

ORIGINAL PAPER

NURSING STUDENTS' WORK EXPERIENCE BASED PERCEPTIONS OF "BEING A GOOD NURSE"

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Abstract

Aim: To reveal and describe nursing students' work experience based perceptions of "being a good nurse". **Design:** This study was implemented using a descriptive qualitative design. **Methods:** Data were collected in the format of unstructured individual narrative-based written reflections, analyzed by applying inductive manifest qualitative content analysis. The sample consisted of 110 final year nursing students from five different universities of applied sciences in five Lithuanian regions. **Results:** Nursing students' perceptions of "being a good nurse" derived from their work experience throughout their courses, and relate to nurses' competence, professional features and values, and the implementation of their professional mission. These qualities are fluid and interrelated, reflecting nurses as individuals, as members of the nursing profession, of certain health care organizations, and as members of society. **Conclusion:** "Being a good nurse" is an indeterminable concept. Nursing students derive their understanding of it from the work practices they encounter, a basis from which they observe, reflect and learn. The research outcomes demonstrate the need for moral education and development of practical intelligence for nursing students, which will encourage them to strive to become "good" nurses.

Keywords: "being a good nurse", inductive manifest qualitative content analysis, Lithuania, nursing, nursing student, practice, qualitative approach.

Introduction

"Being a good nurse" is the subject of ongoing discussion among nursing educators, practitioners and scholars, since it is the main aspiration of nursing professionals. It is a moral endeavour; a challenge within the professional vocation itself (Parvan, Zamanzadeh, Hosseini, 2012). "Being a good nurse" incorporates professional and personal characteristics (Jones, 2014) and is impossible without the requisite competence (Cheng, Liou, 2013; Chen, Hsu, 2015). Patients expect that nurses will have not only the necessary nursing skills, but also certain characteristics they need in order to care for others (LaSala, Bjarnason, 2010): meaning the desire to respond to the needs of others and to provide full assistance (Princeton, 2015). Values play an important role in the actions involved in "being a good nurse" (Horton, Tschudin, Forget, 2007; Drayton, Weston, 2015). Here emphasis is placed on nursing values such as caring, trust, professionalism,

fairness (Caldwell, Miller, 2016), honesty, patient dignity, matters of equality and privacy, reduction of suffering (Chisholm-Ford et al., 2016), and compassion (Bloomfield, Pegram, 2015). In order to respond to the needs of patients, nurses should be aware of their own values, attitudes, and regulations, without imposing them on patients (Jones, 2014; Drayton, Weston, 2015).

"Being a good nurse" in this research is understood as a phenomenon related to two concepts: "good nursing" and a "good nurse" (Dictionary.com, 2016). "Good nursing" includes the notion of "*doing good, being good, and acting for good*" (de Araujo Sartorio, Pavone Zaboli, 2010). It requires adequate theoretical preparation (knowing what to do), and practical wisdom, (knowing when to act) (Sellman, 2011). A "good nurse" has specific skills and knowledge, continuously learns in changing environments (Alqahtani, 2016), and has a professionally suitable attitude in person-to-person relationships, in which patients' uniqueness is respected, dignity is ensured, and adequate support is provided (Jones, 2014; Alavi et al., 2015). A "good nurse" is required and expected to manifest professional solutions and discretion in complex

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situations (Catlett, Lovan, 2011; Jimenez-Lopez et al., 2016).

The literature provides information about the concept of a “good nurse”. Good nurses clearly understand themselves and their role in the nursing profession. “Being a good nurse” means: 1) being compassionate: feeling concern and sympathy for others; 2) being empathetic: the willingness to make a concerted effort to listen to patients, to see things from the patient’s perspective and to attempt to understand patients’ challenges; 3) being selfless: willing to make personal sacrifices for the sake of others; 4) being self-aware: possessing the emotional intelligence to understand oneself and one’s values with reference to others, and to recognize one’s personal strengths and limitations; 5) being caring, understanding, nonjudgmental, with the ability to empathize with patients and to control one’s own emotions when dealing with stressful situations; 6) being able to communicate with physicians, patients and their relatives, and co-workers; and 7) being knowledgeable about how to perform all responsibilities with the utmost accuracy and thoroughness (Brammer, 2006; Bartz, 2010; McLean, 2011; Gokenbach, 2012). With regard to “being a good nurse”, researchers mention nurses’ competence (Meehan, 2012), the nurse-patient relationship (Benbow, 2013; Rørtveit et al., 2015), and the ethics of nursing (Lachman, 2012; Bagnasco et al., 2016). In the literature, “being a good nurse” is mostly described from the perspective of patients and nurses, with little from the that of nursing students. Yet it is necessary to include the perspectives of nursing students, who internalize the variety of perspectives of their teachers and tutors in educational institutions, nurse practitioners and mentors in healthcare institutions, patients and their relatives, and other specialists within the professional healthcare context (de Araujo Sartorio, Pavone Zoboli, 2010).

Vocational training and education of general practice nurses (GPN) in Lithuania is the focus of higher education colleges and universities, according to the Vocational Training Standard of GPN (2002). The Standard defines the requirements for GPN training: vocational competencies, general skills, study objectives and final evaluation, according to EU Directives, WHO recommendations for GPN training and regulations for study programmes, and is focused on the fifth level of education. The length of GPN studies is 3.5 years. The training of nurses involves 4,600 hours of theoretical and clinical training – the length of theoretical training representing at least one third, and clinical training at least half, of the minimum duration of studies (not less than 2,300

hours) (WHO, 2009). The acquired competencies are the basis for clinical practice because most nursing activities consist of complex situations and issues that must be managed and/or solved by applying specific and general competencies (Butėnas, 2015).

The law of nursing and midwifery practice of the Republic of Lithuania (2009) specifies nurses’ rights to implement nursing practice; to refuse to provide nursing if conditions pose a genuine threat to the patient, or the health or life of the nurse, unless in case of providing emergency medical aid; to participate in nursing training and development of qualifications, and evaluation and development of nursing quality; to participate in nursing research; and to prescribe means of medical aid and prescriptions, and to perform health assessment and disease prevention according to the orders of the Ministry of Health. The Vocational training standard of GPN (2002), the Descriptor of nursing studies (2015), and the Law of nursing and midwifery practice (2009) describe competence areas for GPN practice in concordance with WHO (2001) Guidelines for Member States: clinical and specialized nursing, management and administration, coordination and consultation, health education and advice, and nursing research.

The local tradition of the healthcare system in Lithuania is characterized by hierarchical patterns in which power is vested in physicians and a biomedical approach. Nurses are educated, competent, and even overqualified for their work roles in healthcare settings, and have no influence over their working environment (Žydzūnaitė, Lepaitė, Suominen, 2013).

Work experience based perceptions in this research are perceived as aspects, attributes, elements, or factors that make up an entity, item, phenomenon, or situation (Business Dictionary, 2016). Such a definition allows researchers an opportunity to study it by means of a qualitative research approach, and to discuss it with regard to an indeterminable concept such as “being a good nurse”, which can be experienced only through one’s own personality, practically and cognitively, and perceived through work practice based nursing experiences within a variety of social-vocational interactions (Butėnas, Žydzūnaitė, 2014). The characteristics that relate to the phenomenon of “being a good nurse” are still unclear. “Being” is related to professional nursing activities, actions and decisions, which are vocationally significant as regards patients, nurses, and the nursing profession. The word “being” adds the characteristics of development and flexibility to the concept of a “good nurse” within the professional

nursing sphere (Rutherford, 2008). In addition, the word “being” in relationship to the concept of a “good nurse” shows the relationship between effective nursing performance and personality. The significant work experience based relationship between “being” and “good nurse” is also an important direction in nursing education and training, since nursing students are educated and trained not for their own sakes, but for the implementation of the nursing mission in which patients’ wellbeing, and quality of care are core goals (Butėnas, Žydžiūnaitė, 2014).

The emphasis in this study is on the perceptions of nursing students of “being a good nurse”, which are experienced through work practices throughout the study period, and is the vocation-related goal. “Being a good nurse” is an existential concept for nursing students and practitioners, and it is the essential vocational ideal in the training and education of nurses and nursing practice. This concept can only be studied properly by using a qualitative approach (Meehan, 2012).

Aim

The aim of this study was to reveal and describe nursing students’ work experience based perceptions of “being a good nurse”.

This qualitative research focuses on answering the research question: “What characteristics do final study year nursing students attribute to the phenomenon of ‘being a good nurse’?”

Methods

Design

The study implemented a descriptive qualitative design by applying an inductive manifested qualitative content analysis (IMQCA). IMQCA has its original roots in social research, and is not linked to any particular science. There are no specific conceptions of meaning, and the concepts used are universal (Bengtsson, 2016). In IMQCA, data are presented in words through subcategories and categories, which make an interpretation of the results possible. In a manifest analysis, the researcher describes what the informants actually say, stays very close to the text, uses the words themselves, and describes the visible and obvious in the text (Berg, 2001).

Sample

The study made use of purposive sampling, involving participants in the research in order to gain rich reliable data of their experiences related to the research question (Polit, Beck, 2008). Typical case

strategy was implemented within the purposive sampling type, with the aim of describing the perceptions of research participants regarding the particular phenomenon, rather than to make generalized statements about the experience of all participants (Palinkas et al., 2015). Two criteria for all research participants were chosen: 1) being a final (third) year and a final (sixth) semester nursing student at professional Bachelor level; 2) being a student of the University of Applied Sciences (UAS). In Lithuania nurses are educated and trained in two-level higher education institutions: 1) UAS, oriented to vocational training in professional skills and development of practical capabilities, situational management and decision-making, with a focus on practical performance and professional problem-solving; and 2) Universities, which provide broader academic education at Bachelor, Master and PhD levels.

Purposeful sampling is widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources. This involves identifying and selecting individuals that are especially knowledgeable about, or experienced in, the phenomenon of interest (Cresswell, Plano Clark, 2011). Important here are the availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner (Palinkas et al., 2015).

In qualitative studies, it is common for data to be based on one to 30 informants (Fridlund, Hildingh, 2000). When using qualitative content analysis, there are no established criteria for the number of informants, or the number of pages based on the informants’ own written text or transcribed interview data (Bengtsson, 2016).

The sample consisted of 110 research participants from all five UAS (in which nurses are trained) in all five regions of Lithuania. Being in their final year, students had already performed compulsory vocational practice in different kinds of healthcare institutions. All research participants had the opportunity to decide autonomously and freely regarding participation in the research study, and were not influenced by researchers or UAS representatives.

Data collection

Data were collected in May-June 2016. The qualitative data were collected in the form of unstructured individual narrative-based written reflections. Reflection is an intentional dynamic process, facilitating improvement in one’s actions, abilities,

and knowledge by learning from one's past experience. Successful professionals must be able to reflect on their experience in order to find solutions to complex problems encountered on a daily basis. Such reflection is necessary in order for nursing students to improve their performance, and must be applied by nursing students committed to professional growth as lifelong learners (Castleberry et al., 2016). In reflections, nursing students wrote narratives, as human experience is always narrated and focuses on observations (Žydzūnaitė, 2015).

The data collection with individual narrative-based written reflections was a one-off event, and the research participants were not re-contacted. Nursing students were instructed to narrate their experiences of professional nursing training (practice) in different healthcare institutions, through all years of study in which they had observed instances of "being a good nurse".

Each research participant individually e-mailed their written reflection to the researcher (RB-S). The use of e-mail as a research tool for data collection offered researchers advantages such as convenience to research participants, as they were not constrained by synchronous communication but could respond when and how they felt ready. Thus research participants were not affected by differences in circumstances.

The length of narrative-based written reflections was between 301 and 1,027 words (mean: 664 words). In total, the analyzed text consisted of 52,675 words.

Data analysis

Data were analyzed by applying IMQCA. IMQCA consists of several stages (Berg, 2001; Graneheim, Lundman, 2004; Elo, Kyngäs, 2008; Krippendorff, 2013; Richards, Morse, 2013; Bengtsson, 2016):

Decontextualization. Researchers familiarized themselves with the data, and read through the transcribed text to obtain a sense of the whole before breaking it down into smaller units of meaning. A unit of meaning is the smallest unit containing insights of interest to researchers, and is a constellation of sentences or paragraphs containing aspects related to each other answering the research question. Each meaningful unit identified for analysis was labelled with a code understood in relation to the context, a procedure known as the open coding process. The codes facilitate the identification of words by which the data can be assembled into subcategories and categories. Codes were created inductively, and changed as the study progressed, as more data became available. The research team (two researchers) decided on the meaningful unit for analysis (a minimum of a sentence).

Recontextualization. After the meaningful units for analysis were identified, the researchers checked whether all aspects of the content related to the aim and research question. The original text was re-read alongside the final list of meaningful units for analysis. A process of distancing was necessary, and researchers discarded information that did not correspond to the research question.

Categorization. In the categorization process, categories were identified. Sub-categories were the smallest units based on meaningful analysis units. In a manifest analysis, these are the same as the codes of the meaningful analysis units. Sub-categories were sorted into broader categories. Identified categories were internally homogenous and externally heterogenous, meaning that no data should fall between two groups, or be included in more than one group. Subcategories and categories were formed from empirical qualitative data. All the subcategories were compared with each other and integrated into categories (see Table 1).

Compilation. Researchers worked gradually through each identified category and used the respondents' words, remaining aware of the need to refer back to the original text. In this way, it was possible to stay close to the original meanings and contexts. For each category, researchers chose appropriate meaningful units for analysis presented in the running text as quotations. The researchers presented a summary of categories and sub-categories in a table to provide an overview of the results.

Results

The work experience-based perceptions of final year nursing students with regard to the meaning of the phenomenon of "being a good nurse" is a manifestation of the following characteristics: being competent, embodying professional qualities, applying professional values, and implementing the professional mission (see Table 2).

Being competent

Nursing students related "being a good nurse" with nursing competence. Nursing competence is characterized by provision of prompt, high-quality solutions to patients' health problems, e.g., in order to save a patient's life: "*The patient experienced a shortage of oxygen, and her whole face turned blue. The nurse responded instantly. She told me to quickly leave my post and ask other nurses to alert the intensive care department, to prepare a place, and to ask other nurses to assist. Thanks to this nurse, the patient was saved*" (N18). Nursing competence is also characterized by the ability of nurses to manage

Table 1 An example of inductive manifested qualitative content analysis

Category	Subcategories	Examples of statements
Implementing the professional mission	Caring for a patient	The aim of the nurse is to care about patients. I remember that on the first day in practice I saw an incident when the nurse on the ward noticed a pale patient. The nurse at that time was sitting near the table filling in nursing documentation. When she saw the pale patient, she then put aside the documentation and came to the patient, suggested to the patient to take a seat and asked the patient how was she feeling and did she feel rather weak. Though the patient said she was OK, the nurse did not leave her alone and suggested a glass of water, and to have a lie down; every 10 minutes the nurse attended the room in which the patient was lying. The nurse wanted to be sure that the patient really was OK (N64).
	Reducing the patient's suffering	The main aim is to reduce human suffering (N25).
	Empowering the patient	The main aim of all nurses is to teach him/her to take care of themselves, but not to do everything for a patient (N81).
	Ensuring the quality of life of a patient	Health improvement and health care quality assurance is the most important thing in nurses' work (N30).
	Satisfying the spiritual needs of a patient	The patient was on the ward and he had a routine of praying every day before breakfast. The nurse noted that the patient had difficulties in moving by himself, so she accompanied him by going to the chapel and supported him by the arm (N43).
	Keeping the patient's autonomy	When the older adult patients do not have exercises, the nurse organises a tea break – a time when patients drink coffee or tea by themselves. In such a way nurses strive to keep the patients' autonomy instead of giving the patients a drink (N49).

their own emotions in stressful situations: *“He was very impolite – spluttering, swearing. He had probably been drinking. In spite of these circumstances, the nurse approached him without hesitation. Monitoring the situation from a distance, I saw how the nurse gently and respectfully communicated with the patient, and how the patient became calm in a few minutes”* (N88).

Teamwork is important in responding to the needs of patients and providing quality care. It helps nurses work more effectively: *“Work on the principle of teamwork, not every man for himself; the goal of teamwork is to provide patients with better quality of life in case of illness, and to try to save patients' lives”* (N34).

Embodying professional qualities

According to nursing students, “being a good nurse” is characterized by appropriate professional qualities. “Being a good nurse” relates to nurses' sensitivity regarding patients' needs through taking their expectations into account. The nurse should be benevolent and kind in communicating with patients: *“Every morning, I saw how the nurse greeted all patients like they were old friends”* (N12). A good nurse is required to be empathetic, to be attentive to the patient: *“The nurse is a person who must understand that a patient in a hospital is a stranger and feels distressed, so the nurse must be attentive”*

(N55). “Being a good nurse” for nursing students means that the nurse does not neglect patients' relatives, and pays attention to their experiences: *“After the transfer of the patient, the nurse noticed a patient's relative crying and confused. The nurse did not ignore the woman but came to her, took her by the hand, led her to sit down and tried to calm her down”* (N85). When communicating, a good nurse should be positive: *“Because of her positive attitude I noticed that it is beneficial to patients for nurses to be full of positive energy in communication”* (N87).

“Being a good nurse” for nursing students means that they must conscientiously perform tasks promptly, and accurately, completing all procedures and manipulations: *“We visited a patient who was seriously ill following major surgery, and was bedridden. The nurse performed all assigned medical procedures, and did everything carefully, taking time to perform everything perfectly”* (N28).

Nursing students emphasized that nurses must not be afraid when they notice that erroneous decisions have been made, or inadequate guidance provided: *“One nurse, with many years' nursing experience, seeing a physician's prescription, did not agree with it, because, in her view, the administered dose was too high. The indicated dose in the documentation made her suspicious; she went to the physician, and*

Table 2 Students' perceptions of the meaning of "being a good nurse"

Category	Subcategory
Being competent	Creating the relationship with the patient Solving the health issues of a patient urgently Managing personal emotions Learning from experience Working in a team Communicating with relatives of a patient Being autonomous
Embedding professional features	Being sensitive Being benevolent Being empathic Being dutiful Being patient Being courageous Being positive Being scrupulous Being urgent
Applying professional values	Being responsible Being devoted to work Being in vocation Humaneness Keeping one's own dignity Sacrificing Ensuring the privacy of a patient Keeping the dignity of a patient Respecting the patient Collaborating
Implementing the professional mission	Ensuring the equality for patients Caring for a patient Reducing the patient's suffering Empowering the patient Ensuring the quality of life of a patient Satisfying the spiritual needs of a patient Keeping the patient's autonomy

discovered that it was due to error. The nurse was not afraid, and went to find out about the situation" (N7). Nursing requires a rapid response from nurses in difficult situations, in order to save human life: "Nurses reacted urgently. It seems all nurses knew who must do what, and who is responsible for what. One nurse called for the intensive care unit, the other collected the equipment, and the third went looking for physicians" (N47).

Applying professional values

For nursing students "being a good nurse" involves acquired professional values, one of which is taking responsibility, which is understood as the quality of following specified procedures, and compliance with roles and requirements: "In the morning a young woman patient was transferred to the stroke unit. She seemed to be in a very severe condition. I observed her nursing all the time when she was lying in the unit. The nurses were very responsible in carrying out any injection in accordance with all requirements and regulations" (N30).

"Being a good nurse" requires sacrifice and dedication on the part of nurses: "She gives all of herself to the job. She is the first to arrive and the last to leave" (N74). It must be the vocation of good nurses to care for others: "The nursing job is a vocation, not just a profession" (N71).

Nursing students emphasized humanity as a quality of professional nurses within their definition of "being a good nurse": "It is always important to 'remain human' because you never know, any time, any way you yourself can become a patient" (N73).

Nursing students emphasize that "being a good nurse" means striving to establish an environment which "Ensures respect for a patient's values, customs and spiritual beliefs" (N34). They also emphasise the need to respect patient privacy, to ensure equal rights for every patient. Students observed that a patient should be all the attention they required: "The nurse distributes time in regard to patients so that each person, whether it be a man or

a woman, receives the necessary attention and respect” (N37). “Being a good nurse” for a nursing students means ensuring patients’ dignity. Students also stress that it is important for nurses themselves to maintain their own dignity in complex situations, not to give in to their emotions, and to remain self-confident (N5, N99, N101). Nursing students emphasized the value of cooperation between nurse practitioners and nursing students, between nurses and patients and their relatives. This creates opportunities for nursing students to learn from nurse practitioners (N53, N64, N81, N89).

Implementing the professional mission

For nursing students “being a good nurse” means the fulfillment of the nursing mission. Research participants mention that good nurses, above all, care about patients: *“I remember on the first day of my practice I saw an event in which the nurse noticed a pale patient. The nurse at the time was sitting at the table, filling in nursing documentation. Once she saw the pale patient coming, she immediately put aside all the papers and immediately approached the patient and invited her to sit down, asking her how she felt. While the response of the patient was that she “feels normal”, the nurse did not leave the patient alone and offered her water, suggested she lie down, and, probably every ten minutes, the nurse checked the patient to make sure that she was really OK”* (N64).

“Being a good nurse” relates to nurses trying to improve patients’ quality of life: *“In nursing it is important to solve patients’ health problems, to improve their health situation and to ensure the quality of their health care”* (N30). “Being a good nurse” for nursing students means that nurses provide not only physical care, but recognize patients’ spiritual needs: *“In the unit there was a patient who was accustomed to praying before every meal. The nurse noted the fact that the patient found it difficult to walk, so accompanied him to the chapel and supported him during prayer”* (N43).

Nursing students pointed out that “being a good nurse” means that nurses must ensure the autonomy of patients: *“When the older patients in the morning do not have activities, the nurse organizes a tea break. This is the time when patients drink tea and coffee, and in this way nurses try, as much as possible, to preserve their independence, even though they could serve the tea to the patients”* (N49).

Discussion

The findings revealed that the phenomenon of “being a good nurse” consists of nurses’ competence, professional features, professional values and

professional mission. Nurses’ competence is manifested through a variety of interactions. Interactions occur between nurses, patients and relatives. Our findings match those of Bloomfield and Pegram (2015): effective communication means acting together, and it is the basic nurse-patient partnership that helps to identify the essential needs of patients and to set appropriate nursing goals.

Our research revealed that, during clinical practice, nursing students experienced how important it is to collaborate with patients, their families and co-workers. Respect in interpersonal relationships, and support for each other is necessary in nursing and contributes to the health of patients. These findings coincide with others (Catlett, Lohan, 2011; Cleary et al., 2014; Päätaalo, Kyngäs, 2016) that suggest a positive emotional atmosphere in nursing depends on nurse-nurse interactions.

Students experienced the hierarchical interrelationships within nursing, whereby nurses are seen as superior to patients. This is in opposition to the cooperation and respect that Drayton and Weston (2015) regard as an aspect of “being a good nurse”. Thus “being a good nurse” means to be able to keep a relationship of equality with patients. Nurses’ competence is linked to their professional values. Nursing students highlighted that it does not suffice for nurses to be competent and to have certain qualities: nurses’ actions must be ethical and these qualities must be demonstrated in ethically-based relationships. “Being a good nurse” means a capacity to develop mutual relations properly by relying on such fundamental nursing values as preservation of patients’ dignity, mutual respect, and equality.

Nursing students experienced that “being a good nurse” requires not only the embodiment of certain professional features, but also the clear demonstration of them. The nurse must demonstrate responsibility, cooperativeness, diligence, and duty; all of which must be accompanied by an ethic of care (Bartz, 2010; LaSala, Bjarnason, 2010). Students perceived nurses’ professional features as the attributes that a good nurse should possess, i.e., certain features which a good nurse must demonstrate through their actions. Meanwhile, nursing students perceived values as something that nurses have faith in, i.e., certain standpoints, which nurses rely on in their nursing actions and in taking certain decisions. For instance, nursing students perceive empathy in regard to “being a good nurse” as nurses’ ability to identify patients’ feelings in an attempt to satisfy their needs within the nurse-patient/nurse-relatives relationship. This is linked to value of humanity, i.e., good nurses

adhere to the principle that all patients must be treated equally, their dignity must be honoured, they must be accepted as they are, and treated with respect (Horton, Tschudin, Forget, 2007; Awuah-Peasah, Sarfo, Asamoah, 2013; Lachman, 2012).

Nursing students underlined that ‘being a good nurse’ means demonstrating such features as sensitivity and kindness; however, to perform their duties in a competent manner, nurses must be able to manage their personal emotions. Empathy and understanding regarding patients and relatives are essential features of good nurses, in order to ensure the quality of care, and to reduce patients’ suffering. Empathy is interrelated with compassion, and is a typical feature of good nurses (Catlett, Lovan, 2011). Our research revealed that empathy may be emotionally painful for nurses. Nurses must be empathic and, yet, at the same time, able to retreat from patients’ problems (de Araujo Sartorio, Pavone Zoboli, 2010). Nursing students experienced that “being a good nurse” includes maintaining self-control when faced with hostile patients or their relatives. While such situations might provoke anger and annoyance in nurses, they, nevertheless, need to understand the patients and respond empathetically (Alqahtani, 2016); this is the manifestation of “being a good nurse”.

Nursing values determine nurses’ actions with regard to patients, their relatives and colleagues (Drayton, Weston, 2015). Nursing students experienced how professional values are not only oriented towards patients and relatives, but are also a means by which to engage with one’s profession, and to maintain one’s dignity. Nurses encounter hostile patients; they face emotionally challenging, even humiliating, situations in which they must preserve their dignity, and demonstrate their calm.

Nursing students observed the implementation of the professional mission by nurses during their practice in nurses’ goals and intentions regarding patients: caring, reducing suffering, empowering, ensuring quality of life, satisfying spiritual needs, and preserving patient autonomy. Caring patients is the essential nursing mission and the dominant characteristic of a “being a good nurse” (Catlett, Lovan, 2011; Cleary et al., 2014). Findings showed that good nurses must care not only about the physical health of patients, but they must also respond to their spiritual needs. Nursing students also experienced the professional mission as increasing patients’ independence (autonomy) and empowering them to take care of their own health. Patients must be seen as active, autonomous and empowered

participants in nursing when decisions are made with regard to their care (Bloomfield, Pegram, 2015).

Implications for nursing

Research findings are nursing knowledge. For nurses today, there are practical reasons for identifying nursing knowledge. With increasing accountability there is a growing expectation that nurses explore their professional mission, values and features, discarding those without merit and, consequently, developing adequate knowledge to care for their patients in a competent manner. Nursing knowledge will, for example, enable them to justify actions, or, indeed, stop unsafe or poor practices. In terms of practice, all suitable knowledge should be incorporated appropriately into care. A vital part of this is that nurses evaluate what they are taught or what they read or observe in practice. It is crucial that nurses question practices, and do not undertake nursing care without understanding its rationale. In order to have evidence-based nursing practice, nurses need empirical knowledge. The research findings contribute to the goal of nursing research: to achieve better nursing care standards and applications for patients and families. When nurses consciously realize what “being a good nurse” means, they can subsequently pursue this professional self-image, which is crucial to achieving “good nursing”. With knowledge and hands-on experience, nurses can theorize, hypothesize and collect practical evidence that leads to better nursing care.

Research on nursing students’ work experience based perceptions with of “being a good nurse” contributes to the implementation of reflective nursing practice, which incorporates professional values, features, mission, and competence, and can be used to help nursing students and nurses make sense of work situations, and to improve nursing care.

Research findings show that nurses’ competence is manifested in their ability to manage their personal emotions and is an important part of “being a good nurse”. Thus it is meaningful to consider how the phenomenon of “being a good nurse” could be added to research studies on burn-out in nurses in regard to nursing practice and nursing administration and management. In addition, qualitative research studies on “being a good nurse”, including the voice of nurses, should be implemented in future research, in order to find out the gaps and overlaps between nurses’ and nursing students’ work-based perceptions. This could contribute to improvements in vocational training and education of nurses in higher education, as well as in the quality of nursing care, as nursing students learn from their experiences in which nurses play the key role.

Limitations of study

The first limitation relates to the complex existential professional focus on “being a good nurse”, which is not the same as “good nursing”, “good nurse” or “ideal nurse”, and is rarely studied as an autonomous phenomenon in any reviewed studies. Such a situation encouraged us as authors to choose the IMQCA, in order to highlight the specific characteristics of the phenomenon “being a good nurse”.

The second limitation of the study relates to the fact that the IMQCA is a purely descriptive method. It describes what is there, but does not reveal the underlying motives for the observed pattern (“what” but not “why”). The IMQCA relies heavily on researchers’ reading and interpretation of texts. It is devoid of a theoretical basis, or attempts too liberally to draw meaningful inferences about the relationships and impacts implied in a study. The method is inherently reductive, disregarding the context that produced the text, as well as the state of things after the text is produced.

The third limitation of this study relates to the chosen data collection technique of applying unstructured narrative-based reflections instead of semi-structured interviews. Thus researchers had no opportunity to ask additional questions. Nevertheless, this choice helped to gather rich qualitative data. Research participants had the opportunity to write reflections freely without direct intervention from researchers. This principle was maintained in data collection in the expectation that research participants would have the opportunity to express their thoughts freely and openly.

Conclusion

“Being a good nurse” is an indeterminable concept, which has meaning for nursing students only because of experiential work practices through which they perceive, reflect and learn. “Being a good nurse” requires constant dedication, from the first day of nursing studies to every day of working as a nurse. It means striving to be the best nurse one can be, and constant professionalism.

Work experience is the context in which nursing students develop their personal and professional capabilities. When nursing students reflect, they purposefully “bend back” their attention in a focused attempt to discover personal meaning gained from professional nursing encounters and interaction with others. Perceptions of nursing students of the meaning of “being a good nurse” reflect their work experiences, which they gain throughout their years

of study and relate to nurses’ competence, professional features and values, and implementation of their professional mission. These noted characteristics are interrelated and fluid: they reflect nurses as individuals, as members of the nursing profession and certain health care organizations, and as members of society.

The research outcomes demonstrate the need for moral education and development of practical intelligence for nursing students, which will contribute to their efforts to become a “good nurse” – a role model, which is realistic rather than idealistic, and based on work experience. It is important to provide nursing students with opportunities to study professional features, values and mission through experience-based learning in which nurses from health care institutions must be the leaders. Such studies can be used to help nursing students and nurses to make sense of work situations and, ultimately, to improve nursing care, because “being a good nurse” requires “becoming a good nurse”, whereby nurses are active participants in nursing students’ work experience.

Ethical aspects and conflict of interest

Ethical approval for the research study was received from the Board of Ethics of the Kolpingas University of Applied Sciences (Lithuania) (22.06.2015, Protocol No. 28) and Vytautas Magnus University (24.06.2015, Protocol No. 10), confirming that the study was ethically acceptable and could be conducted. Written permission to carry out the investigation was granted by Vice-Directors for Studies and Research of all five Universities of Applied Sciences (UAS) in which nursing students are trained. The nursing students participated in the research on a voluntary basis.

Researchers ensured the informed consent of all nursing students who agreed to participate in the study. Nursing students were guaranteed anonymity and confidential processing of their responses by e-mail. All nursing students from the five UAS were sent an e-mail with information about the research aim, ethics and what the research required of them. After nursing students received information about the research, they voluntarily made the decision whether or not to participate in the study, and e-mailed their responses to the researcher (RB-S). They then received an e-mail request from the research leader (RB-S) to write individual narrative-based written reflections (see “Data collection” subsection). All written reflections of research participants were sent by e-mail to a researcher (RB-S), and collected in a file accessible only to the research team (both

researchers). Research participants were asked not to provide their names, surnames or other confidential personal information.

The assurance of reliability in this study was achieved through implementing the five criteria: credibility, dependability, conformability and authenticity (Shenton, 2004; Elo et al., 2014). Credibility was ensured by involving all the perspectives and all experiential aspects of all research participants by using authentic quotes (Cope, 2014). Dependability was maintained through consequent implementation of IMQCA methodology by showing that data were collected and analyzed reliably (Elo et al., 2014). Nursing students had the opportunity to freely describe their own experiences. Every interview transcription was read several times and reviewed by research team members in order to ensure reliability and consistency of the data (Shenton, 2004). Conformability was guaranteed through precise data analysis (Shenton, 2004). Data were analyzed separately by both researchers, and excluded subcategories were subsequently revised in (Skype) discussions between both researchers until agreement was reached regarding sub/categories. Authenticity was achieved by use of the participants' statements (Elo et al., 2014).

The authors are unaware of any conflict of interest.

Author contribution

Research idea and design (VZ), data collection (RB-S, VZ), data analysis and interpretation (RB-S, VZ), draft of the manuscript (RB-S), critical revision of the manuscript (VZ), final version of the manuscript (RB-S, VZ), improvement of the manuscript according to reviewers' recommendations (VZ).

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