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Patients' Perceptions of Nurses' Skill

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PRIME POINTS

- Patients' perceptions of nurses' skill were a measure of the interpersonal skills and critical thinking skills of the nurse, rather than technical skills.
- It is not always the successful performance of a procedure that gives patients the impression a nurse is skilled, but often the caring practices that a nurse shows while performing the technical task.
- Patients' comments related to nurses' skill fit well with the Synergy Model.

Satisfaction with hospital care is a topic of much interest, and many hospitals use some instrument to measure patients' satisfaction. Public reporting of measures of patients' perspectives of care are now available on the Internet.¹ Press Ganey Associates, Inc,² a leading vendor of tools to measure patients' satisfaction, includes the item "skill of the nurses" on a questionnaire mailed to patients after discharge from the hospital. Although much information is available on patients' satisfaction and perceptions of quality of care, and some information is available on patients' perceptions of physicians' skills, little information

is available on patients' perceptions of nurses' skills.

Skill is defined as "the ability to use one's knowledge . . . in performance; dexterity . . . in execution of physical tasks" and as "a learned power of doing something competently."³ In nursing practice, skill has 3 domains: interpersonal, critical thinking, and technical.⁴⁻¹¹ It is not known what attributes patients use to determine whether a nurse is skilled. Is the observed technical skill of a nurse during procedures the main element that patients use to assess the nurse's skill, or are other factors involved?

The American Association of Critical-Care Nurses (AACN) has developed the AACN Synergy Model for Patient Care.¹² The core concept of this model is that the needs of patients promote the expected competencies of nurses. Eight nurse characteristics of concern to patients are described in this model. Further research is needed, however, on patients' perceptions of nurses' competency. The purpose of this study was to explore patients' perceptions of nurses' skill in a progressive care unit (PCU).

Continuing Education

This article has been designated for CE credit. A closed-book, multiple-choice examination follows this article, which tests your knowledge of the following objectives:

1. Identify the characteristics most often described by study participants as indicative of a skilled nurse
2. Describe the relationship between patients' descriptions of nurses' skill and the 3 domains of skill in nursing practice
3. Describe the extent to which nurses' attributes identified by patients correspond to the 8 nurse characteristics in the AACN Synergy Model
4. Discuss the application of the study findings to nursing practice

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Literature Review

Several investigators have examined patients' perceptions of physicians' skill (Table 1). Patients with chronic obstructive pulmonary disease, AIDS, and cancer were asked about their perceptions of physicians' skill at providing end-of-life care.^{13,14} Communication with patients was one of the top themes identified by patients as vital to a skilled physician and included listening skills, openness to questions, speaking with honesty and sensitivity, and an ability to discuss death and dying. Emotional support, accessibility, and continuity were other commonly identified themes for these patients. For patients with chronic obstructive pulmonary disease, a physician's ability to provide patient education stood out as an area of importance. Additional studies¹⁵⁻¹⁸ of patients' perceptions of physicians' skill and quality of care also indicated that communication is an important aspect of the interaction.

Numerous researchers have examined patients' satisfaction with nursing care in general terms, as well as patients' perceptions of the quality of nursing care (Table 1). A review of the literature by Scandinavian researchers¹⁹ indicated that patients' satisfaction with nursing care is influenced by the nurses' technical competence, as well as by

the interpersonal relations between the nurses and the patients.

When 40 patients in a private teaching hospital in California were asked what happened when a nurse was taking care of them, they almost exclusively described the interpersonal skills of the nurse, rather than the task that was being done.²⁰ The 4 major subthemes of interpersonal skills were translating, getting to know you, establishing trust, and going the extra mile.

In a study²¹ in Iceland, nurses who were perceived as giving high-quality care were described by patients as kind, joyful, warm, polite, and understanding and as having clinical competence. Clinical competence, however, was considered the most important nurse caring behavior in another study²² from Iceland, in which "know how to give shots and IVs, know what they are doing, know when to call the doctor, and know how to handle equipment" were items with the highest scores.

In a study²³ published in 2000, attributes of high-quality nursing care described by oncology patients that contributed to a sense of well-being included professional knowledge (both technical competence in performing tasks and experiential knowledge gained from caring for similar patients), continuity, coordination, attentiveness, partnership,

individualization, rapport, and caring. In other research,²⁴ oncology patients' descriptions of nursing care yielded 4 major concepts: laudable (defined as commendable), caring (showing compassion, concern, and kindness), professional (holding the standards expected of a nurse in knowledge, skills, and demeanor), and outcomes (the affective, cognitive, or physical effects credited to nursing care).

In an investigation²⁵ of parents' perceptions of staff competency in a neonatal intensive care unit, parents of critically ill babies perceived competence as a range of caring behaviors rather than solely the performance of tasks or procedures. Being offered choices, style and quality of communication with staff, being made to feel they were not a burden, and being given a sense of being in control were caring behaviors that parents equated with staff competence.

The most important aspects of nursing care identified by postoperative patients in an Australian study²⁶ were nursing attributes categorized as leading to a sense of being engaged with the patient and included an open dialogue; recognition of the patient as a unique individual; availability of the nurse; a friendly, warm personality; and having a gentle touch. The defining characteristics of good nursing care in another investigation²⁷ mostly involved the demeanor of the nurses: gentle, calm, courteous, kind, attentive, available, empathetic, and reassuring. Although researchers have described nurses' attributes that patients consider when judging nursing quality and good nursing care in general, little is known of patients' perceptions specifically of the skill of nurses.

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Table 1 Literature summary

Source	Year	Sample	Country	Measure
Curtis et al ¹³	2001	61 patients with COPD, AIDS, and cancer 20 family members of patients with COPD, AIDS, and cancer 27 nurses and social workers 11 physicians	United States	Perceptions of patients' and their families of physicians' skills at providing end-of-life care
Curtis et al ¹⁴	2002	61 patients with COPD, AIDS, and cancer (same population as in Curtis et al, ¹³ reanalyzed)	United States	Differences between patients with COPD, cancer, and AIDS in perspectives on physicians' skill in end-of-life care
Murray-Gracia et al ¹⁵	2000	11 494 patients enrolled in a large health maintenance organization	United States	Influence of race and/or ethnicity on patients' values, ratings, and reports regarding physicians' performance
Tamblyn et al ¹⁶	2007	Cohort study of all 3424 physicians taking the Medical Council of Canada clinical skills examination between 1993 and 1996 who were licensed to practice in Ontario and/or Quebec.	Canada	Patients' complaints filed with medical regulatory agencies against study physicians
Laidlaw et al ¹⁷	2001	Participants were followed up until 2005. Telephone interviews of a random sample of 204 adults in Nova Scotia	Nova Scotia	Patients' satisfaction with family physicians' communication skills and medical care
Frostholm et al ¹⁸	2005	Randomized controlled follow-up study of 38 general practice physicians	Denmark	Patients' satisfaction with care provided by physicians in an office setting
Johansson et al ¹⁹	2002	Literature review of peer-reviewed studies published in English, Swedish, Danish, or Norwegian	United States, Sweden, and United Kingdom	Patients' satisfaction with nursing care
Fosbinder ²⁰	1994	40 hospital patients admitted to orthopedic, chest medicine, or cardiology divisions in a private teaching hospital	United States	Patients' perceptions of nursing care
Thorsteinsson ²¹	2002	11 patients with chronic illnesses with previous hospitalizations	Iceland	Patients' perceptions of the quality of nursing care
Baldursdottir and Jonsdottir ²²	2002	182 patients who had visited the emergency department	Iceland	Patients' perceptions of nursing behaviors that are indicators of caring
Radwin ²³	2000	22 oncology patients in a clinic setting, in an urban medical center describing both inpatient and outpatient nursing care experiences	United States	Patients' perceptions of quality nursing care
Radwin et al ²⁴	2005	461 oncology patients in an outpatient clinic	United States	Patients' descriptions of nurses and nursing care
Cescutti-Butler and Galvin ²⁵	2003	8 parents of infants in a neonatal intensive care unit	United Kingdom	Parents' perceptions of staff competency
Kralik et al ²⁶	1997	9 postoperative women in an acute care hospital	Australia	Patients' perceptions of most important aspects of nursing care received
Davis ²⁷	2005	11 participants who had previously been hospitalized	United States	Patients' expectations of nurses and descriptions of good nursing care

Abbreviation: COPD, chronic obstructive pulmonary disease.

Findings

Top themes identified from patient groups related to physician skill were (1) communication, including listening skills, openness to questions, speaking with honesty and sensitivity, and ability to discuss death and dying; (2) emotional support; and (3) accessibility and continuity.

Patients' perspectives of physicians' skill were similar regardless of diagnosis and included the importance of emotional support, communication, and accessibility and continuity.

Unique themes important for each population were COPD patients, physicians' ability to provide education; AIDS patients, pain control; and cancer patients, maintaining hope.

Physicians' technical skills and communication style were most valued by patients regardless of race or ethnicity .

Physicians' scores on the communication part of the clinical skills examination were predictive of the number of complaints to medical regulatory authorities.

Patients felt a need for improvement in physicians' providing information, actively involving patients in plans for treatment, and moving to a more patient-centered perspective.

Patients' satisfaction with care improved when physicians underwent a structured educational program in communication skills.

Patients' satisfaction with nursing care was influenced by 8 domains: communication and information, participation and involvement, interpersonal relationship with the nurse, medical-technical competence of the nurse, physical environment, sociodemographic background of the patients, expectations of nursing care, and health care organizational factors.

Patients primarily described the interpersonal competencies of a nurse rather than the tasks.

Four themes of interpersonal competence identified were translating, getting to know you, establishing trust, and going the extra mile.

Professional caring was the nurse characteristic most important to patients.

Clinical competence was the most important nurse caring behavior.

Patients' perceptions of quality nursing care were characterized by 8 attributes: professional knowledge (included technical competence in performing skills as well as experiential knowledge), continuity, attentiveness, coordination, partnership, individualization, rapport, and caring.

Patients described nurses in 4 areas: laudable (commendable), caring, professional (in knowledge, skills, and demeanor), and outcomes (affective, cognitive, or physical effects credited to nursing care).

Competence was seen as caring behaviors (communication, offered choices, sense of control, felt not a burden) rather than performance of tasks or procedures.

Nurses viewed positively by patients were those who were perceived as being engaged, portrayed by communication skills, recognition of patient individuality, friendly, warm, compassionate, kind, cheerful, sense of humor, available, and gentle touch.

Good nursing care was indicated by the demeanor of the nurse (gentle, calm, courteous, kind, attentive, available, empathetic, reassuring).

Study Questions

The purpose of this study was to answer 3 questions:

1. What attributes do patients use to determine whether a nurse is skilled rather than unskilled?
2. To what extent is the observed technical skill of a nurse during procedures a factor that patients use to assess the nurse's skill?
3. To what extent do nurses' attributes identified by patients correspond to nurses' characteristics in the AACN Synergy Model For Patient Care?

Methods

In this descriptive qualitative study, interview data and content analysis of themes were used to determine patients' perceptions of nurses' skill. Approval for the study was received from the appropriate institutional review board. The purpose of the study was explained to each eligible patient by the principal investigator (P. R.W.), and written informed consent was obtained from each participating patient before the interview. In order to ensure patient confidentiality, no patient-specific identifying information was collected or noted on the interview notes or on the audiotapes. The demographic data collected were not tied to any patient-specific identifiers.

Sample and Setting

Interviews were conducted with 32 patients in the PCU of Goshen General Hospital, Goshen, Indiana, a 123-bed community not-for-profit hospital in the rural Midwest. Patients were interviewed during an 8-month period from December 2006 through July 2007. This PCU is a 12-bed adult unit that admits patients with complex medical and surgical needs and

also serves as the step-down unit from intensive care. Patients were eligible for the study if their length of stay in the PCU was 1 day or more, they were able to speak and comprehend English, and they were 18 years or older. Patients were ineligible if their hemodynamic status was unstable or they were confused or disoriented. A purposive sampling framework with intent of maximum variation in age and sex was used.²⁸ Patients were selected until comments from different participants became redundant. Data saturation was reached when no new nurse attributes were mentioned.

Instrument

The interview guide was prepared by using semistructured open-ended questions and was used for field notes during the interview and for additional notes during the later review of audiotapes. This format ensured that specific questions were addressed, yet allowed participants to talk freely as they answered the questions in narrative fashion.^{28,29} The interview guide contained 6 scripted questions (Table 2), which were developed on the basis of the literature review^{13,14,21} and in consultation with a nurse researcher with a doctoral degree.

Procedure

Interviews were conducted by the principal investigator, a clinical nurse specialist with a master's degree and experience in the PCU setting, thereby enabling her to respond with relevant prompts when needed. Interviews were conducted in patients' rooms and were audiotaped; field notes were recorded manually during the interview. Follow-up prompts,

Table 2 Interview guide scripted questions

1. Can you give me an example of some things a nurse might do that would help you feel confident in the nurse's skill?
2. Can you give me an example of some things a nurse might do that would make you question the nurse's skill?
3. Think about the nurses who have been the best at caring for you. What was it about the care they provided for you that gave you the impression they were very skilled?
4. Now think about the nurses that you have seen whose care was not as good. What was it about the care they provided for you that gave you the impression they were not skilled?
5. Describe the ideal nurse you would want to take care of you. What skills and qualities would that ideal nurse have?
6. If you were to receive a questionnaire that asked you to rate the skill of the nurses, what qualities would you be thinking about as you did the rating?

probes, and reflective statements were used to clarify and expand patients' comments. Additional use of reflection and rephrasing of the interviewer's understanding of comments served as a form of member checking (validating the interviewer's interpretation with the participant)²⁸ to increase credibility of the data. Interviews were designed to last approximately 20 minutes; however, the length of the interview varied from patient to patient. Audiotapes of the interviews were reviewed, and field notes were amended and supplemented as necessary to capture direct quotes.

Data Analysis

Content analysis²⁸ was performed to elicit common themes within a priori categories of the 3 domains of nurses' skill as frequently cited in nursing literature: technical, interpersonal, and critical thinking.⁴⁻¹¹ Because AACN guidelines are used as standards of practice in the PCU, data were then recategorized into domains by using the Synergy Model of nurse characteristics. Confirmability²⁸ was addressed by using an independent

review of the tapes and recording of themes by an experienced qualitative nurse researcher. The focus of the independent review was to discover omissions of comments and to verify placement of phrases into categories. All differences were discussed until consensus was reached about the final coding.

Results

A total of 15 men and 17 women, 30 to 96 years old, participated in the study. This mix of men and women is roughly equivalent to the typical population in this PCU.

Patients' perception of a nurse's skill focused more heavily on the interpersonal skills of the nurse than on technical skills. All 32 patients mentioned interpersonal skills of a nurse as a measure by which they judged whether the nurse was skilled or unskilled. The second most common category was critical thinking skills, cited by 30 patients (94%). Only 19 patients (59%) talked about the technical skills of a nurse as a measure by which they perceived a nurse was skilled. A total of 18 patients (56%) mentioned skills in all 3 domains.

Table 3 Attributes of nurses' interpersonal skills identified as important by patients

Friendly, cheerful, happy, smiling
Caring, kind, compassionate
Interested in me as a person
Confident
Positive attitude toward their work; appeared to like their job
Sense of humor
Organized
Not rushed, takes time with me
Good memory
Followed through
Neat physical appearance
Language skills
Good listener
Put my mind at ease; made me feel comfortable
Able to bond with me

Interpersonal Skills

Interpersonal skills, the “people skills” by which one establishes a connection with another person through verbal and nonverbal activities,^{6,11} were mentioned by every patient interviewed as a vital component of a skilled nurse (Table 3).

Attributes of Skilled Nurses.

Patients described nurses who were friendly, caring, compassionate, kind, and good listeners as nurses who were very skilled. “A good bedside manner” was how one patient described the skills and qualities of his ideal nurse, adding “interested in me also as a person.” Cheerful and happy and smiling were qualities several patients said gave them the impression that a nurse was skilled. “A friendly nurse seems like they know everything” were the words one patient used to describe the skill of the nurses who were the best at providing care.

Nurses who displayed confidence were also viewed as skilled nurses

by many patients. The “confidence they display in the care they give you” and the nurses who “act as though they know what they’re doing” were examples of qualities of skilled nurses. “It’s just an observed level of confidence . . . if you feel someone has confidence in their

job, then I guess that would demonstrate they are skilled.” The nurse who “comes in the room and goes about her business with confidence” was described by one patient as a nurse whom the patient perceived as being very skilled: “I could just tell they were intelligent.”

Several comments focused on nurses’ attitude toward their work. Nurses who gave the impression they liked their job were perceived as skilled nurses. “If they really like what they’re doing, they’ll do the job real well and people will recognize that.” A nurse “should love her job,” related another patient.

You can tell if they love their job, are called according to their purpose . . . are caregivers, they’ve been chosen . . . you can tell that in the extra time they take, talking, noticing I may be having a bad day . . . touch . . . making the extra effort, stopping by . . . it’s more than coming in and

putting in your 8 to 10 hours doing what’s in your job description like a robot, it’s much more than that.

Other interpersonal skills and personal attributes that patients described as important included a nurse’s sense of humor; a nurse who was organized, not rushed, had a good memory; and a nurse who followed through when asked to do something. The nurse’s physical appearance was mentioned by 2 patients as a consideration when judging a nurse’s skill. “Nice, neat, clean . . . they smell so good . . . the colors they wear; bright, light colors” were descriptors one patient gave of the skills and qualities of an ideal nurse. Another patient described his ideal nurse as “clean-cut” (in the description of a male nurse). Age was cited as a factor by an elderly patient. If nurses were “middle-aged,” he assumed “they’ve had a lot of experience” and therefore were skilled.

Attributes of Nurses Who Are Not Skilled. A nurse who is viewed by patients as not skilled is one whose interpersonal skills are weak. Lack of confidence, timidity, rudeness, abrupt answers to questions, indecisiveness, and a “negative attitude” were examples of behaviors that led patients to believe a nurse was not skilled. In the words of one patient, “Some [nurses] need to present themselves better. They could be the most qualified nurse, but not have good people skills.” One patient perceived a nurse’s nervous “body language, and stuttering, stammering around to a question” as indicative of an unskilled nurse. “Language skills . . . if I can’t understand someone

because of an accent” was a factor one patient mentioned in her determination of whether a nurse is skilled or unskilled.

Several patients remarked that nurses who displayed negative emotions such as frustration were viewed as unskilled nurses. One patient described nurses she perceived as not skilled because of their “bad attitude” as follows:

If they let me know they’re having a bad day, whether with another nurse or another patient, that’s none of my business, nor should it be. Neither should I be talked to in a degrading manner because the nurse is having a bad day.

A “flip attitude . . . attitude they don’t want to be here” was an example one patient gave of an unskilled nurse, adding, “It makes me afraid to ask them to do anything.” Another patient, in describing a nurse she thought was not skilled, stated the following:

I think the nurse was having an extremely bad day all around . . . it was a tense day . . . everybody seemed to be having a bad day . . . you could definitely feel it in the air . . . tension . . . the air was definitely charged.

Critical Thinking Skills

The second most common domain mentioned by patients in judging the skill of a nurse was critical thinking. Critical thinking in nursing is defined as a purposeful judgment associated with clinical decision making and problem solving, characterized by analysis,

reasoning, inference, interpretation, knowledge, and open-mindedness.^{30,31} Critical thinking is manifest in clinical judgment when nurses make accurate decisions about a situation, what needs to be done, how soon, and why.³²

Aspects of critical thinking skills important to patients in this study (Table 4) included the ability of a nurse to assess a situation and take appropriate action. One patient explained, “I had chest pain into my shoulder and immediately she arranged for an EKG.” Another example given of a skilled nurse using critical thinking skills was one who used the information she collected from a patient and “insisted on setting the alarm on the bed and chair so I wouldn’t fall.” She was “firm, concerned, paying attention to details . . . I appreciate that.” One patient recalled a nurse who was concerned about “all the visitors I was getting because I wasn’t getting rest.” The nurse put a note on the door to limit visitors, leading the patient to view that nurse as skilled. The nurse who uses “more than book smarts . . . common sense” is the description one patient gave of a skilled nurse.

Indicators of a nurse’s critical thinking also include the ability to explain signs and symptoms of problems, complications, and reasons behind interventions, medications and diagnostic studies.^{33,34} The ability of a nurse to provide information and education to patients was an important consideration for patients. “Keeping me informed” was a common element described by patients, along with “helping me with questions,” “able to research questions I might have,” “able to

Table 4 Attributes of nurses’ critical thinking skills identified as important by patients

Has good clinical judgment, can assess situation, and take appropriate action
Uses common sense
Keeps me informed
Provides information, answers questions
Offers advice and suggestions
Provides education/explanations about procedures, clinical condition, and medications

offer advice and suggestions,” “keeps telling me what’s going on,” and “explains procedures and possible outcomes.” Yet patients recognized that skill involves more than just giving information, that judgment and discretion are important attributes. One patient described an episode in which he experienced hypotension and tachycardia:

When things were shaky [the nurse] held back some [on giving information]. That was good, that was for my own benefit. She told me later, when I was out of the woods, but she didn’t tell me right then . . . best for me and for the family.

Education about medications was mentioned by 9 patients. “When they give me my medicine, they tell me what every pill is and what it’s for.” One patient said, “Someone brought in information on my medicines I’m on here that explains the pros and cons. I appreciate that,” and went on to say that the nurse “explained to me not only what it was for, but how it functions.”

Table 5 Forms of nurses' technical skills identified as important by patients

Starting infusions
Giving injections
Obtaining blood samples
Operating equipment (eg, infusion pumps, monitoring equipment)
Preparing patients for procedures (eg, groin preparation for cardiac catheterization)
Performing procedures (eg, inserting a urinary catheter)

Technical Skills

Although mentioned by the majority of patients, technical skills, the “hands-on” performance of procedures,¹¹ were the domain of skills mentioned the least. A total of 19 of the 32 patients (59%) identified instances involving technical skills (Table 5). The majority of these patients (n=15) described experiences with intravenous (IV) devices, injections, or blood samples as procedures used to determine a nurse’s skill. “Skill at various tasks,” “operating machines like [IV] pumps,” and “the way they . . . give me the shots” were descriptors patients used as they discussed the technical skills of nurses. A skilled nurse was one who could “stick me one time for the IV.”

On the other hand, “couldn’t get IV in right away,” “jabbed me 4 or 5 times,” and pushes IV “medicine in hard” were some statements patients made when describing an unskilled nurse. One patient said:

The nurse had the hardest time getting a needle into my veins. I just wanted to tell her to go and get someone else who knows what they’re doing. This was a nightmare! And that made

me wonder if she really knew what she was doing.

Other aspects of technical skills mentioned by patients included preparing a patient for a procedure by shaving the site “quickly and efficiently,” being “gentle” with any procedure or physical care, and ability to handle monitoring equipment with ease.

Patients’ perceptions of a skilled nurse involved in technical procedures often did not depend solely on the success of the procedure but also involved the interpersonal skills of the nurse and how he or she related to the patient while performing the procedure. The confidence displayed by the nurse reassured many patients. A nurse who “explained what she’s doing and why” was perceived as skilled.

The ability of a nurse to listen, take seriously a patient’s complaint of discomfort, and respond with empathy were attributes that led several patients to view a nurse as skilled during the performance of a technical procedure. One patient described a nurse she viewed as unskilled as one in another area of the hospital who tried 4 times to insert a urinary catheter, an experience the patient found very painful. When the patient arrived in the PCU, a nurse again attempted to insert the catheter but stopped when the patient said it was too painful. The patient viewed that nurse as skilled, even though she was not successful in the procedure: “The nurse told me it was quite alright and she understood.”

Other Comments

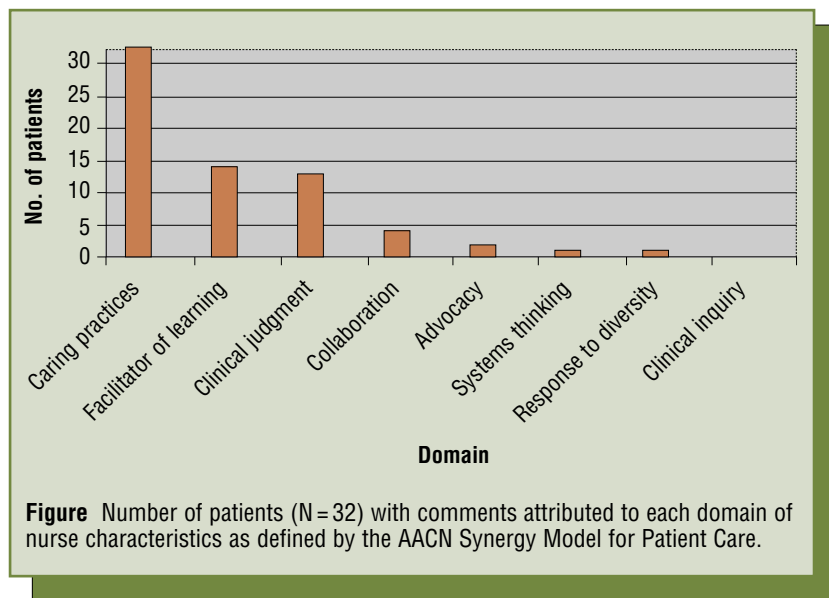
A few comments from patients did not fit in any of the 3 domains of

the skill of a nurse. One patient stated that to judge the skill of a nurse, he asked how long the nurse had been in nursing: “What I have is pretty serious, and I don’t want someone messing with me that should be an apprentice.” Another patient said he assumes the skill is there if the nurses maintain their license: “I have a lot of confidence that the testing that they have to go through would demonstrate their skill level.” Yet another said that nurses who were visible “at their job” gave him the impression they were skilled. In contrast, another patient commented that nurses who gave him the impression they were not skilled were those who “just sit and chitchat” with each other.

Synergy Model

Patients’ descriptions of skilled nurses could be categorized into 7 of the 8 domains of the Synergy Model (see Figure). The descriptions fit the nurse characteristics of caring practices, facilitator of learning, clinical judgment, collaboration, advocacy/moral agency, systems thinking, and response to diversity (Table 6). Only clinical inquiry, which involves questioning and evaluating practice and providing informed practice through research utilization, was not recognized by any of the patients.

Caring Practices. AACN¹² defines caring practices as “nursing activities that create a compassionate, supportive, and therapeutic environment . . . with the aim of promoting comfort,” including “vigilance, engagement, and responsiveness of caregivers.” When the data were analyzed in context of the Synergy Model, the nurse characteristic of caring practices was the most



important trait of a skilled nurse identified by the patients, and all 32 patients made comments in this category. One patient, who echoed the sentiments of many, described the most important characteristics of a skilled nurse as “caring, compassionate, concerned; those would be the 3 at the top of the list.”

Another patient described the skills of her ideal nurse as follows:

[A] gentle, caring, almost loving touch. You can feel that they are a healer . . . it’s more a nuance, a look in their eye. They love their jobs, they care about the people they’re taking care of.

One patient described the compassionate, therapeutic environment provided by a nurse as beginning with the first encounter: “When I came in, I was so cold; they came in with a warm blanket. That set the tone of the whole experience.” As another patient thought about the qualities she would consider if rating the skill of the nurses on a questionnaire, she reflected, “I think it’s all

about kindness. Make your patients feel comfortable, not scared and worried.” Several patients stated that the ability of a nurse to “put my mind at ease” was an important characteristic of a skilled nurse. In the words of yet another patient, the nurse who “made me comfortable in being here . . . to me, that’s a good nurse.”

Patients talked further about the importance of nurses being engaged with them. “Interested in you as a person” and “able to bond with you” were descriptors patients gave for a skilled nurse. Several patients described the process of nurses engaging themselves with a patient by introducing themselves, greeting the patient by name, and showing a genuine interest in how the patient was feeling; these nurses were perceived as skilled nurses. Maintaining eye contact, using humor, and “not feeling rushed” were other qualities of skilled nurses described by patients as they discussed the nurses’ engagement with patients. On the other hand, nurses who were perceived as lacking a caring attitude and as not engaged were considered unskilled.

One patient described nurses who were “not emotionally invested in what they’re doing” as an example of nurses who gave him the impression they were not skilled.

Patients also perceived nurses who demonstrated the caring practices of vigilance and responsiveness as skilled nurses. Nurses who were described by patients as “prompt,” “anticipating my needs,” “keeping track of what’s happening,” and “at their job” were perceived as skilled. One patient eloquently described a vigilant nurse: “How intuitive they are . . . anticipating what could happen and watching for signs of that to occur . . . kind of like a mother with eyes in the back of her head.”

Responsive nurses were nurses who listened, were attentive, and followed up on requests promptly. In the words of one patient, “They check me many times. When they say they’ll be back, they’re back before [the time due].”

Facilitator of Learning. A total of 14 patients (44%) described a skilled nurse as one who assists in the facilitation of learning, making this nurse characteristic the second most frequently cited one by patients. The Synergy Model¹² describes an expert nurse as one who facilitates patient learning by integrating patient education through out the delivery of care. Patients in our study stressed the importance of this nurse characteristic, especially as it related to patients’ learning about medications. Many patients described skilled nurses as those who “tell me what every pill is and what it is for” throughout the hospital stay, enhancing patients’ learning. Providing information on procedures was frequently mentioned as another

important characteristic of a skilled nurse. “Explained things before doing them,” “letting me know what’s going on,” and “keeping me informed” were frequent comments from patients as they spoke of skilled nurses.

Clinical Judgment. Comments from 13 patients (41%) were categorized in the realm of clinical judgment, described in the Synergy Model¹² as including clinical reasoning and clinical decision making, critical thinking, and a global grasp of the situation. Patients used descriptors in this category to iden-

tify a skilled nurse as one who was “able to make decisions,” had “common sense,” and used “good judgment.” One patient described a nurse who “had the ability to discern what needs to be done and what shouldn’t be done” as a skilled nurse. An example given by another patient of a skilled nurse’s clinical judgment was “If the IV was not working right,” the nurse would be able to assess the situation correctly, know what the problem was, and would know “to go to another spot.” “The knowledge of what’s going on . . . they had the information” was

how one patient described nurses with a global grasp of his problems.

One patient related with great emotion an experience that occurred years before when her mother was a patient in another hospital, where our patient felt that a nurse did not use good clinical judgment and therefore was not a skilled nurse. As the patient’s mother was preparing to leave the hospital, the nurse removed the IV catheter:

She had tape that was holding the IV in, and the tape was tearing her skin. I asked the nurse to leave it, just cut it

Table 6 Nurse competencies in the AACN Synergy Model for Patient Care identified by patients as important attributes for a skilled nurse

Caring practices	Facilitator of learning	Clinical judgment	Collaboration	Advocacy	Systems thinking	Response to diversity
Caring, compassionate Concerned, gentle, kind Put my mind at ease; made me feel comfortable at being here Interested in me as a person Able to bond with me Eye contact, greets me by name Use of humor Not rushed Prompt, followed through Anticipated possible complications Keeps track of what’s happening Attentive, listened Intuitive Friendly, cheerful, smiling, happy Positive attitude toward their work Language easily understood	Taught me about my medications Kept me informed Explained procedures before doing them	Able to make decisions about what needs to be done on the basis of their assessments Good judgment Common sense Knowledge of overall situation of patient’s condition	Work as a team Consistency between nurses Communication between caregivers Treat other caregivers with respect	Advocate for me if I had a problem Provide assistance in obtaining needed information	Use hospital resources/referrals Assist with community resource referrals	Sensitive to spiritual needs Holistic mind-set

and leave it, and we would soak it off, take our time at home, but she continued to tear it and tear her skin. I have never forgotten that because I was so angry that they wouldn't listen to me. She said, "I have to take this off." I thought, No you don't. That tape's not going to hurt a thing; leave it.

patients discussed collaboration as an important nursing skill as they described nurses who relay information to and from the physician, who listen to others on the caregiving team, and treat the team members with respect.

Advocacy/Moral Agency. The Synergy Model¹² places advocacy and moral agency within the same category. Included in the definition of

pate the needs of patients through the continuum of care and act to find resources to meet patients' needs.¹² One patient's comments fit in this category, as he described the nurse who was aware of the hospital's resources and helped him "find a better way at paying bills" through referral to the hospital's financial counselor. This same patient described a nurse who helped

Cheerful and happy and smiling were qualities several patients said gave them the impression that a nurse was skilled. "Friendly nurses seem like they know everything."

Collaboration. A total of 4 patients (12%) mentioned the importance of collaboration, defined in the Synergy Model¹² as working with others in a way that promotes each person's contributions toward achieving optimal goals. One patient who described the care provided by skilled nurses stated, "I think it's good they work as a team. I know they have their own patients, but if someone needs someone else to look at something, they come." Another patient described the importance of consistency between nurses, "The nurses all have been doing the same thing... gives me confidence in their care." When that same patient was asked if she could give an example of something a nurse might do that would make her question the nurse's skill, she readily identified a lack of collaboration and communication as evident by a caregiver who asked her questions that had previously been asked and charted. Two other

this category is "working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting." Although none of our patients identified the nurse characteristic of moral agency, 2 patients described a skilled nurse in terms of advocacy. One patient described skilled nurses as those who would advocate for him "if I had a problem" and "try to figure out what to do . . . and follow up." Another patient described the advocacy role of nurses whom he considered skilled as those nurses who had the ability to research for him the answer to his questions.

Systems Thinking. Systems thinking is the category of nurse competency that encompasses the body of knowledge and tools that allow a nurse to manage system resources for patients. Expert nurses antici-

him find resources in the community and obtained a list of low-cost medications from a local pharmacy.

Response to Diversity. The nurse characteristic of response to diversity encompasses the sensitivity of nurses to recognize individual differences, including cultural, spiritual, and ethnic differences, and to include these differences in the provision of care.¹² One patient's comments fit the category of response to diversity. This patient, after reflecting on the skills of the nurses who delivered the best care, spoke about a nurse's sensitivity to his spiritual needs, "Being a man of faith, [it was helpful that] she prayed with me." He further described this nurse as having "a holistic mind-set."

Other. Of interest, although technical skills are not specifically included in the Synergy Model of nurse competence, the majority of patients (59%) mentioned technical skills of a nurse as a measure by which

they perceived the nurse as being skilled. A nurse who demonstrates proficiency at giving injections, starting infusions, preparing patients for procedures, and handling monitoring equipment is deemed skilled by many patients. In addition to the comments related to technical skills, comments of 3 patients were outliers in the Synergy Model. These comments were related to patients' assumptions that skill is present as long as a nurse maintains his or her license and that a nurse's age and the number of years a nurse has worked correlate with the skill level of the nurse.

Discussion

Interpersonal Skills, Critical Thinking Skills, and Technical Skills

Our results suggest that patients' perceptions of a nurse's skill are largely a component of the interpersonal skills of the nurse, rather than purely the technical skills. These findings are consistent with those of several previous studies^{19-21,24,26,27} in which patients' perceptions of overall quality of nursing care were examined and with findings of studies¹³⁻¹⁸ that showed the importance of communication in patients' perceptions of physicians' skill. Our results also indicate that nurses' critical thinking attributes were recognized by patients as an important component of nursing skill; the nursing roles of clinical decision maker and provider of patient education were major elements. Fewer patients discussed technical skills as a measure of a skilled nurse, a domain identified as a primary measure of nursing quality in 2 studies.^{22,23}

Interpersonal Skills. Of interest, every patient identified interper-

sonal attributes of a nurse as a component the patient used to describe a nurse's skill. A friendly, happy, smiling nurse was perceived as a skilled nurse, yet these attributes have no direct relationship to the quality of a nurse's clinical expertise. This perception could be attributed to the halo effect, the "tendency of observers to be influenced by one characteristic in judging other unrelated characteristics."²⁸ Although many nurses who are skilled clinically and technically may also have strong interpersonal skills, a nurse who is perceived as friendly and cheerful could be woefully lacking in clinical and technical skills. Because so many nurse attributes that patients identified have no direct relationship to the quality of a nurse's expertise, radical differences could exist between a patient's perceptions and the reality of a nurse's skill.

Language Skills. One patient's comments were related to language skills, an important issue because so many international nurses are now employed in the United States. Language barriers are cited by nurses and employers as the most significant challenge for foreign nurses working in the United States.³⁵ Difficulty in communication due to language skills raises questions about possible patient care and safety issues. Because of the importance of communication, this topic warrants further detailed exploration.

Synergy Model

An additional finding of our study is that patients' perceptions of a nurse's skill fit with 7 of the 8 nurse characteristics of the Synergy Model. This model describes nursing practice based on the needs and

characteristics of patients.¹² In the Synergy Model, 7 patient characteristics and 8 nursing competencies are described; optimal patient outcomes occur when patients' needs and nurses' competencies are matched. The 8 nurse competencies in the model are clinical judgment, advocacy/moral agency, caring practices, collaboration, systems thinking, response to diversity, clinical inquiry, and facilitator of learning. The nursing competencies of the Synergy Model are recognized by the AACN Certification Corporation as components in addition to clinical knowledge and judgment that make up critical care nursing. These competencies are included in the exams for progressive care certified nurse and critical care registered nurse, under the category of professional caring and ethical practice.¹² In *Core Curriculum for Critical Care Nursing*, Molter³⁶ notes that further research is needed on the perspectives of health care consumers of the components of the Synergy Model. Thus, it is of interest that the characteristics of skilled nurses identified by patients in our study do fit within this model. Only the nurse characteristic of clinical inquiry, which occurs outside direct interactions with patients, was not mentioned by any of our patients.

Our data suggest that the Synergy Model is more closely aligned with patients' perceptions of a nurse's skill than are the skill domains (interpersonal, technical, and critical thinking skills) more commonly referenced in nursing. The most important nurse characteristic from a patient's perspective is that of caring practices; all of our patients made comments attributed to this domain.

As we listened to patients' comments on the audiotaped interviews, this theme of caring practices was quite evident; every patient described a skilled nurse as one who through verbal and nonverbal communication established a relationship of caring. Facilitator of learning and clinical judgment are other characteristics from the AACN model important to patients as they consider nursing skill. Collaboration, advocacy, systems thinking, and response to diversity, although identified by our patients, were mentioned less often.

Although the Synergy Model does not specifically address technical skills of nurses, the majority of patients (59%) did mention technical skills as a domain they consider when assessing a nurse's skill. Our data also suggest, however, that even when patients discuss technical skills as a measure of a nurse's skill, it is not always the successful performance of a procedure that gives patients the impression a nurse is skilled, but often the caring practices that a nurse shows while performing the technical task.

Limitations

This study has several limitations. Patients were interviewed in the facility in which the interviewer was employed. Although patients were assured of confidentiality of information and that their care

would not be affected in any way by participation or lack of participation in the study, the presence of a hospital employee conducting the interview may have biased and limited some patients' comments. Most of the patients interviewed were highly complimentary of the nursing care received at Goshen General Hospital, which has achieved recognition as a magnet hospital. We think that if the interviews were repeated within this setting at a different time, similar results would be obtained; however, similar results might not be obtained in other PCU settings.

A further limitation is that the patients studied were located in 1 nursing unit in 1 hospital in the rural Midwest, reflecting the main population mix of this area. In addition, only English-speaking patients were included in the study, resulting in a mostly homogenous sample that was not necessarily reflective of the typical patient mix. Geographic or cultural differences important to patients' understandings of a nurse's skill may be different elsewhere in the United States. It would therefore be beneficial to replicate this study with different populations of patients.

Recommendations

Because the data suggest the important roles of strong interpersonal skills and caring practices in patients' perceptions of a nurse's skill, expanded training in communication skills for nurses would be beneficial. Although technical skills are generally the ones that are validated in many hospitals in yearly skills laboratories, a method for validating nurses' interpersonal skills, critical thinking skills, and caring practices should also be

used. Peer review, scenarios, and role-playing are methods of validating interpersonal and critical thinking skills, as well as caring practices.^{5,7,9} Certification through AACN is another method of validating a nurse's knowledge and skill in the realm of caring practice.¹²

Other recommendations for further research include replicating this study with attention to specific age groups to ascertain differences in perceptions of nurses' skill according to the age of the patient. In addition, further research could be done to study patients' preconceived images of nurses' skill, and whether those images are based on previous exposure to nurses or are images perpetuated by the media.

Conclusion

Our findings indicate that patients' perceptions of a nurse's skill are largely a component of the interpersonal skills, critical thinking skills, and caring practices of the nurse, rather than the nurse's technical skills. Patients' comments related to nurses' skill fit well with the Synergy Model, particularly the nurse characteristics of caring behaviors, facilitator of learning and clinical judgment. These results support the importance of the acquisition of strong interpersonal skills, critical thinking skills, and characteristics of caring practices for nurses and add to the knowledge of patients' perceptions of nursing care. **CCN**

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Financial Disclosures
None reported.



To learn more about nurses' competence, read "Competence and Certification of Registered Nurses and Safety of Patients in Intensive Care Units" by Deborah Kendall-Gallagher and Mary A. Blegen in the *American Journal of Critical Care*, 2009;18:106-113. Available at www.ajconline.org.

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CE Test Test ID C094: Patients' Perceptions of Nurses' Skills

Learning objectives: 1. Identify the characteristics most often described by study participants as indicative of a skilled nurse 2. Describe the relationship between patients' descriptions of nurses' skill and the 3 domains of skill in nursing practice 3. Describe the extent to which nurses' attributes identified by patients correspond to the 8 nurse characteristics in the AACN Synergy Model 4. Discuss the application of the study findings to nursing practice

1. In this descriptive qualitative study, which of the following was used to determine patients' perceptions of nurses' skills?
 - a. Data saturation and diagnosis-specific framework appraisal
 - b. Demographic data comparison and follow-up prompting
 - c. Purposive sampling and literature review
 - d. Interview data collection and content analysis of themes
2. What was the focus of the independent review that was included as part of the data analysis?
 - a. Verification of placement of phrases used in participant responses into categories
 - b. Elimination of participant responses not directly related to the study's focus
 - c. Supplementation of data with interviewer field notes to capture direct participant quotes
 - d. Validation of the interviewers' interpretation of the responses with the participants
3. This study used a purposive sampling framework with the intent of selecting what group of participants?
 - a. Those with maximum cultural and social diversity
 - b. Those with minimal cultural and social diversity
 - c. Those with maximum variation in age and sex
 - d. Those with minimal variation in age and sex
4. According to the results of this study, which domain of nursing skill was most important from the patients' perspective?
 - a. Interpersonal skills
 - b. Technical skills
 - c. Clinical inquiry skills
 - d. Critical thinking skills
5. Which of the following is identified by nurses and employers as the most significant challenge for foreign nurses working in the United States?
 - a. Obtaining licensure
 - b. Overcoming language barriers
 - c. Gaining technical skills
 - d. Demonstrating compassion and caring
6. According to the results of this study, which of the 8 nurse characteristics of the Synergy Model for Patient Care was most important from the patients' perspective?
 - a. Clinical judgment
 - b. Facilitator of learning
 - c. Caring practices
 - d. Interpersonal skills
7. Which of the following statements best describes the study findings related to patients' perceptions of nurses' technical skills?
 - a. Patients most often associated the speed with which a nurse accomplished a technical procedure with the nurse's level of skill.
 - b. It is not always the successful performance of a procedure that leads to patient perception that a nurse is skilled, but rather the caring shown while performing the technical task.
 - c. Technical skills were the domain of skills mentioned most often by patients as a measure of whether a nurse was skilled.
 - d. The amount of confidence a nurse displayed while performing a procedure was more important to the patients than whether the nurse was gentle or empathetic while accomplishing the task.
8. "Keeping me informed" was a common element described by patients as a measure of nursing skill in which domain?
 - a. Interpersonal skills
 - b. Clinical inquiry skills
 - c. Critical thinking skills
 - d. Caring practices
9. Patient comments that were considered outliers because they did not fit into any of the 8 domains of the Synergy Model included which of the following?
 - a. Judging nurses as skilled because they appeared neat and clean and smelled good
 - b. Judging nurses as skilled because they put a note on the door to limit visitors
 - c. Judging nurses as unskilled because they asked questions that had previously been asked and charted
 - d. Judging nurses as unskilled because they were sitting at the desk and chatting with each other
10. Patient comments describing the importance of consistency between nurses were placed into which domain of nurse characteristics in the Synergy Model for Patient Care?
 - a. Systems thinking
 - b. Collaboration
 - c. Response to diversity
 - d. Advocacy
11. Which of the following describe an appropriate application of study results to nursing practice?
 - a. Explore standardized dress codes for nurses for ease of identification
 - b. Validate nurses' interpersonal and critical thinking skills as well as technical skills
 - c. Use sensitivity when assigning male nurses to elderly female patients
 - d. Limit use of humor as it may be misinterpreted by patients
12. Increased credibility of the interview data was obtained by doing what?
 - a. Conducting the interviews in the patients' rooms
 - b. Videotaping the interviews
 - c. Using a nurse researcher with a doctoral degree to conduct the interviews
 - d. Validating the interviewer's interpretation of the responses with the participant

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