# The Role of Nursing Characteristics in Enhancing Quality of Care: A Comprehensive Review

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## Abstract

Nurses play a pivotal role in delivering quality care in healthcare settings, and their characteristics significantly influence patient outcomes. This article explores the impact of nursing characteristics on the quality of care, focusing on demographic factors such as experience, specialty certification, and educational level, as well as emotional intelligence, personality traits, and occupational burnout. A review of the literature reveals that higher proportions of Bachelor of Science in Nursing (BSN) prepared nurses are consistently associated with improved patient outcomes, including reduced medication errors, fall rates, pressure ulcer incidence, and 30-day mortality. Specialty certification, particularly in wound care and critical care nursing, has been linked to higher care quality, although the results are less consistent compared to educational preparation. Nursing experience is also identified as a significant factor, with less experienced nurses facing greater challenges in recognizing early signs of patient deterioration and adverse events. Research on emotional intelligence, personality traits, and occupational burnout in nursing is still in its early stages. Preliminary findings suggest that emotionally healthy and satisfied nurses provide better care, and personality characteristics such as compassion, empathy, and self-awareness positively influence patients' perceptions of care quality. Nurse burnout has been negatively correlated with nurses' perceptions of delivering high-quality care. Further research is needed to better define the specific nurse characteristics that impact outcomes associated with nurse-sensitive measures and to develop strategies for optimizing nursing workforce composition to enhance care quality.

Keywords: Nurses, Quality of Care, Nursing Characteristics

## Introduction

The delivery of quality care remains a central topic of discussion in hospitals, extended care facilities, home health agencies, and outpatient medical offices throughout the United States. This dialogue originated in 1999 with the publication of To Err is Human: Building a Safer Health System (Medicine & America, 2000). The conversation gained broader attention in 2001 with the release of Crossing the Quality Chasm: A New Healthcare System for the 21st Century (Institute of Medicine (US) Committee on Quality of Health Care in America, 2001), and has continued with extensive research focused on improving factors such as quality, length of stay, adverse event reduction, and patient satisfaction scores. Nursing has played a pivotal role in these efforts, owing to the close and continuous interactions between nurses and patients.

As payment models and reimbursement requirements shift from fee-for-service to those tied to the attainment of quality metrics, the scrutiny on nursing care has intensified. It is well recognized, particularly in hospital settings, that nurses are the primary healthcare providers, spending more time with patients than any other healthcare team members. Consequently, nurses are under increased pressure to deliver higher-quality care to reduce hospital stays, prevent adverse events, and decrease readmissions, all while enhancing the financial performance of institutions through quality-based financial incentives. With the introduction of programs like the

Merit-based Incentive Payment System and the Medicare Access and Children's Health Insurance Program Reauthorization Act (MACRA), as well as alternative payment models such as the Quality Payment Program, healthcare providers, including nurses, are expected to deliver safe, timely, effective, efficient, equitable, and patient-centered care (STEEEP) in order to meet pre-established quality metrics and secure reimbursement bonuses.

Research has examined various characteristics of nurses providing bedside care, identifying their impact on quality outcomes. Studies have confirmed that patient outcomes vary depending on the presence or absence of specific nursing characteristics. While much of the research has focused on the effect of demographic characteristics such as educational level, specialty certification, and years of nursing experience on quality and patient outcomes, emerging research also explores the influence of job satisfaction, emotional intelligence, social skills, and personality traits. This article addresses both the demographic and emotional characteristics of nurses, highlighting their influence on patient outcomes and the quality of care. Factors such as hospital teaching status, unit type, unit skill mix, hospital safety culture, and total nursing hours per patient day, although relevant to the broader discussion of quality of care and patient outcomes, are outside the scope of this article. Notably, several studies mentioned these factors as important contributors to quality outcomes, particularly the relationship between total nursing hours and outcomes such as falls and pressure ulcers (Staggs et al., 2012). The scope of this article is specifically limited to factors influencing nursing behavior and nursing characteristics.

## Demographic Characteristics

Nurses play an essential role in influencing the quality and safety of patient outcomes in hospitals (Dunton et al., 2007). Workforce characteristics such as educational level, specialty certification, and years of experience have been the subject of numerous studies, with most findings indicating a clear relationship between these variables and patient outcomes and satisfaction. Much of the data regarding nursing characteristics has been drawn from the National Database of Nursing Quality Indicators (NDNQI) (6). Established in 1998 by the American Nurses Association (ANA), the NDNQI was designed with two primary goals: (1) to provide acute care hospitals with comparative data on nursing indicators for use in quality improvement initiatives, and (2) to develop a database capable of examining the relationship between nursing workforce characteristics and nursing-sensitive outcomes, with data collected from over 2,000 hospitals over the past 21 years. The NDNQI collects quarterly reports from participating hospitals, supplemented by an annual registered nurse (RN) survey that provides additional information on nursing characteristics, with more than 175,000 responses received since its inception. While participation in the database is voluntary, the data is broadly representative of nursing practice in the United States, as hospitals of all sizes and financial motivations from all 50 states and the District of Columbia contribute data four times a year (Dunton et al., 2007).

## Nursing Experience

In her seminal work From Novice to Expert, Benner emphasizes the importance of experience in developing the clinical knowledge necessary for providing expert nursing care (Benner, 1982). Although research does not universally

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support the idea that experience directly correlates with better patient outcomes, the literature does suggest that inexperienced nurses often face challenges in recognizing patient complications and preventing adverse events. There is some disagreement regarding the specific point at which a nurse achieves expertise, but most researchers agree that a minimum of five years of clinical experience is needed for nurses to acquire the judgment and proficiency necessary for expert practice (Blegen et al., 2008; Burritt & Steckel, 2009). Critical thinking and clinical judgment are strengthened through exposure to and repeated practice with clinical situations. However, the literature remains inconclusive regarding the direct relationship between years of nursing experience and patient outcomes. O'Neill notes that the rapid advancements in technology contribute to this uncertainty. Commonly studied nurse-sensitive outcomes in the literature include falls, medication errors, the development of pressure ulcers, and 30-day mortality.

Although conventional wisdom might suggest that patients under the care of more experienced nurses will have improved outcomes, research does not consistently support this view. Aiken et al., for example, found no significant effect of nurse experience on 30-day mortality rates. However, their study did reveal that nurses with a Bachelor of Science in Nursing (BSN) degree were associated with improved outcomes (Aiken et al., 2013). Likewise, the book Oncology: Breakthroughs in Research and Practice concluded that nurse experience could not be definitively correlated with patient mortality rates in hospitals (Information Resources Management Association, 2017).

Research into medication errors suggests that increased nursing experience may reduce the likelihood of such errors. A study by Blegen and colleagues found that a higher RN skill mix on a hospital unit correlated with fewer adverse events, including medication errors and patient falls. This study indicated that the error reduction could be as high as 87.5% (Blegen et al., 2008). Another study suggested that nurses who had previously committed a medication error were less likely to repeat the error compared to nurses who had never made a medication error. It remains unclear whether this reduction in errors is due to the negative career consequences of a medication error or another factor.

The relationship between nursing experience and fall rates in hospitals and nursing homes appears clearer. Research consistently shows that more experienced nurses and nursing teams are associated with fewer falls. In extended care facilities, for instance, the presence of nurses with more than one year of experience on a unit was linked to a statistically significant reduction in falls (Lee et al., 2018; Shin et al., 2019). Other studies also report significant relationships between increased nurse experience and lower patient fall rates (Blegen et al., 2011). In cases of unassisted falls, where no staff are present to prevent the fall, studies have found that more experienced nurses are associated with a decrease in fall occurrences. Another factor that influences fall rates is the tenure of nursing staff on a specific unit, with longer tenure typically correlating with a more experienced nursing team. While not directly

related to nurse-specific characteristics, this extended tenure may be indicative of more experienced nurses on those units.

## Specialty Certification

Research on the impact of specialty certification on nursing-sensitive indicators has largely focused on critical care nurses certified in intensive care settings. The American Association of Critical Care Nurses (AACN) Certification Corporation introduced the first specialty certification for nurses in 1976, and today, over 110,000 acute and critical care nurses hold certifications from the organization. Another area of significant study is the impact of certification in wound care nursing on patient outcomes.

In 1859, Florence Nightingale asserted that the development of bedsores in patients reflected a failure of nursing care rather than a natural progression of disease (Nightingale, 2012). Pressure sore assessment is widely recognized as an indicator of nursing care quality. Numerous studies have demonstrated a positive correlation between certified wound care nurses and the prevention and accurate assessment of pressure ulcers (Bergquist-Beringer et al., 2011). Furthermore, the presence of wound care-certified nurses in healthcare facilities has been associated with decreased prevalence of pressure ulcers (Bergquist-Beringer et al., 2011; Hart et al., 2006). However, no significant relationship has been observed between the presence of certified versus non-certified critical care nurses and the incidence of skin breakdown.

Boltz et al. found that an increase in the number of certified nurses on a unit corresponded with a decrease in the prevalence of patient falls. The type of certification, however, was generally irrelevant to this outcome, except for gerontology certification, which showed no significant effect on any of the nursing-sensitive quality indicators studied. Additionally, the study did not support the reduction of other nursing-sensitive factors, such as injurious falls, pressure ulcers, or restraint use, based on specialty certification rates (Boltz et al., 2013).

A potential limitation of these findings is that specialty-certified nurse's often possess higher levels of continuing education and longer tenure in nursing roles (Coleman et al., 2009). This raises the question of whether the specialty certification itself is responsible for the improved outcomes, or whether these results stem from the nurse's greater experience and advanced education.

## Educational Level

Nursing students preparing for the National Council Licensure Examination (NCLEX) typically complete one of three educational pathways: associate degree, diploma, or baccalaureate programs. While nursing academia has proposed consolidating preparation into a single educational level, the Bachelor of Science in Nursing (BSN), associate degree and diploma programs continue to attract enrollment. The debate over whether collegiate or hospital-based education impacts patient outcomes and care quality has persisted for decades. In 2011, the Institute of Medicine (IOM), now known as the National Academies of Sciences, recommended increasing the proportion of BSN-prepared registered nurses (RNs) in hospital staffing following studies showing clear links between BSN preparation and improved patient outcomes. Aiken et al. demonstrated that for every 10% increase in BSN-prepared nurses in

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staffing mixes, mortality rates and failure-to-rescue incidents decreased by 5% (Aiken et al., 2003).

While there is less research linking BSN-prepared nurses to reductions in medication errors, pressure ulcers, and infection rates, some findings are notable. Blegen et al. showed that patients cared for by BSN-prepared RNs experienced lower rates of pressure ulcers compared to those cared for by associate degree or diploma-prepared nurses. BSN-prepared nurses also exhibited lower rates of failure-to-rescue incidents compared to their non-BSN counterparts.

**Emotional Intelligence, Personality Characteristics, and Occupational Burnout**

**Emotional Intelligence**

Emotional intelligence, defined as the awareness of how emotions influence behavior and the ability to manage them effectively, was introduced by Peter Salovey and John Mayer and popularized by Daniel Goleman in 1996. This concept encompasses self-awareness, self-management, empathy, and social skills (Beydler, 2017). Nurses with high emotional intelligence tend to exhibit traits such as teamwork, accountability, focus, confidence, and humility.

Historically, nursing education discouraged emotional expression, considering it unprofessional for nurses to cry or show visible emotions in patient interactions. However, contemporary perspectives encourage nurses to show appropriate emotions, fostering stronger nurse-patient relationships. Despite these changes, some studies suggest that nurses receive insufficient training in providing psychological support for patients, which may contribute to lower emotional intelligence levels in some practitioners (McQueen, 2004).

Emotional intelligence training is generally absent from standard nursing curricula, but experts agree that it develops through experience and repeated patient interactions. Nurses with strong emotional intelligence are better equipped to handle their own psychological well-being, experience less emotional fatigue, exhibit fewer psychosomatic symptoms, and perform effectively in team environments. Nonetheless, methods for measuring emotional intelligence have been critiqued for inconsistencies in definitions, limited variability in assessment tools, and reliance on self-reported data (Carragher & Gormley, 2017).

The role of emotional intelligence in nursing leadership has been widely studied. Abraham and Scaria reviewed evidence from controlled trials and expert opinions, highlighting the benefits of emotional intelligence for nurse leaders (Kavalam et al., 2017). These benefits include greater drive and passion, enhanced communication, reduced workplace bullying, and better conflict management. However, research directly linking emotional intelligence to patient outcomes and quality of care remains limited.

Crowne et al. noted that high emotional intelligence among team members improves performance and team dynamics, which theoretically should enhance patient

care quality, though no studies have conclusively documented this assumption (Crowne et al., 2017). Wang et al. found that higher emotional intelligence levels in nurses were associated with lower rates of burnout and longer workforce retention (Wang et al., 2018). This relationship indirectly connects emotional intelligence to the quality of care by maintaining an experienced nursing workforce.

## Personality Traits

The literature discussing personality traits such as compassion, empathy, and calmness in nursing is relatively limited. However, positive personality traits have been shown to benefit both nurses and their patients. Evidence suggests that compassion influences nurses' decision-making processes. Henderson argued in a 2001 study involving abused women that emotional engagement or detachment from a patient significantly impacts the quality of care perceived by that patient. Most nurses in the study believed that emotional involvement is an essential component of high-quality nursing care (Henderson, 2001).

Self-awareness, a key personality trait for developing emotional intelligence, is a recurring theme in the literature. McQueen highlighted the importance of integrating self-awareness exercises and courses into nursing curricula to foster this quality in students. Other personality traits linked to the delivery of high-quality care include motivation, compassion, coping strategies, collaboration skills (Raghubir, 2018), authenticity, empathetic understanding (Freshwater & Stickley, 2004), and creativity. Compassion, considered vital for nurses, has been explored in depth by researchers like Von Dietze and Orb, who defined compassion as a moral choice and a conscious effort rather than a natural reaction to another's suffering. They asserted that compassion must be nurtured and deemed it a fundamental aspect of delivering professional nursing care.

## Occupational Burnout

Nurses experiencing occupational burnout tend to provide a lower quality of care compared to their emotionally healthy and engaged counterparts (Chao et al., 2016). Symptoms of burnout include reduced concentration, hopelessness, irritability, lack of energy, and emotional breakdown (Fischer, 2017). Impaired concentration specifically contributes to increased risks of errors, such as medication mistakes, failure to prevent falls, and missed repositioning schedules, which in turn elevate the risk of pressure ulcers.

In a Japanese study exploring nurse burnout and patient satisfaction, no correlation was found between nurses' scores on the Maslach Burnout Inventory and patients' perceived quality of care. Patient satisfaction scores were comparable regardless of whether the nurses' burnout levels were high or low (Chao et al., 2016).

A separate study collected data from nurses across six countries—Germany, New Zealand, Canada, Scotland, England, Japan, and the United States (Poghosyan et al., 2010). Using validated Maslach survey instruments, nurses rated their burnout levels and the quality of care they delivered during their most recent shifts. Across all six countries, nurses reporting high levels of burnout also perceived the quality of their delivered care as low.

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**Implications for Nurse Leaders**

Healthcare organizations are increasingly recognizing the value of employee qualities beyond traditional educational and testing benchmarks when recruiting staff. Employers often seek individuals who demonstrate a calm and composed demeanor. For instance, Kathleen Pfeiffer, a director at BAYADA Home Health Care, identified caring, empathy, self-awareness, and respect as four of the top eight qualities defining exceptional nurses in a 2017 blog post.

As evidence grows regarding the influence of personality traits and emotional intelligence on nursing performance, organizations may integrate strategies to assess these qualities during the hiring process. Evaluating emotional intelligence in candidates can aid in selecting staff who are likely to excel in collaborative and dynamic environments. Furthermore, research indicates that team dynamics significantly affect adverse outcomes in nursing units. Therefore, prioritizing candidates with high emotional intelligence and positive personality traits appears advantageous. Nursing leaders involved in hiring should refine their interview techniques to assess emotional intelligence effectively. Recruiterbox, for instance, provides seven practical tips for identifying candidates with strong emotional intelligence during interviews.

The pursuit of Magnet certification by hospitals emphasizes fostering a supportive professional environment for nursing care. This often includes increasing the proportion of BSN-prepared nurses and encouraging diploma and associate degree nurses to pursue bachelor's degrees. Magnet-certified hospitals tend to have a higher percentage of BSN-prepared nurses, greater nurse satisfaction, reduced burnout rates, and improved nurse retention compared to non-Magnet hospitals. Given the correlations between higher education levels, lower burnout scores, and better patient outcomes, nursing leaders are encouraged to implement Magnet strategies even if their institutions are not pursuing certification.

Over the past two decades, there has been significant scrutiny of the quality of care provided in hospitals. As nurses serve as primary caregivers within these institutions, much of the research aimed at improving quality has centered on the nursing profession. Quality care has been evaluated using various metrics, including fall rates, pressure ulcer development, medication errors, and 30-day mortality rates. These indicators are considered nurse-sensitive measures. With increasing demands for nurses to provide higher-quality care while managing limited resources, researchers have investigated the characteristics of nurses and their influence on patient outcomes. While early research primarily focused on demographic factors such as experience, certification status, and educational background, more recent studies have explored emotional intelligence, personality traits, and occupational burnout.

A substantial body of research supports findings by Aiken and colleagues and others, demonstrating that educational preparation, particularly a Bachelor of Science in Nursing (BSN) degree compared to associate or diploma nursing education, impacts care quality. Studies consistently indicate that units staffed with higher proportions of

BSN-prepared nurses achieve better outcomes, evidenced by fewer medication errors, reduced fall and pressure ulcer rates, and lower 30-day mortality rates. However, no study has definitively identified the specific element within BSN education responsible for these consistent findings.

Specialty certification has also been linked to the quality of nursing care, although the results are less consistent. Certification in wound care and critical care nursing has consistently been associated with higher care quality. In one study, a greater presence of certified nurses of any type within a unit correlated with reduced fall rates. However, the same study did not find significant reductions in other nurse-sensitive quality indicators.

Nursing experience has also been identified as a significant factor in delivering high-quality care, particularly regarding nurse-sensitive measures. While many studies did not specify the duration of experience required to classify a nurse as experienced, they consistently found that less experienced nurses face greater challenges in identifying early signs of patient deterioration and adverse events. Medication error rates were lower among experienced nurses. However, a notable finding was that nurses who reported a single medication error were less likely to report future errors, potentially skewing the data due to underreporting.

Research on emotional intelligence, personality traits, and occupational burnout in nursing remains in its early stages. Preliminary findings suggest that nurse leaders with high emotional intelligence experience lower rates of occupational burnout and greater job satisfaction. Although limited data exist on emotional intelligence among bedside nurses, there is a consensus that emotionally healthy, satisfied nurses provide better care.

Personality traits are being examined alongside emotional intelligence. Characteristics such as compassion, empathy, self-awareness, and authenticity have been identified in the literature as significantly affecting patients' perceptions of care quality. These traits also influence nurses' teamwork abilities, which are essential for effective care delivery.

Burnout among nurses has been studied as a predictor of care quality. Early findings across global studies indicate a negative correlation between nurse burnout and nurses' perceptions of delivering high-quality care. However, one study (44) revealed that patients did not perceive any difference in care quality when nurses scored high on burnout inventories.

It is evident that nurses play a critical role in the delivery of quality care in healthcare institutions. Numerous factors influence nurses' ability to provide high-quality care that meets patient satisfaction standards. Additional research is required to better define the nurse characteristics that impact outcomes associated with nurse-sensitive measures.

## Conclusion

The delivery of high-quality care in healthcare institutions is a multifaceted endeavor, with nurses playing a pivotal role in achieving desirable patient outcomes. Over the last two decades, substantial research has explored the factors that influence

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nurse-sensitive quality measures, such as fall rates, pressure ulcer incidence, medication errors, and 30-day mortality rates. Key findings highlight that demographic factors, including education level, specialty certification, and years of experience, significantly affect the quality of care. Units with a greater proportion of BSN-prepared nurses consistently report better outcomes, although the specific attributes within BSN education that drive these results remain unclear.

Specialty certification, particularly in areas like wound care and critical care, has been linked to improved care quality, though inconsistencies exist regarding its broader impact. Similarly, experienced nurses demonstrate superior performance in preventing medication errors and recognizing patient deterioration, yet the precise threshold for "experience" varies across studies.

Emerging research underscores the importance of emotional intelligence, personality traits, and burnout management. Emotional intelligence, while less studied among bedside nurses, has shown promise in reducing burnout and enhancing job satisfaction, especially among nursing leaders. Personality traits such as compassion, empathy, and self-awareness influence patients' perceptions of care and foster effective teamwork, a cornerstone of high-quality care delivery.

Burnout remains a pressing issue, with evidence suggesting it adversely affects nurses' perceptions of their care quality, even though patient satisfaction scores may not directly reflect these effects. The interplay between burnout, emotional intelligence, and workplace dynamics calls for further exploration.

Overall, the characteristics of nurses, from education and certification to emotional resilience and personality, are integral to the quality of care they deliver. While considerable progress has been made, additional research is needed to elucidate the complex relationships between these factors and patient outcomes, ultimately paving the way for more effective interventions and strategies to support the nursing profession and enhance care quality.

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