

REVIEW

Health needs: a developing concept according to Rodgers' evolutionary approach

Necesidades de salud: un concepto en desarrollo según el enfoque evolutivo de Rodgers

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ABSTRACT

Introduction: the study of human needs by Aristotle, Freud and Murray reveals their importance in shaping personality. Aristotle sees need as something inevitable, while Freud links it to the basic impulses of the id. Murray distinguishes between primary and secondary needs, which are essential for psychological well-being. Understanding these needs is crucial for human development. The aim of this study is to analyze the concept of health needs in nursing doctoral theses using Rodgers' evolutionary method.

Method: conceptual analysis based on Rodgers' Evolutionary Model. Data collection in the Portuguese Open Access Scientific Repository with descriptor "Health Needs" and subject "Nursing". Applied to doctoral theses with open access. The year of publication, country of origin, concept, attributes, antecedents, consequents, substitute terms and related concepts were evaluated.

Results: seven theses were selected. They address the concept of Health Needs presented in two pillars: 1) health strategies in a relationship of reciprocity between the health professional and the approximation of the care expected with that provided; 2) the dimensions of health gains (other concepts have emerged such as practice directed towards equity and family support).

Conclusions: health needs is a dynamic concept that is an integral part of the process of theoretical development in nursing and a central focus in determining care for the person being cared for or their family.

Keywords: Caregivers; Growth and Development; Nursing; Needs; Public Policy.

RESUMEN

Introducción: el estudio de las necesidades humanas por Aristóteles, Freud y Murray revela su importancia en la formación de la personalidad. Aristóteles ve la necesidad como algo inevitable, mientras que Freud la vincula a los impulsos básicos del ello. Murray distingue entre necesidades primarias y secundarias, que son esenciales para el bienestar psicológico. Comprender estas necesidades es crucial para el desarrollo humano. El objetivo de este estudio es analizar el concepto de necesidades de salud en las tesis doctorales de enfermería utilizando el método evolutivo de Rodgers.

Método: análisis conceptual basado en el Modelo Evolutivo de Rodgers. Recopilación de datos en el Repositorio Científico de Acceso Abierto de Portugal con descriptor "Necesidades de Salud" y tema "Enfermería". Aplicado a tesis doctorales con acceso abierto. Se evaluaron el año de publicación, país de origen, concepto, atributos, antecedentes, consecuentes, términos sustitutos y conceptos relacionados.

Resultados: se seleccionaron siete de estos. Abordan el concepto de Necesidades de Salud presentado en dos pilares: 1) estrategias de salud en una relación de reciprocidad entre el profesional de la salud y la aproximación del cuidado esperado con el prestado; 2) las dimensiones de las ganancias de salud (han surgido otros conceptos como la práctica orientada a la equidad y el apoyo familiar).

Conclusiones: las necesidades de salud son un concepto dinámico que forma parte integral del proceso de desarrollo teórico en enfermería y un foco central en la determinación del cuidado a la persona cuidada o a su familia.

Palabras clave: Cuidadores; Crecimiento y Desarrollo; Enfermería; Necesidades; Políticas Públicas.

INTRODUCTION

The study of human needs has long been of interest to numerous theorists linked to different approaches, so its relevance derives from the importance and relevance of the search for knowledge about the person. The concept of “need” is well founded on the authority of history, which has given it the substance of an event.⁽¹⁾

The word necessity (from the Latin *necessitate*), is described as a feminine noun, that which is absolutely necessary; character of that which is indispensable; unavoidable. One question that comes up is what “necessity” means. Necessity is there, it exists, but its meaning has varied over time. Each person takes as necessary in each situation what in another situation would not seem plausible to them.⁽²⁾

According to Aristotle (384 BC - 322 BC), the concept of necessity refers to something that must be in a certain way and cannot exist otherwise. For this philosopher, necessity is something fundamental to life; the moment to achieve good and avoid evil; and what is determined for a person without their will.⁽³⁾ Aristotle states that necessity is what is occurring.⁽¹⁾

Sigmund Freud (1856 - 1939), with his theory of psychoanalysis, developed between 1885 and 1939, emphasizes the importance of educators being properly guided from a psychoanalytical perspective. This approach allows them to gain a deeper understanding of the psychological dynamics of their students, in order to promote an educational environment that fosters the child’s optimal development. pleasure principle guides the id (in German: es, “him, that”) to satisfy these basic needs and help ensure survival (the most basic part of the personality). The pleasure principle is the driving force behind the id, which seeks immediate satisfaction of all needs, desires and impulses. For Freud, the id is the only part of the personality that is present at birth. It is made up of unconscious psychic energy that works to satisfy basic impulses, needs and desires. The id is one of the three main components of the personality, along with the ego and superego.⁽⁴⁾

As a psychologist, Henry Murray (1893 - 1988) was one of the first to investigate needs, describing a theory of personality that was planned in states of motives, pressures and needs. Murray described need as a capacity or agility to respond in a certain way, in certain circumstances.⁽⁵⁾

Murray identified needs in two types: primary or viscerogenic, basic needs and secondary or psychogenic needs. While these needs may not be fundamental to basic human survival, they are essential for psychological well-being⁽⁵⁾. The same author reinforces that each person’s unique levels of need play a role in shaping their individual personality.⁽⁵⁾

Given the relevance of the topic, the aim of this study is to analyze the concept of health needs in nursing doctoral theses using Rodgers’ evolutionary method.

The theorists referenced in this study play a crucial role in shaping modern nursing’s conceptualization of health needs. Their contributions provide a foundational framework that remains highly relevant in contemporary healthcare settings, particularly in guiding holistic and patient-centered approaches.

Rodgers’ evolutionary perspective on concept development underscores the dynamic nature of health needs, emphasizing that these are not fixed but evolve in response to social, cultural, and systemic influences. This aligns with current healthcare challenges, such as addressing health inequities, promoting universal access to care, and adapting nursing interventions to diverse populations. In practice, this theoretical perspective supports the continuous refinement of nursing assessments and interventions to ensure they remain responsive to changing patient and community needs.

METHOD

This is a concept analysis based on Rodgers’ evolutionary model.⁽⁶⁾ The analysis of a concept, according to Rodgers, defines it as a dynamic, comprehensive and absolute phenomenon, which cannot be understood in isolation, but rather within a specific context (Table 1). It is therefore considered that contextual aspects and the dependence of these factors are decisive for its understanding. Conceptual analysis thus emerges as a valid approach to investigating a concept of interest, with relevance to both nursing practice and research. This model makes it possible to understand the concept in a temporal way, i.e. over a given period and in the

context in which it manifests itself, thus underlining its dynamic nature.

Step	Description	How It Was Operationalized
Step 1: Defining the Concept	Identify the concept of interest (e.g., "Health Needs").	Selected "Health Needs" from RCAAP database and examined its definition in the nursing context.
Step 2: Selecting the Field	Choose the relevant field from which to collect data.	Data collection from doctoral theses on health needs in Portugal and Brazil (Portuguese Open Access Scientific Repository).
Step 3: Highlighting Attributes	Identify defining characteristics (attributes) and contextual bases (antecedents and consequents).	Analyzed studies to identify attributes, antecedents, and consequents of "Health Needs."
Step 4: Analyzing Characteristics	Identify substitute terms and related concepts.	Found synonyms and related concepts (e.g., "patient care needs").
Step 5: Identifying Examples	Provide examples to demonstrate the concept in real-world contexts.	Case studies from selected studies were used to provide practical examples.
Step 6: Determining Implications	Identify the implications of the concept for nursing practice and research.	Discussed the impact of "Health Needs" on nursing practice, policy, and education.

This process involves the inductive and descriptive method, with the aim of outlining the descriptive knowledge produced, which guides the concept under analysis.

This method consists of six steps: defining the concept of interest; selecting the field for data collection; highlighting the attributes of the concept and contextual bases (antecedents and consequents); analyzing the characteristics of the concept (substitute terms and related concepts); identifying, if necessary, an example of the concept and determining its implications.^(7,8)

As with other research, according to Rodgers' evolutionary vision, data was collected from the Portuguese Open Access Scientific Repository with the descriptor "Health Needs" and the subject "Nursing", from the perspective of the studies published and indexed on Health Needs in the Portuguese Open Access Scientific Repository (RCAAP). This repository was chosen because it offers scientific productions with complete and detailed discussions on the chosen subject. Applied to doctoral theses with open access. The year of publication, country of origin, concept, attributes, antecedents, consequents, substitute terms and related concepts were evaluated.

The research followed a previously defined research protocol, ensuring the systematization of the data collection and analysis process. No time limits were set for the selection of scientific productions. The studies were selected based on the inclusion criteria of studies developed in Portugal and Brazil - dissertation studies or doctoral theses and which addressed the expression "Health Needs". The data collection indicators were guided by the definitions and questions of Rodgers' evolutionary method. Three researchers carried out two analyses of the studies selected: the first consisted of evaluating the titles and abstracts (if they showed characteristics indicative of the concept of Health Needs); the second consisted of reading the pre-selected studies in their entirety. The number of studies in each phase is shown in figure 1.

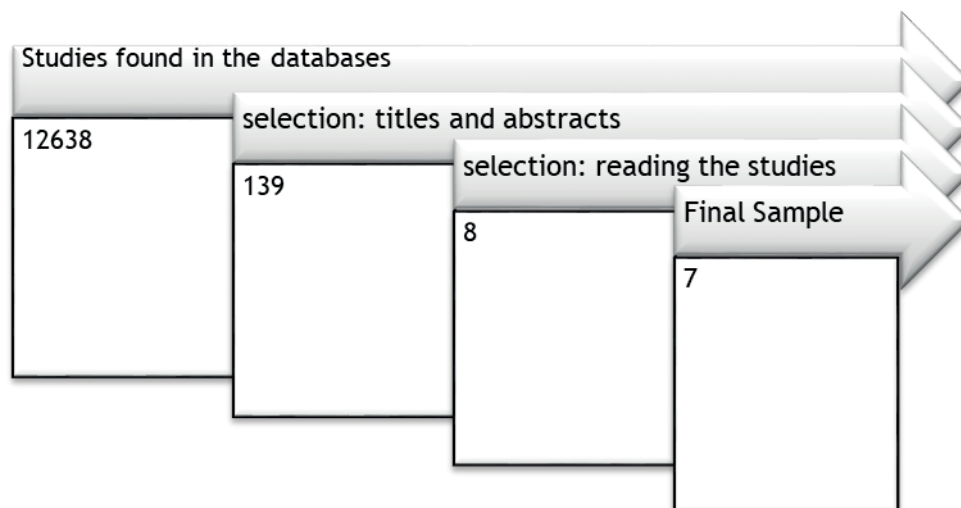


Figure 1. Data collection flowchart

The sample consists of seven doctoral theses, which seek to carry out a contextual analysis of the concept of Health Needs in the light of Rodgers' evolutionary method, which were published in Portugal and Brazil. São Paulo (3), Lisbon (1), Belo Horizonte (1), Rio de Janeiro (1) and Florianópolis (1). The selected works were published between 1998 (1), 2001 (1), 2012 (1), 2015 (1), 2016 (1), 2017 (1) and 2018 (1). Other data from this research will be presented according to the categorization of the elements of Rodgers' evolutionary method (table 2).

The small sample size (n=7) limits the generalizability of the results and may reduce the diversity of perspectives. However, in exploratory and conceptual studies, the depth of analysis may be more relevant than statistical representativeness. The geographical restriction to Portugal and Brazil may introduce biases due to differences in healthcare systems and professional practices. Nevertheless, if theoretical saturation is achieved, the sample can be considered sufficient, as it ensures an adequate exploration of the concepts. Furthermore, the adequacy of the sample depends on the study's objective. If the focus is on an in-depth analysis of a specific phenomenon, the qualitative approach justifies the selection of a small group, provided that the participants are representative of the phenomenon studied and allow for a rich and detailed understanding.

Table 2. Articles analyzed

Study	Author	Doctoral thesis	Year of publication	University	City / Country
A1 ⁽⁹⁾	Sá M do CL	Perceptions of health status, autonomy and self-care among people with rheumatic disease.	2015	Portuguese Catholic University	Lisbon / Portugal
A2 ⁽¹⁰⁾	Caldeira S	Health care in the relational context of nurses and elderly women: the view of the subjects involved.	2012	University of São Paulo	São Paulo / Brazil
A3 ⁽¹¹⁾	Yonekura T	Health Needs: Building a tool for Regional Health Planning.	2016	University of São Paulo	São Paulo / Brazil
A4 ⁽¹²⁾	Palhoni A	Theory on attention to health needs: a sensitive look beyond the disease.	2018	Federal University of Minas Gerais	Belo Horizonte / Brazil
A5 ⁽¹³⁾	Nascimento A	How the territory's health needs can be addressed and monitored by municipal management instruments?	2017	University of São Paulo	São Paulo / Brazil
A6 ⁽¹⁴⁾	Galvão dos Santos, LC	Needs of relatives of people admitted to an intensive care unit: a comprehensive perspective for the humanization of care.	1998	Federal University of Rio de Janeiro Anna Nery School of Nursing	Rio de Janeiro / Brazil
A7 ⁽¹⁵⁾	Alvarez, AM	The experience of the elderly and their family caregivers in the process of caring and being cared for at home.	2001	Federal University of Santa Catarina	Florianópolis / Brazil

Concept analysis

Concept (from the Latin *conceptu*), masculine noun; all that the mind conceives and understands; understanding; idea, opinion; conception. Concept is the study of meaning. A concept is an elaborate idea or mental construction about a phenomenon.⁽¹⁶⁾ These are terms referring to phenomena that occur in nature or in thought. They are cognitive, abstract representations of a perceptible reality formed by direct or indirect experiences.⁽¹⁷⁾ Concepts can be classified as empirical or concrete (observed by the senses) or abstract (not observable).

Their primary function is to enable people to describe situations and communicate effectively. As representations of a given reality, concepts have dynamic attributes that change over time and context, and their evolution or appropriateness can be distorted by their use. Therefore, in order for concepts to fulfill their function in the construction of scientific knowledge, their essential attributes and, consequently, their definitions should be periodically analyzed, with a view to continuous improvement.

Concept analysis is a formal, linguistic exercise that examines the elements of a concept, its usage and how similar or different it is to other related words. Advocates of concept analysis base its usefulness on the need to clarify semantically words that are vague or misused, subsequently allowing those using the word to understand the same concept. In addition, they provide precise definitions for application in theories and research.⁽¹⁸⁾

As concepts are dynamic and can have their analysis modified over time, the analysis of a concept should never be considered as a finished product, but rather as a definition of its attributes at the present time. Thus, concept analysis is configured as an intellectual exercise in nursing and constitutes an integral part of the

development process of the Nursing discipline.⁽¹⁹⁾

Before explaining the concept, it is important to point out that the concept of health needs represents an increase in a person's vulnerability, and its development is fundamental to understanding the interconnection with other concepts. This study poses the following guiding question: "How has the concept of "Nursing Needs" been used in scientific productions over time?"

RESULTS AND DISCUSSION

Needs and the discipline of Nursing

Needs change over time. Some people have a definite tendency to have certain needs that are more frequent or more marked than others. Another very close concept is that of motive, which is closely linked to motivation.⁽²⁰⁾

The theory of personality based on needs and motivations suggests that personalities are a reflection of behaviors controlled by needs. In 1954, the structure of basic human needs written by Abraham Maslow (1908 - 1970) was widely received by nursing because it could be used in various theories without coming into disagreement.⁽²¹⁾ Maslow⁽²²⁾ postulates that all human beings share basic needs; a need is the lack of something desirable. Likewise, he conceptualizes the following conditions as basic needs: 1. absence produces illness; 2. presence prevents illness; 3. restoration cures illness; 4. under certain conditions, is preferred by the needy person without prejudice to other satisfactions; 5. inactive / active to a minimal degree or not at all in the non-sick person.

With Henderson and Orem came the School of Basic Human Needs (1950s-1960s). In the 1950s, based on Maslow's hierarchy of needs, Virginia Henderson developed a theory of nursing care. This theory orders nursing needs into 14 different components, based on individual needs. In the light of this theory, nurses are responsible and help people to be themselves when they take over their care, ensuring that there are fewer obstacles during recovery and return to self-care. The categorization of fundamental human needs can be useful in nurses' initial training, serving as a guide for the construction of nursing diagnoses. However, it can also represent a limitation by inducing a reductionist approach to the person.⁽¹⁾

As a contemporary of Henderson, Dorothea Orem (1993) demonstrates in her model of self-care the conceptual comprehensibility of the body/mind relationship as an important advance in nursing care thinking. Self-care refers to learned intentional actions, carried out successively by individuals, to satisfy their needs to maintain life, health and well-being.⁽²³⁾

The considerations on existential or natural, necessary, social and radical needs elaborated by Agnes Heller (1986) describes need as a conscious desire, an aspiration, an intention directed at all times towards a certain object and which stimulates action, and can be an act or a way of living life.⁽²⁴⁾

According to Fumie Matsumoto (1999), health needs can be identified as: the need for good living conditions; the need to have access to all health care technologies that can improve or prolong life; the need to have a bond with a professional or team; and the need to have autonomy in the way one goes about life.⁽²⁵⁾

Background and consequences of the Health Needs concept

The antecedents are aspects, situations or phenomena that contributed to the construction of the concept and consequents refer to characteristics or phenomena generated after the construction of the concept, which reveals the concept of health needs being preceded, from the perspective of Rodgers' evolutionary vision, by different circumstances, incidents or phenomena. In this sense, it is understood that the antecedent of the concept of health needs has to be updated according to health needs (table 3).

The studies showed that the human needs of Abraham Maslow, Virginia Henderson and Dorothea Orem were crucial to the development of the concept of Health Needs in the discipline of Nursing with the emergence of the School of Fundamental Human Needs (FHN),⁽²⁶⁾ with the satisfaction of the NHF, with a future capable of responding more efficiently to health needs. Therefore, care focuses on the person's independence in meeting their basic needs, in which the theory characterizes the nurse as a substitute for the person, that is, what they do for the person in order to help them become empowered as a person again, in meeting their needs.

As for the consequences of this concept, there is an alert to physical and psychosocial needs, and it is important to train professionals in order to identify vulnerable people and their needs and prioritize them⁽²⁷⁾, to be able to respond more efficiently to people's needs and expectations in the future to meet their needs.⁽²⁶⁾

Social needs arise with a strong uniformity of demand and supply planning centered on the disease.⁽²⁸⁾ There is a greater responsibility on the part of the state to guarantee the conditions that enable the consumption of productive goods and public services. Similarly, the predominance of political interests directly interferes with the work processes of managers. The organization and political participation of society are crucial in the face of the inertia of the state sector's actions.⁽²⁸⁾ Thus, the concept of Health Needs refers to the identification of individuals' needs in relation to health services, as well as the social changes that influence their accessibility and quality.⁽²⁸⁾

Table 3. Main antecedents and consequents of the Health Needs concept

Antecedents	Consequents	Study No.
Human needs + Abraham Maslow + Virginia Henderson Dorothea de Orem	Study for analysis in order to better capture reality	A5 ⁽¹³⁾ ; A6 ⁽¹⁴⁾
	Health education programs	A1 ⁽⁹⁾ ; A2 ⁽¹⁰⁾
	Professional intervention programs	A1 ⁽⁹⁾ ; A2 ⁽¹⁰⁾ ; A4 ⁽¹²⁾
	Compromised health	A6 ⁽¹⁴⁾
	Feeling devalued	A6 ⁽¹⁴⁾
	Dependence to maintain life	A6 ⁽¹⁴⁾ ; A7 ⁽¹⁵⁾
	Social needs	A3 ⁽¹¹⁾
	Identification of vulnerability	A7 ⁽¹⁵⁾

Substitute terms and related concepts

With regard to the related concepts, which are those that correspond to the philosophical assumptions and the network of other concepts that allow the formulation of a meaning for the phenomenon studied, these are shown in figure 2. The distinction between “substitute terms” and “related concepts” is not always evident, as both involve the articulation of similar ideas within a given field of study. However, a clear definition of these categories can clarify their distinct roles in academic and professional discourse.

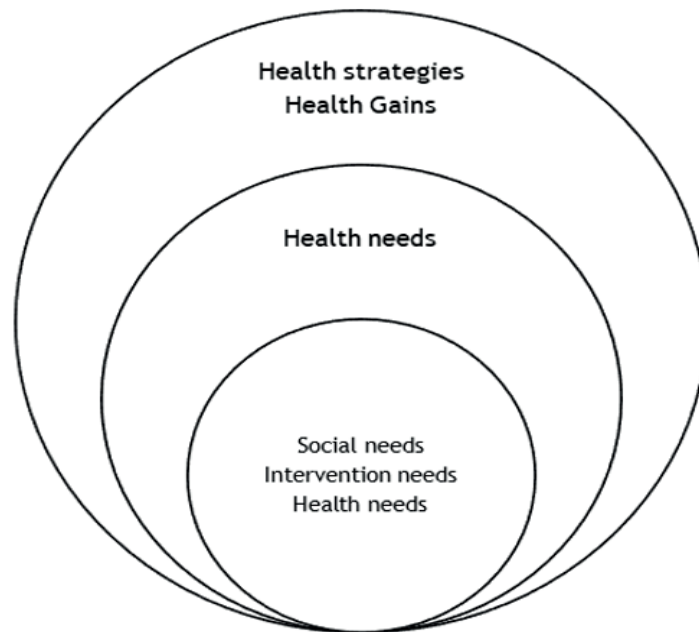


Figure 2. Substitute terms and related concepts of Health Needs

“Substitute terms” refer to expressions used interchangeably with a primary term without necessarily expanding its meaning or introducing new conceptual dimensions. An example of this is the use of the term “social needs” instead of a more specific or technical term. While using a substitute can often simplify discourse, it may also result in a loss of precision or important nuances. On the other hand, “related concepts” encompass ideas that are not only associated with the primary term but also contribute to their understanding and deepening. “Equity-oriented practice,” for instance, does not directly replace the concept of “social needs,” but it is closely linked to it, as equity influences how these needs are identified and addressed. This related concept adds interpretative layers and emphasizes a particular focus or perspective within the debate.

Of the studies searched, the substitute terms found deal with aspects of health needs such as health needs, social needs and intervention needs that are reflected in health gains and health strategies. It has been shown that health needs are expressed as a limiting term that does not represent the relationship between needs, which now involve various aspects of personal life, in an interconnected way, which is why they have come to be called Health Needs.⁽²⁹⁾

Regarding the concepts related to Health Needs, they can be categorized into two groups: 1) health strategies in a reciprocal relationship between the health professional and the approximation of the care expected with that provided;⁽²⁷⁾ 2) health gains (other concepts have emerged such as equity-oriented practice⁽³⁰⁾ for social isolation⁽¹⁴⁾ and family support).⁽²⁶⁾

The two pillars - health strategies and dimensions of health gains - were derived from the thematic analysis of the theses examined, identifying patterns and conceptual recurrences. The first pillar, health strategies, emerges from the need to outline specific actions to promote equity and improve care, while the second, dimensions of health gain, reflects the expected impacts of these strategies.

Attributes of the Health Needs Concept

In general, it can be seen that scientific productions choose concepts presented by governmental entities and with a need for political participation: 1) Strengthening the Unified Health System (UHS) as a public social protection policy ; 2) Municipal Health Plan (MHP) as a health planning instrument; 3) Identification of health needs through situational diagnosis and social participation and in the management of the UHS; 4) Conception of Health Needs based on morbidity and mortality indicators; 5) Supervision of proposed actions through collaboration in social development and morbidity and mortality profile 6) Operability of health units with autonomy of health professionals.⁽³⁰⁾ (figure 3).

The Municipal Health Plans, together with the annual professional management reports, are two instruments for evaluating health policies that make it possible to identify vulnerability and equity-oriented practices. Active and systematized listening to the population is essential, which translates into the transformation of reality or is characterized in practice, which is why interviews with content analysis are recommended in order to better capture reality.⁽³⁰⁾ Interviews should address the demand for healthcare and the healthcare expectations of patients and their families.⁽³⁰⁾

The identified attributes, such as political participation and morbidity indicators, are strongly linked to the context of Brazil's Unified Health System (SUS), where the public health structure emphasizes social participation and epidemiological monitoring as fundamental components. However, the applicability of these attributes to other healthcare systems depends on their adaptation to the institutional, political, and socioeconomic framework of each country.

Future research should be carried out to understand the needs of patients and family, as well as how nurses can help people cope best with their vulnerabilities. The importance of carrying out studies that investigate the results of nurses' interventions is reinforced,⁽²⁶⁾ since the needs are broad and with the aim of identifying living conditions, or more specifically access to specialized technology/equipment, the humanization of care and the development of autonomy.^(28,30) Based on the analysis conducted, concrete measures are suggested to deepen the understanding of the identified pillars and enhance the applicability of the findings in different healthcare contexts. Firstly, it is recommended to conduct longitudinal studies to assess the impact of health strategies over time. By monitoring the implementation of these policies over a period of five to ten years, it would be possible to understand their effects on equity and health gains, particularly through the tracking of access and quality of care indicators. Additionally, cross-cultural comparisons between different healthcare systems could help identify transferable elements and those requiring adaptation. Comparing equity policies in Brazil, Portugal, and other countries with universal healthcare systems, such as Canada and the United Kingdom, would allow for a better understanding of how these strategies can be applied in diverse contexts.

Another key recommendation is the refinement of conceptual definitions and the validation of identified categories, particularly the distinction between substitute terms and related concepts. To achieve this, a detailed semantic analysis, including a systematic review and expert validation, is suggested to consolidate a precise technical vocabulary applicable across different settings. At the same time, it is essential to develop standardized metrics to assess the dimensions of health gains by creating indicators that enable consistent measurements across countries. These indicators may include the reduction of inequalities in healthcare access, the improvement of clinical outcomes in vulnerable groups, and the impact of public policies on health equity.

Finally, the integration of these strategies into participatory policy-making models is recommended, ensuring that healthcare professionals, managers, and communities are involved in the development and evaluation of the proposed measures. The use of methodologies such as the Delphi method or consensus panels may be an effective approach for this purpose. These recommendations strengthen the applicability of the study, allowing its findings to guide both future research and the development of more effective and contextually adapted policies.

Support for the family is fundamental⁽²⁶⁾, as is investing in inter-team coordination and the development of targeted programs.

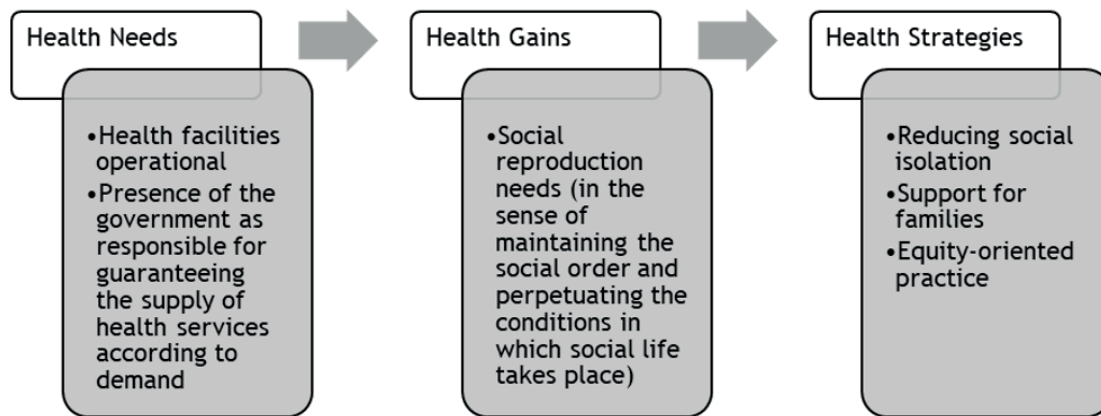


Figure 3. Attributes and concepts of Health Needs

Limitations

The central idea of the document is not to exhaust the analysis of the Health Needs concept, but to challenge reflections around the concept, more specifically in relation to the development of a concept related to health and Nursing.

Contributions to the nursing field

The findings of this study offer several practical implications for curriculum design, policy frameworks, and nursing practice. Firstly, integrating the study's insights into nursing education can enhance curricula by emphasizing the dynamic interplay between job satisfaction, quality of work life, and professional well-being. Training programs should incorporate modules on resilience-building, stress management, and interpersonal relationship skills to equip nurses with strategies for navigating workplace challenges effectively.

From a policy perspective, healthcare institutions and regulatory bodies should consider revising policies to promote a more supportive work environment. This includes implementing workload management strategies, fostering collaborative leadership, and ensuring that nurses have access to psychological and professional support systems.

In clinical practice, nurses can operationalize this dynamic concept by adopting patient-centered care models that align with workplace satisfaction principles. This involves fostering teamwork, engaging in reflective practices, and advocating for organizational changes that prioritize well-being. Additionally, nursing leaders can use the study's findings to inform staff retention strategies, ensuring a more sustainable and motivated workforce.

CONCLUSIONS

The conclusions of this study align with Rodgers' evolutionary perspective, emphasizing the dynamic and context-dependent nature of health needs. However, this analysis goes beyond the general premise by refining and challenging existing definitions within nursing theory. Traditional conceptualizations of health needs often focus on biomedical determinants, whereas this study highlights a broader, multidimensional perspective that incorporates social, psychological, and structural factors influencing nursing practice.

By critically analyzing health needs through a contemporary lens, this study reinforces the importance of context in defining and addressing these needs. It suggests that health needs are not static but evolve alongside changes in healthcare policies, professional expectations, and societal demands. This perspective challenges rigid classifications and calls for a more flexible, adaptive framework that acknowledges the interplay between individual experiences and systemic structures.

Furthermore, this study contributes to nursing theory by integrating a more holistic understanding of health needs, advocating for an approach that balances patient-centered care with workforce well-being. By expanding beyond traditional definitions, it encourages a shift from prescriptive models to more responsive, practice-informed interpretations that align with the realities of nursing care. This evolution in thinking has significant implications for both theoretical advancements and practical applications in nursing education, policy, and clinical settings.

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