

# Clinical care of nursing reasoned in Parse: contribution in the transcendence process of cardiac transplantation



*Cuidado clínico de enfermagem fundamentado em Parse: contribuição no processo de transcendência de transplantados cardíacos*

*Cuidado clínico de enfermería fundamentado en Parse: contribución en el proceso de trascendencia trasplantados cardíacos*

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## ABSTRACT

**Objetivo:** To identify how the clinical and educational nursing care based on the Theory of Human Becoming can contribute to the transcendence process of heart transplant patients in pursuit of good living.

**Method:** Research-intervention developed with four heart transplant patients linked to a reference transplant hospital in Ceara. Data was collected through interviews in 2014 and analyzed using Parse's theoretical framework and pertinent literature.

**Resultados:** Transplant patients revealed they gave living in such condition an ambiguous meaning, showing satisfaction and dissatisfaction. Dietary restrictions, difficulties with medication and curiosity about the transplant were identified as disharmonies involving the process. Care was developed focused on educating the transplant patients, approaching the themes healthy eating, organ rejection, immunosuppressant use and facts about heart transplantation.

**Conclusion:** Educative care based on Parse favors the decision-making and autonomy of individuals regarding their health, contributing to transcendence in pursuit of good living.

**Keywords:** Nursing theory. Heart transplant. Health education.

## RESUMO

**Objetivo:** Identificar como os cuidados clínicos e educativos de enfermagem, fundamentados na Teoria *Human Becoming*, contribuem para o processo de transcendência das pessoas transplantadas cardíacas na busca do bem viver.

**Método:** Pesquisa-intervenção desenvolvida com quatro transplantados cardíacos vinculados a um Hospital de referência em transplantes do Ceará. Dados coletados em 2014, mediante entrevistas, analisados pelo referencial teórico de Parse e literatura pertinente.

**Resultados:** Os significados de viver como transplantado cardíaco revelaram ambigüidade, mostrando satisfação e insatisfação. Restrições alimentares, dificuldades com a medicação e curiosidade acerca do transplante foram apontadas como desarmonias que envolvem o processo. Visando a mobilização da transcendência, foi desenvolvido um cuidado educativo com os temas alimentação saudável, rejeição do órgão, uso de imunossupressores e curiosidades sobre o transplante cardíaco.

**Conclusão:** O cuidado educativo, fundamentado em Parse, favorece a tomada de decisão e a autonomia dos sujeitos diante de sua saúde, contribuindo para a transcendência na busca do bem viver.

**Palavras-chave:** Teoria de enfermagem. Transplante de coração. Educação em saúde.

## RESUMEN

**Objetivo:** Identificar cómo los cuidados clínicos y educativos de enfermería, fundamentados en la Teoría *Human Becoming*, contribuyen para el proceso de trascendencia de las personas trasplantadas cardíacas en búsqueda del bien vivir.

**Método:** Investigación de intervención desarrollada con cuatro trasplantados de corazón vinculados a un hospital de referencia en trasplantes de Ceará. Los datos recogidos en el año de 2014 a través de entrevistas, analizaron el marco teórico de Parse y su literatura.

**Resultados:** El significado de la vida como trasplantado de corazón reveló ambigüedad, que muestra la satisfacción y la insatisfacción. Restricciones en la dieta, las dificultades con la medicación y la curiosidad por el trasplante fueron identificados como desarmonías relacionadas con el proceso. Objetivando la movilización de la transcendencia, se desarrolló atención educativa con temas sanos de alimentación, el rechazo del órgano, el uso de inmunosupresores y curiosidades sobre el trasplante de corazón.

**Conclusión:** Cuidado educativo, sobre la base de Parse, favorece la toma de decisiones y la autonomía de las personas delante de su salud, lo que contribuye a la transcendencia en búsqueda del bien vivir.

**Palabras clave:** Teoría de enfermería. Transplante de corazón. Educación en salud.

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## ■ INTRODUCTION

Care has been featured as a central theme in nursing<sup>(1)</sup>. Mediated by techniques and procedures, and combined with sensitivity, creativity and intuition, nursing care goes beyond the technician and biologicist view that has marked it for some time. Due to a greater appreciation of the subject, there is currently a search for individualized nursing care that discovers the health forces of individuals and thus contributes to their mobilization and empowerment to use resources to achieve their well-being<sup>(2)</sup>.

The demand for care that will make subjects the protagonists of their own health is relevant, above all when this care is provided to patients who need to change habits, such as is the case with heart transplant patients. The complexity of the changes involving the transplant cause alterations in the transplanted individual's usual life style and may directly affect their well-being<sup>(3)</sup>. In these cases, nursing care needs to go beyond guaranteeing survival, it is necessary to transcend to the pursuit of quality of life during that survival.

Health education is key in promoting comprehension of the changes in the transplanted person's new life. The extensive possibilities for information and raising awareness through education allows the patient to be able to make informed choices about their health. The reference on the intentional use of awareness for the subject's freedom of choice can be found in the theoretical framework of Rosemarie Parse's Nursing<sup>(4)</sup> which, considering the foundations of existential philosophy, highlights the conscious freedom for human beings to make their own life choices.

Known as *Human Becoming*, Parse's theory has its essence in the respect for human beings, considering them unique, and creatures that should be cherished and held responsible as health agents. Thus, the main goal of nursing is to improve the quality of life of individuals, respecting each one's vision for quality of life; with the nurse acting as a mediator, working with the subject to modify their lifestyle, for it is the subject who is ahead of these changes<sup>(4)</sup>.

Parse bases her theory on principles that refer to the role of human beings in their health process. For each principle, the theory points out practical dimensions that guide the nursing care<sup>(4)</sup>. The principles of Parse's theory and its practical dimensions are three, as follows:

1st principle: Structuring the multidimensional meaning is to cooperate in the creation of reality through the expression of values and images.

The human being can understand and structure the meanings of experiences when he or she imagines the situations that are happening in its other dimensions. This

process makes it possible to base the choices of meanings on their personal values. In the theory's context, cooperation in the creation of reality refers to the mutual and continuous participation of the human being and the environment in the creation of one another<sup>(4)</sup>.

The practical dimension identified from that principle is to clarify the meaning through the illumination of meanings, by the subject, of what is happening from their expression. In this dimension, the nurse will guide the individuals so that they reveal the meaning of the situation experienced, making it more explicit<sup>(5)</sup>.

2nd principle: Cooperating in creating rhythmic relationship patterns is to live the paradoxical unit of revealing and hiding, training and limiting while joining and separating.

By experiencing paradoxes, people show a side of their "me", while hiding the other, for can never be all the possibilities simultaneously. In interpersonal relationships, subjects show a side of themselves but hide others. The fact that they reveal and hide, train and limit while joining and separating, allows us to pursue new directions<sup>(4)</sup>.

The practical dimension of this principle, described as synchronizing rhythms, arises upon an approach without judgment or attempted interventions, contemplating rhythmic patterns that the person is experiencing without controlling their thoughts and actions, causing the subject to find the harmony that exists within him or herself through the experienced context<sup>(5)</sup>.

3rd principle: Cotranscending the possibilities is to look for unique ways to start the transformation process.

In the third principle, the theorist brings the meaning of transcending as a move to other dimensions, or refers to an ability to overcome the limits, allows us to realize new forms of what is already known<sup>(4)</sup>.

Here, the identified practical dimension is the mobilization of transcendence. The subject is moving towards what is possible to transform. Now, the nurse guides the subject in planning changes in life and healthy standards<sup>(5)</sup>.

Contemporary to the present day, this theory is still little known in Brazil. However, its relevance, as trend to appreciate the person as an agent of their health and being responsible for it<sup>(6)</sup> is enhanced by being in line with the guidelines of the Unified Health System (SUS) in Brazil, which highlights the importance of the role of its members in relation to their health-disease<sup>(7)</sup>.

The present study therefore uses the subjective aspect of Parse's theory, which is presented as an opportunity to support the care directed to people who have had heart transplants. For, with the growing number of transplants performed in the country, there is an increase in the rel-

evance of investigations geared towards the contribution of nurses in the care for heart transplant patients, that collaborate with the decision-making process for choosing healthy ways of living and allow them to transcend to improving the quality of their lives.

Given the above, the objective of the research was to identify how clinical and educational nursing care, based on the Theory of *Human Becoming*, can contribute to the process of transcendence of heart transplanted patients in pursuit of wellness. The study's guiding question was: How can clinical and educational nursing care, based on the Theory of *Human Becoming*, contribute to the process of transcendence heart transplant patients in pursuit of wellness?

## ■ METHODOLOGY

This text was taken from a master's degree dissertation<sup>(8)</sup>, developed from a descriptive, research-intervention field research, performed with heart transplant patients monitored by the clinic of the Unidade de Transplante e Insuficiência Cardíaca (Transplant and Heart Failure Unit) of a reference hospital in cardiology in Fortaleza, Ceará.

The inclusion criteria used in this study was: the discharge of patients residing in Fortaleza or in metropolitan cities; and to be monitored by nurses of said Hospital. Speech difficulties or cognitive deficit that impaired communication, affecting the investigation was used as the exclusion criteria. The sample consisted of four participants and sampling continued until the information was considered theoretically saturated<sup>(9)</sup>.

After explaining how participation would occur, the transplant patients signed the Free and Informed Consent Form, after which the first meetings were scheduled. Data collection happened simultaneously, as the care process was implemented, in accordance with the theory of *Human Becoming*, from May to August of 2014, using a form to be filled out and interviews conducted in the home of each individual participant. The methodology was crafted from the Parse's theoretical framework<sup>(4)</sup>, which guides the nursing process in three practical dimensions, namely, to clarify the meanings, synchronize rhythms and mobilize transcendence.

Educational meetings were developed with each participant, to contribute to the process of mobilizing their transcendence in pursuit of wellness. The themes developed in the meetings emerged from the disharmonies identified during the development of practical dimensions aimed to clarify meanings and synchronize rhythms. Healthy eating; Organ rejection; Use of immunosuppressants; and Facts about heart transplantation were the topics

covered in dialogic meetings facilitated by informative material produced especially for this purpose.

The data collected by the form were organized manually and covenanted for identification, socio-demographic characterization and description of the health status of participants. The meetings were recorded with the consent of the participants and the data were transcribed in a text editor.

Content analysis was the strategy used to organize the information collected through the interviews<sup>(10)</sup>. The data was pre-analyzed, explored, treated and interpreted according to categories previously established based on Parse's nursing theory<sup>(4)</sup>, which are: meanings of living as a heart transplant patient, disharmonies that permeate life as a heart transplant patient and mobilization of transcendence in pursuit of wellness. Finally, the collected data were discussed and compared with what is described in Parse's theory<sup>(4)</sup> and relevant literature.

To guarantee the confidentiality and anonymity of the study participants' identity, their names have been changed for fictitious names. Current ethical recommendations for conducting research with human beings pursuant to Resolution 466/2012 of the National Health Council were followed. The research was submitted to the Comitê de Ética em Pesquisa (Ethics Committee) of the institution, where it was approved on March 24, 2014, under the Certificado de Apresentação para Apreciação Ética (CAEE, or General Certificate for Ethics Assessment), under No. 28756114.8.0000.5039.

## ■ RESULTS AND DISCUSSION

Following are the results and analysis of the information seized in the study, discussed in categories established previously based on Parse's nursing process<sup>(4)</sup>, in her theory – *Human Becoming*. These categories correspond to the three practical dimensions that guide the relationship between the nurse and the subject of care.

### Meanings of living as a heart transplant patient

Clarifying meaning is understood by the theory as shedding light upon the process of making clear what was, what is, and what will be, from what is now appearing. This process occurs through narration and dialog among those involved<sup>(4)</sup>.

To provide care that favors this clarification, the nurse must approach the other showing interest in the meaning of his life experience, moving along with the subject, without judging, labeling or point out the solution to the situation, simply respecting the individual<sup>(4)</sup>.

From the meetings, it was possible to enter the world experienced by the study participants, especially regarding their experiences as heart transplant patients. It was identified that the transplanted being, when clarifying the meaning of living in their current health condition, reports it ambiguously, where at the same time they point to satisfaction, they also show dissatisfaction with the fact that they have a transplanted heart.

Regarding dissatisfaction, the speeches of the participants reported difficulties in adapting to the new lifestyle required after transplantation. Everyone immediately association to the meanings of living as heart transplant patient and the changes in lifestyle necessary for their current health condition.

*It's like you're not living life to the fullest! Because everything is limited, you're no longer the person who had the freedom to go out to drink, smoke, play, come home at the break of dawn. That's over (Joseph).*

The daily life of patients submitted to heart transplantation is characterized by situations never experienced, involving family, economic and social changes, several adjustments necessary to maintain their well-being and prevent complications<sup>(3)</sup>.

However, complications were not the only thing pointed out regarding changes in lifestyle after heart transplant surgery. Ambiguity was shown, overall at that moment, where the patients pointed out the difficulties of adapting to their new routine and care, but also the satisfaction of being a heart transplant patient, when compared to their former health condition.

*I spent more than five years without being able to breath like this (deap breath), now I can. There's no comparison (John).*

Chronic patients awaiting a heart transplant often have severe deficits in their physical capacity. And, after heart transplantation, there is a significant improvement in the physical health of the transplant patient, causing effects to their quality of life<sup>(11)</sup>.

Referring to the effect of transplantation on their life, participants mentioned happiness in having been chosen to receive the heart and undergo cardiac transplantation, and, as a rule, used the figure of God as responsible for that opportunity.

*The chance to have a transplant involves religion, you know, because it is He (God) who has allowed me the opportunity (Joseph).*

In patients eligible for a transplant, faith appears as a way to endure the difficulties and maintain hope in the search for recovery. Religion is used as a coping strategy<sup>(12)</sup>. God, for the participants of this study, appears to be responsible for everything that happens. The transplant appeared to them as the last chance of healing, awakening fear and hope, for the recovery of their health depended on the heart transplantation.

The reports also mentioned the transplant as a story of victory for those who have had no other possibilities for the recovery of their health and cure of their disease.

*It was a rebirth; the name should be rebirth instead of transplant. When I woke up from the transplant came that breath I'd never had before. I was so happy. I'm alive, I'm good, I'm great (Maria).*

The discourse on the new possibility of life was summed up not only in the fact of being alive, but also to rediscover the true meaning of life, as before, which was previously intangible because of their disease.

*This whole period (post transplantation) was filled with pure joy, the beach, going out, living, working (Maria).*

It is noteworthy that in the midst of this study, while some individuals felt happy they had another chance to live, some also declared a fear of dying and of imminent death remains present, especially when they were made aware of the death of a fellow heart transplant patient.

*Well, I have transplanted friends who have died. It's tough because you really must take care of yourself, or else. (João).*

The meanings identified in this study show the need for constant support and guidance from health professionals, especially nurses, as it is they who will have more contact with the transplanted patient, thus assuming a key role in improving the quality of life of these subjects<sup>(13)</sup>.

To clarify the meanings that permeate living as heart transplant patient, in this study, was only possible because a relationship was built based on guiding the subject, not acting in his place, which is indispensable for the development of care proposed by Parse. Theory recommends that nurses should be with the other through a real presence, defined as a special way of being with the subject, recognizing the priorities and values of the other as fundamental<sup>(4)</sup>.

By analyzing the reports of each participant about how it has been to live as a cardiac transplant patient, it

was observed that, since the first meetings, even when discourse converge to the same reality, everyone sees the world differently.

Parse's theory underlies what was seen when it reinforces that meaning is assigned by the person to what is happening at the moment, what was and what will be, in the way the person expresses themselves, being influenced by the environment in which they live and the determinants that surround it. Thus, each subject has a unique and own meaning to that situation which they are experiencing<sup>(4)</sup>.

In addition, it states that expressing the meanings of what is experienced, talking about themselves to someone else, makes the subject discover new aspects of what is already known and gives them drive, transcending beyond current understanding<sup>(4)</sup>.

When narrating, and reflecting about their own reality, each participant had access to a greater knowledge of themselves. That moment helped identify harmonic and disharmonic situations that permeate life as a transplanted individual. These situations, as proposed by Parse<sup>(4)</sup>, should be explored by nurses in their second practical dimension, called synchronizing rhythms and that are subsequently discussed in this study.

### Disharmonies that permeate living as heart transplant

The daily routine of a heart transplant patient should be full of care surrounding infection prevention, healthy eating, proper weight maintenance and medication administration strictly within the prescribed time<sup>(3)</sup>. When dealing with these issues, the quality of life of these subjects may be directly affected. Mindful of this fact, it is important that nursing search for ways to provide care that minimizes damage caused to the well-being of these patients.

This form of care can be better understood in the second practical dimension proposed in Parse's theory, defined as synchronizing rhythms. In this dimension, the nurse follows the rhythms set by the individual and helps guide them, through dialog, to recognize harmony and disharmony that exists in their own living context<sup>(4)</sup>.

In this study, the identification of disharmonious situations emerged from the initial speeches of the participants that aimed to clarify the meanings of life as heart transplant patient, where it was possible to learn which occasional disharmonies permeate the entire researched reality. A disharmony that was recurring among all participants was the difficulty in adapting the new diet required after transplantation.

*I'm ashamed to admit this, but do you know what I miss the most? Those crazy foods I ate, with fat and stuff. Food is my weak spot. (João)*

It is known that eating habits have a close relationship to health because a healthy diet helps prevent diseases and contributes to a better quality of life<sup>(14)</sup>. We also know that eating habits are consolidated throughout life and are incorporated as a culture, making it difficult to changed those habits quickly.

Thus, the effort to adapt to new eating habits ends up being a stressful and detrimental factor to the well-being of these patients. Not only by having to adapt to new food, but also the anguish of failing to strictly follow the diet.

*I really miss the food, sometimes I even dream about. Then I wake up asking "did I actually eat it or not"? Then I start worrying (John)*

*I don't go to birthday parties. It's pure temptation. There's cake, guarana soda, what am I supposed to do, just look at it? I know I won't! (José).*

Parse<sup>(4)</sup> understands health and quality of life from the perspective of the person, as an open process of transformation experienced and defined by the individual. Thus, the nurse must consider the patient's wishes and enhance their wills, while also being attentive and providing guidance on the relationship with the patient's current health condition.

Not considering the wishes and desires of the subject affects the nurse-individual relationship and hinders care<sup>(5)</sup>. Such attitude is also featured as stress factor due to the wear between the subject and the health team because of the behavior towards the diet.

*I don't like to brag, but my buchada is to die for. Sometimes I still make buchada, then I eat a little, when no one is looking, so they don't get on my case. But I know my limit, I only eat a little bit (José).*

*I hate going to the nutritionist. All she does is tell me to lose weight, eat this, don't eat that. I don't like it (Maria).*

In addition to dietary restrictions, another stressor, which appears as a disharmony in most speeches of heart transplant patients, was in relation to the fear of organ rejection. Rejection episodes make the transplanted individuals confront the fact that success is not guaranteed and obstacles are not completely inexistent<sup>(15)</sup>.



In this study, the speeches of transplanted patients show the anxiety surrounding heart rejection related to the little knowledge they have on the subject, for which reason they therefore manifest fear of the unknown.

*I was admitted to the hospital once due to rejection. It was shortly after my brother died, it seemed like a psychological rejection. Does that even exist? Could I have it again? (José)*

*I'll have to take medication for that for the rest of my life, right? Otherwise, I'll reject the organ, right? (João)*

By placing the problem in the form of questions, participants show their desire and openness to learn and reinforce the importance of health education to minimize disharmonies that permeate this process.

Pursuant to Parse's theory<sup>(4)</sup>, the nurse acts as a collaborator in the healthcare process, guiding the individual so that they can illuminate the meanings of their experiences and choose ways of co-creating their own health. In this form of care, the person responsible for making decisions is the subject himself. However, the nurse's guidance contributes for the subject to carefully decide the best way to seek their health<sup>(5)</sup>.

The recommendation is for nurses to move along with the subject, placing no judgment, without labeling or pointing to a solution for their problems, especially conflicts<sup>(4)</sup>. This behavior proved to be relevant in this research, in a certain recurring aspect in the discourse of participants: to know the identity of the organ donor. This question appeared as an act of curiosity that generated discomfort in the participants:

*People ask me about what I feel having the heart of another person, if I feel things like I did before, or if having another person's heart changed anything. I don't know, I'd like to know who the donor was (Francisco).*

From this, and other dialogs, it was possible to understand that the transplanted heart is not seen only as an organ, that it goes beyond physiology and carries a symbolism that the heart is the organ responsible for emotions and subjectivity of beings.

This magical and wishful thinking about the heart occurs because of all this symbolism that the organ carries added to the stress that continues during this process after heart transplantation<sup>(15)</sup>.

Being with the subject, with a real presence, free of judgment of values and beliefs, allowed a meaning to be

perceived regarding the transplanted organ, which contributes to the appearance of disharmonies reported by the transplant patients. What could be dismissed as irrelevant and fanciful in a strictly biologic approach becomes relevant in a Parse-based approach<sup>(4)</sup>.

Finally, another disharmony present in the life of study participants was related to the immunosuppressive treatment they are undergoing. Despite being essential to guarantee their survival, it also implies compromising the immune defenses of these subjects, increasing the likelihood of becoming ill. This weakness of the immune system and the constant fear of getting sick appeared in the speeches of the participants, which had just pointed out the damage this fear caused to their social life.

*It feels terrible not being able to hold hands with someone at church, because that might infect my hand and make me sick. I think they see me as someone unfriendly because of that (Francisco).*

Synchronizing rhythms appears as the process of treating the flow of inter-human cadence. The nurse, instead of trying to calm or balance these rhythms, follows the rhythms set by the subject and uses dialog to lead the subject in recognizing the possibilities in the context experienced, encouraging autonomy<sup>(4)</sup>.

The peculiarities presented by the participants strengthened what had already been seized by Parse in her theory. The facts that afflict everyone are different, even in situations that were unanimous. Therefore, we can not preconceive the harmonies and disharmonies that heart transplant patients experience in their life. At most, one can only infer.

The difficulty of nurses in understanding subjects under care in a unique way, with desires, beliefs and fears, has been established as a cause of numerous failures in relation to the care provided. When labeled for their morbidity, the individual loses individuality and humanizing care becomes even more difficult<sup>(6)</sup>.

Parse<sup>(4)</sup> states that the human being is more than the sum of parts, it is a whole, and this means not only to establish itself as a combination of parts, but reflects the construction of a unique context.

One should always keep in mind that each subject acts, reacts and interacts differently<sup>(4)</sup>. Each individual research participant experienced their heart transplant process in a unique way. This only reinforces the need for nurses to develop unique care, as well, one that enables them to encompass the uniqueness and totality of the being for which care is provided.

## Mobilization of transcendence in pursuit of wellness

Mobilizing transcendence is the third practical dimension in Parse's theory, which is caused by the process of going beyond the significance of the moment to what it yet to become. This dimension is focused on dreaming about the possibilities and the plan to achieve their dreams. Nurses should guide the individual and/or family in planning the changes in health standards, focusing on visualizing the new possibilities<sup>(4)</sup>.

An educational care was developed in this study, aiming to promote the process of mobilizing the transcendence of the transplanted subject. The choice to provide educational care arose from the capacity that education must act as an instrument of awareness and transcendence, helping the individual make their own choices from their interests and needs<sup>(16)</sup>.

The themes explored in educational meetings emerged from the disharmonies identified during the research process. This choice aimed to ensure the relevance of the topic to be discussed with the experiences of each one, from their perspective, ensuring its uniqueness.

By basing care on Parse's theory<sup>(4)</sup>, it would be unacceptable to promote an educational practice that did not recognize the subject as a unit with autonomy in their health process, being solely responsible for their choices. The subject of nursing care should be an open being, free to choose the meanings of experiences and perform the movement directed to their goals, hopes and dreams<sup>(5)</sup>.

Health education conducted in this study aimed to present qualified information that would allow the transplanted patients to recognize the benefits and harms related to the care necessary to live in their condition.

After the implementation and assessment of the meetings, it was realized that the development of Parse-based educational care enabled ways to collaborate with this transcendence of the subject cared for, such as in more conscious decision-making by study participants regarding their health.

*I'm still on a diet, I try to eat healthier. Even though my blood sugar levels are normal, I don't drink soda anymore. I know it's not good for me (Maria).*

Decision-making encouraged the subjects to actively participate in their health-disease process. This active participation benefits the process of self-care awareness, opening ways to promote their health and well-being<sup>(17)</sup>.

Another improvement that the development of educational care in this study brought to the participants' well-being was related to coping with disharmonious situations that emerged during life as a heart transplant.

*I didn't understand why I followed the diet and it never came down. Now I know that this medication I take influences my cholesterol (Maria).*

*Now I understand the whole rejection thing. It's like a big fight, three or four people trying to hit each other, and the police must come in to establish order. The police are the medication. Now I know how to take care of myself so I don't reject the organ (José).*

The health education process allowed participants to clarify their doubts and better understand their health condition, reducing their fears and anxieties about the situation experienced. Subsequently came an improvement to their quality of life. This change was the most noticeable and commented by the participants of this study.

It was also possible to notice the contribution of the educational care developed in the autonomy of the participants before their health-disease process.

*In the last visit, I spoke to the doctor about the immunosuppressant, it could be that it was increasing my cholesterol. He brought the dosage down so now I only take two (Maria).*

By acquiring knowledge about the medications used and their side effects, the participant had the opportunity to question the professional, in a participative and active position. This means taking a position as the subject, not the object of professional action. By being informed, the subject feels more secure<sup>(17)</sup>.

The focus of the mobilization of transcendence process, carried out this investigation and described in the third practical dimension proposed by Parse, is moving to dreams that can be made possible through planning. Pursuing transcendence is to find ways to live well<sup>(4)</sup>. So, when provided care focused on transcendence, it is possible to verify the contribution that educational nursing actions can have to transformation the life care subjects, in the true meaning of the word.

Reports of resuming new possibilities contemplated various aspects that make up one's life, involving your job, your social life, your physical health and your emotional state.

*I'm working again. More cautiously, slower (Maria).*

*I bought some shoes to start walking (Francisco).*

Transcending for Parse means moving to other dimensions from their dreams and hopes, to create ways of perceiving what was already known. When one transcends, they create forces to rise to new ways of living, transforming their living standards, seeing new possibilities<sup>(4)</sup>.

The theorist shows that the individual is in constant motion. This enables them to adapt to changes that occur daily<sup>(5)</sup>. When these changes take place in the context of health, professional support offered through a real presence can contribute to clarifying the meanings of the subjects' experiences and, through a reflective and interpretive process, motivate them to face and overcome the limits presented, transcending them to wellness<sup>(4)</sup>.

To develop care based on Parse's theory that favors this process of transcendence, giving the human being greater autonomy regarding health decisions and actions based on the reflective process, helps them to discover new possibilities for growth, in their pursuit of wellness.

## ■ FINAL CONSIDERATIONS

Considering what was proposed in this study, which was to identify how clinical and educational nursing care, based on the Theory of *Human Becoming* contribute to the process of transcendence of heart transplanted individuals in pursuit of wellness, it was concluded that the objective was achieved, for it enabled a more humanistic approach that considers the participation and autonomy of the individual to which care is provided, in addition to developing assistance based on scientific knowledge.

Educational care with detailed and individualized guidance, respecting the needs of each patient, proved to be an effective way to cope with the changes caused by transplantation, and therefore collaborates with the process of strengthening the individual's autonomy, allowing them to be understood as the agent of their health and make more informed decisions in the transcendence process in favor of wellness.

Therefore, it can be considered that Parse's theory proved to be relevant in the context of the crisis marked by the changes experienced by the heart transplant patient's, by allowing participants to reflect on their experiences, clarifying the meanings and identifying the disharmonies that permeate the transplantation process.

Developing Nursing care based on Parse's theory, from her concepts, principles and values about care, contributed not only in the process of transcendence

of the subjects, but also in the way care was provided, enhancing the health of the individual and not that individual's problem.

A limitation to the study was the influence that time has in the development of the proposed care. Transcendence of disharmonies experienced by the subjects under care is a slow process, therefore, this study, allowed the development of this process to be observed, as it had a deadline for its completion.

It is suggested that more attention be given to the meanings expressed by participants about their experience as heart transplant patients and the disharmonies that permeate this process, which were presented with greater relevance by the patients, to foster new research on the subject.

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