



The Making of Presence: A Conversation with Jayne Felgen (abridged)

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Marty Lewis-Hunstiger: Thank you, Jayne, for joining me in a discussion of Creating Presence. I'll begin by asking your definition of presence. What does presence look, feel, and sound like?

Jayne Felgen: Presence is “showing up,” in the deepest way, as in a deep commitment. It is being in a relationship with one or several people which is fully attentive in the moment not only to what is happening but also what might unfold. Underlying this state is a conscious intention to serve the moment and those with whom you are sharing that moment. There is an opening that begins with what is known but has a willingness to go into the unknown. There is a sense of purposefulness—the purposeful use of self in service to another.

So, attention, intention, comfort with the unknown, and unfolding. What does it *look* like? A person who is calm, confident, and joyful in being in service. It *feels* that there is emotional safety because there's a connection and a commitment that are palpable.

Lewis-Hunstiger: Is there an opposite image that would lead you to say, “This is someone who is *not* present”?

Felgen: There is a nervous, quick manner, not making eye contact, with full attention on the task instead of on the person. An impatience to move a conversation along instead of allowing it to unfold based on the cues of the speaker.

Lewis-Hunstiger: We're told that one can behave in a certain way and his or her attitudes will follow. In other words, if I exhibit the behaviors of presence, then the attention, intention, and unfolding will follow. Is that true of presence, or is it something that has to come from the inside out?

Jayne: I believe it's both. The greater influence is self-awareness and the capacity to use one's self in service to another. There *are* supportive behaviors that help one stay focused in a busy work environment. An example suggested in Jean Watson's Caritas work is consciously committing, at the threshold of a patient's room, to stop at the door, take a deep breath, and focus on the patient as a person, as opposed to the task. So I think it's really both. A work environment can influence the ability to be present, or at least make it more challenging. But I do believe the intrinsic factor matters more.

Lewis-Hunstiger: What is the relationship between presence and caring? Is it possible to have one without the other, or do they always coexist?

Felgen: It's possible to care without being present, but in those instances the caring is at an unconscious level—it's suppressed or submerged. Everyone who chooses to work in health wants to make a difference for patients. The examples I use that always get affirming nods are housekeepers who could be working in hotels, or financial aid officers who could be working in academic settings or for their local CPA.

I also believe that disjointed, chaotic systems don't serve that need to care, unless the organization strongly chooses to make a statement that caring is valued. What's exciting is that there are organizations across the country who absolutely "get it." They get that "customer service" is only skin-deep. That there has to be a wholehearted commitment to alter the culture, to pay more than lip service to the patient and family at the center of all that we do, and to honor that sacred space between caregivers (and those who support them) and the patient and family.

Five years ago, two colleagues and I convened a group who share research on caring, to get beyond individual, solo scholarship work and really look at large acute-care settings that are extremely complex social organizations. How can we know the real factors that support both caring and presence? That group has become the Caring International Research Collaborative, or CIRC. The whole foundation of CIRC is people openly willing to contribute to the science of caring and presence and clarity.

Lewis-Hunstiger: Please say more about what you mean by clarity, in the context of what needs to be present in order to support people's ability to engage in change?

Felgen: My focus has always been on how to remove barriers to one-on-one interaction between caregivers and patients and their families. I have developed a theory: Clarity plus competence leads me to feel confident. When I am confident, that predisposes me to collaborate. If I collaborate with others who are equally committed to doing what's right for patients and their families, that creates a condition in which I have the courage to challenge the status quo.

So, it's clarity plus competence leads to confidence, which leads to collaboration. When underscored by a common commitment, that creates opportunities for courage to challenge the status quo.

When we work backwards up the algorithm, the part that is the most unknown but has the greatest impact is this notion of clarity: clarity of self, clarity of role and clarity of the system.

Clarity of self is self-awareness—my intentional use of self. How emotionally mature am I? How knowing and purposeful? So clarity does begin with self. Equally important is clarity around the role that I am in—in this case, as a professional—and also the roles that others play. If I am clear about what I can do, and should do and must do, and if I am also clear about the capacity of others in their roles, there is less ambiguity and more likelihood of synergy. And, if we have systems that are aligned to support those professional roles and personal intentions, then we're at the heart of the algorithm.

There are courageous people in systems – they are there because of their intrinsic passion to do what's right for patients. As we move through the algorithm, there are courageous people who have learned to collaborate with others, and they find each other in the system because they are confident – not just because of their professional expertise in managing relationships, their critical thinking, etc. They are also confident because they are clear about who they are, about the difference they make, and about the fact that what they do

and don't do has impact. They make it their business to be clear about their role and others' roles. And, they've changed the system.

Lewis-Hunstiger: What I hear as I listen to you is the strong link with professional practice and professional responsibility. It's easier to be confident, to collaborate, to be committed, and to have courage, in a system that is well organized. But if you are in a system that is disorganized or ambiguous, where you don't have role clarity, that's when your professional practice and professional responsibilities come into play. You have to clarify your role for yourself if the organization won't do it for you. Then you have to make those systems change so that they *will* be clear.

Felgen: Organizations need to support a professional practice model based on a therapeutic relationship with a designated patient and family, with an intentional adaptation of work schedules and assignments to enable that relationship to start at the time of admission and continue over time during the patient's stay. As opposed to, a nurse is a nurse is a nurse.

Lewis-Hunstiger: So, there are the ideals of the personal relationship between the nurse and the patient and family, and there are the realities of our practice the way it is now. That leads me to ask about the relationship between presence and self-care. It can be very stressful for nurses to not be able to meet their ideals—an ongoing stress in our professional lives and in our personal lives as well.

Felgen: In an empowered organization, it's not either/or when we look at our intention—it's got to be both. The reality will always be our reality, but if we as professionals don't imagine that we have the power and influence to change our practice at the point of service, any amount of self-care is only symptomatic treatment. There needs to be systemic treatment as well, so that we create models that align clarity of self and of role. If you don't put that system in the hands of the staff who can create the scenarios, then efforts at self-care are secondary and won't have as great an effect.

Lewis-Hunstiger: Thank you for clarifying that, because I think there is sometimes a link between self-care and victimization. Some nurses perceive themselves as victims of a heartless system and therefore feel the need to do all this self-care in order to survive, when

really, we aren't victims of a system. We are members of the system, and we do have a lot of control over what happens.

Felgen: Nursing staffs I work with who have acknowledged their ownership of their point of care practice say that while at first, experiencing that ownership is scary as all get out, once they began to incorporate Relationship-Based Care principles that helped reduce the fragmentation in their schedules and assignments, the details of how they show up lifted a huge weight off their shoulders. Coupled with a true focus on their need to care for themselves and for each other, that's when people really begin to feel cared for; it reinforces their intention to care for themselves as servants to care for others.

There's a huge shift in the world, an awakening if you will, about the importance of being present and being in dialogue with others who are present at a global level. There's a concurrent phenomenon: Primary Nursing, Professional Practice and Magnet have taken hold in the last 30 years. They are on parallel paths; one within health care and nursing, and one that is spreading out to whole systems. It's beginning to intersect with the larger, global, intentional corporate movement to this awakening of being present as human beings in the world.

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