

A Concept that is Ignored in Nursing: The Concept of Being in Nursing

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Abstract: *The presence of the nurse is quite abstract, although the scale has been developed, it is a difficult concept to measure. Therefore, it appears as a concept that is ignored in nursing. It is possible to say that the nurse's presence for the patient means to be present for the patient. The presence of a nurse, which takes into account the patient, suggests that the patient is taken into account, does not see the patient as an object. The basis of not being present is treating the opposite person as if he was absent and seeing as an object. When the nurse establishes a relationship with the patient by presenting her own existence, a bond that is difficult to measure, mutually shared and felt beyond what is described is formed between the two individuals. The nurse can present her presence with a smile, an instant look, a warm tone or touch. It is possible to evaluate this as a skill. However, sometimes presenting itself may be a therapeutic intervention. In this context, it is important for the nurse to be aware of how he presents his own existence, in terms of patient care quality and nurse's own professional satisfaction.*

Keywords: *Being, being in nursing, nursing.*

1. INTRODUCTION

Presence; It is a concept that has taken place and discussed in psychology, philosophy and spiritual fields. In nursing, the concept of existence was first discussed in the 1960s and various definitions and classifications have been made until today. Presence in Nursing; voluntarily defined by the nurse to take action to help the patient voluntarily, to focus on the current moment, to be accessible and to meet the needs of the patient.

2. METHOD

2.1. Inclusion Criteria

The following criteria were taken into consideration in the selection of the articles to be included in the study;

- 1) The results of this study are their interventions to exist in nursing;
- 2) The language of publication is Turkish or English;
- 3) Published in the last decade (2010-2020);
- 4) Access to full text. Randomized controlled studies (RCTs) and semi-experimental studies (LDS) were included in the study.

2.2. Reasons for Not Included in Research

Research and observations not related to the existence of nursing are not included in the systematic review. Studies in the last decade are taken into consideration in the evaluation of current information. There is no study whose title or summary is not clear, full texts are not available and the publication language is not Turkish / English.

2.3. Research and Selection of Studies

2.3.1. Sample Definition

Studies; In October 2019-March 2020, "OVID", "Medline", "Cochrane", "Pubmed", "Wiley Online Library" databases and "Google Scholar" and "YÖKSİS Theses" were selected. Researches have also been preferred in postgraduate and doctoral theses and nursing journals. The titles and summaries of all relevant articles determined by electronic search were reviewed independently by the researchers. Each of the selected articles includes research on the existence of nursing.

2.3.2. Data Analysis

A standard data summary form was developed to summarize the data and the data were evaluated accordingly. The studies conducted independently by the researchers were summarized according to the data summarization form. Then, the summaries were compared and a consensus was reached between the researchers.

In the content of the data summarization form;

- 1) Authors and year of study,
- 2) Name of the study and sample size,
- 3) The design of the study,
- 4) Dependent variables,
- 5) Working method,
- 6) The findings of the study were included.

In the studies included in this systematic study, meta-analysis could not be performed since the characteristics of the participants, the intervention and measurement methods applied were not the same.

3. DISCUSSION

3.1. Presence Concept

Presence; existence is derived from the Latin verb "praeesse" which means "to be present above all". The Turkish equivalent of the concept is existence,

existence, presence, presence, and synonym existence (existence), being (existence present) [1,2].

The concept of existence has often been involved in psychology, philosophy, and spiritual space. The concept was explained by the philosopher Buber (1970) in the context of "I-You and I-O relationship" [2]. The origin of existence is both religion and existential philosophy. The concept entered nursing literature in the 1960s [3].

Ferlic (1968) and Vaillot (1964) accepted existence as an existential phenomenon and argued that nurses could exist in a mutual exchange with the patient, with a charity relationship they established by dedicating themselves to the profession [4].

In addition, Human Parent's (1992) Human Becoming Theory, Watson's (1988) Human Science and Human Care Theory (Theory of Human Science and Human Care), Paterson and Zderad (1976) Humanistic Nursing Is the main element of Theory (Humanistic Nursing). Although these theories are different, each has the concept of nursing, which includes existence as a mutual interpersonal experience between the nurse and the patient [5-9].

In order to be able to reconcile the concept of being with nursing, it is necessary to talk about Humanistic existence, that is extensialism.

3.2. Concepts of Presence

Among the concepts of existentialist philosophy, "absurd (= absurd)", "anxiety", "suffering", "authenticity (= being)" "others (= other) and gaze" come to the fore [10-12].

Being is the existence of something, its existence. Existence, on the other hand, constitutes the "definition" of what the being is, its "nature". A person who cannot control his arrival to the world and his "left to the world" according to existentialist philosophy, has the power and responsibility to make his own existence. While determining the "authentic existence" among the possibilities through his free choices, the person who cannot be sure of the correctness of his choices "suffers". Man suffers, because he is entirely responsible for my actions, for which he cannot fully predict his potential benefits and harms. In general, their responsibilities towards being self-confused and the feeling of disappointment caused by the conflict between themselves and "others" are "anxiety". The "gaze" of the other is the only obstacle to authentic existence with its judgmental and freedom-limiting features, as well as being the only way for one to feel its reality as an entity [11]. However, according to Heidegger, despite all its limitations, "the other" is also solidarity, maintenance [10].

In the study of Özkan Arslan (2013), the experiences that women stated about their cancer experiences were reviewed with the concepts of existential philosophy in accordance with the purpose

of the research and analyzed in 5 basic concepts. These concepts and related themes are as follows: (1) Anxiety; In the shadow of cancer, (2) suffering; Sorry for what I lost !, (3) Authenticity; Towards a new existence, (4) Absurd; Lives in the short distance between joy of life and anxiety of being and (5) "Other" and "Glance"; Cancer: it's so hard to say! [14].

Theme 1: Anxiety; In the shadow of cancer

It is understood that the fear of death is embedded in the entire life of women, and inevitably and constantly, there is an anxiety of "nothingness", which is one of the most fundamental issues of existential philosophy.

Theme 2: Suffering; Sorry for what I lost

Loss in many areas (such as sexuality, reproductive ability, family relationships) that are essential for identifying self or identity in women diagnosed with cancer result in suffering: "I am worried that I will not have children after that ... it means that I will miss something .. ". Suffering is sometimes related to how the being is perceived as a whole. Changes in the body (without hair, eyebrows, eyelashes and yellowish) cause the woman to become alienated and strengthen her sense of death.

Theme 3: Authenticity; Towards a new existence

Being diagnosed with cancer actually offers both an imperative opportunity and an invitation for women to stop and question their lives, to make sense of them, to get out of the world of others and for an authentic existence: "In my life before cancer, I lived and loved every day. I don't know how many days I have left now. I asked my doctor not to say exactly how long I could live. So when I woke up every morning, I could say that I defeated this monster one more day".

Theme 4: Absurd; Lives in the short distance between joy of life and anxiety of being

Lives in the short distance between joy of life and anxiety of existence Women like "everyone" have to question the purpose of this life one day, being aware that they are mortal and working against themselves and being aware of all these, they still make life livable and longer. trying to live fits the existentialist philosophy of "absurd = absurd": "Cancer has changed my life! "O" is an extra suitcase that you always carry with you... Its weight is more than anything else... I live with it... But emotions are stronger, good things are stronger and bad things are also... "Focusing on the daily life's occupations is used to displace the thought about cancer and the duration of life: "Short or long... As someone with cancer, this is my life. I can still enjoy the things I do. I realized that if I was dealing with something, I would not think about cancer".

Theme 5: Cancer; so hard to say!

According to the existentialist philosophy, the view of the other is often judgmental and restrictive: "My family always says that my life is not just mine. I have

to live for my family no matter what. " The view of the other can also be judgmental and limiting when it comes to cancer: "Currently, my main problem is... My friends don't know what's going on. There is a lot of prejudice about cancer ". On the other hand, despite all its limitations, women state that they need the "other": "Having a supportive family is very important... I am grateful for their support: they say we are with you".

3.3. Humanistic Existence in Nursing (Extensialism)

Existentialism has become an important force in nursing in the 1960s. Humanism focuses on human, human values, thoughts and the importance of human existence. It is identified by value systems, where it is important to serve and care for people. Existentialism, on the other hand, sees the human existence at the center of everything. Every person is a unique being with his free preferences. It is a modern philosophical view that recognizes that reality exists in the human mind [14,15]. Truth is unique / uniqueness for every individual who is a holistic / holistic being. The total of an individual is greater than his scientific studies, which reveal his individual parts. This value system, which is focused on individual preferences and responsibility at the same time, has primarily raised human care by considering human existence. These values also affected nurse-patient interaction, nurse's problem and occupational autonomy. This effective philosophical concept has initiated a new era for the nursing profession and has been able to integrate humanistic nursing care, health care, and high technology [15,16]. According to the humanistic existentialist philosophy, the focus of nursing activities has focused on healthy individuals and health rather than sick people and diseases. The individual to be cared for has been handled in a holistic approach with all dimensions, requirements, family and environment [16].

Considering the relationship between nurse and healthy / sick individual in this context, communication and interaction with the patient are the primary skills that should be gained in the nursing profession. In order to maintain this interaction therapeutically, the nurse is expected to know many concepts and gain skills to reflect them into practice. In the field of nursing, the first definition of the importance and dimensions of the relationship between the nurse patient was made by Hildegard Peplau (1952). Peplau (1952) saw the therapeutic relationship as the center of nursing. In this context, self-reflection and self-awareness emphasized as useful and necessary skills for all nurses [17]. However, he emphasized and emphasized the self, the therapeutic use of the self and its effect on the patient and the nurse, but did not explain this as the concept of presence nursing [17,18]. In fact, the disclosures are the quality of the therapeutic value achieved when the

nurse relates to his patient, and therefore this occurs in the way the nurse demonstrates his presence. The first definition of existence in the field of nursing was made by Vaillot (1966). Vaillot (1966) explained the existence based on Marcel's (1928-1933) subject-subject and subject-object relationship. According to Marcel's philosophy, people's view of their own body is different and special. The body of the person is subject for himself, and the body of another is the object for himself. In addition, individuals consider the bodies of people they love and that are important to them as subjects [19]. From this point of view, in the subject relation, there is the acceptance of the person's body as the subject as accepting his own body, whereas in the subject-object relationship, the opposite is the case.

According to Marcel, being is the subject, being present, and it is not possible to understand the being with questions about understanding the object [20]. Vaillot (1966), again, was influenced by the philosophy of Marcel (1928-1933), and stated that nurses can treat the patient as a subject or object in their actions to meet the patient's needs. In this context, nurses establish a subject-subject relationship with the patient when they share the service they offer to the patient as a "human experience" rather than "donate / bestow". The subject-subject relationship brings both the nurse and the patient closer to their existence, and in this relationship the nurse exists for the patient. However, Vaillot (1966) argued that nurses can exist professionally in a mutual interaction with the patient to improve the health of the patient, with a charity relationship that they have devoted themselves to the profession [19,21]. While performing daily patient care, nurses try to meet the needs of a large number of patients under time pressure. However, in the provision of individual nursing care in these working conditions, the characteristics and effects of the human-to-human relationship can be overlooked and routine work - especially paper, computer, etc. Attempts to be recorded and tried to create evidence in hardware are tried to be finished. In this entire process, both the nurse and the patient can become objects and it can be forgotten that the subject of nursing care is sick. However, during the care process, the patient and the nurse are affected by their own assets [16,21]. These mutual influences are thought to play an important role in how patients feel and their satisfaction in terms of nursing. Therefore, nurses are required to present the concept of the presence of the nurse, the existence of the nurse and know how to use it as a therapeutic intervention and its effects on patients. In this context, the existence of the nurse, the features that the nurse must have in order to present the existence of the patient effectively, and the effects on the patients and discussion with the existing literature will enable the concept to be understood theoretically and reflected in practice [16,18,21].

3.4. The Concept of Presence in the Humanistic Nursing Theory

Because Humanistic Nursing is interpersonal and interactive, it has to include the state of existence ("with / being with" or "being / being there") and doing something. Being and doing are interrelated and it is difficult to explain the other without one. Existence is experienced in interpersonal interaction and the effect of the presence of someone is known more vividly than described, felt in the real experiences of nursing. Nursing intervention is shaped by the way the nurse's presence is presented and is the behavioral expression of the nurse's presence. For example, concerned, tired, hectic, confident, hopeless. "Being with" or "being there" is a type of existence, the active presence of the nurse, for the individual opposite. In this sense, "being with" requires the nurse to turn her attention to the patient and be aware of the situation shared here and now, open and accessible [7].

According to Humanistic Nursing Theory, it is not something that is made by the individual with wishes. On the contrary, the person presents himself as a gift and gives it freely. In addition, it has been stated that nursing actions may cause the physician and the patient to become physically close, but this physical intimacy itself will not guarantee a real interpersonal as an "being" rather than an object. It is stated that an entity cannot be grasped or held like an object, cannot be demanded or ordered, it can only be well received or rejected. In a sense, it was emphasized that it is beyond reason and can only be felt [7,21].

Paterson and Zderad (1976) describe the moments when the presence of the nurse is presented as follows; While the nurse performs her daily practices, while performing a function, the patient's fearful gaze, a groan, a hand that she stretches are stopped and this pause arouses curiosity between the two people. At this same time, their own private worlds, the interpersonal space are also paused. Both people are on the verge of this moment, which can be filled with fear or words. In order for true dialogue to occur here, the person must have a certain openness, receptivity, readiness and attainability. An open or accessible person reveals himself as a "gift". This is not the same as being kind, a listener can be kind but refuse to give herself. Visible actions are not necessary to indicate existence, so cannot be proven. But it can be clarified directly and clearly with a short look, a touch, a tone. It is that the person is with the person directly opposite him. At this moment there is reciprocity, the other is seen as a case, a human being, a function rather than an object [7,22].

While defining the concept of existence, the difference regarding the presentation of the nurse's presence was also emphasized. The openness of the nurse at the time when the nurse reflects her own existence is defined as an "individual-to-needs" openness. This openness is referred to as "openness to

a help". Openness and accessibility in social, family and friend relationships are different compared to openness in nurse-patient relationship. The answer is given in theory as "professional separation". The degree of "professionalism" and "separation" varies from year to year and from patient to patient, but always affects the experienced dialogue of nursing [7].

It is stated that the difference between the characteristics of existence and various experiences is difficult to define. For example; Being close has different features of being close. Being close to the nurse-patient relationship does not occur less deeply or less intensely. However, it is affected by the sense of responsibility or caring about what is seen as the patient's sensitivity. Theorists have stated that the presence of the nurse is transmitted with a therapeutic delicacy, and the mutual existence of the presence may occur in the case of a nurse patient. Over time, the nurse becomes more conscious and recognizes the flow of mutual openness in the dialogue. They expressed that this dialogue was as strong, specific, instant and complete as other relationships, but also different. Being is felt as a flow that is shared between two people in different mood [7].

3.5. Presence Concept by Other Theories

Except for the Humanistic Nursing theory, definitions related to the concept of existence were made by other researchers.

Synder and Lindquist (2000) defined existence as "being fully accessible to one", similar to the definition of Paterson and Zderad [23].

Doona, Haggerty and Chase (1999) exist; He defined it as "a situation in his own, an interpersonal encounter between the nurse and the patient as a unique person and the nurse's preference to spend himself in the name of the patient". The premises of existence are the nurse's decision to deal with the patient's condition and the volunteering of the patient to enter the experience. As a result of the nurse's presence, both the nurse and the patient change. Both are approved as unique people, and also as a nurse, a professional, a patient in need [24].

Gardner (1992) saw existence as the center of the nurse-patient relationship. According to theorists, the nurse and the patient are busy with a situation in which nursing assistance is needed, and the nurse tries to respond to the patient's request. The patient's response to the intervention of the nurse takes place in an interactive process and the nurse and the patient interact. The center of this interaction is to exist [24,25].

Parse (1992) explained existence differently from other theorists. He used the concept of true presence and described it as a nursing intervention. Real being; it is purposeful and thoughtful love, an interpersonal art based on a strong knowledge base,

unpredictable, indivisible. It is a strong human universe connection. Its purpose is to manage or change one's health life. It is a way of being with people in the context of their experiences, relationships, hopes and lives. The nurse is together with the patient without anticipation, and the focus is on interpersonal relationships, reflecting the belief that the person is a specialist in his own life, more than care or active listening, cannot be taught to someone. In addition, many authors have expanded the concept of existence by adding psychological "being" with the patient physically [5,26].

In the classifications made, Savary and Berne (1988) defined being at three levels: physical, psychological and spiritual. Physical level includes physical existence, psychological level mental existence, spiritual level includes holism and spirituality [27].

Using the work of Savary and Berne (1988), Mckivergen and Dubenmire (1994) made a reclassification again. Physical and psychological level remained the same, spiritual level was called the therapeutic level. This level includes spirituality, but they have expanded to require goal-oriented skills learning to exist therapeutically. These include the skills of holistic nursing such as therapeutic touch, centering, meditation, intent, and spirituality [28].

In the concept analysis published in 1996, Osterman and Schwartz-Barcott described the existence of a measurable structure in four ways:

- presence (presence),
- partial existence (partial presence),
- complete presence (full presence),

• transcendent presence. The terms of full or partial existence show characteristics of existence, can be perceived as the amount of existence in the same shape rather than the modes or paths of existence [24].

Martha Rogers, on the other hand, regards man as an energy field that interacts with his environment rather than treating it as a psychological, physiological and social system or parts of the system. The central elements in his theory, namely the focal points of nursing care, should be unitary people and the environment. In this context, the role of the nurse is to continue the symphonic interaction between him and his environment in order to strengthen the integrity and harmony of the human energy field and his environment. In other words, the presence of the nurse is important for the patient [29].

3.6. Nurses Presence Concept

The presence of the nurse is quite abstract, although the scale has been developed, it is a difficult concept to measure. It is possible to say that the nurse's presence for the patient means to be present for the patient. The presence of a nurse, which takes into

account the patient, suggests that the patient is taken into account, does not see the patient as an object. The basis of not being present is treating the opposite person as if he was absent and seeing as an object. When the nurse establishes a relationship with the patient by presenting her own existence, a bond that is difficult to measure, mutually shared and felt beyond what is described is formed between the two individuals. The nurse can present her presence with a smile, an instant look, a warm tone or touch. It is possible to evaluate this as a skill. However, sometimes presenting itself may be a therapeutic intervention. In this context, it is important for the nurse to be aware of how he presents his own existence, in terms of patient care quality and nurse's own professional satisfaction [18,29].

Dochterman and Bulechek (2004) and McKivergin and Daubenmire (1994) defined the concept of existence in the theory he developed based on his studies. The concept of being as a nursing intervention; It is in the form of "being with the other person when it is needed both physically and psychologically" and it has three levels. These; physical, psychological and spiritual level [30].

Existence in theory is defined in a hierarchical way. One level does not mean better than another, instead it gives nurses the opportunity to build deeper nurse-patient engagement with specific client / patient scenarios. After the nurse synthesizes all the data about the patient, she decides on the required level of assets. Because being is an intervention. The existence of a nurse in theory; The characteristics of the nurse and the patient depend on the combination of the shared decisions of the nurse-patient pair, the environment suitable for relational study and the purposeful decisions of the nurse in the field of application. Professional maturity, moral maturity, commitment, relational skill maturity, and personal maturity are specified as nurse characteristics. The clients' characteristics are the level of presence required by the patient, the patient's openness, vulnerability, the degree of trust and friendship of the nurse that presents his presence, and the experience of the nurse before his existence. In addition to the individual characteristics of the nurse and the patient, the common and different characteristics of the couple are also considered. The variables that affect the nurse-patient pair are age, gender, culture, spirituality, and the previous nurse-patient relationship. In addition, the environment has been seen as a dynamic force that constantly affects nursing presence. Nurses, patients, nurse-patient pairs are strongly affected by the physical characteristics of the healthcare environments and the professional attitude of the workplace. Working conditions, management philosophy are defined as various environmental factors that facilitate the appropriate environment to present physical facility presence. By presenting the presence of increased use of technology in the care setting with the

patient, it was seen as a factor preventing interventions [30].

As a result, when the studies describing the presence of the nurse are examined, nurse academics tried to define the nursing actions to present their presence. They did this based on their behavior, their communication patterns and their emotional attitudes. Behaviours; physical proximity, eye contact, touch, helping; communication style, calm tone, carefully chosen words, careful listening, emotional attitudes; It includes sincerity, sensitivity, acceptance, being open and accessible to the patient.

Researchers reported that the nurse and patient experienced a range of emotions such as belonging, sensitivity [31], a sense of mutual openness, respect for another, and trust [32,33] [32,34].

The premises of existence; the needs and openness of the patient, volunteering of the nurse, personal and professional maturity, moral foundations and favorable working environment. Results of the presence of the nurse in terms of the patient; achieving the goals of the patient / client, satisfaction in terms of nursing, feeling of being supported, increased sense of optimism, comfort, confidence, increased coping, personal development and increased patient well-being [24].

In terms of nurses, cooperation with the patient is an increase in trust in the competence of the nurse, professional satisfaction and a feeling that the patient has made a change in his life, as a result, an increase in motivation and self-esteem [32,34].

3.7. Studies about the Presence in Nursing

In his literature review study, Finfgelt-Connett (2006) explained the features of the existence process in terms of nurse and patient. The premises of the existence process for the nurse; The nurse is mature and professional, volunteering to present her presence and the working environment is favorable. The nurse attitudes in the process were stated as sensitivity, integrity, sincerity and self-specificity / uniqueness. When examined from the perspective of the patient, it is listed as the need of the patient and the willingness and openness to receive help. Finfgelt-Connect (2006) evaluated existence as a helpful, useful and positive phenomenon [32].

When the examinations in the current literature are evaluated, the presence of the nurse includes being with the patient and being sensitive to the subjective experience of the patient. This is where the nurse voluntarily shares her time and experience with the patient [35]

Kostovich (2001) defined the concept of the presence of the nurse emotionally as "being with the patient" and physically "doing it for the patient" and placed it in the center of the nurse's professional roles. The author has developed and published a scale called

"Presence of Nursing Scale" to measure the concept [36].

In the studies conducted, the presence of the nurse; It has been found that it facilitates the recovery of patients, increases their mental and physical well-being, strengthens coping and nurses improve their mental well-being. At the end of the existence process, the uniqueness / uniqueness of the nurse as a professional and as a patient in need of the patient is confirmed, and as a result both the nurse and the patient change and develop [37,38].

In another study where the researcher compared the concepts of existence, care and nursing art, it was stated that the presence of the nurse, the art of nursing and nursing were close to each other and had similar inherent characteristics [39].

Godkin, Godkin and Austin (2012) examined the literature studies and published their results using the main concepts of Isseel and Kahn's definition of nursing existence and the six dimensions published by Doona, Chase and Haggerty (1999). In this study, the dimensions of empathy, communication, comfort, respect, information and the concept of existence are associated and it is understood that these nursing concepts are included in some dimensions of existence [40].

In Boeck's (2014) concept analysis study, it was stated that the presence of the nurse consists of being with another person, listening deeply, staying intimately in the moment experienced, regardless of what he is doing or saying. According to Boeck; it means that the nurse allows the patient, their families and other nurses to open up and hurt themselves. This process includes suffering and healing, fun and sharing of fears, and a connection is established through the feeling of compassion while addressing the needs of the patient. According to nursing care, it has been written that it can take place in ways such as gently patting your shoulder, leaning your head slightly, or being emotionally fully accessible. The presence of the nurse; It is the mutual and holistic change of care, attention, attention and empathy between the nurse and the patient, and the correct realization of all needs of the nurse and the patient [41].

4. CONCLUSION

Presentation of its existence should be considered and developed as a skill in nursing. Efforts to teach nurses to recognize, accept and present their existence should be included in nursing curricula and supported by on-the-job trainings. Thus, nurses will be able to direct their practices based on science, while improving themselves in this context, they will further improve the quality of patient care, which is the main objective, within the scope of communication and therapeutic relationship that is their professional basic tools.

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