Applying Parse's Theory to Perioperative Nursing

A NONTRADITIONAL APPROACH

Gail J. Mitchell, RN; Christina Copplestone, RN

Frameworks for guiding nursing practice range from the nursing process to scientific theory. The frameworks offer different approaches to patients and their health, and guide nurses toward different goals.

In a practice situation such as the operating room, nurses have limited time to be with patients. Brief nurse-patient encounters present a challenge for nurses in selecting a theoretical framework from which they can provide a comfortable experience for both the patient and themselves. This article explores the traditional perioperative nursing approach to patients and offers an alternative that is grounded in the nursing theory of Rosemarie Rizzo Parse, RN, PhD—man-living-health.[1]

Traditional Nursing Approaches

Perioperative nursing practice is traditionally problem-focused. Nursing activities include checking for appropriate consents, ensuring that preoperative procedures have been completed, identifying environmental hazards, and managing specific health problems that may interfere with the surgical process.

Nursing interventions are guided by existing or potential problems. Interactions with patients are typically guided by preestablished interviews aimed at eliciting information related to the patient's health status. The nurse frequently uses the interview process as a time to offer the patient information and reassurance.

Perioperative nursing practice often is judged according to how quickly the operating room can be turned over, how efficiently the surgical staff needs are met, and how quickly patients can be prepared and moved through the surgical phase. Perioperative nurses are valued for their efficiency, time-management skills, and technical expertise.

Many of the traditional activities performed by perioperative nurses, although necessary and legitimate, follow institutional policies and procedures structured to provide safe and effective surgery for patients. In some institutions, duties delegated to nurses may not be considered nursing practice. In other institutions, OR technicians or medical students may perform many of the tasks necessary to ensure patient safety and successful surgery. The policies and procedures vary depending on the medical facility.

Perioperative nurses may perform a variety of tasks during the patient's overall surgical

Gail J. Mitchell, *RN, MSN, clinical nurse specialist, St Michael's Hospital, Toronto. She earned her diploma of nursing at St Rita's Hospital School of Nursing, Sidney, Nova Scotia, her bachelor of science degree in nursing at Florida Atlantic University, Boca Raton, and her master of science degree in nursing from the University of Toronto.*

Christina Copplestone, *RN, BAAN, is a unit manager, cardiovascular operating room, St Michael's Hospital, Toronto. She earned her diploma of nursing at George Brown College and her bachelor of applied arts in nursing at Ryerson Polytechnical Institute, both in Toronto.*

experience, such as administering medications and monitoring. Separating delegated institutional policy from nursing practice leads to the question of whether nursing practice depends entirely on the surgical procedure and problems that require attention or whether perioperative nursing practice is more than that approach.

If perioperative nursing practice is limited to a list of performed activities according to surgical procedure or identified problem, then there is little need for nurses to move toward theory-based practice. An assumption of theory-based practice, however, is that nurses do more than carry out predetermined, standardized policies and procedures, which implies that the way a nurse structures knowledge and practice offers the patient something unique.

Nursing Process, Nursing Diagnosis

Nurses practicing from the traditional problem-focused approach use the nursing process, even though it often is not formally recognized as such. The nursing process is not theory-based practice but a problem-solving method that consists of assessment, planning, implementation, and evaluation. The nursing process facilitates the formulation of nursing diagnoses. A nursing diagnosis establishes a relationship between an identified problem and the known or suspected cause of the problem from a nursing perspective.

The nurse working in the operating room might form nursing diagnoses based on collected data and/or observed signs and symptoms. For example, during a preoperative interview, the patient says he is fearful of the anesthetic and of having pain when he wakes up. The nurse reassures the patient about the safety of the anesthesia and offers information about postoperative pain control.

Stated as a nursing diagnosis, the problem is anxiety related to fear of anesthesia and anticipated pain. The reassurance and information were interventions aimed at eliminating the anxiety.

The diagnostic approach has been marketed as a credible means to unite nurses through a common language and to increase the discipline's professional standing.[2] Proponents of the diagnostic movement maintain that the nursing process and the identification, management, or elimination of problems is the essence of nursing practice. This essence evolved from the medical approach that appropriately identifies and manages disease.

In this article, we propose that the guiding principles of the medical model were inappropriately and ineffectively adopted to guide nursing practice.

Two Viewpoints

The two opposing views about the essence of nursing reflect a difference in underlying belief systems. Nurses who use the traditional, problem-focused approach frequently reduce the human experience to the problems themselves.

Nurses who focus on problems may fall into the trap of referring to the fractured hip or the appendectomy down the hall rather than the patient. This reductionistic approach may be detrimental for patients.[3] It also detracts from the nurse's ability to understand the realities of human beings.[4]

In contrast to nurses who are problem-focused are nurses who believe the essence of nursing 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.

Beliefs and Values of the Traditional Approach

In nursing, a paradigm is a set of values and beliefs that guide the nurse's thoughts and actions in practice. A paradigm provides the perspective that frames the nurse's viewpoint. The traditional problem-focused approach in nursing practice is underpinned by a belief system called the *totality paradigm*.[5]

Beliefs in the totality paradigm focus on the patient as the sum of bio-psycho-socio-spiritual parts. This allows different aspects of the patient

to be identified and labeled when problems develop. Humans are viewed as passive entities who cope and adapt to environmental stressors, which implies that patients do not actively participate in the health process.

From the traditional perspective, health usually is defined according to the person's ability to function or cope with disease and functional disability. Nursing focuses on problem identification, and the nurse's goals revolve around eliminating or managing problems that interfere with the patient's ability to function or maintain integrity. Patients who have problems that cannot be eliminated or managed are frequently viewed as problems themselves. The traditional approach clearly places the nursing and diagnostic processes as central to nursing and health.

An Alternative

The recognized limitations of problem-oriented practice have fueled attempts to understand people and health in new ways. Concerns about quality of life and more humanistic approaches to individuals are rising. Understanding the meaning of health experiences from the patient's perspective is viewed as crucial.

A new belief system that challenges the traditional approach has emerged to guide nursing practice—the *simultaneity paradigm*.[6] These theories are based on values and beliefs very different from those of the traditional totality paradigm.

Parse's theory—man-living-health—exemplifies this new perspective. The basic values and beliefs of the theory revolve around the view of the patient as a human being who structures meaning in life in a uniquely personal and complex way. His or her choices reflect personal values and beliefs.

Health is viewed as a process of being and becoming. It is described from the individual's perspective and, therefore, cannot be understood or labeled from an outsider's perspective.

For example, the nurse using Parse's theory does not label the patient as having ineffective coping, depression, or alterations in self-image. Those labels reflect a judgment on the part of the nurse.

According to Parse's theory, the patient reveals health patterns, not the nurse. The nurse is not the expert from Parse's perspective, the patient is. Only the patient knows what is best for his or her life.

The essence of nursing in Parse's theory is the nurse-patient relationship. The nurse focuses on helping the patient through this life experience and not on changing the person in some desired way. Nurses guided by Parse's theory do not follow predetermined care plans. There is no focus on eliminating bio-psycho-socio-spiritual problems or on dictating how the patient should act, think, or believe. Nursing is a relationship that emerges with each person. The goal of practice for the nurse guided by Parse's theory is enhancing quality of life from the person's perspective.

Applying Parse's Theory in the Operating Room

From Parse's perspective, surgery is a crucial event in a person's life. The meaning of the event from the patient's perspective is revealed in the way the person moves through the process. Every individual is viewed as an active participant in his or her health. Patients choose to have surgery, and that choice makes them active participants in the perioperative process.

Although Parse's theory has a different focus, the nurse still fulfills institutional polices 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. The difference lies in how the nurse is with the patient,

what is discussed, and how the goal of enhanced quality of life is evaluated.

Case Study

In the following practice situation, the nursing approach is structured according to the practice dimensions and processes of Parse's theory. Comparisons between Parse's practice methodology and the traditional problem-focused approach highlight the differences in the nursing practice.

Mr R, a 58-year-old married man, was admitted to the OR for aortocoronary bypass and possible left ventricular aneurysm repair. While the patient was being admitted, a cardiovascular nurse checked the patient's record for information such as known allergies and completed preoperative procedures. These activities fulfilled the responsibilities related to institutional policy.

When the nurse went to talk to Mr R, she used Parse's practice dimensions and processes as a guide. As she approached Mr R, he looked at her and said, "I want all of this to be over with."

The nurse asked Mr R to tell her what he meant. Mr R said he had been through enough, and that he did not want to live without taking part in family life. Mr R said he was terrified about going on the heart bypass pump, but that he had made up his mind that it was worth the risk to be able to live with his family and be active and free from pain.

The nurse asked Mr R to tell her more about his fear of the pump. Mr R said he was afraid something might happen to his blood or the machine. He started to talk about mechanical failures then stopped and said, "I know this is silly, it doesn't make any sense that I'm talking this way. I've decided to trust 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, I know there's a chance that I might not make it." He sadly said he had prepared for the worst with his family, and that he was not afraid because he had made peace with his Maker.

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

Analyzing the Approach

The nurse had just 20 minutes to be with Mr R. Practice guided by Parse's theory does not require assessment tools, use of diagnoses, or interventions aimed at eliminating problems. Rather, it requires the nurse to be truly present as the patient explores personal thoughts and feelings.

When Mr R said he wanted this whole thing to be over, the nurse asked him to tell her more about that. From the traditional problem-focused approach, Mr R's statement might have been labeled as anxiety or fear. Or a traditional nurse may have offered a statement such as, "I am sure you will be relieved."

From Parse's perspective, there is no labeling, diagnosing, or reassuring. Offering reassurance does not encourage a person to talk about thoughts and feelings. Being told not to feel a certain way or that everything will work out denies that each person's situation is unique.

Being able, however, to speak about the meanings and feelings of situations in the presence of another creates change, and in that way patients can move beyond the present moment. The nurse using Parse's theory provides the human presence that enhances that process.

The nursing relationship is guided by three

practice dimensions and processes: illuminating meaning through explicating, synchronizing rhythms through dwelling with, and mobilizing transcendence through moving beyond.

Seeking depth and clarity about the person's thoughts and feelings exemplifies Parse's first practice dimension—illuminating meaning through explicating. In this process, the nurse guides the patient to reveal what he or she is thinking and feeling. As individuals talk about thoughts and feelings they discover new insight in the process of self-discovery.

Going with the patient's thoughts and feelings reflects the second practice dimension—synchronizing rhythms through dwelling with. When Mr. R started talking about his fear of the heart bypass pump and mechanical failures, he realized that he had to trust to go on, and that he needed to be able to say what he thought, even if it did not make sense.

In guiding Mr R to imagine how he hoped things might be after surgery, the nurse was centering on third practice dimension—mobilizing transcendence through moving beyond. Human beings are always in the process of changing and moving toward what is valued and cherished. Mr R knew he would wake up, and by imagining his family waiting for him, he gained strength. Mr R was moving toward his value of wanting to be active with his family. His choice to have surgery was part of his plan to be what he wanted to be.

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 R revealed a paradoxical pattern when he spoke of being terrified yet not afraid. The nurse encouraged Mr R to talk about his fear. In speaking about it, Mr R discovered trust and peace.

Mr R recovered postoperatively without medical complications and was taken to the cardiovascular intensive care unit (ICU). Then the OR nurse who had been with Mr R through the surgical process went to speak with Mrs R, who was waiting to see her husband.

Applying Parse's Theory With the Family

The nurse went to Mrs R to listen while she spoke about her concerns. Mrs R looked up with a questioning look when the nurse entered the waiting room. The nurse told Mrs R that her husband was now in the ICU, and that he had wakened briefly. Mrs R started to cry.

The nurse sat beside Mrs R as she cried. "I'm so relieved he is all right," she said. "You have no idea how he agonized over whether or not to have this surgery."

The nurse asked Mrs R to tell her more about that. Mrs R said that for a year her husband had not been able to do anything without getting chest pain. She said it had aged the whole family, and that this surgery was their last hope.

The nurse asked Mrs R what she meant about aging the whole family. Mrs R said that before Mr R's illness, the family had been very active together, going on camping trips, hiking, and riding bikes together. But all their activities had stopped over the past year, she said. "We became old so fast."

The nurse stayed with Mrs R as she talked about the meaning of how she had aged then asked Mrs R what she meant about the last hope. Mrs R said she hoped things could return to the way they were before so they could do the same things.

When asked if she could imagine what life

would be like if things returned to the way they were, Mrs R said she could see the family laughing and being close. Then she said, "I don't really care if things return to the way they were. I just want him to live. I'll take him in any way he can be."

The nurse listened to Mrs R as she struggled with the hope to have things return to the way they were while hoping that Mr R just lived regardless of the outcome. Suddenly, Mrs R looked at the nurse and said, "I don't know if I can make it through this."

The nurse asked Mrs R what might help her to make it through. Mrs R began to plan for what she would need over the next few hours. She decided first to contact some of her children to come and be with her even though she had insisted they all stay home, and that she would keep them informed. Mrs R said she did not realize how much she needed them until talking about it with the nurse. She also said she wanted to see her husband as soon as possible. The nurse arranged a time for her to visit Mr R.

Using Parse's theory, the nurses continued their approach with Mr and Mrs R as they moved beyond the surgical experience. Nursing activities were guided by unique patterns revealed by the couple as they expressed their struggles, meanings, hopes, and dreams.

As Mr and Mrs R continued to move beyond the recovery process, they recognized the unique nursing approach that guided their relationships with the nursing staff. The couple spoke about how wonderful the nurses made them feel and how important it was to be listened to as they struggled to change and set new priorities.

Conclusion

Perioperative nursing practice traditionally has focused on identifying actual or potential health problems from the perspective of the health care provider. Nurses can continue to refine this approach by using the diagnostic approach to guide practice.

There is, however, a growing trend in nursing practice to move toward a more humanistic, participative approach with patients. Parse's theory provides a structure for perioperative nurses to help individuals move through a crucial life experience.

Notes

1. R R Parse, *Man-Living-Health: A Theory of Nursing* (New York City: John Wiley and Sons, 1981); R R Parse, *Nursing Science: Major Paradigms, Theories, and Critiques* (Philadelphia: W B Saunders Co, 1987).

2. A K Derdiarian, "A valid profession needs valid diagnoses," *Nursing and Health Care* 9 (March 1988) 137-140; M Maas, M Hardy, "A challenge for the future," *Journal of Gerontological Nursing* 14 (March 1988) 8-13.

3. R S Hagey, P McDonough, "The problem of professional labeling," *Nursing Outlook* 32 (May/June 1984) 151-157; M K McHugh, "Has nursing outgrown the nursing process?" *Nursing87* 17 (August 1987) 50-51.

4. Parse, *Nursing Science: Major Paradigms, Theories, and Critiques*; J D Allan, B A Hall, "Challenging the focus on technology: A critique of the medical model in a changing health care system," *Advances in Nursing Science* 10 (April 1988) 22-34; G J Mitchell, M Santopinto, "An alternative to nursing diagnosis," *The Canadian Nurse* 84 (November 1988) 25-28.

5. Parse, *Nursing Science: Major Paradigms, Theories, and Critiques.*

6. *Ibid.*