

ANALYSIS AND EVALUATION OF PARSE'S THEORY OF MAN-LIVING-HEALTH

Marlaine C. Smith and Jacqueline Hatfield Hudepohl

The evolution of nursing as a scientific discipline is dependent upon the development of its unique theoretical base and the extent of the utilization of this substantive knowledge in practice and research. Nursing's scientific community has a responsibility to appraise its developed conceptual models critically. Melnyk (1983) asserted that, despite the importance of the analysis of nursing theory, there is a paucity of literature critically evaluating the substance, structure and utility of nursing theories for scholarly inquiry and professional application. Melnyk's criticism rings true today. There have been few published critiques in the nursing literature on emerging nursing theories or conceptual models.

Man-Living-Health, a theory of nursing developed by Rosemarie Rizzo Parse, was introduced to the nursing community in her 1981 text. In the eight years of its public life, the theory has been read; reviewed and studied by nursing scholars and graduate students; foundational to qualitative research studies whose results have been published and presented at various symposia; adopted and tested as a model for nursing practice in long-term and acute care settings; and translated and disseminated to the international nursing community. Yet, only a few critiques (Limandri, 1982; Cowling, 1988; Phillips, 1987; Winkler, 1983) appear in the literature. These critiques lack some detail about the evolution, substance and pragmatics of the theory.

The purpose of this article is to analyze and evaluate Parse's (1981, 1987) theory of Man-Living-Health according to the criteria explicated in Fawcett's (1989) book, *Analysis and Evaluation of Conceptual Models of Nursing*. Fawcett's criteria were developed from a review of extant evaluative schema and a general dissatisfaction with their abilities to address the unique qualities of conceptual models in nursing. The strength in her criteria lies in the attention to processes of both analysis and evaluation, the specificity of its questions to the phenomena of concern to nursing, and the openness of its questions that are applicable to general conceptual frameworks. Fawcett

Marlaine C. Smith, R.N., PhD. is Assistant Professor in the University of Colorado School of Nursing, in Denver. Jacqueline Hatfield Hudepohl, R.N., M.S.N. is in private practice using Man-Living-Health, in Fort Thomas, Kentucky.

defines analysis as explicating concepts, relationships among concepts and the structure of ideas in a conceptual model. The analysis requires a non-judgmental, detailed examination of the [substance and structure] of the conceptual model" (Fawcett, 1989, p. 44). In contrast, evaluation is judgmental, in that it arrives at conclusions about the worth of the model through a process of examining the framework against clearly articulated criteria.

It is important to clarify the meanings of conceptual model and theory as used by Fawcett and Parse. Fawcett differentiates a conceptual model and a theory based on the level of abstraction and specificity of phenomena addressed. To Fawcett, a conceptual model develops a perspective on the metaparadigm concepts of the discipline in abstract terms. Parse (1987) defines theory as "a set of interrelated concepts at the same level of discourse that explains, describes or makes predictions about the phenomena of a discipline" (p. 2). Certainly, Parse's meaning and use of "theory" does fit a broader definition and, therefore, Fawcett's criteria are applicable to it. Throughout this paper, then, the use of "theory" will be consistent with Fawcett's definition of "conceptual model".

This article will answer each of the questions articulated by Fawcett in the aforementioned schema. The questions for analysis and evaluation will not be stated. It is assumed that the reader is familiar with the major tenets of Parse's theory of Man-Living-Health. Figure 1 diagrams the relationships among the assumptions, principles, concepts and theoretical structures; the substance of these concepts and statements may be articulated only as examples supporting the analysis and evaluation.

Analysis

Historical evolution of the theory

Although the formal publication of *Man-Living-Health: A Theory of Nursing* occurred in 1981, Parse's commitment to the development of a unique knowledge base for nursing began in the early 1970's. In Parse's first book, *Nursing Fundamentals*, published in 1974, she stated five major premises related to nursing.

1. Nursing is a human science profession primarily concerned with the care of unitary man as he evolves from conception through death.
2. Man and his environment evolve mutually and simultaneously in an organized, unidirectional fashion.
3. The nurse interrelates with clients and families to help them to describe health-related experiences, to evaluate alternatives and to mobilize resources.
4. Man is a thinking, feeling being who bears responsibility for his decisions.

5. Health is the state of well-being as experienced by the client.
(Parse, 1974, p. 3)

These premises from her early thinking reflect the major influences of Martha Rogers (1970) and the existential philosophers Heidegger, Sartre and Merleau-Ponty. During this time, Parse was on the faculty of Duquesne University, an internationally recognized center in existential-phenomenology. Her extensive study in philosophy and psychology led to a synthesis of these ideas into her philosophical assumptions, a perspective of nursing as a human science and a strong value for phenomenology as a research method. From 1975 through 1979, Parse's theory, then called "Human science nursing", grew from a set of assumptions, postulates and dimensions of practice, to specific concepts, principles and theoretical structures. The theory of Man-Living-Health evolved as a nursing model, separate and different from the focus of the natural science perspective of medicine. Parse (1981) conceptualized the person as interrelating with the environment while cocreating health. The title of the theory "Man-Living-Health" reflects the world view of the author and the focus of the content of the theory: that through being in the world, man (generic human beings) participates in creating the uniquely-lived process of health. In 1985 Parse co-authored a text in qualitative research methods containing the reports of studies that utilized the theoretical perspective of Man-Living-Health as a frame of reference (Parse, Coyne & Smith, 1985). In her 1987 work, *Nursing Science: Major Paradigms, Theories and Critiques*, Parse presents the refinements in her model along with developed research and practice methods specific to the model. A 1989 paper on "Health as Personal Commitment" (Parse, 1989) extended and refined the concept of health through integrating the results of qualitative research studies that have explored several health-related human experiences from the Man-Living-Health perspective.

Approach to knowledge development

Parse has described her experience of theory construction as a rhythmical process of induction-deduction (Parse, 1980). From her observations in practice, she concluded that health was not lived as a dichotomous reality; that people experienced health through clarifying and living life according to their values and commitments, and not by following directives imposed by health practitioners. As she articulated the philosophical assumptions underpinning her world view of health and the person-environment inter-relationship, she began to specify the principles and concepts of the theory further. Refinements were made as she practised from this perspective and through discussions with others about the lived experience of health. Middle range theory in Parse's model has been developed through the results of qualitative research.

Basic scientific assumptions of the model

Man-Living-Health is rooted in the human sciences. The assumptions of this belief system include the assertion that any science generating and organizing knowledge about human beings must preserve the essence of humanity or personhood in that scholarly pursuit. Reductionistic or mechanistic structures and modes of inquiry are inconsistent with a human science perspective. Persons are evolving, complex beings, interconnected with the universe. People are viewed as subjects, and the personal meanings of their realities are considered of primary importance in the investigative and practice dimensions of a human science discipline (Giorgi, 1970; Watson, 1985).

Parse (1987; Parse, Coyne & Smith, 1985) has identified two major competing world views existent in nursing: the totality and the simultaneity paradigms. She views Man-Living-Health as assuming the simultaneity paradigm beliefs that human beings are more than and different from the sum of parts, inseparable from their environment and evolving patterns that reflect their health.

Metaparadigm concepts

Fawcett (1989) defines four metaparadigm concepts in the discipline: person, environment, health and nursing. Parse (1981) defines nursing as a scientific discipline whose ontological focus is the nature of human beings' patterns of living health. To Parse, the metaparadigm concepts of the discipline of nursing are human beings, environment and health. Because nursing is viewed as a discipline, Parse believes it is inappropriate to include nursing as one of the metaparadigm concepts. For example, psychology is the discipline concerned with the study of mental processes influencing the behaviour of human beings; the metaparadigm for psychology would not include psychology, the discipline, even though it has a practice dimension. Person-environment, to Parse, is a unified concept. In this way, she uses the term "man" throughout the theory referring to human beings interrelating with the environment. According to Parse, then, the metaparadigm consists of person and environment (viewed as a unity) and health. To be consistent with the theory, the concepts will be explicated in this way. Although she doesn't consider nursing as a metaparadigm concept, an analysis of Parse's perspective on the nature of nursing practice is described in this section.

Person-environment: Parse's (1981) view of person-environment is articulated in four of her nine original assumptions and reflects a synthesis of Rogers' (1980) concepts of energy field, open systems, pattern and organization and four-dimensionality with existential-phenomenological concepts of coconstitution, coexistence and situated freedom. For Parse, person is a

living unity who through an open interchange with the environment, cocreates rhythmical patterns. Human beings live in relation to others and freely choose meaning in any situation, meaning that reflects values and structures a reality unbounded by three-dimensional spatial-temporal limits. Persons are continuously becoming as they tacitly and explicitly choose among the multiple unfolding possibilities within a multidimensional universe. This nursing model offers a distinctive view of person as synergistic, open, negentropic and creative.

Health: In the theory of Man-Living-Health, the metaparadigm concept of health is defined as "an open process of becoming, experienced by man" (Parse, 1981, p. 25). Health becomes known to another only through describing a personal reality. Health is not the absence of pathology, a point on a health-illness continuum, or complete physical, mental and social well-being defined by adherence to norms of a healthy lifestyle. Five of Parse's original nine assumptions describe health (Figure 1). Health is a rhythmical pattern of living personal value priorities. Persons participate with the environment in choosing ways of living health. Health is becoming through transcending with imagined and valued possibles. "This is in contradistinction to a paradigm that views man as the sum of parts, acted upon and delimited by such terms as disease and pathology" (1981, p. 7). "Health, then, from the perspective of this theory of nursing...is not the opposite of disease or a state...but, rather, a continuously changing process....Disease, from this perspective is not something a person contracts, but rather a pattern of man's interrelationship with the world " (1981, pp. 40-41). Health evolves through a multidimensional process of coming to know, toward transformation of self. In a more recent paper, Parse (1989) developed these ideas further in describing health as a commitment, an expression of life values reflective in personal choosings. Parse's phenomenological study of the lived experience of health generated the following nondirectional hypothetical definition of health: "Health is harmony sparked by energy leading to plentitude" (Parse, Coyne & Smith, 1985, p. 33-34). This structural definition of health, empirically supported by the descriptions of 400 subjects' experiences of health, is congruent with the theoretical contention that health is not being free from illness, but is a reflection of the person's participation with the environment; health is not experienced as being within the norms, but as a process of being connected with one's world while actualizing life projects; health is not experienced in physical, mental or social dimensions of self, but with the whole being.

Nursing: According to Parse (1987) nursing practice is the application of the theoretical base of nursing in promoting health or quality of life. She defined the practice method of Man-Living-Health through explicating the dimensions and processes of this theory-based practice. These are described in detail later in this paper. This practice method flows from the theory.

Parse views the nursing process that focuses on assessing, diagnosing, planning, implementing and evaluating, as being incongruent with this theory. The nursing process is based on the natural science method, which is founded on very different assumptions about person-environment and places the "observer", nurse, outside of the relationship with the individual. It implies that health can be "diagnosed" by the nurse. Instead Parse proposes that the nursing process, though now a major vehicle for practice that is linked to all the nursing paradigms, if syntactically analyzed, is only a problem-solving process, not a method derived from the ontological premises of nursing paradigms. The nursing process is rooted in the logical positivistic school of problem-solving. It is not a unique practice tradition of any of the nursing theories. Mitchell and Santopinto (1988) expand on this position, clearly distinguishing the incongruencies between nursing diagnosis and Parse's theory.

Relational propositions linking metaparadigm concepts

The designated name of Parse's theory of nursing, Man-Living-Health, illustrates the view that the metaparadigm concepts are inextricably interwoven in the fabric of the discipline of nursing. Parse's nine original assumptions were structured so that the first four state her fundamental beliefs about human beings and environment; the last five integrate her beliefs about health with those of human beings (Figure 1). In a later work (1985), she synthesized the nine assumptions into three, stating her beliefs about the conceptual unity, rather than man and health separately.

Areas of concern identified by the conceptual model

The unique areas of concern identified by Man-Living-Health may be gleaned from the assumptions, principles and posited theoretical structures (Figure 1). The principles articulate the unique themes as structuring meaning of a personal reality, rhythmical patterning with others in the world and moving beyond what-is by pursuing valued hopes and dreams. The model is concerned with health as a subjective experience of the quality of living, illuminated through personal description; patterns in the person-environment relationship that reflect health; health as transcendence and transformation; personal choice and commitment as health; and the paradoxical nature of the lived experience of health. These unique areas of concern differentiate Man-Living-Health from other conceptual models of nursing.

Evaluation

Assumptions

Parse (1981) clearly, explicitly and schematically identifies the assumptions of Man-Living-Health (Figure 1). She explains how the assumptions were

derived from Rogers' (1980) building blocks and the tenets and concepts of existential thinking. The inclusion of these concepts within each assumption is diagrammed in three tables within Chapter III, clearly leading the reader to the origin of the ideas. Each assumption connects three specific concepts from the foundational concepts (from Rogers and existential-phenomenology) in a unique way, and each concept is related at least once with each of the others in the creation of the nine assumptions.

Parse (1981) describes the meaning of each of the assumptions in a substantive narrative. The descriptions are clear and assist the novice in comprehending the assumptions; however, the descriptions are abstract, and those unfamiliar with Rogers' (1980) Science of Unitary Human Beings or existential-phenomenology may require study and review in order to truly comprehend the foundations of the theory. In refinement of the theory (Parse, 1987, Parse, Coyne & Smith, 1985) she collapsed the assumptions so that each of the three new assumptions is basic to one of the principles of the theory (Figure 1). These three assumptions crystallize the essences of her previous nine assumptions, eliminating some repetition of ideas. However, it may be advantageous for the beginning student of Parse to return to the original assumptions for a sense of the basic beliefs related to man-environment and health. The new structure simplifies, clarifies and more uniquely identifies the basic underpinnings of Man-Living-Health.

Comprehensiveness of descriptions of concepts and propositions

Parse (1981) provides complete descriptions of the metaparadigm concepts within her discussion of the assumptions. These assumptions link the metaparadigm concepts. Man-Living-Health has three principles relating to general themes of meaning, rhythmicity and transcendence. These themes are foundational to the theoretical assertions of Man-Living-Health and relate the concepts of imaging, valuing, languaging, connecting-separating, enabling-limiting, revealing-concealing, originating, transforming and powering. The first principle is: "Structuring meaning multidimensionally is cocreating reality through the languaging of valuing and imaging" (p. 42). The three concepts of imaging, valuing and languaging specify the principle and are comprehensively described. For example, in the explanation of the first principle Parse states: "In the man-environment interrelationship, one chooses from many options simultaneously available in multidimensional experiences as one originates a worldview and constructs a person reality" (p. 42). Parse draws upon the works of Dilthey (1961), Polanyi (1959), and Greene (1978) among others to elucidate the concept of imaging and its relationship to structuring a personal reality. This same pattern characterizes the explanations of each of the concepts and principles. Once again, the concepts may be unfamiliar to the reader, and the descriptions are at an abstract level of discourse in keeping with appropriate rules of theory development. Refer-

ring to some of the cited primary sources may increase understanding of the meaning of the concepts.

Propositions are derived by linking any three of the nine concepts of the theory, one from each principle. These propositions are named non-directional theoretical structures (Figure 1). Non-directional propositions are acausal, congruent with the world view of the theory. Although Parse offers three theoretical structures, students, researchers and practitioners are invited to create their own theoretical structures through linking concepts in the theory. This contributes to the heuristic open process of theory development. The structures are still at an abstract level of theory and must be made more concrete in order to guide research or practice.

Logical congruence

This area of theory evaluation investigates the coherence of the structure and substance of the theory. Kaplan (1964) suggests that coherence is a function of the clarity, internal consistency and esthetics of the theory. The internal structure of Man-Living-Health is clear, logically developed and esthetically pleasing. The clarity and symmetry of the structure is striking. The three assumptions that synthesize the fundamental philosophical concepts from Rogers (1980) and existential-phenomenology are foundational to the three principles explicating the themes. Each principle links three major concepts within the three themes. The nine concepts may be related in theoretical structures by linking one concept from each of the three principles. The language of the theory is at a consistent level of discourse. The diagrams within the book in schemas 6, 7 and 8 clearly map and depict the logical relationships among the derived assumptions, principles, concepts and theoretical structures.

The substance of the theory is internally congruent. Although the two foundational sources for the assumptions (Rogers and existential thought), are viewed by some as incongruent, the synthesis of selected concepts into the assumptions creates a coherent logical "translation of diverse perspectives" (Fawcett, 1989, p. 49). The content of the statements and concepts reflect the basic assumptions and world view underpinning the theory. Parse is specific with the language of the theory, using the prefix "co" in such works as "cotranscending" and "cocreate" to indicate the participative and inseparable nature of the person-world interrelationship. The concepts within the theory, such as languaging, valuing and originating are stated as participles. This denotes the meaning of health as an evolving, dynamic process that is congruent with the assumptions of the theory.

Rogers		Existential-Phenomenology	
Foundations			
Principles	Concepts	Concepts	Tenets
Helicy	Energy field	Coconstitution	Intentionality
Complementarity	Openness	Coexistence	Human Subjectivity
Resonancy	Pattern & Organization	Situated freedom	
	Four Dimensionality		
Assumptions (1981)			
1. Man is coexisting while coconstituting rhythmical patterns with the environment.		5. Health is an open process of becoming, experienced by man.	
2. Man is an open being, freely choosing meaning in situation, bearing responsibility for decisions.		6. Health is a rhythmically coconstituting process of the man-environment inter-relationship.	
3. Man is a living unity continuously coconstituting patterns of relating.		7. Health is man's patterns of relating value priorities.	
4. Man is transcending multidimensionally with the possibles.		8. Health is an intersubjective process of transcending with the possibles.	
		9. Health is unitary man's negentropic unfolding.	
Assumptions (1984)			
1. Man-Living-Health is freely choosing personal meaning in situations in the intersubjective process of relating value priorities.			
2. Man-Living-Health is cocreating rhythmical patterns of relating in open interchange with the environment.			
3. Man-Living-Health is cotranscending multidimensionally with the unfolding possibles.			
Principles:	Structuring meaning multidimensionally	Cocreating rhythmical patterns of relating	Cotranscending with the possibles
Concepts:	Imaging Valuing Languaging	Revealing-concealing Enabling-Limiting Connecting-Separating	Powering Originating Transforming
Theoretical Structures:	Powering is a way of revealing and concealing imaging. Originating is a manifestation of enabling and limiting valuing. Transforming unfolds in the languaging of connecting-separating.		

Adapted from Parse (1981, pp 70-71) and Parse (1987)

Figure 1.
Structure of the Theory of Man-Living-Health

Social congruence

Nursing is still largely practised through applying the knowledge of medicine and the natural and behavioural sciences to the treatment of persons whose total plan of care is directed by the physician. In most settings nursing is not practised autonomously because the knowledge base utilized is not nursing's; therefore, expertise within the knowledge base lies within other disciplines. Society continues to view nursing as the profession concerned with activities involved in caring for the sick and assisting people through the rehabilitative phases of illness. This perspective is not congruent with the practice of nursing using the theory of Man-Living-Health.

Growing dissatisfaction by the public with the medico-technological health care system has contributed to an emerging revolution in consumer expectations. These emergent social values are more congruent with nursing practice guided by the theory of Man-Living-Health. Ferguson (1980) predicts that a new breed of consumer is emerging, one who is knowledgeable, sophisticated and more concerned about health; one who is concerned about the quality of life; one who seeks a partner in the health-promotion process who will offer humane and sensitive alternatives within a growing technological delivery system. Naisbitt (1982) corroborates this view in his prediction of an evolving "high-tech-high-touch" culture. Smith (1984), Watson (1985) and others describe how these megatrends relate to the discipline of nursing. They state that nursing will be increasingly responsible for providing the leadership in promoting a caring focus for the quality of life for persons and families. A practice of nursing based on the theory of Man-Living-Health is congruent with these emerging societal expectations of experiencing the "interhuman processes of caring and healing...as nursing guides families in choosing among possibilities in the changing health process" (Smith, 1984, p. 29).

Social significance

Man-Living-Health is socially significant. The practice of nursing is the application of nursing theory in service to society. The Man-Living-Health practice tradition has been developed from the theory, itself; therefore, the service that it renders is unique, creative and transformative.

Professional nursing practice becomes unique when guided by this model in that it is unlike the practice of any other discipline. Nursing activities are unique; the nurse does not ask the same questions as the physician or "assess" parameters that judge pathology. The nurse guides the individual in choosing possibilities in the changing health process. Through being truly present in the intersubjective nurse-person process, the nurse engages the person in reflecting on and describing the multidimensional meaning of the

experiences. The nurse with person mobilize the process of change as they are confronted with the possibilities inherent in the not-yet. This offers individuals a new way of living their lives--their health. No other discipline focuses on enhancing quality of life in this way. (Parse, 1987)

The practice of nursing is creative when guided by this theory in that it is "unencumbered by prescriptive rules" (Parse, 1981, p. 81). There are no standard diagnoses, "canned care plans" or "bag of tricks" that can be quickly accessed and used. Nursing practice requires an intense interpersonal involvement with the client where the nurse lives a true presence with the client while uncovering a profile of the changing health process. These emerging health patterns reflect the paradoxical nature of lived experiences. The nurse and person discover ways of transcending with the opportunities and limitations in the moment through choosing new ways of becoming. This improves the quality of life.

Finally, the practice of nursing from the perspective of Man-Living-Health is transformative. Regardless of the person's present health experience, the nurse and person engage in a process of cocreating new possibilities for change that will improve the health of the individual. These transformative processes are founded on the theoretical structures evolved from the theory. Some of these processes may be finding ways of increasing energy, experiencing different life rhythms, or exploring the paradox of a lived experience. This cocreates new perspectives for the person, mobilizing transcendence, moving beyond the limited vision of the current moment toward actualizing new possibilities (Parse, 1987).

Social utility

Nursing practice: The theory of Man-Living-Health does provide guidelines for practice. Very broad guidelines appeared in the 1981 text and have evolved to become more refined and sophisticated through the continued testing of the theory in practice. In 1981 Parse stated:

The principles of Man-Living-Health, then, guide nursing practice in a unique way. Paramount in this theory is man's participation in and perspective of health as it is cocreated through illuminating and mobilizing... interrelationships in light of meaning assigned to health and its possibilities languaged in the...patterns of relating (p. 82).

In 1987 Parse further explicated the practice of Man-Living-Health. The dimensions of the practice method are illuminating meaning, synchronizing rhythms and mobilizing transcendence. These three dimensions were defined and further specified through processes:

1. Illuminating meaning is shedding light through uncovering the what was, is, and will be, as it is appearing now; it happens in explicating what is. *Explicating* is making clear what is appearing now through languaging.

2. 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.

3. 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, p. 167)

This has been utilized in various settings. Mitchell (1988a, 1986) and Butler (1988) have described their practice with clients and families using Man-Living-Health as the theoretical base. Theory-based practice models based on Man-Living-Health have been piloted in two long-term settings and one acute care setting. Parse suggested a process for implementing her theory in these practice settings. The nurse derives theoretical structures from the theory. These theoretical structures are stated as propositions that can guide nursing practice. Through individual or group encounters in structured contexts, the nurse engages the person or group in discussions related to themes surfacing in their patterns of living. Through being truly present with others the nurse elicits the significance of their health experiences, relationships with others and plans for change. A health profile emerges related to the themes of meaning, rhythmicity and transcendence. In the nurse-client discussion the nurse may ask the client: "What makes you feel happy, sad, angry, afraid? What do you like to do with others? and What do you want to change about yourself or your situation?" These possible questions are not rigid interview or assessment items, but may be guides to the novice in engaging the client, family, or group in describing their health experiences from this perspective. This discussion leads to the client-nurse's identification of health patterns that are consistent rhythmic ways of being characterized by speaking and moving. The client and nurse suggest activities or participative encounters related to the individual's health patterns that may improve quality of life through actualizing hopes and dreams.

Nursing education

Man-Living-Health can serve as an organizing framework for nursing curricula. It is most appropriate for study at the masters and doctoral levels. Some baccalaureate programs are demonstrating an interest in using the theory as the conceptual framework for their programs. Parse's (1981) text includes a sample curriculum based on the theoretical foundation of Man-Living-Health. A similar curriculum was initiated in a graduate program at Duquesne University in Pittsburgh from 1975 through 1981. The program was highly successful in preparing teachers, administrators and some practitioners in family health nursing from a nursing theoretical base, as is shown by program evaluation data.

Nursing administration

Increasingly, nursing administrators are becoming aware of the value of professional practice models. Theory-based nursing practice may promote an independent nursing practice, improve the morale and self-esteem of the staff, offer a consistent approach to practice and improve the quality of care.

Man-Living-Health was implemented as a model for practice with long-term care patients with primary psychiatric diagnoses. During the implementation of the model, nurses on the unit reported differences in both patients and staff. Although research on this pilot is incomplete, subjective reports from nursing staff and nursing administration supported the value in utilizing the model. Nursing administrators and practitioners reported some similar changes for staff in models implemented at Boca Raton Community Hospital, Florida and in Victoria Hospital, London, Ontario. Another implementation study is now in progress at St. Michael's Hospital in Toronto.

Nursing research

Parse (1987) states that the research method adopted to answer the questions of the theory or model should reflect the beliefs of that model. For this reason, she has proposed a unique research method consistent with the theoretical structure and belief system of Man-Living-Health. The phenomena for study are lived experiences of a universal nature. The paradoxical structure of lived experiences are considered in exploring the phenomena.

The processes of this research method include participant selection, dialogical engagement, extraction-synthesis and heuristic interpretation. These processes are fully described in Parse's 1987 publication. Several studies (Smith, 1986; Parse, 1987; Smith, 1988; Mitchell, 1988; Liehr, 1988) utilizing this new method are completed and have been delivered at various symposia. The phenomena studied have been the lived experiences of feeling restricted, hope, struggling through a difficult time, living day by day and living on the edge. Various groups, such as persons on hemodialysis, unemployed persons, institutionalized elderly and persons awaiting heart transplants, served as subjects for the studies.

In addition to the studies using Parse's specified method, eight published and other completed and reported studies have utilized other qualitative research methods from the human sciences such as the phenomenology, ethnography, descriptive case-study and descriptive exploratory methods with Parse's theory as a researcher's perspective or framework. In Parse, Coyne & Smith (1985), six qualitative research studies utilizing Man-Living-Health

are presented in abbreviated forms. In addition, Santopinto (1989) and Banonis(1989) published phenomenological studies the results of which were interpreted from a Man-Living-Health perspective.

Man-Living-Health has fostered intensive, rigorous and prolific research activity in its eight years of its public existence. The publication of the 1985 research text and the development of a unique research method support the comprehensiveness and value of Parse's theory to the expanding body of knowledge that constitutes the scientific discipline of nursing. Parse offers a unique perspective of nursing, one that asks us to study health as the quality of living and becoming. The theory is heuristic in its spawning of possible research questions, and propositions to guide practice and further add to theory development.

[Man-Living-Health] provides a foundation from which new questions can be raised about...nursing. The emergence of nursing as a science and an art is through creative conceptualizations in research, practice and education. Nursing is unfolding in simultaneous and mutual interchange with the world transcending with greater diversity and complexity. Nursing is all at once what it was, is and will become, growing ever more explicit, but always with the mystery of the not-yet. (Parse, 1981, p.172).

Parse's theory of Man-Living-Health has been evaluated using Fawcett's framework to examine the foundations of the theory, the scientific assumptions underpinning it, the approach to theory development and the uniqueness of the conceptual model as compared with others in the discipline. The evaluation of the theory revealed a substantive, unique, coherent and heuristic framework that has merit for study, nursing practice, research, administration and education. Man-Living-Health offers promise to a generation of nurses who seek challenge, scholarship and creativity within the professional discipline of nursing.

REFERENCES

- Banonis, B. (1989). The lived experience of recovering from addiction. *Nursing Science Quarterly*. 2(1), 37-43.
- Butler, M.J. (1988). Family transformation: Parse's theory in practice. *Nursing Science Quarterly*. 1(1), 68-74.
- Cowling, W.R., (1988). Parse's theory of nursing. In J. Fitzpatrick and A. Whall, Eds. *Conceptual Models of Nursing: Analysis and Application* (Vol. 2). Bowie, MD: Brady Communications, 385-399.
- Dilthey, W. (1961). *Pattern and meaning in history*. New York: Harper and Row.

- Fawcett, J. (1989). *Analysis and evaluation of conceptual models of nursing*. Philadelphia: F.A. Davis Co.
- Ferguson, M. (1980). *The aquarian conspiracy*. Los Angeles: J.P. Tarcher, Inc.
- Giorgi, A. (1970). *Psychology as a human science*. New York: Harper and Row.
- Greene, M. (1978). *Landscapes of learning*. New York: Teachers College Press.
- Kaplan, A. (1964). *The conduct of inquiry*. San Francisco: Chandler Publishing.
- Liehr, P. (1988). *The lived experience of living on the edge*. Paper presented at the Research Conference, Southern Council for Higher Education in Nursing, Atlanta, Georgia.
- Limandri, B.J. (1982) Book reviews. *Western Journal of Nursing Research*. 4(1): 105-106.
- Melnik, K.A. (1983). The process of theory analysis: an examination of the nursing theory of Dorothea E. Orem. *Nursing Research*. 32(3), 170-174.
- Mitchell, G. (1988a). *Man-Living-Health: the theory In practice*. *Nursing Science Quarterly*. 1(3), 120-127.
- Mitchell, G. (1988b). *The lived experience of living day by day*. Paper presented at the Research Conference Southern Council on Higher Education in Nursing, Atlanta, Georgia.
- Mitchell, G. (1986). Utilizing Parse's theory of Man-Living-Health in Mrs. M's neighborhood. *Perspectives*. Winter, 5-7.
- Mitchell, G. and Santopinto, M. (1988). An alternative to nursing diagnosis. *The Canadian Nurse*. 84 (10),25-28.
- Naisbitt, J. (1982). *Megatrends*. New York: Warner Books.
- Parse, R.R. (1989) *Health as personal commitment*. Paper presented at Discovery International Nurse Theorist Conference, Pittsburgh, Pennsylvania.
- Parse, R.R. (1987). *Nursing Science: Major Paradigms, Theories, and Critiques*. Philadelphia: W.B. Saunders.
- Parse, R.R. (1985) Theory-based practice with individuals in a long term facility for the chronically ill. Paper presented at Discovery International, Inc. Nursing Science Seminar on Theory-based Practice, Pittsburgh, Pennsylvania.
- Parse, R.R. (1981). *Man-Living-Health: A theory of Nursing*. New York: John Wiley Co.
- Parse, R.R. (1980). Personal Communications.
- Parse, R.R. (1974). *Nursing Fundamentals*. Flushing, N.Y.: Medical Examination Publishing Co.
- Parse, R.R., Coyne, A.B. & Smith, M.J. (1985) *Nursing Research: Qualitative methods*. Bowie MD: Brady Communications.
- Phillips, J. R. (1987). A critique of Parse's Man-Living-Health theory. In R.R. Parse, Ed. *Nursing science: major paradigms, theories and critiques*. Philadelphia: W.B. Saunders, pp. 181-204.
- Polanyi, M. (1959). *The study of man*. Chicago: University of Chicago Press.
- Rogers, M.E. (1970). *An introduction to the theoretical basis of nursing*. Philadelphia: F.A. Davis Co.
- Rogers, M.E. (1980) Nursing: a science of unitary man. In J.P. Riehl and C. Roy, Eds. *Conceptual models for nursing practice* (2nd ed.) New York: Appleton-Century-Crofts.
- Santopinto, M. (1989). The relentless drive to be ever thinner: a study using the phenomenological method. *Nursing Science Quarterly*. 2(1), 29-36.
- Smith, M. (1988). *The lived experience of struggling through a difficult time*. Paper presented at the Research Conference, Southern Council for Higher Education in Nursing, Atlanta, Georgia.
- Smith, M.J. (1986). *The lived experience of feeling restricted*. Paper presented at Discovery International Inc. Conference on Research Related to Man-Living-Health, Pittsburgh, Pennsylvania.
- Smith, M.J. (1984). Transformation: A key to shaping nursing. *Image*. 16(1), 28-30.
- Watson, J. (1985). *Nursing: Human science and human care*. Norwalk, Conn.: Appleton-Century-Crofts.
- Winkler, S.J. (1983) Parse's theory of nursing. In J. Fitzpatrick and A. Whall, Eds. *Conceptual models of nursing: Analysis and application*. Bowie, Md.: Brady Communications, 275-294.

RÉSUMÉ

Analyse et évaluation de la théorie de Parse Homme-Vie-Santé

De nombreux chercheurs et professionnels utilisent la théorie de Parse Homme-Vie-Santé comme guide dans leurs enquêtes et activités cliniques. Cet article utilise les critères de Fawcett pour présenter une analyse critique et une évaluation de cette théorie. L'analyse examine l'évolution historique, les suppositions scientifiques, l'approche envers le développement des connaissances, la perspective des concepts metaparadigmatiques des sciences infirmières et les secteurs d'intérêt particulier de cette théorie. Le processus d'évaluation examine la substance, la logique, la clarté de présentation, ainsi que le mérite du modèle d'étude, la pratique professionnelle, la recherche, l'éducation et la gestion.