

## GEORGIAN COLLEGE - NURSING PROGRAM

Student's Name: \_\_

Date: March 11<sup>th</sup> 2016

RPN #: 1 (Week 8)

### HUMANBECOMING THEORY REFLECTION

(Parse, 1981, 1998, 2007)

#### Humanbecoming Theory Guiding Nursing Practice

*1 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.*

This week in clinical I was given the opportunity to care for a 33-year-old patient who I will refer to as J. J is originally from the United States, but is going through the immigration process to obtain citizenship in Canada so that he may reside with his Canadian wife. J was admitted to the ER following severe abdominal pain, and was then promptly diagnosed with a large bowel obstruction requiring surgery. The surgery included laparoscopic Hartmann's resection, appendectomy, and an on-table lavage. When I met J he was post-operative day 6, and now not only learning how to adapt to his new colostomy, but also his newfound diagnosis of diabetes. In addition to this, J was struggling with how he was going to pay for the medical expenses, as he was not covered due to lack of citizenship. Guided by Parse's Humanbecoming Theory (HBT), I set out to bear witness to J's unfolding experience, and provide care that was tailored to his priorities and values.

#### *Illuminating meaning through explicating*

Explicating meaning happens through languaging; and therefore I needed to set aside time to be present with my patient and inquire about what his situation, the diagnoses, and his financial situation meant to him (Pilkington & Jonas-Simpson, 2009). Therefore, after his morning care we decided to go for an off-unit walk (with the permission of the RN) and talk about what this situation meant for him. Verbally he expressed to me that he was scared; the doctors weren't sure what had caused the obstruction, he never thought he would be a diabetic, and he could not believe at 33 he had a colostomy bag. Subtly I watched as he expressed meaning through the 'sighs' he made, and the glances toward the ground while he shook his head and said, "I have a colostomy". I knew that I could not say, "everything is going to be okay", and I recognized that it is not my place to try and change the perspective that J has. This has been an area of HBT that I struggled with because I naturally want to 'heal' and 'comfort' by reassuring patients. However, HBT has taught me to instead explore meaning through listening and asking questions such as, "what does this mean to you?" and "what are your hopes and dreams?" When asking this question I noticed that J would say, I am too stressed to talk about the money aspect, and then immediately he would continue talking about his financial situation. To me this is paradoxical pattern, J is too stressed to talk about his citizenship and health care payment, and yet he could not stop bringing it up. I provided the opportunity for J to express what this situation meant to him, and he shared with me details about his feelings and situation that I would have never known otherwise.

#### *Synchronizing rhythms happens in dwelling with the ups and downs of interhuman relationships*

Synchronizing rhythms means being able to be with the patient as they move through the rollercoaster of life, and supporting them in the feelings that they may feel during this journey (e.g. going with the flow of the patient) (Pilkington & Jonas-Simpson, 2009). As I talked with J, he told me that today was "brighter" than before, and he thanked me for making this a day that he felt was a "step in the right direction". J informed me that the following 2 days he had felt lonely, fatigued, and like things were "never going to get better". I listened to his feelings, and asked, "what is different about today?" and he told me that physically he felt rested and ready for the day, and happy to have such a positive nurse. However, when I asked what this situation was like for the relationships in his life, he told he had sent his wife home because he did not want to stress her out - despite him wanting her there. I identified this as a paradoxical pattern and further inquired about what this situation was like for his wife, what it would be like for him with her there vs her not there, etc. I was able to facilitate the patient's coming to know and the surfacing of paradoxical patterns, as we explored personal meanings. After this conversation J expressed to me that he wanted his wife here, and then immediately phoned her; she stayed with him for 7 hours that day.

#### *Mobilizing transcendence happens in moving beyond the meaning moment to what is not yet*

Mobilizing transcendence involves picturing or imagining hopes, dreams, and plans for the future so the patient may move beyond with these new perspectives and ideas (Pilkington & Jonas-Simpson, 2009). When I asked J what he pictured for his future he illustrated an image of health with his wife that was free of financial burden. When I asked how we could achieve this, he stated that he would like me to provide education on how to care for his new colostomy. The patient identified this as a priority for him, and therefore the day revolved around patient education and adapting to the patient's new diagnoses. In addition to this, the patient wondered whether I was able to share his GoFundMe link, in which

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the patient and his wife had set up a donation page to help with surgical and hospital costs. Although instinctually I wanted to share and donate to the patient's cause, I had confliction on whether this crossed nurse-patient therapeutic relationship.

### Biomedical Theory and Research Guiding Nursing Practice

The biomedical and technical theory that guided my nursing practice involved patient education and teaching regarding colostomy care as well as the potential for incisional infection. Upon my initial head-to-toe assessment I noticed that the patients mid-line incision was tender and distended. The patient felt the incision was "hot" and "swollen", and throughout the day the patient's temperature went from 36.8 degrees Celsius in the morning to 37.3 degrees in the late afternoon. The patient had a fairly high pulse of 92 bpm, and a blood pressure of 152/97. In addition to this, the patient's WBC count and differential was moderately elevated. There was no drainage, and redness was difficult to see due to the patient's dark complexion; I decided to alert the RN and she was able to inform the physician and antibiotics were ordered. For the remainder of the day I assessed temperature and signs of infection in order to prevent complications and record the progression of this patient's status. In addition to this, I provided nursing care related to risk of infection such as, proper hand hygiene and PPE, encouraging fluid intake, changing the linens, monitoring lab values, and assessing symptoms (Verville, 2014). While infection remained a concern, patient education on the colostomy was a priority for my patient. Together we discussed potential complications, signs of infection, how to properly empty a colostomy, irrigation techniques, diet and lifestyle modifications, peristomal skin care, and how this colostomy influenced his self-esteem and body image. I was able to provide evidenced based nursing interventions and patient education based on colostomy care, and by the end of the shift, the patient was independently caring for his colostomy.

### Humanbecoming Theory as a Complement to Biomedical Care

Guided by HBT I was able to explore the patient's fears, concerns, hopes, dreams, and meaning to their situation. I was given the opportunity to explore what it meant for this patient to have a colostomy, and he asked that patient teaching be done for this new diagnosis. This complements biomedical care because I was able to share evidenced-based nursing interventions and education surrounding colostomy care that I might have otherwise assumed the patient knew. In addition to this, the biomedical perspective influenced how I assessed my patient for infection, recognized their signs and symptoms, and reported this to the RN and physician. I understood that J was ready to go home and be free of health care problems and debt, and therefore I knew the importance of preventing further complications. J appreciated that I provided both a true presence for him to release his stress and concerns, as well as genuine care for his biomedical needs.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Date: \_\_\_\_\_