Being Present: Preserving the Nurse-Patient Connection in a World of Monitors and Megabytes

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Disclaimer

The views expressed in this presentation are ours and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.
“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

- Maya Angelou
Theoretical Foundation:  

*Nursing Presence*  

- Paterson & Zderad (1976)  
  - *Being With* and *Doing For*  
- Benner (1984)  
  - Presencing  
- Gardner (1992)  
  - Intervention  
- Doona, Haggerty & Chase (1997); Covington (2005)  
  - Openness  
- Parse (1998)  
  - True Presence
Nursing Presence...

...is the intersubjective human connectedness shared between nurse and patient, manifested through compassionate concern, openness and commitment to another grounded in knowledge, direct and indirect physical availability and empathetic attention.

(Kostovich, 2012)
A Model of Nursing Presence (Kostovich, 2002©)

The **NURSE** as educated, caring, focused observer

Confidence & Trust → Invitation

Openness

The **PATIENT** as vulnerable

Nursing Presence

Fluid Multidimensionality

Connectedness between **NURSE** and **PATIENT**
Being Present
Measuring Presence

• **Presence of Nursing Scale (PONS)** (Kostovich, 2012)
  - **Patients’** perceptions of the RN’s presence
  - 25 items
  - Rating scale 1-5 measuring levels of agreement (Never→Always)
    - *These REGISTERED NURSES were open to my concerns.*
    - *These REGISTERED NURSES “checked” on me.*

• **Testing**
  - N=330 hospitalized patients
  - Content validity: 4 SMEs
  - Construct validity: PONS compared with single-item indicator of patient satisfaction: PBS 0.8
  - Internal consistency reliability: 0.95
  - Test-retest reliability: 0.72
Measuring Presence

• **Presence of Nursing Scale-RN Version (PONS-RN)**
  (Kostovich, Dünya, Schmidt & Collins, 2016); [VA – supported fellowship]
  - Nurses’ perceptions of their ability to be present to their patients
    - I recognized the significance that patients gave to their experiences
    - I organized my patient/s’ care to maximize their benefit
  - 1. 31 items; nurses’ perceived performance of the elements of nursing presence
    - Rating scale of agreement; 5 options (SD → SA)
    - N=87 RNs from VAH
    - EFA = 2-factor structure
    - High ceiling effect
  - 2. Revision
    - Time element added to response options (I never seemed to have time to do this → I always made time to do this); 4 options
    - N=76 RNs from VAH, faith-based/secular hospitals
    - Rasch Analysis: 2 subscales: Being With (12 items) and Doing For (16 items) = 30 items
The Gift of Presence
Can STUDENTS be present?
(Kostovich & Van Denack, 2015)

• Purpose: Explore pre-licensure nursing students’ perceptions of nursing presence during a M/S clinical rotation

• Students taught about nursing presence on 1st day of class

• Junior level; 1st clinical rotation

• Methods: “Tell us about a time when you were present to your patients in clinical this semester.”

• Analysis: N=32
  – Quantitizing narrative data (Teddlie & Tashakkori, 2009)

• Findings:
  – 106 examples of nursing presence were identified by students
  – All 12 items of the Being With subscale of the PONS-RN were represented
Can **STUDENTS be present?**

(Kostovich & Van Denack, 2015)

<table>
<thead>
<tr>
<th>PONS-RN Item</th>
<th>Representative Student Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>I addressed the spiritual needs of my patients.</td>
<td>“When I walked into the room she was about to receive her last rights so I stood with her and her son and I prayed with them.”</td>
</tr>
<tr>
<td>I emotionally comforted my patients.</td>
<td>“I stayed with her and sat and just talked and watched the ‘The Price Is Right’. She couldn’t talk to me but I could tell just sitting with her made her happy.”</td>
</tr>
<tr>
<td>I shared my feelings with my patients.</td>
<td>“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.”</td>
</tr>
<tr>
<td>I talked to my patients about non-health related topics.</td>
<td>“After singing a couple verses of the song together, I asked her about her life and her family.”</td>
</tr>
<tr>
<td>I listened attentively to my patients.</td>
<td>“At first I was nervous because I 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.”</td>
</tr>
</tbody>
</table>
Longitudinal Study of Nursing Presence During Pre-Licensure Clinical Experiences

Kostovich, Van Denack & Bachmeier, (2019)

- **Research Question:**
  
  Do students’ perceived ability to be present to their patients change from their first to their last clinical experience?

- **Methods:**
  
  – Pre-licensure nursing students; End of first and last M/S course (Time Points #1 & #2)
  
  – PONS-RN

- **Analysis:**
  
  - Compared T1 and T2 PONS-RN scores using paired t-tests

- **Findings:**
  
  - N=80 (4 year & ABSN students)
  
  - **Being With** subscale:
    
    - T1: M=38.46 (SD=5.15)
    
    - T2: M=42.02 (SD=4.23)
    
    - t(79) = -5.124, p<.001

  - **Doing For** subscale:
    
    - T1: M=62.56 (SD=6.17)
    
    - T2: M=67.26 (SD=4.43)
    
    - t(79) = -5.96, p<.001

- **Conclusion:** Nursing students’ perceived ability to be present to their patients during clinical experiences can potentially increase throughout their course of study.
Teaching Presence Through High-Fidelity Simulation (Kostovich & VanDenack, 2015)

- **Purpose:** Integrate the caring concept of presence into high-fidelity simulation.
- **Aim:** Examine whether students recognized and acted upon patient cues as an invitation from to be emotionally available.
Teaching Presence Through High-Fidelity Simulation (Kostovich & VanDenack, 2015)

- **Methods:**
  - Students taught about presence in M/S course
  - Collaboration between theory and simulation faculty
  - 3 simulation scripts revised to include voice prompts/cues signaling there was an opportunity to be present

- **Analysis**
  - Adaptation of quantitizing qualitative data (Teddlie & Tashakkori, 2009)
  - 27 video-recorded simulations reviewed by 2 faculty; 13.5 hours of video

- **Findings**
  - All 12 items of the ‘Being With’ subscale were represented
Teaching Presence Through High-Fidelity Simulation
Being Present: Examining the Efficacy of an Internet Mantram Program on RN-delivered Patient-Centered Care

(Kostovich, Bormann, Hansbrough, Gonzalez, Kelly & Collins, 2021) [VA-supported NRI grant]

• Being present requires mindful and focused attention to the patient.

• Challenges for the nurse to being present:
  – Emotional exhaustion
  – Stress
  – Burnout
  – Technological distractions

• How can the nurse overcome these challenges?
Being Present: Examining the Efficacy of an Internet Mantram Program on RN-delivered Patient-Centered Care

(Kostovich, Bormann, Hansbrough, Gonzalez, Kelly & Collins, 2021) [VA-supported NRI grant]

• Mantram Repetition Program (MRP)
• Mind-Body-Spiritual approach to stress management:
  – Mantram repetition (self-selected sacred word)
  – Slowing down
  – One-pointed attention

Mindful and attentive presence in the moment
Being Present: Examining the Efficacy of an Internet Mantram Program on RN-delivered Patient-Centered Care
(Kostovich, Bormann, Hansbrough, Gonzalez, Kelly & Collins, 2021) [VA-supported NRI grant]

- Methods:
  - Pre-test/post-test one group design
  - Intervention: 6-session MRP for RNs
  - RN Variables:
    - Professional QOL (Compassion satisfaction, secondary traumatic stress, burnout)
    - Nursing Presence
    - Mindfulness
    - Existential Spiritual Wellbeing
  - Patient Variables:
    - Nursing Presence
    - Satisfaction with Nursing Care

- Measurement time points for RN:
  - T1- before MRP
  - T2- immediately after MRP
  - T3- 2 months post MRP completion

- Measurement time points for Pt:
  - 2 months post nurse MRP completion
Being Present: Examining the Efficacy of an Internet Mantram Program on RN-delivered Patient-Centered Care (Kostovich, Bormann, Hansbrough, Gonzalez, Kelly & Collins, 2021) [VA-supported NRI grant]

• **Findings:**
  – N=15 RNs
Findings:
RN: Pre-Post Intervention Comparison

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre Mean (SD)</th>
<th>Post Mean (SD)</th>
<th>Difference Mean (SD)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness</td>
<td>3.22 (1.18)</td>
<td>4.42 (0.66)</td>
<td>1.19 (1.48)</td>
<td>0.008</td>
</tr>
<tr>
<td>Professional Quality of Life:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compassion Satisfaction</td>
<td>41.27 (4.43)</td>
<td>42.47 (4.48)</td>
<td>1.20 (2.93)</td>
<td>0.04</td>
</tr>
<tr>
<td>Burnout</td>
<td>20.20 (3.40)</td>
<td>20.27 (4.40)</td>
<td>0.07 (3.92)</td>
<td>0.93</td>
</tr>
<tr>
<td>Secondary Traumatic Stress</td>
<td>18 (3.51)</td>
<td>18.30 (4.06)</td>
<td>0.30 (3.52)</td>
<td>0.70</td>
</tr>
</tbody>
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Findings:
RN: Pre-Post Intervention Comparison

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<tr>
<td>Nursing Presence:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being With</td>
<td>36.53 (4.45)</td>
<td>38.87 (4.27)</td>
<td>2.33 (4.98)</td>
<td>0.10</td>
</tr>
<tr>
<td>Doing For</td>
<td>65.33 (5.37)</td>
<td>66.07 (6.08)</td>
<td>0.73 (7.41)</td>
<td>0.94</td>
</tr>
<tr>
<td>Spiritual Well-being:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaning</td>
<td>14.8 (1.32)</td>
<td>15.21 (1.31)</td>
<td>0.43 (1.22)</td>
<td>0.34</td>
</tr>
<tr>
<td>Peace</td>
<td>11.87 (2.44)</td>
<td>13.14 (2.14)</td>
<td>1.28 (1.82)</td>
<td>0.03</td>
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<tr>
<td>Faith</td>
<td>12.67 (4.91)</td>
<td>14.93 (2.27)</td>
<td>1.93 (3.73)</td>
<td>0.11</td>
</tr>
</tbody>
</table>
Findings:
Patient Summary

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (SD)</th>
<th>Median (Interquartile Range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Presence</td>
<td>109.92 (12.04)</td>
<td>112.16 (107-115.33)</td>
</tr>
<tr>
<td>Satisfaction with Nursing Care</td>
<td>67.33 (4.49)</td>
<td>68.5 (67-69.67)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>SPNCS-Individual Care</th>
<th>SPNCS-Explained Care</th>
<th>SPNCS-Responded to Needs</th>
<th>SPNCS-Watched Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>PONS- Sum</td>
<td>0.604 **</td>
<td>0.517 *</td>
<td>0.629**</td>
<td>0.624**</td>
</tr>
</tbody>
</table>

** = significant at 0.01 level
*  = significant at 0.05 level
Next Steps

- Longitudinal study of *nursing presence* in students as they transition into practice (Kostovich, Van Denack, Bachmeier)

- Virtual simulation to teach *nursing presence* behaviors to students (Kostovich, Van Denack & Connor)
References


References - Continued


Thank you!

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