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3) absence of invasion of the superior mesenteric and portal vessels.

If a Whipples resection cannot be performed, the following operations may be carried out with the intent of improving symptoms of pain, jaundice, or gastric outlet obstruction:

1) gastrojejunostomy;
2) cholecystojejunostomy;
3) cholecystoduodenostomy; and,
4) choledocoduodenostomy.

What is the future of this disease? At this point, it remains fairly dismal. Early diagnosis is needed but, in order to do that, better epidemiology studies are required to determine high risk population groups. MacFarlane (1991) believes that management of pancreatic carcinoma will not change until a sensitive chemotherapeutic agent is developed.

We could look at the financial aspect and ask the question, "can we afford to do these procedures when the five-year survival rate is so low?" With shrinking health care dollars, we need to look at what we are spending our money on, in order to identify areas where we can reduce spending. But, we, as a society, value each individual life. To decide a surgical procedure, or any procedure which cannot be performed due to financial reasons, is not morally acceptable regardless of the low survival rate.

As perioperative nurses and patient advocates, we often think that, if we could just "cut it out," everything will be OK. The patient will be cured. But everything is not always OK and the patient is not always cured. So the next time you scrub and you can't do the Whipples procedure, think about your patient and think about your patient's family. You are probably still involved in the best possible treatment the patient can receive. Remember the old adage, "a chance to cut is a chance to cure?" Not always. ■

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From Theory to Perioperative Practice with Parse

By Mariana Markovic, RN, CPN(C)

Applying a nursing theory requires an understanding of how theory, practice and the discipline are entwined. Nursing practice, according to Parse (1987), is the performing art of the science of nursing, it is the reflection of the nursing theory behind it. The theory is the substance of nursing knowledge and its definition reflects a regard for the discipline itself. While the theory describes, explains and predicts the phenomenon of nursing, its usefulness is in the ability to guide nursing practice. Considering practice separately from theory cannot be done as it is the integration of values, beliefs and ethics embedded in the theory which creates the base of the discipline (Cody & Mitchell, 1992).

Abstract

The operating room nurse today is often thought of as a task skilled, highly technical, process oriented, and efficient member of the operating room team. Too often her/his nursing education and preparation in practice, theory and discipline are overlooked. Perioperative nursing as a specialty is an important, vital factor in the success of the planned surgical intervention. Perioperative nursing practice involves caring for the patient; it is patient-centered rather than task oriented. The RN combines both the physiologic and psychosocial aspects of nursing in delivery of care. This is reflective of the theoretical model used to plan effective nursing care. The RN interacting with the preoperative patient has a focus on being in true presence with the patient (Parse, 1987). The interrelationship sets in motion utilization of theory, reflecting nursing knowledge and practice.

This paper on applied theory presents Parse's nursing theory of *Human Becoming*. It applies the theory to a specific clinical situation and it describes how it guides nurses in practice. I have chosen the clinical specialty of perioperative nursing to illustrate its application. Here the limited time nurses have to be with the patient is part of the challenge in choosing a theory to provide a comfortable experience for the patient as well as the nurse. Parse's practice methodology provides nurses with a model for practice that focuses on the quality of life as it is humanly lived. The intent is to take the theory of *Human Becoming* and implement it in the present nursing practice. In a patient nurse relationship Parse's theory of nursing, compared to other theories in practice, is very different and complex in its theoretical approach. In applying the theory to the clinical situation my intent is to be consistent with Parse's interpretation by using her language. To introduce the theory of *Human Becoming* in the perioperative setting it is necessary to give some orientation to its fundamental principles.

The dimensions and processes of practice methodology in accordance with Parse (1987), are applied to an interrelationship with Mr. Cecil. Mr. Cecil is a gentleman of fifty-nine years, who is about to undergo elective surgery. He has no record of previous admissions to the hospital and feels somewhat overwhelmed with the process. Mr. Cecil's diagnoses of

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stenosed right carotid artery has made him a candidate for right carotid endarterectomy. His health history is unmarked except for the present weakness in his right hand and arm related to his carotid artery stenosis. He communicates well in English, which is his second language. He speaks Italian at home with his wife and one of the three adult children still at home. His wife and one son accompanied him to the operating room holding area. The on-going communication among the three suggested a very close and supportive relationship. Dr. Reno, his surgeon is an old friend of a number of years. Dr. Reno also looked after Mr. Cecil's father two years earlier. Mr. Cecil's father died in the operating room as a result of an inoperable high thoracic aneurysm. When I met with Mr. Cecil he looked up and said, "I want all of this to be over with." This short interaction clearly identified that the fear of surgery and its outcome was the major nursing problem requiring a great deal of attention as the time of surgery drew near.

The nursing approach to Mr. Cecil's clinical situation will exemplify the practice methodology of Parse's theory perspective. In this view, the goal for the nurse is to participate with Mr. Cecil to enhance his quality of life through being a true presence as he explores the meaning of his personal situation and chooses ways to move beyond his present health situation. To understand the meaning of the surgical intervention from Mr. Cecil's view requires being with him and listening to any unresolved feelings or conflicts he may have about the surgical procedure. The role of the nurse is to assist Mr. Cecil in affirming his reasons for the surgical intervention and to help him to focus beyond his imminent surgery. The goal of the nursing practice and its theory approach that I hope to achieve is that Mr. Cecil will have a peaceful disposition at the time of surgery and a positive outlook during his time of recovery.

My attention was drawn to the theory of *Human Becoming* by Parse in her presentation of nursing rooted in human sciences as an alternative to ideas of nursing grounded in the natural sciences. Her critique of nursing based on natural sciences made me identify with the present state of the operating room, where traditional nursing practice is problem focused. Identification and labelling of patients' experiences are often the same as that of the procedure itself. Undergoing surgery to correct a problem is solving it by the process of eliminating it. In this traditional approach, nursing and diagnostic processes are viewed as central to nursing and health. Parse's view, in contrast, suggests that understanding the meaning of health from the patient's perspective is crucial to giving meaning to quality of a human's total experience with health (Parse, 1981). The human being's qualitative participation with health is Parse's definition of a science rooted in humans. The essence of nursing according to Parse (1987), is the relationship between the nurse and patient or family. Nurses using this belief system view human relationships and life processes as much more than the identification, management, or elimination of problems, and they participate with the individuals to enhance their quality of life.

In perioperative nursing practice much of the process involves following institutional policies and procedures. Guiding nursing activities are existing or potential problems. Interaction with the patient is establishing interviews directed at confirming information related to the patient's health condition. The time spent with the patient is used to offer information regarding surgical intervention and give reassurance towards outcomes. Perioperative nursing practice has its values on the basis of efficiency, time-management skills, and technical expertise (Mitchell & Copplestone, 1990). However, nursing practice is not limited to a list of performed activities according to surgical procedure or identified problems. An assumption of theory based practice according to Parse is that nurses do more than carry out predetermined, standardized policies and procedures, which implies that the way a nurse structures knowledge and practice offer the patient something unique. Thus, explaining that the need exists for a theory based practice, if only to articulate this uniqueness to the nursing discipline in actualization of an autonomous science (Cody & Mitchell,1992).

Parse identifies perioperative traditional problem-focused approach in nursing practice as having a base in the natural sciences. In 1987 she redefined and presented this view of nursing as the *totality paradigm*. In this view, man is a combination of biological, psychological, sociological, and spiritual factors. Nursing approach in this paradigm attempts to quantify man and illness. The goal of nursing in *totality paradigm* lies in promotion of health and prevention of illness (Parse, 1991). This, in my experience, is somewhat limiting in view of the nursing practice methodology in the perioperative setting. It is the assumption that the patient arriving to the operating room has confirmed diagnoses and information of his/her prognosis. The surgical intervention is resultant of the patient's choice and a decision making process that has taken place already. Suggesting that the nursing intervention in the perioperative setting has limits to providing measures of physical comfort

as the patient awaits the surgical intervention to begin.

Parse challenges this traditional approach to guide nursing practice by defining nursing as a human science and offers the view of the *simultaneity paradigm* (Parse, 1988). Parse's theory of *Human Becoming* is of this new perspective that views man as a unitary human being in continuous, mutual interaction with the environment. Its emphasis is on caring and healing rather than illness. The goal of the *simultaneity paradigm* is to view health as a process of becoming. The quality of life lived is the essence of its nursing approach and practice (Wesley,1992).

According to Parse, theory, values and beliefs evolve with the patient who structures meaning in very personal and unique ways. Health is a process of being and becoming. It cannot stand analysis from an outsider's view because its interpretation comes from the individual's perspective. The nursing goal is to help the patient through the experience, not change them, but to enhance the quality of life from the person's perspective. The clinical situation of the surgical event from Mr. Cecil's perspective exemplifies how we reveal the meaning of the event and the way we move through the process together. The nurse in perioperative setting is in continuous movement with the patient into the surgical intervention and beyond, after all she is the patient's advocate through the time of unconsciousness until the patient resumes ownership of their health situation.

Surgery from Parse's perspective is a crucial event in a person's life. The meaning of the event from the patient's perspective is revealed when the person relates thoughts and feelings of the situation with themselves, the nurse, and others in a nurse-family situation. It is the understanding that each individual is an active participant in their health (Parse 1987). Consequently, patients such as Mr. Cecil, undergoing elective surgery, are active participants in the perioperative process. The crucial belief within Parse's theory is that human beings know their way and freely choose from options in situations, both reflectively and pre-reflectively all at once.

Three major themes have surfaced from Parse's philosophical assumptions. They are meaning, rhythmicity, and cotranscendence (Parse, 1981, 1987). Each theme leads to a principle in theory of *Human Becoming*. The principles personify the beliefs expressed in the assumptions. **Principle 1**: Structuring meaning multidimensionally is cocreating reality through the languaging of valuing and imaging (Parse, 1981). This principle asserts that reality is continuously cocreated by assigning meaning based on past, present, and future, and has expression through language by means of values and images or symbols. **Principle 2**: Cocreating rhythmic patterns of relating is living the paradoxical unity of revealing-concealing and enabling-limiting while connecting-separating (Parse,1981). This principle means that *human being* has a continuous unfolding rythm of coconstituting patterns of interacting with the world, including revealing-concealing (simultaneously disclosing some aspects of self while hiding others), enabling-limiting (as man moves in one direction, man is limited in movement in another), and connecting-separating (as man links with one phenomenon, man unlinks with another, leading to greater complexity). **Principle 3**: Cotranscending with the possibles is powering unique ways of originating in the process of transforming (Parse, 1981). This principle asserts that human beings move beyond the actual in interrelationships with others and propels into the future by incarnating intentions and actions in moving toward possibilities. Transforming occurs through originating and powering, a process of man-environment-energy interchange with recognition of continuous affirmation of self. Illustration of these three principles and their concepts follows in Appendix A, where they are shown in relationship to/with each other (Parse, 1981).

In my interrelationship with Mr. Cecil I used and worked through the practice dimensions of the Human Becoming theory. My nursing approach focus was on the meaning of Mr. Cecil's lived experiences. By being truly present with him, I attended to the unfolding of the meaning, while engaging with the shifting flow of rhythm as Mr. Cecil moved beyond the moment (his fear of the imminent surgical intervention) . In admitting the patient to the perioperative holding area it is my responsibility to check Mr. Cecil's chart for information such as known allergies and potential complications in order to complete the perioperative information sheet. Although Parse's theory focuses on the individual's meaning of the lived experience, the nurse still fulfills institutional policies and procedures when required to do so. Maintaining environmental safety and assisting with procedures are important for the surgical process, but they alone do not constitute nursing practice (Mitchell & Copplestone, 1990). The discussion itself, how the nurse is with the patient and how the evaluation of the goal of enhanced quality of life is achieved is what makes the difference (Parse, 1987).

When I approached Mr. Cecil he looked up and

said, "I want all of this to be over with." Looking directly at Mr. Cecil I asked him to tell me what he meant. Mr. Cecil said he had been afraid long enough, and that he did not want to live without taking part in family life. Mr. Cecil said he was fearful about having surgery, but he had made up his mind that it was worth the risk to be able to live actively with his family and be free of fear and pain. He further went on to talk about hiking and bicycling with his family and how much the family outings meant to him.

I then inquired of Mr. Cecil to tell me more about his fear of the surgery. Mr. Cecil said he was afraid that something may go wrong with the surgery, that there may be something that was omitted or did not show on his angiogram and that it may be inoperable. He started to talk about his father's failed surgery then stopped and said, 'I know this is silly, it doesn't make any sense that I'm talking this way. I have decided to believe that things will work out, I must trust to go on. I guess I just needed to talk about it. I know I may not come out of this completely. I know there is a chance that things may go wrong and that there are many complications that may affect me." He further explained that he prepared for the worst with his family, and that he was not afraid because he trusted Dr. Reno. His father's death was sudden and at last he was able to put it behind him.

I asked Mr. Cecil if he could see himself after the surgery and what he hoped would happen. He said he knew he was going to wake up, and that he hoped he had the strength to deal with the post operative pain. When asked what might give him strength, he thought for a moment and said he could see his family waiting for him and that it helped to keep them in his mind.

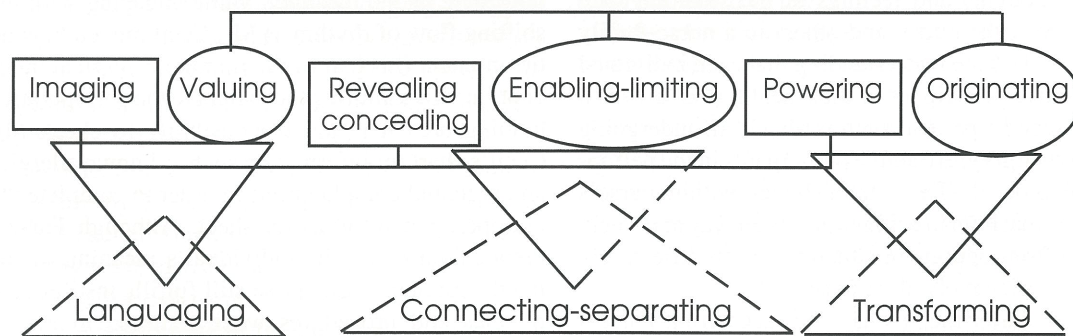
Seeking depth and clarity about the person's thoughts and feelings exemplifies Parse's first practice dimension - *illuminating meaning* through explicating. *Illuminating meaning* is shedding light through uncovering what was, is, and will be, as it is appearing now. It happens in explicating what is at this moment that is fleeting. Explicating is a process of making clear what is appearing now through languaging (Parse, 1987). In this process, the nurse guides Mr. Cecil, to reveal what he is thinking and feeling. Talking about his thoughts and feelings allows him to discover new insight in the process of self-discovery. The process of explicating thoughts and feelings in itself sheds a new light on the situation. Often the thoughts and

Appendix A

Principle 1: Structuring meaning multidimensionally is cocreting reality through the languaging of valuing and imaging.

Principle 2: Cocreating rhythmical patterns of relating is living the paradoxical unity of revealing-concealing and enabling-limiting while connecting-separating.

Principle 3: Cotranscending with the possibles is powering unique ways of originating in the process of transforming.



Relationship of the concepts in the **squares:** Powering is a way of revealing and concealing imaging.
Relationship of the concept in the **ovals:** Originating is a manifestation of enabling and limiting valuing.
Relationship of the concepts in the **triangles:** Transforming unfolds in the languaging of connecting and separating.

Relationships of principles, concepts, and theoretical structures of man-living-health. (From Parse, R.R. Man-living-health: a theory of nursing, New York, N.Y., 1981, John Wiley & Sons, Inc, p 69)

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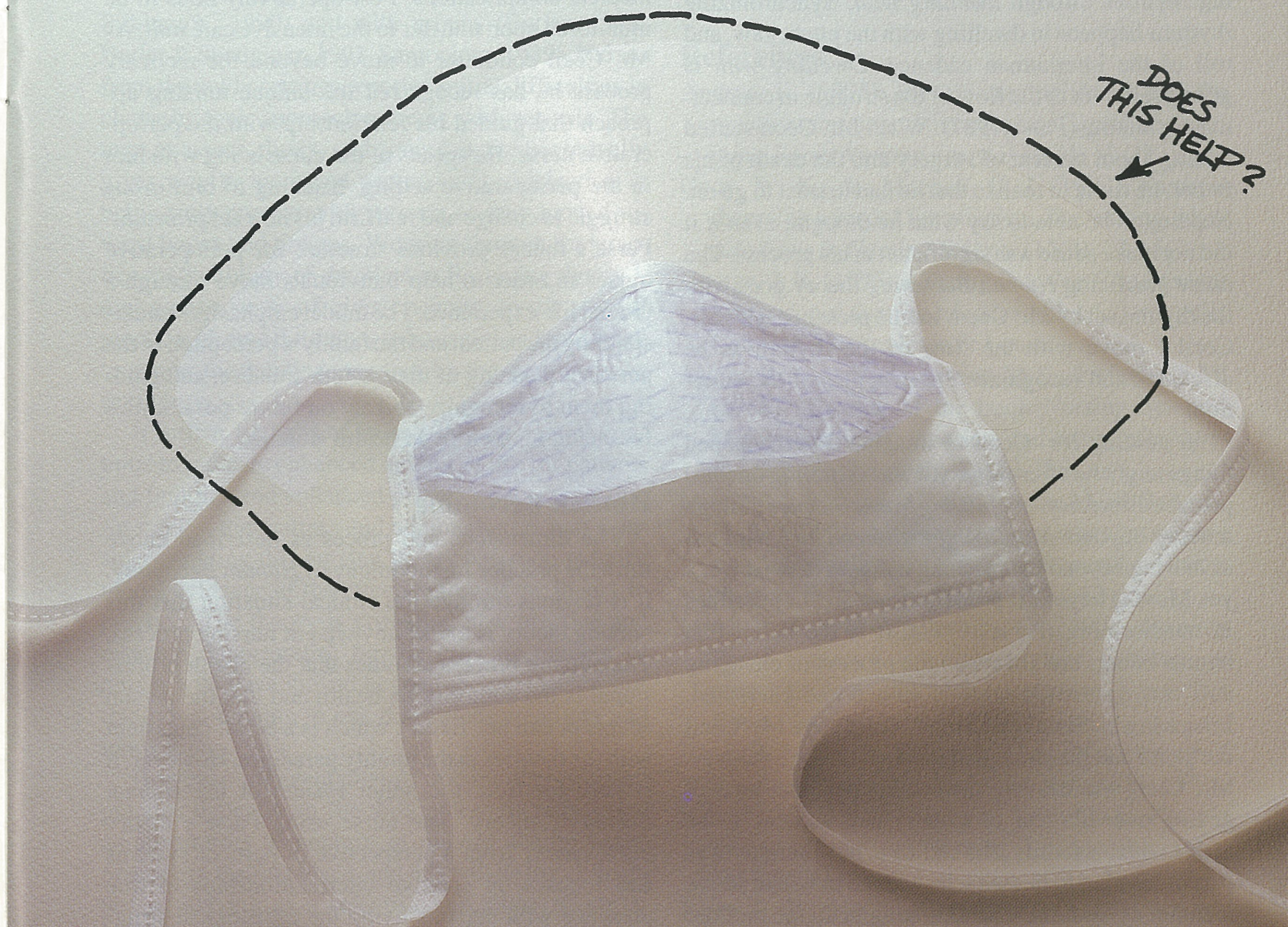

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feelings discussed have been lying dormant beneath the surface for some time. Speaking thoughts of fear, Mr. Cecil connected with the moment in the presence of the nurse, leading him to view the familiar from a different perspective.

Synchronizing rhythms

Joining with the patient's thoughts and feelings reflects the second practice dimension - synchronizing rhythms through *dwelling with*. Synchronizing rhythms happens in dwelling with the pitch, yaw, and roll of the interhuman cadence. *Dwelling with* is giving self over to the flow of the struggle in connecting-separating (Parse,1987). When Mr. Cecil started talking about his fear of surgery and the death of his father, he came to realize that he had to trust to go on. Needing to be able to say what he thought, even if it did not make sense was significant in his process. The nurse practicing *Human Becoming* theory goes with the rhythm set by Mr. Cecil. In true presence with Mr. Cecil I move with the flow of the rhythm as he discusses and recognizes the struggles of the situation.

In guiding Mr. Cecil to imagine how he hoped things might be after surgery, I was centering on third practice dimension - *mobilizing transcendence* through moving beyond. *Mobilizing transcendence* happens in moving beyond the meaning moment to what is not yet. Moving beyond is propelling toward the possibles in transforming (Parse, 1987). It is the belief that human beings are always in the process of changing and moving toward what is valued and cherished. Imagining his family waiting for him gave Mr. Cecil the belief and the strength to make it through surgery. Mr. Cecil was moving toward his personal goal of getting over his fear of surgery and wanting to be active with his family. His choice to have surgery was part of his plan to be (what he wanted to be) an active member of his family participating in all the outdoor activities he had grown accustomed to. The *mobilizing transcendence* happens in true presence with the nurse as Mr. Cecil moves beyond the moment, planning to reach his hope illuminated through the process. The moving beyond arises as the rhythmical dwelling of nurse with Mr. Cecil allows for the situation to incarnate new meaning.

The practice dimensions and processes occur all at once as the nurse seeks to clarify the patient's thoughts and feelings while guiding the person to move beyond the surgical experience. The nurse, using Parse's theory, in practice uncovers individual patterns of health through discussions with the patient. These patterns reflect a paradoxical way of thinking. Mr. Cecil revealed a paradoxical pattern when he spoke of being terrified yet not afraid. The nurse encouraged Mr. Cecil to talk about his fear. By speaking about it, Mr. Cecil discovered trust and peace within himself. His fear of surgery kept him from choosing surgical intervention and kept him physically handicapped from involvement with his family outdoor activities.

Mr. Cecil's recovery from surgery was without medical complications. Post-operatively he is to be monitored upon transfer to the intensive care unit. As Mr. Cecil continues to move beyond the recovery process he has recognized the unique nursing approach that guided his relationship with the perioperative nurse. He speaks of the nurse being with him in the perioperative setting, listening to him in his struggle to change and reaffirm his new set priorities. Parse's theory provides structure for perioperative nurses in order to help individuals move through a crucial life experience. The model emphasizes understanding the patient and the family's perception of the personal meaning of their health situation and guiding them to recognize and act on future possibilities for changing their lived health situation.

Human Becoming

The dimensions and processes described above form the practice methodology of *Human Becoming*. It is obvious through the clinical situation that this nursing theory is unlike any type of nursing process. The nursing process assumes that the health professional is the authority on health and that the person adapts or can be "fixed", which is a belief consistent with the theories in the totality paradigm. However, it is very far from the belief system of the *Human Becoming* theory. The nurse using Parse's theory moves away from a perspective of parts or systems and focuses on creative interrelationships in true presence with persons living the paradoxical struggles of everyday life. The focus is on the quality of life from the person's perspective and reflects the uniqueness that human beings cocreate within their worlds (Parse 1987).

Parse's practice methodology is criticized for its lack of biological manifestations and its unique language. Working with her theory in the clinical situation, I can see its limitations in the processing application to the tasks and procedures. However, supporters of her theory Smith and Hudepohl (1990), give reference to "Bio-" as meaning life. Parse's theory does focus on the quality of life, but from the person's perspective. Furthermore, nursing, with roots in a human science, does not rely on concepts from biology or other natural sciences. The language has its roots in human science and is in keeping with "appropriate rules of theory development" (Smith & Hudepohl, 1990). Parse's language is different from the everyday and distinct from that of other sciences, as the theoretical language of an autonomous science must be (Cody & Mitchell, 1992). Parse's practice methodology studies found it to be successful both with individuals (Mitchell, 1988; Mitchell & Pilkington, 1990) and with groups (Butler, 1988, Butler & Snodgrass, 1991, Santopinto, 1989). Nurses from the study settings reported initial difficulties in changing their approach to being with patients. The urge to assess, direct, and "do to" patients gradually gives way to increased professional satisfaction in being truly present with patients as they moved toward hopes and dreams. Working through the practice methodology of the *Human Becoming* theory I, too, gained sense of given meaning to my way of practice. I found the theory to be useful and satisfying to guide the nursing practice in the perioperative setting.

If further findings of Parse's theory practice continue to indicate enhanced quality of life for patients and families and enhanced professional satisfaction for nurses, then nurses and administrators may consider adopting this nursing theory based on practice model evidence of the effectiveness of the theory in practice. The theory is providing new practice and research opportunities for the growing number of nurses who have moved beyond the perspectives of traditional nursing to one that values creativity and innovation.

However, an evaluation of nursing theory based practice depends on the willingness of nurses and administrators to commit to nursing theory based practice in the first place, and this will be the ultimate test of nursing as a scientific discipline (Cody & Mitchell,1992). ■

Glossary

Coconstitution - meaning of a situation, derived from the situation's components.
Health - open process of being and becoming experienced by man; a synthesis of his values.
Imaging - making real the picture of events, ideas, and people to cocreate reality.
Intentionality - man's open involvement and interaction with the world.
Languaging - communication by speaking and moving that reflects a person's images and values to cocreate reality.
Man - patterned, open being who is more than and different from the sum of the parts.
Nursing - interactional science and art that facilitates the becoming of the participants.
Valuing - living of cherished beliefs to structure meaning.

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