Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

REFLECTIVE ANALYSIS ARTICLE

PEPLAU'S INTERPERSONAL RELATIONS THEORY: AN EVALUATION BASED ON FAWCETT'S CRITERIA

TEORIA DAS RELAÇÕES INTERPESSOAIS DE PEPLAU: UMA AVALIAÇÃO BASEADA NOS CRITÉRIOS DE FAWCETT

TEORÍA DE LAS RELACIONES INTERPERSONALES DE PEPLAU: UNA EVALUACIÓN BASADA EN LOS CRITERIOS DE FAWCETT

Mariana André Honorato Franzoi[1], Karine Cardoso Lemos[2], Cristine Alves Costa de Jesus[3], Diana Lúcia Moura Pinho[4], Ivone Kamada[5], Paula Elaine Diniz dos Reis[6]

ABSTRACT

***Objective*:** to evaluate Peplau's Theory of Interpersonal Relations according to the model of Fawcett. ***Method*:** this was an analytical-descriptive study of Peplau's Theory, which uses the evaluation criteria proposed by Fawcett as a reference. ***Results*:** Peplau's Theory presents internal consistency, clarity, well-defined and operationalized concepts in the context of the care process. The empirical and pragmatic suitability criteria are not considered in its entirety, suggesting new studies for the improvement of the theory. ***Conclusion*:** although with limitations, the theoretical assumptions of Peplau are operational and can be used in various nursing areas where communication between nurses and patients is possible. The theory contributes to the work of nurses because it promotes an interaction in which both patient and professional are protagonists and seek common goals involving the recovery, humanization, and quality of life. ***Descriptors*:** Nursing; Nursing Theory; Interpersonal Relations.

RESUMO

***Objetivo*:** avaliar a Teoria das Relações Interpessoais de Peplau de acordo com o modelo de Fawcett. ***Método*:** estudo analítico-descritivo da Teoria de Peplau, que tem como referencial os critérios de avaliação de teoria propostos por Fawcett. ***Resultados*:** a Teoria de Peplau apresenta consistência interna, clareza, conceitos bem definidos e operacionalizáveis no contexto do processo de cuidar. Os critérios de adequação empírica e pragmática não são contemplados em sua totalidade, sugerindo a realização de novos estudos para aperfeiçoamento da teoria. ***Conclusão*:** embora com limitações, os pressupostos teóricos de Peplau são operacionalizáveis e podem ser utilizados em diversas áreas da enfermagem, onde há a possibilidade de comunicação entre enfermeiro e paciente. A teoria contribui na atuação dos enfermeiros, pois promove uma interação na qual, tanto o paciente quanto o profissional são protagonistas e estão em busca de objetivos em comum que consistem na recuperação, na humanização e na qualidade de vida. ***Descritores*:** Enfermagem; Teoria de Enfermagem; Relações Interpessoais.

RESUMEN

***Objetivo*:** evaluar la Teoría de las Relaciones Interpersonales de Peplau de acuerdo con el modelo de Fawcett. ***Método*:** estudio analítico-descriptivo de la Teoría de Peplau que tiene como referencial los criterios de evaluación de la teoría propuestos por Fawcett. ***Resultados*:** la Teoría de Peplau presenta consistencia interna, clareza, conceptos bien definidos y operacionales en el contexto del proceso de cuidar. Los criterios de adecuación empírica y pragmática no son contemplados en su totalidad, sugiriendo la realización de nuevos estudios para perfeccionamiento de la teoría. ***Conclusión*:** aunque con limitaciones, los presupuestos teóricos de Peplau son operacionales y pueden ser utilizados en diversas áreas de la enfermería, donde hay posibilidad de comunicación entre enfermero y paciente. La teoría contribuye en la actuación de los enfermeros, pues promueve una interacción, en la cual, tanto el paciente cuanto el profesional son protagonistas y buscan objetivos en común que consisten en la recuperación, en la humanización y en la calidad de vida. ***Descriptores*:** Enfermería; Teoría de Enfermería; Relaciones Interpersonales.

[1]RN in the State Health Secretary of the Federal District/SES/DF. Master's degree in Nursing, Graduate Program in Nursing, University of Brasília/PPGENF/UnB. Brasília (DF), Brazil. E-mail: mari.franzoi88@gmail.com; [2]RN in the State Health Secretary of the Federal District (SES/DF). Professor at the Health Sciences College (ESCS). Master's degree in Nursing by the PPGENF/UnB. Brasília (DF), Brazil. E-mail: karine.cardoso@gmail.com; [3,4,5,6] RN, Professor and Ph.D., Graduate Program in Nursing, University of Brasília /PPGENF/UnB. Brasília (DF), Brazil. E-mail: E-mails: cristine@unb.br; diana@unb.br; kamada@unb.br; pdinizreis@yahoo.com.br

INTRODUCTION

For a long time in history, the nursing practice was based on principles, beliefs, and values traditionally accepted by common sense,[1] and the structuring of Nursing as a science and institutionalized profession has only begun in the modern world with the advance of medicine and the reorganization of the Hospital Institution.[2]

In the 70s and 80s, there was a concern in developing the body of nursing knowledge itself culminating in the development of the nursing theories.[1]

The nursing theories confer the recognition of Nursing as a science and discipline as well as the establishment of foundations that lead the Nursing thinking and practice.[1]

The use of theory promotes a systematic means of collecting data to describe, explain, and predict the practice, making the activity rational and systematic, challenging and validating the intuition. The nursing theories contribute to the coordination of work and allow its differentiation from other professions by establishing its professional limits.[3]

One of the theories considered of great importance to the Nursing practice, particularly to psychiatric nursing, is the theory of Interpersonal Relations of Hildegard Elizabeth Peplau. This theory addresses interpersonal relationships and aims to explain the interpersonal process that involves patient and nurse, relating the causes and effects of this interaction, i.e., showing how and why the elements of the theory relate to each other.[4]

Because the theoretical model of Interpersonal Relations influences the current Nursing practices, a critical analysis to confirm its applicability is necessary. Thus, this study aimed to evaluate the Theory of Interpersonal Relations of Peplau based on the Theory of Evaluation Criteria proposed by Jacqueline Fawcett [5], from one of her most recent works, which has been used as the reference to evaluate other nursing theories .[6]

METHOD

This article was developed in the discipline "Nursing Care in the Human Development Process" of the Graduate Program in Nursing at the University of Brasilia/UNB.

This was a descriptive and analytical research of the theory of Interpersonal Relations of Hildegard Peplau using the Evaluation Criteria proposed by Fawcett.[5]

To Fawcett, to analyze a theory is to conduct objective descriptions of the concepts and propositions that constitute the theory as well as the relations between statements and metaparadigms without criticism, i.e., it is the description and presentation of the theory itself.[7] The evaluation involves judgments about the meaning of the theory, as the theory meets certain criteria defined by the author, namely: significance, internal consistency, parsimony, testability, empirical adequacy, and pragmatic appropriateness.[5]

The significance criterion focuses on the context of the theory when justifying its importance to the discipline of nursing. The parameter of internal consistency aims to analyze the semantic and structural aspects of both the theory's context and content. The parsimony criterion evaluates if the theory's content is clear and consistent. The testability parameter addresses the usefulness of the theory through instruments and evaluation protocols. The empirical adequacy evaluates the degree of theory's reliability from the congruence between the theory's claims and empirical evidence. Finally, the pragmatic appropriateness evaluates the theory's application in the daily nursing practice.[5]

Firstly, the theoretical biographical data and a brief description of its theory will be presented to enhance the reader's understanding of the subject. Subsequently, the theory's evaluation will be presented based on the main objective of this study and in accordance with the Evaluation Criteria of Fawcett.[5]

♦ The theory: biographical data

Hildegard Elizabeth Peplau was born in September 1909 in Reading, Pennsylvania, in the United States. In 1931, she began her career in nursing after graduating from the Pennsylvania School of Nursing.[8] Since then Peplau pursued a career with an emphasis in the areas of mental health and psychiatric nursing. In 1943, she graduated in Interpersonal Psychology at the Bennington College, where she had the opportunity to study with Harry Stack Sullivan, a prominent psychiatrist at that time, who developed the Interpersonal Theory, an important theoretical landmark that supported the theory of Peplau.[9]

In 1947, she obtained the master's degree in psychiatric nursing at the Teachers College in New York, as well as the doctorate degree in Curriculum Development at the Columbia University in 1953. In this same period, Peplau was an instructor and director of the

advanced program in psychiatric nursing at Teachers College introducing the concept of advanced nursing practice.[10] She served as a professor at the Rutgers College of Nursing for 20 years, where she created the first course for the preparation of clinical specialists in psychiatric nursing. It was also during this period that she wrote her book "Interpersonal Relations in Nursing" published in 1953, outstanding work in psychiatric nursing.[10]

Although Peplau wrote the book in 1948, this was only published four years later because it was considered too revolutionary for the time for a nurse to publish books without having at least one physician as co-author.[9]

With regard to practical professional experiences, Peplau worked as a nurse at *Pottstown and Bennington* Hospitals and integrated the Nurses Corps of the US Army during World War II when she worked in a neuropsychiatric hospital in England as an Army nurse.[10]

Peplau was the only nurse to be the executive director and vice president of the American Nurses Association between 1969 and 1974. She also performed consulting activities in various countries and organizations such as the World Health Organization and the *National Institute of Mental Health*. He served as a visiting professor at universities in Africa, Latin America, and Europe. She worked at the International Council of Nurses and on the editorial board of several journals such as *Nursing*, *Journal of Psychosocial Nursing*, and *Journal of Psychiatric and Mental Health Nursing*.[10]

Internationally recognized for her work and voted one of the 50 major American personalities in 1995, Peplau died in March 1999 at 89 years of age.[9] She stood out mainly in the area of psychiatry, and therefore, was named the mother of psychiatric nursing.

♦ The theory: brief description

The Theory of Interpersonal Relations of Hildegard Peplau is a middle range theory centered on the relationship between nurse and patient.[10] A middle range theory is a more specific theory compared with the major theories, however, abstract enough to support and enable generalization and operationalization in different populations.[7]

The Peplau's theory derives both from the clinical practice supported by an inductive reasoning process based on Peplau's personal and professional experiences and disciplines that are not related to nursing, in this case, behavioral and psychoanalytic theories in the Psychology discipline.[7]

Peplau has theoretical influences from Erick Fromm, Miller, Symonds, and Maslow[10], however, the greatest influence undoubtedly derives from the Interpersonal Theory of Harry Stack Sullivan, whose premise assumes that personality and individual behavior develop from the relationships with others. Thus, the personality can be changed at any time in life as the result of the emergence and establishment of new interpersonal relations and the malleability of human beings. [12]

For Sullivan, the human being presents needs for satisfaction and security. When such needs are in danger of not being fulfilled, anxiety occurs, which is defined as a straining situation resulting from the experience of real or imaginary threats to the individual's safety. It may be caused not only by the tensions related to the organism's needs but also to the individual's anxiety.[12] The individual is a tensioning system that works to reduce the anxiety that is a disturbing potential for interpersonal relationships and confusion. The individual learns to behave according to the solution and exacerbation of the degree of tension that he is exposed.[12]

In his theory, Sullivan defines and describes the six stages of interpersonal development by which the individual goes from the infant stage until adulthood, addressing the specific tasks of each phase that contribute to the construction of interpersonal development and individual personality.[12]

Similarly, Peplau addresses the notion of personal growth in her theory, shared between nurse and patient, from the establishment of an interpersonal relationship between them in the care process.[13]

In this care process, it is up to the nurse to help the patient reduce his insecurity and anxiety, converting them into constructive action in the therapeutic process, which influences both the personal and professional development of nurse and patient.[8]

♦ Main Concepts

Concepts are the most important components of a theory because a theory is constituted by a group of related concepts that suggest actions that lead to practice.[1]

Hildegard Peplau, in her work, initially defined that nursing, or rather, psychodynamics nursing, consists in understanding the behavior of human beings so that one can help others to identify perceived difficulties and apply the principles of interpersonal relationship to the problems identified in all levels of experience.[10]

Peplau also defines the structural concepts of the interpersonal process consisting of four phases: orientation, identification, exploration, and resolution, which overlap and are interrelated, and vary in duration as the problem evolves into a resolution.[8]

The orientation phase is the first phase of this process and begins with the patient's search for a professional based on a "perceived need", which should be clarified and defined jointly at this stage. The nurse should guide the patient and/or families about what is happening and establish ties as concerns are identified. The nurse's work is conducted in conjunction with contributions from the patient and families, so they can recognize the existing problem and decide what is the appropriate professional assistance for the case.[8] This phase begins with a meeting between people who do not know each other, patient and nurse and is concluded with the identification/definition of the problem.[14]

In the next phase, the identification phase, the patient identifies with who can help him. The nurse allows the exploration of feelings and helps the patient confronting the problem as an experience, strengthening positive personality forces and thus providing the necessary satisfaction.[10]

The patient's response to the nurse can occur in three ways: the patient participates with the nurse working interdependently with her; the patient isolates himself and adopts a posture of full autonomy and independence from the nurse; or the patient positions as a passive agent and dependent on the nurse.[8-9]

It is in this phase that the goals of the care process are established, and are expected to be interdependent and cooperative.

In the exploration phase, the patient uses and takes advantage of all the services available to solve his problems. The patient actively seeks and obtains knowledge and expertise from who can help him, and can, however, experience ambivalent feelings about his state of dependence/independence.[9]

In the exploration phase, nurses use communication tools such as clarification, listening, acceptance, education, and interpretation to act in the patient's care, which takes advantage of the services offered to meet his needs. Thus, the professional helps the patient in solving his problems, and the next step is the resolution phase.[8]

The resolution phase is the last part of the interpersonal process, the process by which the patient-nurse tie is broken. The patient's needs are gradually met, and new objectives arise.[10] The successful resolution occurs when the patient moves away from his identification with the nurse, and both become independent, strong, and mature.[8]

During the phases of the nurse-patient relationship, progressive changes in the roles of patient and nurse are noticed, resulting in the maturation and personal growth of both, mainly highlighting the acquisition of the patient's autonomy and participation, who is not a "patient" in this process, but an active subject.

Peplau also identifies and conceptualizes seven nursing roles that develop as the various phases of the nurse-patient relationship are emerging.

The "stranger role" occurs in the first therapeutic contact between nurse and patient, when both are strangers to each other. The nurse must accept the patient as he presents himself, considering that the individual is emotionally able to relate until proven otherwise. Nurses should guide about the situation and reason for what is happening to the pacient.[9, 10]

As a "resource person", the nurse is responsible for directing the appropriate responses to the constructive learning, both clarifying questions and providing advice, especially with regard to health issues, explaining to the patient about the treatment and medical care plan.[10] Nurses can also play the "teacher" or "educator" roles to transmit knowledge based on the need or interest demonstrated by the patient. This role is seen as the combination of all nursing roles.[10] In the leading role, the nurse promotes the involvement and active participation of the patient in the process of treatment and care in a democratic way and based on a cooperative relationship.[10] "As a substitute," the nurse takes the place of another person whom the patient associates with a familiar figure. Nurses should lead the patient to identify the similarities and differences between him and the associated person, defining dependency, independence, and interdependency areas.[9]

The nurse can also take the "advisor" role in helping the patient to recognize, accept, confront, and solve problems. This phase is related to how the nurse responds to the questions of patients. Interpersonal techniques are important tools that are available to the counseling nurse because they lead the patient to remember and understand the current situation, integrating this experience with other life experiences.[8]

There is also the "technical specialist" role that although Peplau has not included in her original work, it was subsequently inserted because it was considered one of the leading roles in the nurse-patient relationship. As a technical specialist, the nurse provides physical care, demonstrating technical and clinical skills to perform the nursing care such as physical evaluation and use and operation of equipment for this purpose (intravenous pumps and blood pressure gauges, among others).[8, 15]

In her work, Peplau reports that nurses can play many other roles in the therapeutic relationship such as consultants, security guards, tutors, administrators, researchers, and observers; however, these roles were not described in details.[14]

♦ Metaparadigms applied to the theory

The nursing metaparadigm includes four concepts: nursing, health, people, and the environment.

Peplau conceptualizes Nursing as an interpersonal relationship that is meaningful and therapeutic and acts as a support to other human procedures allowing health to individuals in communities. The theoretical still adds that nursing is an educational tool and aims to promote the progress of personality towards a creative, constructive, productive, personal, and community life.[10]

Health is defined as a symbol word that suggests a progressive movement of the personality and other human processes underway, towards a creative, constructive, productive, personal, and community life. [8, 10]

Peplau considers man as an organism that fights its way to decrease the tension caused by needs.[8, 10]

The environment is not directly defined, however, in her theory, Peplau motivates the nursing professional to consider the patient's culture and traditions at the time of hospital care and in this context, factors such as cultural background and home and work environment.[8]

♦ Postulates

The Postulate is the description of the relationship between two or more concepts, and propositions are postulates that define these relationships between concepts in a theory.[7]

Peplau addresses the theoretical relationships in her work: the nurse-patient relationship, patient and his awareness of feelings, and nurses and their awareness of feelings. Nursing has a potentially educational role in the development of both patient and nurse.[10]

♦ Assumptions

The assumptions are statements that the theoretical makes eliminating the hypothesis of measuring or testing them.[1] They are beliefs accepted as true, and although not proven empirically, they can be argued philosophically.[7]

The theory of interpersonal relations of Hildegard Elizabeth Peplau emphasizes that the nurse-patient relationship is important in the health-disease process because this interaction enables better responsiveness by the patient and thus, educational health actions are satisfactorily performed.[9]

Hildegard Elizabeth Peplau presents two explicit and one implicit assumption in her work.[10] The first explicit assumption states that the training and posture adopted by the nurse will influence the patient's learning when receiving nursing care. The other assumption states that one of the nursing functions and nursing education is to stimulate the development of personality in the sense of maturity.

The implicit assumption reports that the nursing profession is legally responsible for the proper care and consequences to the patient.

♦ Results/Theory Evaluation

The first evaluation criterion approached by Fawcett is significance, which consists in verifying the importance of theory for the nursing discipline. Basically, the concepts of metaparadigm, propositions, philosophical foundations, and conceptual models that are explicit in the theory should be observed.[5] In addition, the evaluation of authors of prior knowledge in nursing and other disciplines are quoted and listed as bibliographical references is performed.[5]

The evaluation of the Theory of Peplau from this criterion shows that metaparadigm concepts are explicit as well as assumptions and postulates, as demonstrated in the theory's description in this article. With regard to the philosophical foundations on which the theory is based, it can be said that the theory of interpersonal relationships is included in interactive theories.

The Peplau theory derives from the psychodynamic model. The perspective of care that is based on this model focuses on the interaction/relationship between caregiver-patient from which we seek to identify the client's difficulties, assisting in resolving problems.[16]

In her work, Peplau refers to several authors such as Sullivan, Maslow, and Erick Erikson among others.[10] The internal

consistency criteria require the evaluation whether there is congruence between the context (philosophical claims and conceptual model) and content (concepts and propositions) in the theory.[5] The evaluation of clarity and consistency of semantic concepts as well as the structural consistency of the theory's propositions is also important for a theory to present internal consistency.[5]

The semantic clarity occurs when there are well-defined theoretical definitions for each concept to not generate duplicate interpretation.[5] Similarly, the semantic consistency is fulfilled when the same word and definition are used with the same meaning for a given concept.[5] The structural consistency, in turn, is satisfied when there is connection/relation between concepts.[5]

The concepts of the phases in the interpersonal relationship, the nurse's roles, and psycho-biological experiments are well defined and consistent. It is observed that the relationships between concepts are well developed and logically presented, which gives internal consistency to the theory.[10] For example, the concepts of the four progressive phases in the nurse-patient relationship establish logical and complete relations with each other and with other concepts such as the roles of nurses and psycho-biological experiences when describing the behavior in the nurse-patient interaction, beginning in an initial phase (orientation phase) and ending in the resolution phase in which nurses assume different roles in the patient care process that presents needs, frustrations, conflicts, and anxieties.[8,10]

The third criterion, parsimony, consists in measuring the content of theory with regard to clarity and concision.[5] The smaller the amount of concepts and propositions used to explain the theory clearly, the better and more parsimonious the theory is.

The Theory of Peplau presents few central concepts, which satisfactorily explain the theory. The concepts related to the phases in the nurse-patient relationship (orientation, identification, exploration, and resolution) are highly sufficient for understanding the theory. It is noteworthy that the concepts of the nurses' roles in the interpersonal process are also important because they complement the phases' concepts.

The fourth criterion is that of testability, considered as the main characteristic of the theory's usefulness. This criterion is met when the specific instruments or experimental protocols are designed to observe the theory's concepts; statistical techniques are evaluated to test the claims made by the propositions.[5]

There was a limitation in the testability analysis in this study because the evaluation of various research publications that applied and tested the theory of Peplau would be necessary in order to obtain clear conclusions about this criterion.

The Empirical Adequacy is the fifth criterion of evaluation and consists of claims made by the theory to prove the empirical data in order to evaluate the degree of the theory's reliability.[5]

Peplau's theory is based on reality, its definitions are at an intermediate level between denotation-connotation, it operatively conceptualizes the four phases of the interpersonal process, nurses and their roles, and patient and his state of dependence. The interaction between theory and empirical data allows other scientists to validate and verify the theory. The theory is considered empirically accurate. However, the degree of accuracy may increase with further investigation and development.[10] Therefore, the theory has been empirically tested and is supported by research through several validation studies found.

The sixth and final evaluated criterion is pragmatic appropriateness, which is the evaluation of the theory for the nursing practice. This criterion requires nursing professionals to demonstrate the theory's knowledge and the necessary skills to apply it.[5]

Peplau's theory is mainly used in the practice of psychiatric nursing. However, it can also be used in other contexts in which it is possible to establish communication between patient and nurse.[10] Its applicability is limited to contexts in which the communication and nurse-patient relationship is unilateral, for example in the care of patients in a coma, unable to communicate, and thus, to establish an interpersonal relationship.[10]

Regarding research, the work of Peplau exerted an enormous influence guiding works and clinical studies. The investigation stemmed from Peplau's assumption that the patient's problems were involved with the person's phenomena and investigated through the nurse-patient relationship. From the 60s, investigations became broader including the social system.[10]

Regarding its applicability, several studies performed by nurses were found using the Theory of Interpersonal Relations with positive results in varied groups: diabetics[18], puerperae[19], elderlies[20], caregivers of elderlies[21], patients with AIDS[22], and women in

situations of abortion[23]. Most of these studies emphasized the importance of further research and applicability to an additional development of the theory and its inclusion in the nursing practice.

Peplau's theory is accepted in the fields of psychology, nursing, mental health, and clinical nursing at the level of teaching and research, and to a lesser extent in the nursing practice.[24]

There are similarities and differences between the interpersonal phases of Peplau and the nursing process currently used.

Similarities: they are both sequential, emphasize therapeutic interactions, show mutual collaboration between patient and nurse in order to meet the patient's needs, who contributes to more accurate descriptions of his complaints. They are used as basic tools for the nursing practice, observation, communication, and record. The differences can be reflected in the nursing advancement towards having more defined goals and an increased number of specialties, in addition to the aforementioned autonomy.[8]

The work of Peplau is socially relevant because it brought a new possibility, a new method, and a new foundation with the theoretical basis for the nursing practice in the therapeutic work with patients. This theory enabled a new concept in the nursing culture because it allowed the understanding that care involves contact, relationship, and interaction.[24]

FINAL CONSIDERATIONS

The analysis of the theoretical model of Peplau through the criteria of Fawcett allowed the verification that the theory fits precisely in the significance, internal consistency, and parsimony criteria because few concepts, metaparadigms, and assumptions are used to define it, which are derived from the re-reading of psychological theories and are explicit, well-defined, and logically related to each other.

The testability analysis showed limitations because more studies focused specifically on this criterion are necessary to obtain consistent findings. Regarding the empirical adequacy, the theory is considered empirically accurate; however, more research is also needed in this aspect as well. As for the pragmatic appropriateness, the theory also shows limitations with regard to a lack of inclusion in social systems and patients who are unable to communicate. Therefore, studies to improve the theory in this context are needed because an interpersonal relationship with this type of patient is not possible.

Although with limitations, the theoretical assumptions of Peplau are operational and can be used in various areas of nursing where there is the possibility of communication between nurse and patient. The theory has contributed significantly to the performance of nurses because it promotes an interaction in which both patient and professional are protagonists and seek common goals involving the recovery, humanization, and quality of life by promoting the patient's well-being , and consequently that of the nurse.

Hence, it is understood to be essential that nurses increasingly seek knowledge about nursing theories, knowledge in the area, in order to evaluate and use them as tools of practical application and research guide when emphasizing the theory's continued development, and therefore, the development of new nursing skills.

REFERENCES

1. Alligood MR, Tomey AM. Introdução à Teoria de Enfermagem: História, Terminologia e Análise. In: Tomey AM, Alligood MR. Teóricas de Enfermagem e a sua obra: Modelos e Teorias de Enfermagem. Portugal: Lusodidacta; 2004. p. 3-13.

2. Kruse MHL. Modern nursing: the order of care. Rev Bras Enferm [Internet]. 2006 [cited 2013 Dec 10];59:(esp)403-10. Available from: http://www.scielo.br/pdf/reben/v59nspe/v59nspea04.pdf

3. McEwen M. Visão geral da teoria na enfermagem. In: McEwen M, Wills EM. Bases teóricas para enfermagem. 2nd ed. Porto Alegre: Artmed; 2009. p. 48-73.

4. Santos ZNSA, Oliveira VLM, Pagliuca LMF. Theory of Peplau: A critical analysis of its application on the treatment of a person with diagnosis of anxiety. Rev RENE [Internet]. 2004 July/Dec [cited 2013 Dec 10];5(2):110-7. Available from: http://www.revistarene.ufc.br/revista/index.php/revista/article/view/931/pdf

5. Fawcett J. Criteria for Evaluation of Theory. Nurs Sci Q [Internet]. 2005 Apr [cited 2013 Dec 10];8(2):131-5. Available from: http://nsq.sagepub.com/content/18/2/131.full.pdf

6. Felix LG, Nóbrega MML, Fontes WD, Soares MJGO. Analysis from Theory of Orem Self Care according to Fawcett. J Nurs UFPE on line [Internet]. 2009 Apr/June [cited 2013 Dec 27];3(2):392-8. Available from: http://www.revista.ufpe.br/revistaenfermage

m/index.php/revista/article/viewFile/307/pdf_881

7. McEwen M. Análise e Avaliação da Teoria. In: McEwen M, Wills EM. Bases teóricas para enfermagem. 2nd ed. Porto Alegre: Artmed; 2009. p. 119-38.

8. Belcher JR, Fish LJB. Hildegard E. Peplau. In: George JB. Teorias de Enfermagem: Os fundamentos à prática profissional. Porto Alegre: Artmed; 2000. p. 45-57.

9. Villela DVA, Almeida QP, Ribeiro WFP. Teoria do Relacionamento Interpessoal na Enfermagem: Hildegard Elizabeth Peplau. In: Braga CG, Silva JV. Teorias de Enfermagem. São Paulo: Iátria; 2011. p. 207-24.

10. Howk C. Hildegard E. Peplau: Enfermagem Psicodinâmica. In: Tomey AM, Alligood MR. Teóricas de Enfermagem e a sua obra: Modelos e Teorias de Enfermagem. Portugal: Lusodidacta; 2004. p. 423-35.

11. McEwen M. Análise e Avaliação da Teoria. In: McEwen M, Wills EM. Bases teóricas para enfermagem. 2nd ed. Porto Alegre: Artmed; 2009. p. 119-38.

12. Kuhns M. Teorias das ciências comportamentais. In: McEwen M, Wills EM. Bases teóricas para enfermagem. 2nd ed. Porto Alegre: Artmed; 2009. p. 324-51.

13. Almeida VCF, Lopes MVO, Damasceno MMC. Peplau's Theory of Interpersonal Relations: an analysis based of Barnum. Rev Esc Enferm USP [Internet]. 2005 June [cited 2013 Nov 11];30(2):202-10. Available from: http://www.scielo.br/pdf/reeusp/v39n2/11.pdf/

14. Vibedeck SL. Relações Terapêuticas. In: Vibedeck SL. Enfermagem em Saúde Mental e Psiquiatria. Porto Alegre: Artmed; 2011. p. 94-110.

15. Courey TJ, Martsolf DS, Draucker CB, Strickland KB. Hildegard Peplau's Theory and the Health Care Encounters of Survivors of Sexual Violence. J Am Psychiatr Nurses Assoc [Internet]. 2008 May [cited 2013 Nov 19];14(2):136–43. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3163527/pdf/nihms314454.pdf

16. Moraes LMP, Lopes MVO, Braga VAB. Analysis of the Functional components of the Peplau's Theory and its confluence with te group reference. Acta Paul Enferm [Internet]. 2006 Apr/June [cited 2013 Nov 11];19(2):228-33. Available from: http://www.redalyc.org/articulo.oa?id=307023806016

17. Pontes AC, Leitão IM, Ramos IC. Therapeutic communication in nursing: essential instrument of care. Rev Bras Enferm [Internet]. 2008 May/June [cited 2013 Dec 10];61(2):312-8. Available from: http://www.scielo.br/pdf/reben/v61n3/a06v61n3.pdf

18. Ataíde MBC, Pagliuca LMF, Damasceno MMC. Relation the purposes of the Theory of Peplau with the care to the diabetic. Rev Bras Enferm [Internet]. 2002 Nov/Dec [cited 2013 Dec 10];55(6):674-9. Available from: http://www.scielo.br/pdf/reben/v55n6/v55n6a08.pdf

19. Macedo KN, Silva GRF, Araújo TL, Galvão MTG. Aplicação da teoria interpessoal de Peplau com puérpera adolescente. Invest Educ Enferm [Internet]. 2006 [cited 2013 Nov 18];24(1):78-85. Available from: http://www.scielo.org.co/pdf/iee/v24n1/v24n1a08.pdf

20. Santos SSC. The home health care for elderly person: a help relationship in nursing. Rev Bras Enferm [Internet]. 1998 Oct/Dec [cited 2013 Nov 18];51(4):665-76. Available from: http://www.scielo.br/pdf/reben/v51n4/v51n4a11.pdf

21. Lindolpho MC, Oliveira JB, Sá SPC, Brum AK, Valente GSC, Cruz TJP. The impact of nurses' performance in the view of the caregivers of elderly with dementia. Rev pesqui cuid fundam (Online) [Internet]. 2013 July/Sept [cited 2014 Sept 08];6(3):1078-89. Available from: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/download/3452/pdf_1361>

22. Araújo EAG, Garcia TR, Coler MS. Application of the Theory of Peplau to the home care of a patient with AIDS. Cogitare enferm [Internet]. 1999 Jan/June [cited 2013 Dec 10];4(1):84-8. Available from: http://revistas.ufpr.br/cogitare/article/view/44831/27262

23. Rodrigues IDCV, Nery IS, Freire MSS, Santos LNM, Silva GBF, Luz MHBA. Reflection on the application of the Theory of Interpersonal Relations to women in abortion situation. J Nurs UFPE on line [Internet]. 2014 Sept [cited 2014 Sept 08];8(9):3206-11. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/5722/pdf_6161

24. Santos SSC, Nóbrega MML. Teoria das Relações Interpessoais em Enfermagem de Peplau: Análise e Evolução. Rev Bras Enferm [Internet]. 1996 Jan/Mar [cited 2013 Dec 10];49(1):55-64. Available from: http://www.scielo.br/pdf/reben/v49n1/v49n1a07.pdf

Submission: 2015/06/08
Accepted: 2016/08/05
Publishing: 2016/09/15

Corresponding Address

Mariana André Honorato Franzoi
Condomínio Mansões Entre Lagos Etapa 1
Conjunto W Casa 12
Bairro Região dos Lagos
CEP 73255-900 — Sobradinho (DF), Brazil