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Elderly patients' and residents' perceptions of "the good nurse": A literature review

Running title: The good nurse

ABSTRACT

This article describes the findings of a mixed method literature review that examined the perceptions of elderly patients and residents of a good nurse in nursing homes, hospitals, and home care. According to elderly patients and residents, good nurses are individuals who have the necessary technical and psychosocial skills to care for patients. They are at their disposal, promptly recognising the patients' needs. Good nurses like their job and are sincere and affectionate. They are understanding and caring. They don't hesitate to enter into a trust-based relationship with their patients. Knowing and understanding how elderly patients and nursing home residents perceive "the good nurse" is crucial for providing quality care and for promoting better patient outcomes in geriatric care.

INTRODUCTION

The literature has always looked at “the good nurse” from different perspectives. The image of the good nurse has evolved from the traditional mother figure and loyal doctor’s assistant to the image of an autonomous nurse who has comprehensive knowledge and technical skills.¹ From an ethical perspective, the good nurse is someone who does ‘the right thing’ and cultivates good qualities. This refers to a flexible and empathic person who has a professional attitude, clinical skills, and comprehensive knowledge.² According to the *International Council of Nurses*, in terms of ethics good nurses provide care that respects the values, standards, habits, and religious ideas of patients. They inform patients and their family and ensure that patient files remain private and confidential. Good nurses are responsible for obtaining knowledge and skills and for keeping them up-to-date. They know their limits, work in a sound socioeconomic way, and watch over the safety of their patients and fellow nurses.³

Several studies have examined nurses’ perceptions of the good nurse. Nurses often attach great importance to the psychosocial characteristics of the good nurse, like active listening, empathy, honesty, professionalism, modesty, and using a holistic vision of man and care⁴⁻⁶. Other studies, however, have indicated that the views of nurses often do not fit those of elderly patients and residents.⁵⁻⁸ Investigation into the patients’ general perceptions of the good nurse shows that patients attach more importance to a nurse’s technical skills.^{4-5,9} Moreover, patients especially need nurses who provide them with correct information about their health⁸ and nurses that ensure that the patients’ surroundings are pleasant⁷. These “good nurse skills” are often underestimated by the nurses themselves.⁷ When a nurse and a patient views these skills similarly, there is more patient satisfaction.^{7,10-11}

Knowing how elderly patients and residents perceive the good nurse is of great social interest. Worldwide, the number of elderly patients continues to rise,^{12,13} with more people

reaching the age of 80 (12-15% in 1950 to 25-37% in 2002)¹³. The elderly are also the largest group of healthcare users, due to the declining mortality rate and rising prevalence of chronic diseases and morbidity.^{12,13} Given the economic scarcity and the resulting declining healthcare budget, there is a need for cost-efficient, quality care that is tailored to the needs of elderly patients and residents.^{9,13,14} Developing a patient-oriented care model that puts the patient's needs at the centre means that perceptions of elderly patients and residents should be taken into consideration.^{10,15-17} All these evolutions aimed at care tailored to the needs of patients and residents illustrate the importance of knowing how elderly patients and residents perceive the good nurse. For it is often the nurse who in many cases is in close and intense contact with the elderly.¹⁸ Even when preparing for discharge, after discharge, or in home care, nurses remain the main caregiver.¹⁸⁻²⁰ Nurses are the ones who can make the difference in geriatric care.

The present literature review is based on the following central question: What are elderly patients' and residents' perceptions of the good nurse?

METHODS

Design

On the basis of the guidelines of the *Joanna Briggs Institute for Evidence Based Nursing and Midwifery*,²¹ we conducted a mixed method literature review. We used additional guidelines for the methodological evaluation of the included studies.²²⁻²⁶

Search strategy

We searched the following databases: Medline, CINAHL, PsychInfo, Cochrane Library, and Invert. We used a wide range of search words based on the research question. The articles had to be published between 1990 and 2010. The search terms were divided into clusters that represent the different parts of the research question: the nurse, the perceptions, the elderly

patient or resident, the setting, and the ethical dimension. We then applied the snowball method, in which we checked the references of all included studies for additional possibly relevant studies.

Selection criteria and methods

Articles were only included if they met the following criteria: (1) the article described the results of empirical research; (2) the elderly patient's perception of "the good nurse" was explicitly addressed; (3) the setting was elderly care, nursing homes, home care, or hospital care; and (4) the article was published in English, Dutch, French, or German. A first selection of articles was done based on the abstract and the title. Then we read each of the selected research articles so that we could more accurately apply the inclusion criteria. The studies included were read, compared, described, and methodologically evaluated. Since only a limited number of relevant studies remained, we did not exclude articles based on their assessed methodological quality.

The methodological assessment of the quantitative research articles was based on our own list of quality criteria.²⁵⁻²⁶ We especially checked whether all steps in the research were well-defined; for example, the presence of a clearly defined research question, a clear description of the sampling, measuring instruments, and results (Table 1).²⁵

Table 1. Criteria for methodological assessment of the quantitative research articles.

clearly defined research question	
clear description of sampling	
	informed consent
	sampling method
	sample size
	response-rates
	representativeness
	description of sociodemographic features
descriptive clarity of	
	data collection
	validity and reliability of the measuring instruments

	data analysis
	results

When assessing the quality of qualitative research articles, it is first of all important to check whether the research question was clearly defined and whether the sampling and the results were clearly described.²⁴ We also checked the use of a number of quality criteria that support the validity and the reliability of qualitative research (Table 2).²²⁻²⁴

Table 2. Criteria for methodological assessment of the qualitative research articles.

clearly defined research question	
suitable study design	
sampling method	
	Saturation
descriptive clarity of	
	data collection
	possible bias
	role of the researcher
	procedural methods of data-analysis
	Results
use of	
	Bracketing
	Triangulation
	thick description
	member checks
	Reflexivity
	prolonged engagement
	etc.

The data synthesis process consisted of reading and re-reading the articles in order to select the paragraphs that answered the research question. Afterwards, all relevant results for each study were written down and summarised. Comparisons revealed the similarities and

differences between the different studies, and this resulted in a first breakdown of articles into categories. Several discussions with co-authors led to the final data synthesis.

RESULTS

Description of included studies

By applying the above-mentioned search strategy and selection criteria, we included 12 articles in our analysis: 7 quantitative studies^{18,20,27-31} and 5 qualitative studies.³²⁻³⁶

All included studies contributed to answering the central research question, although they did so from different perspectives. Two studies described patient satisfaction and main care activities in geriatric hospital care.^{20,28} Home care was examined in two studies that focused on the elderly home care user's perception of the quality of care and of the nurse's caring behaviour.^{29,32} Nursing homes were the research settings of most of the studies, which examined the patients' perceptions of nurses' behaviour or the importance attached to contact with a nurse.^{18,30-31,33-36} Wilde et al.²⁷ described elderly patients' perceptions of the quality of care in situations of home care, hospital care, and nursing homes.

In most of the studies, the average ages of the elderly patients and residents included in this literature review was between 78 and 86 years old, respectively.^{20,27,29-32,35-36} One of the inclusion criteria that was often used was that the 'elderly patient needs to be able to communicate, that he/she needs to have the necessary cognitive and/or physical skills to complete the questionnaire and to answer the questions.'^{18,20,27,29-31,33-36} 'Acutely ill elderly patient and resident and cognitively weak elderly patient and resident' was often used as exclusion criteria.

Five studies were conducted in the USA,^{18,28,30,33-34} four in Sweden,^{20,27,29,36} two in Canada,^{32,35} and one in Australia.³¹

All quantitative studies used a descriptive design and collected their data through existing questionnaires or scales like the Quality from the Patients Perspective (QPP) questionnaire,^{27,29} the Care-Q instrument,^{18,31} and other instruments.^{28,30} Wressle et al.,²⁰ however, developed prior to their study a new questionnaire for telephone assessment of geriatric hospital care. The sample size of the quantitative studies ranged from 17 to 428. Four of these studies had a smaller sample between 17 and 37,^{18,28,30-31} and three studies had a sample between 151 and 428.^{20,27,29} Response rates varied between 82% and 100%,^{18,20,27-30} with only one study reporting a low response rate of 46%.³¹

The qualitative studies all used interviews and a descriptive research design.³²⁻³⁶ Westin and Danielson³⁶ used a hermeneutic research method, and Bowers et al.³⁴ used the grounded theory method. The sample size ranged from 5 to 28 participants.

Critical appraisal

In all the quantitative studies, a clearly defined research question was put forward, which often described an objective. Even the data analysis instruments and methods used were described in detail in all the quantitative studies. In three studies, a convenience sample was used,^{18,28,30} thereby limiting the representativeness of the research results.²⁹ Only Larsson and Wilde Larsson²⁹ used a random sample. The other quantitative research studies did not clearly state how their samples were compiled.^{20,27,31} A number of studies elaborated on the validity and the reliability of the used scale or questionnaire.^{20,27,29-31} Marini,³⁰ for example, presented by means of a pilot study, a content validity assessment and an internal consistency exploration, with a moderate to strong reliability and validity. Two other studies reported moderate to strong internal consistency.^{27,29} Tuckett et al.,³¹ however, described low internal consistency. Wressle et al.²⁰ described an acceptable face, content and construct validity of the used questionnaire, as well as a high degree of reliability and internal consistency.

In studies employing qualitative research designs, all authors provided a clear description of the research question, the data collection method (interview), and the data analysis. The sampling was made up of three purposive samples³⁴⁻³⁶ and two convenience samples.³²⁻³³ All qualitative studies used verbatim transcription and thick description. Some studies made an extra effort to increase validity and reliability by using data and method triangulation,^{36,38} multiple coding,³³ and reflexivity by self-reflection.³⁶

All qualitative and quantitative studies used clearly defined inclusion and exclusion criteria, but only little data was available about the specific state of health of the included elderly patients. Furthermore, all studies, except for one,³² reported that their studies were approved by an ethics committee and/or described the application of the informed consent procedure.

Content-related results

On the basis of the research question and by summarising and comparing data, we were able to distinguish two themes: (1) the characteristics of the good nurse when it comes to physical care, and (2) the characteristics of the good nurse when it comes to psychosocial care.

Characteristics of the good nurse when it comes to physical care

According to several studies, infirm elderly patients and residents consider technical expertise (knowledge and skills) in the field of physical care to be the most important quality of good nurses.^{18,29-31,34} Good nurses are individuals who have the necessary technical competences and knowledge. They coordinate care, know what to do when problems occur, follow doctors' orders, and efficiently administer medication (e.g., administering intravenous medicines).^{18,20,28,30,32-33}

Availability, punctuality, and being open to detail are three important skills that round out the technical expertise and professionalism of good nurses. Good nurses don't let elderly

patients or residents wait too long; they are sensitive to their needs.^{18,28,30-31,33-34} Patients and residents feel safe in the presence of an expert nurse or if they know one is available.^{20,33-34,36} This results in a higher degree of satisfaction and fewer feelings of fear. Good nurses monitor their patients and residents closely, so even the slightest changes are noticed and can be reported (e.g., keeping an eye on intestinal functioning and regularly checking parameters).^{28,30-32,34} At the same time, they closely monitor the patients' pain, reporting and alleviating it several times a day.^{27,29-30} Good nurses know, however, their limits and when to consult a doctor.^{18,30,33}

Good nurses also play an important role when it comes to hygienic care. They care for the personal hygiene of their patients by helping patients bathe, go to the toilet, and by timely offering a bedpan or urinal.^{18,27-29,34} Serving dinner and helping during meals are two other aspects of daily care in which good nurses stand out.^{27,29}

Ensuring patients' comfort is another desired quality of the good nurse. Good nurses make sure their patients and residents have comfortable beds and offer them help to get into a comfortable position.²⁷⁻²⁹ Good nurses make sure the surroundings are pleasant by tidying up, making the beds, encouraging people, and removing disturbing factors like unpleasant smells or noises.^{27-29,34,36} They look for the tiniest changes and try to do things right.³⁴

Good nurses have comprehensive knowledge: They know how to inform the elderly about pathology, treatment, side effects, etc. They know how to explain symptoms in a way that allays fear and stress. Good nurses put themselves in the patients' position by explaining things in plain language.^{18,20,28,32-33}

Characteristics of the good nurse when it comes to psychosocial care

According to one study, psychosocial skills primarily defines the good nurse.³² Six other studies, however, don't make a clear distinction with regard to a nurse's psychosocial skills,

stating that both technical and psychosocial skills contribute to what makes a nurse a good nurse.^{20,27-29,33,35-36}

Good nurses like their job, are cheerful and friendly, and treat elderly patients in a loving way^{18,28,32-36}. Their patients always comes first.¹⁸ Westin and Danielson³⁶ described an important outcome: Cheerful nurses result in cheerful patients and residents.

Good nurses take time to listen to their elderly patients and residents and are patient.^{18,20,29,32} Hence, elderly patients and residents get a chance to be themselves; they feel supported in the presence of a good nurse.^{18,31,36}

Good nurses are honest and sincere; they enter into a relationship with the elderly patient or resident based on mutual trust.^{18,27,29,31-33} In this mutual nurse-patient relationship, devotion, proximity, and reciprocity are the desired features.^{27,34-35} The patient or resident and nurse stay in touch and share experiences.^{27,29,33-34} This type of contact with a good nurse makes patients' and residents' life meaningful.³⁶ Good nurses consider patients' or residents' experiences and are interested in hearing more about them.^{18,27,29,33,36}

As the elderly desire individual care, good nurses need to view each patient or resident as an individual, a person, not just someone with a disorder.^{30,33-34,36} Along these lines, good nurses fully understand the specific situation of each patient or resident, taking into account the individual's experience and showing compassion and concern.^{20,27,29-30,32-33,35}

Good nurses have a responsible attitude in caring for their patients and residents.³¹ This is done with the utmost respect for the patients' and residents' dignity, allowing them as much self-care as possible.^{20,30,32,35-36} Good nurses encourage their patients and residents to care for themselves, to be hopeful and positive.^{28,30,32} This can be done by offering information and by teaching them how to care for themselves (e.g., by stimulating patient compliance).^{18,28-29} This support causes patients and residents to actively participate in their own care and to make more conscious, well-informed decisions.^{18,29}

Finally, good nurses are also responsive to patients' and residents' body language, enabling them to sense any slightest changes and to act in an anticipatory way. They also try to keep communication open.^{33-34,36} The elderly appreciate when nurses treat family and friends in a friendly way and when nurses inform them about their friends' or relatives' health.^{27,30}

Two studies also described residents' perceptions of the 'bad nurse.'^{34,36} Bad nurses have a bad attitude.³⁴ They don't like their job, don't smile, don't make contact with the residents, and don't keep their promises.³⁴ Bad nurses don't pay sufficient attention to the residents, are unpredictable, only think of themselves, act against the residents' desires, and make residents feel that they are alone.³⁶

DISCUSSION

Strengths and limitations of the literature review

This literature review has a number of strengths and weaknesses. The mixed method aspect of the literature review made it possible to complete the descriptive data from the quantitative studies with the in-depth qualitative data.

There were studies included from America, Europe, and Australia; this geographical spread gives the results an international ring. When it comes to setting, we included studies from home care, nursing homes, and hospitals. We could not find, however, any internal differences due to the place or the setting of the research.

The methodological quality of most of the studies was reasonably good. Some studies specified that they had a small sample,^{18,28,30-32,34} and low representativity,^{18,33} or did not have any dropout information.²⁰ Two studies noted that the patients and residents may have been unable to speak freely for fear of the nurses' reaction.^{31,36} Nine studies received the approval of an ethics committee.

The research population of this literature review was mainly made up of female participants; very few were male participants. Their age ranged from 55 to 104 years old, with an average age of 78 to 86 years, confirming that this review was indeed about elderly patients. However, we did not find internal differences on the basis of age group or sex.

In all included studies, patients and residents with diminished cognitive status were excluded. A number of the studies also excluded acutely ill elderly patients and residents. These might have had different perceptions of what constitutes the good nurse.⁵ We cannot assess this notion on the basis of this literature review, this review does offer a global view of how competent elderly patients and residents perceive the good nurse.

Discussion of substantive findings

We start this discussion section with a philosophical remark concerning the meaning of ‘good’ (as in ‘the good nurse’). The meaning of ‘good’ in this literature review does not refer to philosophical (e.g. Kantian) notions of an unconditional or intrinsic moral good. The literature reviewed does not discuss the intrinsic moral quality of the nurses’ behaviour. In fact, ‘good’ as described in this literature has primarily an extrinsic or instrumental meaning. It is important to bear in mind that the described perspectives do not provide a full ethical framework for good nursing in the broad sense. As such, they do not have a normative quality: ‘the good nurse’ as described by the elderly patients and residents is more a matter of empirical experience than normative viewpoint. Our review does not provide us with an answer to the question: “What is a good nurse?” in a broad ethical sense. Instead, it gives us insight into the perceptions of elderly patients and residents regarding ‘the good nurse’. Hence, the meaning of ‘good’ is empirically based and highly contextualized by the settings and circumstances wherein elderly patients and residents should be placed.

Research on the ethical quality of ‘the good nurse’ is in its infancy, but it is developing. The present literature review offers an opportunity to reflect on this question and

gives us a baseline for future studies aimed at refining elderly patients' and residents' experiences with 'good nurses'. As such, it provides an important empirical framework for ethical reflection.

According to the elderly, good nurses are ones who have the necessary technical and psychosocial skills. They have the knowledge and the skills to care for the elderly patient or resident. Good nurses are also available, quickly noticing the patients' needs. They like their job, and are sincere and loving. They are understanding and concerned. Good nurses enter into a relationship with their patients based on mutual trust. These findings are more or less in line with the results of similar research looking into the general perceptions of patients.^{4-5,7,17} We gather from these studies that patients value the expertise and the psychosocial skills of a nurse.^{4-5,7,17} Good nurses are considered to be experts who provide individual patient-oriented care—anticipating the patients' needs—in the context of a nurse-patient relationship based on empathy and availability.¹⁷

Like Patistea,⁵ we concluded that elderly patients and residents consider the technical skills involved in physical care to be the most valuable characteristic of the good nurse. These contrast with the perceptions of nurses who often attach more importance to the psychosocial skills of the good nurse.⁴⁻⁶ No matter how important knowledge and skills are considered to be, elderly patients and residents consider them to be intertwined with a nurse's attitude. Availability, punctuality, and being attuned to detail and comfort were explicitly mentioned as being the most essential attitudes nurses need to demonstrate in order to complete their technical expertise. Furthermore, it is remarkable how well balanced elderly patients and residents describe the psychosocial characteristics of the good nurse. These characteristics are also often closely linked with a nurse's expertise. In other words, the results suggest that both groups of characteristics are inextricably intertwined and that they are only valuable when linked. The same idea can be found in the concept of 'skilled companion',³⁹ a metaphor for

the good nurse. This concept refers to the harmonious integration of expertise (skills) and care attitudes (companionship) of the caregiver.

Our findings also correspond to a large extent with the review of Rchaidia et al.,³⁷ who examined how cancer patients perceive the good nurse. Rchaidia et al.³⁷ also emphasised the technical-clinical competence of the good nurse, which manifests itself in comprehensive knowledge and attention to detail. Additionally, there are the psychosocial skills that are revealed when a nurse enters into a relationship with the patient based on mutual trust, respect, honesty, and availability. The similarities between the perceptions of elderly patients and residents and those of cancer patients in high-tech oncology surroundings raise questions. A possible explanation can be that elderly patients and residents, just like cancer patients, represent a vulnerable patient group.³⁸ Vulnerable patient groups probably agree with one another when it comes to their experienced perception of the essence of the good nurse. The good nurse is a competent professional who combines his or her expertise with the cultivation of virtuous attitudes. This constant value in the image of the good nurse fits the ethical essence of care practices, as described by Margaret Walker⁴⁰: “*Care practices are a practice of responsibility in which different persons involved bear responsibility for themselves and for others in a process of reacting on vulnerability.*” The good nurse is seen as a *reflective practitioner* who takes responsibility in order to offer, through care, the best possible answer to the patient’s vulnerability, taking into account the vulnerable patient’s dignity.⁴⁰

Wilde et al.²⁷ examined the perceptions of elderly patients and residents in three settings: nursing homes, home care, and hospital care. As in our literature review, they also did not observe variations in the participants’ perceptions across the different settings. Patistea⁵, Bassett,⁶ and Hancock et al.,⁹ on the other hand, found that patients’ needs depend on the context. Acutely ill elderly patients especially are likely to attach importance to the correct execution of doctor’s orders and the correct administering of physical care. In our

literature review, however, we did not find any differences between the different settings. One possible explanation for this finding is that the elderly patients and residents contributing to our review may have had different perceptions of the good nurse. Indeed, we did not include studies that assessed the perceptions of acutely ill elderly or cognitive weak elderly individuals.

Implications for research, practice and education

The above-mentioned limitations of the literature review and the individual studies imply that further research is necessary, such as research employing larger samples and having a longitudinal research design. They also point out that research should be done on the possible internal differences between subgroups on the basis of age, sex, setting, pathology, place, etc. In order to obtain a wider view of the perceptions of all elderly patients and residents, further research is required on the perceptions of acutely ill and cognitively weak elderly patients. Besides refining and deepening the characteristics of the good nurse, further qualitative research will elucidate the dynamics and harmony between expertise and virtuous attitudes in the context of providing good care. With respect to the geographical spread of studies on the perceptions of elderly patients, we found no studies conducted in Asia or Africa. To get a more international impression of the perceptions of elderly patients and residents, more research is needed.

Care outcomes provided by the good nurse show that the good nurse could make the difference in geriatric care services. Given their vulnerable situation, elderly patients and residents depend greatly on nurses. Good nurses see and recognise their patients in terms of their vulnerability and are capable of efficiently fulfilling their patients' needs.³⁸ That is why "*knowing the patient*" is important—knowing them and their needs, and knowing the effect good nursing care has on patient outcomes.³⁸ In this way, nursing care and nurses' attitudes can be adjusted in order to intervene in a more targeted way, to fulfil patients' needs, and to

provide better quality care.^{20,28,30-31,33,35-36} The findings of this literature review are also valuable for boosting the self-image of nurses working in geriatric care. The results show that elderly patients and residents expect geriatric nurses to be both technically competent and psychosocially skilled.

Knowing how elderly patients and residents perceive the good nurse is also very important for nurses' training courses. Gaps in nurses' knowledge and skills can be narrowed down, and nursing education can be adjusted according to the specific needs and wishes of elderly patients and residents.^{33,37}

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Drafting of the paper: EVDE

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