

Article

Calming and Focusing

Students' Perceptions of Short Classroom Strategies for Fostering Presence

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Purpose: Presence is the essence of professional nursing in the nurse–patient connection. Nursing students have little exposure to strategies fostering presence. This pilot study explored students' perceptions of strategies to encourage presence in the classroom. **Design:** A three-question survey was distributed to students in the last week of classes. Faculty not teaching that course administered the survey. **Method:** Four faculty used strategies aimed at encouraging presence. These strategies included starting class with a mindfulness minute, mindful movement, singing bowl, peace and power check in, and a discussion of a current event. Each class used only one strategy consistently through the semester. Participants were undergraduate and graduate students enrolled in one of seven classes taught by these faculty. **Findings:** Overall the students found strategies to be beneficial. In reflecting on the experience with the strategies, four themes emerged: calming/relaxing; focusing/centering; setting aside distractions; and feeling community and connection. **Conclusion:** These brief strategies were acceptable to most students and were helpful to the students in preparing for class. The response to mindfulness minute was most positive. Further research is needed on the introduction of strategies that help students in the classroom and may also increase presence at the bedside.

Keywords: *presence; meditation/mindfulness; students; educators*

The heart of professional nursing is the connection between nurse and patient at a deep, intimate level, particularly when the patient is experiencing suffering, fear, and the unknown. Presence has been equated with the essence of the nurse–patient relationship (Newman, 2008). Presence is a key concept within the theories of Nightingale, Peplau, Paterson and Zderad, Benner, Parse, and Newman, and it continues to be a concept of interest in the literature over the past 50 years (Zyblock, 2010). While some have equated it with a state of being, others use language that indicates presence is a process or behavior (Finfgeld-Connett, 2006; Newman, 2008; Turpin, 2014). Presence is a way of being that allows for behaviors or interventions in the nurse–patient relationship. The Holistic Nursing

Scope and Standards of Practice defines presence as an essential state of being of the nurse who acts in collaboration with the patient rather than acting on the patient (American Holistic Nurses Association & American Nurses Association [AHNA/ANA], 2007). Literature on intentional and concerted effort to introduce nursing students' exposure to strategies for becoming present either with patients or in the classroom is lacking. This study explores students' perceptions of various strategies to encourage presence.

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Review of the Literature

Levels of Presence

Scholars have identified different levels of presence, although the labeling of levels has been inconsistent among authors (Dossey, 1995; Easter, 2000; McKivergin, 2009; Turpin, 2014). Dossey's early work included a hierarchy of physical, psychological, and therapeutic levels of presence. Educators recognize mere physical presence when students are in their classroom seats, but their minds may be focused on other times or events. Psychological presence is a meeting of minds, where attention is on what thoughts are being conveyed. Attention is on the content of conversation, reading textbooks, or monitoring patient conditions. Therapeutic presence, referred to as holistic presence by Easter, results when the nurse conscientiously brings the whole self, body–mind–spirit, to the nurse–patient relationship and unconditionally accepts the patient as a unique holistic being with unique experiences (Dossey, Keegan, & Guzzetta, 2005). The nurse deeply listens to the lived experience of the patient and the meaning the patient gives to those experiences (Doona, Chase, & Haggerty, 1999). This therapeutic presence is the goal of holistic nursing practice, a defining state of being for promoting healing (Mariano, 2013). Other concepts that appear to be similar include nursing presence, caring presence, and transforming presence (Doona et al., 1999; Newman, 2008; Zybblock, 2010).

Characteristics and Outcomes of Presence

Characteristics of therapeutic presence include holistic, intentional, and alert awareness of the other. The nurse brings the whole self in service to the other's body–mind–spirit as facilitator of healing through self-giving. Presence here goes beyond "being" or "being with" to being with for the other (Dossey et al., 2005, p. 74). A nurse who is present will be fully attentive to the whole of the patient's experience and work to uncover meaning in the encounter and circumstances. By being fully present the nurse is able to then participate in deep listening. As the nurse is able to listen deeply and with sensitivity to the meaning that the patient holds for the illness or circumstance, the patient also may be better able to be present and feel heard and

understood. This vulnerable openness of presence creates a space where healing can occur for the patient and where both patient and nurse can emerge changed from the encounter (Doona et al., 1999; Dossey et al., 2005). This is in contrast to what Dossey et al. (2005) refer to as pseudolistening, where the nurse is hearing the patient's words, but an internal dialogue also is occurring where the nurse is analyzing the dialogue for worth toward the nurse's ends, that is, assessment or details. A nurse who is present will quiet the internal dialogue and focus on the meaning of the other.

Several outcomes have been linked to nursing presence. Decreased anxiety and pain have been associated with perceived presence, as well as an increased sense of understanding and collaboration (Turpin, 2014). Doona et al. (1999) found that experienced nurses more likely exhibited the attributes of nursing presence. While studying nursing judgment, Doona et al. (1999) suggested that nurses who connect to patients with a deep sense of presence were more equipped to know what might work and when to advocate for the patient, whereas lack of presence is often linked to safety and quality issues when patients are not heard (Doona, Haggerty, & Chase, 1997).

Becoming Present

In the fast pace of health care today, being present or having presence in nurse–patient relationships is difficult even for a seasoned nurse. If we teach that presence is the "essence" of nursing as Newman (2008) claims, it is imperative that educators not only stress the importance of presence to our students but also teach ways to become present. Concept analyses of presence have yielded antecedents to presence that may help in formulating curriculum. In order for the nurse to be authentically present in the nurse–patient relationship, the nurse must open physically, emotionally, and spiritually to the other (White, 2014).

Being open and authentic in the relationship requires self-awareness and self-acceptance (Doona et al., 1999; Dossey, 1995; Turpin, 2014). A practice of self-reflection helps the nurse become aware of personal thoughts, feelings, and beliefs. Beyond self-awareness, self-acceptance is needed in becoming present and accepting of the patient (Dossey, 1995; Turpin, 2014). The nurse can be prepared to hear and understand the story of the patient only if there is self-awareness and self-acceptance of the nurse's

own story. As a person begins to accept and appreciate one's own humanity, acceptance of others grows and with that compassion (McCollum & Gehart, 2010). Certainly the desire to become present with the patient is fundamental to the practice of nursing. A nursing curriculum that emphasizes not only psychomotor tasks and knowledge but also the importance of presence is needed to foster exceptional nursing care.

Nursing Strategies Identified

Curriculum development to nurture presence must be grounded in current knowledge. Nursing theorist Helen Erickson (2006) offers specific guidance on becoming present through the practice of centering, focusing, and opening to the other. In centering, the nurse concentrates on breathing in energy and becoming in the moment, energized. Centering integrates the body and mind and quiets the mind from distractions, assumptions, and desired outcomes—emptying self of ego and the need to judge or control. The nurse then is able to focus on the patient and to set intention of connecting with the patient. Finally, the nurse is able to be receptive to all the patient wishes to divulge, and there is a merging of energies. The nurse enters into the relationship with full body–mind–spirit with the focus on the patient (Erickson, 2006).

Presence in the Psychology Literature

Nursing educators also can look to the work within psychology on presence. Building on the work of philosopher Martin Buber and psychologist Carl Rogers, Geller and Greenberg (2012) outline the important role of presence in psychotherapy. A central tenet of Gestalt therapy is present moment awareness or mindfulness in the relationship with the client and is thought to be necessary for meaningful contact and healing to occur. This present-centered approach manifests in the client experiencing an increase in sensory, affective, and cognitive awareness. Another component of presence found in Rogers' person-centered approach is unconditional regard or nonjudgment (Rogers, 1986/1989). Accordingly, listening, acceptance, and nonjudgment are essential to presence. From this place of being, the therapist is able to hear and

accept what is conveyed verbally and nonverbally (Geller & Greenberg, 2012).

Geller and Greenberg (2012) expounded on the concept of therapeutic presence and proposed creating opportunities for development of therapists to experience presence. Meditation, spiritual, and personal growth exercises are recommended as ongoing practices that foster presence. There are different types of meditation in the literature; however, often mindfulness practices are aimed specifically at developing attention and concentration. Mindfulness practices include elements of detachment and acceptance that can affect empathy and compassion. Spiritual practices can include reflecting on core values and then nurturing and integrating those values in all of life. Finally, personal growth practices recognize the effects of life experiences that may block presence (e.g., abuse, divorce, family issues) and increase the ability to work through those issues (Geller & Greenberg, 2012).

In bringing body–mind–spirit into the nurse–patient relationship, it is important for the nurse to attend to one's own physical and mental health. Self-care practices of healthy eating, exercise, and sleep are taught to patients and nursing students. Additionally, attending to mental health with stress reduction and practices that clear out negative thoughts that make it difficult to focus are needed. Self-care and personal development nurture and sustain the nurse for being physically, psychologically, and therapeutically present (AHNA/ANA, 2007). One cannot give if one is depleted (Cohen-Katz, Wiley, Capuano, Baker, & Shapiro, 2004). Strategies that promote presence should not be left for the new nursing graduate to discover. Introducing and fostering presence should begin in the classroom and may have direct benefits to student learning.

Presence in the Classroom

More literature on teaching, cognitive, and social presence is emerging (Garrison, Cleveland-Innes, & Fung, 2010). The presence of the instructor is manifest in facilitating of meaningful critical thinking through the cognitive and social direction of the class (Garrison et al., 2010). Other education literature describes teaching presence that mirrors the openness, vulnerability, and respect found in nursing literature (Hufford, 2014; Kessler, 1991). The teacher, much like the nurse, models nonjudgment

and a partnership with the students in a mutual engagement. Much like in the AHNA definition of presence, the teacher and students collaborate in the learning process versus the student as recipient of content (AHNA/ANA, 2007; Hufford, 2014). Literature on attentiveness in the classroom can illuminate the need for presence in the classroom also. Both attentiveness and mood are related to retention of content in the classroom likewise; decreased memory is linked with mind-wandering and negative mood (Farley, Risko, & Kingstone, 2013; Morrison, Goolsarran, Rogers, & Jha, 2014). Strategies to holistically engage and educate students to facilitate their full and sustained presence in class are needed.

Educating Nursing Students for Presence

Nursing students are taught about caring, presence, and active listening that is patient-centered. Holistic nursing programs require curricula that guide students in learning self-reflection, self-responsibility, and a way of being present with patients (King & Gates, 2007). However, tools or practices to foster presence in the student nurse often are lacking. Meanwhile, students also may need tools to help them become and stay present in the classroom as well. Students may benefit from strategies that decrease mind-wandering and negative moods. Building personal strategies in the curriculum may help students maintain presence in the didactic setting, while providing practice for being present with patients in the clinical setting.

The literature and experience can inform educators in strategies to guide students in practices aimed at centering, focusing, and opening to the other, which are elements of presence (Erickson, 2006). The works of Kabat-Zinn (1990) and Hanh and Vriezen (2013) have illustrated mindfulness and movement as a means of centering and paying attention. One author, J.B., has used mindfulness in personal and professional psychology practice and uses a mindful minute to begin class, whereas M.K. has integrated movement into centering with breathing. Personal experience with centering using a singing bowl led D.V. to use that strategy with one class. This same author thought Chinn's (2008) work would be useful for focusing and opening to the other with a smaller graduate theory class. Finally, B.H. drew on

the theory of Integral Nursing and the patterns of knowing (particularly personal, sociopolitical, and not knowing; Dossey, 2013) to guide students in connecting current events with nursing as a way to open to the other and connect with nursing.

The purpose of this pilot study was to explore undergraduate and graduate nursing students' experience with various practices of presence and self-awareness that were introduced in seven different classes at the undergraduate and graduate levels. The graduate students consisted of registered nurses and second-degree, prelicensure students. This study also examines the feasibility and the acceptability of different strategies in facilitating student presence in the classroom.

Method

This descriptive pilot study surveyed students in seven nursing classes where faculty used a specific strategy to foster presence in the classroom. The study took place at a Midwestern private university with a nursing enrollment of 650 students; approximately 400 are undergraduate students. The students were enrolled in one or more of the following courses: Freshman-level foundations course, Senior-level community (two sections), Second-degree, prelicensure community, graduate-level theory, ethics, and clinical nurse leader courses. The classes were face-to-face format; however, two classes included a small number of students who participated in real time via teleconferencing.

Participants

A convenience sample was composed of 151 undergraduate and graduate students who were enrolled in seven classes taught by the four participating faculty. The students were mostly female (88%) with ages ranging from 19 years to 30 years and older. The response rate for the survey was 97%. The university institutional review board reviewed and approved this study. There is no conflict of interest with this study.

Strategies to Foster Presence

The four participating nursing faculty previously had used one or more of the five strategies to foster presence in the classroom for undergraduate and

graduate students. Faculty chose strategies that they were comfortable using in the classroom prior to this pilot study. The strategies were mindfulness minute, mindful movement, Peace and Power check-in, singing bowl, and current event discussion. The strategies were introduced as an opening exercise at the beginning of each class session. Instructors gave a brief explanation of the purpose to bring body, mind, and spirit to the classroom and prepare for class. Explanations of each strategy are found in Table 1. While strategies differed from course to course, the strategy used was consistent for each course. For example, the faculty using mindfulness minute used only that strategy and consistently started class with the mindfulness minute.

Data Collection

At the end of the semester, students were given a brief three-question survey asking (a) to describe the experience with the strategy, (b) whether it was helpful with bringing their full presence into the class, and (c) and how this experience differed from other class experiences. The survey was administered, collected, and data entered by faculty other than the instructor for that course.

Analysis

The narrative data were analyzed using qualitative content analysis for common themes and patterns. While grounded theory analysis is well suited for the analysis of processes of experiencing and practicing presence, it was felt by the researchers that there was insufficient data for a grounded theory approach. The data were transcribed, reviewed, and analyzed. Themes were independently identified by two of the authors (D.V. and J.B.). The unit of analysis was phrases or sentences; however, only one exemplar of a theme per student was identified. This was needed as students often repeated themes across survey questions. Agreement on themes and exemplars was met through discussion among authors.

Results

A large majority (91.3%) of students reported that the strategy they experienced was beneficial. Several process themes were identified as students found the practices to be calming/relaxing as well as helpful in

focusing/centering before class. The practices also gave students an opportunity for setting aside distractions and feeling community and connection. The process of becoming present started to unfold.

Themes

Calming/Relaxing. Students from across all strategies reported that the strategies were helpful in calming and relaxing them before class, although this was more strongly stated with the mindfulness minute, mindful movement, and singing bowl strategies. One student in the class beginning with the singing bowl wrote, "It cleared my mind, calmed my body and brought my stress levels down." A response to the mindfulness minute was, "I feel like it's very relaxing & helps you realize some of the stress you feel before the class starts," whereas mindful movement "got me relaxed and in the mood to learn that day."

Focusing/Centering. The theme of focusing/centering was prominent as students described attending to the professor and course content as a result of the strategy to foster presence. One student wrote of the mindful movement, "It brought us together as a class and helped to focus on this class only." Another student stated, the mindfulness minute "is a really good way to fully prepare for class and focus on what needs to get done." Checking in was "helpful in bringing my full presence. It helped me participate more during class." In another class, "The singing bowl was unique . . . helped with centering and concentration." Discussing current events "was helpful in bringing my full presence. It helped me participate more in class."

Setting Aside Distractions. Taking time to set aside distractions was noted often in student responses; this was especially true with students receiving the mindfulness minute, singing bowl, and check-in strategies. The current event discussion "helped eliminate distractions and other things on my mind." Starting class with the mindfulness minute "helped me to be in the present moment and to not concern myself with other distractions." One student stated,

The singing bowl helped to signify the beginning of the class and really let me know the instructor was ready. It made me take a deep breath in, exhale all my distressing thoughts about the morning. I

Table 1. Strategy Descriptions, Student Level, and Class Size

Strategy (Faculty Initials, Reference)	Description	Class Size	
		UG (<i>n</i>)	G (<i>n</i>)
Mindfulness Minute ^a (J.B.; adapted from Kabat-Zinn, 1990)	At the beginning of the semester, the students were introduced to the concepts of self-care and presence. At the start of each class, a chime was sounded, followed by one full minute of quiet for students to attend to self-awareness. Students were encouraged to use this time to become present in the moment.	18	
Mindful Movement (M.K.; Hanh & Vriezen, 2013)	Mindful movements allow one to be aware of the pleasure of breathing and moving. Inhaling a peaceful/joyful thought with simple movement (arms toward the sky) and exhaling sorrow/worry with another simple movement (arms toward the earth) helps connect the mind with the body, preparing one to meet the next challenge. Repeat each combination three times.	21	29 ^{b,c}
Peace and Power check-in/check-out (D.V.; Chinn, 2008)	Each person (students and instructor) states name and a brief sentence or two about what they are bringing to the conversation and the intention for the class. Class closes with each saying what they got out of the class or their intentions are for the coming week.		15
Singing bowl (D.V.; Brummel-Smith, 2008)	When class is scheduled to begin, the instructor sounds the singing bowl by gently tapping the side of the bowl and drawing the mallet around the outside of the rim to produce the “singing” hum. This continues until the class is silent and there is a sense of presence in the class—between 10 and 30 seconds typically.		24 ^b
Current events (B.H.; Dossey, 2013)	The faculty introduced a current event (epidemic, disaster, professional issues, etc.) at the beginning of each class. Students discussed the meaning of the event as it related to professional nursing with the prompt, “How does this impact you as a future nurse?” The nursing paradigm provided a framework for making connections globally and locally.	20	24 ^c

Note: UG = undergraduate students; G = graduate students.

a. Mindfulness minute used in two separate UG classes.

b. Second-degree, prelicensure students.

c. Postlicensure students.

became fully present, ready to engage in the learning process.

Feeling Community and Connection. While all the strategies seemed to help students come together in the classroom, students reported that several strategies brought a sense of closeness with their peers. Checking-in “helped us to get a feel where everyone was. Not just for the discussion, but for life in general. We could tread lightly if we were having a rough day.” This connectedness extended to the instructor as well. One student reported, “I felt connected to the class and the instructor” after the mindful movement. Another student experiencing the mindfulness minute said, “I’ve never had a teacher take the time to make sure I was becoming self-aware, and give me time to prepare to learn in their class.” In the class using current events, the students felt connected to

nursing and their future roles, “It definitely helped make a connection to the nursing profession” and it “allowed me to be aware of how important nursing is to the global community.” This theme was most explicit with the checking-in and current events strategies.

Feasibility

Although there was some dissatisfaction expressed, the overwhelming majority of comments (91.3%) regarding the presence strategies were positive. In classes using the singing bowl and current events, some students were uncertain of the purpose of the strategy. Attitudes about the strategy changed over time for some students who either adjusted to the strategy or grew tired of it. For example, some students reported not liking the strategy mindful

movement or singing bowl in the beginning but grew to appreciate it over time.

In classes where mindful movement, checking-in, or current events were used, students reported feeling more connected with fellow students and with the nursing profession. In the graduate class that began with a checking-in, one participant described becoming more aware of classmates' feelings. Other students verbalized relief as they realized other students were struggling with the reading assignments also.

Responses from the class where the singing bowl strategy was used referred to attention versus presence, as one student noted, "The professor got my attention." Some students perceived this strategy as too short; however, others found the sound annoying. A small number of students ($n = 4$) who found the strategy annoying or childish, referring to the bowl as a "bell," stated that it felt like being in grade school and not a graduate program. Although one of these students also recommended that using the bowl for 2 minutes might have been better.

Discussion

Presence is a key concept within the nursing literature and has been equated with "the essence" of nursing. However, there is little in the literature about how to incorporate strategies to enhance students' presence in the classroom. This study looked at the feasibility of five different strategies to foster presence in the classroom. Student perceptions and acceptance of new strategies should be understood when assessing feasibility of learning strategies. Explaining the purpose of an activity is important for learning. Students need to understand why they are doing an activity; relying on a one-time explanation with occasional reminders does not ensure that the students will understand the intended purpose. Discussions on the purpose of strategies should be interwoven into the class and curriculum.

The ability to maintain acceptance of the strategy over time is important. Some strategies may take time for students to learn or accept. This study looked at using one strategy per classroom for the entire semester. A question to consider is whether strategies should be used consistently over a whole semester or over shorter periods of time, allowing a sampling of strategies. The latter may not allow time to become comfortable with a given strategy; however, it may

also give relief to students who are irritated by or tired of the strategy. For example, the singing bowl was perceived by some to be irritating and juvenile, although others perceived the same strategy as calming and centering.

One type of presence in the classroom has been referred to as social presence and includes the student's identity and ability to communicate within the community of learners (Garrison et al., 2010). In this study, when the strategies of mindful movement, checking-in, and current events were used, students expressed feeling connected with fellow students and the profession. Giving students the opportunity to interact in a low-stress activity may foster students' self-acceptance and acceptance of others and becoming more aware of classmates' feelings. Through exposing the common lived experience of the readings, students could see that they were not alone. It also allowed the teacher to reassure students and to value their perspectives during class discussions, which is important in a learning community (Garrison et al., 2010). Holistic principles, practices, and self-care need to be fully integrated into the curriculum, especially the undergraduate curriculum, as recommended by King and Gates (2007) and Barrere (2013).

Barriers to Presence

Distractions. Barriers to presence have been cited in the literature. Nurses have time constraints and competing demands (Doona et al., 1999). Undergraduate students are frequently on schedules where they rush from class to class, sometimes traversing the campus to do so. Graduate students may be attending evening classes after having worked a full shift. Students in this study found that mindfulness minute, singing bowl, and check-in strategies were helpful for setting aside distractions. All strategies were noted for helping students focus. One distinction that became apparent in the data was on the idea of getting the attention of the class. If the strategy is experienced as attention getting, it denotes the action of the instructor, versus the student consciously bringing his or her presence into the classroom. Perceptions of the singing bowl to be merely a signal or attention-getting device may be barriers to developing presence. While the instructor did remind the class of the purpose in bringing presence, students may have interpreted this as simply getting their attention. Future research is needed to determine the best methods for conveying the purpose of these strategies.

Lack of Self-Care. Geller and Greenberg (2012) identify fatigue and lack of self-care, stress, and excessive busyness as barriers to cultivating therapeutic presence. Thinking patterns also can get in the way of presence, whether it is overthinking, over-analyzing, or having intrusive thoughts. The need for control, judgment, or preconceived ideas about the encounter or the patient can limit what the therapist (or nurse) is able to hear (Geller & Greenberg, 2012). In the high pace of education and of health care, cultivating and mastering presence requires practice and commitment. Students reported that the strategies in this study were helpful for calming and centering their thoughts before class. Personal practice of regular meditation, spiritual practices, personal growth, and self-care are other means of cultivating presence.

Faculty Perceptions. Faculty may perceive barriers to introducing strategies to encourage presence in the classroom. King and Gates (2006) found several barriers to holistic nursing education. Among them were student perceptions of nursing that were from more of a medical model and the lure of the fast-paced, acute-care setting. Faculty may perceive holistic practice research to be less scientific and therefore a possible hindrance in the tenure processes (King & Gates, 2006). In this study, each faculty chose the specific strategy used in the classroom. Faculty should feel comfortable and confident with the strategy. Time constraints are always a consideration as programs are faced with increasing content (Diekelmann, 2002). Practices that promote presence often are relegated to the clinical setting. This study lays the foundation for finding strategies that are brief and repetitive. While repetition is needed to develop habits, the strength of a habit may decrease the role of intention (Neal, Wood, & Quinn, 2006). These classroom strategies give students a means for developing skills that may be beneficial for learning course content as well as strategies useful in the practice setting and for self-care.

Mindfulness as a Tool to Presence

In the Classroom. The mindfulness minute strategy seemed most acceptable to the students, with all participants reporting some benefit to the practice. This strategy facilitated a process for becoming present that is similar to the centering, focusing, and opening

practices proposed by Erickson (2006). In the classes using mindfulness minute to begin the class, the students often talked about the calming effect where anxiety and stress decreased, allowing them to then collect thoughts and center themselves. From here, they reported that they felt they could focus or concentrate on the class topic.

In Self-Care. Self-care is an essential component of presence. In order for the nurse to be an effective care provider, the nurse must have a level of self-awareness, understanding, and self-care. Stark and colleagues (Stark, Hoekstra, Lindstrom Hazel, & Barton, 2012; Stark, Manning-Walsh, & Vliem, 2005) suggest that nursing students are not learning self-care during their formal educational process in college. Nurses are known to be excellent caretakers of others, but often do not understand the importance of self-care. Cohen-Katz and colleagues found that nurses who participated in a mindfulness-based stress-reduction course showed positive outcomes including better understanding and acceptance of the importance of self-care. Self-care then contributed to more open presence to those patients for whom they were caring (Cohen-Katz et al., 2004). The strategies where students have a quiet moment at the beginning of class, may allow that time of self-reflection. The conscious awareness of both positive and negative thoughts in mindful movement may meet immediate needs of the student and allow focusing on the present. Research has demonstrated that mindfulness practices have been effective in developing increased self-awareness and contributed to more authentic presence in nurses to themselves and to their patients (White, 2014).

In Nursing Practice. Mindfulness is a way of paying attention. White (2014) addresses mindfulness in nursing as being aware of the environment and also self-aware of thoughts, emotions, and body sensations and in that awareness, accepting the experience without judgment while staying in the moment. With a commitment to this practice, one is able to become present in the moment, recognize distractions, and recall attention; all these are aspects of being present with the patient. The practice of non-judgment is believed to help in maintaining emotional balance, self-acceptance, and compassion for self and for others (Geller & Greenberg, 2012; Johnson & Reed, 2011; Turpin, 2014; White, 2014).

Future Implications

This study provides a foundation for integrating strategies into future course planning. Faculty can be informed by this study that a simple, short strategy at the beginning of class may have short-term benefits for presence in the classroom. The evidence on the benefits of mindfulness meditation along with the findings here on students' acceptance of the strategy suggests that further research on the use of mindfulness techniques in nursing education is needed. While the literature indicates that an 8-week course in mindfulness is needed, abbreviated forms for nursing students have not been studied. This study also proposes that several techniques might be useful for encouraging presence in the classroom. How different strategies are introduced and sustained is another question to consider. This study looked at strategies that were maintained over the course of the whole semester. Students were only introduced to one strategy in each class. The centering exercises for faculty and students document released by the AHNA (2015) could act as a menu for students and faculty to choose practices that are personalized to the student and course. The relationship among previous life and clinical experiences and the perception of presence would help in designing strategies that are appropriate to the level of students. The link between strategies used in the classroom and the development of a therapeutic presence in practice requires further research.

Conclusion

This study assessed the feasibility and acceptability of several strategies thought to promote presence in the classroom. Students found the strategies to be beneficial overall and helpful in calming, focusing, setting aside distractions, and feeling a sense of community. These findings align with the concepts that promote presence as outlined in the literature. These strategies have the potential for encouraging the presence in the classroom needed for learning, and they may have implications in the development of presence in the nurse–patient relationships.

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