Practice

"There's Just Something About Ron"

One Nurse's Healing Presence Amidst Failing Hearts

Mary H. Wilson, MSN, RN

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Chronic disease can be devastating to the patient, family, and nurses who care for them. Patients and family members struggle with the debilitating effects and uncertainties that abound in living with a chronic disease, such as heart failure. The nurse has a unique opportunity to foster a therapeutic relationship through the use of nursing presence. The phenomenon of nursing presence has been defined in the literature by six features: uniqueness, connecting with the patient's experience, sensing, going beyond the scientific data, knowing (what will work and when to act), and being with the patient. Nursing presence, when exhibited, may facilitate healing, promote comfort, and improve patient satisfaction. The story in the article depicts how one professional nurse in a heart failure clinic exemplified the nurse as a healing presence. Through his example, nurses may better understand the significance that their presence may have when caring for patients diagnosed with a chronic illness.

Keywords: *nursing presence; therapeutic relationship; heart failure; chronic disease*

Heart failure (HF) affects nearly 550,000 individuals in the United States annually (American Heart Association, 2007). Patients and family members struggle with the debilitating effects and uncertainties that abound in living with this chronic disease. Management of symptoms is often overwhelming, leading to anxiety, depression, and feelings of despair and hopelessness—all of which affect the quality of life for patients and loved ones. The nurse has a unique opportunity to foster a therapeutic relationship for these patients by combining clinical expertise, communication skills, and nursing presence (Anderson, 2007). Nursing presence, when exhibited, may facilitate healing, promote comfort, and improve patient satisfaction. The literature suggests that the quality of life of these patients can be enhanced through the use of nursing presence (Anderson, 2007; Godkin, 2001; Godkin & Godkin, 2004; Hines, 1992). But the conceptual definition of nursing presence is elusive and can be difficult to operationalize. The following story depicts how one professional nurse exemplifies the meaning of the nurse as a healing presence.

It's after 7:30 am Monday morning and Ron is busy greeting fellow clinic staff, restocking supplies in exam rooms, checking emergency equipment, and verifying the schedule of patients to be seen today in the HF clinic. He studies the chart of the first patient. Quietly and meticulously he reviews the last clinic note and the most current lab values. After closing the chart, he proceeds out to the waiting area to greet the patient with a warm and welcoming smile and handshake. Always mindful of family members, he extends his sincere greeting to the patient's spouse. Never in a hurry, Ron allows the patient ample time to walk back to the clinic area for the routine weigh-in where he acknowledges that the patient has had a slight weight gain since the last visit. Escorting them both to the exam room, Ron continues with his usual friendly dialogue. Once settled in the room, Ron assists the patient up onto the

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exam table acknowledging the new jacket the patient has worn that day. After obtaining vital signs, Ron proceeds to query, "How are things going since I last saw you?" His questioning is nonthreatening, while constantly maintaining effortless eye contact and a warm smile. His caring disposition and comfortable manner allows the patient to not only answer questions but also share a joke with Ron. Responding to questions regarding medications, Ron carefully reviews each medication and clarifies how they are being taken at home. Having noted the essential data and patient questions, Ron excuses himself and leaves the room. The HF nurse practitioner (NP) receives the report from Ron, who has been able to surmise that this patient's heart rate is now irregular and his orthostatic blood pressure reading is significantly lower than last month's clinic visit. Despite the fact that the patient reports no problems at home, Ron has astutely noted the patient's dyspnea while walking him to the exam room. Ron and the NP have established a working relationship built on mutual trust and respect for each other's areas of expertise. The NP listens attentively to Ron's report and asks what his thoughts are regarding the patient's treatment regimen. The NP enters the room, greets everyone, exams the patient, and, along with Ron, discusses the plan of care. After some discussion, she then writes the prescriptions needed and exits the room. To facilitate compliance, Ron discusses how and when the patient will acquire the new medication and provides helpful information regarding convenient and cost-effective pharmacies. With a final check of everything, he then smiles, shakes the patient's hand, and escorts them out to schedule the 1-week follow-up appointment.

Witnessing Ron in the HF clinic, as he interacts with patient after patient in a similar fashion, staff and patients frequently remark there's something about Ron that makes him special. It is a vague sense that his presence is a part of the therapeutic process? But what is it? Is it a learned or an innate characteristic? Can it be measured or replicated? These are questions that are of interest to clinicians, managers, and researchers.

Because Ron was born, raised, and educated in the same southeastern, rural area of the country that serves the HF patients in the clinic, he is familiar with many of the dominant norms and values of this population. Following graduation from nursing school, it was his intent to remain close to home and seek employment at the university-affiliated medical center. He feels that his primary goal as a nurse is to give total attention to the individual needs of his patients and he truly loves his job.

Cody (1995) noted that to be present with others is to be wholly caught up in an activity one loves. Everything else fades into the background as the nurse focuses on the rhythms of the person to whom one is giving full attention. He aptly stated, "True presence is a way of bearing witness to the lived experience of the person at the moment" (Cody, 1995, p. 120). In each patient encounter, Ron is not just focused on the nursing tasks at hand, such as assessing weight gain or vital signs, but also on the debilitation, uncertainty, and frustration that a person with chronic illness lives with every day. When he makes comments on a new piece of clothing or asks about a grandchild, it is not idle talk. Rather, he is affirming something positive that has occurred since the last visit despite the exacerbation of symptoms. Investigators have noted that presence is associated with enhanced well-being and general improvements in physiological status (Duis-Nittsche, 2002; Hemsley & Glass, 1999, 2006). Watson (1999) notes that the full presence of the nurse brings forth attention to the other's spiritual essence and motivation for healing. It is evident, observing him in the clinic with many HF patients, that Ron's nursing presence supports a healing environment.

Despite a demanding clinic schedule and required documentation, Ron consistently allows time for each patient, whether in person or by phone. In doing so, he places his major emphasis on the needs of the individual at that moment in time. Melnechenko (2003) notes that when true presence exists, the nurse has the opportunity to learn about the experience of health as defined and lived by the patient. For the nurse to be fully present, the nurse may require a change in the present routines, practices beliefs, and attitudes. Working alongside Ron in the clinic, the NP speaks to his patient-focused attitude:

> Most patients ask for Ron instead of the NP or physician when they call with a question or concern. He never allows his busy schedule or mounting paperwork to become an obstacle to the care he provides. When you are with him, he makes you feel he has all the time in the world, just for you!

Interestingly, the actual time that this approach takes is minimal in most cases. A walk to a treatment

room at a slow pace while engaging in conversation only takes a few seconds or minutes longer than a fast walk where the nurse sets the pace. However, the influence is significant. The patient arrives in the treatment room less short of breath and in a more positive frame of mind.

Characteristics of Nursing Presence

The literature that does exist on nursing presence suggests that it is characterized by several themes. Doona, Chase, and Haggerty (1999), using a hermeneutic approach, identified six features of nursing presence: uniqueness, connecting with the patient's experience, sensing, going beyond the scientific data, knowing (what will work and when to act), and being with the patient. These concepts provide a framework operationalizing the concept of nursing presence, thereby making it possible to foster its use by other clinicians.

Uniqueness

Uniqueness involves direct contact with and being open to each individual patient. Widespread use of standardized care plans and assessment forms are necessary in clinical settings to ensure that comprehensive care is given and key information is gathered. However, they might not include the piece of data that makes this person unique. Is he a grandfather? Does he have a passion for the Red Sox? How is her garden doing this year? Gathering and remembering small bits of information such as these are key to conveying a sense of uniqueness. In some cases, a nurse can gather and remember this information for future visits. In other cases, a small notebook or a notation on the record can be helpful.

Connecting

Connecting with the patient's experience is related to the concept of uniqueness. It means that the nurse sees the whole person and not just the tasks that need to be accomplished (Doona et al., 1999). For example, on one occasion Ron noticed that a patient was upset when he arrived at the clinic. Despite a busy schedule that morning, he closed the exam room door, sat down with the patient, and asked, "Would you like to talk about what's going on?" The patient, visibly upset and crying, shared with Ron that his wife had just left him. For the next several minutes, the two of them privately discussed his personal issues. Later, Ron suggested that the patient speak with the on-site psychologist who was available. The patient decided to talk with someone following the scheduled clinic visit and gratefully thanked Ron with a hug.

Sensing

To truly be a nursing presence, the nurse must perform a balancing act with the management of time, multiple sources of data, and the prioritization of the patient's current needs. Nursing experience strengthens the ability to distinguish between subjective and objective data. By gathering pertinent data and connecting this with his or her own clinical experience caring for others with similar illnesses, the nurse is sensing his or her way into the patient's own situation (Doona et al., 1999). With many years of acute care and intensive care experience, Ron is proficient in his patient assessments and clinical skills. He competently identifies pertinent changes, both physiological and psychological, in the HF clinic population he cares for. Developing competence in areas such as nursing assessment skills and enhancing the clinical knowledge base allows the nurse to effectively sense the individual needs of the patient. The experienced nurse often has matured both personally and professionally and sensing the uniqueness of a patient's situation may come naturally. The novice nurse will need mentoring and guidance to recognize the importance of sensing in providing nursing presence for those entrusted to her or his care. It is paramount that experienced nurses provide such mentoring through the use of clinical scenarios, sharing of similar clinical situations, and real-time examples. It is through such sharing of experiential knowledge that nursing presence is kept alive, especially in a health care environment that is often more process focused than patient focused.

Going Beyond the Data

Nursing judgment in nursing presence goes beyond technical data and allows the nurse to recognize new and/or subtle changes. In the opening story, the nurse gathered objective data such as vital signs and weight that indicated the patient's HF was worse. He also noted that these objective data did not completely agree with the patient's report that everything

was fine. He shared both types of data with the NP and demonstrated the value and importance of the patient's perception. So often, a report to another provider can sound like a laundry list of vital signs and lab values. Some providers might not take the time to note the discrepancy between what was seen and what was heard. Nursing presence incorporates both types of data. Following up on the discrepancy, the nurse might find that the patient really was aware that his HF had worsened but was afraid to admit it or he really may not have been aware of the change. Depending on the etiology of the discrepancy, the nurse might initiate a discussion about the patient's fears or reinforce the teaching related to symptoms of heart failure. By going beyond the technical data, the nurse has not only recognized a subtle change but also has developed a plan for addressing it.

Knowing

Doona et al. (1999) revealed that nursing presence involves knowing the patient as a subject of nursing care, not as the object. Being immersed in his or her experience allows the nurse to focus solely on the person. Ron demonstrates repeatedly his humanity and caring for each patient and his or her individual situation. Countless times one can witness him going the extra mile to provide patients with the support they need to obtain their medications or hear encouraging words. He is exceptionally faithful in answering phone calls in a timely manner, regardless of the time commitment. Often, he will be found after clinic on the phone conversing and joking with patients who called to ask questions or share a story or a joke. Melnechenko (2003) notes, "True presence holds the other as the expert who chooses freely, according to his or her value priorities, how he or she will live with his or her health condition" (p. 22). Nurses need to honor and respect each patient and acknowledge their individuality. It is the patient who truly holds the power to manage their illness. The nurse should be present to support and enable the patient to understand and gain control in dealing with a chronic illness. Practice examples are evident when the nurse presents various options regarding treatment plans such as timing of medications to best meet the patient's daily routine. Assessing each situation for uniqueness and placing value on individual patient needs provides nursing presence that can facilitate trust and healing.

Being With the Patient

Nursing presence includes being with the patient and being sensitive to the patient's subjective experience. There is no doubt that Ron places the highest regard on being with each patient. On a consistent basis, he willingly shares his time and nursing expertise with each HF patient. When discussing the care he provides to this unique population, he reveals that becoming a nurse was a true calling. He conveys a connection with every patient, especially on a spiritual level. Nurses have the opportunity to enact presence each time they enter a patient's room. Providing comfort for a fearful child, taking time to listen to concerns, or holding a hand during a procedure may all appear as simple acts, but when facing the uncertainties of an illness or procedure, such presence affords compassion, trust, and reassurance. Being with the patient is a way to exemplify full presence. The nurse is physically attending to the patient's needs as well as psychologically using attentive listening and responsiveness (Osterman & Schwartz-Barcott, 1996).

Discussion and Implications for Nursing

Gardner (1985) describes nursing presence as the "core of the nurse/patient relationship" (p. 316). An interaction between the nurse and patient creates a shared situation that allows both the nurse and the patient to benefit. The nurse experiences a feeling of satisfaction in having affected a person's life and the patient in turn is often better able to cope and find comfort (Hines, 1992). Finfgeld-Connett (2006), in a meta-analysis of presence, determined that presence in nursing enhances mental well-being for nurses and patients and physical improvement for patients. When observing Ron with the HF patients, it is evident that he possesses and exemplifies nursing presence that promotes a sense of healing. "Deep connection within the relationship provides an important bond between participants that gives them a sense of safety as both nurse and patient attempt to discover meaning in the human experience of health and illness" (Covington, 2003, p. 312). In today's health care environment, where time and resources are often limited, nursing can make a unique contribution to the health and well-being of many patients dealing with chronic illness, such as HF. Incorporating the six features of nursing presence in both nursing education and clinical practice settings would

have a profound impact on the quality of life for many patients.

Nursing presence is an evolutionary process for all nurses. Benner (1984) notes that the nurse, through experience, moves from the novice, capable of performing task-oriented care, to the more patient-oriented care of the expert nurse. The new nurse is entirely focused on becoming competent in clinical skills and techniques to provide safe care. With experience, the nurse matures and there is an increase in the sensitivity between a patient's life and state of health. Eventually, the nurse's attitude shifts from "What can I do?" to "How can I assist the patient in this moment to provide the best possible outcome?" (McKivergin, 2005, p. 238).

In clinical practice, nursing presence can be therapeutic for both the patient and the nurse. Through the use of caring behaviors, nursing presence can be developed. As noted by Godkin and Godkin (2004), nursing presence is representative of caring behaviors within nursing. Nurses are in an ideal situation to promote comfort and healing by the use of nursing presence. The nurse has the unique opportunity to develop a therapeutic relationship with the HF patient. Use of nursing presence in clinical practice will facilitate trust and promote the quality of life for individuals dealing with the progressive and debilitating effects of this chronic disease. Anderson (2007) notes that "presence as an integral part of nursing practice is a powerful means of building trusting relationships, achieving medical stability, improving adherence and reaching self-efficacy while preserving hope in patients enduring an advanced illness" (p. 93).

Ron is a professional who feels called to care in the area of HF management. In addition to his clinical expertise and competent skills, he maintains a nursing presence that enables those entrusted to his care to experience a sense of healing. McKivergin (2005) reveals the "healing relationship is the nature of the nurse's presence" (p. 236). He undoubtedly displays many of the attributes, such as interpersonal sensitivity, connection, and uniqueness, that promote nursing presence and reflect the true sense of the art that is nursing. To enhance clinical use and foster the characteristics of nursing presence, there is need for further support in the areas of nursing education, practice, and research. There is *something about Ron* and *something about nursing presence* that can affect the healing and quality of life for many living with chronic illness.

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Mary Wilson, MSN, RN, is a doctoral student at East Carolina University College of Nursing, in Greenville, North Carolina. Her primary research interest is cardiovascular nursing, with a concentration in chronic heart failure. Her clinical experience includes various nursing positions in cardiology, electrophysiology, and cardiothoracic surgery.