

RECOVERY ORIENTED NURSING CARE IN MENTAL HEALTH SETTING: CONCEPT ANALYSIS USING WALKER AND AVANT’S FRAMEWORK

Hafiza Ayesha Gul*

MSN Scholar Faculty of Nursing and Midwifery Ziauddin University, Karachi, Pakistan.
hafiza.29897@zu.edu.pk

Mehwish Khan

MSN Scholar Faculty of Nursing and Midwifery Ziauddin University, Karachi, Pakistan.
mehwish.29893@zu.edu.pk

Shireen Arif

Associate Professor Faculty of Nursing and Midwifery Ziauddin University, Karachi, Pakistan.

Abstract

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Corresponding Emails & Authors*
Hafiza Ayesha Gul*

BACKGROUND: Recovery is a prominent but dynamically changing concept in mental health nursing. Although it has been widely adopted, its characteristics and theoretical underpinnings need to be articulated more clearly. **AIM:** The aim of this paper is to examine the concept of recovery through the lens of Walker and Avant’s framework (2019) and examine its fit with Ivan Pavlov’s behavioral theory and the author-developed AAA (agency, adaptive capacity, and autonomy) framework, which integrates the concepts of agency, adaptive capacity, and autonomy drawn from self-determination, resilience, and hope theories. **METHODS:** A literature-based concept analysis was performed to examine the defining attributes, antecedents, and consequences. Models and exemplars were created to better understand the conceptual boundaries, and the theories were employed to interpret the results. **RESULTS:** The defining attributes are individualized and strength-based care, hope and independence enhancement, collaborative nurse and patient relationships, and social support development. The main antecedent is the transformation from the biomedical paradigm to person-centered care, and the main consequence is patient empowerment. Pavlov’s theory helps to facilitate behavioral change by developing coping mechanisms, while the author-developed AAA framework supports recovery by

promoting agency, autonomy, and adaptive capacity within the recovery process.

CONCLUSION: By integrating behavioral theory and the author-developed AAA framework, the theoretical base of mental health nursing practice with a focus on recovery can be strengthened, and its application in advanced practice can be ensured.

KEYWORDS: Recovery, mental health nursing, concept analysis

INTRODUCTION

Recovery is increasingly being identified as a significant principle in mental health nursing. In recent years, there has been a clear shift away from the perception of recovery as merely the reduction or absence of symptoms. Rather, recovery is increasingly being defined as a personal and ongoing process whereby individuals attempt to live meaningful and hopeful lives in the face of mental health challenges (World Health Organization, 2021). While the term "recovery" is commonly used in practice, education, and research, it is not always clearly defined. This can lead to a lack of consistency in the application of recovery-oriented practice.

This paper examines the concept of recovery in mental health nursing practice, employing Walker and Avant's approach. This paper is theoretically informed by Hildegard Peplau's Interpersonal Relations Theory. While Peplau's views on therapeutic partnership and patient participation, and ideas on autonomy, adaptive capacity, and agency, together offer a complete framework for understanding recovery-oriented mental health nursing practice, this paper discusses the concept definition, literature review, defining attributes, antecedents, consequences, model cases, theoretical integration, and implications for advanced nursing practice.

Concept analysis is critical to the development of nursing theories as it refines abstract concepts, improves the definition of attributes, and enhances their application to practice (Walker & Avant, 2019)

DEFINITION OF RECOVERY ORIENTED NURSING CARE

Recovery is commonly described as "the process of becoming well again after an illness or injury, or returning to a normal or former state" (Cambridge Dictionary, n.d.). Although appropriate for a biomedical context, this definition is not very helpful in mental health care, where a return to a former state may not be possible or even be the best outcome.

Recovery is viewed as a subjective, unpredictable, and strength-based process that allows individuals to become actively engaged within their communities and experience a sense of well-being despite the presence of ongoing mental health issues.

Recovery-oriented nursing care is a person-centered approach in which nurses work in partnership with individuals living with mental health issues to promote hope, self-control, purpose, and independence. This approach shifts the focus from illness and symptoms to individual strengths, choices, and personal goals, recognizing recovery as a unique and individual process in which healthcare professionals act as partners and supporters rather than leaders (Cleary et al., 2022).

LITERATURE REVIEW

Mental health nursing recovery is generally defined as a dynamic and non-linear process for the individual, influenced by their values, social context, and cultural setting (Leamy et al., 2023). Every individual's recovery process is unique, and it is not just the absence of symptoms that matters but also the development of hope, autonomy, and a meaningful life despite the presence of mental health issues (WHO, 2021). A recovery-oriented nursing practice demands that the nurse moves from a purely biomedical model to a collaborative approach, where the patient is helped to discover their strengths and work towards their goals instead of just concentrating on their illness (Cleary et al., 2022).

Although existing recovery-oriented theories and literature emphasize concepts such as empowerment, hope, resilience, and patient participation, these concepts are often discussed separately within mental health nursing practice. To provide a more integrated understanding of recovery-oriented care, the author developed the AAA (Agency, Adaptive Capacity, and Autonomy) Recovery Nursing Framework. This framework combines concepts drawn from self-determination, resilience, and hope theories to support a more comprehensive understanding of recovery as an active, person-centered, and growth-oriented process.

The AAA (Agency, Autonomy, and Adaptive Capacity) Recovery Nursing Framework provides the theoretical foundation for this concept analysis by integrating principles from Self-Determination Theory, Resilience Theory, and Hope Theory. The framework emphasizes that recovery in mental health is strengthened when individuals

are supported to exercise autonomy in decision-making, develop adaptive capacity to cope with adversity, and build agency to pursue meaningful goals and hope for the future. Central to this framework is Peplau's Interpersonal Relations Theory.

These theories are also supported by research. Stickley et al. (2016) suggested that recovery and social inclusion should be integrated into advanced mental health nursing education to prepare nurses for this shift in practice. Laranjeira (2022) suggested that hope is a very essential concept in recovery and proved that the promotion of hope helps patients take an active role in the recovery process. Moreno-Poyato et al. (2023) suggested that therapeutic relationships in acute mental health settings are a very essential component of recovery-oriented practice, which focuses on Peplau's interpersonal approach.

It is also important to highlight the importance of the strengths of the patients. Lavoie-Tremblay et al. (2024) proved that the application of a strengths-based approach can lead to greater engagement and health outcomes than the deficit-based approach. Hormazabal-Salgado et al. (2024) also emphasized that the application of shared decision-making is a critical component of recovery-oriented practice, emphasizing the importance of collaboration and empowerment. In a similar manner, Kealeboga et al. (2023) proved that cultural adaptation is a critical component, as the values of recovery need to be adapted to local beliefs and practices to be effective.

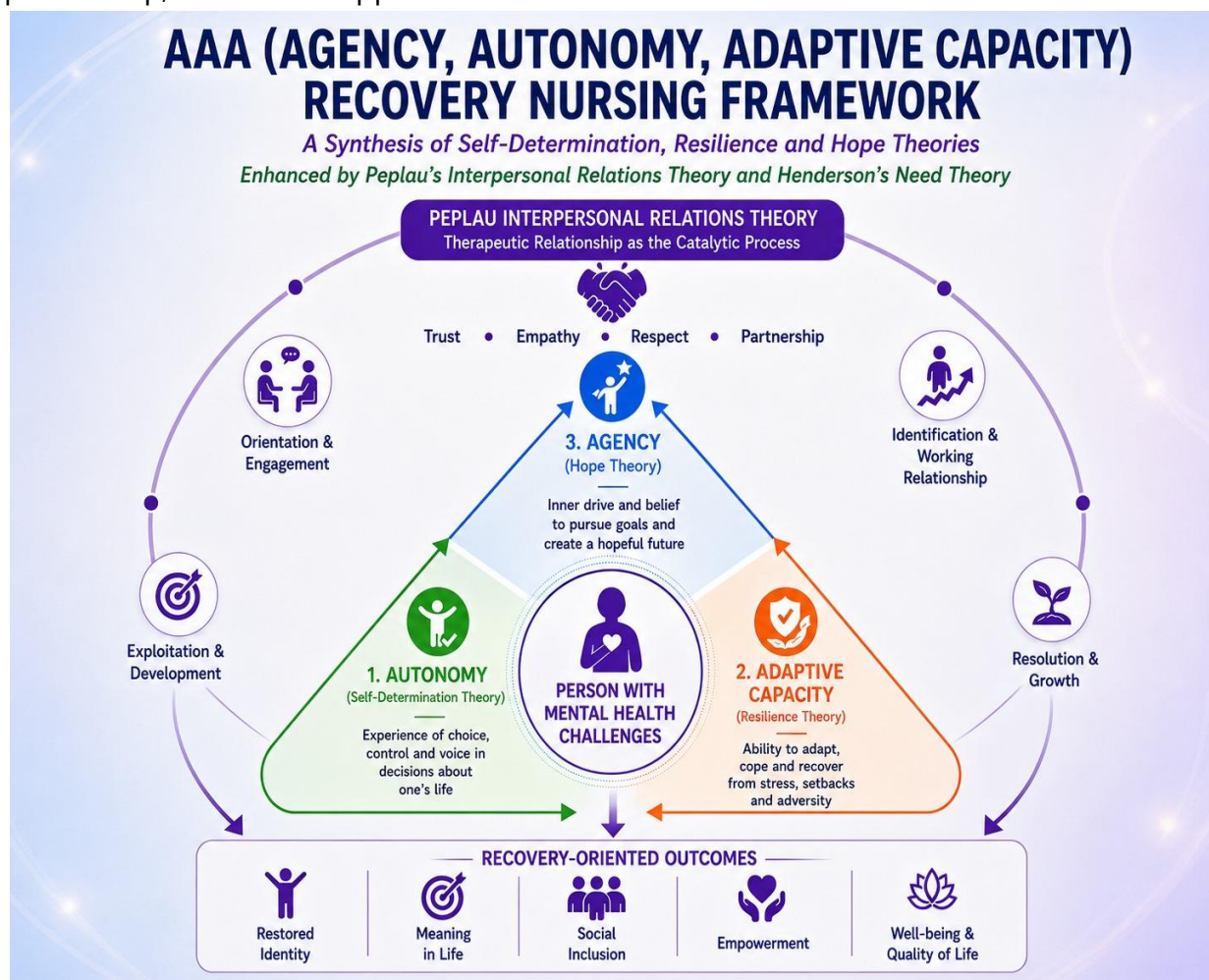
International perspectives also emphasize the importance of recovery-oriented practice. Khanthavudh et al. (2023) emphasized the challenges of applying Western models of recovery in Asia, supporting the importance of cultural adaptation. The World Health Organization (2021) also emphasizes that community mental health services need to focus on person-centered and rights-based care, which aims to empower and support recovery for all individuals.

In general, the literature presents a clear image: recovery is a personal and value-based process that involves changes in nursing practice, education, and the healthcare system. Nurses play a crucial role in the development of a therapeutic relationship, hope, and holistic care. By using the models of Peplau, patients can live meaningful and hopeful lives despite their mental health problems. In this respect, recovery-oriented

practice is more than symptom management; it is about what really matters to the patient—their strengths, goals, and sense of well-being.

DEFINING ATTRIBUTES

As defined by Walker and Avant (2019), defining attributes refer to the essential attributes that are repeatedly found in the literature, enabling the identification of one concept from another. In the context of mental health nursing, the attributes of recovery-oriented care that have been repeatedly found in the literature include individualized care, strengths-based care, empowerment and hope, therapeutic partnership, and social support.



1) FOCUS ON PATIENT

Recovery-oriented nursing care starts with the recognition of the individuality of each person. The decisions made in the care process are based on the values and preferences of the patient, their life goals and aspirations, and their own meaning of life rather than just the routines and standards. The nurse has to take time to understand what matters most to the patient and what they want to happen in their life other than just the alleviation of symptoms (World Health Organization, 2021). This individualization of care aligns with Peplau's theory of understanding the patient's lived experience through therapeutic interaction. Individualization of care promotes trust and active participation in the process of care, which is further supported by the autonomy component of the author-developed AAA Recovery Nursing Framework, emphasizing the patient's voice, choice, and control in decisions related to their recovery journey.

2) BUILDING ON STRENGTHS

The emphasis on strengths rather than weaknesses is the second trait. The conventional models might emphasize the limitations of an individual. On the other hand, the recovery-oriented model emphasizes an individual's abilities. As a result, the nurse can highlight the person's strengths and assist them in becoming more self-assured and driven from within (Lavoie-Tremblay et al., 2024). Peplau's thesis backs up the notion that a nurse can assist a client in becoming more self-aware and insightful. The belief that the person views themselves favorably is fostered by the emphasis on strengths, which closely reflects the agency component of the author-developed AAA Recovery Nursing Framework by encouraging hope, self-belief, and confidence in pursuing personal recovery goals.

3) ENCOURAGING HOPE AND INDEPENDENCE

Hope is considered a key element in the recovery process, as emphasized in the literature (Cleary et al., 2022; Laranjeira, 2022). In the context of recovery-oriented nursing practice, hope is encouraged and the person is enabled to make self-determining decisions in the care process. Empowerment is a state in which the person is enabled to set meaningful goals and move towards increased self-determinism. According to Peplau, the nursing practice is a growth-facilitating relationship in which the person develops self-confidence and self-determinism through interaction. Similarly,

the author-developed AAA Recovery Nursing Framework supports this attribute through the concepts of agency and autonomy, emphasizing hope, inner motivation, self-determination, and the individual's active role in directing their own recovery process.

4) THERAPEUTIC NURSE–PATIENT PARTNERSHIP

The therapeutic relationship is the foundation upon which the concept of recovery-oriented practice is based. Building trust, empathy, and understanding through active listening and presence is a powerful way of creating a psychologically safe space in which the person feels heard and valued (Moreno-Poyato et al., 2023). Within the therapeutic relationship, the focus of care shifts from a task-oriented model to a shared process. Peplau's Interpersonal Relations Theory is directly related to this attribute in terms of the importance of collaboration and engagement in the care of the patient. The nurse facilitates the conditions in which the person can recover through the therapeutic relationship, which is further strengthened by the author-developed AAA Recovery Nursing Framework through the promotion of autonomy and agency within collaborative and trusting nurse–patient partnerships.

5) PROMOTE SOCIAL SUPPORT AND COLLABORATION

Recovery does not happen in isolation. Social interactions, such as family and peer networks and community resources, are also an important aspect in the maintenance of positive recovery progress. The nurse is in a unique position to assist in the creation of such networks and positive supportive environments. As Moreno-Poyato et al. (2023) highlight, such positive engagement in a supportive environment is an important aspect in the maintenance of positive recovery outcomes. Peplau also highlights the importance of interpersonal interaction outside the immediate health context, while the adaptive capacity component of the author-developed AAA Recovery Nursing Framework further supports the individual's ability to build supportive relationships, utilize community resources, and sustain recovery within social environments.

These five characteristics of individualized care, focus on strengths, empowerment and hope, therapeutic partnership, and social support are the key characteristics of recovery-oriented nursing in distinction from a more biomedical model of care. These five characteristics represent a paradigm shift towards a more holistic and person-centered model of care.

ANTECEDENT

According to Walker and Avant (2019), antecedents are defined as situations that must occur before something else happens. In mental health nursing, the main antecedent is a fundamental change in mental health care practice from the traditional biomedical model to the person-centered and recovery-focused model.

1) A SHIFT IN THE CARE PRACTICE

Traditionally, the focus of mental health services has been symptom management and risk reduction, with little consideration for the personal goals and experiences of the patient (Hormazabal-Salgado et al., 2024). However, for recovery-oriented care to be provided, the traditional way of providing care must change. This means that the nurse and healthcare organizations must have a philosophy that supports the importance of autonomy, meaning, and participation in care.

For the nurse, it is a change in practice from a task-centered role to a therapeutic partnership, and both Peplau's Interpersonal Relations Theory and the author-developed AAA framework support the interpersonal relationship between the nurse and the patient, with the AAA framework also reinforcing patient agency within care engagement and decision-making.

CONSEQUENCE

Consequences, as defined by Walker and Avant (2019), are the end results of a concept. The most significant consequence of the recovery-oriented mental health nursing practice is the empowerment of the patient.

When the patient receives care that is person-centered and strengths-based and has a collaborative approach in its delivery, the patient begins to view themselves in a different way. The patient no longer views themselves as their illness. The patient begins to develop a sense of confidence in their own abilities and a sense of control in their own life. This sense of independence in the patient's life encourages the patient to engage in their own recovery process (Kealeboga et al., 2023).

Empowerment in the context of the recovery-oriented approach is the positive consequence of the nurse-patient relationship in the context of the mental health nurse's role.

Peplau's theory of interpersonal relations focuses on how relationships promote personal growth, while the author-developed AAA framework emphasizes the development of agency and autonomy within the recovery process. These perspectives provide an understanding of how empowerment is naturally achieved when recovery-based nursing care is provided

MODEL CASE

Maria is a 32-year-old female client who is receiving health care in a community health facility for depression. Previously, the health care provided to Maria was mainly focused on the adjustments made to her medication and the observation of her symptoms. Although her symptoms were closely observed, the client would always leave the health facility feeling unheard and disheartened. A new nurse takes a deliberate approach to recovery-oriented care.

Recovery is not just defined as the absence of symptoms but also as helping the client to live a meaningful and hopeful life despite depression. In the first encounter with the client, the nurse asks Maria what is most important to her as a client. Maria says to the nurse that she would like to have a part-time job.

ATTRIBUTES:

- **PERSON-CENTERED CARE:** The nurse focuses on Maria's personal goals.
- **STRENGTHS-BASED FOCUS:** The nurse and Maria identify her strengths and coping mechanisms.
- **PROMOTION OF HOPE:** They set small goals for Maria, such as updating her resume.
- **THERAPEUTIC PARTNERSHIP:** The nurse empathizes with Maria, as discussed in Peplau's emphasis on interpersonal relationships.

ANTECEDENT: The nurse changes her focus from symptom-based care to a person-based care philosophy.

CONSEQUENCE: Maria feels empowered as shown in her positive attitude towards her care plan and her future.

BORDERLINE CASE

Jawad is a 40-year-old patient in the hospital for treatment of his bipolar disorder. The nurses are kind and respectful towards him. They explain thoroughly what medicines he

is taking and he can keep his own schedules and follow them with their support to get used to and feel confident in taking his medicine. When he starts to feel low the nurses sit with him, helping him to recognize what might be going on with him at the start, and helping to give him hope that they will be able to control his condition in the future. Jawad is comfortable and is more independent.

But, with this clinical improvement, the patient's individual goals are not considered. But his lifelong love of painting isn't referred to. There is no mention of what his creative gift, his most important asset to his recovery, could be used on the road to keeping his mental health, or after he was discharged.

DEFINITION: Recovery-oriented care in the hospital is partially implemented. The patient's symptoms are managed and treated well

ATTRIBUTES PRESENT

- Basic Therapeutic Relationship (peplau)
- Promotion of Independence and Hope
- Fully Individualized Person-Centered Goal Setting

ATTRIBUTES MISSING

- Strengths-Based Practice (his artistic talents are not utilized)

Since the philosophical shift toward full recovery-oriented care has not completely occurred, Jawad's empowerment remains limited. Although he is supported and becoming more independent, he is still not fully involved as an active partner in planning his own recovery journey.

CONTRARY CASE

Laiba is a 28-year-old female patient who is unwillingly admitted for anxiety. Her nursing care is fully dedicated on symptoms and tasks. Nurses inform her about medication schedules and advise her to attend group therapy without asking for her opinion. Communication is very brief. When Laiba wants to contact her family, she is not allowed as it may exacerbate her condition. Her fears, goals, strengths, etc., are not taken into account. Laiba becomes withdrawn, hopeless, and detached from care.

DEFINITION: This is an example of nursing care that is not focused on recovery.

ATTRIBUTES ABSENT:

- No person-centered goal setting

- No strengths-based care
- No fostering of independence or hope
- No therapeutic partnership (Peplau theory)
- No seeking of social support

Since the shift in philosophy to recovery has not taken place, the result of this is that Laiba feels disempowered, which is the essence of the absence of recovery-based care.

EMPIRICAL REFERENTS

Empirical referents of recovery-oriented nursing care include patient participation in care planning, therapeutic nurse–patient relationships, empowerment, goal attainment, and recovery assessment tools. These indicators help evaluate the effectiveness of recovery-oriented mental health nursing practice.

THEORETICAL APPLICATIONS OF THE CONCEPT:

PURPOSE OF CONCEPT ANALYSIS IN RELATION TO THEORY:

The concept analysis enhances the nursing theory by specifying the meaning, boundaries, antecedents, and consequences of the concept (Walker & Avant, 2019). In the case of the concept of recovery-oriented nursing care, the concept analysis ensures that the concept is well understood and distinguished from the general ideas of “getting better.” By specifying the attributes of the concept such as person-centered care, focus on strengths, therapeutic partnership, promotion of hope, and empowerment, the concept can be well grounded in the theory.

APPLICATION TO PEPLAU’S THEORY AND AUTHOR-DEVELOPED AAA FRAME WORK:

Peplau’s Interpersonal Relations Theory asserts that the nurse–patient relationship is the basis of the healing process. The direct application of the recovery-oriented model of care is based on this theory. By the therapeutic communication, goal setting, and joint decision-making, the patient is not treated as a passive recipient of care but rather an active partner in the care process. The healing occurs through the interpersonal relationship.

The recovery-oriented model is further supported by author-developed AAA framework, which emphasizes the development of agency and autonomy within the recovery process. When nurses care for the patient with actual presence and respect for

the patient's lived experience, they promote a sense of hope and self-worth in the patient.

CONCLUSION

This concept analysis has identified the concept of recovery-oriented nursing care as a person-centered, strengths-based approach that emphasizes hope, partnership, and empowerment. Recovery-oriented care goes beyond the alleviation of symptoms to assist the person in developing a meaningful life despite the presence of mental health challenges. Both the Interpersonal Relations Theory of Peplau emphasize the significance of the nurse-patient relationship as the basis of the healing process, with the former emphasizing the therapeutic relationship, dignity, compassion, and wholeness as the basis of the recovery process.

Implications of the findings of the analysis of the concept of recovery-oriented care to the practice of advanced practice nursing, especially in mental health settings, underscore the need to facilitate the recovery process by leading the person in the development of the care plan, advocating for a collaborative approach to care, and influencing policy to promote the person's autonomy.

SELF REFLECTION

This process of analyzing the concept has profoundly changed my perspective on recovery. While I have traditionally seen recovery as closely tied to improvement, I now understand it as a highly relational and empowering process. It has increased my commitment to practice with presence, respect, and partnership.

REFERENCES

- Cleary, M., Raeburn, T., West, S., & Childs, C. (2022). The lived experience of recovery in mental health nursing: A phenomenological study. *International Journal of Mental Health Nursing, 31*(3), 621–630. <https://doi.org/10.1111/inm.12978>
- Hormazábal-Salgado, R., Whitehead, D., Osman, A. D., & Hills, D. (2024). Person-centred decision-making in mental health: A scoping review. *Issues in Mental Health Nursing, 45*(2), 145–158. <https://doi.org/10.1080/01612840.2023.2286534>
- Jesus, T. S., Papadimitriou, C., Bright, F. A., Kayes, N. M., Pinho, C. S., & Cott, C. A. (2022). Person-centered rehabilitation model: framing the concept and practice of person-centered adult physical rehabilitation based on a scoping review and

- thematic analysis of the literature. *Archives of Physical Medicine and Rehabilitation*, 103(1), 106-120.
- Kealeboga, K. M., Manyedi, E. M., & Moloko-Phiri, S. (2023). Perceptions of nurses working in mental health services regarding the recovery-oriented care approach: Findings from Africa. *Nursing Open*, 10(11), 7348–7359. <https://doi.org/10.1002/nop2.1992>
- Lavoie-Tremblay, M., Boies, K., Clausen, C., Frechette, J., Manning, K., Gelsomini, C., Cyr, G., Lavigne, G., Gottlieb, B., & Gottlieb, L. N. (2024). Strengths-based nursing and healthcare leadership: A concurrent mixed-methods study. *International Journal of Nursing Studies Advances*, 6, 100184. <https://doi.org/10.1016/j.ijnsa.2023.100184>
- Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2023). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *British Journal of Psychiatry*, 222(3), 112–121. <https://doi.org/10.1192/bjp.2022.172>
- Moreno-Poyato, A. R., Tolosa-Merlos, D., González-Palau, F., Pérez-Toribio, A., Casanova-Garrigós, G., & Delgado-Hito, P. (2023). The therapeutic relationship at the heart of nursing care: A participatory action research in acute mental health units. *Journal of Clinical Nursing*, 32(15–16), 5135–5146. <https://doi.org/10.1111/jocn.16642>
- Tamayo, N., & Lane, A. (2022). Effective nursing recovery-oriented interventions for individuals with substance use disorder: A literature review. *Journal of Addictions Nursing*, 33(4), 233-246.
- Thongsalab, J., Yunibhand, J., & Uthis, P. (2023). Recovery-oriented nursing service for people with schizophrenia in the community: An integrative review. *Belitung Nursing Journal*, 9(3), 198.
- [World Health Organization](#). (2021). *Guidance on community mental health services: Promoting person-centred and rights-based approaches*. World Health Organization. [WHO publication](#)