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# CANCER PATIENTS' PERCEPTIONS OF THE GOOD NURSE: A LITERATURE REVIEW

*Leila Rchaidia, Bernadette Dierckx de Casterlé,  
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**Key words:** cancer patients; characteristics; good nurse; literature review; nursing

This article discusses findings from a mixed method literature review that investigated cancer patients' perceptions of what constitutes a good nurse. To find pertinent articles, we conducted a systematic key word search of five journal databases (1998–2008). The application of carefully constructed inclusion criteria and critical appraisal identified 12 relevant articles. According to the patients, good nurses were shown to be characterized by specific, but inter-related, attitudes, skills and knowledge; they engage in person-to-person relationships, respect the uniqueness of patients, and provide support. Professional and trained skills as well as broad and specific nursing and non-nursing knowledge are important. The analysis revealed that these characteristics nurtured patient well-being, which manifests as optimism, trust, hope, support, confirmation, safety and comfort. Cancer patients' perceptions of what constitutes a good nurse represent an important source of knowledge that will enable the development of more comprehensive and practice-based views on good nursing care for such patients. These perceptions help us to understand how nurses effectively make a difference in cancer patient care.

## Introduction

Core virtues and values of the nursing profession, as well as nurses' duties and responsibilities, are represented by international<sup>1,2</sup> and national codes of ethics in nursing.<sup>3,4</sup> For example, nurses should respect the rights of patients.<sup>5</sup> Nurses are also responsible for safeguarding human rights.<sup>1</sup> They inform patients about the delivery of health care<sup>5</sup> and meet their needs.<sup>6</sup> They protect the confidentiality of all patient information,<sup>1,5-8</sup> and respect patients' privacy.<sup>9</sup> Nurses with conscientious objections that prevent them from participating in certain activities must consult with their patients before handing over their care to other nurses.<sup>5</sup> Most importantly, nurses should assume the major role in determining and implementing acceptable standards of clinical nursing practice, management, research and education.<sup>2</sup>

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Although codes of ethics make a valuable contribution and can identify the core characteristics, duties and responsibilities of good nurses, it seems necessary to understand what specifically defines a good nurse according to the perceptions of those who directly participate in the nursing care process, that is, the nurses and patients themselves. Some attempts have been made to describe the characteristics of a good nurse from nurses' perspectives. Nurses listed four main categories of characteristics that define what one needs to do to be a good nurse: (1) personal characteristics (caring, being present, showing compassion, showing respect for self and others); (2) professional characteristics (being patient centred, respecting the code of ethics and professional standards of care); (3) knowledge base (forming a strong professional and situational knowledge base, using critical thinking); and (4) professional skills (demonstrating safe and competent nursing care).<sup>10-16</sup>

Although these studies provide valuable information about the characteristics of good nurses from a nursing point of view, it is important to understand how patients, as the main recipients of nursing care, perceive good nurses. A nurse's primary responsibility is to people requiring nursing care.<sup>2</sup> Few studies have addressed cancer patients' perceptions of the characteristics of a good nurse. Nevertheless, the importance of perceptions of cancer patients regarding good nurses cannot be underestimated. Cancer is a common public health problem<sup>17</sup> known for its chronic character.<sup>18-21</sup> This characteristic implies that cancer patients have long-standing, intensive contact with nurses, which means that nurses necessarily play an important role in caring for cancer patients.<sup>22-24</sup> In this context it is important to consider that cancer patients form an extremely vulnerable group because their disease is often life-threatening and because cancer and its treatment have an enormous impact on their private, social, and professional lives.<sup>22-26</sup>

Studies have shown that patients and nursing staff do not always agree on the importance of caring behaviours,<sup>12,27-30</sup> the greatest discrepancies in this regard can be found in oncology care.<sup>29</sup> It is therefore important to come to a better understanding of the characteristics of a good nurse from the perspective of cancer patients.<sup>12</sup> Insight into cancer patients' perceptions of nurses will help nurses to understand better how to address these patients' needs and expectations more appropriately. Thus the aim of this review is to analyse cancer patients' perceptions of what makes a good nurse, based on their experiences. In particular, the following question was addressed: What are cancer patients' perceptions of what makes a good nurse?

## Method

### Design

A mixed method systematic review was conducted, based on the guidance of the United Kingdom Centre for Reviews and Dissemination guidelines on systematic reviews.<sup>31</sup> As the focus of these guidelines is effective research, adaptations were made, as described below.<sup>31,32</sup>

### Search strategy

We conducted a systematic search of the electronic databases MEDLINE, CINAHL, the Cochrane Library, Invert and PsycINFO for articles published between January 1998

and July 2008. We identified perceptions and/or experiences of cancer patients concerning good nurses that satisfied the inclusion criteria. We also checked the reference lists of included articles to ensure that we accessed as much relevant literature as possible (snowball method).

A broad range of search key words was used, divided into four subgroups: 'nurse-patient relation', 'nurse', 'caring' and 'care' belonged to the group that represented care offered by nurses. The key words 'patient', 'perceptions', 'experiences', 'perspectives' and 'expectations' formed the group concerning patients' point of view; 'cancer', 'oncology' and 'neoplasm' comprised the group concerning the disorder; 'good', 'ethics', 'virtue ethics', 'ethical ideal', 'ethical nursing' and 'good nursing' made up the group representing the ethical dimensions of nursing care. All key words were used both alone and in combination.

## Selection criteria and methods

The titles and abstracts of candidate articles were reviewed, and articles were included only if they met the following criteria: (1) described the results of empirical research; (2) explicitly addressed the perceptions and/or experiences of cancer patients about good nurses; (3) were published in English, French, German or Dutch; and (4) included patients over 17 years of age who received nursing care because of a cancer diagnosis.

Quality assessment was based on the 'universal points of interest' of Dixon-Woods *et al.*<sup>33</sup> for qualitative designs as well as the National Critical Appraisal Skills Programme Collaboration for Qualitative Methodologies.<sup>34</sup> The quantitative designs were evaluated according to the criteria of Polit and Beck.<sup>35</sup>

The data abstraction and synthesis process consisted of re-reading, isolating, comparing, categorizing and relating the data to each other. The articles included in the present review were re-read several times to obtain an overall understanding of the material, and all results that addressed the research question were noted. Significant passages that explicitly addressed cancer patients' perceptions regarding 'good nurses' were transcribed verbatim on to a data abstraction form.<sup>32</sup> The reviewer (LR) regularly discussed these forms with two of the co-authors (CG and BDdC). The qualitative data were first organized into categories (because these data provided the richest and most extensive information) and comparisons were made. Later, the quantitative data completed understanding of the characteristics of the good nurse from the perspective of cancer patients. In the present review, we have divided the results into content themes related to good nurses, examining similarities and differences to synthesize candidate subject areas. During this process the authors also discussed the analysis several times.<sup>36</sup>

## Findings

### Description of included studies

The research strategy yielded 12 articles containing 11 separate studies (Tables 1 and 2). The articles by Radwin<sup>37</sup> and Radwin and Alster<sup>38</sup> were derived from the same study. The studies were classified into six qualitative<sup>22,26,37-41</sup> and five quantitative<sup>27-30,42</sup> studies.

Table 1 Quantitative studies included in the review

Reference	Main country studied	Study design and aims	Sample and response rate	Data collection	Ethical considerations
Christopher and Hegedus, 2000 <sup>27</sup>	USA	Descriptive exploratory design To measure oncology patient and oncology nurse perceptions of nursing care behaviours To describe the extent to which oncology patients and oncology nurses agree on their perceptions of nursing care behaviours To identify caring behaviours on which patients and nurses disagree	n = 45 Patients hospitalized for cancer therapy RR = 94.4%	A two-step revised version of the Respondents' Perceptions of Caring Scale	Ethical approval obtained from Institutional Review Board Participation voluntary and participants assured of confidentiality
Larsson <i>et al.</i> , 1998 <sup>42</sup>	Sweden	Descriptive design To investigate patient and staff perceptions of the importance of caring behaviours	n = 53 Patients informed about their cancer diagnosis and hospitalized for at least 3 days RR = 29.7%	Data collected using the CARE-Q instrument Research assistant instructed each patient on how to use the instrument and was present during completion	Ethical approval obtained from Research Ethics Committee Informed consent obtained from all participants
von Essen and Sjöden, 2003 <sup>28</sup>	Sweden	Descriptive study To identify patient and nursing staff perceptions of the most and least important nursing care behaviours	n = 81 Patients: 35 cancer 26 general surgery 20 orthopaedic RR = 39.5%	Data collected using the CARE-Q instrument Patients instructed on how to complete the questionnaire	Ethical Institutional Review Board approval Informed consent obtained from all participants

Table 1 (Continued)

Reference	Main country studied	Study design and aims	Sample and response rate	Data collection	Ethical considerations
Widmark-Petersson <i>et al.</i> , 2000 <sup>29</sup>	Sweden	Dyadic study To identify patient and staff perceptions of the importance of caring behaviours to individual patients To determine staff views of the importance patients ascribe to caring behaviours To determine patient and staff perceptions of patient health, quality of life, and greatest health-related concern, and the extent to which these are inter-related To determine the extent, if any, to which patient and staff perceptions of the importance of caring behaviours are related to patient anxiety, depression, health and quality of life	n = 21 Patients informed about their cancer diagnosis and hospitalized for at least 3 days RR = 26.6%	Data collected using the CARE-Q instrument Blind-matching method used for patients and nurses	Ethical review approval obtained Informed consent obtained from all participants
Yuanmay <i>et al.</i> , 2005 <sup>30</sup>	Taiwan	Descriptive correlational design To explore differences in the perceived importance of various caring behaviours between patients with cancer pain and oncology nurses To explore the relationship between pain level and caring behaviours	n = 50 Patients diagnosed with any type of cancer and hospitalized for at least 3 days	Completed the BPI-C, CARE-Q and a patient background data sheet without assistance	Ethical approval obtained from Human Subjects Committee Informed consent obtained from all participants

RR, response rate  
CARE-Q, Caring Assessment Report Evaluation Q-sort  
BPI-C, Brief Pain Inventory

Table 2 Qualitative studies included in the review

Reference	Main country studied	Study design & aims	Sample	Data collection	Ethical considerations
Björklund and Frindlund, 1999 <sup>22</sup>	Nordic countries <sup>a</sup>	Qualitative, descriptive design To describe cancer patient experiences of nurses' behaviour in terms of critical incidents after nurses had given them health-promoting care	n = 21 Patients diagnosed with head and neck cancer	Semistructured interviews	Ethical approval obtained from Committee for Ethics in Medical Investigations Informed consent obtained from all participants.
Izumi <i>et al.</i> , 2006 <sup>40</sup>	Japan	Phenomenological study To identify characteristics of good nurses according to patients' perspectives To explore cultural and social factors underlying these views To investigate similarities and differences in these views across cultures in Far East Asia	n = 26 Purposeful convenience sample of patients who had completed at least 1 course of cancer treatment	Semistructured interviews	Ethical approval obtained from Research Ethics Committee of the Nagano College of Nursing
Liu <i>et al.</i> , 2005 <sup>41</sup>	China	Qualitative research design To develop an understanding of caring in nursing from the perspective of cancer patients To identify the concept of caring in the Chinese cultural context	n = 20 Patients hospitalized for cancer treatment	Semistructured interview guide Face-to-face individual interviews	Ethical approval obtained from the Ethics Committee of the Hong Kong Polytechnic University Informed consent obtained from all participants
Nåden and Sæteren, 2006 <sup>26</sup>	Norway	Qualitative research design To obtain in-depth knowledge about the caring confirmation of patients with cancer	n = 15 Patients who had received potentially curative medical cancer treatment	Qualitative research interviews	Ethical approval obtained from Research Ethics Committee Informed, written consent obtained from all participants

Table 2 (Continued)

Reference	Main country studied	Study design & aims	Sample	Data collection	Ethical considerations
Radwin 2000 <sup>37</sup>	USA	Grounded theory Theoretical analysis of oncology patients' perceptions of the attributes and outcomes of quality nursing care	<i>n</i> = 22 Oncology patients who had recently received chemotherapy, radiation, and/or surgery	Grounded theory method and constant comparative analysis	Ethical approval obtained from medical centre and university Institutional Review Boards Written, informed consent obtained from all participants
Radwin and Alster, 1999 <sup>38</sup>	USA	Grounded theory To define, describe, and discuss patient-identified outcomes in detail and to examine how they pertain to extant health care literature	<i>n</i> = 22 Oncology patients who had spent varying lengths of time in a nurse-patient relationship	Grounded theory method and constant comparative analysis	See Radwin, 2000 <sup>37</sup>
Radwin <i>et al.</i> , 2005 <sup>39</sup>	USA	Content analysis To analyse cancer patient participants' descriptions of nurses and nursing care	<i>n</i> = 461 Patients who had received nursing care for cancer	Questionnaire with one open-ended question: 'In general, how do you feel about nurses?' Researchers assumed that patient responses reflected their experiences with oncology nurses	Ethical approval obtained from medical centre and university Institutional Review Boards Informed consent obtained from all participants

<sup>a</sup>Sweden, Norway, Denmark, Finland, Iceland.



All studies contributed to answering the research question, offering different perspectives (Tables 1 and 2). Björklund and Fridlund<sup>22</sup> described cancer patients' experiences of nurses' behaviour, while Izumi *et al.*<sup>40</sup> identified the characteristics of good nurses according to patients' perspectives. Other studies identified patients' perceptions of the importance of caring behaviours.<sup>28-30,42</sup> Three studies developed an understanding of caring in nursing from the perspective of cancer patients.<sup>26,39,41</sup> Radwin<sup>37</sup> and Radwin and Alster<sup>38</sup> described oncology patients' perceptions of the attributes and outcomes of quality nursing care. Christopher and Hegedus<sup>27</sup> measured oncology patients' perceptions of nursing care behaviours.

Some studies described cancer patients' perceptions of good nurses in western countries: the USA,<sup>27,37,38,39</sup> Sweden,<sup>22,28,29,42</sup> Norway,<sup>22,26</sup> Denmark,<sup>22</sup> Finland<sup>22</sup> and Iceland;<sup>22</sup> others were from eastern countries: China,<sup>41</sup> Japan<sup>40</sup> and Taiwan.<sup>30</sup>

The quantitative studies used a descriptive cross-sectional design<sup>27,28,30,42</sup> or a dyadic design,<sup>29</sup> and used data collection instruments containing the Respondents' Perceptions of Caring Scale<sup>27</sup> and the Caring Assessment Report Evaluation Q-sort (CARE-Q) instrument.<sup>28-30,42</sup> The sample sizes of these studies ranged from 21 to 53. With the exception of one, all of the quantitative studies involved only cancer patients. The von Essen and Sjöden<sup>28</sup> study also included general surgical and orthopaedic surgery patients. Three response rates were low, at 26.6%,<sup>29</sup> 29.7%<sup>42</sup> and 39.5%,<sup>28</sup> while Christopher and Hegedus<sup>27</sup> reported a response rate of 94.4%. Yuanmay *et al.*<sup>30</sup> did not mention their response rate.

The qualitative studies used interviews<sup>22,26,37,38,40,41</sup> or a questionnaire with one open-ended question<sup>39</sup> for data collection. The sample size of most of the qualitative studies ranged from 15 to 26 cancer patients.<sup>22,26,37,38,40,41</sup> However, Radwin *et al.*<sup>39</sup> studied 461 cancer patients.

The settings for all the quantitative and qualitative studies except one were oncology hospitals or health care centres; the setting for the Radwin and Alster<sup>38</sup> study was a primary nursing delivery care system.

## Critical appraisal

We included 12 articles identified as appropriate through quality assessment analysis. The quantitative studies all used data collection instruments that had appropriate psychometric properties.<sup>27-30,42</sup> Saturation was reached in four qualitative studies.<sup>22,26,37,38,41</sup> Trustworthiness was discussed in all studies; for example, member checking,<sup>27,38</sup> step-wise replication,<sup>22,26,38,39</sup> peer debriefing,<sup>22,26,38-40</sup> data and researcher triangulation,<sup>37-41</sup> constant comparative analysis,<sup>22,26,37-39,41</sup> peer review<sup>38-41</sup> and audit trail.<sup>41</sup> The study procedures and data collections were conducted and recorded carefully,<sup>22,26,27,29,37-42</sup> and sufficient data were presented to support the findings.<sup>22,27,30,37,41,42</sup> All studies mentioned ethical considerations (Tables 1 and 2).

However, some studies had methodological limitations, mainly related to sampling issues, particularly limited sample sizes<sup>28,29,42</sup> and no details of dropout rates.<sup>30</sup> von Essen and Sjöden<sup>28</sup> used a sample that contained 35 cancer patients, 26 general surgical patients, and 20 orthopaedic surgery patients. Their results represent the outcomes of all 81 patients. Because each of the three groups differed significantly on only one of the six subscales of the CARE-Q instrument, these patients were presented as one group; thus we included this article in our review. All the study samples contained patients who were hospitalized because of a cancer diagnosis. None of the studies,

however, specified the patients' health status. This may have resulted in the exclusion of patients who were too ill to participate.

## Characteristics of good nurses

On the basis of their experiences, the cancer patients described several characteristics of good nurses. We grouped these characteristics into two categories: (1) attitudes; and (2) knowledge and skills.

### *Attitudes of good nurses*

Cancer patients from both eastern and western countries described a good nurse as someone who related to the patient as a person. They seemed to look for an interpersonal relationship that contained partnership.<sup>22,26,27,38-42</sup>

Good nurses treated their patients as precious and irreplaceable individuals; they knew each patient and family personally.<sup>37,40</sup> They appreciated the uniqueness of each patient and therefore did not stereotype them by their diagnosis and condition.<sup>22,38,40</sup> These nurses did not look down on patients or talk to elderly cancer patients as one would to children or babies. Good nurses were not only sincere and friendly but were also respectful<sup>40</sup> and were therefore able to maintain a respectful relationship with their patients. When the patients felt they were being treated as individuals they were able to maintain their self-respect,<sup>38</sup> which improved their mental health.<sup>22</sup> Some cancer patients reported experiencing a feeling of confirmation when nurses understood them and took them seriously. This was regarded as an essential part of caring and facilitated the patients' personal growth and development.<sup>26</sup>

Some participants described good nurses as those who were concerned and interested in the care and well-being of their patients.<sup>22,27,28,37-41</sup> They understood details of their patients' condition that others did not comprehend. Good nurses were sensitive and responsive to their patients' feelings of vulnerability, and they facilitated the healing process by understanding patients' needs and being compassionate to their suffering.<sup>27-29,38,40-42</sup>

Nurses who provided emotional support by finding positive meanings, possibilities and hope in situations that appeared bleak were described as good. They offered encouragement and reassurance, instilled hope, inspired confidence, and initiated contact.<sup>22,26,39,41,42</sup> These attitudes cultivated optimism,<sup>38</sup> helping patients to feel more positive about their treatment and promoting their own 'good attitude'.<sup>37</sup> Optimistic patients believed that they had made appropriate choices regarding their treatment; they were also hopeful about treatment outcomes.<sup>37,38</sup>

Nurses who identified themselves by name and revealed certain aspects of their own personality<sup>37,38,40</sup> made patients feel acknowledged as persons; they acknowledged a person-to-person relationship with these nurses and remembered them immediately. When a nurse disclosed some personal detail, the relationship between the nurse and the patient became more humane. Knowing something specific about a nurse helped patients to feel bonded and connected to the nurse.<sup>37,40</sup>

Nurses who kept promises and made very few mistakes were considered to be good; if mistakes were made, they apologized and took responsibility for them.<sup>37,39-41</sup> Being honest with patients was shown to be one of the most important characteristics of a good nurse.<sup>30,42</sup>

To realize these characteristics, good nurses must express certain crucial personal attributes, such as cheerfulness, readiness to smile, kindness, warmth, gentleness, consideration, sympathy, compassion, empathy, sensitivity, hopefulness, a sense of humour, courtesy and approachableness.<sup>22,27,28,39,40</sup> The cancer patients reported that, when nurses possessed and displayed the characteristics of a good nurse, they felt safe, relaxed, comfortable and more at ease; they also wanted to talk and relate to the nurses.<sup>37,38,40,41</sup> These caring attitudes represented an effective source of emotional, informational and practical support.<sup>41</sup> They also gave patients a feeling of confirmation.<sup>26</sup>

Increased fortitude was another consequence of the caring attitudes of good nurses, resulting in patients feeling strong enough to face their illness and have the stamina to bear the symptoms and treatment side effects.<sup>37</sup> Patients felt they could behave genuinely; that is, they felt free to be themselves. They could expose their vulnerabilities without needing to maintain a stoic demeanour.<sup>37,38</sup>

The above findings appeared to be universal for cancer patients from both western and eastern countries. Eastern patients described only a few additional attitudes of good nurses. Japanese and Chinese patients stated that good nurses greeted them and their families in a gentle voice.<sup>40,41</sup> Japanese patients expected good nurses to maintain good manners and to be courteous, as would a stranger, even after they became close.<sup>40</sup>

#### *Knowledge and skills of good nurses*

In both eastern and western countries, knowledgeable, skilful nurses were seen as those having great professional experiential knowledge and technical competence.<sup>22,27,28,37-41</sup> Good nurses possessed special knowledge that non-nursing personnel did not have, such as medical-, nursing-, social- or public health-related knowledge.<sup>40</sup> They supervised patients' disease, treatment and symptoms.<sup>22</sup> Patients praised nurses who made rounds frequently, assessed patients' needs, gave physical assistance and helped them to solve practical difficulties, especially when they were suffering from pain or discomfort.<sup>22,39,41,42</sup> Good nurses were said to be sensitive to slight changes or needs that might not even be noticed by the patients themselves. They promptly addressed patients' needs to determine what was wrong, followed through, focused on the issue, met the needs almost immediately, remained accessible, and took the time to communicate with the patients.<sup>28,37,39-41</sup>

The participant cancer patients stressed the importance of nurses being able to provide information about the cancer, explain information clearly, provide good advice, explain updated conditions, provide suggestions, explain operational procedures and answer patients' questions clearly.<sup>22,27-29,41,42</sup> This information enlightened the cancer patients,<sup>22</sup> helping them to become more knowledgeable about their disease and treatment, and thereby become more calm, less concerned and more comfortable.<sup>37,38</sup> Some also thought it was important for nurses to allow patients to participate in their own care and to help them make their own decisions.<sup>22</sup>

Technical competencies were defined as starting intravenous infusions, drawing blood, maintaining safety measures and monitoring chemotherapy infusions. Good nurses were proficient in these skills and were thus well equipped to decrease cancer patients' pain and discomfort.<sup>37,40,41</sup> They did not impose rules rigidly or just follow instructions. Rather, they had the ability to apply their skills appropriately in each situation.<sup>40</sup> Good nurses were aware of their professional limitations; for example, they knew when to call the doctor.<sup>22,28,30,42</sup>

As a result of good nurses' professional knowledge and skills, the patients felt better and had a more positive attitude, had decreased levels of depression, felt more comfortable, had less pain,<sup>30,38,40,41</sup> and were able to establish a trusting nurse-patient relationship. This helped cancer patients to be optimistic and to hope for healing.<sup>38,40,41</sup>

The cancer patients trusted nurses when they were protected from harm and when reliable assistance was available when needed.<sup>27-29,37,38</sup> A trust-based patient-nurse relationship was important to those who felt their lives were at risk owing to their disease or treatment side effects.<sup>37,38</sup> Trust meant that the patients did not need to be vigilant or worry because the nurses would do what was right and would help them to feel safe.<sup>37,38</sup> Thus, having a sense of security and being in safe surroundings meant that the patients did not feel foolish, incompetent or inadequate; this helped to promote their dignity and confirmation as persons.<sup>26</sup>

## Discussion

### Strengths and limitations of this review

This review was carried out by searching, screening and applying an appraisal procedure to appropriate literature that addressed our research aim. The findings of the quantitative studies tended to support those of the qualitative studies, which strengthened the most important findings through triangulation. The inclusion of studies conducted in three continents gave our literature review an international character.

The review had some limitations as it was based on relatively few articles. In addition, the included studies contained various methodological weaknesses. These two reasons urge caution in formulating conclusions from the review findings. The response rates in the quantitative studies were rather low, which indicates possible non-respondent bias. For example, non-respondents could have been cancer patients who were too ill to participate in the study, but they may have had a different point of view about what constitutes a good nurse. Additionally, patients having a greater need for medical care might have thought that the most important caring behaviour was the ability to apply professional skills, such as knowing how to give and manage intravenous infusions and using medical instruments correctly, and that good nurses must have a willingness to be honest about patients' medical condition. Alternatively, patients who had a greater need for psychological care might have placed emphasis on affective-orientated caring behaviours, such as listening to patients' complaints or expressions of their feelings.<sup>30</sup>

Considerable variability across the studies in terms of methods used and reporting of findings limited comparison of the results. Nevertheless, these studies complemented each other and provided us with a global overview of cancer patients' perceptions of good nurses.

### Discussion of substantive findings

Good nurses, according to the patients' experiences, are persons with specific characteristics in which attitudes and competences (knowledge and skills) are inseparably connected. Good nurses engage in person-to-person relationships, in which they respect patients and provide support. Professional skills as well as broad and specific nursing and non-nursing knowledge were important. Our findings also suggest that

the characteristics that define good nurses lead to effective nursing care and increase the well-being of cancer patients.

Our findings share parallels with those of Gastmans *et al.*,<sup>43</sup> who developed a fundamental ethical view of nursing as a moral practice. These authors found that good nursing care is based on specific interpersonal events, in which a harmonious integration of nurses' attitudes and competences exists. Good nursing care takes place within caring relationships and is orientated towards the promotion of patients' well-being. The integration of attitudes and competences is essential in nursing practice, leading to good care. These findings were confirmed by the results of the present literature review, in which cancer patients emphasized the importance of the attitudes of good nurses that are irrevocably associated with professional skills and knowledge. Care provided by a good nurse in the context of the nurse-patient relationship helped these patients to gain a sense of optimism, trust, comfort, safety, confirmation and enhanced well-being. Hence, the empirical results described in this review reflect the philosophical-ethical findings of Gastmans *et al.*<sup>43</sup>

As reported in other articles, oncology nurses listed several important factors that define good nurses, such as personal characteristics, professional characteristics, knowledge and skills.<sup>10-16</sup> Although our review identified these same factors, the cancer patients provided an in-depth description of these factors that is based on their personal experiences. They described in a concrete way what the oncology nurses mentioned in a rather abstract way to be important characteristics of a good nurse.

We make this point more clearly by considering the function of codes of ethics in nursing practice. Oncology nurses have emphasized that the professional characteristics of good nurses should be based on a code of ethics and on professional standards of care.<sup>10,13,15</sup> Large-scale European research on the function and content of codes of ethics in nursing revealed that nurses also stress the importance of a code as a useful instrument that is formulated and presented in a practical way.<sup>44,45</sup> However, nurses are often unfamiliar with codes of ethics and lack knowledge and awareness of these codes, partially due to the theoretical and vague nature of international and national codes for nurses.<sup>44,46</sup> Our review reveals that, from their personal experiences with nurses, cancer patients describe detailed and concrete characteristics of what makes a good nurse. Hence, our research findings may contribute to the concretization of codes of ethics for nurses, which will increase their applicability and relevance to daily nursing practice.

We found that eastern and western cancer patients described the characteristics of good nurses in a similar way, indicating that, regardless of location, cultural background and habits, patients expect nurses to possess the same attitudes and competences. In general, the participants wanted their nurses to be knowledgeable, skilful and capable of integrating their skills while fostering personal relationships with their patients. Hence, nurses should care skilfully for their patients as precious and irreplaceable persons, an attitude that would contribute to patients' well-being.

Other reports on nursing interventions assume that nurses have a major impact on preventing or minimizing symptoms and complications.<sup>23,24</sup> The present review strongly suggests that good nurses make an effective difference in patient care. In western as well as eastern countries, being cared for by a good nurse led to feelings of optimism, trust, hope, support, confirmation, safety and comfort. These positive effects resulted mainly from the ability of nurses to integrate into their daily practice both the attitudes and competences that define good nurses. This is an important finding, given that cancer patients comprise an extremely vulnerable group in our health care

system.<sup>23-25</sup> Additionally, these results can aid the profession as its members search for nursing-sensitive outcomes that will make the impact nurses have on patient care more evident, and will motivate them to think more about the results of the care they provide.<sup>23,24</sup>

## Implications for nursing practice, education and research

Good nurses do make a difference in the care of cancer patients. Nurses who are willing to provide good care should be open to patients' expectations, perceptions and desires, all of which form important sources of knowledge that can guide nurses through their practice. Nurses are increasingly aware that good nursing care consists of more than the competent performance of a number of caring activities. However, for many nurses, it is much less clear what this 'more' means and what importance it has in nursing.<sup>43</sup> The results of studies concerning cancer patients' perceptions of good nurses can therefore determine the nursing-sensitive parameters of good care because morbidity and mortality can no longer be used as leading criteria to assess nursing care.<sup>47</sup>

Nurse education plays a crucial role in the development of good nursing practices. Nursing ethics education in particular aims to encourage virtuous attitudes, forming the foundation from which to provide good care.<sup>48</sup> Our review shows that patients are able to articulate in a clear manner what nurses may consider in the abstract; that is, what constitutes a good nurse. Nursing education should therefore pay more attention to patients' perceptions of good nurses in order to develop a more comprehensive and practice-based view on good care that really inspires nurses as they perform their daily care practices.

Several gaps in our knowledge need to be addressed by future research. If we are to attain a refined understanding of cancer patients' perceptions of good nurses, further study focusing on patients' views is required. Making a clear distinction between patients and the phases of their disease is recommended. Further research should be carried out on patients from diverse clinical (home care, day clinic, oncology ward, palliative care, etc.) and cultural settings to determine how contextual factors influence patients' perceptions.

## Conflict of interest statement

The authors declare there is no conflict of interest.

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