

# Japanese Patients' Descriptions of "The Good Nurse"

## Personal Involvement and Professionalism

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According to recent nursing literature, virtue ethics is regaining attention as a way to establish a comprehensive nursing ethical model, which will appropriately reflect actual nursing. This study explored the characteristics of "the good nurse" as an ethical ideal from Japanese patients' perspectives. The findings described the good nurse for Japanese nursing care recipients and delineated their expectations of her or him. For Japanese patients, the good nurse was a person with personal involvement and professional comportment. The study revealed the participants' perspectives of the importance of person-to-person relationships between nurses and patients, and of nurses' professional disposition and competency. **Key words:** *cancer patients, Japanese, nurse-patient relations, nursing ethics, phenomenology, professional comportment, virtue ethics*

A keystone to further development of nursing as a profession is continued explication of ethical frameworks to guide nurses to excel in their practice. Although principle-based ethics has been commonly used to frame nursing ethics, a body of literatures suggests that nurses' ethical approaches in practice may rarely be driven by rational deci-

sion making based on external principles, but rather are guided by characteristics residing in nurses as moral agents.<sup>1-9</sup> The characteristics of moral agents are the focus of virtue ethics.<sup>10</sup> If ethical practice in nursing is determined by who performs the act, virtue ethics must be a major focus in nursing ethics and explorations of virtues in nursing are critical. Yet, while the significance of virtue ethics in nursing is slowly being realized and philosophical discussions of virtue are increasing, the kinds of characteristics consistent with a virtuous nurse as a moral agent have not been thoroughly explored.

As a group of researchers seeking to explore nursing ethics, we thought it urgent to gain a concrete picture of virtues in nursing, particularly in its own culture and society. We deemed the concept of "the good nurse" to be one that identified characteristics of the nurse as a moral agent and provided an ethical ideal for all nurses to strive to achieve. Descriptions of characteristics of the ethical ideal of "the good nurse" could guide nurses and nursing students to excellence in practice that would best serve patients and

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accomplish their professional moral duty to the society.

Several studies have described characteristics of the good nurse.<sup>11-16</sup> The majority of these focused on nurses' or nursing students' perspectives. While one way of defining an ethical ideal is through nurses' descriptions of their own reflections and inner dialogues, another way is through asking recipients of nursing care to describe their perspectives about the qualities of the good nurse. Since nursing provides service for the good of the society, nurses need to reconcile their ideals with expectations from members of this society. This article describes a phenomenological study that explicated characteristics of the good nurse from the perspective of Japanese recipients of care.

## BACKGROUND OF THE STUDY

### Approaches to ethics and nursing

There are 3 approaches commonly used to frame ethics in nursing: principle-based, virtue, and caring/relational ethics. Principle-based ethics raises questions of what ought to be done to adhere to principles in a situation where an ethical problem or a dilemma exists.<sup>10,17</sup> Although principle-based ethics has been the predominant approach in healthcare since the 1970s, there have been a number of criticisms. These included identification of a lack of coherence, neglect of cultural and societal specific values, and topdown reasoning that isolated and did not reflect the particularities of real life.<sup>10,18-20</sup> The foundations of the principle-based approach rest on the modern rationalist concept of an individual who is autonomous and independent, and has the right and power to make self-determining decisions.<sup>21</sup> It has been difficult to apply this approach in nursing, because nurses are often obligated to serve multiple parties (ie, patients, physicians, and institutions). The presupposition of the agent as an independent and autonomous decision maker is not necessarily applicable to all nurses in all situations.<sup>2,9,22-26</sup>

While principle-based ethics focuses on judging conduct as right or wrong on the basis of principles, virtue ethics focuses on character traits of agents who perform actions. A virtue is a socially valuable trait of character.<sup>10</sup> Proponents of virtue ethics argued that a right external act was not necessarily determined virtuous unless it was driven by proper internal motives. As Beauchamp and Childress pointed out, "often, what counts most in moral life is not consistent adherence to principles and rules, but reliable character, good moral sense and emotional responsiveness."<sup>10(p26)</sup> In virtue ethics, the normative standard is the good person, the person on whom one can habitually rely to be good, who will do good under all circumstances and to whom people strive to get closer.<sup>27</sup> Virtue has been regarded as the most endurable concept in ethics and has normative force for people with its philosophical or metaphysical underpinnings.

The dominance of virtue ethics began to diminish about a half century ago. The world became more pluralistic and, as people did not share the same values, virtue lost its normative force.<sup>27-29</sup> Virtue ethics as an ethical theory was criticized for lack of order, circularity of justification, lack of definitive action guidelines, and unreasonably high expectations of excellence.<sup>27</sup> However, Pellegrino sees the possibility for restoration of virtue in healthcare professional ethics.<sup>27</sup> This view, along with the previously described suggestion by nursing scholars that nurses' ethical practices may be driven by their personal functions rather than by external principles, supports the worth of exploring nursing ethics from a virtue ethics standpoint.

Caring/relational ethics is thought to be another approach for ethics, yet some philosophers regard relational ethics as a part of virtue.<sup>17,30</sup> The focus of relational ethics is how virtues are lived out in specific relationships, whereas virtue ethics focuses on the inner character of the actor. Increasingly, the literature suggests that ethical nursing practice is driven by relational ethics that involves interpersonal exchange.<sup>8,20,31-34</sup> Many ethical

practices in nursing are probably carried out on the basis of relational ethics, enacted when nurses and patients meet. Yet, in order for practice to be caring and ethical, the caring person needs to be virtuous and the virtue of the caring person should be conducive to the good of the person cared for. Therefore, it is critical to identify what virtues nurses as caring professionals ought to have, and what virtues contribute most to the care of patients.

### **Virtue for whom?**

As virtue is a socially valuable trait of character,<sup>10</sup> virtues in nursing are not something nurses solely decide. So far, most empirical research describing the characteristics of the good nurse as an ethical ideal have been conducted on nurses and nursing students.<sup>3,11,13-15</sup> A few studies have described discrepancies of perceptions of goodness between nurses and patients.<sup>12,16</sup> In addition, some nurse ethicists have suggested that what nurses think of as good nursing might not be the same as what patients expect or think good, and that patients might not expect or wish to have the intense caring relationships imagined by many nurses.<sup>35,36</sup> Since ethical nursing practice occurs in mutual interaction between nurses and patients, virtues of nurses that make their practice ethical must be determined by both parties. Without approval from recipients of practice, the virtues for which nurses strive may not contribute to the good of their patients.

### **Virtue ethics in Japanese nursing**

In Japan, there was a time when nursing ethics provided descriptions of characteristics and behaviors of nurses as "good women"; meek and obedient to physicians, quiet, well-mannered, neat and clean, selflessly devoted, and hard working.<sup>37,38</sup> However, as self-awareness as autonomous professionals grew in nursing, this virtue ethics approach, limiting virtues of nurses to feminine characteristics, became unpopular among nurs-

ing leaders.<sup>39</sup> They thought that this kind of virtue ethics approach for nursing could limit the autonomy of the profession. Because of its association with the handmaiden rather than autonomous view of the nurse, the virtue ethics approach went out of favor and was abandoned by Japanese nurse leaders. Instead, they took a principle-based approach to their ethical arguments. The principle-based ethics approach was introduced to Japan in the late 1970s along with the concept of bioethics, and became dominant in Japanese healthcare.<sup>40</sup> Without a thorough examination of the fitness of underlying values of imported principles to a Japanese value system, principle-based ethics became the predominant language for discussion of ethical issues in healthcare and nursing in Japan.<sup>41,42</sup> This trend in Japanese nursing ethics, emphasizing rational principles as guides to moral action and dismissing virtues in moral agents, had its parallel in trends in healthcare and nursing ethics in many other countries.<sup>3,5,7</sup>

Because of difficulties in applying imported principle-based ethics in real situations in Japan, many Japanese nurses felt ethics as a subject was unrelated to nursing. Thus, Japanese nurses did not seek other ethical approaches. The movement to revisit virtue ethics, emerging from moral philosophy literature, began in the West. There has been no recent work exploring virtue ethics in Japanese nursing.

A group of nurse researchers from Asian countries (China, Korea, Taiwan, and Japan), who shared similar interests in exploring virtue ethics within moral agents in their non-Western culture, launched a cross-national research project to explicate the characteristics of the good nurse from patients' perspectives. The aims of the study were (1) to identify the characteristics of the good nurse from patients' perspectives, (2) to explore cultural and social factors underlying these views, and (3) to investigate similarities and differences in these views across cultures within the Far East Asian region. This article reports on a part of the larger cross-national comparative study and is limited to a description of Japanese

patients' views. This article addresses the following specific research question: What are the characteristics of the good nurse from Japanese patients' perspectives?

## METHODS

To obtain descriptions of the good nurse on the basis of patients' actual experiences, the target population was identified as persons who had rich experiences in receiving nursing care. To meet this purpose, the following inclusion criteria for sampling were set. The participants of the study were patients who (1) had a confirmed diagnosis of cancer; (2) were told of their diagnosis; (3) had completed at least 1 course of cancer treatment such as surgery, chemotherapy, or radiotherapy; and (4) were able to communicate and were competent to give informed consent to participate in the study. There were difficulties in obtaining permission to approach patients through hospitals. Therefore, a purposive convenience sample of initial participants was recruited through the researchers' personal channels, after which a snowball sampling method was employed. Patients who met the criteria were contacted by the researchers, and all patients contacted agreed to participate in the study.

van Kaam's phenomenological approach was used to obtain descriptions of the good nurse characteristics.<sup>43</sup> This method, with its phenomenological standpoint, was chosen because of its advantage in explicitly delineating what is already implicitly present in perceived behaviors. Semistructured qualitative interviews were used to collect naïve perceptions of the good nurse from patients. The interviews lasted approximately 1 hour. All interviews were tape-recorded with the participants' permission and transcribed verbatim, with deletion of identifying information. The interview guide was developed on the basis of anthropological phenomenology that van Kaam set as the base of his method of inquiry.<sup>43</sup> Given the philosophical underpinning of finding meaning in experience, the

interview guide included questions such as, Please tell me about your experience in which you found a nurse was good, Tell me your opinion about what kind of nurse is a good nurse, and What did you feel about the good nurses you just described? To clarify the meaning of the good nurse, descriptions of the bad nurse or "not good" nurse were also asked. In this method, the definition and meaning of the concept of the good nurse were not set a priori, but emerged from the perceptions and descriptions of the persons receiving care.

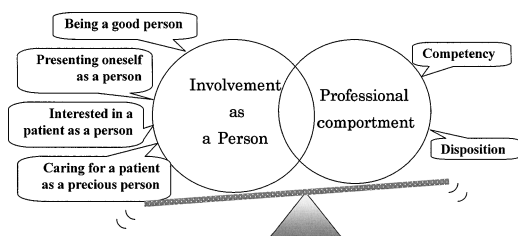
Prior to data collection, ethical approval was obtained from the Research Ethics Committee of the Nagano College of Nursing.

The participants' verbatim accounts were analyzed, using 6 operations of scientific and systematic explication suggested by van Kaam<sup>43</sup> to uncover the characteristics of the good nurse. The 6 operations were listing and preliminary grouping, reduction, elimination, hypothetical identification, application, and final identification. Working together, 3 researchers generated a preliminary list of all episodes and statements describing the good nurse. Then, 4 researchers worked separately, and each identified hypothetical descriptions of the good nurse. Hypothetical descriptions were shared among the researchers and applied to all episodes in the interviews to validate and refine the descriptions.

## RESULTS

Twenty-six patients who met the criteria were interviewed. Of these, 16 were female and 10 were male. Ages of participants varied from 27 to 76 years, with the majority in their 50s and 60s. The preliminary list of descriptions from interviews of these 26 participants included 156 episodes and descriptors of the good nurse.

According to these Japanese participants, the good nurse was described as "a person who related to patients as a person, and had professional comportment." Although descriptions of both of these characteristics were included in all participants' narratives,



**Figure 1.** Characteristics and qualities of the good nurse.

the weight of each varied depending on the participant (Fig 1).

### **Involvement with patients and families as a person**

Patients seemed to look for a “person-to-person” relationship with nurses. The participants identified 4 qualities of good nurses that supported the development of this type of relationship: being a good person, presenting themselves as persons, being interested in the patient as a person, and caring for the patient as one who is precious and irreplaceable.

#### ***Being a good person***

First of all, for participants the good nurse was one who was a good “person.” The good person characteristics included being cheerful, smiley, kind, warm, gentle, considerate, sympathetic, compassionate, sensitive, hopeful, and having a sense of humor, as well as being courteous. Without these good person characteristics, the participants did not want to relate to the nurse.

I remember nurses who were cheerful and always show a kind smile. A patient (like me) feels comfortable and easy to say something to a nurse like that. . . . When I was worried or having psychologically a hard time, I could tell her my concerns and ask for her help rather easily (than from less-smiley and busy-looking nurse).

When the participants saw these characteristics in a nurse, they felt safe, relaxed, and comfortable, and they wanted to talk and relate to her or him. If a nurse lacked these characteris-

tics, the participants would avoid, withdraw, or keep a distance from her or him. Thus, being a good “person” was the first step for the participants to recognize a nurse as good and to make them want to develop a person-to-person relationship with her or him.

More than a few participants mentioned courteousness and proprieties as characteristics of the good nurse. What they meant by being polite and courteous varied from daily greetings to respectful demeanor. Many participants mentioned nurses who greeted patients and their families as good nurses. According to them, greetings and even slight bows meant that the nurse acknowledged them as a person. If a nurse did not greet them, the patients felt that they were ignored and treated like objects, and were very displeased.

For some patients, being polite and courteous had other meanings than showing sincerity and personal acknowledgment. For these, politeness included keeping a respectful distance from patients. Although it stood somewhat in opposition to other personal characteristics that implied psychological closeness, it was understandable when the cultural background of the participants was taken into account. Japanese have a strong sense of inside and outside the family.<sup>41,44,45</sup> If you are inside a family, you are so close that you can be unceremonious and intimate to other family members. But if you are someone from outside the family, you should maintain appropriate manners and etiquette. A nurse who was overly friendly or treated patients as if they were family members was seen as disrespectful or unceremonious. Japanese participants expected the good nurse, who was an outside person for them, to maintain good manners and stay courteous, as a stranger would, even after they became close. The good person was not only sincere and friendly but also able to maintain a respectful relationship with other people. For the participants of the study, the good nurse was one who had good personal traits that brought patients peace of mind, made them feel at ease, and treated them with courteousness. Nurses who lacked

these traits were not good ones, and they did not want to relate to them.

### ***Presenting themselves as persons***

Good nurses presented themselves as persons by identifying themselves by name and exchanging casual conversations with patients. Participants liked to know who the nurse taking care of them was. If the nurses introduced themselves to patients with their names, the patients remembered them immediately and felt a person-to-person connection with them. When one participant was admitted to a hospital unit, a young nurse visited her and introduced herself saying, "My name is E. I am your primary nurse. If you need anything, just call E. I am E, you can call me anytime." This way of letting the patient know who she was gave the patient the impression that this nurse was responsible and personally committed to her nursing care during the hospital stay. Later, it was this nurse that the patient asked for help regarding her hallucinatory episode, which she felt was a bit embarrassing. Other participants said that they felt happy and relieved when they saw nurses they knew by name and in person. Finding such a nurse gave them a great amount of relief when they were in unknown situations, such as in the outpatient unit, in a vulnerable state while starting a new treatment, or when having deteriorating symptoms.

Carrying on casual conversations and disclosing a little bit of a nurse's personality were other parts of the good nurse characteristics that participants described. Participants' narratives of their good nurses included a nurse who shared a picture of her dog because she knew the patient liked dogs; a nurse who showed a patient who was interested in Origami how to make fancy ones; and a nurse who always greeted the patient with small chats about the weather or his hobby, which was gambling on bicycle races. By such encounters, participants felt that they knew the nurse as a person, not as a faceless nursing robot. It seemed to be important for patients to know that the nurse was a person with her

own life and personality, and that she shared her personality with patients rather than the nurse knowing one-sidedly about the patient. A nurse disclosing a little bit of her personal face with patients made the relationship between them more humane than that of anonymous care provider and care recipient.

### ***Being interested in patients as persons***

According to participants, good nurses were interested in patients and family members as people with lives and histories, instead of mere diseases or objects of treatment. Therefore, they were aware of the thoughts and needs of patients and families and what kind of experiences they were having.

For example, one participant told a story of a nurse who came back to her after completion of morning rounds and asked, "How are you doing? You looked a little different this morning." That was a time when the patient, Ms A, was worried about what she should do in terms of treatment choices. Ms A did not think she expressed any of her worries to the nurse when she visited Ms A for morning rounds. But, since the nurse had paid attention and watched her closely, she noticed something different. Thus, she came back to Ms A, and talked with her, explored her worries, answered her questions, helped her in making decisions, and eased her mind. Ms A was grateful that the nurse was concerned about her, and impressed by her insightful attention to patients. She said that this nurse was "the good nurse" who saved her through a difficult time in her illness trajectory.

Another more common example of being interested in patients was the nurse knowing patients and their family in person. Several participants talked fondly about nurses who knew them by their names, with knowledge of some details of their lives. One participant who came to the interview with his wife said that both of them were impressed with nurses in the unit where he had been admitted. The wife did not accompany her husband the day he entered the hospital, since she had a cold. However, when she did first visit him,

several nurses stopped her in the hallway saying, "You must be Ms B. How is your cold? I am glad you feel better." This indicated that the nurses in the unit were interested not only in their patient, Mr B, but also in his family. This couple said in the interview that they felt relieved, secure, and happy, because the nurses had paid attention to them, recognizing the importance of their background and family lives.

One participant told a story about a nurse who asked what he had been doing before his retirement and encouraged him to use the knowledge and skills that he already had to help himself deal with his illness. Another participant thought that a nurse was good because she recognized what he liked to do while in the hospital during treatment and she facilitated this.

Some participants said that they felt sad, angry, depressed, isolated, or dehumanized when nurses did not pay attention to them as persons with lives and histories, and instead treated them as if they were just a body to give an injection to or a statistical number such as "a patient who has less than a 20 per cent chance of survival." Those were "the not-good nurses" or "the bad nurses."

### ***Caring for the patient as a precious and irreplaceable person***

For these Japanese participants, the good nurse was one who cared for a patient as a precious and irreplaceable person. One episode illustrated a situation where the patient felt that she was treated preciously with care. During her treatment, while she was mildly hallucinating, she thought that she saw a dinosaur in her room. She told a nurse who came into the room about the dinosaur. The nurse simply said, "I will look for the dinosaur," and later came back and told the patient she did not find it. As the patient recalled this incident later, she was thankful for the nurse who did not deny her fear by saying "there is no dinosaur in the room," but acknowledged her state of mind at the time. Since she appreciated the unique be-

ing of each patient at each moment, the good nurse tried to accept and sympathize with the patient's point of view, whatever it was at that time, and accommodate to it. In other words, the good nurse understood the patient, did not stereotype by diagnosis or condition, and tailored her care moment by moment.

Another participant said she was touched by a nurse who appreciated the patient and tried hard not to ruin the patient's effort.

She is a very good person. . . . When chemo started, I felt so sick that I barely cleaned myself and changed pajamas. It was the day for the catheter (IV route) change. Since she, the nurse, knew that I just had changed my pajamas with so much difficulty, she said, "I never mess your pajama" and tried very hard and careful not to drip even one drop of blood on my pajama. I remember well even now, I was delighted. She is a very skillful nurse, so I was sure that she would not make a mess. . . . But I was delighted that she knew (my effort) and cared for and cherished my feelings.

There were a group of narratives delineating another aspect of this characteristic: keeping promises. Busy nurses often forget something asked for by a patient, for example, to bring a new ice pack, or to help a patient get ready to take a bath on time. Although many participants understood that nurses were very busy and it might not have been their fault, they commented that nurses who forgot a promise with patients were not-good nurses, because they did not keep the patient in mind and were not treating them with respect and care.

Good nurses treated patients on equal terms, because they saw each patient as precious. The participants said that they felt themselves weak and somewhat worthless when they became ill. But good nurses did not look down on patients, nor did they treat them as weak, powerless, or inferior. The good nurse treated patients as ordinary persons who had strengths and will. If a nurse treated a patient on equal terms, not from pity, they felt that "I am not so bad, I am all right." The good nurse also did not talk to elderly patients as one would to children or babies. Because good nurses respected the

elderly as persons with long, valuable histories and great experiences, they did not treat them like children even if their current health status did limit their independence and capabilities. Participants expressed their discomfort or displeasure when they saw a nurse treat any patient disrespectfully.

These were examples of episodes in which participants described how the good nurse cared for them as precious persons. Since good nurses appreciated each patient's uniqueness, they did not respond to them in a routine manner, apply strict rules to them, or impose a model of how they should behave. Good nurses sometimes went beyond routine work, because they saw a unique and precious being there and cared for them. The characteristic of "being interested in the patient as a person" could be described as a state of mind, whereas "caring for the patient as a person" is an act. This is a personalized, tailored act that goes beyond routine work. Good nurses responded to patients' needs with caring, virtuous acts, arising from their internal sensitivity to person-to-person interactions.

These 4 personal qualities of the good nurse were not mutually exclusive or exhaustive; rather, they were overlapping and inter-related. Good nurses who showed their faces as persons might result in a patient noticing their warm, good personalities. Because good nurses were interested in the patient as a person, they tailored the care best suited for the person. One thing that became clear from the data was the importance of the personal, human aspect of the good nurse. A significant number of interview narratives indicated that a humane attitude and personhood were critical characteristics of the good nurse from the Japanese patients' perspectives.

### **Professional comportment**

Participants' descriptions of the good nurse included a variety of qualities of professional comportment in addition to personal aspects. Professional comportment consisted of "competency" and "disposition."

### **Professional competency**

Professional competency included not only being technically skillful but also having an ability to capture patients' situations and needs. This required specialized nursing knowledge and the ability to apply such knowledge appropriately to individual situations. Responding to the question "who do you think is the good nurse?" a participant said,

First of all, she must have the right knowledge about diseases, and is capable of providing proper treatment. . . . This means that she has to have an ability to make appropriate judgment about which treatment suits the symptom, and be proficient in manual skills to carry it out. Good blood drawing skills, dexterous handling of any treatments, skillful to give bed baths, even skillful to just change linens. . . . Proper treatments include not only disease related measures but also some tricks that make everyday life in the hospital comfortable and easier. . . . For example, linen changes. When I spilled something a little bit on my sheet, I would hesitate to ask nurses to change the whole sheet because it was just a small spot. But I hate to lie down on the sheet which has a stain. Then a nurse put a small size sheet over the area where I often spill and told me "If you spill something here again, don't hesitate to ask about changing it. It is just this small one. No big deal. So feel comfortable to ask, right?" It was very practical and I felt comfortable.

There were several competencies included in this narrative. One competency was the ability to provide skillful physical care. Many of the participants mentioned and regarded highly nurses who were skillful at giving injections without pain and drawing blood from "difficult (to draw blood) patients." Another kind of skill that made a nurse a good one was having practical and useful skills that made patients' lives comfortable, easier, or less painful. Participants appreciated small tricks offered by some nurses, such as how to move or what position to take when they have pain, or how to manage their appetite. These tricks and practical skills were often presented to patients as advice or options for them to try, for the nurse had learned from her experience that it had worked for someone



else. Participants viewed nurses who could give such useful advice as good nurses. Some narratives also suggested that these practical skills included the ability to apply skills according to the situation. Good nurses were flexible, not rigidly imposing rules or just following instructions; they had the ability to apply their skills appropriately in each situation.

Communication was another skill. The good nurse was one who could communicate with patients in a way that made them feel at ease and able to openly talk about their concerns, who could talk to patients in ways they understood, and who could maintain good communication among healthcare team members.

Other than skills, professional competency included the ability to be aware of and grasp patients' needs at the moment, their feelings, or subtle changes in their condition. Participants stated that a good nurse was sensitive to picking up slight changes or needs that might not be even noticed by patients themselves. This required good eyes to closely watch a patient, with personal attention. In the example of the nurse who came back to Ms A because she noticed that Ms A looked slightly different that day, the nurse had paid attention to the patient during her morning rounds with the sensitivity to pick up subtle differences in Ms A's demeanor.

Having special knowledge was another quality of professional competency. The good nurse was one who had special knowledge that nonnursing personnel did not have. This could be medical, nursing, social welfare, or public health-related knowledge. Some of the knowledge made the nurses able to respond to patients' questions promptly, give better options, offer supplementary explanations to those of physicians, or protect patients from mistakes and treatment inappropriate for the situation.

### ***Professional disposition***

Professional comportment for the good nurse included "professional disposition." Participants expected a good nurse to have pride

and to be responsible. A part of being responsible included keeping promises, not making mistakes, and, if mistakes were made, apologizing and taking responsibility for them. Other qualities as a professional were to have a passion for doing a good job and to strive to improve skills and knowledge, not only as a nurse, but also as a person. Several participants admired nurses who sought continuing education, either in nursing or in general.

## **DISCUSSION**

Study participants described the major characteristics of the good nurse as being involved with patients as a person and professional comportment. Good nurses demonstrated these characteristics by being a good person, presenting oneself as a person, being interested in a patient as a person, caring for a patient as a precious person, having professional competency, and having a professional disposition. The most significant finding was that an overwhelming number of descriptions revolved around the human or personal aspects of the good nurse.

In Japanese, the *kanji* character "person-*bito*" is depicted as 2 sticks leaning on each other (Fig 2). The character symbolizes Japanese understanding that no one person is standing alone; people are related and lean on each other for support. Thus the fundamental characteristic of the good nurse for Japanese patients was being a "person" in this sense. One participant described his relationship with nurses as mutual helping.

It is not one-sided caregiving. It is not only that a nurse knows about her patient one-sidedly, and the nurse gives care to the patient one-sidedly. Both nurse and patient know each other, and both care for each other.

In his view, the relationship between a patient and a nurse was clearly depicted in the Japanese person character, *bito*.

The 2 sticks leaning on each other depict 2 persons. Many patients in the study mentioned their sense of vulnerability when they became sick and hospitalized. So the patient



**Figure 2.** Kanji character of "bito-person" in Japanese.

is the left person in the *bito* character who lost his or her balance and became vulnerable. The left person looks for another person to lean on. The stick on the right must be a *person* with a personal face and a good heart. Otherwise, the left person cannot lean on it with security and comfort. The right person also leans toward the left person with the interests of that person in mind and then interlocks with the other person by reaching out to them with hands of care. With 2 persons leaning on each other and getting balanced, patients feel relief from a vulnerable state. Given this understanding of the person-to-person connection between patients and the good nurse, it made sense that many participants said encounters with a good nurse made them happier, relieved, stronger, comfortable, and at ease.

This interpretation of good nurse characteristics in the nurse-patient relationship matches general descriptions of caring relationships. The goal of this study was to obtain descriptions of virtues in nurses from patients' perspectives. What the participants described as the good nurse were the character traits of nurses whom the patients can develop mutual person-to-person relationships with and feel that they are cared for as persons. These findings support the idea that ethical nursing practices are carried out on the basis of relational ethics as suggested in the literature.<sup>8,20,31-34</sup> Thus, virtues expected of nurses are virtues of caring persons. The findings also suggest, contrary to some nurse ethicists' comments,<sup>35</sup> that not only

nurses but also patients expect deep person-to-person connections in nursing.

According to Japanese participants, professional comportment was another indispensable quality for the good nurse. In early literature, particularly in Japanese nursing, characteristics of the good nurse often did not include professional aspects.<sup>37,38</sup> Historically, Japanese society has rarely recognized female-dominant occupations as professionals. Yet a surprising number of narratives from Japanese participants indicated that they expected professionalism or professional comportment from a good nurse. Patients considered nursing a profession and expected good nurses to be autonomous professionals with adequate competency and disposition. Although it was a critical component, being a good person alone was not enough to be a good nurse. The good nurse must have professional skills, knowledge, and disposition, in addition to humane qualities.

Unlike the description of the good nurse characteristics in Japanese classical nursing ethics textbooks,<sup>37,38</sup> the descriptions of the good nurse from this study were gender neutral rather than feminine-oriented. In the interviews, because of the Japanese language characteristics, the gender of the nurses in the episodes was not specifically identified. Giving the fact that the majority of Japanese nurses are women, many of the nurses mentioned in the interviews are assumed to be women. Yet, personal traits of the good nurse derived from this study (ie, kind, warm, gentle, considerate, compassionate, etc) are characteristics expected in good people, both men and women, in Japanese society.<sup>46</sup> Elicited good nurse characteristics also include professional comportments (such as taking an autonomous, independent role, and being nonquiet to advocate for patients) that used to be considered as manly attitudes in the traditional sense. Therefore, it is concluded that the virtues in the good nurse are not bound to the gender-biased characteristics.

As shown in Figure 1, the relative weights between personal involvement and

professionalism on the balance varied depending on the patient and the situation. Some patients preferred a skillful, competent nurse rather than a warm, kind nurse. Others preferred nurses with a more personal connection to them, although they might not be the most skilled. Yet all participants' descriptions included some aspects of both features. Personal involvement and professional comportment were aspects of the good nurse characteristics, and both were essential. Kuhse,<sup>35</sup> referring to a number of studies, argued that patients perceived behaviors associated with physical care as most important while many nurses tended to value comfort and trusting relationships with patients as most important. Because of some of these claims, gaining technical skills has been the main focus in nursing education. This argument has a point: no patient deserves poorly skilled nursing care. Yet what became clear from this study was that Japanese patients thought having good skills was not enough to be a good nurse. For Japanese participants, the good nurse had to be a *person* with whom the patients could develop person-to-person relationships and who also had professional skills and qualities.

### Limitations and implications

Limitations of this study include a relatively small number of participants and a convenience sample. To overcome this shortcoming, a rigorous validation process including application and final identification of hypothetical descriptions for the entire data set was conducted by all 4 researchers. A second sampling-related limitation was the type of patient who participated. The inclusion criteria limited participants to patients who experienced cancer treatment. It is suggested that another study could explore the kinds of characteristics patients with other types of illnesses look for in the good nurse.

This study provided rich and colorful descriptions of who the good nurse is from the patients' points of view. These extracted descriptions may not sound new for many

nurses. These are what nurses have believed and been taught as the good nurse for a long time. However, some of these virtue components have been dismissed or belittled in nursing ethics. One of the reasons why the personal virtues were dismissed was that nurses were not sure whether patients want and expect to develop deep caring relationships with nurses other than just receiving technical treatment.<sup>35,36</sup> This concern was validated as overanxiety in this study. Specifically, patients with cancer think that nurses who interact with them as persons are the good nurses, and they appreciate that kind of relationships. Another reason why virtuous aspect of nurses was omitted from nursing ethics was the concern of unreasonable expectations from nurses.<sup>27</sup> Expecting nurses to actualize "virtues" in their practice seems excessive, because it implies that all nurses should be saints. Yet, this study shows being the good nurse, and practice virtue is not so extraordinary act in nursing. The extracts from the interviews demonstrate that even seemingly trivial acts or just internal mindfulness of the nurse can appear as virtues to the patient's eyes. The findings from this study give concrete and practical examples of ways of acting in virtue. Nurses and nursing students can learn from these examples from patients' voices and eventually acquire these virtues in themselves.

In modern nursing education, professional competency has been the main focus of being a good nurse. The findings from this study describe not only examples of virtuous personality traits but also concrete competencies that patients expect from professional good nurses. These descriptions also provide practical guidelines for clinical nurses and nurse educators as to the kind of competencies practicing nurses or future nurses should acquire.

Clinical nurses should reflect on their current practice and reconsider the ethical ideal toward which they should strive. They also suggest that nurse educators need to review their programs and reconsider how to help nursing students gain and develop the good

nurse qualities expected from the people and societies they will serve.

Descriptions obtained about the good nurse in this study helped uncover culturally sensitive ethical values in nursing among Asian countries which have been silenced by the lack of an appropriate language. As an ongoing part of this multicultural study, we are currently exploring similarities and differences of patients' views of the good nurse across 4 Asian regions. By comparing and con-

trasting findings from other countries, culturally unique characteristics, which otherwise may be unobserved and taken for granted, may emerge. Similar inquiries in countries outside of Asia would be meaningful and add a more global scope to the concept of the good nurse. It is hoped that this will lead to a better understanding of the ethical ideal expected of the good nurse in each society and how this ideal varies according to cultural and societal structures.

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