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Case Report/Olgu Sunumu

**MENSTRUATION PROCESS ACCORDING TO NURSING THEORITS PARSE, MELEIS, AND
KOLCABA: A COMPARATIVE CASE STUDY**

**HEMŞİRE TEORİSYENLER PARSE, MELEİS VE KOLCABA'YA GÖRE MENSTRUASYON SÜRECİ:
KARŞILAŞTIRMALI OLGU SUNUMU**

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ABSTRACT

It was aimed to evaluate the transition process of 15-year-old Z.Y. to menstruation according to three nursing theorists. In the method of the research, the theoretical framework of "Parse's Theory of Being Human, Meleis's Theory of Transition and Kolcaba's Comfort Theory" was provided to the nursing approach of the case. The information of the case was collected through the Demographic Data Collection form and the Menstruation Period Data Collection form. Evaluation was made according to the main themes of the theories. According to Meleis' transition theory, the phenomenon is; While the nature of transition was handled under the themes of facilitators/blockers of transition, and outcome indicators, this period was handled as relief, relaxation and superiority in Kolcaba's comfort theory. The same period in Parse's theory of being human was themed as meaning, rhythmic and transcendent. It was seen that there were similarities and differences between the three theories in terms of approach to menstruation. It is recommended to use theories/models and to support theory/model-based nursing research, and to define standardizations for how theories and models will be used in research.

ÖZET

Bu makalede 15 yaşındaki Z.Y.'nin menstruasyona geçiş sürecinin, üç hemşirelik teorisyenine göre değerlendirilmesi amaçlandı. Araştırmanın yönteminde olgunun hemşirelik yaklaşımına "Parse'nin İnsan Olma Teorisi, Meleis'in Geçiş Kuramı ve Kolcaba'nın Konfor Kuramı teorik çerçeve olarak sağlanmıştır. Olgunun bilgileri Demografik Veri Toplama formu ve Menstrüasyon Dönemi Veri Toplama formu ile toplandı. Değerlendirme teorilerin ana temalarına göre yapıldı. Meleis'in geçiş teorisine göre olgu; geçişin doğası, geçişin kolaylaştırıcıları/engelleyicileri ve sonuç göstergeleri temaları altında ele alınırken, Kolcaba'nın konfor kuramında ise bu dönem ferahlama, rahatlama ve üstünlük olarak ele alındı. Parse insan olma teorisinde aynı dönem; anlam, ritmik ve aşkınlık olarak temalandırıldı. Menstruasyon süreci üç teorisyen açısından değerlendirilip karşılaştırıldığında, menstruasyona yaklaşım açısından üç kuram arasında benzerlikler ve farklılıkların olduğu görüldü. Bu sonuçlar doğrultusunda hemşirelik alanında teori/model kullanımı, teori/model temelli hemşirelik araştırmalarının desteklenmesi, teori ve modellerin araştırmalarda nasıl kullanılacağına ilişkin standardizasyonların tanımlanması önerilmektedir.

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INTRODUCTION

Theories promote, facilitate, and guide nursing practices by demonstrating the purpose of care and how it will be delivered (Veliođlu, 1999). The majority of nursing theories focus on the bio-medical, bio-psycho-social, or spiritual approach. Theories facilitate the prediction of the effects of variables on care, the systematization of knowledge and practices, and the accomplishment of intended goals in health care (Bekmezci et al., 2016; Rogers & Keller, 2009). The improvement and use of theoretical knowledge boosts the power of the nursing profession (Atabek & Karadađ, 2013). Nursing discipline consists of three basic elements: theory, research and practice, and these elements contribute to the development of nursing science in mutual interaction (Şengün et al., 2013).

Adolescence is the transition period from childhood to adulthood, when physical growth, sexual development, and psychosocial maturation take place. In Türkiye, this period begins when girls are 10-12 years old and boys are 12-14 years old. The World Health Organization defines adolescence as the period between the ages of 10 and 19 (Parlaz et al., 2012).

Physical growth is one of the most significant changes in adolescence. Skeletal mass, bone fat, and muscular masses all rise significantly during this period. Growth and development accelerate substantially throughout adolescence. In boys, pubic hairs begin to grow around stages 3-4; whereas, in girls, breast development begins around stages 2-3. The first menstrual bleeding (menarche) is observed approximately two years after the breasts begin to develop and one year after the rate of height growth reaches its peak (Parlaz et al., 2012).

Psychosocial development requires the adolescent to develop a realistic self-image and identity. Adolescents have challenges specific to this period due to reasons such as accelerated cognitive development, increased emotional intensity and impulsive desires, the choice of profession, the relations with the opposite sex, escalation of preoedipal and oedipal conflicts, separation from parents, transition to individualization process, as well as the identity

development process (Derman, 2008; Parlaz et al., 2012). Breast development is typically the first indicator of pubertal development in girls, followed by menstruation (Dündar et al., 2008; Rosenfeld, 2002; Parlaz et al., 2012). Menarche is usually noticed between two and five years after the beginning of breast budding followed by a significant spike in height. The average age of menarche is generally accepted to be between 12.5 and 13 years, and menstruation is classified as early menstruation if it appears before the age of 10, and amenorrhea if it occurs beyond the age of 16 (Derman, 2008; Parlaz et al., 2012). Individual differences have been found in the duration of monthly periods and the severity of bleeding in normal adolescents (Dündar et al., 2008).

Many biological, ecological, and social factors affect menarche age, which is a sensitive indicator of the biosocial condition of society. The menarche age is associated with many environmental factors, including the degree of urbanization, socioeconomic status, number of children in families, nutrition, seasons, physical activity, and altitude, as well as genetic factors (Dündar et al., 2008). The application of the theories ensures the existence of the nursing profession (Birol, 2013). Applying the theories in nursing practices allows nurses to organize information in guiding and education to describe events systematically, explain nursing care, and enhance practice. To base nursing upon a scientific foundation, several theories have been developed. The present study assessed the menstruation process of Z.Y. throughout adolescence according to Parse's Theory of Human Becoming, Meleis's Theory of Transitions, and Kolcaba's Theory of Comfort.

Rosemarie Rizzo Parse's Theory of Humans Becoming

This theory was first published as the "Man-living-health" theory in 1981 and was renamed the "Theory of Human Becoming" in 1992. The Nursing Theory of human becoming is a model that focuses on the patient's quality of life and regards the patient as a person, rather than as many facets of a whole (Parse, 2010). The term "human becoming" reflects Parse's

reconceptualization of the three metaparadigmatic concepts of nursing person, health, and environment. These three concepts must be understood in order to figure out the fundamental elements of the theory (Parse, 2010). Human beings or persons are conceptualized as unitary beings from the standpoint of human becoming. Parse assumes human as irreducibly unitary being that is greater and distinct than the sum of their parts, evolving reciprocally and synchronously with the environment, influenced by Rogers' "theory of unitary human science." This includes the appearance of people who live concurrently in the past, present, and future, and people experience life as a multidimensional "all-in-one" experience (Hutchings, 2002). Health is defined as a synthesis of values, which is a constantly changing process created by human beings. Health is the meaning attributed by an individual to his experiences. It is a process of existence and becoming. Health is not perceived as a linear process based on causality, control, or normative values (Parse, 1996; Parse, 1997). Health is not about adapting to or coping with an environment but about people living and choosing personal values. Parse regards humans and the universe as inseparable parts of the same whole. Parse's Theory is based on the belief that human health is fostered in tandem with the universe. The human-universe process is the structure of the human universe that includes transforming energy, opening the doors to far more diversity, and influencing the rhythmic patterns of relationships between them. The theory is founded on the belief that humans, in collaboration with the universe, compose their own ideas (Parse, 1997).

The following postulates about humans are assumed by the Theory of human becoming:

- Humans cohabit with the universe and develop rhythmic patterns in their environments.
- Humans freely select the meaning of their circumstances and must thus assume responsibility for their decisions.
- Every human is a whole person who is continually forming patterns in their environment.

- Humans overcome challenges on many levels.

The following postulates about becoming are assumed by the Theory of human becoming:

- Human becoming freely make personal choices in an intersubjective process in which value priorities are associated.
- Human becoming means being in a relationship with the universe and producing rhythmic models through a common process.
- Human becoming involves a multifaceted transcendence of every possibility that emerges.

The theory recognizes the concept of paradox as a fundamental aspect of human becoming.

Paradoxes are considered the natural rhythms of life, not challenges to be overcome. Based on this theoretical foundation, living considers one's death to be a one-of-a-kind creation of man and the universe (Parse, 1997).

The core of Parse's theory is based on three themes: "meaning", "rhythmicity", and "transcendence": The nurse encounters three dimensions of practice methodology while actually being present with the person and family: (1) clarifying meaning through explanation; (2) synchronizing rhythms by standing together, and (3) stimulating transcendence by going beyond it. The nurse and the individual family establish a dialogue through language, artwork, music, metaphor, and poetry in the processes of clarifying, cohabiting, and going beyond (Hutchings, 2002). There are four postulates under the themes: illimitability, paradox, freedom, and mystery (Yesilot, 2016). Illimitability is indivisible, unbounded knowing extended to infinity, the all-at-once remembering and prospecting with the moment.

The paradox is a complex rhythm expressed by a pattern preference. Parse refers to paradoxes as "lived rhythms" in her book. Freedom is "contextually construed liberation". The mystery is unfathomable and unknowable. It is always accompanying the "unpredictable and ever-changing human universe" (Parse, 2010).

Afaf Ibrahim Meleis's Theory of Transitions

Meleis argued that knowledge in nursing would not be improved by analyzing responses to health-disease circumstances, but rather by the advancement of physical, psychological, and spiritual nursing. Meleis's Theory of Transitions reflects the cultural diversity among vulnerable populations, such as African-American, Brazilian, and Korean immigrants. It also considers critical points that might raise vulnerabilities, such as pregnancy, menopause, employment, migration, and diagnosis. Although transitions are complex and multidimensional, awareness, engagement, change and difference, time span, critical points, and events constitute the basic properties of transition experiences. The nature of transition (types, patterns, and properties), facilitators and inhibitors (personal, community, and societal), patterns of response (process indicators, outcome indicators), and physical, psychological, social, and spiritual nursing care (nursing therapeutics) constitute the major concepts of Meleis's theory of transitions (Meleis, 2010).

The Nature of Transition (Types, Patterns, and Properties)

Transitions are complex and multidimensional, but several key properties of transition experiences have been identified. These are awareness, engagement (taking responsibility), time span, change and difference, and critical points and events. These properties are not necessarily separate. Rather, they are interrelated properties of a complex process (Meleis, 2010).

Awareness

Awareness is related to perception, knowledge, and recognition of a transition experience. The level of awareness is commonly reflected in the degree of congruency between what is known about processes and responses and what constitutes an expected set of responses and perceptions of individuals undergoing similar transitions (Meleis, 2019).

Engagement (Taking Responsibility)

Another property of transitions is the level of involvement in the process. Engagement is defined as the degree to which a person demonstrates involvement in the processes inherent in the transition (Konuk & Su, 2020; Meleis, 2010).

Change and Difference

Change and difference are basic properties of transitions. Even though they are similar, these properties are not used interchangeably and are not synonymous with the transition. All transitions include change, although not all changes are associated with transitions (Düdükçü & Arslan, 2019; Meleis, 2010).

Time Span

All transitions may be characterized as flowing and moving over time (Meleis, 2010).

Critical Points and Events

Some transitions are associated with definable marker events, such as birth, death, the cessation of menstruation, or the diagnosis of an illness; some transitions have no critical points and events (Meleis, 2010).

Facilitators and Inhibitors (Personal, Community, Societal)

Personal

The meanings attributed to some events accelerating a transition and to the transition process itself could facilitate or inhibit healthy transitions (Meleis, 2010).

Community Conditions

Community resources also facilitate or inhibit transitions (Meleis, 2010).

Societal Conditions

Society could generally be a facilitator or inhibitor of transitions. Perceiving a transition event with stigmatized and stereotyped meanings tends to inhibit a healthy transition (Meleis, 2019).

Patterns of Response: Process and Outcome Indicators

Feeling Connected

The need to feel and stay connected is a prominent theme in many transitional narratives. The primary source of healthcare and resource information is personal connections. Another major indicator of a positive transition experience is feeling connected to healthcare providers who answer questions and are easy to connect with (Düdükçü & Arslan, 2019; Meleis, 2010).

Location and Being Situated

Location is important to most transition experiences, but circumstances, such as migration, where location usually refers to a one-way movement from one place to another, may be more obvious (Meleis, 2010).

Outcome Indicators

The first outcome indicators required to manage a transition are mastery and fluidity, and the second is the development of an integrative identity. The time to complete a transition can be flexible. The completion process may vary depending on the type of change, the event that sparked the transition, and the nature and models of the transition (Konuk & Su, 2020; Meleis, 2010).

Physical, Psychological, Social, and Spiritual Nursing Care

Meleis (2010) used three widely accepted measures to identify the physical, psychological, and spiritual nursing interventions during transition:

Assessment of Readiness

It needs a multidisciplinary effort and requires to be based on a full understanding of the individual.

Preparation

Education is crucial in preparing the best conditions for transition.

Role Supplementation

It includes role clarification, role-taking, and rehearsing (Körükçü & Kabukcuoğlu, 2014; Meleis, 2010).

Katherine Kolcaba's Theory of Comfort

Kolcaba's Theory of Comfort allows the nurses to assess the comfort needs of the patient, family, or society holistically, provide individualized care to satisfy these needs, and manage the evaluation of the comfort level after the practice (Kolcaba, 1994; Ponte & Da Silva, 2015). According to the holistic view, the concept of comfort is regulated under three types and four contexts of comfort. Kolcaba clarifies the concept of comfort as, "the immediate experience of addressing basic human needs in order to feel relieved, find peace, and overcome problems" (Kolcaba, 1995a; Kolcaba, 1995b; Kolcaba, 2003; Parse, 2011). Transcendence appears when one rises above problems. The four contexts in which comfort occurs are physical, psychospiritual, environmental, and sociocultural. While physical context refers to bodily sensations and appears as homeostatic mechanisms, psychospiritual pertains to the internal awareness of self. The environment, on the other hand, defines external surroundings and conditions, while sociocultural pertains to interpersonal, family, and societal relationships (Kolcaba & Fisher, 1996).

The theory of comfort is addressed under three levels:

Relief

The sense of being free of the circumstance that causes discomfort is a state of an individual who has had a specific need met (Kolcaba, 1995b).

Ease

Ease is defined as a state of being calm, at peace, or content. It is the state in which the patient is relaxed, expresses satisfaction, and declares that he is satisfied (Kolcaba, 2003).

Transcendence

Personal development (sense of refreshment) is defined as a state in which one rises above one's problems or strengthens his ordinary capabilities (Kolcaba, 1994).

Comfort is assessed as physical, psychospiritual, environmental, and sociocultural.

Physical Comfort

It covers physiological factors that affect an individual's physical health, such as bodily sensations, rest and relaxation, response to illness, homeostasis, nutrition, and continuity of bowel function (Wilson & Kolcaba, 2004).

Psycho-spiritual Comfort

The elements that would attribute meaning to an individual's life cover mental, emotional, and spiritual sentiments, such as self-esteem, self-concept, sexuality, and self-awareness (Wilson & Kolcaba, 2004).

Environmental comfort

It covers external factors, such as light, noise, color, temperature, safe environment, and the view from the window as well as their impacts on humans (Porter et al., 2010).

Sociocultural Comfort

It is associated with family traditions, rituals, religious practices, interpersonal relationships, and financial situations. Cultural diversity significantly affects this concept of comfort (Kolcaba, 2001).

The processes of Kolcaba's Theory of Comfort are as follows:

1. Identifying the patient's comfort needs,
2. Planning the initiatives required to address the needs,
3. Considering the factors required for the success of initiatives,
4. Assessing initiatives.

It is expected that as a consequence of this process, comfort levels would rise and behaviors for reinforcing health would develop (Kolcaba, 2003).

Concepts of Health, Illness, Environment, And Nursing According to Parse, Meleis, And Kolcaba

Theories/models are compared for human, health, environment, nursing, and nursing process. Table 1 presents Parse, Meleis, and Kolcaba's theories and models, as well as their definitions of health, illness, environment, and nurse concepts. These concepts are guiding for the case analysis and establishing NANDA nursing diagnoses (Kolcaba, 2003; Meleis, 2010; Parse, 2011; Korkut & Biçer, 2019) (Table 1).

Table 1*Definitions In the Theories*

Theory	Health	Illness	Environment	Nurse(ing)	Person (Human)
Parse's Theory of humans becoming	Being open and becoming a process. It includes the synthesis of values.		It is everything in the individuals and their experiences that is integral, supplementing, and evolving with them.	It is a human science and art that employs an abstract body of knowledge to serve humans.	He is an open being that is greater and distinct than the sum of its parts.
Meleis's Theory of Transitions	Meleis indicated that health-illness changes were significant points in the self-development and life of the individual.		According to Meleis, the environment shapes personal transitions that take place in the context of institutions.	She described it as a science and art that facilitates the state of health and well-being of societies during the transition.	
Kolcaba's Theory of Comfort	It is described as optimally facilitating the functions of the person, the family, and society through enhancing comfort.		The environment is any aspect of the patient, family, or institutional settings that can be manipulated by the nurse or loved one to enhance comfort.	Nursing is defined as the assessment of a patient's comfort needs, the design of proper nursing interventions, and the assessment of the patient's comfort level following the practice and nursing interventions.	He is an individual, family, and society that needs primary, secondary, and tertiary or protective health care.

MATERIAL AND METHOD

The Case

Z.Y. is a 15-year-old girl with a height of 162 cm and a weight of 45 kilograms. Z.Y. has no chronic or infectious diseases. The case has no sexual activity and does not take oral contraceptives. Z.Y. does not exercise regularly and consumes harmful substances (cigarettes, alcohol, etc.). She had no further information from a counselor after her mother first informed her about menstruation. Her first menstruation occurred when she was 12 years old. During her first menstruation, she said, "I felt weird, I felt grown-up." Menstruation, according to Z.Y., means "becoming a teenage girl." Z.Y. said "I feel sleepy early the day before" to describe dysmenorrhea. This indicated the precaution she had taken to avoid dysmenorrhea by going to bed early. She mentioned that menstruation occurs every 28 days and lasts for 5-6 days. She said that although Z.Y. suffers from no physical discomfort during her menstruation, she is a little bit nervous mentally. She replaces 5-6 pads throughout her menstruation and has no change in her diet.

Z. Y's family history was assessed, and it was seen that she came from a middle-class family, and both of her parents were university graduates. Z.Y. has no sister. Her mother had her first menstruation at the age of 13 and she is a smoker.

Data Collection Tools

The data of the study were collected by interview method, using the Demographic Data Collection Form consisting of 14 questions and the Menstruation Period Data Collection Form consisting of 16 questions. The forms were created by the researchers by scanning the literature (Kolcaba, 2003; Meleis, 2010; Parse, 1996).

Demographic Data Collection Form

It is a form consisting of 14 open-ended questions questioning the characteristics of the participant such as age, gender, and education.

Menstruation Period Data Collection Form

It is a form consisting of 16 open-ended questions that question the participant's information about the menstruation period.

Data Analysis

The analysis of the data obtained from the research was evaluated and categorized in line with the main themes of the theories.

Limitation of the Study

The evaluation of the transition to menstruation process on only one case and three theorists constitutes the limitation of the study.

Ethical Committee Approval

Before starting the research, permission was obtained from the case and its legal guardian with an Informed Voluntary Consent Form. In the study, compliance with the articles of the Declaration of Helsinki and the Law on Protection of Personal Information was ensured.

RESULTS

Evaluation of The Case According to Parse's Theory of Humans Becoming

As indicated previously, the core of Parse's theory of human becoming is based on three themes: These are "meaning", "rhythmicity", and "transcendence". The nurse encounters the following three dimensions of practice methodology while actually being present with the person and family: The fact that the case described the menstruation with the statements, "I was blushed", and "I panicked and tried to understand what happened" can be displayed as attributing meaning to the most natural process of human becoming. Also, the fact that our case was informed by her mother before menstruation demonstrates that it is represented as lived rhythm (paradox) in terms of the theory. The menstrual process, which will become a cycle or rhythm of the case's life, holds a mystery in the theme of meaning with the statement "I went beside her and said 'Mom come over' and showed it to her in the toilet" Furthermore, the

statements “She also described me how to use pads” and “She told me again how frequently to replace it” indicate that the menstrual cycle, which is a natural part of life, would start to become rhythmic. Furthermore, Parse views humans and the universe (where the universe includes other persons) to be inseparable, which integrates the menstrual cycle, one of childhood’s cycles, with the concepts of humans and the universe. According to Parse’s theory, transcendence, that is, completion with knowledge, or in other words, stimulating transcendence by going beyond it, is completed with the statements of our case, “On the first day, I asked my mother for help, but I didn’t want later” and “I felt more grown-up”. Also, the statements, “After the first day, I suffered no physical discomfort in my body”, and “Now I know what I have to do” are further indications that the case was inside the purview of Parse’s transcendence theme. These statements incorporate the postulates of freedom and illimitability from Parse’s theory. The reactions that a person may exhibit throughout her life are included in the vocal statements of the case regarding the first menstrual cycle. The definition of Parse, “the nurse and the individual-family establish a dialogue through language, artwork, music, metaphor, and poetry in the processes of clarifying, cohabiting, and going beyond” literally reflects human life. As pediatric nurses, the process in which the case exists can be evaluated according to the diagnoses of “health promotion” and “counseling”. One of the greatest possibilities provided by Parse’s theory is that it allows the case to express herself in her own words and avoid interfering with the process (Table 2).

Table 2*The Case According to Parse's Theory of Human Becoming^a*

	Meaning	Rhythmicity	Transcendence
MYSTERY	I blushed. I panicked and tried to understand what happened.	I went beside her and said "Mom come over" and showed it to her in the toilet.	After the first day, I suffered no physical discomfort in my body.
PARADOX (LIVED RHYTHMS)	Then I recalled what my mother had told me.	She also described to me how to use pads. She told me again how frequently to replace it.	Now I know what I have to do.
FREEDOM			I felt more grown-up.
FREEDOM/ILLIMITABILITY		On the first day, I asked my mother for help, but I didn't want it later.	On the first day, I asked my mother for help. I didn't want later.

^aZY's statement is presented in the table.**Evaluation of the Case According to Meleis's Theory of Transitions**

Meleis' theory has four main themes: the nature of transition, transition conditions, patterns of response, and physical, psychological, social, and spiritual nursing care (Nursing therapeutics). The Nature Process of the Transition is complex and multidimensional (Meleis, 2010). In our case, several key properties of transition experiences were identified and compared.

Among These

Awareness is related to recognizing, perceiving, and knowing a transition experience (Korkut & Biçer, 2019; Meleis, 2010). The fact that our case got informed by her mother before and after menstruation during the transition experience and she felt grown up among the emotions experienced in the first menstruation is associated with the awareness term.

Engagement (Taking Responsibility)

Another property of transition is the degree of involvement in the process. Engagement is defined as the degree to which a person demonstrates involvement in the process inherent in the transition (Korkut & Biçer, 2019; Meleis, 2010). The case in the menstrual cycle should give responsibility for her own care during the transition to menstruation, and people who will assume responsibility for replacing pads during the menstrual cycle (such as their mother, sister, or aunt) should also be physically and psychologically prepared for that responsibility.

Time Span

All transitions may be characterized as flowing and moving over time (Meleis, 2010). Each individual's transition to menstruation is private and may end at different times. When evaluating the case's transition to the menstruation process, the fact that it occurs every 28 days and lasts for 5-6 days pertains to the flow and variability of time.

Critical Points and Events

Each critical point requires the knowledge, experience, and attention of the individual in different ways (Lee et al. 2019; Meleis, 2010). The experience of menstruation is an important crossroads in the life of a teenage girl. It is an important crossroad for the case to define the meaning of menstruation as a transition to maidenhood.

Transition Conditions

Facilitators and inhibitors in transition conditions are divided into personal, community, and societal characteristics (Meleis, 2010). Personal characteristics: Personal, community, or societal conditions could facilitate or inhibit a healthy transition process and outcomes of transition (Lee et al., 2019; Meleis, 2010). In personal characteristics, the transition condition is affected by the transition process of the case to menstruation, the meaning attributed to menstruation, cultural beliefs, and attitudes, socio-economic status, preparation, and knowledge. Community Characteristics: Community resources also facilitate or inhibit

transitions (Meleis, 2010). The support provided by the mother of the case is an important community factor and facilitates the transition process of the case. Societal Characteristics: Society could generally be a facilitator or inhibitor of transitions (Meleis, 2010). Cultural attitudes and experiences facilitate the healthy transition of the case to menstruation.

Patterns of Response

The process and outcome indicators are subthemes of patterns of responses. These are: Feeling connected: The need to feel and stay connected is a prominent theme in many transition stories (Meleis, 2010; Ddkc & Arslan, 2019). Being ready and accepting to be physically and psychologically connected during the transition to menstruation are among the factors that facilitate feeling connected. Location and Being Situated: Location is important to most transition experiences, but circumstances, such as migration, where location usually refers to a one-way movement from one place to another, may be more obvious (Konuk & Su, 2020; Meleis, 2010). The support of the case's mother would facilitate the transition for the case to situate the menstruation positively.

Outcome Indicators

There are two outcome indicators in the theory of transition. These are mastery and the development of an integrative identity to manage a transition (Meleis, 2019). The fact that the case demonstrates mastery of the essential abilities and behaviors throughout the menstrual cycle is one of the indications for the completion of a healthy transition. The ability of the case to consider herself adequate in the newly acquired role indicates that her role transition was successful. In circumstances when the case is going through a transition, she combines what she has learned in the present circumstance with her past experiences. For example, the fact that the case described menstruation as "stepping from childhood role to maidenhood" is her ability that demonstrates her mastery. Moreover, she interprets menstruation, takes action, gains

practicality in care (pad change), makes decisions, gets help from her family in accessing resources, and exchanges ideas with her mother, all of which can be listed as what she learns.

In integrated identity development, on the other hand, the statement of Z.Y, who was on her menstrual cycle, “I knew what menstruation meant and what I had to do” has made her head away from other roles of the case, and she has built a new identity by integrating the knowledge she has gained in the past as well as her own experiences into the menarche.

Physical, psychological, social, and spiritual nursing care (Nursing therapeutics): Meleis argues that knowledge in nursing would not be improved by analyzing responses to health-disease circumstances, but rather by the advancement of physical, psychological, and spiritual nursing (McEven & Wills, 2000; Meleis, 2019). Nurses have always been at the core of the transition process in the care of the patient. They support individuals in facilitating the transition and improve them through information, skills, and resources in preparing them for transition, maintaining healing processes, and enhancing well-being and quality of life (Meleis, 2019). Z.Y’s interpreting menstruation in preparation for the transition, getting information from her mother, acting, gaining practicality in care, making decisions, and getting help from her family in accessing resources during her menstruation suggests that she has specialized in her role (Table 3).

Table 3*The Case According to Meleis's Theory of Transitions^a*

1. Nature of Transition	2. Transition Conditions: Facilitators and Inhibitors	3. Patterns of Response
Types	Personal Characteristics	Process indicators
Developmental transition: transition of the case from childhood to adolescence	The meaning attributed to menstruation, cultural beliefs and attitudes, socio-economic status, preparation, and knowledge of her mother.	Feeling connected: Being ready to be physically and psychologically connected, accepting menstruation. Location and Being Situated: Situating menstruation positively in her mind with the support of her mother.
Patterns	Societal characteristics	Outcome indicators
Menstruation as a continuum, rather than a single multiple transition	Cultural attitudes and experiences related to menstruation.	1. Mastery: Her skills and behaviors, interpreting mensuration, taking action, gaining practicality in care, making decisions, and getting help from her family in accessing resources.
Characteristics	Community characteristics	2. Integrated identity development
Awareness (feeling grown up at her first menstruation) Engagement , taking responsibility, and knowing how to cope with critical points.	The support provided to the case by her mother and aunt.	Integrating mensuration within a new identity by combining the knowledge she has gained in the past as well as her own experiences.

^a*ZY's statement is presented in the table.*

The first method is support provided to the case by her mother in preparing the most suitable conditions for the transition, and the second is the case's preparedness to assume responsibilities. The third measure of transition (outcome indicators; mastery and integrated

identity development) is the role supplementation that the case received from her mother. This supplementation allows a health transition to take place.

Evaluation of the Case According to Kolcaba's Theory of Comfort

Three types of comfort are sensed in different contexts: relief (meeting a specific need), ease (experiencing a state of calm and contentment), and transcendence (rising above problems).

Relief (Physical Relief)

A state of meeting a specific comfort need. Knowing the source of the pain relieved our case, as did the fact that the pain reduced within a few days. From the *psychospiritual* standpoint, our case was first terrified by the bleeding, but subsequently eased when she discovered that everyone had experienced this condition. She expressed that she felt fear and anxiety as environmentally, but relieved in her room. She was first ashamed, said that she would always pay for pads, and thought that she would have financial difficulties, but knowing that she would have her mother's support alleviated her stress (Kolcaba, 2001; Porter, 2010).

Ease

Staying in her room and applying fragrance appears to have eased our case. Knowing that all young girls and their mothers go through menstruation helped our case to be eased (Wilson & Kolcaba, 2004). Taking care of her menstrual privacy, being alone in her room and bathroom, and also being able to talk about it with her friends and mother allowed her to ease and think positively about this process.

Transcendence

Expressing that she grew up with menstruation gave her a sense of bodily regeneration, aided in the development of her self-concept, and demonstrated that she could rise over anything in respect thereof, suggested that, according to the theory of comfort, she went through a time of transcendence in this respect. She was delighted to learn that she was now a young woman, and she claimed that there was nothing she could not deal with. Arranging her room according to

her preferences, talking to her mother and getting her support, and then claiming that she could rise over anything are indications that she attained the period of transcendence (Kolcaba, 2003) (Table 4).

Table 4

The Case According to Kolcaba's Theory of Comfort^a

	Relief	Ease	Transcendence
Physical	I blushed.	Thereafter, I didn't feel nervous, and I was not blushed.	After the first day, I suffered no physical discomfort in my body.
Psychospiritual	I panicked and tried to understand what happened.	Then I recalled what my mother had told me.	Now I know what I have to do.
Environmental	My mother described to me how to use pads in the bathroom.	I know how often I'll replace the pads.	I decide on which pad to use.
Sociocultural	My mother told me how frequently to replace pads.	On the first day, I asked my mother for help, but I didn't want it later.	I felt more grown-up.

^aZY's statement is presented in the table.

Z.Y. of the menstrual period' Parse, Meleis, and Kolcaba's theories were evaluated in Table 5 in line with the findings (Table 2,3,4) in order to determine the appropriate and correct nursing approach.

Table 5

Evaluation of the Common Points of the Case According to the Theories of Parse, Meleis, and Kolcaba

Z.Y's Expressions	Functional Health Patterns	NANDA Nursing Diagnosis	Parse's Theory of human becoming,	Meleis's Theory of Transitions	Kolcaba's Theory of Comfort
"I blushed."	Self-Perception and Comprehension Pattern	Discomfort in Body Image	Meaning theme (Mystery)	Nature Process of Transition (Awareness)	Relief (Physical)
"I panicked and tried to understand what happened."	Self-Perception and Comprehension Pattern	Fear	Meaning theme (Mystery)	Nature Process of Transition (Awareness)	Relief (Psychospiritual)
"On the first day, I asked my mother for help, but I didn't want later."	Cognitive Perception Pattern	Lack of Knowledge	Rhythmicity (Paradox - Lived Rhythm)	Facilitator/Inhibitor of Transition (Engagement)	Ease
	Role and Relationship Pattern	Ineffectiveness In the Role Performance	Rhythmicity (Paradox - Lived Rhythm)	Facilitator/Inhibitor of Transition (Community)	Ease
"I felt more grown-up."	Coping and Stress Tolerance Pattern	Being Ready for Empowerment in Coping	Transcendence (Freedom and Illimitability)	Outcome Indicator (Mastery)	Transcendence (Sociocultural-Psychospiritual)

DISCUSSION

Theories and models allow the prediction of the effects of variables on care and the systematization of knowledge and practices. In Nightingale's theory, all dimensions of the patient and the environment for comfort provide the foundation for nursing to be scientifically grounded. Nurses should benefit from theories and models to provide patients with evidence-based professional care (Krinsky et.al., 2014).

According to the NANDA-Functional Health Patterns (FHP) (Self-Perception and Comprehension) associated with menarche, which was found with the expression "I was blushed," "Body Image Discomfort" coincides with the diagnosis of nursing. It is in the

“meaning theme in Parse’s Theory of human becoming, in the “natural process of transition theme, awareness sub-dimension” in Meleis’s Theory of Transitions, and in the “physical sub-dimension of the relief theme” in Kolcaba’s Theory of Comfort. Parse explains the finding as a mystery within the theme of meaning. Meleis considered the awareness of the nature of transition as a defining feature. She argues that in order to be in transition, a person must have some level of awareness of the changes that are occurring. Kolcaba, on the other hand, addressed the relief theme as physical and psycho spiritual (Kolcaba, 1995a; Kolcaba, 1995b; 2003; Meleis, 2010; Parse, 1996; Parse, 1997) (Table 5).

Z.Y.’s expression “I panicked and tried to understand what happened” is one of the descriptive criteria of the Fear nursing diagnosis according to NANDA-Functional Health Patterns (Self-Perception and Comprehension). It finds a place in the themes of Meaning (Mystery) in Parse’s theory, the Natural Process of Transition (Awareness) in Meleis’s theory, and Relief (Psychospiritual) theme in Kolcaba’s theory. Parse addresses the finding under the meaning theme as an unknown, unexplained mystery. When the discovery is enlightened, the mystery is solved, and the meaning becomes evident. Meleis argued that a person’s lack of change awareness may imply that the individual did not start his transition experience (Kolcaba, 2003; Meleis, 2010; Parse, 1996). When our case was compared from the perspective of three theorists, it was seen that there were similarities and differences. In Meleis’s theory of transition, the nature of the transition and what facilitates and hinders the transition are analyzed as outcome indicators. While Kolcaba addresses this period as one of relief, ease, and transcendence, Parse considers the same region as one of meaning, rhythmicity, and transcendence in his theory of human becoming. NANDA nursing diagnosis developed within the scope of these theories (Table 5).

The nursing diagnosis of Cognitive Perception (Lack of Knowledge) and Role and Relationship Pattern (Ineffectiveness in Role Performance), which is one of the NANDA-

Functional Health Patterns, corresponds to the case statement “On the first day, I asked my mother for help, but I didn’t want later.” It takes place in the themes of Rhythmicity (Paradox - Lived Rhythm) in Parse’s theory, Facilitator/Inhibitor (Engagement, Community) in Meleis’s theory, and Relief theme in Kolcaba’s theory. Rhythmicity means to be synchronized; when the findings were reviewed, the beginning of Rhythmicity was observed, and subsequently, it would transform into lived rhythms. Meleis views social resources as either facilitators or inhibitors of transition. The facilitating and challenging community characteristics in the transition to motherhood were identified in a study on African American women. In the present study, the crucial social elements in the transition to menstruation were stated to be the case’s family (particularly support from ZY’s mother) and advice from trustworthy persons. Inhibiting factors can be seen as insufficient support during the menstrual cycle (Kolcaba, 1995a; Kolcaba, 1995b; Kolcaba, 2003; Meleis, 2010; Parse, 1996; Parse, 1997) (Table 5).

NANDA-Diagnosis of Functional Health Patterns allows nurses to recognize functional and dysfunctional behaviors, diagnose the case comprehensively, and make an accurate nursing diagnosis. The case’s statement, “I felt more grown-up” facilitates correctly making the nursing diagnosis of “Being Ready for Empowerment in Coping”. NANDA nursing diagnoses may be developed and changed by using the theories in nursing education, practice, and research. The statement of the case, “I felt more grown-up” finds a place in the themes of Transcendence (Freedom and Illimitability) in Parse’s theory, and Outcome Indicator (Mastery) in Meleis’s theory, and Transcendence (Sociocultural-Psychospiritual) in Kolcaba’s theory. The uppermost level that Parse calls the theme of transcendence is now the finding that reflects the current state of the case. The case attains its freedom at this level, and the lived rhythms she acquired become illimited. The Outcome Indicator (Mastery) in Meleis’s theory integrates and combines what she has learned in the present circumstance with past experiences in circumstances when the individual is going through a transition. A study conducted according to the transition theory

of Meleis exemplifies the natural process of transition of a pregnant woman with premature rupture of membranes into a new identity by combining the image of a mother she had in the past and her own experiences 19. In our case, the fact that she combined the information from her mother prior to menstruation with what she had learned in the new circumstances and felt grown-up suggests that the transition was successful (Kolcaba, 1994; 2003; K r k  & Kabuk ođlu, 2014; Meleis, 2010; Parse, 1997) (Table 5).

CONCLUSION

Meleis concentrates on menstruation, which is a transitional period in our case, while Kolcaba focuses on comfort and positive outcomes of comfort during this period. Parse, on the other hand, focuses not just on a period or state (comfort), but also on the human in the context of the universe as a whole. Consequently, in our case, a pediatric nurse may either deductively begin with Parse's theory, proceed with Meleis, and conclude with Kolcaba, or inductively begin with Kolcaba, following Meleis, and finalize with Parse. Each option may be assessed individually.

Childhood is a period that consists of distinct phases and is experienced differently by each individual. How the menstruation process is evaluated is crucial for future periods. Based on these differences, pediatric nurses will construct the most accurate and suitable approach by benefitting from different theories. Each model has a somewhat different definition of people, health, environment, and nursing. Applied theories for the actual nursing care supplied to the individual, on the other hand, should finally arrive at the same conclusion.

Effective use of theories or models in nursing research is very important in achieving the purpose of the study. In line with these results, in nursing education; it is recommended to make students understand the importance of using theories/models in nursing education, practice, research and management, to support theory/model-based nursing research, and to define standardizations for how theories and models will be used in research.

ETHICAL COMMITTEE APPROVAL

Research studies were conducted only in accordance with the international ethical principles research ethics requirements contained in the Declaration of the World Medical Association of Helsinki (2008). Verbal consent was obtained in the case.

AUTHOR CONTRIBUTION

Idea/concept: MY, NA, GT, SK, AKD; Design: MY, NA, GT; Consultancy: SK, AKD; Data collection: MY, NA, GT; Data Processing: MY, NA, GT; Analysis and/or Interpretation: MY, NA, GT, SK, AKD; Literature review: MY, NA, GT; Writing of the article: MY, NA, GT, SK, AKD; Critical review: MY

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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