the context of PHC, contributing to the practice of the professional beyond the scientific basis, serving as a guide in the nursing consultation for the target audience.^{42, 48, 55}

The use of theoretical references to build a theory is important, as it can be useful in professional practice, as a tool for reflection on care and bring improvements to the quality of care, based on a specific model.⁵⁰ It is necessary to educate nurses in innovative ways of working, with the construction of conceptual frameworks for nursing education and practice, aiming to reflect the premises of health care.⁴²

The applicability of nursing theories in the selected studies presented itself, mostly (19.8%), as a subsidy for nursing care. It is noteworthy that the knowledge and appropriation of nursing theories provide scientific support for the actions of nursing professionals, guiding these professionals to describe, diagnose and/or prescribe actions. The theories provide justification and grounds for the performance of nursing interventions, demarcating the profession. In addition, the nursing process/nursing consultation, supported by nursing theories, provides the adaptation of interventions to the individual needs of patients. The process associated with a theory can culminate in more effective care, with conditions for patient participation in care planning.⁶⁷

It is also noted that nursing models and theories guide not only practice, research, and education, but also the development and implementation of specific policies for the role of nurses,

especially Advanced Practice Nurses (APN).²⁴

It should be noted that in this review there was a greater support for the practice of PHC nurses through the major theories, observing in an extremely discreet way the discussion in the Middle Range Theories (MRT). This data is linked to the fact that, in their academic training, these professionals have delved into theories that are more abstract and composed of a larger number of concepts and philosophical frameworks, making it difficult to understand and apply them, and therefore, difficult to use in the theoretical field of care.

Consequently, research^{27,48,58} reveals this limitation interfering in the implementation of nursing consultation supported by a theoretical support, showing that nurses lack the appropriation of a proper reference of Nursing or the field of Collective Health that supports, qualifies, and instrumentalizes the daily practice of care in primary care.

In contrast, MRT, little discussed at the undergraduate level, are more concrete and less comprehensive, having a characteristic applicable to nurses' clinical practice. Currently, in the "age of theory use", the development of MRT has become one of the priorities in nursing science. It is also complemented that MRT can meet the demands of professional health care and nursing, considering its capacity to operate exactly between the abstract level of great theories and the empirical level of testing and constructing hypotheses.⁶⁸

Regarding the use of nursing theories, it was observed that the most used in the studies was the General Nursing Theory of Self-Care Deficit, especially the Theory of Self-Care (TAC – in Portuguese), one of the three theories that form the general theory, developed by Dorothea Elizabeth Orem. This fact should be linked to the context of PHC, in which prevention and self-care are paramount, being, and therefore, a theory used in the respective scenario.⁶⁹ It should be noted that TAC is based on the proposition that individuals can take care of themselves and, in episodes in which there is a deficit, they are encouraged to increase self-care practices to provide personal well-being.⁶⁹⁻⁷⁰

Therefore, it is inferred in this study that the incorporation of this theory into the nursing process in primary care practice provides a framework for reflective thinking and promotes a deeper understanding of nursing. As an area of knowledge highly specialized in providing care, intervening, assisting the person in their reestablishment through self-care. Thus, it allows the professional to understand that at the core of this theory is the strongly held value that the individual is a substantive whole, not divisible into parts. In addition, the study highlights that such

a theory guides nurses to defend the unity of the person within the context of family and society, identifying that people are seen as agents capable of developing, maturing, and growing. The person is seen as having the potential to engage in self-care actions.¹¹ It is also mentioned that general nursing theory has been employed by nurses for the development and improvement of middle range models and theories.

Other theories, commonly used in primary care, are those that portray the nurse-patient/user relationship/interaction. Among these, King's Goal Achievement theory stands out, describing the nature of the nurse-patient relationship to achieve goals, which are implemented in a process of interaction through communication. To this end, it uses the assessment of the nurse with this patient, mainly in the identification of problems, health disorders, their perceptions of the problems, and sharing of information to plan strategies to reach the goals proposed in common agreement.⁷¹

In a study developed to verify the effectiveness of nursing interventions, based on Imogene King's Goal Achievement Theory, in improving the care of people with diabetes and treatment adherence, it was possible to verify that this theory is viable to be applied in the FHS, since the patient feels co-responsible for his treatment, and actively acts with decisive power in possible changes for better adherence to the proposed care. Moreover, because they are continuously followed by the same team, interaction occurs. The study also verified that the follow-up with greater proximity of time promoted positive surveillance, considering the greater interaction of both, it was possible to better adjust the strategies for adherence to the proposed treatment with consequent promotion of the quality of life of people with diabetes.²⁵

In international studies, it was also verified the use of the "Human Becoming" theory of Rosemarie Rizzo Parse in the context of PHC, which is little disseminated in Brazil and discussed in undergraduate nursing courses. This theory brings in its content the current trends of valuing the person as an agent of his health and responsible for it, emphasizing the unconditional respect for man as a human being and his existence. Therefore, the main goal of nursing through this theory is to improve the quality of life of its individuals, which is in line with what is desired in the primary care setting.^{12,24,35-37} By applying Parse's theory, nurses respect each person's own vision of quality of life, which differs from one person to another, and do not try to change this vision to be consistent with their own perspective. Furthermore, through the applicability of this theory, the nurse should approach the patient without any judgment, labels, and prejudices, acting only as a

guide, since the individual can really find paths within what he/she considers important for him/her.⁷²

As to the health models and/or theories developed specifically for the context of primary care, the use of the Theory of Practical Intervention of Nursing in Collective Health (TIPESC), the Public Health Nursing Practice Model (PHN model), the Albrecht model of Nursing for home health, and the Japanese model of purpose-focused Public Health Nursing could be observed.

As for the TIPESC, for example, based on the materialist and dialectic world view, it proposes a Collective Health Nursing care methodology in response to the need for a new professional posture related to the conception of the health-disease process, Collective Health care, and Nursing. This theory requires the application of five phases to be followed: capture and interpretation of objective reality; construction of the intervention project; intervention in objective reality; and reinterpretation of objective reality.⁷³ The characteristics of Tipesc are harmonious with neo modernist thought, demonstrating how nursing theories can contribute to the conceptual expansion of the expression "good practice", preserving a continuum between theory and practice.⁷⁴

In short, these theories and/or theoretical models are developed with the aim of modifying the nurses' care practice, which, for the most part, reproduces the current health system in a pole in which the offer of care occurs from health programs and, in another pole, the health needs of the population are not recognized as a potent social force for the production of innovative practices.⁷⁴ Thus, the development of a theoretical model of care increases the potential of nurses who, by using theory, develop critical thinking and drive decision-making, with the aim of improving the quality of care.⁶⁵

Given such considerations, this review found that nursing theory and/or theoretical models are effective in all settings, especially in primary care, providing nurses with ways to understand users/patients from diverse backgrounds, age groups, cultures, and with different health problems. They must have a consistent and clear content, a logical structure. Besides providing preparation for nurses working in PHC, offering fundamentals and nursing knowledge in service practice, also helping the implementation of interventions, aiming at the adaptation of communities affected by changes, as in Roy's model.

Additionally, it is highlighted that the use of theoretical references by nurses not only contributes to the advancement of the SUS, but is also constantly modified by its principles,

characteristics, and values, in a dynamic and historically and socially engaged manner. It is worth remembering that nursing theories are formulated based on worldviews and realities compatible with those of the authors and can be flawed and biased. Context is significant in determining whether a theory is useful for that phenomenon, so theory must be aligned with professional practice. For theories to be relevant, they must be developed and tested based on the health care system in which they will be embedded. This attempt to implement patterns of knowledge is essential for comprehensive care, and nursing research allows for the creation of new theories, which contribute to overcoming the dichotomy between theory and practice.⁷⁴

It is expected that the results of this scope review may contribute to the strengthening of the use of theoretical constructs in the praxis of PHC nurses. Additionally, through the applicability of a better construction of clinical reasoning and judgment, in addition to the choice of the best nursing interventions, in the identification of the phenomena for which it is responsible.

As limitations, despite the efforts to develop a comprehensive search strategy, we highlight the difficulty in finding controlled and non-controlled descriptors that portray the concept of this review, such as the term "theoretical framework", which is not an indexed descriptor. In addition, the references of the studies included in the sample were not manually searched.

Conclusion

This scoping review made it possible to map evidence on the applicability of theoretical frameworks by nurses in PHC, which are effective for this context, providing nurses with ways to understand users/patients of diverse backgrounds, age groups, cultures and with different health problems. Additionally, it was found that these should have a consistent and clear content, as well as a logical structure. The studies surveyed also showed that the greatest applicability of nursing theories was intended to support nursing care, with the major theories being the most expressively used by nurses in the respective context, especially the General Nursing Theory of Self-Care Deficit.

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Authorship Contributions

1 – Francini Castilha do Nascimento

Undergraduate Student - francini.nascimento@sou.unifal-mg.edu.br

Conception, development of the research and writing of the manuscript, review and approval of the final version.

2 – Waldecy Lopes Júnior

Undergraduate Student - waldecy.junior@sou.unifal-mg.edu.br

Conception, development of the research and writing of the manuscript, review and approval of the final version.

3 – Diovanna Rocha de Souza

Undergraduate Student - diovanna.souza@sou.unifal-mg.edu.br

Conception, development of the research and writing of the manuscript, review and approval of the final version.

4 – Bianca Silva de Morais Freire

Corresponding Author

Master's student - bianca.morais@sou.unifal-mg.edu.br

Conception, development of the research and writing of the manuscript, review and approval of the final version.

5 – Cristiane Giffoni Braga

PhD in Nursing - cristianegbraga@uol.com.br

Conception, development of the research and writing of the manuscript, review and approval of the final version.

6 – Isabelle Cristinne Pinto Costa

PhD in Nursing - isabelle_costa@unifal-mg.edu.br

Conception, development of the research and writing of the manuscript, review and approval of the final version.

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Associate Editor: Adriane Cristina Bernat Kolankiewicz

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