

Advancing Nursing Practice: An Evaluation Study of Parse's Theory of Human Becoming

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Abstract

The purpose of this study was to evaluate the changes in nursing practice and the patient/family perspectives of nursing care when Parse's theory of human becoming was used as a guide for nursing practice in an acute care surgical setting. The patterns of transition in nursing practice were: understanding the unique contribution of nursing from a theoretical perspective; living value priorities to enhance quality of care for patients and families; shifting the focus of care from problems to the nurse-person relationship; finding meaning in nursing through reflection on self and others; supporting colleagues to move towards patient centred care; persisting with new ways while facing resistance to change; and enhancing personal and professional growth. It is evident from the positive patterns of change in nursing practice and patient and family experiences of nursing care that Parse's theory of human becoming is congruent with and supports patient centred nursing practice.

Background

Historically, nursing practice has been closely aligned with medical theories and traditions. The advancement of nursing as a scientific discipline with its own unique knowledge for professional nursing practice can be credited to the development of nursing theories since the 1970's (George, 1990). The benefits of nursing theory based practice include professional identity and autonomy, coherence of purpose, and professional communication (Northrup & Cody, 1998).

Although nursing theories are taught in some educational settings in British Columbia, few nurses actually utilize nursing theoretical frameworks to guide their practice which unfortunately remains dominated by the traditional problem based, medically oriented, task focused approach to patients.

The Vancouver Hospital and Health Sciences Centre has created a vision for patient centred care. It is a way of organizing, designing, and delivering programs and services to provide a continuum of care which focuses on

patients and families, rather than on the convenience of the providers. The eight dimensions of patient centred care are listed in Table 1.

Table 1
The Eight Dimensions of Patient Centred Care

1. Access
 2. Respect for patients' values, preferences, and expressed needs
 3. Coordination and integration of care
 4. Information, communication, and education
 5. Physical comfort
 6. Emotional support and alleviation of fear and anxiety
 7. Involvement of families and friends
 8. Transition and continuity of care
- (Gerteis, Edgman-Levitan, Daley, & Delbanco, 1993)

Early nursing theories were developed from the natural science paradigm and viewed people as bio-psycho-social beings and the nurse as the expert in making health related decisions. Nurses today are beginning to challenge traditional nursing theories to regain the focus on the nurse-person relationship, the foundation of patient centred care. The global move toward more concern for the perspective of the person and family to satisfy the concerns of the public for more humane treatment is congruent with Parse's theory of human becoming (Parse, 1998).

The human becoming theory is grounded in the human sciences and existential-phenomenological thought and supports the view of persons as the experts in their own lives. The central phenomenon of nursing is the person's health, described as a process of becoming, and the goal of nursing is quality of life from the perspective of the person. Quality of life can be described only by the person in relation to their lived experience. The assumptions of the theory specify the person as an open being in mutual process with the universe. The essence of the practice method is true presence with persons as they explore the meaning of their life situation and freely choose ways of becoming based on their value priorities (Parse, 1998). Documentation reflects the person's subjective experience as patterns of health and hopes and dreams which guide the nurse-person activities and plan of care.

Purpose

The purpose of this study was to evaluate nursing practice based on Parse's theory of human becoming. The first two objectives were to discern changes in: 1) the values, beliefs, and practice patterns of the nurses; and 2) the patient/family experience of nursing care. The third objective was to generate data for informed decision making related to the teaching of this theory throughout the hospital. The research question was: *What happens to nurses' beliefs and practices*

and patient/family experiences of nursing care when nursing practice is guided by Parse's theory of human becoming?

Study Design

The research design for this study was descriptive qualitative evaluation with pre-project, process, and post-project data gathering. Information sources included: tape-recorded interviews with nurses regarding their beliefs about human beings, health and nursing; tape-recorded interviews with persons and their families regarding their experiences with nursing care; and recorded observation of the nurses' experiences by the researcher during the teaching sessions.

The external evaluator, a clinical nurse specialist from a Toronto hospital, and very experienced with Parse's theory in practice, education, and research conducted all interviews with patients, families, and nurses.

Setting and Participants

The setting was a combined 41-bed unit for patients undergoing vascular and general surgery with approximately 40 permanent and 15 casual nurses working 12 hour shifts. The nurse manager, clinician, educator and 12 staff nurses expressed interest in being participants. Most of the nurse participants worked in the vascular unit. They varied in age and experience from new graduates to senior nurses. They viewed themselves as patient centred and very different from the surgical nurses who were overall more task and routine oriented. These differences in practice resulted in ongoing conflict in determining priorities for nursing care between the two groups.

The majority of the patients were over 65 years of age and had complex medical conditions. It was difficult to recruit patients in this setting as many of them were too ill to participate and others were not comfortable with signing a consent and being tape-recorded. A total of twelve patients and family members participated in an interview prior to or upon completion of the project.

Data Generation

The researcher conducted teaching sessions on Parse's theory of human becoming for an 8-month period. Initially the nurses met weekly for one and a half hours and then, at the request of the nurses, this was changed to every other week for three hours. Each nurse participant was given a learning module that was developed at St. Michael's Hospital in Toronto (Jonas, Pilkington, Lyon, & MacDonald, 1992). The sessions began with discussions of the underlying values and beliefs of the theory. Gradually the concepts, principles, and practice methodology were introduced. As the nurses became more knowledgeable about the theory, the discussions focused on practice situations and provided opportunity for the nurses to share their experiences. The nurses were encouraged to keep a reflective journal throughout this project to record their progress.

Data Analysis

Analysis of the interview and process data was accomplished by using a qualitative analysis-synthesis process (Parse, Coyne, & Smith, 1985). The researchers reviewed and reflected on the data to identify themes that described patterns of changes in patient/family perceptions of nursing care and the values, beliefs, and practice of the nurses.

Presentation of Findings

Patient and Family Perspectives

During the interviews prior to and upon completion of the teaching sessions, patient and family members were asked to describe the quality of nursing care. There were notable changes in the patient and family perspectives of nursing care indicated by stronger expressions of quality nursing practice. Nursing care was viewed as more individualized and meaningful and nurses were described as less task-oriented and taking time to talk and listen. Participants clearly identified some nurses as exemplary and a few nurses as uncaring and abrupt. Two issues were consistently raised in both sets of interviews: the need for continuity of nursing care; and the problem of sleep disruption at night.

Nurses' Perspectives

The questions in Table 2 were used as a guide during the nursing interviews prior to and upon completion of the teaching program.

Table 2
Interview Guide for Nurse Participants

1. What, for you, is the most unique and important thing about being a nurse?
 2. What beliefs and values guide your practice?
 3. What is the meaning of health for you as a nurse?
 4. What does quality of life mean for you?
 5. What, for you, is quality nursing care?
 6. Briefly describe the present quality of your work life?
 7. What do you usually chart regarding patients?
 8. How do other nurses and other health care professionals view your contribution to patient care?
 9. What are your hopes and dreams for nursing?
- (Adapted from Santopinto & Smith, 1995)

Significant changes in nursing practice were evident by comparing the nurses' responses during the interviews before and after the teaching program. In the post study interviews the unique contribution of nursing was most often described in the first theme of **being with** patients

and families throughout their hospital experience. The following comment is indicative of this changed view: "being with someone in a meaningful way as opposed to being responsible for and doing for."

The second theme was the **affirmation and validation of the nurses' values and beliefs**. The following comment is expressive of this view: "It's nice knowing that it's acceptable to be the way I am, you know, to nurse the way I've nursed".

Developing nurse-person relationships was the third theme. One nurse described her experience in this way: "The relationship between us was just incredible I will never forget anything that we did together, we had so much fun near the end."

Integral to the nurse-person relationship was the value of respecting individuality not only of patients and families, but also of peers. Moving beyond problems and suspending judgement were also important considerations in developing relationships as reflected in the following statements:

"If you sit down and talk with them or just ask certain questions like going a bit deeper, it's amazing what you find out and it's not a problem at all."

"People have to make their own decisions and I can help them and I can be there for them but I can't judge them."

The study of Parse's theory involved an intensive process of personal reflection and increasing awareness which led to the fourth theme of **reflective and meaningful nursing practice**. Finding meaning in nursing practice was described by one nurse as follows: "You know I'm glad that I got the passion of nursing back because I think I was very angry."

The fifth theme of **personal growth** was achieved through the realization of hopes for nursing and through the identification of strengths. The following comment is descriptive of a personal experience: "I couldn't separate building skills for nursing without building skills for my life ... this isn't just about nursing, this is about me and this is about me as a nurse."

Theme six was **supporting each other**. The process of this particular group of nurses meeting to learn Parse's theory led to a very strong bond. The manager had observed: "Nurses have told me that they have come out of a busy assignment and negotiated with their coworkers that they needed time to sit with a patient...their coworkers, even the people who were not Parse nurses, did so...I think that pleased and surprised the nurses." The support of the manager was seen as critical to the success of the study. One nurse commented: "If we didn't have [the manager] involved in this. I don't think it would have worked. I think we would have met so much resistance...I think if there hadn't of been that, we would probably not have made it."

The seventh theme was **challenging and changing nursing practice traditions**. Some examples included

removing the visiting hours signs thus permitting open visiting hours. Another long struggle ended the routine practice of making all the beds at 0800 hours whether or not the patients were in agreement. When patients refused treatments or procedures, the nurses no longer worried about not following orders. Instead, they documented and reported the patient and family decisions. A new practice for the nurses was to ask patients about health, quality of life, and their hopes and dreams. Changes in documentation and reporting reflected the patients and families subjective experience and a shift from problem focused charting. Some nurses said that they were charting more to include the person's perspective, whereas some nurses were charting less since they felt that they didn't have to justify their nursing care priorities.

The recognition of **ongoing struggles** was the eighth theme. Learning the language of the theory was initially a difficult process for many participants. Nurses not participating in the study felt isolated because of the changes in practice and also due to the change in language of the participants. One example was that the study nurses no longer called patients by their operative procedure or room number as was common practice. Instead they would refer to a patient as "the person with an amputation".

Many nurses were experiencing conflict with physicians, perhaps even more than before the study as they now focused on the patient and family perspective. One nurse shared this struggle: "Though I'm still working on getting over being intimidated by surgeons...I really have much more of a sense of - these (the patients) are the people that I'm here for."

Other challenges included: lack of continuity of care related to the 12-hour shift schedule; increasing acuity of patients; and decreased length of stay. One nurse said: "They were kind of turfing everyone home as soon as they could get up out of bed...I miss those days when you could sort of just concentrate on developing a relationship with the person instead of helping them to get better and get out." The enduring challenge was facing resistance to change especially from other nurses. A nurse explained why one participant withdrew from the study: "One of the nurses did drop out because she was getting a lot of pressure from other nurses to kind of conform with the old way instead of moving forward to a new way."

The Manager's Perspective

The manager participated fully in the interview process and the teaching sessions. The nurses commented that her support throughout this endeavour was remarkable and key to their success in changing nursing practice. The manager shared that she initiated the Parse's project to help the nurses to grow professionally. She believed that this study experience did strengthen and support the nurses by increasing their awareness on a very personal journey. The

hiring practices of the manager took on a different focus as she questioned applicants about their philosophy of nursing. In addition, the manager became more aware of how she made decisions regarding patient assignments. The care of patients and families who required the most personal attention were assigned to the Parse nurses.

The Teaching/Learning Process

The researcher documented experiences shared by the participants during the teaching sessions. This process data included: stories about patients, changes that were happening on the unit, group process, and individual achievements. An in-depth analysis of the data revealed a definite process of transition.

At the outset of the study, there was a strong commitment of the participants to move forward into the unknown with great hopes for making positive changes in their nursing practice.

Mid-way through the study, the nurses completed the sessions for the formal part of the theory and began to question how to live the theory in practice. During this time all nurses were integrated to work in both units which led to a heightening of the differences in practice.

In the later months of the study, the participants became increasingly confident in making changes in their practice inspired by the acknowledgement of patients, families, and peers. They shared their achievements and struggles and began gaining recognition for their efforts. There was an obvious shift in the thinking of the nurses as they became less judgemental of the practice of other nurses and instead focused on how they could improve their own practice. The final sessions truly became a celebration of nursing practice.

Discussion of Findings

The research question in this study was: *What happens to nurses' beliefs and practices and patient/family experiences of nursing care when nursing practice is guided by Parse's theory of human becoming?* Analysis of all data sources revealed seven recurring patterns which are outlined in Table 4.

The first pattern of transition was understanding the unique contribution of nursing from a theoretical perspective. Many nurses spoke of pride in using Parse's theory as a basis for their nursing practice. They could easily define their role in terms of enhancing quality of life from the perspective of patients and families. Throughout the teaching sessions, the philosophical assumptions and practice method of the theory provided a solid foundation upon which to direct nursing care. The participants in the study became known on the unit and throughout the hospital as Parse nurses and have been gaining increasing recognition from patients, families, and colleagues for their philosophy of nursing practice.

Table 4

Patterns of Transition in Nursing Practice

1. Understanding the unique contribution of nursing from a theoretical perspective
2. Living value priorities to enhance quality of care for patients and families
3. Shifting the focus of care from problems to the nurse-person relationship
4. Finding meaning in nursing through reflection on self and others
5. Supporting colleagues to move towards patient-centered care
6. Persisting with new ways while facing resistance to change
7. Enhancing personal and professional growth

The second pattern of transition emerging from all data sources was the living value priorities to enhance quality of care for patients and families. Practising from Parse's theory permitted nurses to live their values and beliefs which included respecting individuality of others and suspending judgement. The nurses were able to genuinely be themselves in the workplace. Patients and families noted that even though the nurses were very busy, they were able to provide individualized care. During the teaching sessions the nurses spoke of the freedom they felt to be supported to practice in this way.

A third pattern of transition in nursing practice was shifting the focus of care from problems to the nurse-person relationship. This was not an easy process as the nurses described their work within a problem-oriented system of care where patients were usually referred to by their room number or operative procedure, and nursing practice was defined by the numerous daily tasks. The nurses expressed a sense of relief in not having to fix everyone and make them better, as this was recognized as an unrealistic expectation. Instead they made a concerted effort to understand the patients' and families experiences from their perspective and to be with them during this hospital experience. Patients and families responded very positively to the nurses who spent time getting to know them.

Finding meaning in nursing through reflection on self and others was the fourth pattern of transition. The intensive teaching/learning process provided an opportunity for nurses to develop an awareness of their practice and that of others. This ongoing reflective practice led to many changes and an increased sensitivity to others. The nurses found meaning in their work through the positive feedback from patients, families, and colleagues.

The fifth pattern was supporting colleagues to move towards patient centered care. Because nurses in the study group developed a strong support system for each other they

became confident in encouraging other nurses and health care professionals to uphold the hospital's mission to patient-centered care. Patient and family concerns were explicitly charted and shared during reports at shift change. Patients and families were invited to conferences to share their experiences and to plan their care. The Parse nurses were consulted by nurses throughout the hospital on approaches to patient centred care.

Persisting with new ways while facing resistance to change was the sixth pattern. Challenging and changing practice traditions initially led to resistance from other nurses and physicians, but the positive support from patients and families encouraged the nurses to persevere. The integration of the two nursing units during the study period led to more visibility and more resistance to changes in traditional nursing routines. Gradual acceptance of the changes and continuing support from the manager, nurse educator, and nurse clinician also provided positive reinforcement.

The final pattern of transition, enhancing personal and professional growth, is consistent with the first six patterns. The manager and the nurses described their participation in this study as a very personal journey which led them once again to find meaning in their role as a nurse. They were perceived by others to be confident and articulate in their values and beliefs. Their commitment to quality of life from the perspective of patients and families became the basis for planning care. Several participants were successful in applying for new positions based on their philosophy of nursing practice. The nurses in the study group are recognized throughout the hospital as leaders in patient centred care.

These seven patterns are similar to the findings of increased satisfaction of nurses and enhanced quality of patient care in previous research evaluating Parse's theory in nursing practice in varied settings in Canada. Studies have included nurses, patients, and families on a medical unit (Mitchell, 1995), in family practice (Jonas, 1995), on an adult medical-surgical unit and a pediatric unit (Santopinto & Smith, 1995), and in an acute care psychiatric hospital (Northrup & Cody, 1998).

The patterns of transition in nursing practice can be explained as the "same thing-yet-different phenomenon", described by Mitchell (1993) as a paradoxical experience wherein there must be some recognition of sameness prior to developing an appreciation for distinctness. The nurse participants identified sameness in that their personal values and beliefs were congruent with the human becoming theory, yet they acknowledged that the theory was unfamiliar, and a very different way of practice from traditional nursing. The nurses' initial discomfort confirmed not only the difference but also the challenge of making a commitment to integrate the theory into their practice. Their experiences were congruent with Mitchell's (1993) view: "Once a person takes the leap beyond, there may be no going back, no return

to sameness" (p.62).

This study met the requirements essential to implementation of Parse theory based practice as recommended by Northrup & Cody (1998) which included: endorsement of Parse's theory by management personnel; the presence of a consistent graduate prepared facilitator knowledgeable in the theory; allocation of resources; and administrative support for continuing educational opportunities.

Towards Patient Centred Nursing Practice

It is a challenge to promote nursing theory based practice and patient centred care in today's health care environment characteristic of increasing complexity of patient and family care, work pace, and technological dependency. However, it was within this context that the manager searched for a way to support nurses professionally: "That was the reason that I wanted Parse's theory here, to support the practice of the nurses that I saw as the core group on the ward and whose practice I really admired, and really to strengthen them and strengthen their resolve in their practice...because they were under such pressure at that time...and I was concerned ...were they going to be able to continue on?"

Parse's theory based practice has guided nurses to find meaning in their relationships with patients and families knowing that they made a difference to quality of life. Patients and families have recognized and expressed appreciation for the quality of care they received. There has developed greater understanding and improved relationships of nurses not only with each other but also with interdisciplinary team members.

The findings of this study have provided informed decision making and support for the continuation of the teaching of Parse's theory on other nursing units. Recommendations from the nurse participants were: to continue teaching Parse's theory in units where the manager and nurses expressed interest; and to shorten the teaching program to weekly sessions over a three to four month period, with a focus on examining nursing practice based on the principles of the theory. These recommendations were approved by Nursing Council. There continues to be a growing interest among nurses throughout the institution to learn Parse's theory of human becoming as they hear of enhanced nursing satisfaction and quality of care from their colleagues who practice in the human science tradition.

The nurses in this study chose a new way of being with patients and families as they proudly embraced the human becoming theory as a guide to practice and let go of the problem based biomedical approach to care. The findings of this evaluation study strongly support Mitchell's (1995) view that Parse's theory is one approach that clearly positions nursing as a human science and nurses as autonomous professional practitioners who coparticipate in the human-health process.

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Acknowledgements

The authors gratefully acknowledge the following people: the nurse and family participants for their commitment to this research study; Pat Lyon RN, MSN (Toronto Rehabilitation Institute) for her role as external evaluator; and Dr. Gail Mitchell RN, PhD (Sunnybrook & Women's College Health Sciences Centre, Toronto) for her mentorship throughout the project. The study was funded by Vancouver Hospital and Health Sciences Centre.

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