Parse's Humanbecoming School of Thought

A Escola de Pensamento "Humanbecoming" de Parse

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Os antecedentes da escola de pensamento "humanbecoming" situam-se no pensamento fenomenológico e na ciência da unicidade dos seres humanos (ver Parse 1981). O trabalho original de Parse (1981) foi designado "Man-Living-Health: A Theory of Nursing" Quando o termo "mankind" foi substituído por "male gender" na definição de "man" no dicionário, o nome da teoria foi modificado para "human becoming" (Parse, 1992). Nenhum aspecto dos princípios foi modificado nessa altura. Com a publicação de "The Human Becoming School of Thought" em 1998, Parse expandiu o trabalho original com a inclusão de descrições de três metodologias de investigação e acrescentou especificidades relacionadas com a prática da metodologia (Parse, 1987), classificando a ciência de "humanbecoming" como uma escola de pensamento (Parse, 1997b). A ideia fundamental em "humanbecoming" de que os humanos são indivisíveis, imprevisíveis, em constante mudança, tal como especificado na ontologia, exclui o uso de termos, tais como fisiológico, biológico, psicológico ou espiritual para descrever o humano. Outros termos inconsistentes com "humanbecoming" incluem palavras frequentemente utilizadas para descrever pessoas, tais como, não cooperante, disfuncional, manipulativo e outros.

Em 2007b, Parse clarificou a ontologia da escola de pensamento. Especificou o "humanbecoming" através de uma palavra única e o "humanuniverse" também como palavra única. A junção das palavras criou um conceito que confirma a ideia de indivisibilidade. Descreveu também postulados clarificadores da ontologia (Parse 2007b). Estes termos são fragmentários e portanto, inconsistentes com a ontologia. A ontologia - isto é, as assunções, postulados e princípios - estabelece crenças que são claramente diferentes das de outros quadros de referência e de outras teorias de enfermagem. O conhecimento específico da disciplina utiliza uma linguagem única que especifica uma posição sobre o fenómeno de interesse para cada disciplina. A linguagem de "humanbecoming" enfatizada pela conceptualização de "new becoming visible-invisible becoming of the emerging now" é única da enfermagem, criando assim o novo paradigma de "humanbecoming" (Parse, 2012). Os três princípios de "humanbecoming" contêm nove conceitos escritos em forma verbal com terminação "ing" para tornar claro a importância do processo contínuo de mudança como fundamental para a emergência do "humanuniverse". Cada conceito é também explicado com paradoxos enquanto opostos aparentes, que especificam ainda mais a linguagem única de "humanbecoming".

Palavras-chave: escola de pensamento de Parse; devir humano; pessoa-universo; teoria de enfermagem; investigação em enfermagem.

The antecedents of the humanbecoming school of thought are from existential phenomenological thought and the science of unitary human beings (See Parse 1981). Parse's (1981) original work was named **Man-Living-Health: A Theory of Nursing.** *When the term* **mankind** *was replaced with* **male gender** *in the dictionary definition of* **man,** *the name of the theory was changed to* **human becoming** *(Parse, 1992). No aspect of the principles changed at that time. With the 1998a publication of* **The Human Becoming School of Thought,** *Parse expanded the original work to include descriptions of three research methodologies and more specifics related to the practice methodology (Parse, 1987), thus classifying the science of humanbecoming as a school of thought (Parse, 1997b). The fundamental idea of humanbecoming that humans are indivisible, unpredictable, everchanging, as specified in the ontology, precludes any use of terms, such as physiological, biological, psychological, or spiritual to describe the human. These terms are particulate, thus inconsistent with*

the ontology. Other terms inconsistent with humanbecoming include words often used to describe people, such as, noncompliant, dysfunctional, manipulative, and others.

*In 2007b, Parse set forth a clarification of the ontology of the school of thought. She specified **humanbecoming** as one word and **humanuniverse** as one word (Parse, 2007b). Joining the words creates one concept and further confirms the idea of indivisibility. She also described postulates to further clarify the ontology (Parse, 2007b). The ontology - that is, the assumptions, postulates, and principles - sets forth beliefs that are clearly different from other nursing frameworks and theories. Discipline-specific knowledge is articulated in unique language specifying a position on the phenomenon of concern for each discipline. The humanbecoming language enhanced by the **new becoming visible-invisible becoming of the emerging now** conceptualization is unique to nursing, thus creating the new humanbecoming paradigm (Parse, 2012). The three humanbecoming principles contain nine concepts written in verbal form with **ing** endings to make clear the importance of the ongoing process of change as basic to humanuniverse emergence. Also each concept is explicated with paradoxes as apparent opposites, further specifying the uniqueness of the humanbecoming language.*

Keywords: Parse's school of thouht; humanbecoming; humanuniverse; nursing theory; nursing research.

THE HUMANBECOMING ONTOLOGY

PHILOSOPHICAL ASSUMPTIONS

The assumptions of the humanbecoming school of thought are written at the philosophical level of discourse (Parse, 1998a). There are nine fundamental assumptions: four about the human and five about becoming (Parse, 1998a, 2008b). Also, three assumptions about humanbecoming were synthesized from these nine assumptions (Parse, 1998a, 2008b). The assumptions arose from a synthesis of ideas from the science of unitary human beings (Rogers, 1992) and from existential phenomenological thought (Parse, 1981, 1992, 1994a, 1995, 1997a, 1998a). In the assumptions, Parse posits humans as indivisible, unpredictable, everchanging co creating a unique becoming. She also posits humans as experts on their own health and quality of life. Humans live an all-at-onceness in freely choosing meanings that arise with illimitable experiences. The chosen meanings are the value priorities cocreated in transcending with the possibles (Parse 1998a).

Postulates and Principles

In 2007, Parse elaborated certain truths embedded in the conceptualizations of the ontology. In so doing she described the idea of co creating reality as a seamless symphony of becoming (Parse 1996), a central thought foundational to the ontology, as foregrounded with four postulates: illimitability, paradox, freedom, and mystery (see Parse 2007b for detailed descriptions of the postulates). The meanings of the postulates permeate all three of the principles; the words of the postulates are not used in the statements of the

principles. Thus, the wording has been clarified to provide semantic consistency without changing the original meaning of the principles. The principles of human becoming, often referred to as the theory, describe the central phenomenon of nursing (humanuniverse), and arise from the three major themes of the assumptions: meaning, rhythmicity, and transcendence. Each principle describes a theme with three concepts. Each of the concepts explicates fundamental paradoxes of humanbecoming (Parse, 1998a, 2007b). The paradoxes are rhythms lived all-at-once as pattern preferences (Parse 2007b). Paradoxes are not opposites or problems to be solved but, rather, are ways humans live their chosen meanings. This way of viewing paradox is unique to the humanbecoming school of thought (Mitchell, 1993a; Parse, 1981, 1994b, 2007b).

The new statements of principles can be found in detail in Parse (2007b, 2012). With the first principle (see Parse, 1981, 1998a, 2007b), Parse explicates the idea that humans construct personal realities with unique choosings arising with illimitable humanuniverse options. Reality, the meaning given to a situation, is the individual human's everchanging seamless symphony of becoming (Parse, 1996). The seamless symphony is the unique story of the human as mystery emerging with the explicit-tacit knowings of *imaging.* The human lives the confinning-not confinning of *valuing* as cherished beliefs, while *languaging* with speaking-being silent and moving-being still (see Parse 2007b for details).

The second principle (Parse, 1981, 1998a, 2007b) describes the rhythmical humanuniverse patterns of relating. The paradoxical rhythm *"revealing-concealing* is disclosing-not disclosing all-at-once" (Parse, 1998a, p. 43). Not all is explicitly known or can be told in the unfolding mystery of humanbecoming. *"Enabling-limiting* is living the opportunitiesrestrictions present in all choosings all-at-once" (Parse, 1998a, p. 44). There are opportunities and restrictions no matter what the choice; all choosings are potentiatingrestricting (see Parse, 2007b for details). *"Connecting-separating* is being with and apart from others, ideas, objects and situations all-at-once" (Parse, 1998a, p. 45). It is coming together and moving apart; there is closeness in the separation and distance in the closeness-a rhythmical attending-distancing (see Parse 2007b for details).

With the third principle (Parse, 1981, 1998a, 2007b), Parse explicates the idea that humans are everchanging; that is, moving on with the possibilities of their intended hopes and dreams. A changing diversity unfolds as humans affirm and do not affirm in the pushingresisting of *powering,* as creating new ways of living the conformity-nonconformity and certainty-uncertainty of *originating,* sheds new light on the familiar-unfamiliar of *transforming. Powering* is the pushing-resisting of affirming-not affirming being in light of nonbeing (Parse, 1998a). The being-nonbeing rhythm is all-at-once living the everchanging now moment as it melts with the not-yet. Humans, in *originating,* seek to conform-not conform; that is, to be like others and unique all-at-once, while living the ambiguity of the certainty-uncertainty embedded in all change. The changing diversity arises with *transforming* the familiar-unfamiliar, as illimitable possibles are viewed in a different light. The three principles, along with the postulates and assumptions, make up the ontology of the humanbecoming school of thought. The principles are referred to as the humanbecoming theory. The concepts, with the paradoxes, describe humanuniverse. This ontological base gives rise to the epistemology and methodologies of human becoming. Epistemology refers to the focus of inquiry. Consistent with the humanbecoming school of thought, the focus of inquiry is on humanly lived experiences.

The Humanbecoming Research Methodologies

In 2012 Parse introduced the change in epistemology from studying *lived* experiences to studying *living* experiences in light of the new conceptualization of becoming visibleinvsible becoming ofthe emerging now. Sciencing humanbecoming is coming to know; it is an ongoing inquiry to discover and understand the meaning of living experiences. The humanbecoming research tradition has three methods; two are basic research methods and the other is an applied research method (Parse, 1998a, 2005). The methods flow from the ontology of the school of thought. The basic research methods are the Parse Method (Parse, 1987,1990,1992,1995, 1997a, 1998a, 2001) and the Humanbecoming Hermeneutic Method (Cody, 1995; Parse, 1995, 1998a, 2001, 2005). The Humanbecoming Hermeneutic Method was created in congruence with the assumptions, and principles of Parse's theory, drawing from works by Bemstein(1983), Gadamer (1976, 1960/1998), Heidegger (1962), Langer (1976), and Ricoeur (1976, 1981). The purpose of these two methods is to advance the science of human becoming by studying living experiences from participants' descriptions (Parse Method) and from written texts and art forms (Humanbecoming Hermeneutic Method). The phenomena for study with the Parse Method are universal living experiences such as joy, sorrow, hope, grieving, and courage, among others. Written texts from any literary source or any art form may be the subject of research with the Humanbecoming Hermeneutic Method. The processes of both methods call for a unique dialogue, researcher with participant, or researcher with text or art form. The researcher in the Parse Method is in true presence as the participant moves with an unstructured dialogue about the lived experience under study. The researcher in the Humanbecoming Hermeneutic Method is in true presence with the emerging possibilities in the horizon of meaning arising in dialogue with texts or art forms. True presence is an intense attentiveness to unfolding essences and emergent meanings. The researcher's intent with these research methods is to discover structures (Parse Method) and emergent meanings (Humanbecoming Hermeneutic Method). The contributions of the findings from studies using these two methods include "new knowledge and understanding of humanly lived experiences" (parse, 1998a, p. 62).

Many studies have been conducted and some have been published in which nurse scholars used the Parse Method (see Doucet & Bournes, 2007). This method has been used worldwide by a variety of scholars. Also Parse (1999a) was principal investigator for a research study on the lived experience of hope using the Parse method, with participants from Australia, Canada, Finland, Italy, Japan, Sweden, Taiwan, the United Kingdom, and the United States. The findings from these studies and the stories ofthe participants are published in the book *Hope: An International Human Becoming Perspective* (Parse, 1999a).

Collaborating research projects using the Parse Research Method also have been published on feeling very tired (Baumann, 2003; Huch & Bournes, 2003; Parse, 2003b). Four studies have been published in which authors used the Humanbecoming Hermeneutic Method (Cody, 1995,2001; Ortiz, 2003; Parse, 2007a) (see Doucet & Bournes, 2007).

The applied research method is the qualitative descriptive preproject-process-postproject method. It is used when a researcher wishes to evaluate the changes, satisfactions, and effectiveness of healthcare when humanbecoming guides practice (Parse, (1998a, 2001, 2006). The major purpose ofthe method is to understand what happens when humanbecoming is lived nurse with person, family, and community. A number of

studies have been conducted in which the researchers used this method (Bournes & Ferguson-Pare, 2007,2008; Bournes et al., 2007; Jonas, 1995a; Legault & Ferguson-Pare, 1999; MaillardStriiby, 2007; Mitchell, 1995; Northrup & Cody, 1998; Santopinto & Smith, 1995), and a synthesis of the fmdings of these and other such studies was written and published (Bournes, 2002; Doucet & Bournes, 2007).

Living the Art of Humanbecoming

From the humanbecoming perspective, the discipline's goal is quality of life. The goal of the nurse living the humanbecoming beliefs is true presence in bearing witness and being with others in their changing health patterns. True presence is lived nurse with person, family, and community in illuminating meaning, synchronizing rhythms, and mobilizing transcendence (Parse, 1987, 1992, 1994a, 1995, 1997a, 1998a, 2012). The nurse with individuals or groups is in true presence with the unfolding meanings as persons explicate, dwell with, and move on with changing patterns of diversity.

Living true presence is unique to living the art of human becoming. True presence is not to be confused with terms now prevalent in the literature such as authentic presence, transforming presence, presencing, and others. It is sometimes misinterpreted as simply asking persons what they want and respecting their desires. Often nurses say it is what they always do (Mitchell, 1993b); this is not true presence. "True presence is an intentional reflective love, an interpersonal art grounded in a strong knowledge base" (Parse, 1998a, p. 71). The knowledge base underpinning true presence is specified in the assumptions, postulates, and principles of humanbecoming (parse, 1981, 1992, 1995, 1997a, 1998a, 2007b). True presence is a free-flowing attentiveness that arises from the belief that the humanuniverse is indivisible, unpredictable, everchanging. Humans freely choose with situations, structure personal meaning, live paradoxical rhythms, and move beyond with changing diversity (Parse, 1998a, 2007b). Parse states: "To know, understand, and live the beliefs of human becoming requires concentrated study of the ontology, epistemology, and methodologies and a commitment to a different way of being with people. The different way that arises from the human becoming beliefs is true presence" (Parse, 1987, 1998b). True presence is a powerful humanuniverse connection. It is lived in face-to-face discussions, silent immersions, and lingering presence (parse, 1987, 1998a). Nurses may be with persons, families, and communities in discussions, imaginings, or remembrances through stories, films, drawings, photographs, movies, metaphors, poetry, rhythmical movements, and other expressions (Parse, 1998a).

Many papers are published explicating the art of true presence and humanbecoming-guided practice (see for example, Arndt, 1995; Banonis, 1995; Bournes, 2000, 2003, 2006; Bournes & Flint, 2003; Bournes, Bunkers, & Welch, 2004; Bournes & Naef, 2006; Butler, 1988; Butler & Snodgrass, 1991; Chapman, Mitchell, & Forchuk, 1994; Cody, Mitchell, JonasSimpson, & Maillard-Struby, 2004; Hansen-Ketchum, 2004; Hutchings, 2002; Jonas, 1994, 1995b; Jonas-Simpson & McMahon, 2005; Karnick, 2005, 2007; Lee & Pilkington, 1999; Mattice & Mitchell, 1990; Mitchell, 1988, 1990; Mitchell & Bournes, 2000; Mitchell, Bournes, & Hollett, 2006; Mitchell & Bunkers, 2003; Mitchell & Cody, 1999; Mitchell & Copplestone, 1990; Mitchell & Pilkington, 1990; Naef, 2006; Norris, 2002; Paille & Pilkington, 2002; Quiquero, Knights, & Meo, 1991; Rasmusson, 1995; Rasmusson, Jonas, & Mitchell, 1991; Smith, 2002; Stanley & Meghani, 2001; and others).

Living the Art of Humanbecoming with Persons and Others

It is important here to clarify some terminology. Nursing practice is a generic term that refers to the genre of activities of the profession in general. The term practice is not appropriate to use when referring to humanbecoming, since according to various dictionary definitions it means habit, drill, exercise, try repeatedly, or do over and over again. The word practice is antithetical to the ontology, since a major focus of human becoming is human freedom and dignity. Humanbecoming nurses live the art ofthe science of humanbecoming. The art of human becoming refers to living true presence, which arises directly from a sound understanding of the ontology of the school of thought. True presence flows only from nurses and health professionals, who have studied, understand, believe in, and live the humanbecoming assumptions, postulates, and principles. The term living is the proper term to describe what nurses experience when with recipients of health care. Nurses and others who live humanbecoming believe that persons, families, and communities are the experts on their healthcare situations.

In nurse with person healthcare situations, nurses in true presence come to persons with an availability to be with and bear witness, as persons illuminate the meaning of the situation, synchronize rhythms, and mobilize transcendence (Parse, 1981, 1987, 1998a, 2007b). The illuminating of meaning, synchronizing of rhythms, and the mobilizing of transcendence happens in the true presence of the humanbecoming nurse, as persons explicate their situations, dwell with the moment, and move on all-at-once. In explicating, dwelling with, and moving on, persons experience new insights and even surprises, as situations are seen in the new light that arises with the true presence of nurses who bear witness and do not label. Labelling or diagnosing is objectifying, ignoring the importance of persons' dignity and freedom. Humanbecoming nurses believe that persons know their way and live their health situations according to their unique value priorities. When with recipients of healthcare, the humanbecoming nurse asks what is most important for the moment, and explores meanings, wishes, intents, and desires related to the situation from the perspective of the recipients. Nurses are with persons in ways that honor these wishes and desires. Persons are seamless symphonies of becoming and nurses are only one note in the symphony.

Living the Art of Humanbecoming with Community

The humanbecoming school of thought is a guide for research, practice, education, and administration in settings throughout the world. Scholars from five continents have embraced the belief system and live humanbecoming in a variety of venues, including healthcare centers and university nursing programs. The Humanbecoming Community Change Concepts (Parse: 2003a, 2012), the Humanbecoming Teaching-Learning Model (parse, 2004), The Humanbecoming Mentoring Model (Parse, 2008c), and the Humanbecoming Leading-Following Model (Parse, 2008b) are disseminated and utilized in practice settings worldwide. There are many health centers throughout the world that have humanbecoming as a guide to healthcare (see, for example, the "Scholarly Dialogue" column in *Nursing Science Quarterly,* volume 17, numbers 3 and 4).

In several university-affiliated practice settings in Canada, humanbecoming practice has been evaluated, and the theory has provided underpinnings for standards

of care (Bournes, 2002; Legault & Ferguson-Pare, 1999; Mitchell, 1998; Mitchell, Closson, Coulis, Flint, & Gray, 2000; Northrup & Cody, 1998) and nursing best practice guidelines (Nelligan et aI., 2002). For example, in Toronto, Sunnybrook Health Science Centre and University Health Network have both created multidisciplinary standards of care that arise from the beliefs and values of the humanbecoming school of thought.

In the settings worldwide where human becoming has guided nursing practice on a large scale, research was conducted to examine what happened for the nurses and persons who were involved (Bournes & Ferguson Pare, 2007, 2008; Bournes et al., 2007; Jonas, 1995a; Legault & Ferguson-Pare, 1999; Maillard-Striiby, 2007; Mitchell, 1995; Northrup & Cody, 1998; Santopinto & Smith, 1995). The findings of the studies describe what happened whenn humanbecoming was used as a guide for the nursing practice on an orthopedic surgery and rheumatology unit (Bournes & Ferguson-Pare, 2007), on a cardiac surgery unit (Bournes et aI., 2007), on a medical oncology unit and a general surgery unit (Bournes & FergusonPare, 2008), in a family practice unit affiliated with a large teaching hospital (Jonas, 1995a), on a 41-bed vascular and general surgery unit (Legault & Ferguson-Pare, 1999), on an acute care medical unit (Mitchell, 1995), on three acute care psychiatry units (Northrup & Cody, 1998), on three units in a 400-bed community teaching hospital (Santopinto & Smith, 1995), and on a medical oncology unit (Maillard-Striiby, 2007). The findings from five of the studies are summarized in Bournes (2002) and are consistent with the findings of more recent evaluations (Bournes & Ferguson-Pare, 2007, 2008; Bournes et aI., 2007; MaillardStriiby, 2007).

Bournes and Ferguson-Pare (2007, 2008) and Bournes and colleagues (2008) examined the impact of an innovative academic employment model (the humanbecoming 80-20 modelin which nurses spend 80% of their paid work time in direct patient care guided by humanbecoming and 20% of their paid work time learning about humanbecoming and engaging in related professional development activities). The *humanbecoming/80-20* model has been implemented on four units, three in Toronto, Ontario (Bournes & Ferguson-Pare, 2007, 2008) and one in Regina, Saskatchewan (Bournes et aI., 2007). The Regina project was implemented in collaboration with Regina Qu' Appelle Health Region and the Saskatchewan Union of Nurses.

Findings from the research (Bournes & Ferguson-Pare, 2007, 2008; Bournes et aI., 2007) to evaluate implementation ofhumanbecoming/80-20 model have been extremely positive. For example, interviews with nurses, patients, families, and other health professionals in the Bournes and Ferguson-Pare (2007) study "supported the humanbecoming theory as an effective basis for learning and implementing patient-centered care that benefits both nurses and patients" (p. 251). Patients and families in that study "reported that they appreciated the reverent consideration given to them by nurses who had learned about human becoming-guided patient-centered care" (p. 251). They also described "being confident engaging in discussions with nurses who were understanding and attentive experts interested in who they were and what was important to them" (p. 251). Similarly, the nurse participants in Bournes and Ferguson-Pare's (2007) and Bournes and colleagues' (2008) studies reported, after learning about humanbecoming-guided nursing practice, that "they were more concerned with listening to patients and families, being with them, getting to know what is important to them, and respecting them as the experts about their quality of life. They also reported being more satisfied with their work-a theme noted by nurse leaders and allied health participants who shared that nurses ... listened more and focused on patients' perspectives" (Bournes & Ferguson-Pare, 2007, p. 251). Participants in both studies described the benefits of the

program, not only in relation to how it changed their relationships with patients, but also in relation to how it changed their view of how to be with their colleagues in more meaningful ways (see Bournes & Ferguson-Pare, 2007; Bournes et aI., 2007). In addition, study fmdings show that the cost of providing education about humanbecoming-guided practice and staffing the *80/20* aspect of the model is offset by higher nurse and patient satisfaction scores, and a reduction in sick time and overtime(Bournes & Ferguson-Pare, 2007; Bournes et aI., 2007). At a large academic teaching hospital, the humanbecomingl80-20 model is currently being tested as the basis for a mentoring program among experienced critical care nurses and new nurses who want to work in critical care (Bournes, Plummer, Hollett, & Ferguson-Pare, 2008). The mentoring program is based on the Humanbecoming Mentoring Model (Parse, 2008c).

In South Dakota, a parish nursing model was built on the eight beatitudes and the principles of humanbecoming to guide nursing practice in the health model at the First Presbyterian Church in Sioux Falls (Bunkers, 1998a, 1998b; Bunkers, Michaels, & Ethridge, 1997; Bunkers & Putnam, 1995). Bunkers and Putnam (1995) state, "The nurse, in practicing from the human becoming perspective and emphasizing the teachings of the Beatitudes, believes in the endless possibilities present for persons when there is openness, caring, and honoring of justice and human freedom" (p. 210). Also, the Board of Nursing of South Dakota has adopted a decisioning model based on the humanbecoming school of thought (Damgaard & Bunkers, 1998). Augustana College (in Sioux Falls) has humanbecoming as one theoretical focus of the curricula for the baccalaureate and master's programs. The humanbecoming theory is the basis of Augustana's Health Action Model for Partnership in Community (Bunkers, Nelson, Leuning, Crane, & Josephson, 1999). "The purpose of the model is to respond in a new way to nursing's social mandate to care for the health of society by gaining an understanding of what is wanted from those living these health experiences" (Bunkers et aI., 1999, p. 94). The creation of the model was "for persons homeless and low income [persons] who are challenged with the lack of economic, social and interpersonal resources" (Bunkers et aI., 1999, p. 92; Williamson, 2000).

The humanbecoming school of thought is the theoretical foundation of the baccalaureate and master's curricula at the California Baptist University College of Nursing in Riverside, California. Faculty and students learn and live the art of human becoming in the various venues where they practice. The Nursing Center for Health Promotion with the Charlotte Rainbow PRISM Model was established in Charlotte, North Carolina as a venue for nurses to offer healthcare dilivery to homeless women and children with diverse backgrounds. The PRISM Model, based on humanbecoming, is the guide to practice (Cody, 2003). A community nursing center called the Espace Mediane has also been established in Geneva, Switzerland for persons who have concerns about cancer and palliative care. Practice and teaching-learning at the center are guided by humanbecoming, meaning that nurses in the center live true presence with visitors. They also link with academic partners to provide an academic service for post-graduate nursing students specializing in oncology and palliative care (Cody, Mitchell, Jonas-Simpson, & Maillard-Striiby, 2004).

Shifting practice from the traditional medical model mode to living the art of humanbecoming is a challenge for healthcare institutions and requires *high* level administrative commitment for resources, including educational opportunities for nurses. The commitment to humanbecoming practice requires a change in value priorities systemwide (Bournes, 2002; Bournes & DasGupta, 1997; Linscott, Spee, Flint, & Fisher, 1999; Mitchell et aI., 2000).

Approximately 300 participants worldwide who are interested in living the art of humanbecoming subscribe to Parse-L, an e-maillistserv where Parse scholars share ideas. There is a Parse home page on the Internet that is updated regularly (see www. humanbecoming.org). Every other year, most of the 100 or more members of the International Consortium of Parse Scholars meet in Canada for a weekend immersion in humanbecoming research and practice. The DVD, *The Human Becoming School of Thought: Living the Art o/Human Becoming* (International Consortium of Parse Scholars, 2007) (available from the International Consortium of Parse Scholars at www.humanbecoming. org) shows Parse nurses in true presence with persons in different settings and features Rosemarie Rizzo Parse talking about humanbecoming in practice. Rosemarie Rizzo Parse is also featured on the video in the Portraits of Excellence Series called, *Rosemarie Rizzo Parse: Human Becoming* (Fitne, 1997). It is available from Fitne (www.fitne.net). Another video of nurse with persons is found in *The Grief of Miscarriage* (Gerretsen & Pilkington, 1990). There is also a video called *I'm Still Here* that is a humanbecoming research-based drama on living with dementia (lvonoffski, Mitchell, Krakauer, & Jonas-Simpson, 2006). It is available from the Murray Alzheimer Research and Education Program at the University of Waterloo.

SUMMARY

Through the efforts of Parse scholars, the humanbecoming school of thought will continue to emerge as a major force in the twenty-first century evolution of nursing knowledge.

Knowledge gained from the basic research studies will continue to be synthesized to further explicate the meaning of lived experiences. The findings from applied research projects related to fostering understanding of humanbecoming in practice also will continue to be synthesized. These syntheses will guide decisions for continually creating the vision for sciencing and living the art of the humanbecoming school of thought for the betterment of humankind.

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