Rosemarie Rizzo Parse

By: Rhonda Jones, Oksana Marchenko, and Sandra Martini
The Human Becoming Theory

was first published in 1981, by Rosemarie Rizzo Parse, under the name Man-living-health theory. It was changed in 1992 to The Human Becoming Theory.

“Human becoming theory is a journey in the art of science, a process of coming to know the world of human experience. That process germinated multi-dimensionally throughout life of being present to and conceptualizing the significance of the discipline’s mission to Humankind.” (Fawcett, 2001)

~International Consortium (n.d.)~
Motivation for developing the model

Career

Master's and Doctorate from the University of Pittsburgh
Member of the faculty of the University of Pittsburgh
Dean of the Nursing School at Duquesne University
Professor and Coordinator of the Center for Nursing research at Hunter College of the City University of New York (1983-1993)
Professor and Niehoff Chair at Loyola University Chicago (1993-2006)
Founder and current editor of Nursing Science Quarterly
President of Discovery International, Inc.
Active Fellow in the American Academy of Nursing

~Human Becoming (2011)~
Motivation for developing the model

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<th>Contributions</th>
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<td>Leader in nursing theory, research, education, and practice.</td>
<td>Lifetime Achievement Awards Asian American Pacific Islander Nurse's Association.</td>
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<td>Explored ethics of human dignity, developed teaching-learning, mentoring, and family models.</td>
<td>Scholarship was created in her name at the Henderson State University School of Nursing.</td>
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<td>Published 9 books and 100 articles about the nursing field.</td>
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<td>International presentation and workshops in more than 30 countries.</td>
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<td>Implemented many international conferences on nursing theory, qualitative research and quality of life.</td>
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~Human Becoming (2011)~
What influenced the author's philosophy?

● The human becoming theory was developed as a human science nursing theory in the tradition of:
  ○ Dilthey
  ○ Heidegger
  ○ Sartre
  ○ Merleau-Ponty
  ○ Gadamer Science of Unitary Human Beings by Martha Rogers

● Assumptions underpinning the theory were synthesized from works by:
  ○ The European philosophers
  ○ Works by the pioneer American nurse theorist, Martha Rogers

● The theory is structured around three abiding themes:
  ○ Meaning
  ○ Rhythmicity
  ○ Transcendence

~Human Becoming (2011)~
Symbol of Human Becoming Theory

- Black and white
  - opposite paradox significant to ontology of human becoming and green is hope

- Center joined
  - co-created mutual human universe process at the ontological level & nurse-person process

- Green and black swirls intertwining
  - human-universe co creation as an ongoing process of becoming

~Human Becoming (2011)~
The main focus of this theory is on the HUMAN with a constant connection between all concepts and themes thus creating a continuous, fluid, changing and evolving interaction that is controlled by the human response with each connection.

(Fawcett, 2001)
Three Major Assumptions of Human Becoming Theory

**Meaning**
- Human Becoming is freely choosing personal meaning in situations in the inter-subjective process of living value priorities.
- Man’s reality is given meaning through lived experiences.
- Man and environment co-create.

**Rhythmicity**
- Human Becoming is co-creating rhythmical patterns of relating in mutual process with the universe.
- Man and environment co-create in rhythmical patterns.

**Transcendence**
- Human Becoming is co-transcending multidimensional with emerging possibles.
- Refers to reaching out and beyond the limits that a person sets.
- One constantly transforms.

~Human Becoming (2011)~
Philosophic values about nursing and knowledge development

- **Person** - Open being who is more than and different from the sum of the parts
- **Environment** - Everything in the person and his environment. Inseparable, complimentary to and evolving with
- **Health** - Open process of being and becoming. Involves synthesis of values
- **Nursing** - A human science and art that uses an abstract body of knowledge to serve people

~Human Becoming (2011)~
Evaluation of this Theory

- Relies on dialogue and open communication obtained during nurse-patient interactions.

- The concepts are very abstract, the nurse acts as a guide to assist the patient to obtain goals that are relevant to the patient. The nurse in not in charge, the patient is in charge.

- Difficult for some nurse to understand and apply to practice due to the very unstructured nature of the theory.

- Does not incorporate nursing diagnoses or the nursing process.

- Research has been performed utilizing this conceptual model and is qualitative research based on the subjective nature of this theory.

- Nurses are practicing in patient centered environment that defines health and quality of life as it is defined and lived by the patient.

- Does not focus on the medical side of nursing but what the patient wants and decides to do or not do in regards to their health care and living.
A community project consisting of a small group affected with genital herpes. The nurse was a co-participant that acted as a guide during the meetings. All discussions and activities were implemented from interactions with the patients and changed continuously as the patients concerns changed. The patient centered goal was established by the patients to improve quality of life as defined by them not the nurse or the medical community (Kelley, 1994).

This model can be used with any type of nurse-patient interaction that can provide a fluid movement of information between the individuals involved. It can be used in a one-on-one scenario or a in group scenario.
Implications and Consequences

This theory is only applicable to some nursing areas like home care, where the patient is able to participate in their own care planning.

One particular limitation or consequence of following this theory is that it does not apply well to the nursing care of patients who are unable to participate in their own care. Patients in areas such as the ICU, ER, acute care, and those who are mentally unable to comprehend or make decisions are not able to develop a "nurse-person relationship."

According to Chitty, K. (2011), the nursing process is a method of critical thinking focused on solving patient problems in professional practice (p.176).

The "Human Becoming theory" does not utilize the nursing process nor does it attempt to "fix" any problems. ~Human Becoming (2011)
Conclusion

Parse’s unique theory

is based on an interpretive analysis of the author’s nursing practice experiences and existentialist philosophy.

It provides a foundation for understanding holistic nursing practice.

It creates the opportunity to reach profound dimensions of the human experience, to participate in multidimensional healing.

It promotes ‘doing with’ people rather than ‘doing to' or 'doing for’ them.

It makes a difference to human health and quality of life.

It views nursing science as a significant process of dealing with the experiences of people.

“Parse’s theory has taught me about nursing, not medicine. It is about feelings, love, honesty, not looking at the patient’s religion, or the color of their skin, you are a person and that’s what nursing is all about.”

“Parse’s makes me feel like a professional rather than a worker.”

“With Parse’s I see the patients as a whole and I see their ideas and feelings and goals as priority over what they are in the hospital for.”

“Parse’s theory makes the focus on the patient.”

“With Parse’s because you don’t categorize, don’t have the limitations, therefore you are more open to the person.”

~Rosemarie Rizzo Parse, (1999)
CASE STUDY 1

In each of the following case studies the nurse interacting with the patient is utilizing the Human Becoming Theory.

Mr. F, a 66-year-old diabetic patient, has not been compliant with diet or medication management. He is now in the hospital with kidney failure and is scheduled for surgical placement of a dialysis access port. The nurse assigned to Mr. F listens to him, is in the presence of the patient during every interaction, and has developed a trusting relationship. Mr. F discusses how he has ignored and avoided his health issues and did not live with the limitations that were being placed on him. He now realizes that that was probably not the best course to take. He has agreed to have the dialysis port and has contemplated all the changes that are going to take place in his life now that he will have to have dialysis three times per week. He wants to learn to manage his disease. Mr. F has a goal of spending time with his grandchildren. He has a grandson who is graduating in 9 months and he wants to be there for the graduation. The nurse states that she would be glad to assist Mr. F to develop a plan that will allow him to reach his goals, hopes and dreams.

Please identify which of the three key themes of this theory is being utilized with this interaction.
Mrs. S is a 56-year-old, post-operative colostomy patient. Mrs. S has refused to have anything to do with the colostomy including emptying and changing the bag. The nurse attending to Mrs. S this shift is in the presence of the patient and is establishing a nurse-patient relationship. Mrs. S states she cannot stand the thought of wearing a “bag” and the smell disgusts her. Later in the conversation, Mrs. S acknowledges that it is important for her to learn to take care of her “bag.” She states that she is afraid it will disgust her husband and that he will not have anything to do with her. She admits that her husband is a very supportive person and that they have a close and caring relationship. She says that he has told her that the colostomy is only a minor set back and that it does not change his opinion of her at all. Mrs. S has disclosed that she is very excited about a vacation trip she is going on with her husband, in 3 months, to celebrate their 30th anniversary and she needs to get started on learning how to manage her colostomy so she will be independent by the time of the vacation.

Please identify which of the three key themes of this theory is being utilized with this interaction.
CASE STUDY 3

Mrs. H is a 77-year-old female. She was admitted to the floor with a hemoglobin (hgb) of 7.8, is in need of a blood transfusion, and a diagnostic work up to determine the cause of the low hgb. At change of shift, the nurse gets report that the patient has been very controlling and demanding since admission. She is insisiting on leaving against medical advice and wants to go home NOW. The nurse enters the room, she is there to be in the presence of the patient. The nurse listens to Mrs. H and discovers that Mrs. H has just learned that her granddaughter was in a serious car accident a couple of days ago and is at another facility. Mrs. H has received a phone call from her daughter informing her that her granddaughter is not doing well and may have to have emergency surgery. Mrs. H wants and needs to be with her granddaughter and family.

Please identify which of the three key themes of this theory is being utilized with this interaction.


