USING HUMANBECOMING THEORY TO BRIDGE NURSING PRACTICE GAP ON HUMAN DIGNITY

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According to Parse (1981, 1987), two paradigms exist in Nursing and they are:

- **Totality Paradigm** - the person is perceived as sum of parts
- **Simultaneity Paradigm** - human and the environment as indivisible.
The Ontology of the Humanbecoming School of Thought

Nine Assumptions
Four Synthesized Assumptions
Four Postulates
Three Principles
Concepts And Paradoxes

(Parse, 2010)
In our furious pursuit for excellence in clinical & management skill and IT supremacy, there is a less concerns for attending to the delicate sentiments of human dignity.
“It is my goal to maintain patient dignity,” but how can they do that when they are not spending time with the patients?

Too many professionals talk the talk but do not walk the walk. It’s not dignity.

For example, getting to know the living experience of a patient without judgment while respecting them is very different when approached through therapeutic communication versus being with true presence.
WHAT IS DIGNITY BASED ON HUMANBECOMING THEORY

- **The four tenets** (Parse, 2010)
  - **Awe** - profound wonderment with human existence.
  - **Betrayal** - a significant breach of trust
  - **Shame** - an intense embarrassment related to loss of face
The four tenets are now listed in the ethos of humanbecoming-dignity:
- presence
- existence
- trust
- worth

In another word, nurses guided by this ethos regard all persons as worthy of dignity and offer true presence being open to new and unforeseeable possibles of becoming.

(Parse, 2014, p. 8)
A Caring Model

- Recognition of human dignity
- Presence, Existence, Trust, and Worth
- Understand of human limitations & show respect for others’ differences

A Caring Model
Presence

Genuine, nonmechanical, nonroutinized attentiveness to others, bear witness to the resident’s own living value priorities

Working with people where they are, and offering help without judgement

Presence is being with the resident, face-to-face, paying attention, being reliable, being with their environment, and staying with the resident over time
Respect for cultural diversity, individual, and family values and differences.

Respect is profound veneration for human dignity. It is the resident’s values, hopes and dreams that determine the service provider’s activities.

Respect denotes a measure of beneficence, an active interest in the welfare of others, and it demands not only that we refrain from actively harming those who are the objects of respect but likewise that we see to it that such people at the very least have their minimal needs met. (Loewy, 1991, p. 64)
A Qualitative Descriptive Exploratory Study On The Meaning of Quality of Life for the older Adults in a Residential Care Facility

- *Quality of life is wishing to be healthy.* It is praying to God to help in walking, cooking, and shopping again.
- *Quality of life* is wishing to be mentally and physically well, able to do things.
- *Quality of life* is wishing to be perfect again.
Identified Residents

Functional Assessment

**HAPPIER**

H - Helping the
A - Aged
P - Person to
PI - Participate and
E - Engage through
R - Rehab

Formulate Rehab Programme

Exercise Regimes are conducted at Ward Level
Focus on meanings, from the perspective of the resident and family (Parse, 2003)

Information about the resident, and information that the resident wants. The nurse listens first, last, and always, acknowledging the resident’s freedom and responsibility

The nurse encourages dialogue and communication - resident-to-nurse, resident-to-resident, resident-to-family, resident-to-provider, and family-to-provider
Resident Satisfaction Survey for Nursing Homes 2012

Executive Summary

Satisfied Attributes of Overall

<table>
<thead>
<tr>
<th>No.</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Assistance from staff</td>
</tr>
<tr>
<td>Q2</td>
<td>Clean and comfortable (by staff)</td>
</tr>
<tr>
<td>Q3</td>
<td>Privacy for daily activities (bathing, toileting, etc)</td>
</tr>
<tr>
<td>Q4</td>
<td>Information before care &amp; treatment</td>
</tr>
<tr>
<td>Q5</td>
<td>Respect from staff</td>
</tr>
<tr>
<td>Q6</td>
<td>Approachable staff</td>
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<tr>
<td>Q7</td>
<td>Trust towards staff</td>
</tr>
<tr>
<td>Q8</td>
<td>Sufficient information on health condition</td>
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<tr>
<td>Q9</td>
<td>Frequency of rehabilitation &amp; exercise</td>
</tr>
<tr>
<td>Q12</td>
<td>Overall satisfaction for service quality</td>
</tr>
<tr>
<td>Q13</td>
<td>Cleanliness of environment</td>
</tr>
<tr>
<td>Q14</td>
<td>Conduciveness of NH</td>
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<tr>
<td>Q15</td>
<td>Able to keep their personal belongings with them</td>
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<tr>
<td>Q16</td>
<td>Opportunities for social &amp; recreation</td>
</tr>
<tr>
<td>Q17</td>
<td>Taste of food</td>
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<tr>
<td>Q18</td>
<td>Food quantity</td>
</tr>
<tr>
<td>Q19</td>
<td>Overall satisfaction with the environment</td>
</tr>
<tr>
<td>Q20</td>
<td>Sufficient information for family</td>
</tr>
<tr>
<td>Q21</td>
<td>Convenience of visiting hours</td>
</tr>
<tr>
<td>Q22</td>
<td>Overall satisfaction</td>
</tr>
<tr>
<td>Q23</td>
<td>Recommendation to others</td>
</tr>
</tbody>
</table>

Top 5 attributes are highlighted in green/black box. Q10&Q11 are for Caregiver only questions.
© GfK 2012 | Nursing Home Resident Satisfaction Survey 2012 | April 2012
Nursing as a human service that is guided by those we serve (Parse, 1998)

Population-based program planning based on needs assessment

Services are helpful or useful acts on the part of nurses, directed toward residents, and are tangible, desirable, and meaningful from the perspective of the residents.
<table>
<thead>
<tr>
<th>Year</th>
<th>Programs/Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Guided Autobiography for Lions Home Residents</td>
</tr>
<tr>
<td>2002</td>
<td>- Infocare (Health Information Technology System)</td>
</tr>
<tr>
<td>2003</td>
<td>- Multidisciplinary Care Model</td>
</tr>
<tr>
<td>2005</td>
<td>- Assisted Living Unit</td>
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<tr>
<td>2006</td>
<td>- Otago Exercise Training Programme + Hip Protectors</td>
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<td></td>
<td>- End of Life Care</td>
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<td></td>
<td>- Influenza Pandemic Preparedness Exercise Manual</td>
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<tr>
<td>2007</td>
<td>- Dementia Care Mapping</td>
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<tr>
<td>2008</td>
<td>- Chocolate Facial, Hand Message &amp; Aromatherapy Therapy</td>
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<tr>
<td>2009</td>
<td>- Kopitiam</td>
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<tr>
<td>2010</td>
<td>- InterProfessional Practice Approach Care Model</td>
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<td></td>
<td>- Kachang Puteh</td>
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<td></td>
<td>- Clinical Mobile System</td>
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<tr>
<td>2012</td>
<td>- Drum Therapy</td>
</tr>
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<td></td>
<td>- HAPPIER Programme</td>
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<tr>
<td>Year</td>
<td>Programme</td>
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<td>----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2001</td>
<td>Health Care (Home Care) Training under ITE Training Centre Status</td>
</tr>
<tr>
<td>2004</td>
<td>Adult Day Rehab Centre &amp; Home Nursing (under the Integrated Framework)</td>
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<tr>
<td>2010</td>
<td>Project Care with TTSH</td>
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<tr>
<td></td>
<td>Replacement Ratio (RR) Policy For Nursing Homes with Manpower Standards &amp; Development Division (MOH)</td>
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<tr>
<td>2011</td>
<td>IT Solution Innovative Programme with MOHH (ongoing)</td>
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<tr>
<td></td>
<td>Hand Washing Project with AIC</td>
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<tr>
<td>2012</td>
<td>Research Project on “MRSA” with KPTH (ongoing)</td>
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<tr>
<td></td>
<td>Research Project on “Safety and Quality in Nursing Homes in Singapore” with Curtin University (developmental stage)</td>
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<tr>
<td></td>
<td>Transitional Convalescence Facility with AIC (developmental stage)</td>
</tr>
<tr>
<td>2012</td>
<td>Teaching Nursing Home with ?????? (conceptualizing stage)</td>
</tr>
</tbody>
</table>
Systemic change or behaviour change

Change in a desired direction in the lives of the residents and families

Nurse encourages, supports, and co-participates in movement as determined by the resident. This means that the nurse follows the lead of the resident we served and change activities as he/she changes
PRISM model in a Nursing Home
A Case Study

Presence
Respect
Information
Services
Movement
Ah Hoi is a 69 year old lady who lives with her 79 year old husband Mr. Soh in a 3-room flat. The couple has no children and they are not in contact with any of their immediate relatives except for one niece Ms Annie whom they ask to help with errands.

Mr. Soh was the main carer for Ah Hoi as she has suffered a stroke a few years back. Although she could take care of her own daily activities, Ah Hoi needs supervision so that she would not fall or hurt herself. The couple is on meals-on-wheels but not home help service as Mr. Soh was able to manage simple household chores.

Apart from their own savings and their 3-room flat, the couple has no other income. They are also not in contact with any of their relatives, hence they do not have any substantial means of financial support from anyone else.
Events took a change when Mr. Soh fell and hurt his head. His fall and injury meant he could no longer care for himself let alone his wife Ah Hoi. Mr. Soh was in hospital and was waiting to go into Lions Home as applied by the MSW. Ah Hoi was encouraged to go to the same nursing home temporarily while awaiting for further care plans to be decided.

Eventually, Mr Soh and Ah Hoi were admitted to the same Lions Home. Mr Soh was placed in an isolated room because of VRE.

Ah Hoi was still in a state of shock and went into depression. She refused all activities and steered quietly through the often-chaotic daily activities at the Lions Home and sometimes unpleasant interactions with others while seeking to protect her own routines, values and beliefs from the harshness of the situation.
The couple was very closed and interdependent. Ah Hoi has always been taken care of by her husband. She chose to spend time with her husband even though he was in the isolation room. The staff was in true presence with her every step of the way.

The staff taught Ah Hoi all infection control procedures and she spent all her time in the isolation room. She has no wish to mix with other residents, involve in any rehab or social activities. She preferred to be in a wheelchair even though she could walk with a quadstick with supervision.

This went on for 4 weeks. The staff was always there whenever she needed help, committed to caring for her and her husband. Ah Hoi found a new source of comfort and support.

Presence

Genuine, nonmechanical, nonroutinized attentiveness to others, bear witness to the person’s own living value

Working with people where they are, and offering help without judgement

Being with the person, face-to-face, paying attention, being reliable, being with their environment, and staying with the person over time
Respect

Respect for cultural diversity, individual, and family values and differences

Respect is profound veneration for human dignity. It is the person’s values and hopes and dreams that determine the Lions Home activities.

It demands not only that we refrain from actively harming those who are the objects of respect but likewise that we see to it that such people at the very least have their minimal needs met.

Ah Hoi shared the information that she chose with the nurse and kept the rest of the family secrets to herself.

A brief respite at Lions Home has given Ah Hoi her energies to talked to the staff about her wish to get better, returning home with her husband, and pursuing of a better life.

The staff explored options with Ah Hoi and what course of action to take were discussed with their niece, social worker and other relevant community agencies.
After the death of her husband, Ah Hoi’s perspective and meaning of life has changed completely. She no longer talked about going home.

The staff listened carefully to Ah Hoi as she described her intentions, priorities, hopes, and dreams, so as to offer what services and information she wanted. Ah Hoi’s telling and the responses from the staff shaped the possibilities of what could come of the interactions.

The staff encouraged Ah Hoi to speak to other residents, her niece, the social worker and Lions Home management in light of her new situation.

Information

Focus on meanings, from the perspective of the person and family

Information about the residents, and information that the residents want. The nurse listens first, last, and always, acknowledging residents’ freedom and responsibility

The nurse encourages dialogue and communication - resident-to-nurse, resident-to-resident, resident-to-family, resident-to-Lions Home, and family-to-Lions Home

Information about the residents, and information that the residents want. The nurse listens first, last, and always, acknowledging residents’ freedom and responsibility

The staff encouraged Ah Hoi to speak to other residents, her niece, the social worker and Lions Home management in light of her new situation

Focus on meanings, from the perspective of the person and family
Ah Hoi reflected on her wishes, priorities, and dreams, often in the presence of the staff, as she chose from options on how to be in her new situation and what course of action to take.

The staff respected Ah Hoi’s concerns and wishes. They shared with Ah Hoi some of the services at the nursing home such as the HAPPIER project, Assisted Living Unit etc.

The staff involved in providing services. This means that the staff brought something tangible, useful, desirable, and meaningful, from the perspective of Ah Hoi into collaboration with Lions Home.

Lions Home as a human service is guided by those we serve.

Population-based program planning based on needs assessment.

Services are helpful or useful acts on the part of nurses, directed towards residents, and are tangible, desirable, and meaningful from the perspective of the residents.
Ah Hoi met and became close with another resident. Confidants, companions, mentors, and allies are very important in the nursing home. Making a connection with other residents strengthened Ah Hoi’s resolve, bolstered her confidence, and renewed her hopes.

Ah Hoi and the other resident shared knowledge and information about working Lions Home’s system and began to care for each other.

Ah Hoi has moved to the Assisted Living Unit, walking independently with the quadstick. Helping out in the Kopitiam serving other residents. Involving actively in the drum therapy and other social activities. Ah Hoi has decided to share with the nurse the information about her personal health issues and private affairs.

Movement

Systemic change or behaviour change

Change in a desired direction in the lives of the residents and families

Nurse encourages, supports, and co-participates in movement as determined by the resident. This means that the nurses follow the lead of the resident we served and change activities as he/she change
Conclusion

Long-term care facilities have innumerable opportunities to challenge the status quo with innovative practice / care models guided by human dignity for our older adults.

This presentation offers an interpretations of a real life situation at Lions Home, where practice is guided by the PRISM model based on Humanbecoming theory. It offers us a lens to understanding the patterns of relating. It is about discovery; it is about becoming; it is about cocreating meaning and new ways of choosing.
WHAT IS DIGNITY BASED ON HUMANBECOMING THEORY

- The four tenets are now listed in the ethos of humanbecoming-dignity

<table>
<thead>
<tr>
<th>Tenets</th>
<th>Ethos</th>
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<tbody>
<tr>
<td>Reverence</td>
<td>Presence</td>
</tr>
<tr>
<td>Awe</td>
<td>Existence</td>
</tr>
<tr>
<td>Betrayal</td>
<td>Trust</td>
</tr>
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<td>Shame</td>
<td>Worth</td>
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- In another word, nurses guided by this ethos regard all persons as worthy of dignity and offer true presence being open to new and unforeseeable possibles of becoming

(Parse, 2014, p. 8)
THE FOUR TENETS  (PARSE, 2010)

- **Awe** - profound wonderment with human existence.
- **Betrayal** - a significant breach of trust
- **Shame** - an intense embarrassment related to loss of face

- Ah Hoi felt betrayed by her situation she has no control over.
- She felt shame and betrayed by her circumstances as well.
- Therefore, is up to the nurse to offer reverence and remain open to moments of awe from Ah Hoi at Lions Home for the Elders
Be available to surprise and possibilities

One size does not fit all

People are the expert on their own health

Indeed we are privileged to be the one note in the lives of elders and their families

Please give us some of your divine power before we meet the lady

The three wise man and women with their good books

Closing Remarks

Dr. Rosemarie Parse