A Compare and Contrast of Nursing Theories:

Interpersonal Relational Nursing Theory and Humanbecoming Theory

Redpath, Jenny

Athabasca University

Abstract

In order to understand the impact of nursing and give meaning to nursing actions, it is helpful to examine the theories that guide practice and support nursing as a profession. This paper will look at a forensic nursing experience through the lens of Hildegard Peplau’s theory Interpersonal Relational Practice Theory and Rosemarie Rizzo Parse’s theory Humanbecoming. This paper will also look at how the theories provide a framework to support professional practice.

*Keywords:* nursing theories, nursing profession, humanbecoming theory, interpersonal relational practice theory, Parse, Peplau

A Compare and Contrast of Nursing Theories

Nursing theories assist nurses by providing a framework to help understand practice scenarios and delineate the nursing profession. The ability of nurses to apply and contrast theories builds critical thinking capacity and results in strong professional practice. These practices can be identified in the Canadian Nursing Association (CNA) Code of Ethics. Using a forensic nursing scenario, this paper will look at two middle-range nursing theories: Interpersonal Relational Practice theory and Humanbecoming.

**Scenario**

An indigenous woman presents to the emergency department (ED) and states that she has been sexually assaulted. The triage nurse asks permission to contact the on-call Forensic Nurse Examiner (FNE) to see the patient for assessment, and the client agrees and states ‘I don’t want to see any male doctors.’ The triage nurse informs the ED nurse of the patient’s request and provides a private room for the patient to wait. The ED nurse completes an assessment, the client is considered stable. The FNE gets a report from the ED and prepares to see the patient. The FNE introduces herself and her role. The FNE asks the patient’s name, birthdate and where she is from. The patient states her name and birthdate and says that she is from the Tseshaht First Nation. The patient talks about her family: parents, ancestors, and children. She then speaks about her anxiety coming to the hospital and being examined. The patient shares that she experienced strangulation during the assault, which took place at a friend’s home the night before. The patient reports that she did not tell the ED nurse about the strangulation. The FNE asks permission to share information about the reason for a medical examination after strangulation. With the patient’s consent the FNE explains the potential risk of inflammation up to a month after strangulation.

The patient requests follow up information and medical examination from the emergency physician. Further investigation and support are provided for the patient’s expressed anxiety. Samples and forensic documentation are completed. The FNE thanks her for sharing her experience and offers to refer her for follow up. The patient requests to follow up with the FNE. The FNE explains that other nurses here will provide the same quality of care. The FNE indicates to the patient that it was honour being involved in her care and that the FNE role was completed. The emergency physician clears the patient medically.

**Interpersonal Relational Practice theory**

Hildegard Peplau’s (1952) theory Interpersonal Relational Practice (IRP) defines nursing practice as health outcomes being influenced by the nurse’s relationship with the patient. In this scenario the patient and FNE begin in the first stage of IRP, orientation. The patient and the FNE are strangers and enter into a therapeutic relationship. Trust is established during the orientation phase, as the nurse asks about the patient’s history. The patient and nurse are able to identify areas of concern namely the history of strangulation during the identification phase. A plan is developed to monitor and assess risk to the patient’s health in the exploitation phase. After the assessment and documentation, the therapeutic relationship is terminated in the resolution phase. The patient implements the plan to address health concern of strangulation.

**Humanbecoming Theory**

Wilson (2016) indicates that Rosemarie Rizzo Parse’s theory of Humanbecoming (HB) is considered a middle-range theory; it looks at the abstract influence of nursing on health within the understanding that a patient’s phenomenology is unique and therefore can only truly be influenced by the person’s autonomy. In this scenario the FNE inquires about the patient’s history to honour her lived experience. The FNE recognizes that the FNE is part of the patient’s environment and therefore impacts the patient’s experience of her health. Together they work in rhythmicity to identify potential risk factors that could impact the patient’s health outcomes. Through the experience of building trust, gaining informed consent and boundary setting the FNE creates an opportunity for meaning and transformation for the patient.

Humanbecoming theory would also suggest that exploring the emotions, and experiences of the patient would have created more opportunities for the FNE and patient to work in rhythmicity towards transcendence for the patient (Wilson, 2016).

**Discussion**

The values of nursing practice presented with these two theories align with the Canadian Nursing Association CNA (2017), Code of Ethics. Specifically, the theories support the ethics of: providing safe and competent care, promoting and respecting informed decision-making, and honouring dignity. The FNE developed a trusting relationship in the orientation phase (Nursingtheory.org, 2019), which the CNA (2017) specifies as an indicator for providing safe and competent care:

Nurses build trustworthy relationships with persons receiving care as the foundation of meaningful communication, recognizing that building these relationships involves a consciouseffort. Such relationships are critical to understanding people’s needs and concerns.

According to the CNA (2017), the nurse promotes and respects informed decision making by asking for consent. By inquiring into the patient’s experience, the FNE, “relate[s] to the… [person] receiving care with respect” (CNA, 2017).

HB and IRP both use the nurse patient relationship as a foundation, however, Parse focuses on the flow of phenomenology and Peplau is looking for sequential phases to indicate that the nurse has acted in a professional and therapeutic relationship.

The theories differ again in that, HB is looking for the experiential meaning of the interactions, whereas, IRP is concerned with the resolution of a health goal. HB theory opens up the discussion and would suggest probing the feelings, and meaning as determined by the patient. IRP, however, would follow the phases that the FNE takes of orientating, identifying, exploiting and resolving the mutually agreed upon health goals.

**Conclusion**

Both theories innervate the provided scenario and give professional meaning to the actions of the FNE. This paper demonstrates how nursing theories can provide guidance to nursing practice and expose alternatives to practice situations. The process of applying and contrasting nursing theories to practice scenarios is valuable in that it provides a deeper understanding of nursing and one’s personal practice.

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