

Therapeutic Presence

By truly being present with patients, nurses bring comfort and care

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In the book *Radical Loving Care: Building the Healing Hospital in America*, Erie Chapman, JD, MTS, president/CEO of the Baptist Healing Hospital Trust, Nashville, TN, writes "loving care does not require twice the time, but it does require more than twice the presence."

What would this actually look like in clinical practice? A nurse's shift, no matter what venue or specialty area, is filled with many responsibilities, tasks to be performed, and new skills to be learned. Nurses, as scientific artists, are often experts at the scientific and technical aspects of their job; however, the artistry frequently takes a backseat.

The artistry of nursing is often what drew us to the profession in the first place: offering a kind, hopeful word and a warm, heartfelt touch; providing compassionate care that brings a sense of comfort; and bringing a relaxed smile to the face of a fearful and anxious patient.

The integration of the art and the science makes up the core essence of nursing practice. Consciously attending to the artistry will bring more balance to our work and is likely to enhance nursing satisfaction.



Patients' Needs

Patients come to us looking for a two things: expert technical care, and being attentively listened to and touched in some capacity.

Professional nurses know when physical touch is inappropriate; however, "the touch of the heart" can fulfill the loneliness and disconnection experienced when the patient is away from familiar surroundings.

Nurses are the first-line connectors for patients. When they look rushed or convey they don't have the time, patients are likely to do one of two things: they will be on the call bell all day long until they get their needs met, or they will not ring the call bell when there is an important need because they don't become a bother to the already-too-busy nurse.

Nurses are often more comfortable with relatively predictable outcomes of tasks and technological interventions. Sometimes the relational being-with-the-patient aspect of clinical practice feels like it takes nurses away from

completing the work that needs to be accomplished.

The relationship-centered care model reminds nurses the quality of the relationship they have with patients' influences and shapes outcomes. Creating a caring-healing environment holds promise of advancing care to a new level and enhancing patient satisfaction.

My 78-year-old patient has been oxygen dependent for a few years. He was complaining of shortness of breath and requested more oxygen. I turned up the oxygen to 4L, and I could have given him a nebulizer treatment, but I got the sense he was very scared. As I was talking to him, I started rubbing his head. After a few minutes I could feel he was beginning to relax and was breathing more easily. I rechecked his oxygen status and it was still 94 percent, but when questioned, he stated he could breathe more easily. I turned down the oxygen and continue to rub his head. I felt a very real connection with him. When I came in the next day, I received in report that he had slept better the previous night than he had in days.

- Ellen Kaufman, BS, RN, staff nurse,

West Roxbury VA Hospital, West Roxbury, MA

What is Presence?

By definition, presence is "attendance or company; immediate vicinity; proximity; ability to project a sense of ease."

Nurses spend the least amount of their time in direct patient care activities and the majority is spent locating supplies and equipment, charting and engaging in other activities that take them away from being with their patients.

When nurses are not fully present - distracted by the multitude of responsibilities that vie for their attention - there is an increased potential for medication errors, patient falls and healthcare-associated infections and overlooked pressure ulcers. Current safety initiatives in hospitals include creating a work environment that enhances the ability of nurses to be more present.

The concept of 'nursing presence' has been noted over the years in the nursing literature (Hines, 1992; McKivergin & Daubenmire, 1994; Osterman & Schwartz-Barcott, 1996; Godkin, 2001; Melnechenko, 2003; Fingeld-Connett, 2006) and is viewed as a valuable way to create meaningful and trusting relationships.

The quality of the relationship developed influences the perception the patient has about the care received. The more present-in-the-moment the nurse is, the greater chance of enhanced patient satisfaction.

The Science of Presence & Touch

Presence, as demonstrated in being in close proximity, including physical touch, triggers a release of brain endorphins. Endorphins, often related to a "runner's high," are hormones that resemble opiates and can work as natural pain and stress relievers. With high endorphin levels, people feel less pain and fewer of the negative effects of stress.

Oxytocin, which acts as a hormone and neuropeptide and is often associated with childbirth, triggers a series of biochemical reactions that tend to lower blood pressure and enhance relaxation responses. Eye contact, direct conversation, massage and physical touch can release oxytocin. The re-introduction of HS care and the integration of pet therapy may provide avenues for patients to experience more comfort and relaxation.

Hospitalized patients are removed from things that often bring them comfort: their family members, pets, cultural-based food, their own pillow and blanket. There is the stress that goes with feeling disconnected from familiar surroundings combined with the fear that accompanies an illness, anxiety and physical pain.

Josh, a 43-year-old man, had been in the hospital for nearly a month and was recently transferred to my unit from the ICU. I learned all four of his extremities were in restraints, and he had been in restraints since first admitted. He was viewed as extremely violent, a great risk to injure himself and the staff. Upon entering his room, I saw a man, mostly naked, his body in motion, fighting the restraints and reaching to remove his tracheostomy. I left and re-entered his room, equipped with lotion and aromatherapy oils. I dimmed the lights, changed the TV to a channel with nature scenes and relaxing music. As I talked to him, I began to massage his foot with the lotion. I removed the leather restraint and he remained still. Over the next month of his hospitalization, we worked as a team to get him completely out of restraints. On the day of his discharge, he passed the nursing staff, blowing kisses and mouthing the words "I love you."

- Kimberly Ronnisch, BSN, RN, HN-BC, clinical practice manager, St. John Hospital and Medical Center, Detroit, MI

Becoming a Therapeutic Presence

It takes practice to become a therapeutic presence. Amidst all the distractions, developing a practice of presence will improve the quality of care and renew nursing practice. Here are a few reminders to help develop therapeutic presence:

- **Self-Care:** Identify and practice ways to nourish body, mind and spirit. When nurses experience burnout and compassion fatigue, they are often less present with their patients. Take time to renew and rejuvenate - soak in the tub or take a short walk after supper. Maybe treat yourself to a therapeutic massage or attend a yoga class. You, your patients, and co-workers will all benefit from your caring well for yourself.

- *Take your breaks at work:* There will always be excuses for not taking breaks. After 8 hours without a break, how present are you with your patients and colleagues? How low is your blood sugar? Take your break, nourish yourself with a healthy meal, and return more refreshed and able to greet the next activity.
- *Centering:* When you are driving to work, practice letting go of whatever was going on at home so you can be present at work. Listen to some calming music. Take some deep breaths. Set an intention to have a great workday. Do the same at the end of your shift so you can be fully present with your family when you return home.
- *Breathing:* Pause for just a moment as you enter your work environment. Take a deep breath. Quiet your mind as you inhale and exhale. Do the same before you greet each patient. Consciously use your breath to let go of being with the previous patient so you can be fully present with the current one.

Henry comes to the cardiologist for palpitations, chest pain, shortness of breath. After a complete cardiac workup was negative, he was reassured and advised to follow up on an as needed basis. He called 6 months later to report insomnia, palpitations and near syncope.

I stand outside the door of my healing room and close my eyes, take a relaxing breath, center myself and send positive thoughts to Henry. As I enter the room, he looks tense; when I shake his hands, they are sweaty. I examine him and order a Holter monitor to rule out any life threatening arrhythmias.

Then I pull up a chair next to him, look into his eyes and ask "Henry, what do you think is going on with you?"

He replies, "I need to learn to relax."

I turn my MP3 player in the room from harp music to relaxation breathing techniques. It's quick, easy and takes 5 minutes to teach. I have a handout ready to reiterate what he learned and ask him to do this at least twice a day. Henry reports feeling much better after the relaxation exercise. I reach for his hand to convey my care for him, and they are no longer sweaty. I felt the interconnectedness between us.

- Emma Stafford, APN-C, Holistic Cardiology Nurse Practitioner, Atlantic Health Cardiology, Neptune, NJ

Resources

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