

ORIGINAL RESEARCH

EXTENT OF HEMODIALYSIS NURSES' PRESENCE AS PERCEIVED BY PATIENTS

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Abstract

Background: Nursing presence is an essential nurse caring behavior of being with the patient. This is particularly true for those with chronic renal disease and who regularly undergo maintenance hemodialysis treatment in the hospital setting. When nursing presence is perceived by patients in a nurse-patient relationship, it is more likely to result in enhanced satisfaction with the quality of nursing care. Thus, it is important for hemodialysis nurses to be aware of the relevance of nurse-patient interactions in planned care considering that these interactions are integral to the extent to which nursing presence is experienced and perceived by patients.

Objective: This study aims to determine the hemodialysis nurses' extent of nursing presence as perceived by patients undergoing hemodialysis treatment in two hospitals in Iligan City, Philippines.

Methods: Utilizing the descriptive research design, the study was conducted in two hospitals in Iligan City, Philippines. A total of 121 hemodialysis patients were purposely selected to determine their perception as to the extent of hemodialysis nurse's nursing presence utilizing the 25-item Presence of Nursing Scale (PONS) instrument. Descriptive statistics were used for data analysis.

Result: The overall rating by the hemodialysis patients in both hospitals was "always" on the hemodialysis nurses' extent of nursing presence with an average mean score of 4.47 in all 25 items of the PONS. The highest rated item which reflects that the nurse cares for the patient as a person had an average mean score of 4.63 (always) while the lowest rated item indicating that the nurse is meeting the spiritual needs of the patient had an average mean score of 4.23 (always).

Conclusion: The nurse-patient relationship is enhanced by the presence of nurses who are more responsive and interactive with the patients, resulting in patients who are more satisfied with nursing care. Thus, it is suggested that nurses in dealing with patients of varying backgrounds should consider their unique needs when giving information, explanations, health education and nursing care.

KEYWORDS

pons; nursing presence; nursing care; nursing; caring; nurse-caring behavior; nurse-patient relationship; extent of care; hemodialysis patients; hemodialysis unit

BACKGROUND

Nursing presence as a caring behavior is a unique component of the nursing profession. "Nursing involves an intimate relationship-centered partnership between the nurse and patient" (Finfgeld Connett, 2008, p. 527). Nurses are recognized for their caring behavior and are expected by their patients to show care (Tanking, 2010). Patients appreciate it when a nurse is there to cater to their needs and when the nurse consciously cares for them (Schwerin, 2004).

The evidence of nursing presence during olden times paved the way for the recognition of the importance of caring behavior among nurses. Nursing presence was evident during the time of Florence Nightingale as "rare healing presence" for the soldiers in the Crimean War (Dossey, 2000 as cited in Zybblock, 2010, p. 121). More recently, Jean Watson

formulated her theory of transpersonal caring which serves as a guide to both the discipline and professional development of nurses (Graham, 2008; Hanson & Stenvig, 2008; Wade & Kasper, 2006). Watson (2010) believes that caring is "being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and one-being cared for" and that caring implies "being present to and supportive of the expression of positive and negative feelings" (p. 2).

Although presence is defined in various contexts, some theorists present similarities in their concepts.

Paterson and Zderad, 1976 as cited in Minicucci (1998), stressed that authentic presence focuses on intentionality of doing with and being with in a nurse-patient relationship as an integral part of nursing care management. The being with refers to the "nurse's ability to be present to patient's experiences in

care settings,” and to “respond to the fullness of the patient’s personhood” (para. 8). Presence is the “medium through which health in and between both patient and nurse is catalyzed” (para. 10) as mutual partners in well-being and authenticity of care (Nebres, 2016, p. 16).

An increase is observed in the awareness of the benefits of nursing presence as a caring behavior (Kostovich, 2002; Papastavrou et al., 2011; Papastavrou et al., 2012; Turpin, 2014). Caring behavior constitutes an active role wherein “the patient experiences a sense of acceptance and feels cared for and respected” (Crane Okada, 2012, p. 157; Papastavrou et al., 2012; Tanking, 2010) thanks to “the nurse’s use of self as an agent for healing” (Minicucci, 1998, para. 2), using professional knowledge and skills in connecting with and respecting the individual’s uniqueness.

Nursing presence as a caring behavior in the care of patients involves various aspects, namely: the cognitive (use of learned nursing knowledge and reasoning ability); affective (in terms of feelings, attitudes, and motivation to care); behavioral (physical ability to acquire and perform nursing skills); and spiritual aspect (ability to give spiritual care through prayers) (Kostovich, 2002). These nurses’ cognitive, affective, behavioral and spiritual aspects of care are not clear-cut, but overlap and interrelate in the practice of nursing presence. Thus, nursing presence is described as a “multidimensional unified whole, fluidly existing in the cognitive, affective, behavioral, and spiritual experiential domains all at once” (Kostovich, 2002, p. 55). It is “by consciously being with the patient, displaying care and empathy” that nurses enhance healing (Boeck, 2014, p. 3).

Nursing presence as an intervention has been associated to being with and providing quality nursing care for patients resulting in a therapeutic outcome (Nebres, 2016). It has been identified as an essential aspect in enhancing the nurse-patient relationship that is beneficial to both patients and nurses (Crane Okada, 2012; Jesse, 2010; Papastavrou et al., 2012; Tanking, 2010). Kostovich (2002) stressed that patients “believed that the presence of the registered nurse made a difference to them during their hospitalization” (p. 84). Furthermore, Kostovich emphasized that a high level of nursing presence would positively correlate to high levels of patient satisfaction with the quality of nursing care. Through nursing presence, the healing force of care, compassion, competence, commitment, confidence and the time spent in a nurse-patient interaction, improve healing that a patient yearns for. However, there is a need to arrive at a better understanding of how nursing presence functions in diverse ways as well as what is its impact on the patient’s well-being and satisfaction.

A quantitative systematic review of 23 comparative studies conducted by Papastavrou et al. (2011) revealed that there is no congruency of perceptions between nurses and patients as regards nursing presence, although some studies reported congruence. For instance, a meta-synthesis of 14 qualitative studies revealed how presence was defined both by patients and nurses as “close physical proximity that includes availability, attending to patient’s personal needs and sensitive communication” (Finfgeld Connect, 2006 as cited in Papastavrou et al., 2012, p. 371). Moreover, “there is a growing body of literature suggesting that congruency of perceptions and goals is important for the patients profiting from caring and nurse-patient agreement may be

the key factor in patient satisfaction... comfort, health behaviors and compliance” (Papastavrou et al., 2011, p. 1202).

The studies reviewed did not recommend generalization of the findings to the nursing community due to established limitations (Papastavrou et al., 2011). Most studies examining nursing presence were conducted in medical, surgical, and critical care areas of hospitals (Hansbrough, 2011; Kostovich, 2002; Palese et al., 2011; Papastavrou et al., 2012; Tanking, 2010).

Evidence is lacking concerning hemodialysis nurses’ extent of nursing presence as perceived by hemodialysis patients (Palese et al., 2011; Papastavrou et al., 2012). Hemodialysis nurses are the primary caregivers providing long term nursing care to end stage renal disease patients in hemodialysis units (Minn, 2014). Patients expect nurses to express care by being with them in giving nursing care while the former are attached to the hemodialysis machine for a number of hours during treatment. These nurses are to demonstrate “human responses as compassionate expression of care” and focus on nursing practice that is balanced between “working with technology and providing hands-on nursing” while being genuinely present with the patient (Locsin, 2005, p. 103).

The nursing profession is interested in understanding the art of nursing practice. To meet the unique needs of clients effectively, it is important for nurses to be aware of their patients’ perceptions in order to enhance a nurse-patient relationship that satisfies their patients. Kostovich (2002) stressed that the redundancy of qualitative findings “warrants research to be expanded into the quantitative realm” to further explore the concept of nursing presence where the “knowledge gaps lie” (p. 52). In order to realize this, empirical knowledge is required in identifying how hemodialysis nurses augment, maintain and express the extent of nursing presence to the hemodialysis patients they are caring for. In addition, no published reports are available in the country concerning nurses’ caring behavior of presence.

The study aims to fill the gap and add to the body of nursing knowledge about hemodialysis nurses’ nursing presence at the hemodialysis unit. Thus, the study intends to determine the hemodialysis nurses’ extent of nursing presence as rated by the hemodialysis patients undergoing hemodialysis treatment in hospitals in Iligan City, Philippines.

METHODS

Study Design

This was a descriptive research design, conducted to describe, analyze and document new facts on hemodialysis nurses’ extent of nursing presence to hemodialysis patients in two hospitals in Iligan City, Philippines on June - July 2016.

Participants

The target population in this study consisted of patients with chronic kidney diseases admitted in the Hemodialysis Units (HDU) and who had been undergoing hemodialysis treatment for a period of at least one month in two hospitals in Iligan City. There was a total of 129 patients from both hospitals; however, only 121 patients (government hospital n=16 and private hospital n= 105) who met the selection criteria were selected using purposive sampling. The inclusion criteria to select

sample were: 1) 18 years and above, 2) received hemodialysis treatment for at least three sessions in the HDU (in order to have received nursing care and having been able to experience nursing presence), 3) grade six graduates and above educational attainment who have the ability to communicate (ability to read, write, speak, and understand English as a second language), and 4) were willing to participate in the study.

Instrument

The extent of HD nurses' nursing presence was measured using the 25-item Presence of Nursing Scale (PONS) questionnaire, which was adopted from [Kostovich \(2002\)](#). In 2002, the PONS which was administered among 330 adult patients hospitalized on acute care medical-surgical units demonstrated stability using the test-retest reliability of 0.729, confirming high internal consistency with a Cronbach's alpha of 0.95 ([Kostovich, 2002](#)).

The PONS questionnaire is the first instrument developed that measures the extent of nursing presence as a holistic concept (affective, behavioral, cognitive and spiritual domains) from the patient's perspective using the five point Likert-type scale, ranging from 1=never, 2=rarely, 3=occasionally, 4 = frequently, and 5=always ([Kostovich, 2002](#)). Patients were asked if the presence of the hemodialysis nurse made a positive or negative difference during their hemodialysis treatment. Only patients who stated they felt some degree of nursing presence were to rate the extent (always to never) of nursing presence displayed by their nurse.

Data Collection

The data were collected from patients in dialysis units after approval of the study was obtained from the acting chief of hospital and human resources director of two hospitals (government and private) in Iligan City, Philippines. Permission to access the list of all the names of hemodialysis patients meeting the inclusion criteria was obtained and their respective schedules were taken from the head nurses of the respective hospitals. This was to ensure that all patients have an equal chance to participate in the study and answer the questionnaire once only during the entire period of data collection. The data collection was conducted by the researchers from June 10 to July 1, 2016.

Data Analysis

The researchers made use of descriptive statistics for data analysis to describe frequency distribution and the mean and standard deviation. The Statistical Program for the Social Sciences (SPSS) v. 17 was used to analyze these data.

Ethical Consideration

Data collection commenced after the study had been approved by University Research Ethics Committee on June 7, 2016. The researchers ensured that all respondents obtained appropriate informed consents.

RESULTS

Table 1 shows that the number of the respondents was 121 from both hospitals. Majority of hemodialysis patients were middle age adults

(44.63%), male (57.85%), married (72.73%), college level (either attended college or graduated with a college degree) (69.42%), and had been undergoing hemodialysis for 12 months or more (59.51%).

Table 1 Demographic and Health Profile of the Respondents

Demographic Profile	Total Frequency (%)
Age Range	
20-40	22 (18.18)
41-64	54 (44.63)
65-above	45 (37.19)
Total	121 (100.00)
Gender	
Male	70 (57.85)
Female	51 (42.15)
Total	121 (100.00)
Civil Status	
Married	88 (72.73)
Single	16 (13.22)
Widow	10 (8.26)
Widower	4 (3.31)
Separated	3 (2.48)
Total	121 (100.00)
Educational Attainment	
Elementary level	9 (7.44)
High School level	24 (19.83)
College level	84 (69.42)
Graduate level (Master's Degree)	4 (3.31)
Total	121 (100.00)
Number of Months Having Hemodialysis	
6 and below	19 (15.70)
7-11	30 (24.79)
12 and more	72 (59.51)
Total	121 (100.00)

Table 2 shows that patients in both hospitals rated "always" on the extent of nurses' nursing presence during HD treatment. The succeeding items in the PONS are presented from the highest to the lowest overall mean scores. The highest overall mean score was 4.63 reflecting the behavioral aspect of nursing presence, whereas the second highest ranking presents the affective domain of nursing presence with an overall mean score of 4.59. The next four items also depict the behavioral aspect of nursing presence with the overall mean score of 4.58. The two items that are ranked 7th and 8th describe both affective and behavioral aspect of nursing presence with the overall score of 4.57 and the 9th item shows the cognitive domain of nursing presence with the overall mean score of 4.56. The succeeding 15 items reflect the affective characteristic of nursing presence with the following overall mean scores: 4.53 (items 10-12), 4.52 (item 13), 4.51 (item 14), 4.50 (item 15), 4.48 (item 16), 4.45 (item 17 and 18), 4.44 (item 19), 4.43 (item 20), 4.33 (item 21), 4.32 (item 22), 4.30 (item 23), and 4.28 (item 24) respectively. Overall, results reveal that the lowest rated item was on the spiritual domain of nursing presence with the overall mean score of 4.23 (item 25).

Table 2 Mean Scores on the Extent of Nursing Presence of Hemodialysis Nurses

Rank	Presence of Nursing Scale (PONS) Items	Overall	
		M±SD	Description
1	Took care of me as a person, not as a disease.	4.63±0.81	Always
2	“Checked” on me.	4.59±0.89	Always
3	Were there if I needed them.	4.58±0.84	Always
4	Listened and responded to my needs.	4.58±0.86	Always
5	Made me feel safe.	4.58±0.91	Always
6	I had confidence in these RN.	4.58±0.89	Always
7	Earned my trust.	4.57±0.77	Always
8	Concerned about me.	4.57±0.89	Always
9	Skilled in providing my care.	4.56±0.87	Always
10	Talked to me as a friend.	4.53±0.96	Always
11	Physically comforted me.	4.53±0.84	Always
12	Gave me control over my healthcare as possible.	4.53±0.87	Always
13	Made me feel at peace.	4.52±0.94	Always
14	Created a sense of healing around me.	4.51±0.91	Always
15	Committed to care for me.	4.50±0.93	Always
16	Understood my feelings.	4.48±0.95	Always
17	Made the quality of my life better.	4.45±1.03	Always
18	I felt a connection between one or more of these RNs.	4.45±0.96	Always
19	Calmed my fears.	4.44±0.96	Always
20	Helped my day run smoothly.	4.43±1.00	Always
21	The presence these RN made a difference to me.	4.33±1.06	Always
22	Open to my concern.	4.32±1.12	Always
23	Taught me what I needed to know.	4.30±1.13	Always
24	Emotionally comforted me.	4.28±1.11	Always
25	Met my spiritual needs.	4.23±1.16	Always
	Average	4.47±0.72	Always

Note: Mean±Standard Deviation (M±SD) Registered Nurse (RN)

DISCUSSION

This study aims to determine the rating on the extent of hemodialysis nurses' nursing presence as perceived by the hemodialysis patients during the months of hemodialysis treatment in the hospital. More than half of the patients (n =72 or 59.51%) had been undergoing hemodialysis for more than a year, the longest being around six years. In this group, majority (n = 55 or 76.40 %) rated “always” and only 17 (23.60%) rated “rarely to frequently” as to the extent of nurses' nursing presence. For the 30 patients who experienced between 7 to 12 months of dialysis treatment, 20 (66.70%) rated the extent of nursing presence as “always” while only 10 (33.30) rated it as “rarely to frequently”. In a manner similar to the previous groups, 12 (63.20%) out of 19 patients who had undergone less than six months of hemodialysis treatment rated nurse's presence as “always” and 7 (36.80%) rated it as “rarely to frequently”.

This shows that patients experience nursing presence regardless of the duration of their hemodialysis treatment. Thus, nursing presence is evident in hemodialysis nurses during every dialysis treatment. Nursing presence is portrayed “a caring behavior of the nurse to be present with the patient in a clinical setting” (Nebres, 2016, p. 19) with an intention of focusing on the patient through attentiveness of the patient's needs and providing healing during hemodialysis treatment (Tavernier, 2006). This leads to the patients experiencing a feeling of safety and comfort in disclosing with the nurse their thoughts and feelings about

their health that fosters healing and improves satisfaction with care (Mitchell, 2008).

The results also show that patients chose the rating “always” on the extent of nurses' nursing presence more on the affective and behavioral domain of nursing presence than on the technical, cognitive, and spiritual aspects of nursing presence. This is inconsistent with the results of the study conducted by Greenhalgh et al. (1998) in which patients rated highly the technical aspect of nurses' care, and that caring is an unending expression of nursing (Acob, 2018). The results of the study support the premise that nurses treat their patients as unique individuals with different nursing care needs.

Moreover, the low ratings in spiritual domain of nursing presence are supported by Hansbrough (2011) finding where lower scores in PONS possibly indicate that patients tend to perceive that their spiritual needs are not given much attention, and that nurses are doing only the necessary work in response to a patient's call for help, avoiding intrapersonal interaction in work. Items with higher scores were related to patients' perception that they were attended to by the nurse with professional interaction, that the nurse took time to establish rapport and were committed to care, saw them as individuals in the nurse-patient interactions, and felt confident in the nurse's skill and knowledge. Patients' perceptions varied from “feelings of being alone and the object of the work, toward a more caring relationship with a nurse who was there for them” (Hansbrough, 2011, p. 78).

This finding is also consistent with [Hansbrough \(2011\)](#) finding that high PONS scores meant that patients felt more rapport with the nurse, more trust and more security, while low PONS scores indicated that the patients did not feel they were treated and respected as unique individuals. Instead, they felt that their need of reassurance that the nurse was there to take care of them as partners in achieving their health goals was unmet. The high scores indicated positive perceptions on “professional nurse-patient relationships that resulted in the achievement of the patient’s health care goals” ([Hansbrough, 2011, p. 85](#)).

Moreover, the result most likely reflects the impact of increasing demand for nurses outside the country. In just about every healthcare institution in the Philippines, the current situation is that experienced nurses migrate to meet the demand for nurses abroad where there are offers of stable jobs and bigger salaries, such as in the USA, the Middle East, Europe, and other Asian nations, leaving the country with the younger and inexperienced nurses ([Choo, 2003](#)). Younger nurses entering the workforce are less experienced and may be less capable at using nursing presence ([Turpin, 2014](#)). Such nurses have “different communication styles as compared to the prior generations, preferring to communicate via text, email, etc., versus face-to-face communication” but are valuable in filling vacant positions due to lower salary rates ([Metcalf & Putnam, 2013 as cited in Turpin, 2014, p. 15](#)).

The nurse antecedents of personal characteristics and professional maturity (knowledge, practice, and experiences) serve as an important aspect in nurse-caring behavior of presence promoted by a favorable practice environment believed to result in enhanced well-being (mental, physical, social, and spiritual) among patients ([Nebres, 2016](#)). In this sense, “nursing can be a path not only to personal and professional development...but...for self-realization and authentic use of self as the ultimate instrument of human caring” ([Nebres, 2016, p. 24](#)).

The limitation of this study is that it utilized only the PONS 25 items rating. Two open ended questions of the PONS dealing with qualitatively eliciting a personal meaning of presence from the participants were excluded due to the weak condition of the patients and their unavailability for prolonged interview at the hemodialysis unit. In addition, the research encompassed only hemodialysis patients in two hospitals, thus the study results will be generalizable only for the patient population of these two hospitals in Iligan City.

CONCLUSION

The study supports Watson’s transpersonal caring theory on the importance of presence as an essential nurse caring behavior. Nursing presence as a nurse-caring behavior shown in nurse-patient relationships is an important aspect in enhancing quality nursing care. Nursing presence is shown to be relevant in this study and significant insights are provided to guide the practice of nursing presence as a caring behavior.

Overall ratings show that more of the nursing presence experienced by patients was on the behavioral and affective aspects and less on the spiritual aspect of nursing care. This reflects the fact that patients

expected more spiritual care to help them cope with chronic kidney disease and hemodialysis treatment. This insight should provide nurses significant awareness and encouragement to enhance spiritual care by being with the patient, offering prayers, and coordinating with the hospital chaplain to help patients’ ability to manage the debilitating condition and the stress of hemodialysis treatment.

The findings may be used as a basis for future research development on the caring behavior of nursing presence in various nursing fields in order to address areas in nursing practice that need improvement. The PONS questionnaire is recommended to be administered to other groups of patients with other disease conditions aside from chronic renal disease, and in other hospitals using other socio-demographic characteristics of patients, in order to determine what caring behavior would enrich the nursing practice of both professional nurses and nursing students.

Declaration of Conflicting Interest

No conflict of interest.

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Authorships Contribution

Ma. Almira P. Nebres was responsible for the study conception, design, data analysis and interpretation.

Clarence Bien L. Nebres was responsible for the drafting, data acquisition and analysis.

Bienvisa L. Nebres edited and made critical revisions to the paper.

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References

- Acob, J. R. (2018). Caring as unending expression of nursing (CUEN): A theory of nursing. *The Malaysian Journal of Nursing*, 10(2). <https://doi.org/10.31674/mjn.2018.v10i02.006>
- Boeck, P. R. (2014). Presence: A concept analysis. *Sage Open*, 4(1), 2158244014527990. <https://doi.org/10.1177/2158244014527990>
- Choo, V. (2003). Philippines losing its nurses, and now maybe its doctors. *The Lancet*, 361(9366), 1356. [https://doi.org/10.1016/s0140-6736\(03\)13094-2](https://doi.org/10.1016/s0140-6736(03)13094-2)
- Crane Okada, R. (2012). The concept of presence in group psychotherapy: An operational definition. *Perspectives in Psychiatric Care*, 48(3), 156-164. <https://doi.org/10.1111/j.1744-6163.2011.00320.x>
- Finfgeld Connett, D. (2008). Qualitative convergence of three nursing concepts: art of nursing, presence and caring. *Journal of Advanced Nursing*, 63(5), 527-534. <https://doi.org/10.1111/j.1365-2648.2008.04622.x>
- Graham, L. (2008). Gestalt theory in interactive media design. *Journal of Humanities & Social Sciences*, 2(1), 1-12.
- Greenhalgh, J., Vanhanen, L., & Kyngäs, H. (1998). Nurse caring behaviours. *Journal of Advanced Nursing*, 27(5), 927-932. <https://doi.org/10.1046/j.1365-2648.1998.t01-1-00577.x>
- Hansbrough, W. (2011). *Examining nursing presence in the acute care setting as an indicator of patient satisfaction with nursing care*. University of San Diego, San Diego.
- Hanson, K. J., & Stenvig, T. E. (2008). The good clinical nursing educator and the baccalaureate nursing clinical experience: Attributes and praxis.

- Journal of Nursing Education*, 47(1), 38-42. <https://doi.org/10.3928/01484834-20080101-04>
- Jesse, D. E. (2010). Jean Watson: Watson's philosophy and theory of transpersonal caring. In A. M. T. M. R. Alligood (Ed.), *Nursing theorists and their work* (7th ed., pp. 91-112). USA: Mosby.
- Kostovich, C. T. (2002). *Development of a scale to measure nursing presence* (Doctoral dissertation), Loyola University of Chicago Chicago.
- Locsin, R. C. (2005). *Technological competency as caring in nursing: A model for practice*. Indianapolis: Sigma Theta Tau International
- Minicucci, D. S. (1998). A review and synthesis of the literature: the use of presence in the nursing care of families. *The Journal of the New York State Nurses' Association*, 29(3-4), 9-15.
- Minn, W. W. (2014). Enhancing patient safety in hemodialysis nursing care practice among nurses in the renal unit at the Defence Services General Hospital: a best practice implementation project. *JBI Database of Systematic Reviews and Implementation Reports*, 12(9), 467-488. <https://doi.org/10.11124/jbisrir-2014-1368>
- Mitchell, J. (2008). Enhancing patient connectedness: Understanding the nurse-patient relationship. *International Journal of Human Caring*, 12(3), 107-107. <https://doi.org/10.20467/1091-5710.12.3.107>
- Nebres, M. A. (2016). The development of nursing presence as theory of nursing. *Journal of Nursing and Health Sciences*, 10(3), 13-28.
- Palese, A., Tomietto, M., Suhonen, R., Efstathiou, G., Tsangari, H., Merkouris, A., . . . Karlou, C. (2011). Surgical patient satisfaction as an outcome of nurses' caring behaviors: a descriptive and correlational study in six European countries. *Journal of Nursing Scholarship*, 43(4), 341-350. <https://doi.org/10.1111/j.1547-5069.2011.01413.x>
- Papastavrou, E., Efstathiou, G., & Charalambous, A. (2011). Nurses' and patients' perceptions of caring behaviours: quantitative systematic review of comparative studies. *Journal of Advanced Nursing*, 67(6), 1191-1205. <https://doi.org/10.1111/j.1365-2648.2010.05580.x>
- Papastavrou, E., Efstathiou, G., Tsangari, H., Suhonen, R., Leino-Kilpi, H., Patiraki, E., . . . Tomietto, M. (2012). Patients' and nurses' perceptions of respect and human presence through caring behaviours: A comparative study. *Nursing Ethics*, 19(3), 369-379. <https://doi.org/10.1177/0969733011436027>
- Schwerin, J. I. (2004). The timeless caring connection. *Nursing Administration Quarterly*, 28(4), 265-270. <https://doi.org/10.1097/00006216-200410000-00007>
- Tanking, J. (2010). Nurse caring behavior. *Kansas Nurse*, 85(4), 3-5.
- Tavernier, S. S. (2006). An evidence-based conceptual analysis of presence. *Holistic Nursing Practice*, 20(3), 152-156. <https://doi.org/10.1097/00004650-200605000-00010>
- Turpin, R. L. (2014). State of the science of nursing presence revisited: Knowledge for preserving nursing presence capability. *International Journal of Human Caring*, 18(4), 14-29. <https://doi.org/10.20467/1091-5710-18.4.14>
- Wade, G. H., & Kasper, N. (2006). Nursing students' perceptions of instructor caring: An instrument based on Watson's theory of transpersonal caring. *Journal of Nursing Education*, 45(5), 162-168. <https://doi.org/10.3928/01484834-20060501-05>
- Watson, J. (2010). Core concepts of Jean Watson's theory of human caring/caring science. Retrieved from <http://watsoncaringscience.org/files/Cohort%206/watsons-theory-of-human-caring-core-concepts-and-evolution-to-caritas-processes-handout.pdf>
- Zyblock, D. M. (2010). Nursing presence in contemporary nursing practice. *Nursing Forum*, 45(2), 120-124. <https://doi.org/10.1111/j.1744-6198.2010.00173.x>

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