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Good nurse characteristics tool: development and psychometric testing

Original article

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Abstract: **Objective:** The purpose of this study was to develop and psychometrically analyze the characteristics of the good nurse from the perspective of service recipients.

Methods: The current research was conducted namely in 2 qualitative and psychometric phases. In the first stage, the items of the questionnaire were designed by interviews with nursing service recipients, and in the next stage, construct validity, content validity, face validity, reliability, and internal consistency were all reviewed.

Results: Based on the results of the content analysis of the interview with nursing service recipients and related literature review, an 80-item questionnaire was designed. After analyzing its content validity, 40 items were validated and 40 were eliminated, which were prepared by using exploratory factor analysis, 6 factors of attentive and communicative, patron and companionable, complete caregiver, safer and skillful, advocate and confidant. The reliability of the tool was assessed by applying Cronbach's alpha method of 0.90.

Conclusions: "The good nurse characteristics tool" could be used to assess the service receivers' point of view and provide useful information regarding nurses' performance to managers and nurses and will provide the basis for improving the quality of nursing services.

Keywords: *image • nurses • nursing services • profession • psychometrics*

1. Introduction

Providing high qualitative and appropriate care is the basic goal of healthcare service providers.[1] Improving the quality of healthcare services is an international priority in the healthcare system, and regarding this fact, compliance with the code of ethics principles in the provision of healthcare, which are considered as moral virtues, is of great importance.[2] Moral virtues focus on the wellness of society. Having good personality traits help people to perform their duties in the best way. Doctors and nurses with better characteristics reach better job positions.[3]

One of the most important healthcare professions that are in constant contact with society is nurses. Regarding this fact, society's opinion toward nurses and the nursing system and the sensitivity of public opinion toward them are of great importance.[4] Facing this challenging question of the "characteristics of a good nurse," it must be accepted that the word "good" could

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have different definitions and interpretations.[5] In the Oxford Dictionary, the word "good" is defined as favorable, sensible, pleasant, high quality, acceptable, and suitable.[6]

When reviewing the existing literature, the quality of healthcare has been defined and evaluated from a professional perspective, but the dimensions and definitions that patients describe as high-quality care are often controversial from the perspective of care providers.[1] From the doctor's and nurse's point of view, being good equals professional competence, while most patients defined it as being communicative and having good personality traits.[7,8] Some of the parameters that nurses have expressed as criteria for being good are not the same as what patients have expected from nurses.[9] Various studies have investigated the word "good" and its definitions from the opinion of nurses and patients.[2,10] Von Essen and Sjodén,[11] in a study, stated that the most important characteristics of a good nurse from the patients' point of view are clinical competence, honesty, and being up-to-date and knowledgeable, while the nurses considered listening, touching, and empathy with the patients as more important. Receiving care from a nurse about whom the patient has a positive view results in a sense of trust and security, and alleviates their pain; furthermore, their cooperation with the nurses also increases.[2,12] Therefore, it is important to survey the experience of the recipients of nursing services and their views on a good nurse definition. In a qualitative study, the characteristics of the good nurse from the point of view of service recipients were reported as affable, responsive, patient, and skillful.[13]

The reason for measuring and evaluating the service recipients' views about the good nurse was to collect related data about the experiences and the principal ethics of the patients, for identifying potential points for improvement, and trying to improve the quality of healthcare over time.[9] Patients normally consider a good nurse as having qualities such as being compassionate, respectful, honest, responsible, and clinically competent.[12,14] Nurses are one of the main and important groups who provide health services in the hospital context; therefore by identifying the characteristics of a good nurse and strengthening these features, we could provide better care and increase the satisfaction level of patients and nurses.[15]

The results of various studies showed the characteristics of a good nurse,[8,16] but in the related literature, there is no accurate and single tool that has been developed to measure the characteristics of a good nurse from the perspective of service recipients. However, when in a study, researchers examine a complex variable, they need testified, approved, and reliable tools.[17] Since there is no precise and comprehensible definition of the concept of nursing, and different cultures and countries have different perspectives on the concept of the good nurse, therefore, it is necessary to examine the views of service recipients and their role in improving the quality of care.[18] One of the ways to investigate the service recipients' point of view is to develop a valid and reliable tool to measure the characteristics of a good nurse. The validity of a measurement tool is defined as the scores obtained in the application of a specific test, which is the degree to which the tool measures what it claims to measure.[19]

Due to the personality trait differences among nurses over time and in different places, the different views of people based on their cultures,[16] and the inability to find a tool in this field, it is of great importance to develop and psychometrically test an authentic instrument for characterizing the good nurse definition and provide reasonable data on the psychometric process. Therefore, this study was conducted for the development and psychometric testing of a good nursing characteristics tool from the perspective of service recipients.

2. Methods

This present study aimed at the development and psychometric testing of a good nursing characteristics tool.

2.1. Design

This questionnaire was designed and psychometrically tested in the following steps.

2.1.1. First step

In the first step of the research, by using a qualitative approach the concept of the good nurse based on the experiences of the patient, companion, or their visitors was explained. At this stage, sampling was done by the purposive sampling technique from those patients who had the experience of receiving nursing services in the past 6 months. Semi-structured interviews were conducted in a relaxing and quiet environment with the following questions: (1) Please explain to me your experience of receiving nursing services. (2) Please express your experience and opinion of how the nursing services are provided. (3) Please explain how the nurses should have treated you in order for you to be satisfied with them? (4) How should nurses behave or what should they do so that people have a positive attitude toward them? The interviews continued until they reached a saturation level so that if the data were repeated in the interviews and no new material was added to the participants' conversations,[17] the procured data were determined. A total of 12 participants were interviewed. Data

analysis was done by the conventional content analysis method. First, data analysis was started by repeated reading of the text to familiarize the researchers with the process and find a general sense. In the second step, the texts were read word by word to extract the codes. This is a continuous process from extracting the codes to naming them; then the codes were classified into subcategories based on their differences or similarities. Finally, 71 items were extracted from the primary codes of the subcategories and considered as questionnaire items. Also, related texts in this field were reviewed and 9 options related to the characteristics of the good nurse that were not found in the codes were added to the list of questionnaire items. Finally, 80 items regarding the good nurse characteristics were obtained.

2.1.2. Second step

In the second step of the study, for assessing the questionnaire validity, its content validity, face validity, and construct validity were calculated. For assessing the study's face validity, qualitative and quantitative methods were both employed: in this method, 10 service recipients were interviewed face-to-face to characterize the face validity, the difficulty level of the items (identifying difficult items and phrases), the degree of relevancy (the relevancy and appropriate relationship of the items with the main purpose and questionnaire dimensions), and ambiguousness (checking the existence of misperceptions of the items or the existence of ambiguity in the definitions of the words). In the next level, for reducing and eliminating ineffective items and determining the importance of each item, the quantitative method of impact score was used. In this method, to assess the face validity, the item impact index was determined with the voluntary participation of 20 patients. The importance index for each statement was scored based on a 5-point Likert scale from completely important (score 5) to not important at all (score 1). Finally, the items that received an impact score equal to or >1.5 were labeled as appropriate and 6 items were removed.

2.2. Content validity

Both qualitative and quantitative methods were used to calculate the content validity. The content should present the truth of a structure precisely enough and not anything else.[20] In the qualitative content validity review, the researchers asked 10 experts to give feedback on the criteria of clarity and simplicity, grammar, wording, item allocation, and scoring of feedback in detailed and written documentation. In the quantitative method, 2 indexes of content validity ratio and content validity index (CVI) were estimated. To estimate the content validity ratio, 15 experts were asked to review each item based on a 3-point Likert scale (necessary, useful but not necessary, not necessary). Based on this, the questions whose calculated content validity ratio (CVR) value was >0.49 (based on the evaluation of 15 experts) had acceptable content validity and were documented.[21] Then, the CVI, which is the most common quantitative method used by researchers, was examined to determine its content validity on multiple-choice scales. With this aim, the designed questionnaire was checked by the experts to determine the relevancy, simplicity, and clarity of each of the statements in the questionnaire based on the CVI of Waltz & Bausell. Therefore, the 3 related criteria including, simplicity, relevancy, and clarity, were evaluated separately in a 4-point Likert scale for each of the items by 15 experts (different from the experts of the previous stage). (For example, to measure the relevance, the following options were used: 1 = not relevant, 2 = relatively relevant, 3 = relevant, 4 = completely relevant). In this study, the CVI score for each statement was estimated by dividing the experts with ranks of 3 and 4 by the whole number of experts.[22] Then, based on the calculated mean scores of the CVI of all questionnaire items, the mean content validity index (S CVI/Ave) of the questionnaire was calculated and the scores <0.79 were eliminated.

2.3. Construct validity

In order to calculate the construct validity, the exploratory factor analysis method was used by applying the Kaiser–Meyer–Olkin (KMO) test for sampling adequacy, and Bartlett's Test of Sphericity (BT) in addition to the comparison of known groups.[23] 200 samples were chosen by the convenience sampling method among service recipients who had received nursing services in the past 6 months, and were willing to participate in the study were included in the study. In the final stage, Cronbach's alpha coefficient was used[24] to determine the reliability of the questionnaire and the questionnaire was given to 100 respondents.

2.4. Ethical principles

Having obtained the necessary approvals from the research officials at the Kurdistan University of Medical Sciences (IR.MUK.REC.1400.183) to conduct the current study with the code of ethics, before starting the research, the participants were informed about the objectives, the importance of the study, and their free will to participate in the research, therefore they participated voluntarily. The units were assured about recording the interviews and confidentiality of the information.

3. Results

This was a sequential exploratory mixed-methods design study that was conducted in 2 phases. The first stage focused on identifying the characteristics of the good nurse through face-to-face interviews with a qualitative content analysis approach and a review of previous literature. In this stage of the research, 71 phrases were extracted, then reviewed, and consequently, 80 items were designed. The meetings with the research team, re-examining and removing the overlapping phrases of 74 items in the 6 primary categories of attentive and communicative, patron and companionable, complete caregiver, safer and skillful, advocate, confidant were categorized and documented. In 3 meetings that were held by the research team, the questionnaire items were evaluated and then checked by 10 professors and 20 service recipients in terms of their clarity of comprehension, and then the required corrections were made. In the next phase, the content validity of the research tool CVI was analyzed by 10 experts in the field of research instrumentation and nursing. Expressions with CVI <0.79 were eliminated, and finally 40 items remained. Then the questionnaires were answered by 200 people who had received nursing services in the past 6 months.

Exploratory factor analysis was performed on 40 statements, by which the KMO value of 0.92 was calculated. Also, BT was significant with 7.499 at the 0.0001 level, which justified implementation of the factor analysis based on the correlation matrix obtained in the study sample.

The range of factor changes by using exploratory factor analysis was between 0.325 and 0.791. The scree plot and eigenvalues >1 were used to determine the number of tool factors (Figure 1). Exploratory factor analysis demonstrated that 6 factors had >1 eigenvalue, the sum of which covered 63.99% of the information or variations (Table 1). The internal consistency of the items was investigated according to the 6 significant factors and through Varimax-rotated factor loadings (Table 2). The first factor was attentive and communicative, the second factor was patron and companionable, the third factor was complete caregiver, the fourth factor was safer and skillful, the fifth factor was advocate, and the sixth factor was called confidant.

Finally, to estimate the reliability of the questionnaire, it was completed by 100 service recipients and then the Cronbach's alpha coefficient was calculated for the questionnaire. Cronbach's alpha coefficient for 40 statements was calculated at 0.90.

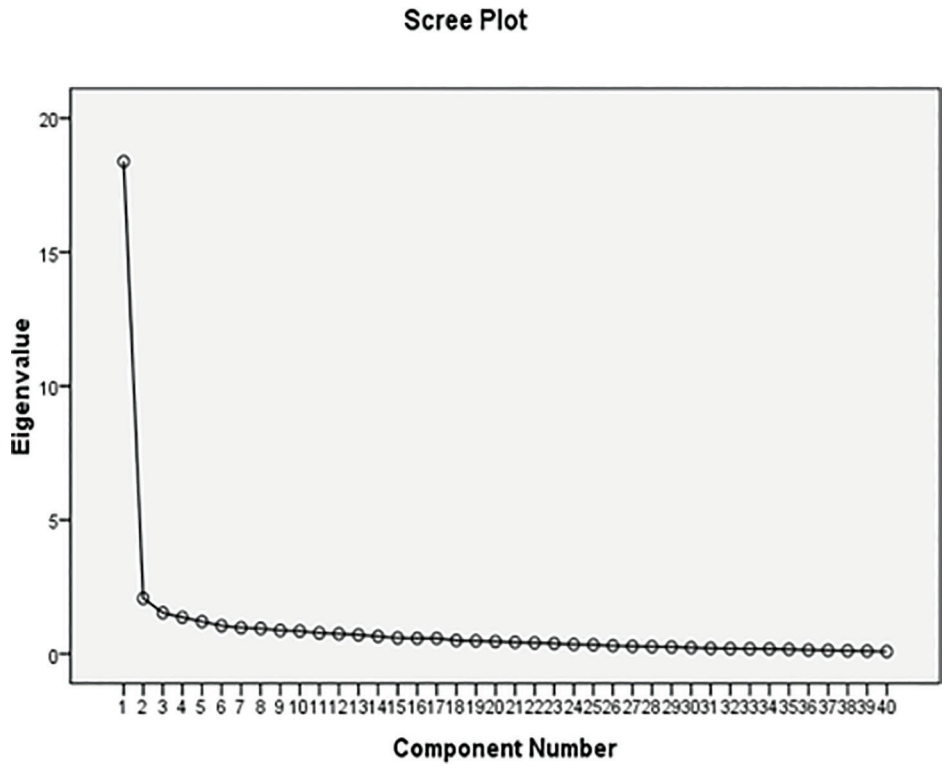

Figure 1. Scree plot.

Component	Initial eigenvalues			Extraction sums of squared loadings			Rotation sums of squared loadings		
	Total	Percentage of variance (%)	Cumulative (%)	Total	Percentage of variance (%)	Cumulative (%)	Total	Percentage of variance (%)	Cumulative (%)
1	18.385	45.963	45.963	18.385	45.963	45.963	7.614	19.035	19.035
2	2.069	5.173	51.136	2.069	5.173	51.136	6.158	15.396	34.431
3	1.532	3.831	54.967	1.532	3.831	54.967	4.873	12.183	46.614
4	1.360	3.401	58.368	1.360	3.401	58.368	2.831	7.077	53.691
5	1.201	3.003	61.371	1.201	3.003	61.371	2.362	5.904	59.595
6	1.048	2.621	63.991	1.048	2.621	63.991	1.758	4.396	63.991

Table 1. Total variance.

No.	Items	Factors					
		1	2	3	4	5	6
1	Pay attention to the mental needs of patients.	0.724					
2	In providing care, pay attention to the cultural values of the patients.	0.717					
3	During nursing care, be cautious about the safety of patients.	0.645					
4	Be in contact with patients.	0.637					
5	To be responsible for caring for patients.	0.596					
6	Pay attention to the anxiousness of the patients and calm them down.	0.595					
7	Focus on meeting the needs of patients.	0.594					
8	Provide a comfortable space to talk about patients' concerns.	0.580					
9	Respect privacy with patients.	0.577					
10	Listen carefully to patients.	0.571					
11	Patiently take care of patients.	0.560					
12	Have good interpersonal communication.	0.545					
13	Take pride in helping others.	0.518					
14	Take care of patients' needs punctually.	0.508					
15	Perform nursing actions correctly.	0.486					
16	Treat patients and their families appropriately.		0.697				
17	Be polite in dealing with patients.		0.661				
18	Understand the patients' conditions.		0.608				
19	In providing care advocate patients' rights.		0.600				
20	Take the necessary care to improve the comfort of patients.		0.584				
21	Support patients during hospitalization.		0.567				
22	Be kind to patients and their families.		0.565				
23	Consult patients about the treatment process.		0.544				
24	Be polite and gentle in dealing with patients.		0.537				
25	Answer the questions of patients and their families honestly.		0.520				
26	Have work conscience in providing care.			0.791			
27	Talk to patients in a clear and comprehensive way.			0.652			
28	Be honest in her profession.			0.626			
29	Do not neglect on providing patient care.			0.609			

(*Continued*)

Table 2. Continued

No.	Items	Factors					
		1	2	3	4	5	6
30	Guide patients and their families when necessary.			0.600			
31	Treat patients as equal as possible.			0.555			
32	If necessary, call the doctor about the change in the patient's condition.			0.552			
33	Take required care in a punctual manner.			0.521			
34	Prevent the patient from harm during the care.				0.713		
35	In emergency situations, react quickly and appropriately.				0.582		
36	Be cautious about sexism in the patients' care.				0.484		
37	Be cautious about discrimination in the patients' care.					0.692	
38	Be compassionate toward patients and their families.					0.514	
39	Be polite.						0.555
40	Be confidant and keep patients' medical history.						0.325

Table 2. Questionnaire items rotation matrix.

4. Discussion

This study was conducted in Iran with the aim of psychometric tool testing of the good nurse characteristics from the perspective of service recipients, on people who had received nursing services in the past 6 months. Results of the studies show that nurses and patients believed that the most important factor in the formation of the public image toward the profession of nursing is the opinion of the patient's companion at the time of hospitalization, his/her direct contact with the nurses and their behaviors and relationships, and even their clothing style could play an important role in the formation of the public image toward nursing.[25] According to the results of this study, a good nurse could be defined as a nurse who fulfills his/her role well based on the 6 virtues of attentive and communicative, patron and companionable, complete caregiver, safer and skillful, advocate, and confidant. Questionnaire items were extracted based on a review of the related literature and a qualitative study. In the present study, face and content validity (qualitative and quantitative), construct validity (factor analysis), internal consistency (Cronbach's alpha coefficient), and reliability (test–retest) were all done and calculated.

The first dimension of the tool was attentive and communicative domain, which has been referred to in various studies as one of the characteristics of a good nurse.[8,26] Communicative skills are defined as an important trait a nurse should have.[27] Collaboration and proper communication are moral responsibilities that every nurse should be competent in because high-quality and safer care is a crucial prerequisite in complex care that creates a link between healthcare teams and patients. Effective communication and proper dealing with nurses might be challenging issues for patients, therefore the modern nursing code of ethics emphasizes the cooperation of nurses with other healthcare professionals and patients.[28,29] Nurses communicate patient information to other members of the healthcare team. Therefore, today the virtue of communication has become even more vital than before and this skill should be strengthened in nurses.

The second dimension of the tool was patron and companionable. A review article had identified 6 virtues of a good nurse, with the most important highlighted virtue being patron and companionable.[30] Regarding the fact that the concepts of nursing and being a good nurse have undergone changes, surprisingly being patron and companionable is still one of the distinctive characteristics of good nurses.[31] Today, medical treatment requires new technologies to maximize efficiency and accuracy, but patients more welcome kind behaviors from the nursing team. In other studies, patron and companionability have been mentioned as one of the basic characteristics for being a good nurse.[4,32] In general, the nurse should be as friendly as possible with the patients and treat them with kindness.

The third dimension of the instrument was the "complete caregiver" which was reported by nurses[8,33] as well as patients[12,14] in most studies. Being a knowledgeable person when faced with patients' problems, being modern and innovative in providing nursing services, and having stylish and neat manner nurses are considered as attractive and prestigious factors from the point of view of patients.[34] Undoubtedly, a good nurse should provide his/her patients with up-to-date knowledge, skills, and positive attitudes in a comprehensive and complete manner. It can be concluded from these results that the more the severity of the disease increases the more the accurate implementation of the doctor's prescriptions and the appropriate management of physical care become important. A nurse who does not have enough knowledge and skills cannot provide comprehensive care for his/her patients.

The safer and skillful is the fourth dimension of the designed tool. Nurses must continuously improve their knowledge and skills as healthcare professionals to adopt new treatments and applicate the latest healthcare technologies for the benefit of their patients. At the same time, a good nurse should be able to provide these measures for the safety of his/her patients. Patient safety is an international issue and healthcare professionals are ethically responsible for ensuring this safety. Patient safety is an issue that stresses safety in the healthcare system through the prevention, reduction, reporting, and analysis of errors and other types of unnecessary harm that often lead to adverse patient events.[35] Therefore, the good nurse must be able to provide patient-centered care, work in interdisciplinary teams, use evidence-based practices, improve the safety and quality of healthcare, and meet the needs of patients.[36] Nurses should be instructed with professional skills during their educational courses or career. A good nurse trusts in his/her abilities and satisfied with his/her performance. This is a common feature in all professions.[37] Nursing care is a professional reaction to a wide variety of severe patient conditions, which are reacted with differently depending on the skills of the nurses.[38] Generally, all patients need accurate, on time, and proper nursing care. As a result, a good nurse should be able to perform professional care in the best way and show a high level of proficiency and ability.

The advocate and confidant dimensions to a large extent define the concept of the good nurse. Nurses should not judge patients' personal lives and respect their privacy, as well as preserve their personalities. Currently, from a holistic approach, a nurse is defined as a person who provides suitable and personal care to patients.[39] Therefore, nurses must constantly consider the needs of patients and feel responsible in their profession. Maybe it is necessary that the lecturers and nursing experts, in addition to emphasizing theoretical and clinical training, stress the importance of these issues to their students. Although nurses provide services in stressful contexts, they must be able to control their anxieties and act empathetic toward patients and their families when dealing with them and advocate for them in all these critical situations. Most of the patient's needs may not be within the scope of the nurse's duties, therefore in facing these cases, clear explanations should be given to the clients,[13] and if necessary, ask for help from the other members of the healthcare team to keep the patients' secrets.

Being a good nurse is a process that requires training, frequent and constant practice, and familiarization with the procedures. To train competent nurses, these virtues should be taught through educational contexts, the introduction of role models and mentorship, and extracurricular activities, especially in clinical experiments. Also, the virtues of a good nurse could be used to assess nurses and their performance in nursing contexts. The domains of the questionnaire may be used by nurses as a good role model for clinical practice as well as to guide in-service nursing education. The designed tool can be used to comprehensively evaluate nurses and their performance and to guide them in order to improve their strengths and overcome their weaknesses in terms of their goodness and better performance.

This tool has 40 questions on a 5-point Likert scale (completely disagree to completely agree), which could evaluate the views of service recipients about the good nurse. For example, a low score for each statement shows that the ability and skill of the nurse are low and there is a need for more training and development to provide better nursing care.

5. Conclusions

This questionnaire has 40 items in 6 dimensions of attentive and communicative, patron and companionable, complete caregiver, safer and skillful, advocate, and confidant, which were used to evaluate the characteristics of the good nurse from the perspective of service recipients. The features of this tool and its use have verified reliability and validity. Although the current questionnaire is a new tool and needs convergence validation, it seems to be a suitable tool for evaluating the characteristics of a good nurse from the perspective of service recipients. However, regarding the fact that the concept of nursing is changing over time along with the changes in the duties of nurses, continuous study of this concept is necessary.

Limitations and suggestions

The first limitation of this study is related to the research context. This research was conducted in the city of Sanandaj in the west of Iran, and cultural issues could affect the perspective of service recipients about the characteristics of the good nurse. It is suggested that in future studies, the tool should be used with diverse samples and in different countries so that possible causes that affect the data collection can be modified and validated. Regarding the dispersion of the items, it is suggested that the tool be completely applicated and further studies investigated its usefulness. In addition to the above-mentioned points, it is suggested to conduct studies on the characteristics of the good nurse from the nurses' point of view.

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Author contribution

Study conception and design: All authors. Data collection: SV, SMN. Data analysis and interpretation: All authors. Drafting of the article: All authors. Critical revision of the article: SV, KZ.

Ethical approval

The study protocol was approved by the research officials at the Kurdistan University of Medical Sciences (IR.MUK.REC.1400.183).

Conflicts of interest

All contributing authors declare no conflicts of interest.

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