

Dear Editor:

I feel compelled to comment on Smith & Hedepohl's thought-provoking article, *Analysis and Evaluation of Parse's Theory of Man-Living-Health* in your Winter, 1988 [20(4)] issue.

Their clear articulation of Parse's Model sparked my thinking on two points which are rarely, if ever, discussed in evaluation of nursing models, and are missing from Smith and Hudepohl's discussion. They concern the language of a model and its cultural roots. Both these points could fit within the social utility section of Fawcett's framework for analysis.

On the first point, it would seem to me that the language of a model should be assessed on how well it expresses the concepts and relationships within a model, and also how clearly it allows these to be communicated to people using the model. Parse's creative use of language may well serve to express the concepts and relationships, but with her work, I often find that I have to translate her language into more understandable prose when I am discussing those concepts with others. Indeed her prose is frequently more convoluted than the original existentialist works from which she draws inspiration. As social utility concerns how useful a model is, how large a part does the language of a model play in its use.

Another aspect of a model's social utility could concern whether the concepts, goals and approaches of the model are consistent with the culture in which it is to be used. It is my experience that all too often in Canada (and now in the U.K.) we expect models created in the United States (and research conducted there) to be directly applicable, and requiring translation only for the differing health care system. We rarely look beneath the work for the cultural perspective it implies, and evaluate the work on that basis. The American culture of individual determination, individual responsibility and individual choice infuses Parse's model, and shows through in her emphasis on individual action. For instance, the assumptions underlying the model begin with, "Man-Living-Health is freely choosing personal meaning...." Is this emphasis congruent with the situation in which it is to be used? How important are the cultural perspectives expressed through the model in determining its applicability to particular social context?

Although nursing models are usually assessed and evaluated in the light of how comprehensive they are in themselves and how useful they would be in particular situations, the formative role of models is not always acknowl-

edged. As models come to be used in particular situations, the language (often written - sometimes verbal) of the work environment changes to accommodate the perspective of the model (Campbell, 1984). As nursing models become more influential in the directions taken by research, education and practice, what are the effects of this often unrecognised baggage (cultural, social and linguistic) that accompanies them?

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## REFERENCES

- Campbell, M.L. (1984). *Information systems and management in hospital nursing: A study in the social organization of knowledge.1 Unpublished Ph.D. thesis.* University of Toronto.