Reflecting on Presence in Nursing

Reflecting on Presence in Nursing:

A Guide for Practice and Research

Edited by

Emmerentia Du Plessis

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Dedicated to all South African nurses.
Your efforts do not go unnoticed.

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Part II *Research on Presence*

FOREWORD

CHARLENE DOWNING
ASSOCIATE PROFESSOR
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The book is the birthing of caring presence in South Africa and the international arena of nursing, caring and caring presence.

The book is a joy to read as the authors cleverly take you through the world of caring presence. The reader is guided from being a novice in the concept to a world of application of caring presence science in a variety of settings in the world of research. The value of the scientific product is critical in the world of caring presence. The collaborative approach of incorporating multiple authors invites the reader to explore, deepens the understanding and leaves you wanting to know more.

This book is of great academic value for all health care professions. The reflective value of the chapters builds a philosophical framework for the notion of caring presence.

I am grateful to be part of the birth of the read.

FOREWORD

MARIA GRYPDONCK
EM. PROFESSOR
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The practice of nursing can benefit more and more from scientific knowledge and technical innovations. They supplement what nurses from experience and intuition know they can do to assist their patients and their families in the hardship that disease, its treatment and the disabilities bring about. However, patients need more than technical assistance. They need something else in the first place. They need feeling connection with their caregivers so that they can trust them. They need to feel recognized in their fear, their anxiety and suffering. They need to be sure that their caregivers will take their hardship seriously, that it will, as much as that is possible, be understood, and that the caregivers will react to it with means that are aligned to it. They know or experience that protocols and standards, if applied as they are, might be inadequate, might produce the wrong effects, might not fit their situation, and that, if the practitioners are not listening to them, care might be a difficult experience. And they are right, as indeed, scientific knowledge often explicates what can *normally* be expected (to work), but may not *for them*, and protocols do not take into account the specificities of their situation.

Patients and their families need attuned care by compassionate professionals who are prepared to go the extra mile. Nursing can congratulate itself that it has never lost that out of sight, or, at least, that there always have been strong strands in nursing that have defended and practised that idea. This book on presence is part of that strand. Presence is the vehicle to communicate compassion and to create the conditions for delivering attuned care. It is the vehicle for what Levinas refers to as small goodness (petite bonté), that cannot be missed in organizations providing for the needs of others.

The contributions reflect on presence in nursing. It gives words to the presence that is so often manifested and experienced in nursing care. It conceptualizes the presence that often remains unarticulated in nursing

practice. It increases our understanding of the phenomenon. It provides hints and guides for researching the phenomenon so that our understanding of it, and its adequate practice may increase.

The book addresses presence in several ways and in several domains. Theory, practice, management, education and research are represented. It covers modest forms of presence that (almost) every nurse will recognize, and strong forms of presence, that require more insight and exercise to be implemented. It covers several domains of the nursing field. It shows presence as a complex phenomenon, with many sides, that is far from fully explored. The broad look at presence creates interesting intellectual challenges, when the readers bring the separate chapters together, reflecting on the one in light of the others. The book, hence, is a valuable guide for a journey with presence, a journey in thinking about and reflecting on presence, a journey in practicing presence, or, as a manager or educator, in fostering the practice of presence.

Presence is not the only condition for adequate care responding to the needs of the patients or their families, and it would be unfair to nurses not to recognize that. Organizational conditions and the availability of means are equally crucial, and, in most cases they are the first that need attention, as indeed, nurses may be otherwise remain trying to empty the ocean with a thimble. However, when the conditions are not satisfactory, or are even fully inadequate, the nurse practising presence will be able to do and achieve the best possible in the given circumstances. It will not be what is needed, and not what one would hope to be able to do. However, the experience of presence and the (feeling of) powerlessness shared by the nurse with the patient and/or his family may make the burden of the missed care lighter.

Thinking about presence, in reflection on one’s care, in leadership or management, in teaching or research is vital, in the most literal sense, for nursing. That there is a new publication, stimulating this, we can wholeheartedly applaud.

PREFACE

Presence is essential in a relational profession such as nursing. Presence means to attune to and connect with another for the purpose of healing and enrichment. However, nursing requires being task-focused and having urgency in interactions and exactness in procedures, leading to a loss in relational connection. Nursing can also be emotionally draining, leaving nurses functioning in a robot-like manner to protect themselves. A reawakening to the joy of nursing and a rediscovery of presence as an essential practice in the healing of patients is thus a crucial and salient topic in nursing.

This book will answer burning questions such as why presence is important for nursing. Using this book as a resource can help nurses to think about connecting, attuning, finding meaning and joy, and delivering nursing care in a relational way and in tune with the specific needs of the patient. This book will also equip nurse educators and trainers interested in cultivating presence in nursing. Healthcare managers will benefit from the chapter on promoting quality in healthcare through relational leadership. This book also has valuable new information to offer to the researcher interested in presence and related concepts such as relational care and relational leadership in healthcare.

INTRODUCTION

This edited collection offers ***three parts***.

Part I provides a look at presence and why it is important in nursing. This includes real-life stories of nurses who practise presence and the difference it makes, examples of presence practices, discussions on relational leadership, ways to internalise presence as a practice, and ways to think about quality. Nurses and healthcare managers in practice who are interested in learning more about presence and improving quality, as well as nurse educators and leaders in healthcare will find these chapters easy to read, practical, and inspiring.

Part II focuses on methods to conduct research on presence. These chapters can be used as a reference when conducting research on this often vague and difficult-to-conceptualise phenomenon. Such a source reference does not currently exist, as far as we know, and will fill a huge gap in the market of research on presence. Research on presence is becoming of increasing interest in health and social science, and researchers in these fields will find these chapters very meaningful.

Part III offers a concluding chapter, reflecting on our journey with presence and the way forward.

Part I: Presence in Nursing

Chapter 1: Presence: A relational approach in nursing (Emmerentia du Plessis)

This chapter attempts to answer the crucially important question: what is the importance of presence in nursing? Presence brings healing in the patient, and for the nurse presence is a way to rediscover the joy and meaning of nursing. . An overview on presence is provided, as well as real-life stories of nurses who practise presence to illustrate the theoretical definitions of presence and to illustrate the difference presence makes.

Chapter 2: Reflecting on presence: An account of an exposure (Emmerentia du Plessis and Elly Beurskens)

An inspiring report of an exposure (spending time in a practice environment) at a centre for adults with intellectual disability. Emmerentia du Plessis spent time with caregivers and residents at a frail care unit for persons with intellectual disability and kept a reflective journal of her daily experiences. Elly Beurskens was her mentor, reflecting with her on presence and its impact. This is an in-depth account of how an exposure experience can elicit deep insights into presence, relational care, and the needs of caregivers and residents, and how it can be a way for nurses to internalise presence.

Chapter 3: Ways to discover and internalise presence (Emmerentia du Plessis, Christelle Oukouomi-Noutchie, Tiisetso Mofokeng, Kathleen Froneman, and Rudo Ramalisa-Budeli)

An overview of ways to acquire presence through nursing education and training, reflection, and experiences; based on literature as well as on recently completed and ongoing research on this topic. This chapter not only provide discussions on the acquisition of presence, but also is a demonstration of different views on the concepts of presence and its application in nursing and nursing education.

Chapter 4: Compassionate maternity care (Karin (CS) Minnie)

A discussion of how compassionate care is promoted in a context that demands much from nurses, namely maternity care. Presence is seen as a core element of compassionate care.

Chapter 5: Nursing care management through relational leadership (Jan den Bakker, Emmerentia du Plessis, and Babalwa Tau)

A discourse on how to provide relational leadership in healthcare. Relational leadership has the potential to uplift the culture of a whole healthcare establishment into a relational, presence approach in providing healthcare. This chapter endeavours to answer the burning questions: what kinds of professionals are needed when providing healthcare management in a relational way, and which types of thinking about quality could be helpful?

Part II: Research on Presence

Chapter 6: Research methods for research on presence (Guus Timmerman and Andries Baart)

Leaders in research on presence provide a discussion on newest ways to conduct research on presence and relational care. These authors endeavour to name, explain, and justify their way of doing research. This chapter serves as a reference chapter that researchers and post-graduate researchers can refer to when explaining and justifying their methodology in conducting research on presence.

Chapter 7: Research on presence and resilience in primary healthcare (Emmerentia du Plessis and Jennifer Villaflores)

A reflective discussion of one of our first research studies involving presence, namely research on presence and resilience in professional nurses working in primary health care. An ethnographic study was conducted, with participant observation of professional nurses working in primary health care clinics.

Chapter 8: Research on presence: Preventing relapse in mental healthcare users (Emmerentia du Plessis, Lilly Kalimashe, and Roselyn Motaung)

Examples of research on presence, related to the role of presence in preventing relapse in mental healthcare users. This is typically a very difficult topic in mental healthcare practice and presence provides a fresh approach, as is being discovered through this research. The authors share lessons learned and make recommendations for research.

Chapter 9: Long-term care futures in South Africa: A different voice (Andries Baart and Jaco Hoffman)

A report on research of which the purpose was to better understand black older adults' experiences and the future expectations of their long-term social and health care on a continuum of needs and rights as well as perceived possible resources as they grow older.

Part III: The Way Forward

Chapter 10: Guidelines for a presence practice (Emmerentia du Plessis)

In their journey on presence in nursing, the authors have started to develop presence practices. This chapter reflects on these practices and how they can be refined and implemented to make a difference in the lives of nurses and patients.

PART I

PRESENCE IN NURSING

CHAPTER 1

PRESENCE: A RELATIONAL APPROACH IN NURSING

EMMERENTIA DU PLESSIS

Key ideas in this chapter

- Presence is a core concept in nursing
- Presence is a complex concept, viewed from different philosophical and theoretical stances, and is also called nursing presence, healing presence or caring presence
- A moment of presence has the potential to bring healing in patients and to bring about increased openness and improved well-being in nurses

Purpose

This chapter will attempt to answer the crucially important question: what is *presence* and what is the importance for nursing? Presence brings healing to the patient. Presence also has value for nurses, as it is a way to rediscover the joy and meaning of nursing, contributing to the well-being of the nurse.

An overview on presence is provided. The concept presence as defined through a variety of theoretical and philosophical frameworks is clarified. The outcomes of presence for the nurse, the patient, and healthcare environment are discussed. The relevance of presence in nursing and how it can be applicable to nursing are illustrated. This unclear and complex concept is illustrated through relating real-life stories of nurses who practise presence. The chapter concludes with ideas for presence in nursing in the South African context, a proposed framework to view presence in nursing, and reflective questions for nurses, nursing students, and nurse educators regarding presence in nursing.

Presence

Presence is a profoundly simple and profoundly complex concept. A perfectly striking description of this concept is presented by Meribeth Bunch (1999) in her book titled 'Creating confidence'. In describing presence, Bunch reminds us of the two most important concepts in personal communication, namely:

"I want to be here"

"Acknowledging others"

The idea of "I want to be here" entails the notion of awareness. Being completely "here" in the moment carries us through the doorway to authentic listening and meaningful reply, and enables us to develop a recognisable sense of presence (Bunch 1999). Presence means being fully present with mind and body and fully attentive to what is going on. To be present, we should consider what we are doing to be the most important thing there is. At first glance, the simplicity of this idea is deceiving, but this notion can be life-altering: there is no other place where you can be now–wishing or hoping to be somewhere else takes your mind and attention away.

The second, and equally important, idea is: acknowledging others. All people need acknowledgement; it is one of our most fundamental needs. Presence provides us with the opportunity to communicate to the other: "I see you". I *really* do see you. Therefore, presence allows us to acknowledge others–for who they are, for what they do best, for their preferences, and not for what we think they should be thinking or doing. It is easy to disregard or deny someone else's dreams, needs, and behaviour just because we think they are not important or necessary. However, presence requires of us to acknowledge the person in their fullness, just as they are.

Presence in nursing

In line with the above idea of presence, presence in nursing is an authentic, deeply respectful response to one of the most fundamental needs of patients, namely an assurance of the humane presence of the nurse alongside them in their health needs / illness / need for care / recovery / walk to health experience. In essence, presence in nursing entails "connection" while competently performing nursing activities. A team of

researchers in nursing explored the concept by asking a group of patients how they would describe the presence of nurses, and these researchers concluded that

> "it is through the 'being with' the wholeness of the patient along with performing the nursing procedures that nursing presence occurs" (Mohammadipour et al. 2017a, 4322).

They also found that presence is a co-constructed interaction, where the task-based behaviour of the nurse can co-exist with authentically connecting with the patient, and that the nurse and the patient can accompany one another in creating meaning and a path to healing (Mohammadipour et al. 2017a, 4320). Presence is the intentional and authentic "being with" a patient in an attentive manner (Hooper 2013, 255; Tavernier and Anderson 2008, 97).

Presence is diffused throughout the entire process of the nurse-patient relationship with flexibility and variation according to the uniqueness of the nurse, the patient, and the situation. Presence permeates the full scope of nursing practice, from assessment to planning, intervention, and evaluation; through vigilance, going beyond what is expected, being creative, and acting on behalf of patients (Finfgeld-Connett 2008a, 115). Evidence of presence can be found in "being there for the other": direct and indirect physical availability, attentiveness, physical and emotional comfort; but also in "doing for", crystallising as competent performance of nursing procedures, patient education, and coordination of care with other healthcare providers.

> "Such actions create a therapeutic healing experience, thereby improving quality of life and engendering a psychospiritual peace" (Kostovich 2012, 69).

The nurse is fully, holistically present (Zikorus 2007, 209) and open to the moment (Nelms 1996, 373).

Ways of conveying presence include the use of therapeutic and affectionate touch, centring, attentive and therapeutic silence, truly listening, eye contact, smiling, sense of humour, positive and congruent body posture, sharing stories, engagement, being open, being friendly, showing respect and attending to patients' personal needs. Presence is also evident through a calm and quiet tone of voice and through answering questions and explaining them. It might also simply entail the nurse being present in an engaged, gentle, authentic manner, with a stillness of spirit, and that the

nurse becomes the intervention (Rowe and Kellam 2013, 135; Zikorus 2007, 208). Caldwell et al. (2005) emphasise that presence involves the patient as an equal partner in the interaction. These interactions communicate respect, acknowledge what is said, foster connectedness, and create an atmosphere of self-discovery (Stanley 2002, 939).

Presence in nursing is widely documented; for example, in providing emotional support, presence programmes for the elderly, emergency units, intensive care units, hospice and oncological care, mental health care, and mother and child care (An and Jo 2009, 81; Osterman et al. 2010, 197). Specifically, presence forms a core variable in spiritual nursing care (Bright 2012, 12, Emblen and Pesut 2001, 43).

A beautiful story of presence was shared by a final year nursing student:

> "In my first year at a government hospital, there was a patient by the name of (name withheld). He had spinal TB. He was paralysed from the waist down. I remember that we connected from the first day. I just felt that I needed to talk with him as I could see that he was lonely ... I don't know what it was but I just knew that I had to be there for him. Even if it was just for a short period. If I could be just a hint of a friend to him, then I feel satisfied as a nurse and a person."

Another touching story of presence in nursing follows:

> "In my second year, there was a patient who was admitted for an overdose of medication. He was my age at the time and was a student at a higher education institution. He was emotionally unstable. I ended up sitting next to him on a chair and he opened up and we spoke for quite a time. I realized that this guy had a tough family situation and he experienced rejection from many people in his life. He was going to be transferred to another hospital that day so I just felt that I wanted to write him a letter so that he could take it with him. So I wrote a letter of encouragement for him and I walked with him to the car transporting him to the other hospital. Just before we got to the car there was a man who aggressively tied his hands and feet together and this upset me so much and I questioned him and he said that 'You never know what could happen'. Although this was true that anyone could be unpredictable, it was unnecessary to be so aggressive, so I went to the unit manager and complained about this man and then she asked him to loosen the patient's legs and said it was unnecessary for this patient. He wasn't psychotic or restless and deserved to be treated with respect, like any other patient. Even if he was restless and psychotic, he should still be treated with respect."

Defining presence

It is clear that presence is integral to nursing and that it is meaningful to provide the nursing discipline with a definition of the concept, in order to deepen our understanding and to give us a common understanding and language around presence. Several definitions of presence exist in the nursing literature, with great overlap and similarities.

The first nurse theorist to specifically introduce the concept "presence" into nursing is said to be Madeleine Clemence Vaillot during the 1960s (Duis-Nittsche 2002, 5). Vaillot referred to presence as: being with the patient with the whole self when that patient is in need. Subsequently, many researchers attempted to define presence in nursing. Tavernier's (2006, 154) definition, for example, is that presence is

> "the mutual act of intentionally focussing on the patient through attentiveness to their needs by offering of one's whole self to be with the patient for the purposes of healing".

Kostovich (2012, 169), who proposed a conceptual framework on presence, defines presence as

> "an intersubjective, human connectedness shared between the nurse and the patient".

Kostovich (2012, 69) further points to the fact that presence is a process, stating that it begins as the nurse and the patient enters the relationship as vulnerable beings, after which trust and confidence in the nurse evolve until both the nurse and the patient risk openness and enter into the relationship. The nurse responds as a compassionate and committed caregiver manifesting presence. The definition offered by Doona, Haggerty, and Chase (1997) is that presence is

> "an intersubjective encounter between a nurse and a patient, based on the patient's invitation, in which the nurse encounters the patient as a unique human being in a unique situation and chooses to spend himself/herself on the patient's behalf".

Yet another definition of presence is

> "to be available or open in a situation with the wholeness of one's unique individual being" (Paterson 1978, quoted in Easter 2000, 362).

Godkin (2001) views presence as

> "a healing presence, in that it requires knowing the patient, sensing when to act to meet patient's needs, and establishing a state of being with the patient".

Adding to these views, Covington (2005, 169) defines this concept as

> "mutual trust and sharing, a transcending connectedness and a shared experience".

Hessel (2009, 281) defines presence in nursing as

> "a holistic and reciprocal exchange between the nurse and the patient that involves a sincere connection and sharing of the human experience through active listening, attentiveness, intimacy and therapeutic touch, spiritual exploration, empathy, caring and compassion and recognition of patients' psychological, psychosocial and physiological needs".

From the viewpoint of the patient, presence means connection, support, empathy, service, attention, affection, dignity, respect, and privacy (Hosseini et al. 2019, 67).

Authors such as Sokolowski (n.d.) ventures into attempting to identify types of presence, in order to simplify the description and measurement of presence. Sokolowski (n.d., 7), in agreement with Osterman and Schwartz-Barcott (1996), identified four types of presence, building on one another; namely, physical presence (being near the patient, focusing on self or the other), partial presence (physically present but somewhat absent-minded), full presence (empathy, caring, unique), and transcendent presence (spiritual in nature, positive feeling of connectedness, described as peaceful and comforting). Stanley (2002, 939) elaborates on transcendent presence, stating that it is

> "the most powerful way in which we can be restored to wholeness after an injury to personhood".

In addition, Stanley (2002, 936-939) provides a list of assumptions regarding presence that enriches our understanding of presence (see Box 1.1).

Box 1-1: Assumptions regarding presence

- Presence is a mode of being
- Presence requires knowing and being comfortable with oneself
- Presence requires knowing the other person
- Presence requires connection
- Presence requires affirmation and valuing
- Presence acknowledges vulnerability
- Presence requires intuition
- Presence requires empathy and a willingness to be vulnerable
- Presence requires being in the moment
- Presence requires serenity and silence
- Presence can be transcendent

(Stanley 2002, 936-939)

Although there is strong advocacy (Doona et al. 1997, 57; Finfgeld-Connett 2006) that the concept presence is holistic in nature, i.e., a "complex whole or it does not exist", there is also recognition that empirical indicators should be described for the purpose of measuring presence (Kostovich 2002, 2012). Therefore, several authors conducted concept analyses and described pre-conditions (or antecedents), characteristics (or attributes), and consequences (or outcomes) of presence.

Antecedents of presence

Presence requires a readiness, an openness, and a willingness. It requires professional competence, personal maturity, and a supportive environment (Mohammadipour et al. 2017b, 23). Presence has a moral underpinning, as the nurse needs to recognise the patient's need for presence and respond to the patient's invitation into his/her experience (Engqvist et al. 2010, 213; Hessel 2009, 277). Nurses must deliberately choose and be willing to become vulnerable, share in the patient's distressing experience, engage in the intentional process of presence, spend time, internalise another's struggles, and share personal energy to diminish others' stress (Finfgeld-Connett 2006, 711, 2008a). Foundational values enabling the nurse to engage in presence include respect for individual differences, unconditional positive regard, commitment to help in a respectful and non-judgemental

manner regardless of the circumstances, as well as an emphasis on patient enablement, empowerment, and self-care (Finfgeld-Connett 2008a, 114).

Monareng (2012, 3) agrees and adds values such as compassion, empathy, respect, concern, and hope. Furthermore, because of the demands involved in presence, nurses must be personally mature (Finfgeld-Connett 2008a, 113; Zikorus 2007, 209) and resilient. Presence requires serenity and silence, the ability to be quiet in inner dialogue, to hear clearly, and to allow others to tell (Stanley 2002, 939). The nurse should possess self-knowledge and self-acceptance, a firm knowledge base, critical-thinking skills, and clinical expertise to confidently provide holistic services (Finfgeld-Connett 2008a, 115).

A conducive environment further enhances presence, consisting of a management that values employees and strives towards diminishing work-related stress, enabling nurses to work cooperatively and allowing them adequate time to practise presence (Finfgeld-Connett 2008a, 115; Hessel 2009, 277). A work environment conducive to caring presence is also characterised by supportive colleagues, adequate staffing, wise utilisation of technology, and a balanced concern for psychological and spiritual issues (Finfgeld-Connett 2006, 712).

Attributes of presence

Presence is described as an interpersonal process, characterised by being attentive in the moment, authenticity, trust relationships, availability, interaction, and teaching (Turpin 2014, 18). Other authors add attentiveness, physical being there or mental being with, holistic participation (Mohammadipour et al. 2017b, 23), connectedness, shared human experience, a reciprocal, healing patient-nurse relationship, listening, being there with/for, and intimacy (Hessel 2009, 277). Further attributes are sensitivity, holism, vulnerability, and uniqueness (Engqvist et al. 2010, 213). A patient shared that he detected presence from "*the way they* [nurses] *are with me*", more so than from what the nurses do (Fahlberg, 2016).

Consequences of presence

Presence is healing and uplifting in nature. Fredrickson (1999, 1171) explained the following: "*The power of presence as "being with" lies in making available a space where the patient can be in deep contact with his/her suffering, share it with a caring other, and find his/her own way*

forward". Similarly, the consequences of presence are described as improved healthcare, the creation of a healing environment, improved mental and physical well-being among patients, and improved mental well-being among nurses (Brown et al. 2013, E1; Finfgeld-Connett 2008a, 111; Tavernier and Anderson, 2008). Healthcare, collaboration, and the health environment are improved through more effective clinical decision-making by nurses, holistic patient healing, and individualised care (Tavernier and Anderson, 2008). The authenticity of presence fosters self-care and self-efficacy, understanding, mutual respect, honesty, dignity, and trust. These effects lead to high patient and nurse satisfaction (Finfgeld-Connett 2008b, 532; Tavernier and Anderson 2008).

Presence facilitates the patient's growth towards becoming an authentic person and enhances the patient's experience that he/she is important, respected, and valued (Duis-Nittsche 2002, 5; Zikorus 2007, 209). Through presence, the patient feels safe and protected, and recovery is facilitated through aspects such as its calming effect, restoration of hope, gaining wisdom in managing daily life, normalisation of reality, and facilitation of bonding (Engqvist et al. 2010, 315; Rowe and Kellam 2013, 135). Presence contributes to decreased stress, increased coping, elevated self-esteem, revitalisation, and new understandings (Finfgeld-Connett 2006, 712). Presence provides connectedness, love, hope, and purpose, and can promote spiritual health (DeLashmutt 2007, 184). In a study by Duis-Nittshce (2002, iv) on the experience of patients of presence, patients reported that they felt that the nurse knew them and was accessible, they experienced bonding, healing, and support, and they felt encouraged. Similarly, in a narrative on her own experience of a nurse showing presence, Zikorus (2007, 208) confirms that caring presence soothed her concerns, and that it was a "vigilant connection to the life my body was grappling to hold on to".

Nurses also experience positive consequences, such as enhanced resilience, leadership capacity, job satisfaction, learning, maturation, and self-confidence (Brown et al. 2013, E1; Finfgeld-Connett 2006, 712). Nurses experience joy, decreased stress, empowerment, and appreciation to be part of mutually gratifying relationships, as well as feeling revitalised about their capacity to effect change (Finfgeld-Connett 2008b, 532). The effect on their character is patience, a positive attitude, and even an enhanced spiritual presence, making them less vulnerable to a negative environment (Brown et al. 2013, E3). Duis-Nittsche (2002, iv) reports that nurses' experience of presence in the nurse-patient relationship is that it

enables them to know the patient, to respond to the patient's needs, attitudes, and beliefs, to bond with the patient, and to influence others.

It is apparent that presence is transformative and facilitates a healing process (Tavernier 2006, 152). Presence has a sustained therapeutic effect, even long after the incident where it was demonstrated. The consequences of presence circles back to enhance the pre-conditions that are necessary for presence to take place.

The roots of presence

Presence, as described in nursing, is rooted in existential and humanistic philosophies. The humanistic-existential philosophy views persons as capable, with the ability to change their lives in positive ways; as well as that the experience in the moment carries much meaning. Aspects such as authenticity, actualisation, a strengths perspective, and relationship have prominence in this view on life and man.

Presence is a key theme in the existential thinking of the philosopher Gabriel Marcel, who spoke about a person's capability of being with another with his whole self. Presence is also closely related to the ideas of the existential philosopher, Martin Buber. Buber explained the "I-Thou" relationship, about which he argued that it is in relation and through relational interaction that persons develop a sense of themselves (Mohammadipour et al. 2017a, 4321). In the "I-Thou" relationship, there is a genuine interest in the other, including a free, reciprocal, immediate, non-objectifying mode of making each other present through recognition of the other. In contrast, the "I-It" relationship focuses primarily on providing consistency and discipline. Buber posited that relationships are characterised by a continuous shift between these stances. Presence is furthermore reflected in the thinking of Martin Heidegger, who advocated for the intentional action of making oneself available to be with and understand another person. These existential ideas are clearly reflected in the explanation of presence by Madeleine Clemence Vaillot, who introduced the concept of presence to nursing, and reportedly stated that the role of the nurse is to help the patient to become an authentic person.

Furthermore, presence is embedded in a number of nursing theories as a key element in describing the healing effect of connecting with patients in the nurse-patient relationship. Nursing theories that are often mentioned in literature about presence in nursing are the theory of humanistic caring (Josephine Paterson and Loretta Zderad), the theory on human becoming

(Rosemarie Parse), and the theory of human caring (Jean Watson). McMahon and Christopher (2011) developed a mid-range theory of presence in nursing, providing a framework for nurses to implement presence in their daily practice. The model entails a combination of five variables, namely nurse, individual, and shared characteristics in the nurse-patient relationship, a conducive environment, and the nurse's intentional decisions. The way the nurse practises presence is influenced by specific nurse-sensitive points during the nurse-patient interaction.

To develop a deeper understanding of this concept, many researchers conducted studies, including concept analyses, meta-analyses, systematic reviews, and empirical research in different nursing contexts. These researchers form the scientific community around presence in nursing, building on one another's work and contributing to the body of knowledge on presence. Of note is the work of Carol Kostovich who developed and validated instruments to measure presence of nurses (PONS scales) from the viewpoint of both patients and nurses. Other prominent researchers whose work is often cited in literature on presence are Mary Ellen Doona, Susan Haggerty and Lois Chase, Holly Covington, Susan Tavernier, Rebecca Turpin, and Karen Iseminger, Francesca Levitt, and Lisa Kirk. European-based nurses interested in the concept of presence are, among many, Maria Grypdonck, Katie Eriksson, Inger Engqvist, Ginete Ferszt, and Kerstin Nilsson, and Evridiki Papastavou and colleagues. Over the past years, research on presence in nursing by Asian-based researchers became prominent, such as the work of Gyeong-Ju An and Kae-Hwa Jo, Fatemeh Mohammadipour and colleagues, Fahimeh Hosseini and colleagues, and Fereshteh Mojarad and colleagues. The reference list of this chapter provides more details on these authors' work, and also provides an overview of more researchers with an interest in presence.

Interestingly, at first glance at the work of these researchers, it seems that American colleagues work from the perspective of humanism and humanistic nursing, while European researchers tend to focus on the ethics of care and the moral underpinnings of nursing and presence. The latter focus is also at the forefront of the work by a group of European researchers who conduct extensive work in the field of presence, albeit not in the field of nursing. Andries Baart and colleagues developed the theory of presence (see, for example, Baart 2002; Klaver and Baart 2011) and continue to conduct research on the ethics of care, relational care, and relational management in healthcare (Andries Baart, Frans Vosman, Guus Timmerman, Elly Beurskens, Klaartje Klaver). It is important that the nursing discipline takes note of this work as it adds a very important