Nursing Presence: A Theoretical Overview

Hemşirenin Varlığı: Kuramsal Bir Bakış

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SUMMARY

Throughout history, the concept of presence has been discussed in the fields of psychology, philosophy, and spirituality. It was first introduced to the nursing field in the mid-1960s, and discussion has continued into the present day. Different definitions and classifications have been made from the different points of views. Concept of presence has been defined per following. According to well-known writers in nursing area, there are a numbers of different definitions for the concept of presence. For instance, it can be a voluntary action a nurse takes when caring for patients; it can also include focusing on the moment, being physically available, and tending to patients' needs. This review aims to theoretically examine the definition, classification and presence of nursing in light of the available literature.

Keywords: Nursing; nursing presence; presence.

ÖZET

Varlık; psikolojide, felsefede ve spiritüel alanlarda yer almış ve tartışılmış bir kavramdır. Hemşirelikte ise varlık kavramı ilk defa 1960'lı yıllarda konuşulmaya başlanmış ve günümüze kadar çeşitli tanımlamalar ve sınıflamalar yapılmıştır. Hemşirelikte varlık; hemşirenin kendi iradesiyle gönüllü olarak hastaya yardım etmek için eyleme geçmesi, bulunulan an'a odaklanması, ulaşılabilir olması ve hastanın gereksinimlerinin karşılanması gibi özelliklerle tanımlanmıştır. Bu derlemede, varlık kavramının tanımlanması, sınıflandırılması ve hemşirenin varlığının özelliklerinin ve hastalar üzerindeki etkilerinin literatür ışığında kuramsal olarak incelenmesi amaçlanmıştır.

Anahtar sözcükler: *Hemşirelik; hemşirelik varlığı; varlık.*

Introduction

Terms of presence and being present originate from the Latin verb "praeesse," which means "being present before everything." Turkish equivalents of these terms are "var olma" (being present), "varlık" (presence), "mevcudiyet" (existence), and 'hazır bulunma" (being present), and[1] their synonyms are "varoluş" (existence) and "var olmak" (being present).[2]

The concept of presence is often included in psychology, philosophy and spirituality. It was defined by the philosopher Buber (1970) within the context of "I-You" and "I-It" relationships. According to Buber, there are two main existence styles. They are the "I-You" relationship and the "I-It" relationship. In an I-You relationship, "I" does not consider "You" as an "object" or "matter." "I" and "You" present themselves and affect each other. They do not harm their uniqueness, freedom or spontaneity. In other words, they see the universe in their lights. However, in an I-It relationship, It is considered to be an "object." During this consideration process, the object is measured and evaluated as "something" from "things" and considered as the principal. There are reciprocity and a real relation in I-You relation. Two things are engaged in this relationship, and they appeal and respond to each other with all of their presences. However, no relationship that includes reciprocity is categorized as an I-It relationship.[3]

In the relationship between a nurse and a healthy person/a patient, a nurse's communication and interaction with the patient appears to be the most significant actions that should be provided. To maintain this therapeutic interaction, nurses are expected to learn many techniques and develop sufficient abilities to implement these techniques.

Hildegard Peplau (1952) was the first person to define the significance and dimensions of the relationship between nurses and their patients. Peplau (1952) considered the therapeutic relationship to be at the center of nursing. Self-reflection and self-awareness are highlighted as beneficial and necessary abilities for all nurses.[4] Additionally, self-importance, therapeutic use of self, and the effect of the self on patients and nurses are emphasized. However, self-importance was not defined as being part of nursing presence.[5,6] The definition of "nursing presence" is the therapeutic value that occurs when nurses establish communication with their patients. Therefore, this process is conducted by putting the presence of nurses forward.

Vaillot (1966) was the first to define the concept of presence in nursing. Vaillot (1966) defined nursing presence based on subject-subject and subject-object relationships as explained by Marcel (1928–1933). According to the Marcel's

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Psikiyatri Hemşireliği Dergisi *2016;7(2):94–99*
Journal of Psychiatric Nursing 2016;7(2):94–99

Doi: 10.5505/phd.2016.96967

Submitted (Geliş tarihi): 26.12.2014 ***Accepted (Kabul tarihi):*** 26.04.2016

philosophy, people's thoughts about their bodies are different and unique. A person considers his/her own body to be a subject. In addition, people consider the bodies of the people they love to also be subjects. However, people consider bodies to be objects when those bodies do not belong to people they love.

In other words, according to Marcel's view, a body is a subject in a subject-subject relationship and is an object in a subject-object relationship. According to Marcel, a presence is a subject, and it indicates being present. It is not possible to understand the presence through questions related to understanding an object.[7] Vaillot (1966) was influenced by Marcel's (1928–1933) philosophy and noted that nurses can treat patients either as subjects or as objects during the actions they perform when meeting patient needs. Nurses establish a subject-subject relationship with patients when they share their services with patients as "humanistic experiences" (rather than "granting/bestowing" services). A subject-subject relationship makes familiar both nurses and patients to their existences, and nurses are present for the patients in this type of relationship. However, Vaillot (1966) suggest that nurses can exist in their professions with an assistance relationship they establish by committing themselves to their professions and having mutual interactions with their patients to improve patients' health.[8]

Today, the concept of nursing is carried out alongside the effects of technological developments. Nurses performing daily patient care often attempt to meet the needs of too many patients, and they do this while facing significant time pressures. Quality of care and one-on-one relationships may go sacrificed when nurses provide care under these working conditions and also make an effort to finish routine work at the same time (recordkeeping, especially paperwork, updating computerized records, and so on). Under these conditions, both nurses and patients may become objects, and it is possible for nurses to forget that patients are the subject of nursing. However, patients and nurses may affect each other with their presences during the nursing process. These mutual interactions are thought to play a role in how patients feel and patients' satisfaction with their nursing care. Therefore, nurses have to know the concepts of nursing presence, presences of nurses presented by them, how they can use their presences as a therapeutic action, and nurses' effect on patients. Within this context of nursing presence, characteristics nurses have to carry to present their presences in an effective way, analyzing their effects on patients and discussion with the current literature will ensure that the concept is understood theoretically and implemented to practices.

Concept of Presence in Nursing Theories

After Vaillot (1966) first described the concept of nursing presence in the literature, it was included in both the Theory of Humanistic Nursing (1976) and Human Becoming Theory (1992).

Theory of Humanistic Nursing

The Theory of Humanistic Nursing was developed by Paterson and Zderad (1976). The theory focuses on the dialog in the human-to-human relationship between the patient and the nurse. According to the theory, nursing is conducted through the "call," the "response," and "the dialog experienced at these moments." "Calls" made in the form of pains, aches, fatigue, desperation, joy, happiness, or even silence may capture the nurse's attention, and the nurse assesses these calls as the patient's means of describing himself/herself and expressing his/her needs. Therefore, by assessing calls, the nurse understands what a patient really needs. Additionally, assessing a call increases the nurse's awareness, which enables him/her to help patients.

"Humanistic Nursing" is a theory stating that nurses have a place in their patients' lives while responding to a health-related "call." The theory also maintains that nurses live in the moment with their patients while responding to such a call. Paterson and Zderad (1976) defined humanistic nursing as nurses' efforts with their patients. In this collaboration, patients and nurses push their potential limits and share significant experiences in terms of recovering and suffering.[9] This effort in the interactions between nurses and patients illustrates the concept of "existing for somebody else."[10]

According to Paterson and Zderad (1976), existence of nurses for patients is not a concept that is observed. Rather, this existence is a process. In other words, it is a phenomenon that emerges from the interactions between the nurse and the patient. This process is altered when the other person is considered to be an object. Nursing presence is a concept experienced in the interaction between the nurse and the patient. It is also a situation known and felt more than what is depicted. The nurse considers with the patient to be a subject with his/her own unique presence. The person offering his/her presence submits his/her presence as a gift voluntarily, which is beyond being kind. That person does this with his/her free will. Simply being together does not guarantee that the nurse's presence will be received. A nurse has to display an open, receptive, prepared, and accessible attitude to offer his/her presence. A nurse's daily activities allow him/her to offer while performing caring practices. Patient assessments of nurses as being "tired, caring, anxious" while performing their functions are viewed by theoreticians as the behavioral expression of nurses' presence. Theoreticians emphasized that both nurse and patient awareness are affected as a result of the mutual presentation of the presences, and the rate of being close, providing care, and accepting and approving a foreign

person increased.[8,10,11] Therefore, the nurse's level of professionalism will increase when s/he is aware of the importance of offering the presence appropriately in terms of his/her development and positive developments of the patients.

The Theory of Being Human

The Human Becoming Theory was developed by Parse (1992). According to Parse (1992), a human is a creature that is indivisible, unpredictable, and ever-changing. A person is the greatest expert on his/her own health and life quality. Therefore, he/she is free to make his/her own choices and is responsible for his/her decisions. Elements of nursing include helping people to find significance for their values in accordance with their experiences and guiding people who are in need. In addition, nursing is also a science and art. The main purpose of nursing is to provide artful service and generate theoretical information about the experiences of the people who will form this art. Presentation of nursing art will be improved with the guidance of this information and gain high quality. The art of nursing is considered more clear and obvious when a nurse presents his/her true presence.[12]

Parse (1992) argued that true presence is an action. The purpose of this action is to change and manage a person's health habits. According to Parse (1992), existing does not only consist of performing the actions that one is asked to perform, but also consists of focusing on the present moment with the person you collaborate with. True presence is an interpersonal art based on love—the result of the intention—and decent knowledge. In other words, failure to understand a human with prediction is the attention and importance paid to indivisibility and ever changing characteristics of the people. True presence is a decent human and universe connection. A healthy person/a patient is the greatest expert on his/her own life, and a nurse helps a healthy person/a patient without expecting anything advantageous in return.[13,14]

When the theoreticians mentioned above first defined nursing presence, they realized that nurses act to help patients voluntarily their free will, serve themselves, focus on the present moment, become physically able, and meet patients' needs. Existing is a phenomenon that is felt and experienced beyond the interactions between two people.

Concept of Nursing Presence According to Nursing Writers of Today

The concept of nursing presence has also captured the attention of certain writers in the field of nursing who are familiar with the theoreticians' work. When these writers' definitions are evaluated, it becomes clear that the writers have been influenced by the theoreticians. In addition, some of the writings have evaluated different and new methods for understanding the concept of nursing presence, and some have addressed the concept's limitations.

Following Paterson and Zderad (1976), Gardner (1985) was the first to define the historical process. Contrary to the humanistic approach, Gardner (1985) limited the concept of presence to being in close physical proximity and physically accessible. Gardner defined nursing presence as the nurse's awareness and instinctual anticipation of patient needs, along with making themselves physically prepared and available to help patients' needs.[15]

Doona, Chase, and Haggerty (1999) expanded the concept of nursing presence with an existentialist approach by adding that patients should permit nurses to have place in their own experiences. According to Doona, Chase, and Haggerty, nursing presence means that nurses commit themselves when they meet unique patients who have unique cases. However, this commitment does not mean that nurses terminate their own presences. On the contrary, it emphasizes that the nurses are present for the patients. Doona, Chase, and Haggerty also applied certain characteristics of nursing in their definitions. These characteristics are uniqueness, connecting with the patient's experience, sensing, going beyond the scientific data, knowing what will work and when to act, and being with the patient.[16]

Potter and Frisch (2007) defined presence as the action of applying the art of nursing in interactions between the nurses and patients This application requires nursing abilities such as observation, listening, and empathizing with the patient in the present place and moment.[17]

Schaffer and Norlander (2009) added the ability "to be hurt" to the list of the characteristics a nurse should possess while closely interacting with patients since getting hurt is the nature of this interaction. In addition to the approaches of Potter and Frisch (2007), Schaffer and Norlander also view nursing presence as an ability and an art that can be learned and developed. They noted that nursing presence is more than being physically close to patients; it is also an interaction to care patients. Additionally, the nurse's responsibility for patients, awareness of each patient's individual situation, and sensitivity to verbal and nonverbal messages, and openly and actively listening to patients are among the characteristics a nurse should have while offering their presences. According to these writers, a person has to be aware of himself or herself in order to exist. When a person is really close to another person, such as a nurse being close to a patient, he/she should volunteer and bear the risk of being hurt, which directly results from the closeness.[15]

Categorization and Definition of the Concept of Nursing Presence

The concept of nursing presence has been defined by a number of theoreticians and researchers. They use the expressions "therapeutic presence," "being there," and "being with

the person" in their definitions and expressed these expressions with various methods. For example, McKivergen and Dubenmire (1994) described three phases of therapeutic presence, Osterman and Schwartz-Barcott (1998) described four ways of being there, Easter (2000) described four modes of existing, and Godkin (2001) described four hierarchical phases of healing presence.[18–21]

McKivergen and Dubenmire (1994) defined therapeutic presence as a nursing action; furthermore, being with a patient required the nurse to be present both physically and psychologically. Therapeutic presence has three phases: physical, psychological, and spiritual. Easter (2000) highlighted physical presence, therapeutic presence, holistic presence, and spiritual presence modes. Osterman and Schwartz-Barrcott (1998) included physical presence, partial presence, full presence, and metaphysical presence in their definition. Godkin (2001) used the term "healing presence" and defined three hierarchical phases: bedside presence, clinical presence, and healing presence.[18–21]

When these categorizations were evaluated, the researchers used physical and bedside categorizations to describe nurses being physically close to their patients. Many of the nurse's primary functions require physical closeness. For example, nurses position patients, give baths, ensure the patient's physical comfort, and administer therapeutic touches. The researchers also noted that bedside presence includes physical presence along with elements that go beyond physical presence.

In order to define psychological presence, they included concepts of psychological, partial, and clinical presence. A nurse is psychologically present by being with the patient mentally throughout interactions. Active listening, empathy, understanding the patient, ensuring comfort for both the patient and the nurse, and focusing on the patient without feeling pressured by time are all elements that are addressed by psychological presence.

The researchers indicate that clinical presence includes psychological presence, but clinical presence is also much more than that. Spiritual, holistic, healing, full, and metaphysical presences are categorized to define the beyond of physical and psychological closeness.

The philosophical definition of presence, along with its metaphysical elements, includes exploration of spiritual and metaphysical presence. Spiritual presence includes questions of how things were created, they can be defined in their absence, and how the identities are created. The researchers have suggested that nurses' spiritual presence attitudes are influenced by their own spiritual beliefs, and cognitive awareness is necessary. Meditation and praying are practices that fall within the category of spiritual presence.

No clear definition for holistic presence has been made by any of the researchers, but the elements of holistic nursing philosophy fall into this category. Holistic presence is defined as a nurse and a patient interacting with each other mentally, bodily, and spiritually.[18–23]

McMahon and Christopher (2011) recently developed a new theory and placed presence at the center of the theory. According to this theory, presence as a nursing action consists of "being with the other person physically and psychologically as long as that person needs" and has three components: physical, psychological and spiritual presences. A presence is an action that is generated hierarchically.[24] According to the aforementioned researchers, a nurse assesses the data of a patient, decides the form and dose of the presence and implements.

Characteristics a Nurse Should Have While Offering the Presence and the Consequences for the Healthy Person/a Patient

When the definitions of nursing presence concept are assessed, one question comes to mind: what kind of characteristics do the persons in relation have to implement this action that is abstract, felt and assessed by the patient? The characteristics nurses and patients should embody are highlighted in a few limited studies. Finfgelt-Connett (2006) outlined the elements of the presence process for nurses and patients in their literature reviews. Primary elements of the presence process for nurses are their maturity, their volunteering for presenting the presence, and appropriate working environment. Nurses ought to be sensitive, holistic, sincere, and unique. On the other hand, patients must be aware of their needs and be receptive to accepting assistance. Finfgeld-Connett (2006) assessed presence as auxiliary, beneficial, and positive phenomena.[25]

The literature describes nurse sensitivity as being sensitive to the patient's subjective experience while being present with him or her. Time of the nurse and the nurse's voluntary sharing of experiences with the patient are highlighted in this topic.[26] Nurses do their work when the patient's problems emerge, his or her life and quality of life change, and he or she finds significance in his or her experiences.[22] However, defining and measuring the nurse's presence is difficult. Kostovich (2001) defined the nursing presence as "being with the patient" emotionally and "doing for the patient" physically, and places this definition at the center of the nurse's professional role. Kostovich (2011) developed and published the "Presence of Nursing Scale" to measure nursing presence.[27]

Other studies that review the concept of presence examine the results of nurses' presence process for both the nurses and patients. These studies have found that the nurses' presences help patients recover,[28] increase mental and physi-

cal well-being, strengthen coping skills,[29] and improve the nurses' mental health.[16] At the end of the presence process, uniqueness of the nurses—as professionals and as people who are needed by the patients—is approved. Both nurses and patients change and become better people as a result.[16]

Relationship between Nursing Presence and Certain Nursing Terms

Patients experience nursing presence when they receive care from a nurse. During the care process, nurses empathize with patients and deliberately use their knowledge and personalities to create a positive change in each individual patient. The fact that nurses use their own individuality for the benefit of their patients is labeled as the therapeutic usage of the self (Travelbee, 1971).[30] When examined from this perspective, the "presence" concept is similar to other nursing concepts such as empathy, care, and therapeutic use of the self. In limited studies, presence is compared to the concepts of care and nursing art. In Finfgeld-Connett's (2008) study, which compares the concepts of caring and presence, these two concepts are found to be very similar to one another. [31] In another study, the researcher compares the concepts of presence, caring, and nursing art, and the study finds that nursing presence, caring and nursing art are found to be close to each other at a certain level and have similar specifications by birth.[32]

Godkin, Godkin, and Austin (2012) reviewed the literature based on the main concepts Isseel and Kahn used in their definition of nursing presence, along with the six dimensions published by Doona, Chase, and Haggerty (1999). In the Godkin and Austin (2012) study,[33] empathy, communication, comfort, respect, and informing were correlated with dimensions of nursing presence, and the researchers realized that these nursing concepts were included in certain dimension of presence.

Boeck's (2014) concept analysis study notes that nursing presence is not the same as being with another person, listening to details, performing actions, and speaking to the patient. Nursing presence is formed when nurses remain sincere in the present moment. According to Boeck, presence indicates that a nurse reveals himself or herself to patients, patients' families, and other nurses. Becoming vulnerable and placing oneself in a position to be hurt is also an element of nursing presence. The process includes suffering, recovering, and sharing joys and fears. A compassionate relationship is established as the nurse attends to the patient's needs. According to nursing, patting on the shoulder kindly, reassuring by keeping the head a bit down or being completely and emotionally accessible may establish this process with compassion. Nursing presence is the mutual and holistic alteration of caring, attention, and empathy between the nurse and the patient, and it also entails meeting the needs of both nurses and patients.[23]

Conclusion

Nursing presence is a concept that is quite abstract and hard to measure, even when there is a scale upon which to do so. It is possible to define presenting the presence for the patients as nurses' presence for the patients. According to the concept of nursing presence, a nurse pays attention to patients, makes patients feel that their needs have been considered, and does not view patients as objects. When a nurse is absent, he/she behaves as if the patient is not present and views the patient as an object. When a nurse offers his or her presence and establishes a relationship with the patient, a bond is formed that is hard to measure, is mutually shared, and is felt more than what is depicted between these two individuals. The nurse may present himself or herself with a smile, glimpse, comforting voice, or positive touch. It is possible to attribute these actions to the nurse's ability. However, sometimes offering the presence may be a therapeutic initiative. Therefore, nurses' awareness of how they offer their presences is important for patient care, quality, and nurses' professional satisfaction.

Offering the presence should be addressed and developed as an essential nursing ability. Studies for teaching nurses to realize, accept, and present their presences should be included in nursing curriculum and supported with practicum training. Therefore, nurses will be able to use science-based nursing practices, develop themselves within the context of nursing presence, and increase the quality of patient care, which is the main objective within the scope of establishing communication and therapeutic relationships with patients.

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