Exploring the views of patients with cancer on what makes a good nurse – a pilot study

While it is vital to assess whether nurses follow professional codes and policies, it is equally important to consider patients’ perceptions of good nursing.

This pilot study replicates a study that has been under way in Asia since 2004 (Pang et al., 2009), exploring patient perspectives on the ‘good nurse’ (Box 1, p26). Findings from the project – conducted in China, Hong Kong, Japan, Korea and Taiwan – were presented at a meeting in Hong Kong in August 2007.

Two of the research team (Ann Gallagher and Khim Horton), who attended the Hong Kong meeting, agreed to conduct a UK pilot study to explore the views of people with cancer on what makes a good nurse. Also present at the meeting was Dr Chris Gastmans (Chaidia et al., 2009) on the same topic.

The Asian good nurse study used a mixed-method approach: interviews were conducted with patients to gain their narratives regarding the good and bad nurse, and a questionnaire survey (n=2,630) was conducted.

The questionnaire had four sections: good nurse virtues; good nurse works; good nurse impacts; and patient characteristics.

**Literature review**

The literature review on the views of people with cancer about what makes a good nurse (Chaidia et al., 2009), identified and analysed 12 articles in which patients described a range of attitudes, skills and knowledge that good nurses possess.

Regarding attitudes of good nurses, patients in studies in both the East and West identified the significance of nurses relating to patients as people, who appreciated their uniqueness and who knew the patients and their families.

Good nurses were sincere and friendly and also respectful, treating people as individuals. They were concerned and interested in the care of patients and understood and responded to their vulnerability. They also contributed to healing by demonstrating compassion. Good nurses also provided emotional support to patients and offered encouragement and reassurance, which encouraged feelings of hope and optimism.

In some of the studies examined, good nurses were revealed as people who identified themselves by name and shared something of their own personality. This resulted in meaningful interpersonal relationships in which patients felt they were ‘bonded’ and ‘connected’ to nurses. Good nurses also kept promises and did not make mistakes or, if they did, they took responsibility for them.

Other qualities included being cheerful, kind, gentle, sympathetic and compassionate. Having a sense of humour and being courteous and approachable were also highlighted as desirable qualities.

Although there was much common ground between findings from projects in the East and West, some differences were observed.

Japanese and Chinese patients, for example, highlighted the importance of nurses greeting patients and families ‘in a gentle voice’ and there was also an expectation from Japanese patients that good nurses would have good manners and be courteous.

The knowledge of the good nurse relates to their knowledge of disease, treatment and symptoms. Good nurses assess needs and respond to difficulties, pain and discomfort and are able to pick up changes in patients’ conditions. They also communicate information clearly to patients, give advice and respond to patients’ questions.

The skills of good nurses relate to technical competence, for example, in drawing blood and managing intravenous infusions. It is reported that, as a result of the good nurses’ knowledge and skills, patients feel better, have less depression and pain, and feel more comfortable. This contributes to nurse-patient relationships where trust, hope and optimism are important features.
Method
Grounded theory, informed by a symbolic interactionist perspective (based on the theory that the way people behave towards things is based on what meanings those things have for them) was considered the most appropriate approach as it allows themes and concepts to emerge from an analysis of qualitative data collected independently (Horton and Arber, 2004).

Letters of invitation and information sheets were sent to a sample of patients with cancer one week before outpatients appointments in 2008. Only patients with a confirmed diagnosis of cancer, who had been told of their diagnosis and had received medical treatment as an inpatient in the past 12 months were invited.

Five patients, aged 43–86, agreed to participate: two were men and three women. Three were British, one was from India and one from Ghana. They were interviewed in a private room during their appointment at a specialist hospital in England (Box 2, p27). One patient was accompanied by his wife who contributed to the interview. Interviews were transcribed and analysed thematically by two researchers who read, coded, compared and agreed codes for the analysis.

RESULTS OF THE INTERVIEWS
The following four themes emerged: good nurse virtues; knowledge; skills; and organisational features.

Good nurse virtues
Participants said the good nurse had particular qualities or virtues, meaning a disposition to feel, think and act in certain ways. A range of virtues or qualities of character were identified, such as helpfulness, courage, respectfulness, reliability, care, sense of humour, kindness, fidelity, friendliness, empathy and patience, as illustrated by the following response:

She treated [me] as if I was known to her for a long time […] she was very friendly and very eager to help you out in any problems […] You even feel rotten to come to the hospital while you are suffering. So it is good that people laugh and have got that sense of humour.

[The nurse] was very caring but she was very normal and ordinary, you know, in her conversation. She was almost like a sort of friend, if you like, and I had confidence in her [Interviewer: tell me about being caring]. It means being there if I need something, if I called a nurse in the middle of the night because I’m feeling bad, they want to do something about it […] and […] giving you confidence that they understand how you feel.

Good nurses are, therefore, caring (‘being there if I need something’). They respond appropriately during situations that patients consider anxiety provoking (‘easy and normal, no big deal’). They are in a state of readiness and willing to go the extra mile (‘ready to assist’, going ‘out of the way to help everybody’). They are conscientious and welcome family involvement. Good nurses are also sensitive, understanding and honest when sharing information (‘it’s going to be a bit uncomfortable’). They are also respectful, polite and courteous (‘he regards you well’). They are friendly, meeting and greeting appropriately and have a sense of humour. Good nurses are also trustworthy, which is related to fidelity and reliability.

Good nurses make patients feel they have time for them. They are also reliable:

The nurses here are always wanting to help. But it goes a lot beyond that, they’re always able to although they don’t have time, but they’re always able to give you time and make you feel that you’ve got all the time in the world.

If they said they were going to do something they always did it, instead of rushing off and forgetting.

There were examples of nurses who lacked virtues or who were ‘bad nurses’ from other hospital experiences, who were arrogant, ‘not helpful’ and uncooperative. An example related to not welcoming or including family.

In this case, the patient’s wife reported:

The nurse said: ‘I'm sorry Mrs R, if you're going to keep butting in I'm going to have to ask you to leave.’

Although participants were not asked directly about the impact of a good or bad nurse, this is important to them:

When you meet somebody who was nice and polite and courteous and helping things out, you don’t moan and grono and worry about it. You know she’s going to be on duty, that’s fine, you’re going to stay here for two days and she’s going to look after you […] The main thing is the personality of the nurse. Doesn’t matter what colour, caste, a smile wins hearts and when you’re dealing with a sick person one smile can make a lot of difference. His misery can turn into happiness. That’s very important.

The virtues or qualities of character may be moral or non-moral. Moral virtues include care, courage, honesty, trustworthiness, empathy and patience. Non-moral virtues include flexibility and sense of humour.

The quality of ‘being ordinary’ and making things feel normal in circumstances that were not ordinary for patients is identified as important. The fact that nurses would go out of their way to help patients suggests that good nurses act in a way that goes beyond doing their duty. The data suggests that participants’ experiences of good nurses was that they cared, demonstrated respectfulness and were friendly and courteous.

Knowledge
Two types of knowledge featured in the data: knowledge relating to professional competence; and knowledge of the patient. The presence or absence of knowledge for practice led to confidence or anxiety in patients:

She [the nurse] knew her job well and she was there to sort things out.

They [nurses] have the expertise to give you confidence, that what they are telling you is OK. If you ask them ‘Can I take these three tablets together?’ ‘Yes you can’. Total confidence that you can. I don’t have that
confident (chuckles) in other hospitals. I’ve been in […] I was in the other hospital having a blood top-up. And I was just so, so concerned that the nurse who’s hanging this thing up, you know, to continue feeding me with the blood or the drip or whatever it was… it was a worry for me… it concerned me that I was getting the right stuff pumped into me.

Good nurses are competent and ‘know their job well’. Feeling confident and trusting nurses and other staff is important but can lead to patients not questioning treatment offered:

If I was messed around with having suffered something like this I would feel very vulnerable and anxious. But you know, I do feel reassured here. I do feel that I’m in the best hands and that I’m sure that […] any treatment they give me is the best treatment. And I don’t ever question what they say, their recommendations.

The importance of being recognised, remembered and known by the good nurse was highlighted as important:

She’d sussed me out, sussed us out, that, you know, we’re pretty cheerful people and love a joke […] They know, you know, the nurses know ‘Oh, you’re the guy who lives in […]’, don’t you? and that makes you so comfortable.

She’ll always say to me ‘How’s your son?’ and ‘I bet he’s getting a big boy now’.

She just makes you feel completely at ease. She’s incredibly friendly, she always remembers who you are […] if you meet her in the corridor she always stops to speak to you, she knows your name […] I’ve always felt that I could phone her if I needed help or advice or anything else.

The theme of knowledge in relation to practice (knowing what they were doing and having expertise) and in relation to the patient as a person (‘sussed us out’ and remembering who they are) is closely related to participants’ views of competence and to having or lacking confidence in the nurses and in the trust.

The Department of Health (2008) emphasised the importance of patients having confidence in care and identified five ‘confidence creators’:

- Environment
- Culture
- Good teamworking and good relationships
- Well-managed care delivery
- Personalised care for and about every patient

Our data also raises the importance of personal relationships, of being acknowledged and remembered.

**Skills**

Three areas emerged: skill in relation to care tasks, skill in relation to greeting, and skill in relation to advocacy and communication. One participant talked about the challenge and anxiety of having a bath after surgery and of the skill of the nurse:

[The nurse] makes it so easy and normal just to, you know, to be naked and for her to lower you into the bath. She makes it no big deal.

The cultural significance of greetings was identified by one participant:

In my country like this when someone greets you that means he regards you, he regards you well.

One participant gave an example of a good nurse advocating on his behalf:

And she was prepared to confront the doctor on that and say ‘Look’ and I remember her words: ‘I have to look after the whole patient.’ And she discussed it with him and talked him through it and made him understand it was a problem […] She represented me when I was probably not in a position to represent myself.

In another instance, a patient reported how bad news was given in an insensitive manner during a ward round at another hospital where the nurse did not intervene. She also referred to the emotional consequences of treatment:

[I was] told immediately that he could see a growth and that I had cancer […] pretty distressing […] very uncomfortable […] the nurse who had been in the consultation came out and started giving me bits of paper to distribute round the [local, non-specialist] hospital to book in for scans […] a specialist nurse happened to walk past […] but she was very rushed… I said, I was told that she’d keep in touch, and she didn’t…

Time was a recurrent theme and might be thought of in terms of virtues or skills – having the disposition to prioritise the needs and individuality of patients and the skill to make them feel valued when there are conflicting pressures:

I think a good nurse is, again, someone who you have some sort of personal connection with, and who you feel comfortable with, and who you have confidence in really. And just spending the time, taking the time… to make you feel that way is important, instead of just sort of rushing in and rushing out.

The data highlights the importance of nurses having skills in relation to care tasks, to greeting, and to advocacy and communication.

What also seems evident is the relationship between skills and virtues or qualities of character. The nurse who helped the patient to have a bath in a manner that was easy and normal, making it ‘no big deal’, was showing respect for patient’s dignity. Similarly, greeting patients shows regard or respect.

In some instances, advocacy demonstrates courage. When nurses do not intervene, as in the ward round example, patients’ vulnerability is increased and sensitivity and compassion may be lacking.

Spending time with patients also contributes to patients feeling valued and respected.

**Organisational culture**

The fourth theme concerned the importance of the organisational culture or climate, suggesting a relationship between the good nurse and the good organisation:

There’s a culture here… I certainly feel that it doesn’t matter whether it’s the nurse or whether it’s the cleaner, or it’s the person…
who’s making you a cup of tea, they all treat you the same with respect and a sort of caring and listening approach […] in this hospital there’s a culture […] It feels like a team, well, it just feels like a family […] there seems to be the flexibility for people to be able to overlap, just for the patient’s sake.

Here, a ward housekeeper returned from a few days off to find a scuff on the floor. She ‘disappears’ and returns with one of the cleaners in order to ‘sort it out’:

'It was very much pride in her [the housekeeper’s] ward, you know, that was her ward […] So there must be standards, they must be spelt out when people start working here.

I think it probably is the organisation as well. I think because the [specialist hospital] is so geared up to giving such wonderful care to people. I just, I just can’t quite understand why the experience here could be so different from, from the NHS elsewhere.

Good nurses are good nurses in a particular context and in relation to a particular disease trajectory with particular patients and their families. Some patients may not survive. One participant said:

‘With cancer, in some cases of cancer, they know it’s the end of the road of life for them […] the nurses have to think from that angle, that this patient will try her best to survive. Sometimes it’s not possible […] if you are in a cancer hospital they have the experience and they are aware how many patients do come back and how many patients have gone, they’ll go in a black bag from here.

It seems important, therefore, to consider both the special nature of cancer in relation to the good nurse and the role of specialist hospitals in providing a context for good nursing care.

**DISCUSSION**

Findings were in accord with the literature review by Rhaidia et al (2009). The skills, qualities and knowledge of good nurses identified in the literature emerged from our study. We were particularly struck by the relationship between technical and ethical dimensions of practice, for example the presence or absence of trust, respectfulness and confidence in relation to tasks such as blood transfusion and bathing.

The virtues or moral qualities discussed by participants and the non-moral virtues are types of excellence that make a thing good for its purpose (Banks and Gallagher, 2008). Most virtues identified in the Asian study were seen in our pilot study (for example, cheerfulness, friendliness, patience, trust and competence), although some were less obvious in the UK data. Acknowledging, being caring and remembering patients might suggest sincerity, but this requires further exploration. There was evidence in most categories of good nurse work in the UK data. The categories ‘knowing the patient’, ‘comfort work’, ‘communication work’, ‘presence’, ‘respect work’ and ‘personalised caring work’ are suggested in our data. It seems that UK study participants feel that good nurses make a positive contribution to their well-being and that bad nurses detract from this. This is also worthy of exploration in a larger study.

One area that has received less attention, and which was a strong theme in our data, relates to the context in which good nurses work. Organisational culture or climate was considered important and suggests that positive patient experiences depend not only on relationships with individuals but also the environment in which they receive care. These findings are supported by the DH (2007) and by work commissioned by the RCN (2008) regarding dignity in care.

The RCN report, which detailed the views of UK nurses, student nurses and HCAs, concluded that dignity in care was maintained or diminished by people (staff and others), places (organisational culture and the physical environment) and processes (care activities). The relationship between the virtues of individuals and institutions has also been discussed by MacIntyre (1985), who argues that the virtues are ‘fostered by certain types of social institution and endangered by others’.

The role of the specialist hospital is worthy of more exploration. Participants highlighted the special nature of cancer and the importance of appropriate individual and organisational responses to patients who are likely to be anxious and to fear the worst.

References to confidence, trust and respectfulness were made in relation to individuals and organisations, and participants were appreciative and curious as to how this positive culture was maintained and why it was not always present elsewhere.

**CONCLUSION**

Although this was a small study, the data was rich in terms of patient insights and perspectives. They spoke positively about good nurses in the context of the specialist hospital and negatively of experiences of care elsewhere.

We do not claim that the sample is representative, but that the insights revealed have truth and meaning in relation to the experiences of this sample. The perspectives were from a small but diverse group of patients with a wide range of experiences and patient expertise. A meaningful comparison with the Asian good nurse study would need a much larger sample, and there are plans for a such a study comparing patients’ and nurses’ views of the good nurse in several specialties.

**REFERENCES**


