

HUMANBECOMING REFLECTION – OVERVIEW

(Parse, 1981, 1998, 2007, 2014)

Critical Reflection on Theory Guided Practice

The act of writing about your experience with rich description including your ideas, thoughts, reactions, responses and meanings, immerses you again in the experience. Through writing you may more closely reflect on your learning by examining your values, beliefs, assumptions and point of view. Reflection on nursing practice extends your learning in a different time and place from your experience and helps prepare you for the self-assessment and self-direction requirement of membership in the nursing profession.

A theory “is a structure for critical thinking, reasoning, and decision making in practice that provides a perspective of the person for whom the nurse cares and specifies the approach to be taken in the delivery of care” (Alligood, 1997, p. 32). “The ability to reflect on and define coherence between knowledge and action is thus an indicator of critical thinking” (Mitchell, 2010, p. 441). Parse (1996) states that “critical thinking...is carefully choosing a direction in light of personal tacit and explicit knowing...and choosing a direction is moving beyond the moment with deliberateness” (p. 139).

In semester three, students utilized the “Call AND Response” framework from Paterson and Zderad’s (1976) Humanistic Nursing Theory, to reflect on weekly practicum experiences.

In fourth semester, students are required to reflect on and analyze their nursing experiences with hospitalized patients living with complex health challenges, through the lens of both Parse’s Humanbecoming Theory and biomedical theory. When nurses can offer expertise in both biomedical theory and human science theory, patients receive not only technically competent care that meets current standards of practice, but also care that is “...respectful, participatory, and personally meaningful” (Mitchell & Cody, 1999, p. 306). The challenge for students and educators is “weaving the knowledge from the sciences and the arts with the knowledge that surfaces in coming to know persons for who they are, what their present health situation means to them, and what they desire for quality of life” (Ramey & Bunkers, 2006, p. 311).

HUMANBECOMING REFLECTION: GUIDELINES

(Parse, 1981, 1998, 2007, 2014)

Student written reflection will **address three areas**: humanbecoming theory guiding nursing practice; biomedical theory and research guiding practice; and humanbecoming theory as a complement to biomedical care.

1. Humanbecoming Theory (HBT) Guiding Nursing Practice

Critically reflect on how HBT guided nursing care of your patient. Choose **at least one** of *a or b* below to guide this first section of your reflection.

a) *Discuss HBT values and beliefs lived in nursing practice with your patient:*

- Unconditional respect for person's wishes, concerns, values, priorities;
- Human dignity-care of persons as whole and unique human beings, not as problems or diagnoses to be fixed;
- Persons as experts on their own lives;
- Persons as leaders of their own care-following the lead of persons related to providing information, making decisions, providing care, and involvement of others in care;
- Persons' goals guide care;
- Nurse believes/trusts that persons will seek relevant information according to their own readiness.

b) *Critically reflect on how a plan of care unfolded for your patient while you were living true presence through the practice dimensions: illuminating meaning through explicating; synchronizing rhythms through dwelling with; and mobilizing transcendence with moving beyond.*

- *Illuminating meaning through explicating*- shedding light through uncovering the was, is, and will be as it is appearing now; it happens in explicating (Parse, 1998, 2014). "This dimension guides the nurse to explore personal meanings with persons, as they discover new insights about familiar situations...it is not meant for the nurse's information (unlike the assessment phase in the traditional nursing process)" (Pilkington & Joans Simpson, 2009, p. 35). Explicating is making clear what is appearing now through languaging (speech, silence, movement, and stillness). The nurse listens to and observes individuals speaking, moving and reflecting on what is important to them. The nurse Invites disclosure, exploration, and clarification, in whatever way the person chooses.
- *Synchronizing rhythms happens in dwelling with* the ups and downs of interhuman relationships (Parse, 1998). "This dimension is about how persons move with the rhythms of their life situations and guides the nurse to move with persons' ups and downs in day-to-day living" (Pilkington & Jonas-Simpson, 2009, p. 35). In "dwelling with" or going with the flow, the nurse goes where the person is and does not attempt to change or control the person's thoughts or feelings; in dwelling with the individual in discussion, meanings become clearer (Mitchell, 1990). Persons live paradoxical patterns of health that involve others in their life; revealing-concealing values, connecting-separating with others, ideas and situations, and making decisions that are enabling-limiting and living with the consequences of those choices (Bournes & Mitchell, 2014). The nurse is open to hear about how the person relates with others, how the person views the value of relationships and activities, whether and how the person would like to change them, and opportunities and restrictions the person sees for self.

- *Mobilizing transcendence happens in moving beyond the meaning moment to what is not yet. Moving beyond is propelling toward possibles in transforming (Parse, 1998). A person propels towards possibles by thinking about, and making plans to live hopes and dreams. This dimension guides the nurse to be present with individuals as they plan to move beyond the present situation to the not yet. In the process of co-transcending with the possibles, the person finds new ways to move with the reality of their situation (not dictated by the nurse). Change, new directions, new meanings are uncovered and chosen by the person.*

2. Biomedical Theory and Research Guiding Nursing Practice

Critically reflect on how biomedical theory and/or research guided nursing care of your patient. Some suggested areas for reflection are included below.

- Describe a biomedical health concern that you identified and how you addressed this health concern while caring for your patient (e.g. acute confusion; ineffective breathing pattern; impaired gas exchange; decreased cardiac output; fluid volume excess/deficit; activity intolerance; infection; impaired skin integrity; nausea/vomiting; acute/chronic/neuropathic pain; risk for shock; impaired mobility etc). Describe the key nursing interventions (include rationale) that you implemented (e.g. assessments, skills/tasks, teaching, interprofessional collaboration) and how you know if they were/were not effective?
- Identify a **nursing clinical background question** related to your patient's identified biomedical health concern and using the nursing literature answer the question. Examples of background questions include: What are the best methods to relieve referred shoulder pain following laparoscopic abdominal surgery? What content is most important to include in the discharge planning/teaching following abdominal hysterectomy? What is best practice related to mobilizing patients following total hip replacement surgery? What nursing interventions are most effective in preventing catheter associated urinary tract infections? What are the best strategies to prevent/manage atelectasis? You should use evidence from the nursing literature to answer your question. Evidences may include original qualitative or quantitative research articles, systematic reviews, meta-synthesis and/or BPGs. Include the URL and/or doi for your reference(s) in your reference page. Do not use textbooks to answer your clinical question. Looking back, how would your research influence the plan of care plan for your patient as a result of researching this question?

3. Humanbecoming Theory as a Complement to Biomedical Care

Describe specifically how your patient benefitted from having two belief systems, human science theory and biomedical science, guiding his/her care. For example, you may reflect on how the coexistence of humanbecoming theory and evidence based biomedical care, benefitted the patient as follows: enhanced safety or error(s) prevented; more meaningful nursing care/service; enhanced efficiency; more meaningful health teaching; broader knowledge and keener insights that impact care and/or enhance quality of life; enhanced satisfaction with nursing care (Bournes & Mitchell, 2014; Mitchell & Cody, 1999). What did you learn and does this learning relate to your learning plan this semester?

SATISFACTORY HUMANBECOMING REFLECTIONS:

- A total of two (2) Reflections are required as final component of post practicum preparation for the required practicum preparation submissions in weeks 6, 11;
- Minimum two (2) references for reflection (*1 biomedical; 1 supporting HBT*);
- Each note addresses three required areas in the humanbecoming reflective note template: humanbecoming theory guiding nursing care; biomedical theory and research guiding nursing practice; and humanbecoming theory as a complement to biomedical theory.
- At least 1 of 2 reflections should address 1b in section 1 (1a, 1b);
- Follows APA 6th edition (i.e. references, citations, spelling, and grammar);
- Relevant to current practicum experience and the level of learning evident should broadly relate to the learning outcomes for Health and Healing 4;
- Submitting previously used writing; students' **own or others'**, is plagiarism. Plagiarism is dealt with according to [Georgian College's Academic Integrity Policy Section 8](#)

References

- Alligood, M. R. (1997). Models and theories: Critical thinking structures. In M. R. Alligood & A. Marriner-Tomey (Eds.), *Nursing theory: Utilization & application* (pp. 31-45). St. Louis, MO: Mosby.
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.
- Bournes, D. A., & Mitchell, G. J. (2014). Humanbecoming. In M. R. Alligood (Ed.), (8th ed., pp. 464-495). *Nursing theory: Utilization & application*. St. Louis, MO: Elsevier Mosby.
- College of Nurses of Ontario (2009). *Supporting learners*. Retrieved from http://www.cno.org/Global/docs/prac/44034_SupportLearners.pdf
- College of Nurses of Ontario. (2014). Competencies for *entry-level Registered Nurse practice* (CNO Publication No. 41037). Retrieved from http://www.cno.org/Global/docs/reg/41037_EntryToPractic_final.pdf
- Mitchell, G. J. (1990). Struggling in change: From the traditional approach to Parse's theory-based practice. *Nursing Science Quarterly*, 3, 170-176.
- Mitchell, G. J. (2010). Parse's theory of humanbecoming in practice. In M. R. Alligood (Ed.), (4th ed., pp. 429-455). *Nursing theory: Utilization and application*. Maryland Heights, MO: Elsevier Mosby.
- Mitchell, G. J., & Cody, W. K. (1999). Human becoming theory: A complement to medical science. *Nursing Science Quarterly*, 12, 304-310.
- Parse, R. R. (1981). *Man-living-health: A theory of nursing*. New York: Wiley.
- Parse, R. R. (1996). Critical thinking: What is it? *Nursing Science Quarterly*, 9, 139.

- Parse, R. R. (1998). *The human becoming school of thought: A perspective for nurses and other health care professionals*. Thousand Oaks, CA: Sage.
- Parse, R. R. (2007). The humanbecoming school of thought in 2050. *Nursing Science Quarterly*, 20, 308-311.
- Parse, R. R. (2014). *The humanbecoming paradigm: A transformational worldview*. Pittsburgh, PA: Discovery International.
- Patterson, J. G. & Zderad, L. T. (1976). *Humanistic nursing*. New York, NY: John Wiley & Sons.
- Ramey, S. L., & Bunkers, S. S. (2006). Teaching the Abyss: Living the art-science of nursing. *Nursing Science Quarterly*, 19(4), 311-315.
- Tanner, C. A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education*, 45 (6).
- Turner, L., & Keeler, C. (2015). Should We Prelab? A Student-Centered Look at the Time-Honored Tradition of Prelab in Clinical Nursing Education. *Nurse educator*, 40 (2), 91-95.