

Being There: Undergraduate Nursing Students' Perceptions of Nursing Presence

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Background & Significance

- Nursing presence is the physical and emotional availability of the registered nurse to the patient.
- Nursing presence is the knowledge-based “doing for” while emotionally “being with” the patient.
- Technological advancements coupled with an emerging nursing workforce comprised of a technology-dependent millennial generation could potentially threaten the emotional connection between nurse and patient.
- Few studies have explored nursing presence from a pre-licensure student perspective.

Purpose

- The purpose of this study was to explore pre-licensure undergraduate nursing students' perceptions of nursing presence during a medical-surgical clinical rotation in an acute care hospital.

Methods

- The phenomenon of nursing presence was presented during the first lecture in a junior level undergraduate adult health medical-surgical nursing theory course.
- IRB approval obtained.
- On the last day of the semester, 32 students enrolled in the course responded in writing to 4 open-ended questions asking them to share their observations of nursing presence during their medical-surgical clinical rotation:
 - “Tell us about a time when you were present to one (or more) of your patients in clinical this semester. What actions did you take to be present to your patients?”
 - “How did you feel during this interaction?”
 - “At the end of the day, how did you feel about the care that you gave to this patient(s)?”
 - “Tell us about a time when you observed a nurse being present to their patient. How do you know that the nurse was present to their patient?”

References

Kostovich, C., Schmidt, L., & Collins, E. (2011). *Registered Nurses' Perceptions of Being Present for Their Patients*. Sigma Theta Tau International 41st Biennial Convention, Grapevine, TX.

Teddlie, C. & Tashakkori, A. (2009). *Foundations of Mixed Methods Research*. Los Angeles: Sage.

Acknowledgements and Disclaimer

- The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

Sample

Characteristic	Frequencies N=32
Race	White: 87.1% (N=27) Asian: 12.9% (N=4) (Missing: N=1)
Ethnicity	Hispanic: 6.4% (N=2) Non-Hispanic: 93.5% (N=29) (Missing: N=1)
Age	Mean: 20.7 years (SD=1.93) Mode: 20 years Minimum: 20 years Maximum: 31 years
Gender	Female: 100% (N=32) Male: 0%
Clinical setting	Medical center: 59.3% (N=19) Community hospital: 40.6% (N=13)

Analysis

- Mixed methods approach
 - Quantitizing narrative data (Teddlie & Tashakkori, 2009)
- 2 researchers coded data independently, then collaboratively.
- The 12-item “Being With” subscale of the Presence of Nursing Scale-RN Version (PONS-RN) developed to measure RN's perceptions of nursing presence (Kostovich, Schmidt & Collins, 2011) was used as the codebook.

Findings: Summary

- 106 examples of nursing presence were identified by students.
- All 12 items on the “Being With” subscale of the PONS-RN were represented.

Conclusion

- Junior level pre-licensure undergraduate nursing students were able to recognize and recount their experiences of nursing presence during a medical-surgical clinical rotation.

Implications

- Teaching undergraduate nursing students to recognize nursing presence can serve as the foundation for teaching patient-centered nursing care delivery.
- Students were able to recognize some nursing presence behaviors more than others.
- Additional strategies, including simulation, for increasing students' awareness of this phenomenon should be explored.

Findings: Students' Responses Representing “Being With” Subscale Items of the PONS-RN

PONS-RN Item	Representative Student Response
I taught my patients what they needed to know.	<i>“I spent time with her by sitting by her bed and explaining what I had heard.”</i>
I addressed the spiritual needs of my patients.	<i>“When I walked into the room she was about to receive her last rights so I stood with her and her son and prayed with them.”</i>
I emotionally comforted my patients.	<i>“I stayed with her and sat and just talked and watched The Price is Right. She couldn't talk to me but I could tell just sitting with her made her happy.”</i>
I opened myself up to my patients.	<i>“I asked the patient if she could taste the flush and immediately she lit up. She asked me how I knew to ask that, and I informed her that I had one [a central IV line]. She then began to cry and said ‘thank goodness you're here.’”</i>
I felt a connection with my patients.	<i>“I felt genuine concern for my patient and that emotional bond was stronger than I would have guessed it could be before starting clinical.”</i>
I recognized the significance that patients gave to their experiences.	<i>“At first I wasn't sure where his story was going and once I realized he was sharing a very emotional story that was causing him pain, I felt great that he had chosen me to confide in.”</i>
I shared my feelings with my patients.	<i>“He was 95 years old and told me he didn't want to die in a hospital bed at which point I started crying as well.”</i>
I talked to my patients about non-health related topics.	<i>“After singing a couple verses of the song together I asked her about her life and her family.”</i>
I held my patient's hand or patted their arm when I felt they needed a human touch.	<i>“I sat down with him and held his hand as he expressed his frustration with his situation. He just really wanted a listening ear and a hand to hold- so simple, yet at that moment those things never felt so important.”</i>
I was sensitive to the beliefs of my patients.	<i>“He had a daughter who was addicted to heroin. He told me about how his fear was that one day he was going to get a phone call that she had overdosed ... Later when his wife walked in he told her that I was the student taking care of him and he said, ‘poor thing has listened to my stories all day.’ The wife quickly turned to him and under her breath she said ‘I hope you didn't share any of our dirt.’ I had heard her comment and said that we talk about the amazing vacation they had just taken to Jamaica ... since (the wife's) back was to me, my patient mouthed ‘thank you’ to me. I simply smiled at him.”</i>
I was emotionally engaged with my patients when I cared for them.	<i>“I felt very emotional in these interactions because I could tell I had the entirety of the patient's trust because they were opening up to someone they had just met.”</i>
I listened attentively to my patients.	<i>“At first I was nervous because it felt like I had to say something but then I remembered back to simulation and thought about the power of listening and I felt special that someone would trust me with so much information.”</i>