

Cancer Patients' Perceptions of Nursing Presence

Kanser Hastalarının Hemşirenin Varlığını Algılamaları

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SUMMARY

Objectives: The aim of this study was to evaluate cancer patients' perception of nursing presence.

Methods: This descriptive study was carried out with 110 cancer patients staying at a university hospital and a state hospital having the biggest cancer patient population in Ankara. The data were collected using a descriptive information form and the Turkish version of Nursing Presence Scale (NPS). Kruskal–Wallis, Mann–Whitney U statistical tests, and correlation and regression analyses were used for data analysis.

Results: The mean age of the participants was 40.89±13.74 years; more than half of them were male, and 62.7% were married. The patients' mean score on NPS was 88.46±22.64. A significant positive correlation was found between satisfaction with nursing care and Nursing Presence Scale.

Conclusion: This study indicated that the patients gave the presence of the nurses over the average scale score, and the patients' satisfaction increased as the presence of the nurse increased.

Keywords: Cancer patients; nursing presence; perception of nurse.

ÖZET

Amaç: Bu çalışma kanser hastalarının hemşirenin varlığını değerlendirme-lerini belirlemek için yapılmıştır.

Gereç ve Yöntem: Tanımlayıcı türde bir araştırmadır. Araştırma, Ankara ilinde yer alan kanser hastalarının en çok yattığı bir devlet bir de üniversite onkoloji hastanesinde yatan 110 kanser hastası ile gerçekleştirilmiştir. Veriler, tanıtıcı bilgiler formu ve Hemşirenin Varlığı Ölçeği Türkçe formu kullanılarak toplanmıştır. Verilerin analizinde Kruskal-Wallis, Mann-Whitney U istatistiksel testleri, korelasyon ve regresyon analizleri kullanılmıştır.

Bulgular: Araştırmaya katılan hastalar ortalama 40.89±13.74 yaşında, yarıdan fazlası erkek ve %62.7'si evlidir. Hastalar HVÖ'den ortalama 88.46±22.64 puan almıştır. Hemşirenin Varlığı Ölçeği ile bakım veren hemşirelerden memnuniyet arasında pozitif yönde yüksek düzeyde anlamlı ilişki bulunmuştur.

Sonuç: Araştırma sonucunda, hastaların puan aralığına göre ortalamanın üzerinde hemşirenin varlığını algıladıkları ve hemşirenin varlığı algısı arttıkça hastaların memnuniyetlerinin arttığı bulunmuştur. Hemşirelere kendi varlıklarını sunmalarını sağlayan davranışların öğretilmesine ilişkin öneri verilmiştir.

Anahtar sözcükler: Kanser hastaları; hemşirenin varlığı; hemşirenin algılanması.

Introduction

The nursing presence is a nursing qualification experienced as a result of the relationship between nurses and patients, which positively affects the results.^[1] The literature has definitions for the nursing presence. According to Paterson and Zderad (1976), nurses go into patients' worlds, sympathize with them, and make efforts for them, indicating "living for somebody else." Rather than being physically close, the presence is felt between nurses and patients.^[2,3] Parse (1992) defined it as an intervention to change and manage the lifestyle.^[4,5] Contrary to the humanistic approach, Gardner (1985) limited this presence as being physically close and available.^[6] Today, nursing can be defined as nurses preferring

to dedicate themselves to patients when they encounter them in a specific manner,^[7] using the nursing art in maintaining mutual relationship between nurses and patients,^[8] and "being with the patient" emotionally and physically doing what is to be done for "patients."^[9] In addition, nursing is defined as a learnable and improvable skill and art^[6] and a supporting, helpful, and positive phenomenon.^[10] When nurses present themselves, an approach considering patients, making patients think that they are considered, and regarding patients not as an object but as a subject is employed. The care provided by nurses by dedicating themselves forms a bond between patients and them, which is difficult to measure, mutually shared, and felt more than how it is defined.^[11]

The studies conducted with different patient groups indicated that nursing presence eased the healing process,^[12] enhanced their mental and physical well-being, and improved their coping skills.^[13] During a care service provided with dedication, nurses' uniqueness as professionals and persons needed by patients is approved, and both nurses and patients change and improve themselves.^[7] La Cava Osterman and Schwartz-Barcott^[14] implied in their studies conducted with cancer patients that nurses might use their presence to provide psychological support.

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Cancer is a public health issue. The data of World Health Organization suggest that 8.8 million people lost their lives due to cancer in 2015, and every one death out of six occurs due to cancer.^[15] In Turkey, 159,000 people were diagnosed with cancer in 2014, and about 91,000 people lost their lives due to cancer. Cancer is the second leading cause of death, after vascular disorders, in Turkey.^[16,17] The current statistics indicate that individuals with cancer constitute a patient group to which care is frequently provided by nurses. Cancer patients form a special group that needs nursing assistance more than other patients. Studies indicate that cancer patients have more biopsychosocial problems and unmet needs compared with other patient groups.^[18-20] Nurses should use many of their functional skills, perform different actions, and have strong interpersonal communication skills and humanistic qualifications.^[21] In a study conducted by Radwin et al. on cancer patients, nursing care was defined as a significant and valuable contribution; nurses were reported to be significant, critical, supportive, relaxing, concerned, thoughtful, sensitive, helpful, and emphatic; and care was defined to be compassionate, interesting, and polite. Patients stated that they realized the care, were relaxed, and felt safe with less anxiety when they received a nursing service including these characteristics.^[22] In a study by Sainio et al., it was easier for patients to respond to the care when nurses displayed a positive, friendly, and realistic attitude while providing care.^[23] Study results indicated that nurses' attitudes during the period of providing care affected patients' emotions related to the care.

Consequently, cancer patients need more nursing assistance. Nurses provide the care using relationships. The relationship between nurses and patients is the determinant for ensuring that patients feel their needs are met, and satisfaction with the care services increases while evaluating the characteristics of nursing care. Nurses affect patients with their presence, and the way patients perceive the nursing presence is effective in determining whether their needs are met. The feeling that their needs are met positively or negatively affects patients' satisfaction with nursing care and perception of nurses as a professional member of a specific occupation. The literature has no studies on how cancer patients who may be regarded as a special group due to their care needs evaluate the nursing presence. Thus, this study aimed to determine how cancer patients evaluated the nursing presence. The findings obtained as a result of this evaluation are thought to guide nurses in planning the nursing care.

The main question was as follows:

1. How do cancer patients perceive the nursing presence in the period they are provided care service by nurses?

Materials and Method

Study type

This was a descriptive study.

Population and Sample

The population consisted of patients receiving treatment at Dr. Abdurrahman Yurtaslan Oncology Training and Research Hospital and Hacettepe University Oncology Hospital, Turkey. These hospitals accept the maximum number of cancer patients in Ankara. Data of patient registration office covering 2013 indicate that the number of adult patients hospitalized in these hospitals between September 15 and October 15, 2013, was approximately 140 in the first one and 330 in the latter.

The power analysis was used, and the power value was accepted to be 95%. The alpha value was 0.05, the effect size was moderate, the sample size was determined to be 111 patients in G Power program, and 110 patients were contacted; 64.5% (71 people) of the patients were in Hacettepe University Oncology Hospital, and 35.5% (39 people) were in Dr Abdurrahman Yurtaslan Oncology Hospital.

The inclusion criteria were as follows: being older than 18 years, having full orientation (time, people, and place), being conscious, having secondary school degree at minimum, staying at the hospital for at least 5 days to be in an interaction with nurses and to receive care, and having the skill of distinguishing nurses and other caregivers. The secondary school degree (at minimum) was sought because the original form of Nursing Presence Scale (NPS), developed by Kostovich,^[9] was used with the people who held the same degree at minimum.

Ethical Dimension of the Study

Institutional permissions were obtained from the hospitals to conduct the study. Ethical permission dated March 27, 2013, and numbered GO 13/171-15 was obtained from Ethics Committee for Non-Invasive Studies, Faculty of Medicine, Hacettepe University. Before conducting the study, the nursing directorate of the institutions was contacted and informed. The patients participating in the study were also informed, and their written consent was obtained indicating that they were volunteering to participate in the study.

Data collection tools

Introductory Information Form

This form included the questions regarding the introductory characteristics such as age, gender, marital status, duration of hospital stay and diagnosis, and the disease-related details.

Nursing Presence Scale

The Presence of Nursing Scale (PONS) is a Likert-type

scale that included 28 items and was developed by Kostovich (2012).^[9] The scale measured the nursing presence with 26 items and patients' satisfaction with the last 2 items. Each item was scored as follows: never (1 point), seldom (2 points), occasionally (3 points), frequently (4 points), and always (5 points). The Cronbach's alpha coefficient was 0.95. Nursing presence was defined as "being with the patient emotionally" and "physically doing what is to be done for the patient" by Kostovich.^[24] PONS was adapted to Turkish by Bozdogan Yesilot and Oz (2016). The Turkish form of NPS consisted of 25 items. Each item was scored as follows: never (1 point), seldom (2 points), occasionally (3 points), frequently (4 points), and always (5 points). The first item of the scale was not included in the scoring. The minimum and maximum scores to be obtained from the Turkish form of the scale were 24 and 120, respectively. Perception of the nursing presence was determined with the total score obtained by the individuals. As the score from the scale increased, the positive behaviors presented by the nurse increased numerically and the patients perceived this positively. Cronbach's alpha was 0.96.^[25]

Study Conduct

The data were collected between September and October 15, 2013. The data were collected using the face-to-face interview method with the patients and informing them about the study. Patients volunteering to participate were requested to fill the forms in their rooms. Filling each questionnaire form lasted 10–15 min on average.

Data Analysis

The SPSS 20 package program (SPSS, IL, USA) was used for analysis. The mean value was used to display the distribution of descriptive data (distribution of the mean scores of introductory details by patients' characteristics). The Pearson's correlation analysis (age, duration of diagnosis, duration and number of hospitalization, and the relationship between the satisfaction with nurses and NPS score) was used to evaluate the linear relationship between two continuous variables. The t test (gender, marital status, occupational status, educational status, hospitals, metastasis, comorbid disease, history of receiving service, and mean NPS score) was used to assess the significance between two independent groups. The Mann-Whitney U test was used to evaluate the nonparametric data (place of residence and NPS score). The Kruskal-Wallis test was used to assess the significance of score difference between more than two groups (the person they lived with, the relationship between the satisfaction with the previous nursing service and the NPS score). The multiple regression analysis was performed to see which variables on the introductory information form affected the scores. A P value 0.05 was accepted as the statistical significance threshold for data analysis.

Results

The mean age of the participants was 40 years (40.89±13.74, aged between 18 and 65 years), and more than half were males (54.5%) and married (67.3%); 48.2% were university graduates. More than half did not work (59.1%), and approximately half of the participants had an income lower than their expenses (47.3%). The majority of the patients lived at provinces (81.8%), and approximately half of them lived with their spouses and children (47.3%). The majority had metastasis (89.1%), but no comorbid disease (82.7%). Most of the patients (86.4%) received nursing service earlier, and 70.0% stated that they were satisfied with the service they received (Table 1).

The characteristics of the illnesses patients experienced indicated that the mean duration of diagnosis was 13.76±28.21 months, the duration of hospitalization was 2.96±3.06 days,

Table 1. Patients' baseline characteristics (n=110)

Characteristics	n	%
Gender		
Female	50	45.5
Male	60	54.5
Marital status		
Married	74	67.3
Single	36	32.7
Occupational status		
Yes	45	40.9
No	65	59.1
Educational status		
Secondary school	8	7.3
High school	49	44.5
University	53	48.2
Income status		
Income higher than the expense	11	10.0
Income equal to the expense	47	42.7
Income lower than the expense	52	47.3
Residential area		
Province	90	81.8
County	19	17.3
Village	1	0.9
The person the participant lived with		
Alone	7	6.4
Spouse	20	18.2
Spouse and children	52	47.3
Mother and father	26	23.6
Other	5	4.5
Metastasis		
Yes	12	10.9
No	98	89.1
Presence of a comorbid disease		
Yes	19	17.3
No	91	82.7
History of receiving nursing service		
Received	95	86.4
Did not receive	15	13.6
Satisfaction with the previous nursing services (n=95)		
Satisfied	77	70.0
Partially satisfied	11	10.0
Dissatisfied	7	6.4

Table 2. Patients' mean Nursing Presence Scale scores (n=110)

Mean±Standard deviation	Lowest-highest
88.46±22.64	28.00–120.00

and the mean duration of hospitalization was 9.24±9.39 days. The number of comorbid diseases was 1.7±0.6.

The lowest and highest scores all patients obtained from NPS were 28 and 120, respectively, and the mean score was 88.46±22.64 (Table 2).

The distribution of the scores patients attributed to the statements in NPS is indicated in Table 3.

The mean NPS score of the patients in this study was 88.46±22.64. The distribution of patients by their mean NPS scores is presented in Table 4. The results of the analysis indicated no significant difference between mean NPS score and gender ($t=1.94$, $p=0.39$), marital status ($t=1.67$, $p=0.93$), occupational status ($t=-0.92$, $p=0.08$), educational status ($t=1.74$, $p=0.91$), income level ($F=0.13$, $p=0.87$), place of residence ($MW-U=1.011$, $p=0.39$) and the person they lived with ($KW=6.673$, $p=0.08$), hospital providing the care ($t=0.96$, $p=0.33$), presence of metastasis ($t=-0.88$, $p=0.13$), comorbid disease ($t=-0.15$, $p=0.88$), history of nursing service ($t=-0.11$,

$p=0.85$), and satisfaction with the previous nursing service ($KW=2.587$, $p=0.27$) ($p>0.05$).

The correlation analysis was used to detect whether a relationship existed between the mean NPS score and age, duration of diagnosis, and duration of hospitalization. In addition, no significant difference was observed between age ($r=0.001$, $p=0.993$), duration of diagnosis ($r=-0.169$, $p=0.078$), duration of hospitalization ($r=-0.013$, $p=0.895$), and number of hospitalization ($r=-0.057$, $p=0.553$) ($p>0.05$). In addition, the correlation analysis was performed to see whether a relationship existed between the mean NPS score and satisfaction with the nurses providing care. The results of this analysis suggested a positive and highly significant relationship between NPS and satisfaction with the nurses providing care ($r=0.770$, $p<0.001$). This finding indicated that patients' satisfaction increased, as the level of perceiving the nursing presence increased.

Determinants of NPS were evaluated using the multiple regression analysis (Table 5). The variables in the analysis performed by the backward method were age, gender, marital status, education, income, place of residence, metastasis, experience of receiving nursing care, duration of diagnosis, duration and number of hospitalization, and satisfaction with the current nursing care. The regression model created with these variables was statistically significant ($F=56.094$,

Table 3. Distribution of the scores patients attributed to the statements in Nursing Presence Scale (n=110)

Statements	Never n (%)	Seldom n (%)	Occasionally n (%)	Frequently n (%)	Always n (%)
2. These nurses were sensitive about my concerns	7 (6.4)	4 (3.6)	17 (15.5)	36 (32.7)	46 (41.8)
3. These nurses taught me what I needed to know	16 (14.5)	4 (3.6)	23 (20.9)	28 (25.5)	39 (35.5)
4. These nurses came to my room to see I did not have a problem	8 (7.3)	7 (6.4)	25 (22.7)	34 (20.9)	36 (32.7)
5. These nurses met my spiritual needs	30 (27.3)	7 (6.4)	24 (21.8)	19 (17.3)	30 (27.3)
6. These nurses talked with me friendly	15 (13.6)	3 (2.7)	28 (25.5)	24 (21.8)	40 (36.4)
7. These nurses relaxed me physically	24 (21.8)	4 (3.6)	24 (21.8)	26 (23.6)	32 (29.1)
8. These nurses relaxed me emotionally	20 (18.2)	9 (8.2)	20 (18.2)	24 (21.8)	37 (33.6)
9. These nurses understood my feelings	28 (25.5)	8 (7.3)	20 (18.2)	18 (16.4)	36 (32.7)
10. These nurses gained my trust	10 (9.1)	3 (2.7)	19 (17.3)	33 (30.0)	45 (40.9)
11. These nurses were good at providing care to me	2 (1.8)	2 (1.8)	14 (12.7)	36 (32.7)	56 (50.9)
12. These nurses were with me when I needed them	4 (3.6)	1 (0.9)	16 (13.6)	37 (33.6)	53 (48.2)
13. These nurses helped me have a trouble-free day	6 (5.5)	3 (2.7)	12 (10.9)	42 (38.2)	47 (42.7)
14. These nurses generated a healing atmosphere around me	8 (7.3)	5 (4.5)	20 (18.2)	35 (31.8)	42 (38.2)
15. These nurses listened to my needs and met them	5 (4.5)	2 (1.8)	22 (20.0)	34 (30.9)	47 (42.7)
16. These nurses relieved my concerns	30 (27.3)	6 (5.5)	18 (16.4)	21 (19.1)	35 (31.8)
17. These nurses were concerned about me	51 (46.4)	9 (8.2)	19 (17.3)	17 (15.5)	14 (12.7)
18. These nurses dedicated themselves to providing care to me	31 (28.2)	5 (4.5)	28 (25.5)	20 (18.2)	26 (23.6)
19. These nurses helped me feel safe	5 (4.5)	2 (1.8)	21 (19.1)	37 (33.6)	45 (40.9)
20. These nurses provided care to me considering me not as a case but as a person	5 (4.5)	1 (0.9)	18 (16.4)	37 (33.6)	49 (44.5)
21. These nurses helped me have a control over my health care	10 (9.1)	0 (0.0)	22 (20.0)	32 (29.1)	46 (41.8)
22. These nurses made my quality of life better	11 (10.0)	5 (4.5)	23 (20.9)	32 (29.1)	39 (35.5)
23. I trusted these nurses	4 (3.6)	2 (1.8)	17 (15.5)	30 (27.3)	57 (51.8)
24. I felt a bond was developed between me and these nurses	20 (18.2)	5 (4.5)	30 (27.3)	22 (20.0)	33 (30.0)
25. The presence of these nurses was significant for me	12 (10.9)	6 (5.5)	27 (24.2)	26 (23.6)	39 (35.5)
Generally, how satisfied were you with the care provided by these nurses?	1 (0.9)	6 (5.5)	10 (9.1)	42 (38.2)	51 (46.4)

Table 4. Distribution of mean nursing presence scores by the introductory details (n=110)

Characteristics	NPS Mean±SD	t-test	p value
Gender			
Female	93.00±20.81	t=1.94	=0.39
Male	84.68±23.61		
Marital status			
Married	90.97±22.68	t=1.67	=0.93
Single	83.30±22.05		
Occupational status			
Yes	86.06±25.76	t=-0.92	=0.08
No	90.12±20.30		
Educational status			
Secondary and high school	92.07±22.44	t=1.74	=0.91
University	84.58±22.47		
Income status			
Income higher than the expense	90.27±15.44	F=0.13	=0.87
Income equal to the expense	87.19±24.90		
Income lower than the expense	89.23±22.12		
Residential area			
Province	87.60±22.96	MW-U=1.011	=0.39
County and village	92.68±21.95		
The person the participant lived with			
Alone	86.08±21.59	KW=6.673	=0.08
Spouse	98.45±22.78		
Spouse and children	86.94±21.75		
Mother and father	84.92±23.98		
Hospitals			
Dr. Abdurrahman Yurtaslan Oncology Hospital	91.28±20.8	t=0.96	=0.33
Hacettepe University Oncology Hospital	86.91±23.6		
Metastasis			
Yes	83.00±29.43	t=-0.88	=0.13
No	89.13±21.79		
Presence of a comorbid disease			
Yes	87.73±22.98	t=-0.15	=0.88
No	88.61±22.72		
History of receiving nursing service			
Received	88.36±22.55	t= -0.11	=0.85
Did not receive	89.06±24.19		
Satisfaction with the previous nursing services (n=95)			
Satisfied	89.63±23.4	KW=2.587	=0.27
Partially satisfied	86.00±16.2		
Dissatisfied	78.14±20.5		

NPS: Nursing Presence Scale; SD: Standard deviation.

Table 5. Determinants of Nursing Presence Scale by multiple regression analysis

Variables	B	T value	p value
Age	-0.104	-1.698	0.092
Duration of diagnosis	-0.105	-1.724	0.088
Satisfaction with the current care	0.776	12.646	<0.00

F=56.094; p<0.000; R²=0.616; Adj R²=0.605

care were the significant determinants for perceiving nursing presence. The level of decisiveness of these variables was 61%. The age and duration of diagnosis increased as the perception of nursing presence decreased, and the increase in the satisfaction with the current care boosted the perception of the nursing presence. The variable providing the most important contribution to the model was the perception of satisfaction with the current care ($\beta=0.776$). In other words, the satisfaction with the care patients needed indicated a high level of perception of the nursing presence. This finding was important because the satisfaction with meeting the needs possibly affected the service quality and the positive perception of service quality and presence of professionals.

Discussion

This descriptive study was conducted to determine how cancer patients evaluated the nursing presence.

The score all patients obtained from NPS was above the mean scale score. The mean score in Kostovich's (2012) validity and reliability study was 105.83±16.05 (min.=42.00, max.=125.00),^[9] and 107.03±16.16 (min.=52, max.=125), respectively, in Turpin's study (2016).^[1] A comparison with the results of the present study indicated that the participants in this study had a lower level of perceiving nursing presence. The nursing services in Turkey are provided to a group of patients by a group of nurses. It is not possible to mention that nursing care is specific to the individuals. More personal service is provided in modern countries, and a deeper relationship may develop between nurses and patients. It is thought that the difference between the types of providing care affected how patients perceived the nursing presence.

The results of this analysis suggested that a positive and highly significant relationship was present between the NPS score and satisfaction with the nurses providing care ($r=0.770$, $p<0.001$). Patients' satisfaction increased, as the level of perceiving the nursing presence increased. In the study by Godkin et al. (2002), patients' satisfaction increased when the attitudes indicating the nursing presence were combined with the care.^[26] The type of nursing care provided reflected to the patients with the attitudes and behaviors during this period. Nurses' effects on patient satisfaction were consistent and considerable because nursing is a professional group provid-

$p<0.000$). The variable, hospital providing the treatment, was not included in the analysis because a correlation was present between it and metastasis, and the satisfaction with the previous nursing services was not included in the analysis due to the individuals who did not receive service. Patients' age, duration of diagnosis, and satisfaction with the current

ing consistent service to patients. Nursing presence boosted patients' satisfaction, indicating that nursing presence could be consciously used as an intervention to increase patients' satisfaction. This result was important because it enabled patients to feel that they were provided more quality care and perceive the nursing care service and professional nursing presence more positively.

The regression analysis indicated that the increase in patients' age and duration of diagnosis decreased the level of perception of nursing presence, and the increase in the satisfaction with the present care increased the perception of nursing presence ($F=56.094$, $p<0.000$). Participants in Turpin's study were classified as young, adult, and old, and no significant difference regarding the nursing presence was observed.^[1] Similarly, in Kostovich's study, no relationship was found between the age variable and perception of age variable. In the present study, the perception of nursing care decreased. Individuals' experiences increased with their ages, and the way they met their needs and coped with the issues might differ. Considering these, patients might need the nursing presence less, and the nursing presence might not be sufficient for patients. The outcome of this study did not comply with the literature, and hence new studies on perceiving the nursing presence are needed considering the cultural differences in evaluating the relationship regarding the nursing presence.

As the duration of diagnosis increases, nurses start to perceive their presence less, suggesting that individuals' needs change as the duration of disease increases. Short interpersonal contacts established with patients during the initial phase of disease may be sufficient, patients learn to manage their needs as the period lasts longer, and expectations regarding the interpersonal relationship may change. In addition, longer duration of diagnosis may worsen the conditions of the disease. In the study by Georgaki et al., nurses were reluctant to talk with their patients about death and illness, and were not adequately educated on communicational methods. As the disease period lasts longer, nurses may become more insufficient in managing the interpersonal needs that may occur.^[27]

Nursing presence is an interpersonal skill that can be used while providing care. Nurses report that they are available, interested, and careful with their attitudes toward the individuals. This outcome is significant because it indicates the expectations are not met.

Limitations of the Study

This study is important because it is a novel study evaluating how cancer patients perceive nursing presence. However, it was conducted with a small patient group receiving treatment in the oncology hospitals with the highest hospital-

ization capacity in Ankara. Because the results covered only this group, studies with broader and different patient groups receiving treatment in different provinces are needed.

Outcome and Recommendations

This study was conducted to examine how cancer patients perceived nursing presence. The cancer patients in the sample group felt the nursing presence more than the mean score on the entire scale. The positive perception of nursing presence increased the satisfaction with nursing. These results indicated that training on the relationship between providing nursing presence and patient satisfaction should be included in in-service educational programs, and further studies should be conducted to validate the findings.

References

1. Turpin LR. State of the Science of Nursing Presence Revisited: Knowledge for Preserving Nursing Presence Capability. *International Journal for Human Caring* 2014;4:14–29.
2. Paterson J, Zderad L. Humanistic nursing. Available at: <http://www.gutenberg.org/files/25020/25020-8.txt>. Accessed Oct 17, 2017.
3. Kleiman S. Josephine Paterson and Loretta Zderad's humanistic nursing theory. In: Parker ME, Smith MC, editors. *Nursing theories and nursing practice*. 3rd ed. Philadelphia: Davis Company; 2010:336–42.
4. Melnechenko KL. To make a difference: nursing presence. *Nurs Forum* 2003;38:18–24.
5. Mitchell GJ. Human becoming. Tomey AM, Alligood MR, editor. *Nursing theorists and their work*. 5th. Ed. St. Louis, Missouri: Mosby; 2002: 527–59.
6. Schaffer M, Norlander L. *Being Present: A Nurse's Resource for End-Of-Life Care*. Sigma Theta Tau International; 2009.
7. Doona ME, Chase SK, Haggerty LA. Nursing presence. As real as a milky way bar. *J Holist Nurs* 1999;17:54–70.
8. Potter PJ, Frisch N. Holistic assessment and care: presence in the process. *Nurs Clin North Am* 2007;42:213–28.
9. Kostovich CT. Development and psychometric assessment of the Presence of Nursing Scale. *Nurs Sci Q* 2012;25:167–75.
10. Fingfeld-Connett D. Meta-synthesis of presence in nursing. *J Adv Nurs* 2006;55:708–14.
11. Bozdogan Yesilot S, Öz F. Nursing Presence: A Theoretical Overview. *Journal of Psychiatric Nursing* 2016;7:94–9.
12. Engqvist I, Ferszt G, Nilsson K. Swedish registered psychiatric nurses' descriptions of presence when caring for women with post-partum psychosis: an interview study. *Int J Ment Health Nurs* 2010;19:313–21.
13. An GJ, Jo KH. The effect of a Nursing Presence program on reducing stress in older adults in two Korean nursing homes. *Australian Journal of Advanced Nursing* 2009;26:79–85.
14. La Cava Osterman P, Schwartz-Barcott D, Asselin ME. An exploratory study of nurses' presence in daily care on an oncology unit. *Nurs Forum* 2010;45:197–205.
15. <http://www.who.int/cancer/en/>. Accessed Oct 17, 2017.
16. http://www.who.int/cancer/country-profiles/tur_en.pdf?ua=1. Accessed Oct 17, 2017.
17. <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=21526>. Accessed Oct 17, 2017.
18. Morasso G, Capelli M, Viterbori P, Di Leo S, et al. Psychological and symptom distress in terminal cancer patients with met and unmet needs. *J Pain Symptom Manage* 1999;17:402–9.
19. Kocaman Yıldırım N, Kaçmaz N, Özkan M. İleri evre kanser hastalarının karşılanmamış bakım gereksinimleri. *Psikiyatri Hemşireliği Dergisi*

- 2013;4:153-8.
20. Thorsen L, Gjerset GM, Loge JH, Kiserud CE, et al. Cancer patients' needs for rehabilitation services. *Acta Oncol* 2011;50:212-22.
 21. Sapir R, Catane R, Kaufman B, Isacson R, et al. Cancer patient expectations of and communication with oncologists and oncology nurses: the experience of an integrated oncology and palliative care service. *Support Care Cancer* 2000;8:458-63.
 22. Radwin LE, Farquhar SL, Knowles MN, Virchick BG. Cancer patients' descriptions of their nursing care. *J Adv Nurs* 2005;50:162-9.
 23. Sainio C, Lauri S, Eriksson E. Cancer patients' views and experiences of participation in care and decision making. *Nurs Ethics* 2001;8:97-113.
 24. Kostovich CT, Clementi PS. Nursing presence: putting the art of nursing back into hospital orientation. *J Nurses Prof Dev* 2014;30:70-5.
 25. Bozdogan Yesilot S, 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;9:443-51.
 26. Godkin J, Godkin L, Austin P. Nursing presence, patient satisfaction, and the bottom line. *J Hosp Mark Public Relations* 2002;14:15-33.
 27. Georgaki S, Kalaidopoulou O, Liarmakopoulos I, Mystakidou K. Nurses' attitudes toward truthful communication with patients with cancer. A Greek study. *Cancer Nurs* 2002;25:436-41.