

# Specialist nurse

## personas



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# introduction



## personas

**Personas are an imagined typical audience. They enable us to pool all our knowledge and insights gained from research and experience into a pragmatic model (pragmatic in that the personas can be used within the context of a brief at the outset of a campaign).**

## why are personas useful?

**Most of the time we're looking to characterise the Early Adopters amongst our target audience.**

**Early Adopters** are the most influential people within any market space and they will often be seen as 'thought leaders' by other potential adopters.

They may be very active and express their views, likes and dislikes about a brand. They don't take as many risks as **Innovators** and tend to take time over their decision about becoming involved with (adopting) a particular brand.

**Early Adopters** require more information than an **Innovator** for decision making. **So, if any campaign is going to work, it must, in the first instance, work for the Early Adopters.**

The next class of adopter are the **Early Majority** – they are reasonably risk-averse and want to be sure that their time and resources are spent wisely. They will often be in contact with thought leaders, whose opinions can be influential when making their adoption decisions. Which is why they are a secondary consideration when we're developing a brief.

## the adoption curve

It's a state of mind. At some point in time, depending upon what we're dealing with, we all qualify as **Laggards** or **Early Adopters**, or even as **Innovators**. Most of the time we're just part of the majority but someone who's a **Laggard** with regards to technology might be a real **Innovator** within their own clinical specialisation.

**2.5%  
Innovators**  
This segment is the easiest to win because innovators like new things

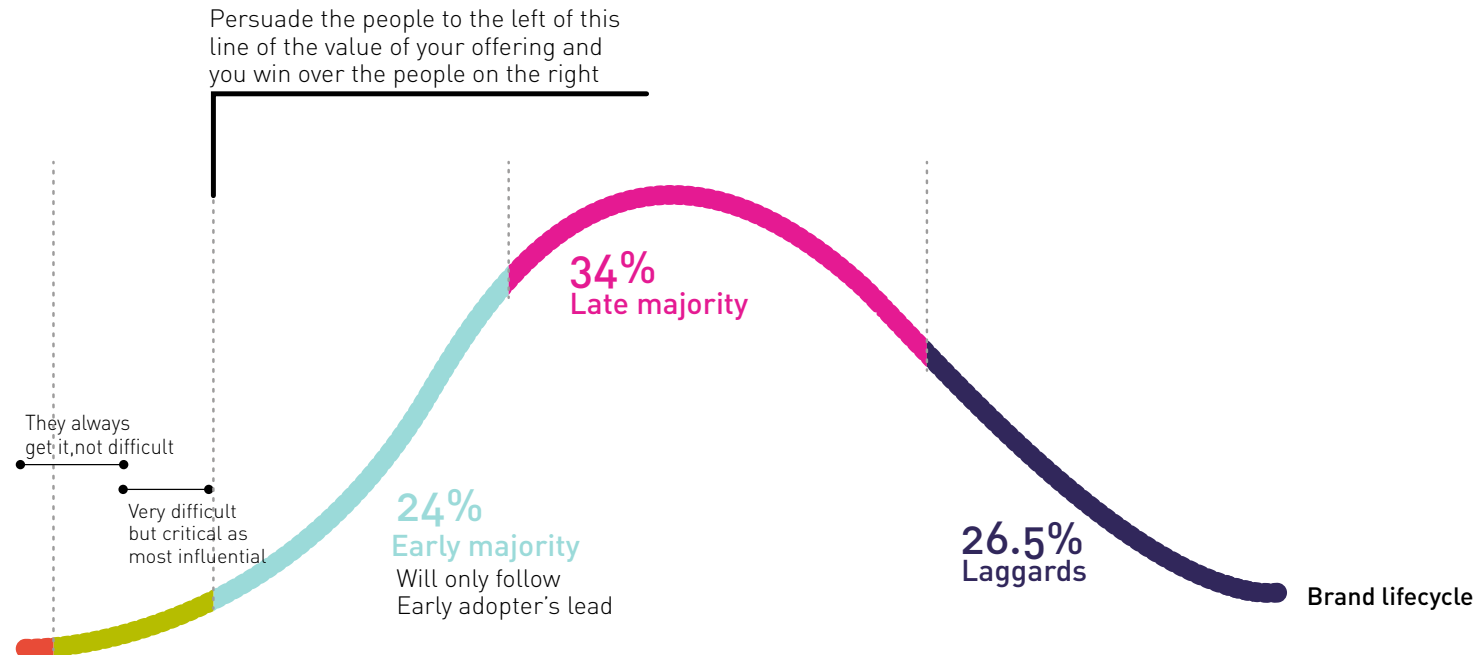
**13%  
Early adopters**  
These people are interested in why something is being sold. It has to resonate with their own values

**24%  
Early majority**  
Will only follow Early adopter's lead

**34%  
Late majority**

**26.5%  
Laggards**

Brand lifecycle



eight  
specialist  
nurse  
personas

**The focus of this project is pragmatic: the creation of eight typical specialist nurse personas we can use to develop marketing communication strategy.**

- These personas have been developed using insight-mining conducted by Page & Page in 2016. This consisted of one-on-one interviews and online surveys.
- The final personas were developed in a workshop with an experienced healthcare communications team brainstorming typical healthcare professionals we've worked with.
- The personas are not comprehensive but serve as a foundation. Specific projects will require each persona to be developed based on further insight mining.

the research

## our idea



The number one attribute specialist and clinical nurse job descriptions stipulate is **the ability to communicate** – with physicians, consultants, patients and their families.

These nurses are in effect, a bridge, a highly influential and skilled bridge. We'd argue, on that basis, they can make or break therapeutic choices.



## our insight

**In 2016 Page & Page conducted online surveys and one-to-one interviews with Haematology, Cardiac, Practice, Diabetes, Asthma, Tissue Viability, Stoma, Dental, Clinical and Paediatric Nurses.**

Our research has provided us with a clear insight: the story of any healthcare professional involved in nursing is, to a large degree, shaped by how well they are able to care for the patients in their charge.

Perhaps this should not be a surprise; the training, culture and ethos of a nurse holds powerful values at its core: empathy, maturity, integrity, dignity and an ethical obligation to put their patients' needs above everything else.

As one of our research candidates put it, "these are values that intensify as a successful nurse progresses through her career".

As another respondent put it, "nursing is something I do with my skills, my head, my voice and my brain".

In other words, what shapes their persona is, to a large degree, a reflection of how well they are able to care for the person in their charge. More so than their relationship with their family, friends or colleagues or their background.

our

insight

Continued

To be a nurse is to do something that is life-changing. It is where the science of medicine meets the integrity of caring for people.

This is not to say one persona defines all nurses – as the personas we've developed demonstrate, you can't really understand your audience without plotting their professional role on top of their life stage and geodemographic profile.

Specialist nurses are a long way from the one-dimensional idea of the poorly paid, over-worked and long-suffering.

It appears from our research that we now expect so much from these healthcare professionals that burn-out and stress is only ever a few steps away, threatening the degree of altruism with which they can go about their role and, more importantly, through which they identify themselves.

By contrast, a physician can identify themselves through their specialism, the disease or condition they treat and through the science. A manager

our

insight

Continued

can do the same through the objectives and goals they achieve; their sense of identity, story and persona is not dependent on the relationship they have with the people in their charge.

It is perhaps this unique aspect of the nurse-patient relationship that rewards us with the less obvious aspects of our insight:

The persona (and the story) of any healthcare professional involved in nursing is, to a large degree, shaped by how well they are able to care for the patients in their charge.

Of course, this an opportunity for those of us involved in communication because if we can, in some way, help better facilitate the nurse-patient relationship then we're adding value. This is likely to be mutually beneficial for any brand involved (accepting of course not all communication material can be branded in any direct way).

# key findings

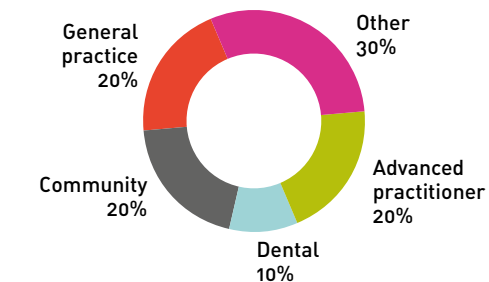
## Of the healthcare professionals involved in nursing that responded...

- 83% spend no more than 11-15 minutes with each patient
- 56.5% do not feel they have enough time to understand and discuss lifestyle behaviours that affect a patient's health
- 12.5% have no time to discuss lifestyle behaviours that affect a patient's health
- An additional 62% have a maximum of five minutes to discuss lifestyle behaviours that affect a patient's health
- 25.5% felt they had sufficient time to discuss lifestyle behaviours that affect a patient's health

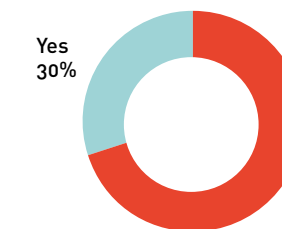
# key findings

## Continued

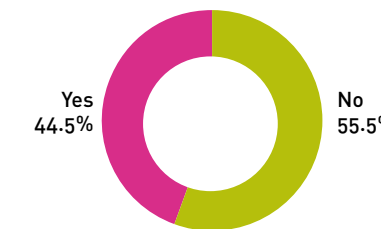
Breakdown of healthcare professionals involved in nursing interviewed or surveyed.



Do you currently use any conversation tools (eg prompt cards, digital apps, progress charts) to discuss these lifestyle behaviours?



For patients you see more than once, do you feel you have enough time to understand and discuss the lifestyle behaviours that affect their health and/or chronic condition?



If a company developed an effective tool to support your conversations with patients about lifestyle behaviour and ultimately save you time, would you use it?





key

## soundbites



We've no disease awareness posters or mode of action posters from the drug manufacturers or medical device manufacturers - and I suppose we lack of space to put things up. But there is not much in the way of reference tools from them.

Yes, (there should be more conversation tools) Leaflets are a very passive form of communication. You have to rely on people reading them.

Lots of people googling conditions which isn't a good thing as it presents them with the worst case scenarios.

Asthma and Diabetes - If dealing with diabetes patients, the community team might see them more than once a year but not necessarily more than once a year for the nurses. Only see them if they were having a crisis or have become unwell.

Moving more towards digital, when talking to parents they are on their phones anyway. Better to go with it than fight it!

key

## soundbites



Continued

Yes, it would save time (If patients had stuff they could take away which meant that they could do a bit of homework on their symptoms and then come back to you to talk about their symptoms). The key trick is to get the patient to do a little bit more to help themselves.

Leaflets don't work very well so we try not to give out too many. We are trying to look at others way in promoting and sharing information. Just starting out on the Facebook groups, apps and websites etc.

The follow-up could be better from when that person is going to be discharged to go home. Information on how to prevent the issue they were in hospital for from happening again could be improved. Follow-up is lacking. Discharge process is handled by the nurses. Doctor sends them home with medication etc but that final goodbye is with us, the nurse.

A tool that tracks progress from each visit would be beneficial for the client because it will provide them with more focus and understanding about what their treatment is about and how it works.

key

soundbites

Continued



The Middle Eastern parents tend to try to hide the illness from their children, it is culturally quite bad to be unwell. They don't tend to be fully informed compared to English patients.

Digital would be better. Only so much teaching you can do verbally and only so many leaflets you can hand out.

Would be good to have videos demonstrating how to do things which nurses don't necessarily do everyday rather than having to read about it.

They have ipads which they record observations in. With some nurses, all their assessment tools are digital on ipads.

# the personas

# eight personas



Balance seeker



Savvy engager



Self achieve



Strong survivor



Independent performer



Confident resistor



Priority juggler



Discontented, unappreciated

# balance seeker

**Background:** 25-30 years' experience: Practice Nurse qualified to prescribe vaccines – advising and promoting immunisation. This includes administering vaccinations included in the childhood immunisation programme and those recommended for adults, including travel vaccines and the annual influenza vaccination.

Married, two children in early twenties, one living at home. Looking forward to husband's retirement but enjoys job.

**Demographics:** Suburban, four bedroom detached with a new car. Early fifties, brand savvy, eats out once a week and likes 'a few luxuries'. Often goes out with the girls and has a personal trainer once a week.

**Identifiers:** Takes life in her stride and expects challenges. Disciplined about her time making a clear list everyday of what needs to be achieved. Uses mobile to stay in touch with family and friends but also savvy enough to manage, to her own ends, the surgery's online systems.

**Goals:** Has her favourite patients but seeks to categorise (cautious and unprepared, compliant and savvy, sick and anxious) so she can modify her approach. Pragmatic horizon based on patient load. Aims to do her best for her favourites and tries to like everyone she sees.

**Challenges:** Has to deflect some patients to retain her disciplined approach to time management. Respected within the practice although sometimes seen as inflexible

**Likely objections:** Has a very narrow focus. Doesn't want to be distracted from her relationships with patients when at work and with family when out of work.



"Feel like I'm in a good place now but worried about the future of the healthcare system and suspect this practice will have to change dramatically in a few years time. I like new information and I'm open to it because this is how we improve what we do but my focus is my patient."

**Communication opportunity:** Champions what is best for her favourite patients but is disciplined in terms of what she will give time to. Therefore, we need to fully understand what she will prioritise. Qualifies as an **Early Adopter** when she can see relevance to specific patients. Best means of reaching her is her mobile phone.

savvy

engager

**Background:** 10 years' experience: Clinical Nurse Specialist primarily looking after cancer patients in hospital and at home. One of the primary roles of the CNS is information based supporting patients and families and provide that vital link for patients and families with the medical teams involved in the cancer patient pathway.

Married with two young children but also supported by local parents. Husband is career orientated and they know they compete with one another. Keen cook always exploring new Asian dishes.

**Demographics:** Three bedroom suburban semi-detached house. Brand conscious,

drives a BMW and enjoys shopping. Early thirties.

**Identifiers:** Enjoys the science and gets excited about mode-of-action animations. Collaborates well with consultants and memorises data. Empathises with everyone and their problems – enjoys a good chat. Uses a couple of online forums and attends conferences to keep her knowledge up-to-date and share best practice.

**Goals:** Motivated by loss of grandparent to cancer and keen for further education. Very relationship-focused focusing intensely on specific patients and their care.

**Challenges:** Over commits and sometimes there is no work-life balance.

**Likely objections:** Doesn't want to become disorganised or part from the established path/protocols but will use any proven evidence to her advantage with consultants.



*"There's so much to do I sometimes worry we're not doing enough of it. It's about my skills, my heart, my voice and my brain and this job takes all of it."*

**Communication opportunity:** Loves the science and easily translates it into benefits for her patients. Likes facts and figures. Persistent communicator amongst colleagues if motivated. Therefore, the ideal **Early Adopter** who can be reached through her trusted channels.

self

achiever

**Background:** 14 years' experience. Haematology specialist nurse working within a multi-disciplinary team with regional haematologists and radiologists. Providing information about the disease and the treatment options available to the patient and patient's family. Assisting with, and administering, blood transfusions and autologous and allogeneic stem cell transplantation.

Lives with her boyfriend who works at the same hospital.

**Demographics:** Shares an apartment nearby and enjoys socialising with other HCPs. Late thirties. Keen climber goes to Scotland on holiday. Likes smart clothes and photography.

**Identifiers:** Very task-orientated and good communicator – especially with patients. Relied on within the team to get things done. Will often ask before being told and knows where everything is kept and how to keep everything up-to-date within the clinic. Competitive and proud of the clinic's track record. Uses LinkedIn professionally and her mobile for apps and email.

**Goals:** Keen to learn more and wants to increase clinic's patient through-put. Committed healthcare professional open to new training and achieving better outcomes.

**Challenges:** Aware of budgetary constraints and the age of some equipment and the quality of some commodities.

**Likely objections:** Will ask why she can't have things for free. It is for the sake of people who are sick and she sees good healthcare as a right. Can be stubborn.



*"I want the patients to feel as comfortable as possible when they come in here."*

**Communication opportunity:** Competitive streak ensures a thirst for new information. Very idealistic so whilst wary of commercial organisations will respond if she believes in the product. Great **Early Adopter** used by colleagues as a font of knowledge. Can be reached through many online channels.

## strong survivor

**Background:** Over 30 years' experience: Tissue Viability nurse. Masters qualified. Very much a manager involved in education, resourcing and funding but also seeing patients in their own homes, community hospital inpatients, clinics and nursing homes. Sits on a number of committees. Local District Nurse describes her as a rock.

Married, one son of whom she is very proud of. Husband has a senior role in local government. His schedule is not as full as hers. He cooks she brings work home just about getting through each day's workload.

**Demographics:** Three bedroom detached house in a rural setting. Drives her old Volvo. Not materialistic. Late fifties.

**Identifiers:** Listens carefully and is very patient when teaching, explaining policy or protocols.

Often has to be in two to three different environments in one day. Uses email and her mobile but finds new systems frustrating. Organised but her schedule is often changed at the last minute. A lifetime of long, hard days has conditioned her for more of the same.

**Goals:** Manages upwards. Career-orientated and proud of her achievements. Aims to continue improving the local formulary and politically motivated to bypass laggards with whom she has no patience. Short-term goals focused on a local community centre and care home.

**Challenges:** Budget and education. The nurses on the ground are her eyes and ears but, frustratingly, this is often not enough to ensure best practice hence she often micro-manages cases worrying that she only just gets through each day.

**Likely objections:** New products need evidence to support usage before they can prove they will be of benefit. Wishes manufacturers would spend more on gathering evidence but none-the-less appreciates the support they do give.



*"Each patient is a test for all of us. We all have to do our part to achieve the best outcome we can. I am worried that the whole system is breaking down."*

**Communication opportunity:** Likes to have influence but is cynical and only focused on immediate horizon. Therefore responds best when asked to help shape an initiative. Her influence comes from knowledge so will consume peer-reviewed information and therefore can occasionally qualify as an **Innovator**.

## independent performer

**Background:** 23 years' experience. Diabetes nurse providing expert advice helps to shorten hospital stays and prevent devastating diabetes-related complications. Much of the job is spent relaying important information between patients, doctors, pharmacists and family members. Recently became an advocate for diabetes awareness.

Married with two young children. Wife works in the corporate world.

**Demographics:** Town house in a large town. Petrol head with a classic Alfa Romeo, likes gadgets. Keep fit fanatic plays five-a-side football. Early forties.

**Identifiers:** Regards himself as expert and likes to stay abreast of new developments. Subscribes to many journals, attends conferences. The loudest person in the practice he enjoys drawing attention to his achievements. Chastises patients gently for not staying on top of their condition. Always upbeat but has bad days when the workload gets on top of him. Occasionally rants on social media and uses mobile primarily for staying in touch with wife and personal fitness apps.

**Goals:** Sees diabetes as a crisis that he can help divert. Works hard to fully understand all his patients.

**Challenges:** Aware of budgetary constraints and knows he has to make tough decisions on behalf of the practice – not always being able to afford the best possible option for the patient.

**Likely objections:** Doesn't think it's about the medicine or the equipment, rather the care given to patients and whether they take it to heart or not.



*"If there is anything you can do to avoid ever suffering from diabetes you must do it."*

**Communication opportunity:** Wants to look good professionally amongst colleagues so it is all about putting a feather in his cap. Believes he is on a mission to change the status quo so often qualifies as an **Early Adopter** and is sometimes an **Innovator**. Therefore, we need to ensure he knows our corporate purpose is genuine. Best channels are social media and professional events.

## confident resistor

**Background:** 32 years' experience: District/Community Nurse engages with a number of other specialist but also has stoma, woundcare, asthma and dietary competencies. Accountable for the management of 'her' patients.

Married and a grandmother with two grown children. Husband is a semi-retired GP.

**Demographics:** Five bedroom detached house on the coast in a large village. Drives an older Range Rover and has two dogs she enjoys taking long walks with. Early sixties.

**Identifiers:** Authoritative – owns the patient. Depends on a few established key

relationships and believes in 'doing things the right way.' High energy and a pillar of strength to her patients she will always put their needs first but never departs from tried and tested practice. Has an old mobile phone and temperamental laptop.

**Goals:** Locally focused she'd like to retain the look and feel and the community environment around what was her husband's local practice for as long as possible.

**Challenges:** Plays a vital role in keeping hospital admissions and readmissions to a minimum and ensuring that patients can return to their own homes as soon as possible.

**Likely objections:** If it worked before and it was the best way of doing it before we don't need to change it. However, respects some well-known names, who she claims to have worked with, within her own discipline who she will often quote.



"Manufacturers of medicines need to understand what it is like here on the ground and stop profiting from people who are sick."

**Communication opportunity:** Does not like change and is not receptive to commercial communication. Very much a **Laggard** she will only change her practice if an established KOL leads the way.

## priority juggler

**Background:** 12 years' experience: Pediatric nurse part of a team made up of doctors, healthcare assistants, play staff, psychologists and social workers. Case load has grown dramatically over the last couple of years and now communicating with colleagues, parents and attending emergencies – conflicts with the need to tackle patients sensitively.

Married. Husband also works long hours. Both planning a career break in a couple of years time – planning to back-pack around Australia.

**Demographics:** Starter home in a small town. Drives a second hand 2002 Vauxhall. Early thirties. Number of unfinished DIY projects at home where they are doing up an old property.

**Identifiers:** Checks mobile for schedule frequently. Also checks Facebook at the same time. Untidy and random in terms of personal organisation. Always running late but concentrates intensely when talking to patients or colleagues. Concerned about what other people think of her professionally. Relaxes when talking to children.

**Goals:** Short-term horizon and hoping to keep colleagues and peers happy. Looking for next qualification to take in order to improve standing with colleagues and capabilities with patients.

**Challenges:** Time. Never gets to develop relationship with patient as much as she would like.

**Likely objections:** Will take whatever is offered as help but unlikely to make time outside of already full schedule. Self-sabotages by being over committed.



"Wish I didn't get so tired by the end of the day but do value my time helping patients."

**Communication opportunity:** Skims information and tends to go with the flow because she does not have time to investigate fully. Interested in ways of saving herself time. Best channel is via her colleagues or manager so must generally be regarded as one of the **Late Majority**.

## discontented unappreciated

**Background:** 32 years' experience: District/Community N22 years experience. Trained in the treatment and management of asthma working primarily within a community based practice works with adults and children. Specialised four years ago.

Single, divorced but with new steady partner.

**Demographics:** Apartment within city enjoys a relatively good social life. Early forties. Has a pet cat and currently uses public transport. Runs to keep fit most days – entering a marathon for the first time this year.

**Identifiers:** Always wanted to be a nurse and often works long hours. Dissatisfied with the

practice where she is based – has moved practices several times. Believes whole heartedly in the training she was given a few years ago and reluctant to talk about new options. The practice is trying to modernise but she is not convinced by the new protocols. Uses Facebook, Twitter and Instagram to stay in touch with friends.

**Goals:** Thinking about transitioning to the commercial environment. A difficult decision, it is not the money but the opportunity to be more appreciated.

**Challenges:** A combination of a lack of time and patients that cannot express their symptoms. Concordance is the biggest problem she regularly faces.

**Likely objections:** Doesn't have the time and there are too many barriers within the practice. Has an on off switch between life at work and life outside of work.



“There are only so many options and so many ways of going through things with the patient.”

**Communication opportunity:** Needs to be appreciated, needs personal development opportunities and needs to see clearly how change will improve her life. Needs help with her patient interactions but first we have to get beyond her closed mindset.

# what next?

next

steps

**These personas are not comprehensive but serve as a foundation. Specific projects will require each persona to be modified or developed based on further insight mining.**

At Page & Page we go with the idea that instinct is often way more powerful than hours and days of over laboured rationalisation. Although, I'd point out, we can rationalise this idea too: humans have far more capacity for absorbing and learning within our subconscious limbic brains than within our rational frontal lobes – let alone when we add into the equation the fact that our entire human form is designed to be sensory not rational. Add it all together and we're about 3% rational and 97% instinctive.

So, when we're looking to develop a brief for a marketing or communications campaign we start by setting up a situation in which we can glean the instinctive knowledge and ideas held by all the stakeholders – a workshop.

The aim of the workshop is to develop a hypothesis about our target audience. Some thing we can base a brief on. We may then of course set out to test this hypothesis using some very rational qualitative or quantitative research.

in summary



## in summary



- Personas can be used within the context of a brief at the outset of a campaign
- If any campaign is going to work, it must in the first instance work for the Early Adopters. These are the most influential people within any market space and they will often be seen as 'thought leaders' by other potential adopters.
- Most of the time we're just part of the majority but being a **Laggard** when it comes to technology doesn't mean you aren't an **Innovator** within your own clinical specialisation – it's a state of mind.
- Specialist Nurses are in effect a bridge, a highly influential and skilled bridge. We'd argue on that basis they can make or break therapeutic choices.
- The story of any healthcare professional involved in nursing is, to a large degree, shaped by how well they are able to care for the patients in their charge.

## in summary

Continued



- 56.5% of those that participated in our research did not feel they have enough time to understand and discuss lifestyle behaviours that effect a patient's health.
- Workshops are a good way of developing a hypothesis about our target audience. Something we can base a brief on. We may then of course set out to test this hypothesis using some very rational qualitative or quantitative research.



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