



## Original Article

## Nursing presence from the perspective of cancer patients: A cross-sectional study

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## ABSTRACT

**Background & Aim:** Nursing presence is an essential element of nursing care. Since the perception of nursing presence is influenced by different factors depending on the culture within which patients receive nursing care, this study aimed to investigate Iranian patients' nursing presence with cancer.**Methods & Materials:** In this cross-sectional study, 130 cancer patients were selected by random sampling from an oncology teaching hospital. Data was collected by the Presence of Nursing Scale and analyzed by SPSS software.**Results:** The results showed that the mean score of nursing presence (in a range of 0 to 125) was  $101.91 \pm 16.19$ . According to the results, the highest and lowest scores belonged to the items "I trusted in these nurses" and "These nurses met my spiritual needs" with a mean score of  $4.38 \pm 0.81$  and  $3.68 \pm 1.16$ , respectively. Data analysis by Pearson correlation coefficient showed no significant correlation between the mean score of nursing presence and quantitative variables such as patients' age, length of stay in the hospital, and the number of hospitalization ( $p > 0.05$ ).**Conclusion:** Although the total score of nursing presence was high, improvements in some items such as fulfilling the spiritual needs of cancer patients seem necessary. Evaluation of nursing presence by valid measures, encouraging nurses to spend more time and interacting with their patients, and providing special courses on nursing presence could help nurses improve and implement oncology nursing.

## Introduction

Nurses comprise the largest professional group of the healthcare workforce, and they are well-positioned to help meet the physical, emotional, and spiritual needs of patients and their families (1). To become aware of the patients' different needs and provide effective care, nurses should establish effective relationships with their patients (2).

One of the fundamental concepts in nurse-patient interactions is the nursing presence. Moreover, all patients and families appreciate the nursing presence and value nurses being present when engaging in nursing care (3).

This complex concept was first introduced by Florence Nightingale and used in the nursing literature in 1962 (3). It has been referred to as "Healing Presence"

in some nursing literature. This concept is the basis of many nursing theories. For example, "Peplau's Theory of interpersonal relations" is one of the first theories which deal with nursing presence. According to Peplau, nursing care aims to attain good nurse-patient communication (4). Watson (5) explains the presence as: "Being authentically present and enabling and sustaining the deep belief system and subjective life world of self and one-being cared for." Other nursing theories, such as Swanson's theory of caring, have also focused on nursing presence as the main concept in building a therapeutic relationship between nurses and patients. According to Swanson, nursing presence deals with "being emotionally present to the others" (6).

In general, presence means a constructive interaction between nurses and patients by focusing on the patients' problems, clarifying their concerns, and providing a comprehensive response (3). Nursing presence cannot be merely defined as the

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nurse's physical presence at the patient's bedside; it is a "sincere connection" between nurses and patients. Quality is more important than quantity. Presence is often manifested by the exchange of emotions between nurses and patients. In fact, nursing presence helps nurses to see a patient holistically and helps them to take measures to meet the patients' needs (7)

Evidence indicates that true nursing presence represents the quality of human relations and is associated with concepts such as sympathy, empathy, and support (8). The improvements in the therapeutic communication techniques such as active listening, eye contact, body language, physical contact, clinical empathy, respect, silence, engagement, mindfulness, and noticing nonverbal feedback could help nurses practice true presence and provide high-quality care (8).

Mohammadipour et al. (3) argued the "presence" as an art of nursing and described it as an interpersonal experience between nurses and patients that causes improvements in their relationship. They highlighted the positive effects of nursing presence on the patients and the nurse as well. Evidence shows that nursing presence is associated with positive consequences such as speeding up the achievement of therapeutic goals, increasing patients' comfort, reducing pain and feeling of loneliness and suffering, and accelerating patients' recovery (9). Furthermore, nursing presence can effectively reduce the incidence of wounds, prevent hypotension, reduce cortisol level in the blood, and reduce stress in patients (3). Nursing presence improves patients' outcomes, such as patients' safety. It has positive consequences for nurses, such as improved well-being and feeling of passion, satisfaction, empowered, supportive work environment, and greater cooperation with the patient (8).

One of the common diseases in which nurses' presence plays an important role in cancer. Cancer is a global health problem (10). A total of 24.5 million incident cancer cases was reported in 2017 worldwide. According to the World Health

Organization's (WHO) statistics, this disease is the leading cause of death in developed countries and the second leading cause in developing countries (11). According to a report by the WHO, cancer is responsible for 1 in 6 deaths in 2018, and 9.6 million deaths are due to cancer (12). In Iran, 110000 cases of cancer were diagnosed in 2018, of which 56000 lost their lives (13).

Patients with cancer experience a crisis period, particularly in the first period after diagnosis, and they need to be supported by their family and health care providers. Oncology nurses could play a main role in meeting the care needs of patients with cancer effectively. Since most therapeutic and care processes are provided by nurses, establishing a significant relationship between nurses and patients with cancer is seems necessary (14). Although nursing presence is a fundamental concept in nursing care, little is known about patients' perceptions of cancer on "nursing presence." As highlighted in previous studies, more research is needed to understand how patients perceive the nursing presence and the factors influencing their perception. Considering the complex nature of cancer and the importance of nurses' role in providing high-quality care for patients with cancer, this study aimed to investigate nursing presence from the perspective of Iranian patients with cancer.

## **Methods**

### *Design*

This study was approved by the Regional Ethics Committee of Tabriz University of medical sciences, Tabriz, Iran (Ethical code: IR.TBZMED.REC.1397.852). In this cross-sectional study, a total of 130 cancer patients were selected by random sampling method from Shahid Ghazi Teaching Hospital. This hospital is the main referral hospital in cancer in the northwest of Iran (Tabriz city). The inclusion criteria were: patients > 18 years old, being hospitalized at least for 48 hours, and definitive diagnosis of cancer. Eligible patients were invited to participate in the study. The necessary information

about the study's objectives and methods were provided individually for each subject. The subjects were assured of the confidentiality of data and their rights to withdraw from the study freely. All participants entered the study after completing an informed consent form.

#### Data collection

Data were collected using the Presence of Nursing Scale (PONS) questionnaire over a period of six months (December 2018 to June 2019). Kostovich has developed the questionnaire in 2012. It has 25 items, and the answers are based on a 5-point Likert scale (always=5, often=4, sometimes=3, rarely=2, and never =1 point). The total score of the scale ranged from 25 to 125). The lower score indicates a lower level of nursing presence and vice versa. Kostovich assessed the validity and reliability of this scale. He reported its reliability with Cronbach's alpha coefficient of 0.95 (15).

Moreover, the validity and reliability of the scale were also assessed by Bozdogan and Oz in Turkey. They reported the Cronbach's alpha for the scale at 0.99 (14). A bilingual expert translated the scale from English to Persian. Then, the validity of the Persian version was assured by the content analysis method. For this, the scale was given to 10 experts in cancer and nursing to check content validity. The scale was modified based on their comments. The reliability was assured by Cronbach's alpha of 0.78.

#### Data analysis

Data were analyzed by SPSS ver. 21 (IBM Corporation, Chicago, Ill) using descriptive and inferential statistical analyses such as t-test, ANOVA, and Pearson correlation coefficient. A P-value of less than 0.05 was considered a statistically significant value.

#### Results

A total of 130 patients were included in this study (68 men, 62 women; with a

mean±sd age of 47.7±15.75 years). Most patients (80%) were married, and more than half of them (66.9%) lived in the city. The mean length of stay in the hospital was 8.05 days. Other demographic details of the patients are shown in Table 1. According to the results, the mean nursing presence score (in a range of 25-125) was 101.91±16.19.

**Table 1.** Demographic and clinical characteristics of patients (N=130)

Variable	Categories	Mean (SD)
Age		47.7(15.72)
Length of stay in hospital (day)		8.05(6.02)
		N (%)
Gender	Female	62(47.7)
	Male	68(52.3)
Marital status	Married	104(80)
	Single	24(18.5)
	Widow	2(1.5)
Education level	Illiterates	33(25.4)
	Elementary school	28(21.5)
	Secondary school	19(14.6)
	Diploma	32(24.6)
Working condition	University	18(13.8)
	Full-time employment	11(8.5)
	Worker	4(3.1)
	Homemaker	49(37.7)
Living in	Self-employed	49(37.7)
	Unemployed	17(13.1)
	City	87(66.9)
Previous hospitalization	Village	43(33.1)
	Yes	72(55.4)
	No	58(44.6)

Table 2 shows each item's mean score of the nursing presence scale (on a scale of 1 to 4). According to the results, two items with the high score belong to item 23, "I trusted in these nurses," and item 14, "These nurses listened and responded to my needs," with a mean score of 4.38±0.81 and 4.36±0.72, respectively. According to the results, two items with the low scores belong to item 4, "These nurses met my spiritual needs," and item 21, "These nurses improved my life quality," with a mean score of 3.68±1.16 and 3.75±1.11, respectively.

## Nursing presence from the view of cancer patients

According to the analysis, the mean score of presence was not statistically significant based on variables such as gender, marital status, jobs, past hospitalization, and the living area (Table 3) ( $P>0.05$ ). However, there was a significant difference in the mean score of "nursing presence" based on

educational level ( $P=0.02$ ). Data analysis by Pearson correlation coefficient showed no significant correlation between the mean score of nursing presence and quantitative variables such as patients' age, length of stay in the hospital, and the number of hospitalization ( $P>0.05$ ).

**Table 2.** Participants' response to each item of the nursing presence scale (Sorted from higher to lower scores)

Rank	Items	Mean±SD
1	I trusted in these nurses	4.38±0.81
2	These nurses listened and responded to my needs	4.36±0.72
3	These nurses talked to me like a friend	4.33±0.87
4	These nurses made me feel peace and calm	4.26±0.84
5	These nurses made me feel safe	4.26±0.84
6	These nurses were highly skilled while taking care of me	4.25±0.89
7	These nurses were beside me when I needed them	4.25±0.75
8	These nurses were committed to caring for me	4.18±0.73
9	These nurses acquired my trust	4.16±0.97
10	These nurses understood my feelings	4.09±0.88
11	These nurses taught me what I needed to know	4.08±1.01
12	The presence of these nurses made a difference for me	4.08±0.93
13	These nurses were concerned about me	4.08±0.88
14	These nurses were sensitive towards my concerns	4.06±0.87
15	I felt a connection with these nurses	4.04±1.09
16	These nurses "checked" on me to make sure that I do not have a problem	4.02±1.09
17	These nurses comforted me physically	4.02±0.98
18	These nurses helped my day run smoothly	4.02±0.81
19	These nurses took care of me as a person, not as a disease	3.99±0.96
20	These nurses comforted me emotionally	3.92±0.97
21	These nurses enabled me to control my healthcare as much as possible	3.91±0.96
22	These nurses calmed my fears	3.88±1.02
23	These nurses provided a sense of healing around me	3.85±1.02
24	These nurses improved my life quality	3.75±1.11
25	These nurses met my spiritual needs	3.68±1.16

**Table3.** Comparison of the mean score of presence based on patients' characteristics

Variables	Mean	SD	P-value
<b>Gender</b>	Male	103.31	0.17*
	Female	100.38	
<b>Marital status</b>	Married	102.09	0.71**
	Widow	110.00	
<b>Education level</b>	Illiterates	98.15	0.02 **
	Elementary school	102.86	
	Secondary school	112.42	
	Diploma	101.56	
<b>Working condition</b>	University	96.88	0.88**
	Full-time employment	101.36	
	Worker	93.25	
	Housekeeper	101.18	
<b>Previous hospitalization</b>	Self-employed	102.25	0.24 *
	Unemployed	103.76	
	Yes	101.90	
<b>living in</b>	No	101.93	0.65 *
	City	101.99	
	Village	101.77	

\*Independent t-test \*\* ANOVA

## Discussion

This study aimed to assess nursing presence from the perspective of Iranian patients with cancer. According to the results, nursing presence from the perspective of patients with cancer was more than the average level. The results showed that the mean score of nursing presence was  $101.91 \pm 16.19$  (In a range of 25-125). This is an important result; because effective nursing presence could lead to improvements in patients' outcomes. Therefore, nurses must try to maintain this high level of presence among patients with cancer.

In this regard, in a study by Kostovich (15) in the United States, the nursing presence score was  $105.16 \pm 83.05$ . Moreover, a study at East Tennessee State University (USA) by Turpin (9) showed a high level of nursing presence ( $107.03 \pm 16.16$ ) among 122 adult inpatients from ten acute-care nursing. In a study conducted in Turkey by Bozdogan et al. (16), the mean nursing presence score from cancer patients' perspective was reported  $88.22 \pm 46.64$ , which is less than the score obtained in our study. These differences may be attributed to the cultural differences, patients' expectations, number of workforces, advanced technologies, and specialized oncology nurses in some countries. The literature review shows that culture affects cancer patients' insights into disease, suffering, disability, expressions, and degrees of concern (17). Moreover, Heavy workload and a large number of patients, the delegation of non-professional and time-consuming tasks to nurses, nurses' dissatisfaction with payments, and additional tasks and paperwork can be considered the reasons for reduced nursing presence (18). Furthermore, clinical empathy as one of the nurses' competency could influence nurses and cancer patients (19).

Based on the results, the items of "I trusted in these nurses" in PONS earned a high score. The results showed that patients with cancer had a high level of trust toward nurses working in the oncology ward. In line with our results, a study by Ozaras & Abaan (20) in Turkey showed that patients with cancer had a high level of trust toward nurses in the

oncology hospital. Zhao et al. (21) believe that trust is at the heart of nurse-patient relationships, especially cancer patients. Moreover, the nurse-patient relationship's value of the trust has been documented in nursing literature (22-24). Stolt et al. (25) compared the patients' trust toward nurses among patients with cancer in four countries, including Cyprus, Egypt, Finland, and Sweden. Although there were differences between countries, patients with cancer trusted nurses to a great extent level. In a study on cancer patients' perceptions of a good nurse, cancer patients highlighted the importance of building trust as the main feature of a good nurse (26).

According to the results, the lowest PONS score belonged to item 4, "These nurses fulfilled my spiritual needs." It seems that nurses working in this oncology ward do not address patients' spiritual needs. In a study conducted in Tehran, Rahnama et al. (27) showed a similar result. They found that nurses do not satisfy all the spiritual needs of patients with cancer. Moreover, they concluded that nurses' practices do not meet the expectations of patients and their family members in some cases.

In a qualitative study, Mojarad et al. investigated the facilitators of nursing presence among cancer patients. Three main categories: "Leverage spirituality," "Being with a patient with compassion and commitment," and "Effective communication" emerged from the analysis. According to their result, oncology nurses believed that "caring for these patients is God's blessing, and they can see its effect on their lives". Moreover, nurses told that they try to have a sympathetic presence beside the patients and establish a friendly relationship with them (28).

Forouzi et al. (29) argue that although assessing and addressing the patients' spiritual needs is difficult, nurses must try to meet patients' spiritual needs with cancer.

Pearson correlation test results showed no significant relationship between the frequency of admission and mean nursing presence, and between the patients' age and the mean score

of nursing presence. In a study by Turpin, patients were divided into young, middle-aged, and elderly groups, but there were no significant differences between them in terms of nursing presence (9). Also, Kostovich showed no relationship between age and patient's perception of nursing presence (15). These results support the findings of our study. However, Bozdogan showed that patient satisfaction from nursing presence increases with aging (16). This result is not consistent with ours.

According to the result, the mean score of nursing presences was significantly different based on the participants' educational level. Patients with higher education showed a lower score on nursing presence. It seems that patients with a higher level of education may have high expectations from nursing presence.

Fahlberg et al. believe that patients analyze our verbal and non-verbal behaviors. Thus, our behaviors and words will have long-term effects on the patient and his family. Therefore, mindful presence is essential to providing support. Palliative care, especially in cancer patients, requires attention and active listening when caring for the patients. Through presence, nurses know the patients in a fuller and deeper manner and enable them to recognize characteristics, treatment outcomes, and subtle changes in patients (30).

These findings suggest that supporting nurses' work to develop the nursing presence in clinical settings requires specific courses and educations on developing the skills of therapeutic communication and supportive and conducive policies and facilities that foster the cultivation of respect and nursing presence in health care settings (3).

There are some limitations to this study. The present study was conducted in one oncology center with small sample size. It is recommended that further studies should be conducted with larger samples sizes. Moreover, we assessed the nursing presence from the patients' perspective, and we did not include nurses in this study. So, it is recommended to study the nursing presence from oncology nurses' perspectives in future studies. Also, conducting qualitative studies in

nursing presence could help provide more insights in this area.

## **Conclusion**

Given their situation, cancer patients need to establish a significant relationship with nurses and other care providers. Although the total score of nursing presence was high in the Presence of Nursing Scale, improvements in some items such as fulfilling patients' spiritual needs with cancer seem necessary. Therefore, providing special courses on nursing presence for nursing students and nurses alongside a conducive work environment with supportive colleagues could help nurses improve personal interaction and implement nursing presence. In this regard, educators and managers could use appropriate education strategies and caring activities to assist the promotion of nursing presence (3)

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## **Conflict of interest**

There are no conflicts of interest.

## **References**

1. Glerean N, Hupli M, Talman K, Haavisto E. Young peoples' perceptions of the nursing profession: An integrative review. *Nurse Education Today*. 2017;57:95-102.
2. Feo R, Rasmussen P, Wiechula R, Conroy T, Kitson A. Developing effective and caring nurse-patient relationships. *Nursing Standard*. 2017;31(28):54-63.
3. Mohammadipour F, Atashzadeh-Shoorideh F, Parvizy S, Hosseini M. Concept development of "nursing presence": application of schwartz-barcott and kim's hybrid model. *Asian Nursing Research*. 2017;11(1):19-29.
4. Peplau HE. Peplau's theory of interpersonal relations. *Nursing science quarterly*. 1997;10(4):162-7.

5. Watson J. Nursing: The Philosophy and Science and Caring. *Caring in Nursing Classics: An Essential Resource*. 2012;143-52.
6. Jarvis K. Swanson's Theory of Caring: An Application to the Role of Nursing Education. *International Journal for Human Caring*. 2019;23(3):266-71.
7. Hessel JA. Presence in nursing practice: A concept analysis. *Holistic nursing practice*. 2009;23(5):276-81.
8. Cherrill S, Octavian G, Pamela DiVito T, Caroline E. The Use and Intended Outcomes of Presence: A Focus Group Study. *International Journal of Nursing Knowledge*. 2016;29(1):59-65.
9. Turpin RL. Psychometric Testing of the Presence of Nursing Scale: Measurability of Patient Perceptions of Nursing Presence Capability of Nurses in an Academic Medical Center: East Tennessee State University; 2016.
10. Shahbazi S, Heidari M, Ghafourifard M. Comparison of direct and indirect methods of teaching breast self-examination–influence on knowledge and attitudes of Iranian nursing and midwifery personnel. *Asian Pacific journal of cancer prevention: APJCP*. 2017;18(4):1157.
11. Fitzmaurice C, Abate D, Abbasi N, Abastabar H, Abd-Allah F, Abdel-Rahman O, et al. Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-Years for 29 Cancer Groups, 1990 to 2017: A Systematic Analysis for the Global Burden of Disease Study. *JAMA Oncol* 2019;5(12):1749-68.
12. World Health Organisation: cancer 2018 [Available from: <https://www.who.int/news-room/fact-sheets/detail/cancer>].
13. Zendehdel K. Cancer Statistics in I.R. Iran in 2018. *Basic Clin Cancer Res*. 2016;11(1):1-4.
14. Yesilot SB, Oz F. Validity and reliability of the presence of nursing scale in patients with cancer in the Turkish language. *International Journal of caring sciences*. 2016;9(2):443-51.
15. Kostovich CT. Development and psychometric assessment of the presence of nursing scale. *Nursing Science Quarterly*. 2012;25(2):167-75.
16. Bozdoğan Yeşilot S, Öz F. Cancer patients' perceptions of nursing presence. *Journal of Psychiatric Nursing*. 2017;8(3):150-6.
17. Surbone A. Cultural aspects of communication in cancer care. Recent results in cancer research *Fortschritte der Krebsforschung Progres dans les recherches sur le cancer*. 2006;168:91-104.
18. Zyblock DM, editor *Nursing presence in contemporary nursing practice*. Nursing Forum; 2010: Wiley Online Library.
19. Rohani C, Kesbakhi MS, Mohtashami J. Clinical empathy with cancer patients: a content analysis of oncology nurses' perception. *Patient preference and adherence*. 2018;12:1089.
20. Ozaras G, Abaan S. Investigation of the trust status of the nurse-patient relationship. *Nursing ethics*. 2018;25(5):628-39.
21. Zhao L, Wang R, Liu S, Yan J. Validation of Chinese version of the 4-item Trust in Nurses Scale in patients with cancer. *Patient preference and adherence*. 2017;11:1891-6.
22. Zamanzadeh V, Valizadeh L, Rahmani A, Ghafourifard M. Compassionate care in nursing: A hybrid concept analysis. *Journal of hayat*. 2017;22(4):362-80.
23. Ahmadpour B, Ghafourifard M, Ghahramanian A. Trust towards nurses who care for haemodialysis patients: a cross-sectional study. *Scandinavian Journal of Caring Sciences*. 2019.
24. Zamanzadeh V, Valizadeh L, Rahmani A, van der Cingel M, Ghafourifard M. Factors facilitating nurses to deliver compassionate care: a qualitative study. *Scandinavian journal of caring sciences*. 2018;32(1):92-7.
25. Stolt M, Charalambous A, Radwin L, Adam C, Katajisto J, Lemonidou C, et al. Measuring trust in nurses – Psychometric properties of the Trust in Nurses Scale in four countries. *European Journal of Oncology Nursing*. 2016;25:46-54.
26. Rchaidia L, Dierckx de Casterlé B, De Blaeser L, Gastmans C. Cancer patients' perceptions of the good nurse: a literature review. *Nursing ethics*. 2009;16(5):528-42.
27. Rahnema M, Fallahi Khoshknab M, Seyed Bagher Madah S, Ahmadi F. Cancer patients' perception of spiritual care. *Medical Ethics and History of Medicine*. 2012;5(3):64-80.
28. Mojarad FA, Sanagoo A, Jouybari L. Exploring the experiences of oncology nurses about the factors facilitating their presence at the bedside of patients with cancer: A qualitative study. *Indian J Palliat Care*. 2019;25(2):236.
29. Forouzi MA, Tirkari B, Safarizadeh MH, Jahani Y. Spiritual Needs and Quality of Life of Patients with Cancer. *Indian J Palliat Care*. 2017;23(4):437-44.
30. Fahlberg B, Roush T. Mindful presence: Being “with” in our nursing care. *Nursing* 2019. 2016;46(3):14-5.