An Evidence-based Conceptual Analysis of Presence

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Presence is recognized as a quality and an intervention of nursing care. As technology replaces human touch, economic constraints decrease time spent with the patient and the demand for holistic care increases, the act and quality of presence gains significance. Presence is described as transformative to the patient care experience, having the potential to hinder or facilitate the healing process. This conceptual analysis utilizes an evidence-based approach of presence for use in theory development and concept measurement. **KEY WORDS:** attentiveness, concept analysis, evidence-based, individuality, intentionality, mutuality, nursing presence, patient centered, presence, qualitative research Holist Nurs Pract 2006;20(3):152–156

Presence is recognized both as a quality and an intervention of nursing care.1–4 As technology replaces human touch, economic constraints decrease the time spent with the patient and the demand for holistic care increases, the act and quality of nursing presence with the patient gains significance. If nurse clinicians, educators, administrators, and researchers support the quality and practice of presence, its definition, place within theory and measurement becomes necessary to demonstrate the clinical, financial, and human resource outcomes.5

Published analyses1,2,6–10 provide excellent reviews, but lack an identified methodology or comprehensive approach to conceptual analysis. Walker and Avant11 identify a series of steps for conducting a concept analysis, listed in Table 1. Using this methodology, a description of each step will be provided followed by its application to the concept of presence. The article will conclude with a definition of nursing presence. Because the author is using an evidence-based, inductive approach to understanding the concept, only published research will be included in the analysis.

**SEARCH METHODS**

Electronic searches were conducted using the terms “presence,” “presencing,” “nursing presence,” “healing presence,” and “therapeutic presence.” Databases included PubMed, CINAHL, and Google®. The “Related Articles” link within these search engines was used in an attempt to discover additional publications. Search limits were set for articles available in English. Abstracts were reviewed to determine those articles that reported findings of a research study on presence.

This analysis looks specifically at research in which presence was identified as the primary focus of the research. Thirteen articles were found to meet the criteria. All 13 studies are qualitative, descriptive studies. Seven studies5,12–17 use phenomenology methods and 6 are case studies/exemplars.18–23 With the exception of Seiden’s article which was within the discipline of psychology, all other research has been conducted in the nursing discipline and context.

**CONCEPT SELECTION**

Within the selection of the concept, Walker and Avant state that the assumptions of the author and analysis should be articulated. For this analysis, it is assumed that all nurses have the capability within themselves to be present and therefore, it is possible to develop or enhance presence in the nurse and measure its outcomes. This analysis is restricted to documented
research on presence pointing to a bias toward developing a definition and theory of presence and its measurement by grounding it in observable phenomena.

AIMS AND PURPOSE OF ANALYSIS

Walker and Avant state that conceptual analysis is a step in the theory development process and development of measurement tools designed to measure a theory or concept. Presence is a component of several nursing theories. However, definitions vary and testing of the theoretical concept is severely limited. As part of a larger program of research on nursing presence, this author aims to develop an evidence-based theory of nursing presence and measure its effect on patient care outcomes. Thus, the specific purpose of this article is to apply Walker and Avant’s method of conceptual analysis to published research on presence in order to develop a definition of presence that can be used for theory development and measurement.

USES OF THE CONCEPT

This step of conceptual analysis provides an overview of the uses of the concepts, its definitions and related concepts. Accessing the Web site, Merriam-Webster identifies presence as a noun. It is “the fact or condition of being present: the part of space within one’s immediate vicinity: the bearing, carriage, or air of a person especially: stately or distinguished bearing.” When defining “present,” Merriam-Webster states it is an Old French word that may be used as a noun, verb, or adjective. The term has its origins in religion and philosophy. Within these contexts, presence is a psychological or spiritual perception of an invisible “essence.” Scharmer’s Theory U uses presence as a verb, “Presencing” and is the pivotal point between sensing and realizing organizational development change. Existential writings of Vaillot introduced the concept to nursing literature in the 1960s. A priori definitions of the concept within the research are listed in Table 2. The definitions share an interpersonal aspect in which the nurse displays authenticity within the encounter.

DEFINING ATTRIBUTES

According to Walker and Avant, defining attributes are those dimensions of the concept that are most frequently identified as associated with the concept. These attributes are what differentiate the concept from other similar concepts. Applying this to the concept of presence one could say, “If you took any one of these characteristics away, it would no longer be presence.” Nelms states that presence is a pattern found within the larger construct of caring. Thus, presence is a combination or pattern of attributes.
Changes in the degree of each attribute or the
attributes themselves may negate its meaning or place
it more within the realm of another similar concept.

In reviewing the existing research, a pattern of 5
themes emerge: intentionality, mutuality, patient
centeredness, individuality, and attending.

Intentionality13,15,20,21,23 is characterized as a
conscious step on the part of the healthcare
provider.12,15,17–19,21 It implies a purpose for the
interaction, most commonly one of care, support or
healing. Mutuality4,12–15,17,20,21 connotes presence
occurring between or perceived by at least 2 people.

Perceptions of shared humanity, trust, honesty,
and emotion permeate the interaction. Patient centeredness12–16,20,22 is an
attribute of presence characterized by the ability of the
nurse to suspend his or her personal situation to fully
focus on the patient as they present themselves in that
moment and place. 12,17,19,21–23

Individuality4,13,16–18,21–23 is exhibited in study results
that indicate the nurse does not put herself or himself
in the place of the patient but rather brings their unique
self to “be with”4,12,16,20,21 the patient with an
“authentic openness of self.” 12 Finally, attentiveness is
an attribute frequently identified in the studies.

Attending occurs through listening,4,18,20 touch12,20
and sharing professional expertise when
appropriate.21,23 On the basis of these attributes, the
author concludes with the following definition:

Presence is the mutual act of intentionally focusing on
the patient through attentiveness to their needs by
offering of ones whole self to be with the patient for
the purposes of healing.

ANTecedents AND CONSEQUENCES

Antecedents are those events that must occur or
qualities that must exist before the concept under
analysis can exist.10(p45) Thus, the antecedents may
cause or determine the existence of the concept. The
research on presence articulates the antecedents as
outlined in Figure 1. The environment must be
conducive and supportive of presence. Issues
identified in the research include optimally
functioning technology,17 adequate number and skill
mix of staffing16 and time.15,16 Possession and use of
knowledge and skills is identified as needed to
facilitate communication, support, and decision
making in meeting the healing needs of the care
recipient. This antecedent would appear to be requisite
for the attribute of attending. Awareness of self is the
third requisite. Although this appears paradoxical,
self-awareness appears to allow the healthcare
provider the ability to suspend his or her own agenda
and focus on the recipient of care more fully. Within
the awareness of self is the identification of other as
sacred, of value and capable of identifying one’s own
healing process. This self-awareness is an antecedent
primarily to the attribute of patient centeredness and
individuality while also contributes to an
understanding of the self one brings to be with
another, allowing authenticity.

Consequences are the outcomes that occur because
of the concept occurring or existing. Within these
studies, there are 3 categories of consequences:
relationship, healing, and reward. When the care
provider is fully present with the patient, increased
levels of trust,4,12,16,17,21 intimacy,4,16 and safety12,17
exist within the relationship. Because presence
involves mutuality, both the care provider and
recipient benefit from the interaction. A sense of being
supported,20 advocacy16,18,22 and a sense of
meaning4,12,16,19,22 are identified outcomes of an
interaction in which the care provider is present with
the recipient. Finally, and possibly most important,
holistic healing occurs when the care provider is more
fully present. 21 Adaptive behavioral changes,20
personal psychological growth,20 and positive
coping,15,16 were also identified as outcomes in
studies. This may be due to presence producing a
sense of being heard and understood4,22 and decision
making improved or increased in both the patient and
care provider.12,13,16–18,22

CONSTRUCTED CASES

The fifth step to conceptual analysis is the construction of a model case that epitomizes the concept. Contrary,
related and borderline cases are also constructed to
illustrate and add further clarity to the concept. In
staying consistent with the evidence-based approach
to the analysis, Wilson’s approach to developing a
model case is used. Wilson advocated using an actual
case to illustrate the attributes of a concept rather than
creating one to fit the attributes.27 An illustration of
full presence is depicted by Hemsley and Glass. In
their research, they tell of a woman experiencing an
intrauterine death. The nurse caring for her once this
diagnosis was related to the woman by the physician
articulates the woman’s grief and fear of how the fetus
would be extracted. The nurse had the knowledge needed to explain the clinical process. However, this nurse was open to possibility and sensed the need of the patient to let go of this baby both psychologically and physiologically. The nurse placed her hand on the woman’s abdomen, instructing the woman in breathing exercises for relaxation while the nurse did the breathing exercise with the patient. The patient did relax and soon the woman was able to feel the placental separation, occurring without medical intervention. Attributes of mutuality, patient focus, and attending are evident in this story. The nurse’s intention was to care for the woman by responding to her needs. Individuality is described when the nurse identifies the patient’s context.

Using this same scenario, a contrary case would be one in which the nurse might identify the grief, explain the technical process of fetal extraction, and then leave the room until the procedure was to be performed. A case related to presence is this same scenario but where the nurse, rather than attending with (emphasis added) the patient’s needs, uses empathy: “caring objectivity.”23 That is to say, the empathetic nurse caringly identifies the grief and need for the patient to let go, instructs the patient, and verbally expresses understanding such as “It must be difficult for you to lose this baby.” The nurse who is fully present immerses herself in the event, grieving and needing to let go with the woman.

**EMPIRICAL REFERENTS**

Currently, there are no published objective measurements for the concept of presence. However, when reviewing the defining attributes, antecedents and consequences, several existing scales provide a place to begin. The Serenity Scale is a 40-item Likert scale with 9 factors explaining variance: inner haven, acceptance, belonging, trust, perspective, contentment, present centered, beneficence, and cognitive
restructuring. The component of present centeredness may measure part of presence. Inner haven, acceptance, and perspective may measure the antecedent Awareness of Self. The Openness component of the NEO Five Factor Inventory personality test also approaches a measure of “permeability” is a characteristic within the attributes of mutuality and individuality. The Barrett-Lennard Relationship Inventory measures 4 dimensions of interpersonal relationships: congruence, level of regard, empathetic understanding, and unconditionality. Although developed for use with marriage couples, it might be tested with the patient/nurse dyad to determine these dimensions and how they predict the perception of presence within the dyad. Because an outcome of presence is behavioral change and increased involvement in decision making, the B-Scale of the Krantz Health Opinion Survey could be used in the pretest/posttest setting to determine how the use of presence influences patient involvement in healthcare decisions.

Despite the tools measuring the antecedents and consequences of presence, they are meaningless if the occurrence of presence itself is not measured or identified as the intervention. The nurse who is fully present with the patient may significantly change the course of healing for that patient. Measurement becomes necessary to demonstrate the impact Presence has on clinical, educational, and financial outcomes. Objective measurements of this concept remain the missing factor necessary for continued research. It is the intent of the author to develop and test such a tool. Knowledge of the defining attributes and a definition of presence to operationalize is a starting point in developing a measurement scale.

REFERENCES