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Case Report

Applying Parse's Human Becoming Theory for Caring of an Elderly with Spontaneous Pneumothorax Following the COVID-19: A Case Study

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Abstract

Introduction: The elderly are one of the main groups at risk of contracting COVID-19. Using Parse's human becoming in practice can lead to important changes in a person's health. This study aimed to apply this theory in caring of an elderly patient with spontaneous pneumothorax following COVID-19.

Methods: This research was a case study which was conducted in 2023 in Guilan (Iran). This study was conducted based on the three principles of Parse's theory (meaning, rhythmicity, and transcendence) using Purposive sampling. Nursing interventions were performed based on the PRISM model (presence, respect, information, services, and movement). The data analysis was done based on the qualitative analysis-synthesis process of Parse's research methodology (2011).

Results: Findings based on the first principle of Parse's theory showed that the meaning of COVID-19 changed from "lethal" to "curable disease". In the second principle, the paradoxes of "disbelief/shock-active participation for recovery", "despair-hope", and "ignorance- searching for knowledge" were identified. According to the third principle, the patient and her daughter had learned how to take the path of transcendence and deal with disease conflicts and create the necessary change in dealing with paradoxes.

Conclusion: The results showed that Parse's theory could be used to improve health status and deal with paradoxes in elderly patients suffering from spontaneous pneumothorax. It is suggested that this theory will be used in future studies in the care of other patients.

Introduction

The outbreak of COVID-19 started in December 2019 in Wuhan, China, and infected many areas of the world.[1] This disease quickly became a pandemic and, despite many efforts to control it, it continues to cause deaths.[2] People who have a history of underlying diseases and old age are at high risk of contracting this disease.[3] The elderly are one of the main groups at risk of contracting COVID-19.[4] In addition, the signs and symptoms of this disease in elderly people have more severe and more clinical manifestations[5] and are associated with higher mortality.[4] Statistics show that the death rate due to COVID-19 in Iran is 3%.[3]

The Lung is the main organ involved in COVID-19 infection.[2] Usually, the coronavirus first causes an infection in the respiratory ciliated mucus in the throat and nose, which causes cold-like symptoms.[6] There are many complications related to the coronavirus, such as acute respiratory syndrome, kidney failure, shock, and multi-organ failure. Spontaneous pneumothorax following pneumonia caused by COVID-19 is a very rare complication.[7] Pneumothorax occurs when air is trapped between the two layers of the visceral and peripheral pleura.[8] Spontaneous pneumothorax unrelated to positive pressure ventilation has recently been reported as an uncommon complication in cases of severe pneumonia due to COVID-19, and the presumed pathophysiological mechanism is diffuse alveolar injury leading to alveolar rupture and air leakage.[9] Accordingly, care and treatment of this disease are very important and require special attention. The recent history of the nursing profession has shown that nursing care theories and models can be used to provide comprehensive care.[10,11] By using nursing theories in patient care, it can be hoped that patient care standards will be improved, nursing care costs will be reduced, and patient's quality of life will be improved.[12] One of the nursing theories that raise the quality of life from the perspective of each person as one of the

important goals of nursing is Parse's theory of human becoming. Parse's theory is a completely different view from the traditional view of nursing. In this theory, the view of humans is different.[13] According to this theory, man is a single being, with free volition and in exchange with the environment.[14] This theory considers man as a free-willed being who chooses the path of her destiny among the contradictory patterns of existence. According to this theory, the true presence of the nurse helps the client to make the best decision for her/his health.[15] In this theory, health or illness is not cause and effect but is created from the individual's point of view in the process of experiencing the universe.[13] Parse's theory has been a guide for nurses all over the world.[15] Using Parse's theory in practice will lead to important changes in a person's health.[13] Parse first published her theory with the title Man-Living-Health in 1981 and renamed her theory to the theory of human becoming in 1992. This theory refers to the health of human life[16] and provides the necessary knowledge about thinking about human experiences.[17] The goal of Parse's theory is the quality of life, which is defined by the individual. According to Parse's theory, man is constantly changing and developing. The nurse helps the individual to achieve the right attitude about her/his relationships, and this is possible by fears, worries, and ways of building her/his hopes and dreams. The nurse does not show the patient the way because Parse believes that the patient knows the way him/herself.[18] According to Parse, the current approach to nursing, which includes traditional views of medicine and the treatment of diseases, is not efficient. She believed that nursing should have a human-centered approach because it is a human science.[19]

Philosophically, this theory consists of three main principles, which include meaning, rhythmical patterns, and transcendence.[20] According to the first principle (meaning), humans create meaning from their way of being in the world.[21] Knowing evolves through the individual's meaning, and language is the tool used by the individual, to represent this meaning.[19] Meaning is found in what you create and believes to be true, which aligns with your values. Values are re-examined with each new experience.[13] This principle has three concepts: imaging, valuing, and languaging.[18] The second principle (rhythmicity) is related to the coexistence of patterns that humans communicate with each other.[19] This principle means that humans create patterns in daily life. These patterns are about personal meanings, concepts, and values. This principle also has three concepts: revealing-concealing, enabling-limiting, and connecting-separating. This principle points out that by moving away from others, ideas, objects, and events, humans reveal hidden meanings at the same time as creating opportunities and limitations in daily life.[18] Finally, the third principle (transcendence) states that humans develop new ways of seeing what is familiar to them. This principle moves beyond the moment and deals with the rhythm of resistance to pressure, and human experience.[19] Choices reflect the ways people move and create change in the process of human becoming. The three concepts of this principle are powering, originating, and transforming.[18]

Due to the emergence of COVID-19 in the world and its acute and complex nature, and the importance of using nursing theories with a comprehensive care plan in the care of sick patients, the use of nursing theories, especially the theory of human becoming, due to its major emphasis on person-centered care and its coherence with the philosophy of supportive care is necessary.[22] This is while the available evidence shows that so far no study has been conducted regarding the application of the theory of human becoming on these patients. Therefore, this study aimed to apply this theory in caring of an elderly patient with spontaneous pneumothorax following COVID-19. The innovation of this study is that it has applied Parse's theory for the first time to an elderly person suffering from spontaneous pneumothorax due to covid-19. It is hoped that the findings of this study would cause more attention to nursing theories.

Materials and Methods

The present study was a case study based on Parse's model of human becoming, which was conducted in 2023. The case study is one of the types of research methods that deal with the in-depth study of a case, a topic, or a specific phenomenon[23] and provides the possibility of deep and multifaceted exploration of complex issues in their real-life events.[13] The present study was conducted in one of the government hospitals in the east of Guilan province, in the north of Iran. The research case was an elderly person suffering from spontaneous pneumothorax due to COVID-19. Purposive sampling was used to identify a participant who was able to provide rich information related to the purpose of the study. The inclusion criteria were an elderly person 60 years old and older with COVID-19 hospitalized in the internal ward. To select the case, the researcher, after obtaining the necessary permission from the honorable directorate of one of the public hospitals in the east of Guilan province, went to the internal ward of this hospital to conduct an internship course on nursing theories along with master's students in geriatric nursing. For this purpose, the head of the ward was asked about the existence of a patient with COVID-19 who has the necessary cooperation, and she introduced the study case. The researcher introduced herself, explained the goals of this study to the patient and her daughter who was with her as a companion, and asked the patient to give verbal and written informed consent to participate in the study and allow audio recording for conducting an interview. The participant was assured about keeping the recorded information confidential and maintaining confidentiality in the text of the interviews. She was also assured that she could withdraw from the study at any

time and refuse to answer any questions that might make her uncomfortable. The place of the interview was in the patient's room and her bedside. The language of the interview was both Persian and the local dialect (Gilaki).

The patient was a 68-year-old woman who was infected with COVID-19 about a month ago and after 14 days of hospitalization in the ICU and 4 days of hospitalization in the COVID-19 ward, she was discharged from the hospital with partial recovery. She went to the hospital 19 days after discharge with symptoms of shortness of breath, cough, and chest pain, and was diagnosed with spontaneous pneumothorax, was again admitted to the internal ward of a government hospital in the east of Guilan province. A chest tube was inserted on the right side of the patient's chest to improve respiration status.

The patient lived in a house of her own with her daughter in one of the eastern cities of Guilan province. She had a close relationship with her daughter. The patient's daughter helped her in doing daily activities. The patient mentioned a history of hypertension, hyperlipidemia, and seasonal asthma for the past 10 years. She explained her seasonal asthma manifests in spring and during the pollination of plants, with symptoms of runny nose, throat irritation, and shortness of breath. She had no history of COVID-19 vaccination.

The symptoms of the disease at the time of hospitalization included shortness of breath, chest pain, coughing, anxiety, and increased heart rate. In the clinical examination, there was a decrease in breath sounds and hyper-resonance during percussion on the involved side (right). Tracheal deviation to the non-involved side was observed in the chest X-ray. The patient was breathing hard. Shortness of breath at rest was also evident. The patient's lips were cyanotic. Vital signs of the patient at the time of admission were as follows: BP: 135/90, P: 104, R: 28, T: 37.8, SPO2:85%. On the second day of hospitalization and after chest tube insertion (thoracostomy), the vital signs of the patient changed as follows: BP: 130/90, P: 86, R: 22, T: 37.7, SPO2: 92%.

This study was conducted in three parts based on the three principles of Parse's theory (meaning, rhythmicity, and transcendence). The first part is to understand the patient's meaning of the disease-health condition, the second part is to identify the rhythmic patterns related to the disease-health and the third part is to describe the concerns, plans, hopes, and dreams related to the disease-health condition to evaluate and discover common excellence in the direction to change was studied to recreate the individual in the patient. The data of the study was collected in the form of interviews with the patient and her companion as well as observations. Field notes were used as a tool to collect additional data. The researcher also accessed some specialized information through the patient's file. The semi structured interview was conducted based on the interview guide. The interview guide questions are shown in Box 1.

Box 1. Interview guide questions

Interview guide questions
1. Questions to describe the importance of health - How is your health now? - What is your definition of this disease? What do you know about it? - What are your beliefs and values about this disease? - What does the state of illness and health mean to you now? - What helps your health? - What might decrease your health status?
2. Questions to describe rhythmic patterns related to illness-health - How has the disease affected your daily life patterns? - What changes in your routine or relationships might change your illness-health status?
3. Questions to describe concerns, plans, hopes, and dreams related to the health-illness condition - How do you want to change your condition? - What can you do to make this happen? - What is your main concern? - What are your hopes and dreams?

The researcher visited the patient daily and evaluated the change in the patient's condition and implemented nursing interventions. Nursing interventions in the present study included establishing therapeutic communication with the patient to strengthen positive thinking to reduce fear, worry, and despair, face-to-face teaching to the patient and her daughter, and giving an educational pamphlet to the patient's daughter to raise their level of awareness. Nursing interventions were performed based on the PRISM model (presence, respect, information, services, and movement).[24] An example of these interventions is shown in Table 1.

The data analysis in the present study was done based on the qualitative analysis-synthesis process of Parse's research methodology (2011).[25] The purpose of this method is to discover the structure of global lived experiences with individuals or groups who can express the meaning of an experience to strengthen the understanding of becoming human.[26] The process of this method consists of four steps. The first is the selection of the participant or persons willing to describe the phenomena under study through words, drawings, metaphors, stories, music, and other media. The next step is dialogue interaction. It is a true researcher-participant presence, not an interview, where the person explains the phenomenon being studied and the researcher engages with full attention. The third stage includes extraction synthesis. This is in deep contemplation with the descriptions of the participants and transferring these objective statements from the levels of abstraction to the level of science. This happens by following a general plan: extracting and synthesizing essences from the transcribed and recorded descriptions (participant language), synthesizing and extracting essences (researcher language), formulating a proposition of each participant's essence, extracting and synthesizing core concepts from the formulated propositions of the participants and then the structural combination of the lived experience of the core concepts.

The final stage includes heuristic interpretation. This

Table 1. Examples of nursing interventions based on the PRISM model

Presence		
Genuine, non-mechanical, non-routinized attentiveness to others, bear witness to the resident's living value priorities.	Working with people where they are, and offering help without judgment	Being with the person, face-to-face, paying attention, being reliable, being with their environment, and staying with the resident over time
The nurse tried to pay attention to the patient's needs and value these needs and be as diligent as possible in meeting the patient's needs.	The nurse noticed that the patient and her daughter were very dependent. The patient wanted to spend more time with her daughter and be talked to. Therefore, the nurse tried to provide opportunities for the patient to meet her daughter.	The nurse tried to have a true presence with the patient, pay attention to the patient's needs, create the necessary trust in the patient, and stay with the patient as much as possible during the patient care.
Respect		
Respect for cultural diversity, individual, and family values, and differences	Respect is a profound veneration of human dignity. It is the resident's values and 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 to be met.
The nurse respected the patients with COVID-19, who often faced the negative view of society in the form of isolation and withdrawal, and social stigma, and did not fail to fulfill their duties.	During the interview, the patient easily provided the nurse with information about her values, hopes, and dreams, but avoided expressing some issues. The nurse valued and respected the views and opinions of the patient and did not force him to express all the information.	The nurse tried to respect the patient and her wishes as much as possible and perform nursing care in such a way as to avoid harming the patient. She also paid attention to the independence of the patient and tried to implement the necessary situations for the independent implementation of activities by the patient.
Information		
Focus on meanings, from the perspective of the resident and family	It means information about people. The nurse always listens to the patient and acknowledges the freedom and responsibility of people.	The nurse encourages dialogue and communication - resident-to-nurse, resident-to-resident, resident-to-family, resident-to-provider, and family-to-provider.
At the time of hospitalization, the patient considered COVID-19 equivalent to "death". After the intervention, the patient's perspective changed and her fear and worry decreased, and she had more life expectancy.	Considering the educational needs of the patient and her daughter, the nurse provided them with information about the disease, respiratory system, and treatment measures.	The nurse talked to the patient and encouraged her to talk and communicate with other people. She also explained to the patient and her daughter about the disease and respiratory system and treatment measures, including chest tube placement. After the training, the patient's perspective of COVID-19 changed and her fear and anxiety about the lethality of this virus decreased.
Service		
Nursing is a human service that 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 toward residents, and are tangible, desirable, and meaningful from the perspective of the residents.
The services provided by the nurse were guided and performed based on the patient's needs.	The planning of the nurse for providing services to the patient was done based on the needs assessment.	The nurse taught the patient and her daughter and provided them with information about the disease and its complications, as well as treatment and self-care measures. The patient and her daughter expressed their satisfaction with the information provided by the nurse and stated that the training provided to them was useful and desirable.
Movement		
Systemic change or behavior change	Change in a desired direction in the lives of the residents and families	The nurse encourages, supports, and co-participates in movement as determined by the resident. This meant that nurses followed the residents they served and changed as their activities changed.
During the hospitalization, the patient made more effort at doing her work independently, had more energy, and felt more psychologically healthy, and her motivation and plans to continue living increased. The patient's perspective on the disease had changed and her hope for discharge and continued life had intensified.	The sick girl was afraid and worried when she saw the chest tube. By giving explanations, the nurse reduced fear and worry in the patient and her daughter. In addition, this training changed and improved their knowledge. These changes were based on the needs and wishes of the patient and her daughter.	The nurse served the client based on her needs. The patient and her daughter needed to increase their level of knowledge and awareness about the disease and its complications, treatment measures, and self-care. Considering this educational need, the nurse taught them what the patient and her daughter needed.

structure is in the theory of human transformation and beyond to expand nursing knowledge through structural integration and conceptual interpretation. Structural integration pushes the structure of lived experience to another level of abstraction. Conceptual interpretation defines the structure of lived experience by using theoretical concepts to create a unique theoretical structure that expresses the meaning of lived experience at the level of theory.[27] The data in the present study were manually coded and then analyzed.

To ensure the trustworthiness in the present study, four criteria of credibility, dependability, conformability, and transferability based on Guba and Lincoln's recommendations were used.[28] To provide these criteria the researchers had long-term contact with the participant and gained her trust. They combined the methods of data

collection (interview, observation, and field notes), and allocated enough time to conduct the interview. They also checked the findings with the participant and tried to describe the context and steps of the research accurately.

Results

The findings in this study are presented in three parts based on the three principles of Parse's theory (meaning, rhythmic, and transcendence). The first part is to understand the patient's new meaning of the disease state, the second part is to identify rhythmic patterns and the third part is to explain the concerns, plans, hopes, and dreams related to the disease-health state to discover transcendence, which are explained below.

The patient's New Meaning of the Disease

In this study, to understand the patient's new meanings of COVID-19, the patient was asked about her experience with this disease and was asked about her feelings about hospitalization. Her definition of this disease was equivalent to the concept of "death" and the patient stated that she would die soon. She stated:

*"Corona (*COVID-19*) kills people. Although I survived last time, this disease will finally kill me."*

While interviewing the patient, the researcher realized that she was afraid of this disease. The patient described her fear of the disease as follows:

"This disease is really scary and deadly. I don't know how long I will live. After all, this disease will kill me."

According to her previous experiences of hospitalization, the patient stated that her hope and motivation for recovery were very low. She did not want to talk to her other roommates. She stated that during the conflict with COVID-19, her daughter's emotional support made her hope for life and recovery. The nurse talked to the patient and explained about the disease and its complications. At first, the patient felt frustrated and angry, but when she tried to communicate with the nurses and researchers and received the necessary training, she felt safe and relieved that she was being taken care of.

The patient's daughter, who was a companion, was afraid and worried about the diagnosis of COVID-19 and seeing the chest tube in her mother's chest. She expressed her concern by saying, *"This device (chest tube) scares me. Will she survive? I am afraid that the tube will come out of her body."* She had discussed it with the nurses several times. She stated that in the past few days, one of their close relatives has died due to this disease and she has heard the daily news of cases of infection and death of COVID-19 patients from radio and television and she is constantly following this news. This fear had caused her to be constantly in the hospital so that she would be available to receive medicine or special equipment for her mother if needed. She stated that her mother has been suffering from cough and dyspnea since about a week ago, and no matter how much she told her mother that she should go to the doctor, she did not listen and stated that it was nothing serious. She was also worried about the stigma of the disease and the effect this stigma can have on their social life. At the time of saying these sentences, a feeling of fear was seen on her face along with anger and disappointment in the patient's recovery process.

The nurse also talked to the patient's daughter and explained to her about the disease and the respiratory system, and treatment measures, including chest tube placement. She learned about the respiratory system and its function, the common diseases of the lower respiratory system and the difference between this disease and the seasonal cold and flu. She felt satisfied with the training received and said, *"I hope everything will be alright; I have to trust the medical team."* The nurse asked to tell her more about her fears and worries and to ask her any questions she had. At this stage, the patient's and her daughter's meanings of COVID-19 changed from "lethal" to "curable disease" and their perspective changed toward hope for recovery, security, and trust.

Rhythmical Patterns

In the present study, the identification of rhythmic patterns was related to the identification of conflicts and paradoxes related to illness and health. During the hospitalization phase, the patient and the patient's family were in a paradox between disbelief/shock - active participation in recovery. The patient and her daughter stated that at first, they were in shock and disbelief when they were diagnosed with the condition (spontaneous pneumothorax) due to the coronavirus and they could not believe that this condition had occurred spontaneously. However, with the explanations of the doctor and nurse and seeing the serious condition of the patient, they accepted the issue and trusted the medical team to carry out treatment-care actions. She stated:

"I really couldn't believe that this disease (spontaneous pneumothorax) was spontaneously caused by corona. But when my doctor and nurse explained to me that it was possible, I agreed."

At the beginning of the diagnosis of COVID-19, since the patient and her daughter were more on the side of a shock than the mentioned paradox, they could not receive enough information from those who cared for them. In the next stage, the paradox of ignorance-seeking knowledge was created. The patient and her daughter did not choose to act on the side of the paradox of ignorance but sought to gain knowledge in their way. In the paradox of seeking knowledge-ignorance, her daughter realized the importance of the respiratory system and oxygen and considered them as an important part of life. The patient's daughter stated:

"The diagnosis of this disease has made me seek knowledge from various sources and in the last few days I have searched the web for many educational materials related to this disease and its care. I learned a lot from

the nurses."

During the patient's hospitalization, as the patient progressed from the initial diagnosis to recovery, a paradoxical pattern of hopelessness-hope was formed in the patient and her daughter. At first, they had no hope of recovery, but with the implementation of nursing care, their opinion changed and they became hopeful. At the same time, the relationship between the patient and her family also changed. They considered the hospital as a world connected to the world of their family. Understanding and experiencing the diagnosis of the disease of the patient's daughter about the fact that her mother has COVID-19 and suffered from spontaneous pneumothorax due to this disease has changed the rhythmic pattern of her life. When the patient was hospitalized, the focus of family life was shifted from the stable rhythms to the unstable rhythms and daily presence of the patient's daughter in the hospital and its premises.

Transcendence

In the present study, joint excellence was done by creating change to recreate an individual in a patient who had conflicts and paradoxes related to the disease. Three days later, while the patient's condition had stabilized, the feeling of relief was visible on the face of the patient's daughter and she was laughing. The patient made more effort at doing her work independently, had more energy, and felt more psychologically healthy, and her motivation and plans to continue living increased. The patient stated:

"I hope the treatment period will be short and I will be discharged from the hospital soon. I wish to meet my friends and acquaintances again after discharge. I hope to have a good life."

On the fifth day of hospitalization, the chest tube was removed and a discharge order was issued by the doctor. The girl asked the nurse about the discharge process and what they should do to take care of her mother after discharge. She confessed her concern for possible re-hospitalization after her mother's discharge and actively sought to acquire knowledge to take care of her mother and asked questions about her diet status, activity level, bathing, and when she should visit the doctor. She stated that the diagnosis of this disease made her seek knowledge from different sources. She also received a lot of information from the nurse caring for her mother, and she was satisfied with receiving this information provided by the nurse. She stated: "now *I take care of my mother with more knowledge and awareness.*" The patient and her daughter felt that the training provided for them was useful as they learned how to take care of themselves and others during the COVID-19 pandemic. During the days of the patient's stay in the hospital, after receiving the training, the patient and her daughter knew how to encourage the rest of the family to take care of themselves and others in the prevention of COVID-19 and lead a healthier lifestyle.

Discussion

The present study is a case study that was conducted to apply Parse's theory of human becoming in the care of an elderly person suffering from spontaneous pneumothorax following COVID-19. This theory consists of three main principles, which include meaning, rhythmicity, and transcendence. Regarding the first principle (meaning), the researcher discovers the "human meaning of phenomena" through the relationship between him/herself and the participant. It is a method in which the researcher elicits the expression of experience from the participant about the experience of the research topic and is made possible through a process in which the researcher and the participant interact together in an unstructured conversation about the experience in a dialogue. In other words, the intersubjective method is a conversation in which the researcher and the participant are together (true presence) and when the participant speaks, the researcher accepts the participant's experience as it is, without interpreting it, and focuses only on the participant's experience. At this time, the conversational relationship between the participant and the researcher leads to a unique way of being with the participant, rather than an interview-type relationship. This data collection process is unique to Parse.[29] To guide the first principle and understand the new meaning in the present study, at the beginning of the study, the meaning of the disease was described as equivalent to death from the patient's perspective. However, after receiving the necessary training from the nurse, this meaning changed from "lethal" to "curable disease" and their perspective changed towards hope for recovery, security, and trust. In this study, with the help of the rules of Parse's theory and by creating motivation and hope in the participant, the initial steps were taken to improve the mental image of COVID-19 and increase hope and trust in the medical staff. Through nursing care, the concept of the lethality of COVID-19 in the patient's mind was changed to the concept of creating a new concept of the disease. The results of Pilkington's study in Canada showed that by using Parse's theory on people, who had lost their loved ones, the meaning of mourning changed in the participants and this concept evolved for them into a balanced pattern of bitter and sweet commonalities with the lost person.[30] In another study, with the help of the theory of human becoming, the concept of death in cancer patients was changed with the hope of continuing life.[18]

Regarding the second principle (rhythmic patterns), Parse describes the rhythmic method that exists in humans as a paradox. According to her, each stage that the patient experiences presents a contradictory and different way of being.[31] From Parse's perspective, the nurse does not seek to change the experienced feeling, but by being in a true presence with the patient, seeks clarity of the

situation from the patient's and family's view. The nurse does not give advice but prefers to focus on the paradoxes the person is experiencing. The nurse can implement Parse's theory by being in a true presence and at the same time being aware of the paradoxes shared by the patient.[13] In the present study, the paradoxes of "disbelief/shock-active participation for recovery", "despair-hope", and "ignorance-search for knowledge" were identified in the patient and her daughter, which were changed by the true presence of the nurse and the implementation of caring, and moved towards active participation for recovery, hope and acquiring new knowledge related to COVID-19. The true presence of the nurse next to the patient made her hope for recovery from the disease and actively participate in her recovery. On the other hand, the patient and her daughter experienced the paradox of ignorance and seeking knowledge at the same time and tried to improve their level of knowledge. The results of Kim's study showed that the true presence of the nurse next to the patient is effective in improving the quality of life of patients, and patients with contradictory patterns recognize the value of their lives by maintaining their hopes while experiencing helplessness due to distress.[29]

About the third principle (transcendence), human evolution is a process of transcendence and transformation that occurs by structuring meaning in life experiences, forming new patterns of relationships, and finding new ways to observe unlimited possibilities for decision-making. Being open to others and their influence on decision-making involves cooperation with those with whom we coexist. How the human world, or people existing with the world, moves forward in a more complex and diverse way, opening up to all the unlimited possibilities that exist, and choosing to mean for itself, is also called transcendence.[32] The theory of human becoming in practice defines a goal as helping the client to know the choices. This process reveals thoughts and feelings and this itself leads to a new light and a new perspective. Expression through body language, reflection, calm presence, and words allows the patient to relate these feelings to their relevance in the present. Unfamiliar perceptions become familiar and transcendence arises within.[13] In the present study, the patient and her daughter were disappointed at the beginning of their stay in the hospital, and after agreeing to accompany and cooperate with the nurses and researchers, finally, by using their strength, they were able to overcome the negative feelings and by making changes to take steps to improve their mental state. Also, they were satisfied with receiving the information provided by the nurse. They stated that the training provided to them was useful and they learned how to take care of themselves and others during the COVID-19 pandemic. They knew how to encourage other family members to take care of themselves and others in the prevention of implementing COVID-19 and having a healthier lifestyle. They had learned how to walk the path of excellence and deal with the conflicts of the disease and bring about the necessary change in the direction of dealing with the paradoxes. Mattice, who participated as a nurse manager in a research project to evaluate Parse's theory of nursing in an acute care unit, stated that this project positively influenced the quality of care and satisfaction of nurses in that care unit. This led to the acceptance of Parse's theory as a permanent theoretical guide in that care unit.[33]

Nursing interventions in the present study were performed based on the PRISM model (presence, respect, information, services, and movement).[24] According to Parse in Life with the Art of human becoming, true presence means "genuine, non-mechanical and unusual attention to the other, which is the basis of the ontology of becoming human". This means that being with others is based on the belief that people know their way around, are mysterious, and are experts in their quality of life. "The quality of life can only be described by the people who live it because this quality is the embodiment of meanings in the symphony of their integration".[34] The nurse learns to put aside personal values. The conversation is always driven by the customer. The nurse is aware of the patient's words, silence, stillness, and body language.[35]

Respect is a deep admiration for human dignity that is constantly, openly, and without exception respected.[24] In the paradigm of human becoming, human dignity is a basic principle for ontology. Parse described human dignity as an ethical phenomenon and detailed four tenets of human dignity. "The four tenets are: 1. Reverence is solemn regard for human presence. 2. Awe is beholding the unexplainable of human existence. 3. Betrayal is a violation of human trust. 4. Shame is humiliation with dishonoring human worth".[36] Professional staff treat others in non-judgmental ways, and respect to their wishes and needs.[24]

Regarding information, Parse states that "all professionals who move towards becoming human with individuals or groups, regardless of what media they use, are led".[34] This means that professionals provide information to others when asked, not when the professional believes others may need it. In doing so, professional staff respect the values of others at the moment, as desired, required, or requested.[24] This theory is a special way to socialize with others and at the same time consider the values and priorities of others as important.[29]

Services are useful actions that are directed by health care providers and staff towards clients and are tangible, desirable, and meaningful from the client's point of view.[24] This means that professionals guided by the theory of human becoming do not engage in routine assessments based on algorithms of signs and symptoms of disease or disease processes, but rather that individuals share their "stories" with professionals who then gain new insight as a situation.[34] Thus, professionals are available to hear the perspective of what is important to others, as opposed to

conducting data-gathering assessment that professionals need to know.[24]

Movement is a change in the desired direction in the lives of individuals, families, and groups. Healthcare workers and providers encourage, support, and participate as determined by society and individuals.[24] This means that professionals and staff follow the people they serve to deliver the service and change activities as people change. Professionals move with others and describe what they hope for and the desires they work toward through their multiple choices.[34]

The performance of the nurse guided by Parse's theory does not require evaluation tools, the use of diagnoses, or interventions aimed at eliminating problems. Rather, it requires that the nurse is present when examining the patient's thoughts and feelings.[37] Parse considers the nursing process, which focuses on assessment, diagnosis, planning, implementation, and evaluation, incompatible with this theory. The nursing process is based on the natural scientific method, which is based on very different assumptions about the person-environment, and places the "observer", i.e. the nurse, outside of the relationship with the person. This indicates that the individual's health condition can be "diagnosed" by the nurse. Instead, Parse suggests that the nursing process, although it is now the main vehicle for practice that is linked to all nursing paradigms if analyzed syntactically, is only a problem-solving process, not an ontologically derived method.[38] In the present study, the nurse asked the patient's daughter to tell her more about her fears and concerns and to ask her any questions. From the traditional problem-focused approach, the patient's and her daughter's statements may be labeled as "anxiety or fear" in the form of a nursing diagnosis. On the other hand, a traditional nurse might mention something like "I'm sure you'll feel better." From Parse's point of view, there is no labeling, detection, or reassurance. Providing reassurance does not encourage the person to talk about thoughts and feelings. Being told not to feel special or that everything is going to be okay denies the uniqueness of each person's situation. However, being able to talk about the meanings and feelings of situations in the presence of another makes a difference, and in this way, patients can move beyond the present moment. A nurse who uses Parse's theory provides a human presence that strengthens this process.[37] Parse's theory of humanization provides a foundation for understanding holistic nursing practice.[17] Paradigm change in nursing is increasing due to the recognition of paradoxes and Parse's work can make great progress in nursing as a human science.[13] Parse's theory offers an opportunity to create a more cohesive and humane nursing unit and challenge staff nurses to think seriously about the true meaning of their "practice" in nursing.[33]

The strength of this study is that, through the implementation of a case study, it has helped to develop the nursing theory of human becoming in clinical setting. Applying Parse's nursing theory of human becoming with its unique features that distinguish it from other theories, can help promote the independence of the nursing profession. The main limitation of this study is that it was conducted using a case study only on an elderly patient with spontaneous pneumothorax, which limits its generalizability. It is suggested to use Parse's theory in future studies in the care of other patients or combination with other study methods such as phenomenology and ethnography.

Conclusion

Parse's theory is complex and difficult to understand, and this is an obstacle for those who want to apply this theory. Despite this, it is worth trying to apply it in practice[13] and this study, by applying Parse's theory in clinical setting, was able to show that this theory can improve the health status and increase hope in elderly patients with spontaneous pneumothorax patient following COVID-19.

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Authors' Contribution

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Competing Interests

The authors declare that they have no conflict of interests.

Data Availability Statement

The datasets are available from the corresponding author on reasonable request.

Ethical Approval

Verbal and written informed consent was obtained from the patient

Research Highlights

What is the current knowledge?

- Older adults are one of the main groups at risk of contracting COVID-19.
- By using nursing theories in practice, patient care standards are improved, nursing care costs are reduced, and the patient's quality of life is improved, and in general, it leads to important changes in a person's health.
- Using Parse's human becoming in practice can lead to important changes in a person's health.

What is new here?

- The Parse's theory could be used to improve health status and deal with paradoxes in elderly patients suffering from spontaneous pneumothorax due to COVID-19.

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