

# Presence

## A Step Closer to Spiritual Care in Nursing

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This article argues that while not all nurses are comfortable with spiritual care, nurses may be comfortable with enacting presence. Presence, an encompassing element in spiritual care, might be a more accessible first step for nurses toward spiritual care. To further highlight this viewpoint, the nature, consequences, and cultivation of presence are also discussed. **KEY WORDS:** *presence, caring presence, attentive care, spiritual care*  
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In light of the challenge that nurses tend to shy away from spiritual care,<sup>1</sup> it seems important that the nursing profession should look at ways to encourage nurses to become comfortable with providing spiritual care. One such way might be presence. When nurses are more aware of and comfortable with enacting presence, they might also be more comfortable and willing to become aware of health care users' spiritual needs and to integrate spiritual nursing care in their practice.<sup>2–4</sup> Presence should thus be cultivated, which may lead to readiness to provide spiritual care.<sup>5</sup> This article discusses spiritual care and presence, as well as how presence may be a first step toward spiritual care. The nature, consequences, and cultivation of presence are also discussed.

### SPIRITUAL CARE AND PRESENCE IN NURSING

Monareng emphasizes that spiritual care in nursing “demands equal attention from both religious and nonreligious nurses.”<sup>6(p9)</sup> Unfortunately, spiritual care tends to be neglected or ignored in practice.<sup>1,2,4</sup> To a great extent, the reason for this is that the

implementation of spiritual care is dependent on nurses' own spirituality and beliefs,<sup>4</sup> with limitations such as lack of training in spiritual care, limited knowledge about spiritual care, lack of understanding of different cultures and religions, nurses' hesitancy to engage in spiritual care, finding caring for health care users with different beliefs than the nurses' beliefs difficult, and institutional policy that may limit or fail to promote spiritual caregiving opportunities.<sup>4</sup>

However, when looking more closely at spiritual care, it becomes evident that presence is a core element of such care. For example, Monareng defines spiritual care in nursing as humane care, “demonstrated by showing presence, respect and concern for meeting the needs not only of the body and mind of health care users, but also their spiritual needs.”<sup>6(p9)</sup> Monareng furthermore paints a comprehensive picture of what spiritual care in nursing entails, by discussing its attributes, antecedents, and consequences (Table). From the Table, it is clear that presence is an integral element of spiritual care.

Similarly, Tjale and Bruce argue that spiritual care in nursing “begins with a perspective of *being with* the person in love and dialogue that emerges in therapeutically-oriented interventions.”<sup>1(p49)</sup> Carson and Koenig's<sup>7</sup> description of the first step in spiritual care also allude to presence as an important part of spiritual care, namely, being intentionally present and caring. A beautiful example of spiritual care with presence as integral element can be found in a health care user's description of his experience of nurses at a public hospital in South Africa:

The sisters and nurses are something else. They treated my family lovingly, caringly and

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**TABLE.** Attributes, Antecedents, and Consequences of Spiritual Care in Nursing

Attributes of Spiritual Care in Nursing <sup>6</sup>	Antecedents of Spiritual Care in Nursing <sup>3,6</sup>	Consequences of Spiritual Care in Nursing <sup>3</sup>
Presence	Transcendent awareness	Spiritual integrity
Transcendence	Self-awareness	Spiritual health
Search for meaning and purpose	Spiritual sensitivity	Heightened sense of well-being
Spiritual dialogue	Presence disposition	
Harmonious connectedness	Spiritual competency	
	Trusting relationship	
	Spiritual discomfort/need in health care user	

professionally. I was amazed. One would never guess these wonderful women travel far to hospital daily, are over-worked and underpaid. There were a few children in the paediatric ward whose parents did not visit while I was there—the nurses seemed to have adopted them as their own. When my wife had a bit of an emotional moment, some of the nurses rallied around her and one prayed for her in *Xhosa* [indigenous language]. I now know what *ubuntu* [empathy] really means.<sup>8(p1)</sup>

### PRESENCE AS COMFORTABLE ENTRY INTO SPIRITUAL CARE

Taking into consideration that spiritual care begins with “being with” the health care user<sup>1</sup> and that presence is “the core variable from which all the other characteristics of spiritual nursing care arise,”<sup>6(p9)</sup> it seems valuable to consider presence, a stance that nurses may feel comfortable with and practice spontaneously, as an entrance to spiritual care. One reason is that nurses might naturally possess the ability to enact presence, as presence may be a natural characteristic in nurses.<sup>9</sup> Furthermore, presence may be seen as synonymous with well-known concepts such as caring, caring presence, therapeutic use of self, the art of nursing, empathy, support, nurturance, and vigilance, all of which are already recognized elements in nursing.<sup>10-13</sup> Presence is also acknowledged in fields closely related to nursing, and therefore known to nurses, such as psychotherapy<sup>14</sup> and interpersonal neurobiology.<sup>15</sup> Greenberg and Geller, from the field of psychotherapy, describe presence as an availability and openness to the health care users’ experience, openness to own experience in being with the health care user and the capacity to respond to the health care user.<sup>14</sup> In the field of interpersonal neurobiology, presence is seen as one of the most important elements in helping others heal and it is the ability to be open,

without judgment, to one’s own and the other’s experience.<sup>15</sup> In addition, presence may be an integral element in various religious traditions, making presence an accessible tool for religious nurses.<sup>6</sup> On the contrary, presence does not require nurses to share their own faith or to be religious, making this “being with” stance more accessible to nurses who do not practice a specific religion or who might prefer to not engage in other spiritual care interventions.<sup>6</sup>

In addition, presence has been documented as being widely implemented in nursing, for example, in emotional support,<sup>16</sup> in presence programs for older adults,<sup>17,18</sup> in emergency units,<sup>19</sup> in the intensive care unit,<sup>20</sup> hospice and oncological care,<sup>16,21-23</sup> in mental health care,<sup>24</sup> and in mother and child care.<sup>25</sup> Presence is applied within and across the entire process of the nurse–health care user relationship,<sup>26</sup> with flexibility and a variation in its enactment,<sup>11</sup> according to the uniqueness of the nurse, the health care user, and the situation.<sup>16</sup> Furthermore, it is applicable in the full scope of nursing practice, namely, assessment, decision making and intervention through vigilance, going beyond the routine, being creative, and acting courageously on behalf of health care users.<sup>11</sup>

In addition, the concept “presence” is well established in nursing literature and it is a core concept within several nursing theories such as Humanistic Caring (Paterson and Zderad), Theory for Transpersonal Caring (Watson), Science of Unitary Human Beings (Rogers), and the Theory on Human Becoming (Parse).<sup>27</sup> More recently, McMahon and Christopher<sup>27</sup> proposed a mid-range theory of presence in nursing. McMahon and Christopher<sup>27</sup> base their view of presence on that of Dochterman and Bulechek, namely, that it is a nursing intervention that takes the form of being with another, both physically and psychologically, during times of need.

Kostovich, who did a concept analysis on the concept “caring presence” and proposed a conceptual framework, defines caring presence as “an intersubjective, human connectedness shared between the nurse and the health care user.”<sup>28(p169)</sup> Kostovich<sup>28</sup> further recognizes that presence is a process, by stating that it begins as the nurse and the health care user enter the relationship as vulnerable beings, after which trust and confidence in the nurse evolve until both the nurse and the health care user risk openness and enter into the relationship. This process may allow nurses to develop readiness to be present and ultimately the nurse may respond as a compassionate and committed caregiver manifesting presence. Adding to this view, Tavernier defines presence as “the mutual act of intentionally focussing on the health care user through attentiveness to their needs by offering of one’s whole self to be with the health care user for the purposes of healing.”<sup>29(p154)</sup> Similarly, Covington<sup>13</sup> defines presence as mutual trust and sharing, transcending connectedness and a shared experience.

Authors such as M. Sokolowski as well as Osterman and Schwartz-Barcott<sup>30</sup> venture into attempting to identify types of presence in order to simplify the description and measurement of presence. M. Sokolowski, in agreement with Osterman and Schwartz-Barcott,<sup>30</sup> identified 4 types of presence, building on one another, namely, physical presence (being near the health care user, focusing on self or the other), partial presence, full presence (empathy, caring, unique), and transcendent presence (spiritual in nature, positive feeling of connectedness, described as peaceful and comforting). Stanley 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.”<sup>21(p939)</sup> This typology further demonstrates that presence may be a comfortable entry point for nurses toward spiritual care, as they may feel ready to initially show only physical and/or partial presence and move toward full presence and later transcendent presence when they feel more ready to do so.

Similarly, tools to measure presence may provide nurses with an indication of to what extent they demonstrate presence and in what areas they may still develop. Although some authors<sup>10,23</sup> on presence advocate that the concept should be viewed as a complex whole or it does not exist, other authors<sup>28</sup> identified the need to break down the concept into empirical indicators for the purpose of measuring presence. Initially, measuring instruments from related

fields such as psychology were used to measure aspects of presence, such as the Caring Behaviour Inventory developed by Wolf and colleagues.<sup>31</sup> Looking at the Caring Behaviour Inventory, it is clear how it relates to presence, although it does not directly measure presence: it contains a subset of items on human presence, such as returning to the health care user voluntarily, talking with the health care user, encouraging the health care user to call if there are problems, responding quickly to the health care user’s call, helping to reduce the health care user’s pain, showing concern for the health care user, giving medication and treatments on time, and relieving the health care user’s symptoms, as well as a subset of items on respectful deference to others.<sup>31</sup> Later Kostovich<sup>28</sup> developed a tool, the Presence of Nurses Scale (PONS), to give health care users the opportunity to report on their satisfaction with nurses’ presence. Nurses might find these instruments useful in determining the extent to which they enact presence.<sup>28</sup>

Furthermore, in the discussion of presence as first step into spiritual care, it seems important to consider the antecedents of presence. One of the main antecedents to presence is that nurses must deliberately choose and be willing to become vulnerable, share in the health care user’s distressing experience, engage in the intentional process of presence, spend time, internalize another’s struggles, and share personal energy to diminish others’ stress.<sup>10,11</sup> However, foundational values instilled during nursing training enable the nurse to develop and enact presence, namely, respect for individual differences, unconditional positive regard, commitment to help in a respectful and nonjudgmental manner regardless of the circumstances, as well as an emphasis on health care user enablement, empowerment, and self-care.<sup>11</sup> Monareng<sup>6</sup> agrees and mentions values such as compassion, empathy, respect, concern, and hope.

Another antecedent is that nurses must be personally mature to be able to enact presence.<sup>11,32</sup> Presence requires serenity and silence, the ability to be quiet in inner dialogue, to hear clearly and to allow others to tell.<sup>21</sup> The nurse should also possess a firm knowledge base, critical-thinking skills, and clinical expertise to confidently provide holistic services.<sup>11</sup> A conducive environment further enhances presence, consisting of a management that value employees and strive toward diminishing work-related stress, enabling nurses to work cooperatively, and allowing them adequate time to enact presence.<sup>11</sup> A work

environment conducive to presence is also characterized by supportive colleagues, adequate staffing, wise utilization of technology, and a balanced concern for psychological and spiritual issues.<sup>10</sup>

Once presence is implemented, it leads to positive consequences. Fredriksson explained the following as the consequence of presence: “The power of presence as ‘being with’ lies in making available a space where the health care user can be in deep contact with his/her suffering, share it with a caring other, and find his/her own way forward.”<sup>33(p1171)</sup> Similarly, the consequences of presence are described as improved health care,<sup>26</sup> the creation of a healing environment,<sup>34</sup> improved mental and physical well-being among health care users and improved mental well-being among nurses.<sup>11</sup> Health care and the health environment are improved through more effective clinical decision making by nurses, holistic health care user healing, and individualized care.<sup>26</sup> Tavernier and Anderson<sup>26</sup> add that the authenticity of presence fosters mutual respect, honesty, dignity, and trust. These effects lead to high health care user and nurse satisfaction.<sup>35</sup>

With regard to health care users, presence facilitates their growth toward becoming an authentic person and enhances the health care user’s belief that he or she is important, respected, and valued.<sup>32,36</sup> Through presence, the health care user feels protected, and recovery is facilitated through aspects such as its calming effect, restoration of hope, gaining wisdom in managing daily life, normalization of reality, and facilitation of bonding.<sup>37</sup> Presence contributes to the health care user’s feelings of safety and security, decreased stress, increased coping, elevated self-esteem, revitalization, and new understandings.<sup>10</sup> Presence can provide a form of connectedness, love, hope, and purpose and can promote spiritual health.<sup>25</sup> In a study by Duis-Nittsche<sup>36</sup> on the experience of health care users of presence, health care users reported that they felt that the nurse knew them and were 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 confirms that presence soothed her concerns, and that it was a “vigilant connection to the life my body was grappling to hold on to.”<sup>32(p208)</sup>

Nurses also experience positive consequences, such as that it may enhance their resilience, leadership capacity, job satisfaction, learning and maturation, and self-confidence.<sup>10,34</sup> Nurses may experience joy,

decreased stress, empowerment, and appreciation to be part of mutually gratifying relationships, as well as feeling revitalized about their capacity to effect change.<sup>35</sup> The effect on their character is patience, a positive attitude, and even an enhanced spiritual presence, making them less vulnerable to a negative environment.<sup>34</sup> Duis-Nittsche<sup>36</sup> reports that nurses’ experience of presence in the nurse–health care user relationship is that it enable them to know the health care user, to respond to the health care user’s needs, attitudes, and beliefs, to bond with the health care user, and to influence others.

It is apparent that presence is transformative to the health care environment, to the nurse, and to the health care user, also then having the potential to facilitate the healing process.<sup>29</sup> Finfgeld-Connett<sup>10</sup> agrees and state that presence has a sustained therapeutic effect, even long after the incident where it was demonstrated. The consequences of presence go on to influence its future implementation, namely, that presence demonstrated by nurses and experienced by health care users is viewed as positive, creating an openness to future experiences of presence.<sup>10</sup>

Considering these positive consequences of presence, it seems important to look at how presence is enacted. Kostovich<sup>28</sup> explains that presence is evident through direct and indirect physical availability, empathetic attention, physical and emotional comfort, competent performance of nursing procedures, health care user education, and coordination of care with other health care providers. “Such actions create a therapeutic healing experience, thereby improving quality of life and engendering a psychospiritual peace.”<sup>28(p69)</sup> During the enactment of presence, the nurse is fully, holistically present<sup>32</sup> and “severely” open to the moment.<sup>38</sup>

Specific actions used in presence include the use of therapeutic and affectionate touch, centering, attentive, therapeutic silence, truly listening, eye contact, smiling, sense of humor, positive and congruent body posture, sharing stories, and attending to health care users’ personal needs.<sup>10,12,17</sup> Presence is also enacted through a calm and quiet tone of voice and through answering questions and explaining.<sup>32</sup> It might also simply entail that the nurse is being present in an engaged, gentle, authentic, manner, with a stillness of spirit, and that the nurse becomes the intervention.<sup>32,37</sup> These interactions communicate respect, acknowledge what is said, foster connectedness, and create an atmosphere of self-discovery.<sup>21,32</sup>

## CULTIVATING PRESENCE

In the aforementioned discussion, it has been argued that presence may be an accessible entry point for nurses to move toward spiritual care. It is therefore important to reflect on how presence can be cultivated. Although presence may be an innate gift and natural characteristic in nurses,<sup>9</sup> it can also be formally acquired<sup>17</sup> through nursing education and through more informal ongoing training and as part of professional and personal maturation.<sup>5,22,27</sup> Practicing presence requires preparation, as it involves a conscious choice,<sup>32</sup> being willing to become vulnerable and present for self and others, personal and professional maturity, as well as an environment in which the practice of presence is encouraged.<sup>11</sup> The journey of fostering presence begins with self-awareness, self-comfort, and grounding oneself,<sup>9</sup> as illustrated in Henry Nouwen's words:

As soon as we feel at home in our own house, discover the dark corners as well as the light spots, the closed doors as well as the drafty rooms, our confusion will evaporate, our anxiety will diminish, and we will become capable of creative work.<sup>21(pp936-937)</sup>

Nurses should practice to be present for themselves so that they can be present for others.<sup>9</sup> In this regard, McCollum and Gehart<sup>39</sup> suggest journaling, meditation exercises, and mindfulness practice, for example, walking, prayer, breathing, and reflection. Mindfulness practice is widely recognized as a way of cultivating presence,<sup>40-42</sup> with emphasis on developing awareness, attention, and acceptance.<sup>42</sup> Mindfulness ceremonies, artwork, and symbols of healing might also provide opportunities to foster presence, such as a nursing education ceremony with the theme "Healing presence."<sup>43</sup> Quiet time and centering with the here-and-now moment, as preparation to being present with others, are also ways to become present.<sup>9,44</sup> Bright<sup>9</sup> also provides recommendations on how to promote presence in nurses, namely, self-care to acknowledge and heal own emotional pain, as well as encouraging presence by describing it, praising it, and providing practical support. Emotional intelligence and professional values, such as caring, empathy, respect, and acceptance, should also be fostered.<sup>45,46</sup>

To further cultivate presence, values such as respect for individual differences, unconditional positive regard, and commitment to help in a respectful and nonjudgmental manner should be strengthened.<sup>11</sup> This means lowering defenses<sup>36</sup> through being more aware and mutually experiencing feelings such as attachment, sacredness, suffering, and neediness.<sup>10</sup>

Rankin and DeLashmutt summarize this principle by saying: "Communion [authentic connection] is the willingness to be unknowing, available and open and to risk the investment of self in another."<sup>45(p287)</sup> In fact, practicing presence and authenticity might be an effective approach for teaching and reinforcing positive self-care behavior,<sup>26</sup> for example, to reflect and contemplate together with students on their experiences in a nonjudgmental manner, to promote "being with" and human connection.<sup>44</sup> Packard and colleagues<sup>46</sup> confirm that role modeling presence and being with in teaching and learning is transformational.

Furthermore, Poynton<sup>5</sup> points out that nursing presence can especially be taught when teaching holistic nursing, psychological aspects of nursing, the nurse–health care user relationship, quality control, and health care user satisfaction. Teaching students to be present can be an effective way of integrating science and technology and the humanistic caring side of nursing. This can be done through using literature, films, and field trips to intentionally trigger emotional responses, beliefs, preferences, and individual values, which then have to be reflected upon, personal defenses identified, and action plans developed to deal with challenges discussed.<sup>47</sup> Presence can also be fostered through transformative experiences during practice,<sup>9</sup> for example, placing nursing students in clinical settings where they can develop observation, awareness, and advocacy.<sup>45</sup> Another approach is to emphasize the traditional nursing arts: holding hands, being with health care users, sitting and talking to them, and giving backrubs.<sup>9</sup>

Poynton<sup>5</sup> confirms that nurse educators should encourage students to be aware of the concept presence, to observe, to learn by doing, and to build upon experience. Nurse educators can use case studies and simulation to sensitize nursing students' use of reflection, role modeling, and connecting to the concept of presence.<sup>5</sup> An example of teaching presence is provided by De Natale and Klevay,<sup>44</sup> who used Parse's theory on human becoming to guide students in teaching and learning, namely, to enact free-flowing attentiveness with the other in active stillness. These approaches may help nurses develop enacting presence<sup>44</sup> as a step closer to spiritual care.

## CONCLUSION

This article raises awareness about presence in spiritual care and hope to encourage deliberate thinking and active dialogue on this concept, as also

suggested by Osterman et al.<sup>16</sup> Further research in this field is suggested, specifically research to explore and describe the enactment of presence and mindfulness by nurses.<sup>42</sup> In such research, a positive discourse and an appreciative approach might be very valuable to create awareness and bring about change<sup>48</sup> so that the potentially significant contribution of presence and spiritual care in nursing is realized.

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