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Professional Values in Baccalaureate Nursing Students

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Abstract

Professional nursing values that affect patient safety and outcomes are important to the hospitals and facilities that hire nurses. Therefore, it is reasonable to be concerned with the consistency of professional value development within nursing education. The aim of this study was to determine level differences of professional nursing values in pre-nursing, sophomore, junior, and senior baccalaureate nursing students and examine the relationship between professional values and other demographics in the students. Benner's novice-to-expert model served as a framework for this study. With this in mind, nursing values were evaluated with the 26-item Nurses Professional Values Scale-Revised. A non-experimental cross-sectional design was used to collect data from pre-nursing, sophomore, junior, and senior undergraduate nursing students. Findings revealed greater similarities than differences across the level differences in values; the hypothesis that each level of nursing school education would result in an increase in professional values was not supported.

Keywords: professional nursing values, undergraduate nursing students

The term *professional nursing values* refers to the attitudes, beliefs, and priorities of nurses that ultimately functions as a guide and motivation in interactions with patients, colleagues, and other professionals (Leners, Roehrs, Piccone, 2006). Values such as caring, activism, trust, professionalism, justice and the way a nurse practices with these values have an effect on interactions and ultimately patient safety and outcomes (Weis & Shank, 2009). Professional values are important to the hospitals and facilities that hire nurses because despite the constantly changing health care systems in the United States, ethical and professional values continue to affect patient safety and outcomes (LeDuc, & Kotzer, 2009). Changes in health care systems present care teams with greater professional and ethical challenges, i.e., delivery of evidence based practice to support best patient outcomes (Leners et al., 2006; Martin, Yarbrough, & Alfred, 2003). Because prospective employers and practicing nurses are looking for professional values in new nurses, nursing schools and nursing students should be concerned with student development of professional nursing values.

This employment concern is but one part of the problem. Nurses are also expected to be ethical, and patients rely on nurses to be advocates for them on a daily basis (Fisher, 2014). According to the 2013 Gallup poll, since 2005, 80% of Americans rate the honesty and ethical standards of nurses as “very high” or “high” (Jones & Sadd, 2013). The most recent survey in 2013 verified past results with nurses receiving the highest percent of honesty and ethical standards ratings of any other field. Approximately 82% of Americans gave “very high” or “high” ratings for nurses in 2013 which placed the nursing field ahead of all other fields, such as pharmacists (70%), grade school teachers (70%), medical doctors (69%), and military officers (69%) (Jones & Sadd, 2013).

If future nurses are not developing the values that are expected for practice, they may be unable to fulfill the professional and ethical roles described by the Code of Ethics published by the American Nurses Association (ANA, 2010). In 2013, the United States Bureau of Labor Statistics (2014) published that there are approximately 2.7 million registered nurses (RNs), and in 2011, and the American Association of Colleges of Nursing (2012) reported there were 259,100 nursing students in the United States. With this many current nurses and nursing students, it is important that the development of nursing professional values does not get overlooked. Neglectful values education could lead to a decline in the quality of patient care, which is the opposite of what today's increasingly intricate health care system needs.

Few studies have been done about traditional nursing students' perceptions of important characteristics and values of the field of nursing, especially related to each level of education. Therefore, the purpose of this study is to compare professional nursing values relative to level of education in undergraduate baccalaureate nursing students. The Nurses Professional Values Scale-Revised (NPVS-R) (Weis, & Schank, 2009) (see Appendix B for the NPVS-R) has been used to measure professional values in all educational levels of nursing students in a four-year undergraduate program. The following research questions have been answered:

- What are the professional values of baccalaureate nursing students?
- Are there differences in values based on level of education?
- What is the relationship among professional nursing values and age in baccalaureate nursing students?
- Do professional values vary based on gender?

Review of Literature

Currently, many researchers have written about and studied professional nursing values among practicing nurses (Fisher, 2014; Kubsch, Hansen & Huyser-Eatwell, 2008; LeDuc & Kotzer, 2009). Research has focused on seeking patterns to explain deficiencies in values that lead to a diminished quality of patient care. The results have found varying outcomes as to whether professional values in nursing are influenced by the type of nursing degree (such as diploma, Associate degree, and bachelors of Science degree) and experience (Fisher, 2014; Leners et al., 2006; LeDuc & Kotzer, 2009; Kubsch et al., 2008; Martin, Yarborough, & Alfred, 2003). Fisher (2014) and Kubsch et al. (2008) found that diploma nurses' value scores were significantly higher than Associate Degree nurses' scores, but Martin et al. (2003) concluded the differences in professional nursing values between types of nursing degrees was insignificant. Other researchers examining the relationship between experience and values have revealed that increased nursing experience is not associated with increased professional values; instead, these researchers have found a need for continuing education of ethics and issues relevant to current practice (Ham, 2004; Kubsch et al., 2008; Luduc & Kotzer, 2009). Progress towards understanding professional nursing values continues with the addition of the Nurses Professional Values Scale-Revised (NPVS-R) (Weis & Shank, 2009). Aiming to support validity and reliability across studies, Weis and Schank (2009) developed the revision of The Nurses Professional Values Scale. Using a sample of baccalaureate nursing students, graduate nursing students, and practicing nurses, the authors identified high levels of reliability and validity in the instrument's ability to measure professional nursing values..

In addition to measuring values of practicing nurses, the NPVS-R can be used as an evaluation tool for targeting the less-researched process of value development within nursing education (Weis & Shank, 2009). Thorpe and Loo described that it is helpful for students to

have and put to use professional values(2003). However, how values of newly admitted nursing students develop by graduation is largely unknown (Leners et al., 2006). Furthermore, a hypothesis predicting the effect of academic year, gender, and age demographics on professional nursing values has not been widely tested. In a qualitative study, Day, Field, Campbell, and Reutter (2005) found that students at the end of a four year education had nursing values that included a higher degree of realism than they had at the beginning. Leners et al. (2006) established that the higher the academic level, the greater the professional values. Their procedure used pre-tests at program entry along with post-tests upon completion of the program and measured professional values with the NPVS (Weis and Schank, 2009). When they compared pre- and post-test values of reported values, the researchers found a significant increase in professional nursing values with the largest increase in valuing of patient advocacy (Leners et al., 2006). Bang et al. (2011) examined professional values, gender, and academic year in nursing students in South Korean nursing programs. The researchers found no substantial all-encompassing increase in professional values between sophomore and senior levels, but instead found increases in the values related to service roles as patient advocates. Bang et al. (2011) revealed an inconsistency in the measurement of professional values by gender and indicated a need for more male participants.

No study measuring values through nursing school has been done with the NPVS-R. Using such a valid and reliable tool and addressing factors not widely explored such as academic year, gender, age, and other demographics, this study was aimed to develop a better understanding of the development of professional nursing values in nursing students.

Theoretical Framework

Benner's novice-to-expert model (see Appendix C for more information on Benner's model) served as a framework for this study. Benner's model describes that time and experience enables the transition of nursing students from observers to active participants (Fisher, 2014). A fundamental part of the transformation into a nurse with professional values is educators supporting students in developing "abilities to integrate a sound knowledge base, skilled know-how, clinical reasoning, and their sense of ethical comportment within their learning experiences" (Fisher, 2014, p. 38). The support referred to in teaching and learning is, in fact, an effective way by which values can be acquired, whether they are taught directly or from individuals observing others' behaviors (Leners et al., 2006). The novice- to- expert model also explains how growth in values developed through learning experiences are also supported when students identify with nursing standards, as well as the philosophy behind ethical reasoning (Fisher, 2014).

Based on Benner's novice-to-expert model, an increase in professional nursing values was expected with each level of the undergraduate education because as the theory asserts, the transformation of professional nursing values is significantly supported with time and experience in undergraduate nursing education. While certain factors-including attention to specific areas of growth and differences in values of male and female-are widely unpredictable, Benner's model supports an overall increase with exposure to nursing values.

Methods

Design

In our study, a non-experimental, cross-sectional design was used to determine level differences of values in pre-nursing, sophomore, junior, and senior nursing students and to examine the relationships between nursing values, age, GPA, gender, ethnicity, and history of

working in the healthcare system. Approval from the Institutional Review Board was obtained before data collection.

Setting and Sample

The setting was a baccalaureate nursing program at a large urban public university in the Midwest of the United States. The total number of students at the university in the fall semester of 2014 was 25,865. The number of students in the School of Nursing in 2013 was about 1,400, including undergraduate and graduate. During the fall semester 2014, there were 313 pre-nursing students enrolled. There were about 400 graduate students in the nursing program; the types of nursing programs for graduate students were adult and pediatric nurse practitioner, clinical nurse specialist, nurse administration, nurse anesthesiology, PhD, and DNP programs. The undergraduate students on the main campus made up about 550 students and the undergraduate programs include traditional baccalaureate (BSN) (484), RN to BSN, accelerated, and LPN to BSN (Census Headcount Extracts, 2014).

Persons were eligible to participate in the project if they had a declared major of the traditional baccalaureate nursing program or were enrolled in the traditional undergraduate baccalaureate nursing program and were at least 18 years old. Persons were deemed ineligible if they were an accelerated nursing student or a student in the RN to BSN, LPN to RN, or graduate nursing programs. No persons were excluded based on gender, ethnicity, race, sexual orientation, marital status, or age as long as they met the criteria of being 18 years or older.

Sampling and Data Collection

A convenience sample of pre-nursing, sophomore, junior, and senior nursing students enrolled in the traditional Bachelor of Science in Nursing program was obtained. Participants were recruited using email notifications and by word of mouth. Three waves of recruitment

emails were sent to all eligible students by an administrator in the Office of Student Success. The waves occurred over a 15 day period at five days apart. The recruitment emails (Appendix D) provided initial information about the study and asked students to use the embedded survey link to read more about the study. The one-time NPVS-R 26-item survey was conducted online by opening a URL provided in the invitation email. The link began with a consent form (Appendix E), which informed students of the nature of the study, that completion was voluntary, and that participation would not affect their academic standing. If students agreed to participate in the study after reading the consent form, they proceeded to respond to items in the survey. Subjects' completion of the survey was an indication of informed consent.

Data was collected online with a survey including items about values and demographics including level of education, age, gender, ethnicity, grade-point average (GPA), and history of employment working in direct contact with a nurse. Subjects proceeded through the online survey items at their own pace, had the ability to review or edit previously completed items, or could choose not to respond to items. No identifiers were collected. All data was automatically entered into a dataset upon survey submission, and only co-investigators and the project sponsors had access to the data. Data was stored in password-protected computers. Once data was imported into SPSS-22, an analysis software program, the anonymous data was analyzed.

Measures

With permission from authors Weis and Shank (2009), the NPVS-R was used to measure professional nursing values. The NPVS-R measures values based on the Code of Ethics (Fisher, 2014). The Code of Ethics published by the ANA (2010) sets a standard for the professional and ethical roles of nurses. Weis and Shank (2009) report, "The NPVS-R is a psychometrically sound

instrument for measuring professional nurses' values and enhancing professional socialization" (p. 221).

The NPVS-R instrument is a 26-item Likert-scale format that ranges from A= not important to E= most important. Each item in the NPVS-R is an ANA code provision written in short descriptive phrases; all are written in the positive direction. Items are summed and range from 26 to 130 with higher scores indicating stronger professional values (Weis & Shank, 2009). Subscales of the NPVS-R include: Caring, Activism, Trust, Professionalism, and Justice. Reliability reported by Weis and Shank (2009) was a Cronbach's alpha coefficient of .93 after testing the instrument on 404 nursing students, 80 graduate nursing students, and 298 practicing nurses. The validity of the NPVS-R was determined using factor analysis, which demonstrated that the items in the instrument accurately measure provisions in the ANA. In this study, efforts were made to decrease the threat of internal validity by limiting selection bias with an online survey and by using an instrument that has established validity (Weis & Shank, 2009). History of subjects was collected (i.e. items about past employment involving direct, professional contact with a nurse) and controlled in analysis.

Demographic items were also included in data collection to measure the level of undergraduate nursing education, age, gender, GPA, ethnicity, and history of employment involving direct contact with nurses.

Data Analysis

All data was imported into SPSS 22 and checked for outliers and missing data. Total amount of students invited by email was determined, as well as percentages by level. Age and GPA were analyzed to determine means and standard deviations. Gender, ethnicity, and students with experience working in the healthcare field were calculated with percentages. Professional

values scores were summed for the total instrument, as well as for each subscale. Then, using confirmatory factor analysis (CFA; Appendix F) of the NPVS-R, individual scores for each of the 26 items on the NPVS-R scale were associated with one of five content variables. The five subscales or dimensions include: Caring, Activism, Trust, Professionalism, and Justice (Weis and Shank, 2009).

Research question #1 was: What are the professional values of baccalaureate nursing students? Descriptive statistical tests were used to describe values in the sample of nursing students and in subsamples of pre-nursing, sophomore, junior, and senior participants. Research question #2 was: Were there level of education differences in values? Level differences in values were determined with ANOVA analysis. Level of statistical significance was set at p-values $<.05$. Research question #3 was: What was the relationship among professional nursing values and age in baccalaureate nursing students? To determine relationships, Pearson R correlation statistical analysis was used. Research question #4 was: Do professional values vary based on gender? T-test analysis was used to determine gender differences in values. Levels of statistical significance were set at p-values $<.05$ throughout analyses.

Internal consistency reliability of the Professional Values scale of 26 items calculated with Cronbach's alpha was .92. Correlation for subscale of trust of 5 items was .75, activism of 5 items: .75, professionalism of 4 items: .76, justice of 3 items: .69, caring of 9 items: .82. Generalizability was limited due to confounding variables that were out of our control including convenience sampling, lack of randomization, and variability of student life and clinical experiences. Safeguards used to increase external validity included the use of email to invite all undergraduate students in the baccalaureate nursing program to participate.

Results

Sample

In this study, 182 participants completed the professional nursing values survey. Age of participants ranged from 18-43 years with a mean age of 21.66 years ($SD=4.038$).

Approximately 89% ($N=166$) were female, and reported average GPA was 3.57 ($SD=0.29$).

Approximately 7.5 % ($N=14$) were declared pre-nursing majors, 40.3% ($N=75$) were sophomores, 29% ($N=54$) were juniors, and 23.1% ($N=43$) were seniors. The vast majority of the sample was Caucasian (91.4%), with 2.7% African American, 2.2% Asian/Pacific Islander, and 0.5% Hispanic participants. 31.7% of the participants have had past employment that includes direct interaction with nurses, and 36.9% have current employment that includes direct, professional interaction with nurses.

Research Question #1

The first research question was: What are the professional values of baccalaureate nursing students? Descriptive statistical tests were used to describe values in the sample of nursing students as a whole. The answers to each question (ranked by the students from “not important to most important”) were assigned a numerical value from 1-5, and the values for all of the questions that correspond to the different nursing values (see Appendix F) were averaged. The mean score for the Justice values was 3.99 ($SD=0.62$). For the Professionalism values, the mean was 3.59 ($SD= 0.62$). Trust values were found to have an overall mean of 4.14 ($SD=0.52$). The mean for Activism values was 3.44 ($SD=0.62$), while the Caring values’ mean score was 4.17 ($SD=0.51$). The means for professionalism and activism were slightly lower than the means for justice, trust, and caring, but this relationship was not statistically significant. The nursing

values of the baccalaureate nursing students that participated in the survey were consistent throughout the categories.

Research Question #2

The second research question was: Are there differences in values based on level of education? ANOVA was used to determine differences in value mean scores of justice, professionalism, trust, activism, and caring. Table 1 shows mean scores of values for each level.

Table 1

Table 1 <i>ANOVA Analysis for Question #2</i>		Sum of Squares	df	Mean Square	F	Sig.
Justice Values	Between Groups	.397	3	.132	.339	.797
	Within Groups	62.152	159	.391		
	Total	62.549	162			
Professionalism Values	Between Groups	.595	3	.198	.511	.675
	Within Groups	62.433	161	.388		
	Total	63.028	164			

Trust Values	Between Groups	.822	3	.274	1.020	.385
	Within Groups	43.257	161	.269		
	Total	44.079	164			
Activism Values	Between Groups	1.896	3	.632	1.651	.180
	Within Groups	61.239	160	.383		
	Total	63.134	163			
Caring Values	Between Groups	.964	3	.321	1.224	.303
	Within Groups	41.756	159	.263		
	Total	42.720	162			

The level of statistical significance was set as $p < 0.05$. ANOVA showed no significant differences in dimension scores between pre-nursing, sophomore, junior and senior levels:

Justice ($F=.34, p=.89$), Professional ($F=.51, p=.68$), Trust ($F=1.02, p=.39$), Activism ($F=1.65,$

$p=.18$), Caring ($F=1.22$, $p=.30$). Therefore, there is no statistically significant change in nursing values between the four grade levels.

Research Question #3

The third research question was: What is the relationship among professional nursing values and age in baccalaureate nursing students? Pearson R correlation statistical analysis was used to assess the relationship between professional nursing values and age of baccalaureate nursing students. The level of statistical significance was set at p-values at the 0.01 level. None of the relationships between age and the professional values dimensions were statistically significant (justice ($r=.106$, $n=163$, $p=.180$); professionalism ($r=.070$, $n=165$, $p=.372$); activism ($r=.138$, $n=164$, $p=.077$); or caring ($r=.060$, $n=163$, $p=.444$). Although not statistically significant, the professional value of trust increased with the increase in age of the baccalaureate student ($r=.158$, $n=165$, $p=.043$). Therefore, there was no significant relationship between the age of a baccalaureate nursing student and their professional nursing values.

Research Question #4

The fourth research question was: Do professional values vary based on gender? T-test analysis was conducted to compare professional nursing values of male nursing students and female nursing students in order to determine gender differences in values. Levels of statistical significance were set at p-values $<.05$ throughout analyses. No significant differences in professional values related to gender were found. Table 2 and 3 show the results differentiated by male and female students.

Table 2				
<i>T-Test for Question #4</i>				

	What is your gender?	N	Mean	Std. Deviation
Justice Values	Male	17	3.7843	.75407
	Female	145	4.0161	.60391
Professionalism Values	Male	17	3.5441	.77679
	Female	147	3.5952	.60345
Trust Values	Male	17	4.0706	.60803
	Female	147	4.1442	.51059
Activism Values	Male	17	3.5412	.73063
	Female	146	3.4247	.61066
Caring Values	Male	16	4.0069	.63436
	Female	146	4.1925	.49901

Table 3					
<i>T- Test for Question #4 (2)</i>					
	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	t	df	Sig. (2-tailed)

Justice Values	Equal variances assumed	2.099	.149	-1.457	160	.147
	Equal variances not assumed			-1.222	18.485	.237
Professionalism Values	Equal variances assumed	3.239	.074	-.320	162	.749
	Equal variances not assumed			-.262	18.302	.796
Trust Values	Equal variances assumed	.271	.604	-.552	162	.582
	Equal variances not assumed			-.480	18.702	.637

Activism Values	Equal variances assumed	.336	.563	.729	161	.467
	Equal variances not assumed			.632	18.695	.535
Caring Values	Equal variances assumed	1.735	.190	-1.373	160	.172
	Equal variances not assumed			-1.133	17.095	.273

These results further revealed professional values are slightly higher in females except for the professional value of activism, where males ($M=3.54$, $SD=.73$) had a slightly higher level of activism than females ($M=3.42$, $SD=.61$); $t(161)=.73$. However, because there was no statistically significant difference found, the professional values are not affected by the gender.

Discussion

The research conducted was intended to determine (1) what the professional values of undergraduate students in the traditional baccalaureate nursing program are, and (2) if those professional values are related to the grade level of the student, (3) if they are related to the age

of the student, and (4) if they vary based on gender. Results demonstrated that there were no significant differences in nursing values of the students throughout the five categorizations of nursing values: Justice, Professionalism, Trust, Activism, and Caring based on the students level of education. This shows that nursing students valued each of these qualities of the nursing profession equally between educational levels. There were no statistically significant differences or correlations found between professional nursing values as related to grade level, age, or gender of the student.

Though the results were not statistically significant, it is interesting to note that the professional value levels decreased in all of the 5 value subscales when comparing pre-nursing students to senior nursing students. Thus, as grade level increases, professional value levels trend downward slightly. Also, it was observed that as the age of the nursing student increased, the professional value of Trust trended upward. In addition, the levels of Activism were slightly higher for males than females. Although these trends are interesting to note, they are not statistically significant enough to denote any discussion or interpretation. Further research, however, would be beneficial in exploring these trends.

Because no study has been performed comparing professional nursing values at four different levels within a nurse's undergraduate nursing experience, these results cannot be accurately compared to previous results. Before this research, how nursing values develop by graduation was largely unknown (Leners et al., 2003). Other authors that have studied professional values among practicing nurses and compared different levels of nursing degrees and outcomes have varied in determining whether experience or type of nursing degree has any influence on professional nursing values. By using a longitudinal, pre- and post-test approach, Leners et al. (2006) established that the higher the academic level, the greater the professional

values. This finding is unlike the current study both in outcome (difference vs. no difference) and in research design (longitudinal vs. cross-sectional). The difference in outcomes may be attributed to a different research method but may also indicate additional need for future research.

This study applies a unique application of Benner's novice-to-expert model, to the development of professional nursing values (Fisher, 2014). Previous research has supported an expected increase of values with each level of a nursing student's undergraduate education. Instead, the results of this study indicates the need to apply a different theoretical framework to professional nursing values--one that differs from the Benner Model that applies the stages of clinical competency to skill, safe practice, efficiency, analytic ability, and intuition. Since these results showed no difference in nursing values with time and experience and in the transition of students from observers to being active in the nursing profession, it may be that the aspects of clinical competency which result from experience and proficiency are not necessarily related or applicable to the development of professional values. This could indicate that professional nursing values may not be inversely affected, meaning that even though the development of clinical competencies can be affected by professional nursing values, the nurse's values may not be affected by their clinical competencies. Competency has been found to change with nursing education, whereas professional values (in this study) have not been found to change.

The lack of a relationship between the level of education and professional nursing values does not imply that values do not change with life events in the span of a person's lifetime, but instead gives guidance as to what causes and develops changes in people's values. According to Gouveia, Vione, Milfont and Fischer (2015), value changes have been shown to occur in relation

to life stages, physical aging, including physiologic and biologic changes, cohort effects such as societal changes, and particularly developmental milestones (2015). Lack of a relationship between the level of education and professional nursing values in this study may indicate that the nursing education process might not be the pivotal point for value development in a nursing student. Instead, the development of nursing values may be more influenced by previous personal value development that nursing students brought with them upon admission to the nursing program. According to Gouveia et al.,(2015), nursing school and a vigorous education is not a life-changing event equivalent to those which have been shown to change a person's values.

To further explain the consistency in nursing values between the four educational levels, it is important to consider that those with high values may have been more likely to pursue the field of nursing. The results showing that nursing students at the beginning of nursing education have as high professional nursing values as students near graduation could be due to high pre-existing values in the students, which further translate into high professional values. Values are known to influence attitudes that ultimately influence behaviors (Fisher, 2014), and one critical behavior that is imperative to the nursing student is the choice to start nursing school. Values thus play a role in the choice of a field of study. Further research comparing students across fields of studies would be one way to help determine if values ultimately lead a person to study nursing.

Limitations

Study limitations include an inability to generalize due to confounding variables such as convenience sampling, lack of randomization, and the variability of student life and clinical experiences. It is especially important to address the limitation created by using convenience

sampling while researching professional nursing values. This study was conducted at one public University, and though all undergraduate nursing students were invited, only some of the students participated in the survey. It is necessary to consider that the students who chose to respond to the survey might be better students with good work ethics. In order to complete the survey, students had to keep checking their email inboxes, and if they did not complete the survey immediately upon receipt of the email, they had to remember on their own to complete it. It is possible that the students who completed the survey are predisposed to higher professional values as evidenced by their attention to detail and work ethics, which could be exemplified by their self-selection to participate in the survey.

The sample of students that completed the survey was almost exclusively Caucasian (91.4%), and almost entirely comprised of young adults, with a mean age of 21.66 years. The representation of pre-nursing students was a minority (7.1%) as well as a small (9.6%) representation of male students. Differences in group sizes could affect data variability. This is but one challenge of using a convenience sample; however, there was no alternative within the scope of this study that would have been more feasible.

It is also possible, as with any survey, that the subjects could have over-stated their values. The fact that the students were fully aware that they were taking a survey could have led them, even unknowingly, to skew their responses to each question. This social desirability bias could have made participants subconsciously present themselves in a more positive light, which may or may not be an accurate account. To counter this relatively unavoidable limitation, repeat studies of the same students or additional studies at different, comparable universities should be completed.

Conclusion

This study aimed to better understand development of professional nursing values in nursing students (Leners et al., 2006). Gallup poll surveys have determined that nurses are held to higher standards in their advocacy, honesty, and ethical standards compared to any other field (Jones & Sadd, 2013). The literature revolving around professional nursing values has shown varying results in seeking to understand the relationship between variables such as type of nursing degree and experience (Fisher, 2014; Leners et al., 2006; LeDuc & Kotzer, 2009); Kubsch et al., 2008; Martin et al., 2003). Using the NPVS-R to measure nursing values among baccalaureate nursing students, this study determined their professional values and found no difference based on level of nursing education between pre-nursing students, sophomores, juniors, and seniors. Further, there was no relationship found between professional values and age, nor any significant relationship of gender. When applying Benner's novice-to-expert model, results indicated that Benner's model may not fit, as nursing professional values in this sample were not affected by the transition of nursing students from observers to active participants. Further research is needed to help determine what influences the development of values in people, specifically nursing students.

Nursing Implications

The lack of statistically significant findings in this study does not, in turn, suggest that these results do not have a significant meaning and implication to student nurses, nursing schools, and institutions hiring nurses. Nursing values are very important for the nursing student and nurse to possess, making the process by which these values are developed of great importance and relevance. For nursing students, this study shows that they are part of a group of people with high values. For nursing schools, this study indicates that the values nursing students enter with may be the values they will graduate with, thus signifying a need to assure high

professional values of students upon admission. Whether that be by interviews or another form of determination, any measure of values could be very important in the future of nursing. The overall results, which demonstrate high professional values among nursing students, also means that nursing schools should be supportive of their students having high professional values.

Institutions hiring nurses should be aware that nursing students entering the field have high levels of professional nursing values, keeping in mind the different interpretations of the standardized professional values used for research purposes. When professional value conflicts arise between colleagues, students, and new graduates, employers should be aware of generational gaps in the interpretations of professional values (LeDuc & Kotzer, 2009). Those who employ nurses must be proactive in orienting nurses to the context of the current work settings, specific practice expectations, and the awareness of diverse perspectives among the values of other healthcare professionals (LeDuc & Kotzer, 2009). According to these research findings, employers should not necessarily question the professional values of the nurses and should, instead, realize the need for orientation to relative interpretations of professional nursing values.

Recommendations

Due to limitations previously discussed in this paper, additional research regarding professional values development is needed. Future research would be useful to help increase understanding about the variables that interface in professional value development of nursing students. The current research results further exemplify the inconsistencies that have been found in research performed to better understand professional nursing values. Future studies could include a replication study of Leners et al. (2004), using a longitudinal study of students with a pretest upon nursing school entrance and posttest upon nursing school completion. In addition, it

may be useful to explore the professional values in undergraduate students of other majors compared with the professional values of nursing students to determine if there is any validity to the implicit possibility that those persons with high values pursue nursing. Inquiry into the strength of the relationship between personal values and professional nursing values would also promote understanding of how the personal values that nursing students hold upon admission to nursing school affects their professional nursing values. Additional studies revolving around the trends found in this study –i.e. males having higher activism and trust values increasing by level of nursing education- could also be pursued. Finally, another future study could involve replicating this study at a different, comparable university. This would affirm or invalidate the results of this study and could provide an opportunity to measure nursing values in a different population.

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Appendices

Appendix A

1 Bang, K., Kang, J., Jun, M., Kim, H., Son, H., Yu, S., & ... Kim, J. (2011). Professional values in Korean undergraduate nursing students. <i>Nurse Education Today</i> , 31(1), 72-75. doi:10.1016/j.ne dt.2010.03.01 Source: Primary Method: Quantitative	Problem: There is minimal research on Nursing Professional Values (NPV) of undergraduate nursing students in Asia. Purpose statement: “This study is designed to investigate whether there are significant differences in baccalaureate nursing students’ perceptions of NPV in South Korea depending on their academic year, region, and gender.” Research questions: Is there a relationship between nursing students’ perceptions of NPV and academic year, region, or gender in South Korea?	Framework & Used: No framework mentioned	Design: Cross sectional Site: 6 different universities each in different regions of South Korea Population: Sophomore and senior students in a bachelorette nursing program Sampling method: All students were invited to the study Sample size: 279 sophomores 250 seniors	Variables: Perceptions of professional values, academic year, region, gender Tool: 29-item, 5-point Likert-scale instrument measuring NPV developed by Yeun, Kwon, Ahn in 2005 Reliability: Cronbach’s alpha of .91 Validity: “Higher scores indicated a stronger orientation to the values”	All scores except the subscale of ‘professional self-concept’ were higher in seniors than sophomores, especially ‘nursing service roles’ which shows the perceptions were changed after clinical practice. No statistically significance was found correlated with, gender or academic performance. Region created a significant difference showing that professional values are learned and observed. Those who entered schooling following their desire for the job showed higher scores than those who entered b their sufficient entrance exam. Those planning to enter graduate schools showed higher NPV scores.	More qualitative research should be done about the development process and values taught by faculty. Studies on gender’s role in value formation need to include enough male students.	Limits: Restricting the study to sophomores and seniors Strengths: geographic distribution in 6 areas
2 Fisher, M. (2014). A Comparison of Professional	Problem: “Concerns have been raised about whether professional values to guide nursing practice	Framework k: Benner’s novice-to-expert	Design: Descriptive, non-experimental Site:	Variables: NPVS-R scores, type of nursing program, beginning versus	Diploma participants had significantly higher scores than ADN participants which indicates that contrary to other studies, the amount of time	Results indicate that the quantity and	Limits/weaknesses: Caution in generalizing . There was

Value Development Among Pre-Licensure Nursing Students in Associate Degree, Diploma, and Bachelor of Science in Nursing Programs. <i>Nursing Education Perspectives</i> , 35(1), 37-42. doi:10.5480/11-729.1	are consistently instilled within nursing education programs.” Purpose statement: “The aim of the study was to compare the development of professionalism in pre-licensure nursing students in associate degree, diploma, and baccalaureate programs.” Research questions: “1. What are the differences in NPVS-R scores between senior level nursing students in ADN, diploma, and BSN programs? 2. How do those differences compare among NPVS-R scores of beginning and senior level students within AND, diploma, and BSN programs? 3. How do sociodemographical variables relate to overall NPVS-R nursing student scores?”	model Used: Described how nurses transition from being detached observers to involved performers	Two campuses within a community college in the northeast United States. Population: Beginning and senior level students in associate degree, diploma, and baccalaureate nursing programs Sampling method: Convenience Sample size 351 beginning and senior-level students	senior level, and sociodemographical information Tool: Nurses Professional Values Scale-Revised (NPVS-R) Reliability: alpha reliability of .92 Validity: Inferential statistics related NPVS-R scores to selected variables	spent in nursing programs does not consistently affect professionalism. No statistically significant differences among average overall scores of values among student level of education. Only in diploma beginning and senior-level students showed differences supporting Benner’s model. No trends or isolation of sociodemographical variables was found.	quality of pre-licensure education should be reexamined.	an increased number of diploma students and geographic limit. There were a lot of students form one cohort (generation Y) Strengths: Using these results, educators can develop and integrate best practice framework.
3 Kubsch, S., Hansen, G., &	Problem: “Differences exist in the perception of professional values	Framework: Halls Care, Cure,	Design: Online Site: Mid-	Variables: professional values and level	The highest mean, indicating highest perceptions of professional values were in	Supports continuing education	Limitations and weaknesses

<p>Huyser-Eatwell, V. (2008). Professional values: the case for RN-BSN completion education. <i>Journal Of Continuing Education In Nursing</i>, 39(8), 375-384.</p> <p>Source: Primary Method: Quantitative</p>	<p>among practicing registered nurses (RNs).”</p> <p>Research Purpose: ”This study compared perceptions of professional values of 198 RNs according to their level of nursing education and other potentially influential factors.”</p> <p>Research Questions: “Do differences in the perception of professional values exist among practicing RNs? If so, is the difference related to educational background or is it due to other factors?”</p>	<p>and Core model was used to describe how nursing should and can be professional. Nurses are given the responsibility of caring and teaching.</p>	<p>Western hospital and an RN-BSN program</p> <p>Population: 590 RNs employed 130 nursing students</p> <p>Sampling Method: Convenience- via email</p> <p>Sample Size: 198 graduated nurses or nursing students</p>	<p>of education</p> <p>Tool: Professional Values Survey, based on the ANA code of ethics</p> <p>Reliability: Cronbach coefficient alpha of 0.946</p> <p>Validity: Content validity determined and changes made with a panel of experts consisting of nursing faculty with masters’ and doctoral degrees</p>	<p>the RN-BSN students, nurses with 0-2 years’ experience, experience >15 years, age older than 60 years, home health nurse, nursing administrator, and member of professional organizations. This supports the framework in that nurses with higher levels of education scored higher on values.</p>	<p>on profession alism, nursing theory, and profession al values.</p>	<p>: Master degree in progress was not a separate category</p>
<p>4</p> <p>LeDuc, K., & Kotzer, A. (2009). Bridging the gap: a comparison of the professional nursing values of students, new graduates, and seasoned</p>	<p>Problem: “Given the significant and widespread changes in the health care system, generational diversity and the resulting differences values present a challenge for the nursing profession.”</p> <p>Purpose statement: “This research examined</p>	<p>Framework American Nurses Association Code of Ethics was used to describe the ethical obligations</p>	<p>Design: Cross-sectional</p> <p>Site: 3 state university baccalaureate programs and an affiliated children’s hospital</p> <p>Population: 384</p>	<p>Variables: Nursing professional values, students versus new graduate versus practicing nurse, knowledge of ANA Code of Ethics</p> <p>Tool: Nurses’</p>	<p>Nurses within this organization have high levels of professional values. There were more similarities than differences between the three groups studied. Participants placed more importance on code statements related to professional issues rather than societal issues.</p>	<p>“Strategie s to enhance value orientation in education and practice will strengthen</p>	<p>Limitations and weaknesses : Findings cannot be generalized because such a limited convenience sample.</p>

professionals. <i>Nursing Education Perspectives</i> , 30(5), 279-284.	the value orientation of students, new graduates, and seasoned practitioners with regard to fundamental values of professional nursing as delineated in the American Nurses Association (ANA).” Research questions: “1.Are there differences in the values of student nurses, new graduates, and seasoned nurses? 2. What is the relationship between professional nursing values and years of nursing experience? 3. Are nursing students and staff nurses aware of the professional values outlined in the ANA Code of Ethics?”	of every individual who enters the nursing profession.	junior and senior baccalaureate nursing students and practicing nurses Sampling Method: Convenience Sample Size: 97 students, 46 new graduates, 84 seasoned nurses	Professional Values Scale Reliability & Variability: The study used the NPVS, a proven valid measurement of professional nursing values	the interrelationship between organizational commitment and employee retention.” Future research could include a longitudinal examination of specific curricula.	Faculty not surveyed. No statistically significant differences were found among the three groups. Strength: studied at more than one school
5 Leners, D., Roehrs, C., & Piccone, A. (2006). Tracking the development of professional values in undergraduate	Problem: “Significant alterations in health care have resulted in ethical and moral dilemmas for professional nurses.” Purpose statement: “..to measure and evaluate student learning	Framework & used: None mentioned	Design: Longitudinal, pretest-posttest Site: University in western United States Population: All students in	Variables: Nursing Values, progression in nursing school Tool: Nursing Professional Values Scale (NPVS) Reliability:	“Professional values did indeed change significantly from program entry to program exit.” This study also found the most dramatic increase to be in the area of patient advocacy. In addition, participating in nursing research and providing	Limitations and weaknesses : no randomization of sample, no attempt to count for

nursing students. <i>Journal Of Nursing Education</i> , 45(12), 504-511.	of professional values within the curriculum of a research-intensive, baccalaureate nursing(BSN) program located in western United States.” Research question: Do professional values change over time from entry into the program to successful exit?	BSN program at the university Sampling Method: Sample Size: 4 cohorts of students	Cronbach’s alpha of 0.96 Variability: The study used the NPVS, a proven valid measurement of professional nursing values	consumer education increased significantly. This shows that these aspects of nursing are not widely acknowledged in society and that nursing education has highly influenced the views of students in these areas.	faculty role models, and educational experience s may facilitate the development of professional values	work or life experiences relative to professional value. Threats to internal validity include history, maturation, testing effects, and attrition.
6 Martin, P., Yarborough, S., Alfred, D. (2003). Professional values held by baccalaureate and associate degree nursing students. <i>Journal of Nursing Scholarship</i> , 35(3). 291-296. Source: Primary Method: Quantitative	Problem: “Advances in technology and expansion of nursing roles are creating complex ethical and moral dilemmas for professional nurses” Purpose Statement: “to determine the congruency in value orientation of graduating students in baccalaureate and associate degree programs” Research Question: Is there a congruency in value orientation of graduating students in baccalaureate and	Framework: none mentioned	Design: cross-sectional, across 25 baccalaureate and 46 associate degree programs Site: Texas, USA Population: graduating students from 25 baccalaureate and 46 associate degree nursing programs	Variables: NPVS score, demographic information, type of nursing program Tool: Nurses Professional Values Scale (NVPS) Reliability: Cronbach’s alpha of .95 Variability: The study uses NPVS, a proven valid measurement of professional	“Senior nursing students in ADN programs did not differ significantly from their counterparts in BSN programs. However, senior ADN students scored significantly higher than did their BSN counterparts on 5 of the 11 subscales of the NPVS.”	Limitations and Weaknesses : This study was completed only in Texas, and would need to be replicated in a larger sample across the United States. Could be a biased sample.

associate degree programs? Does it vary based on type of program? Does it vary based on demographic information, such as gender?

Sampling Method: convenience sample
Sample Size: 1,431, 906 associate (ADN), 525 baccalaureate (BSN)

nursing values

should be re-evaluated to ensure retention and integration of essential professional values.”

7							
Weis, D., Schank, M.J. (2009). Development and psychometric evaluation of the nurses professional values scale-revised. <i>Journal of Nursing Measurement</i> , 17(3). 221-231. doi: 10.1891/1061-3749.17.3.221 Source: Primary	Problem: Ethical dilemmas in health care are increasing in frequency and severity. “The acquisition and internalization of values espoused by the profession are central to professional development and provide for a common framework on which expectations and standards can be developed.” Purpose Statement: “The purpose of this article is to describe the Nurses Professional Values Scale-Revised	Framework: “1985 American Nurses Association Code of Ethics for Nurses with Interpretive Statements”	Design: Cross-Sectional Site: “19 nursing programs selected at random from the Commission on Collegiate Nursing Education and the National League for Nursing accredited programs in the United States. The	Variables: NPVS-R scores Tool: NPVS-R - 26-item Likert scale ranging from 1-5 Reliability: “Cronbach’s alpha for the total 26-item scale was .92; deletion of the questionable item had a minimal effect and resulted in a Cronbach’s alpha of .923. Cronbach’s	Findings: “In conclusion, initial testing of the NPVS-R showed high levels of reliability and validity.” “The NPVS-R could be used as a preintervention or screening instrument, for a postintervention evaluation tool for programs targeting development of professional nursing values, and for assessment of professional nursing values over time.”	Implications: “Professional values are an integral component of nursing. The NPVS-R is a potentially useful instrument for researchers, administra	Limitations and Weaknesses: “The instrument warrants further testing and use with culturally diverse students and practicing nurses.”

Method: Quantitative	(NPVS-R), its development, and the validity and reliability of the instrument.” Research Question: Is the NPVS-R a valid and reliable tool?		practicing nurses were randomly selected from a state board of nursing registry.” Population: 404 baccalaureate nursing students, 80 graduate nursing students, 298 practicing nurses Sampling Method: random sample Sample Size: 782 participants	alpha for the total scale and factors ranged from .70 to .920” Variability: Construct validity was assessed by conducting a confirmatory factor analysis with maximum likelihood estimation to determine if the data collected from this study sample were consistent with the basis of this instrument.		tors, educators, and practitioners. Use of the NPVS-R can raise consciousness about the importance of professional values and the <i>Code of Ethics for Nurses</i> as cornerstones of professionalism.”	
8 Ham, K. (2004). Principled thinking: A comparison of nursing students and experienced nurses. <i>The Journal of</i>	Problem: “In a healthcare climate of rapid change, client advocacy has become a greater challenge to practicing nurses. Nurses, the people most responsible for client care, often become	Framework: ANA established ethical standards, Kohlberg’s stages of moral development	Design: Descriptive Site: four Midwestern states Population: baccalaureate nursing students with	Variables: Nursing Dilemma Test (NDT) scores, demographic information Tools: NDT Reliability: coefficient alpha	Findings: “Descriptive statistical analysis revealed a higher mean nursing principled thinking score in the nursing student sample (53.77) than in the experienced nurse sample (51.74).”	Implications: “Practicing nurses should seek out continuing education offerings	Limitations or Weaknesses: “Future research is needed to further identify social and

<p><i>Continuing Education in Nursing</i>, 35(2). 66-73.</p> <p>Source: Primary</p> <p>Method: mixed methods</p>	<p>involved in assisting with ethical decision making.”</p> <p>Purpose Statement: “A descriptive study was used to compare ethical reasoning abilities in senior baccalaureate nursing students and experienced registered nurses. The effects of environmental factors and previous experience with ethical dilemmas in regard to nursing principled thinking were also examined.”</p> <p>Research Question: “Is there a significant difference in the level of nursing principled thinking in baccalaureate nursing students nearing graduation compared with experienced registered nurses? What effect, if any, does the presence of practical considerations have on the responses of each group to ethical dilemmas? Does familiarity with ethically difficult situations affect</p>	<p>nt (as represented in the Defining Issues Test</p>	<p>senior status and registered nurses with more than 6 months experience</p> <p>Sampling Method: randomized convenience</p> <p>Sample Size: 232 (112 nursing students, 120 registered nurses)</p>	<p>= .57</p> <p>Variability: “the NDT revealed a significant positive correlation to the Defining Issues Test ($p < .01$), which strongly distinguishes between groups at different age and educational levels in the area of moral reasoning”</p>	<p>that address some of the less well defined areas of nursing, such as ethics. By strengthening their knowledge base and ethical decision-making skills, staff nurses may lessen much of the reported uncertainty related to ethical issues.”</p>	<p>personal forces that contribute to difficulties experienced by practicing nurses.”</p>
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the level of principled thinking in nurses?"

<p>9</p> <p>Thorpe, K., Loo, R. (2003). The values profile of nursing undergraduate students: Implications for education and professional development. <i>Journal of Nursing Education</i>, 42(2). 83-90.</p> <p>Source: Primary</p> <p>Method: mixed methods</p>	<p>Problem: Individual values are strong indicators of professional performance. Values of nursing undergraduate students need to be evaluated and examined, as well as their differences from values of students in other majors, such as management.</p> <p>Purpose Statement: "This article presents the findings of this study regarding values among nursing and management undergraduate students. Specifically, it discusses several significant differences among values identified by the students, particularly two values deemed most important by nursing students, and offers specific recommendations for nurse educators"</p> <p>Research Question:</p>	<p>Framework: Work Values Inventory (1970), Work Importance Study (1995), Life Roles Inventory – Values Scale (LRI-VS) (1987).</p>	<p>Design: comparative, descriptive, non-experimental</p> <p>Site: small, liberal education university in western Canada.</p> <p>Population: undergraduate nursing and management students</p> <p>Sampling Method: volunteer, convenience</p> <p>Sample Size: 263 (152 nursing, 111 management)</p>	<p>Variables: LRI-VS scores (and Marlowe-Crowne Social Desirability scale (MCSD))</p> <p>Tools: LRI-VS</p> <p>Reliability: "internal consistency reliabilities for the 20 values with different adult samples tend to fall in the range .64 to .91, with median Cronbach alpha coefficients in the range .80 to .83."</p> <p>Variability: "The psychometric properties of the LRI Values Scale and the LRI Salience Inventory indicate that the</p>	<p>Findings: "As shown in Table 2, Personal Development (mean = 18.51) and Altruism (mean = 18.37) clearly are the most important values for this sample of nursing undergraduate Students...the nursing sample had a significantly higher mean on the Altruism value and significantly lower means on the Life Style, Advancement, Autonomy, Authority, Creativity, Economic, and Risk values."</p>	<p>Implications: "Findings from this study fit the occupational stereotype and sex-type norms associated with nursing, recognizing the high value placed on altruism, along with high professionalism...The contrasting values profile between the</p>	<p>Limitations or Weaknesses: Contrast only between nursing and management, need to do research with other majors, should replicate with more diverse or randomized sample</p>
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What are the most important values to undergraduate nursing students? How do those differ from undergraduate students in the management major?

instrument has good structural reliability and validity characteristics for these [Canadian] populations. The LRI measures have already proved useful... in counseling adults about midcareer change, midcareer evaluation, labor force or employment entry, education reentry, and retirement and preretirement”

nursing and management samples further accentuated the stereotypical view of the nursing profession.”

10 Day, R., Field, P.A., Campbell, I., Reutter, L. (2005). Students' evolving beliefs	Problem: “Students become socialized into nursing during an educational programme through interaction with faculty members, classes	Framework: Fred Davis theory of doctrinal conversion	Design: interviews and questionnaires with the same open-ended questions	Variables: answers to open-ended questions Tools: Fred Davis theory of doctrinal	Findings: “There is evidence that students moved from a lay to a professional image of nursing over the course of their four-year programme. While they tended to remain	Implications: “the students became less idealistic	Limitations or Weaknesses: this study was only completed
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<p>about nursing: From entry to graduation in a four-year baccalaureate programme. <i>Nurse Education Today</i>, 25. 636-643. doi:10.1016/j.nedt.2005.09.003</p> <p>Source: Primary</p> <p>Methods: Qualitative</p>	<p>and seminars, and by the experience of practicing nursing.”</p> <p>Purpose Statement: The purpose of this study is to examine the evolution of students’ beliefs about the occupation of nursing throughout their four year undergraduate education.</p> <p>Research Question: Is there a significant change in the beliefs of students about the field of nursing from the first and the last years of their four year undergraduate nursing education program?</p>	<p>is used to examine progress in the process of socialization.</p>	<p>Site: not stated</p> <p>Population: student nurses enrolled in a four-year baccalaureate in nursing program</p> <p>Sampling method: convenience sample</p> <p>Sample Size: 131 students</p>	<p>conversion</p> <p>Reliability & Variability: A theory commonly used to organize personal beliefs.</p>	<p>idealistic, elements of realism were evident in the final year as they looked toward their role as a registered nurse and recognized the constraints inherent in the hospital system”</p>	<p>and more realistic in relation to the impact they would have within an institution. Despite this they had strong internalized professional values which they were not willing to compromise if it affected patient care.”</p>	<p>using a small sample or students from one college, Continuing research might warrant a larger sample or one with more diversity.</p>
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Appendix B

Nurses Professional Values Scale-R ©

Indicate the importance of the following value statements relative to nursing practice. Please circle the degree of importance.

(A = not important to E = most important) for each statement.

Not Important	Somewhat Important	Important	Very Important	Most Important
A	B	C	D	E

1. Engage in on-going self-evaluation.	A	B	C	D	E
2. Request consultation/collaboration when unable to meet patient needs.	A	B	C	D	E
3. Protect health and safety of the public.	A	B	C	D	E
4. Participate in public policy decisions affecting distribution of resources.	A	B	C	D	E
5. Participate in peer review.	A	B	C	D	E
6. Establish standards as a guide for practice.	A	B	C	D	E
7. Promote and maintain standards where planned learning activities for students take place.	A	B	C	D	E
8. Initiate actions to improve environments of practice.	A	B	C	D	E
9. Seek additional education to update knowledge and skills.	A	B	C	D	E
10. Advance the profession through active involvement in health related activities.	A	B	C	D	E
11. Recognize role of professional nursing associations in shaping health care policy.	A	B	C	D	E
12. Promote equitable access to nursing and health care.	A	B	C	D	E
13. Assume responsibility for meeting health needs of the culturally diverse population.	A	B	C	D	E
14. Accept responsibility and accountability for own practice.	A	B	C	D	E
15. Maintain competency in area of practice.	A	B	C	D	E
16. Protect moral and legal rights of patients.	A	B	C	D	E
17. Refuse to participate in care if in ethical opposition to own professional values.	A	B	C	D	E

Nurses Professional Value Scale-R ©

Not Important	Somewhat Important	Important	Very Importan t	Most Important
A	B	C	D	E

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 18. | Act as a patient advocate. | A | B | C | D | E |
| 19. | Participate in nursing research and/or implement research findings appropriate to practice. | A | B | C | D | E |
| 20. | Provide care without prejudice to patients of varying lifestyles. | A | B | C | D | E |
| 21. | Safeguard patient's right to privacy. | A | B | C | D | E |
| 22. | Confront practitioners with questionable or inappropriate practice. | A | B | C | D | E |
| 23. | Protect rights of participants in research. | A | B | C | D | E |
| 24. | Practice guided by principles of fidelity and respect for person. | A | B | C | D | E |
| 25. | Maintain confidentiality of patient. | A | B | C | D | E |
| 26. | Participate in activities of professional nursing associations. | A | B | C | D | E |

Demographics: Please choose the appropriate descriptor

27. What is your level of Nursing School education? A. Freshman (Pre-Nursing) B. Sophomore C. Junior
D. Senior
28. What is your gender? A. Male B. Female C. Other
29. What is your ethnicity? A. African American B. Asian/Pacific Islander C. White D. Hispanic
E. Native American F. I prefer not to answer
30. What is your age (in years)? A. 18-27 B. 28-37 C. 38-47 D. 48-57 E. 58 and older
31. What is your current cumulative GPA? A. 4.00-3.50 B. 3.49-3.00 C. 2.99-2.50 D. 2.49-2.00 E. Below 2.00 F. Not available
32. Do you have past or current employment that includes direct, professional interaction with nurses?
A. Yes B. No

Please feel free to make comments:

Appendix C

Benner's Stages of Clinical Competence

In the acquisition and development of a skill, a nurse passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert.

Stage 1: Novice

The Novice or beginner has no experience in the situations in which they are expected to perform. The Novice lacks confidence to demonstrate safe practice and requires continual verbal and physical cues. Practice is within a prolonged time period and he/she is unable to use discretionary judgement.

Stage 2: Advanced Beginner

Advanced Beginners demonstrate marginally acceptable performance because the nurse has had prior experience in actual situations. He/she is efficient and skilful in parts of the practice area, requiring occasional supportive cues. May/may not be within a delayed time period. Knowledge is developing.

Stage 3: Competent

Competence is demonstrated by the nurse who has been on the job in the same or similar situations for two or three years. The nurse is able to demonstrate efficiency, is coordinated and has confidence in his/her actions. For the Competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. Care is completed within a suitable time frame without supporting cues.

Stage 4: Proficient

The Proficient nurse perceives situations as wholes rather than in terms of chopped up parts or aspects. Proficient nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals. The Proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The Proficient nurse can now recognise when the expected normal picture does not materialise. This holistic understanding improves the Proficient nurse's decision making; it becomes less laboured because the nurse now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones.

Stage 5: The Expert

The Expert nurse has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The Expert operates from a deep understanding of the total situation. His/her performance becomes fluid and flexible and highly proficient. Highly skilled analytic ability is necessary for those situations with which the nurse has had no previous experience.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley, pp. 13-34.

Appendix D

Recruitment Email

Hello Nursing Students! We are pleased to invite you to participate in an honors research project conducted by Hope Caldwell and Katie Palitto, senior nursing students at the University of Akron. This project is entitled, “Professional Values in Baccalaureate Nursing Students”. Should you choose to participate, this online survey will take less than 15 minutes to complete. Each survey is anonymous; full details about participation in this project can be found at the following link: [Take the survey now!!](#) Thank you so much for your participation and commitment to furthering evidence-based nursing research! We appreciate your time and support!

Thanks!

Hope Caldwell and Katie Palitto

Appendix E

Professional Values in Baccalaureate Nursing Students

Informed Consent Form for Participants

Introduction: You are invited to participate in a research project being performed by Hope Caldwell and Katie Palitto, nursing students in the College of Health Professions, School of Nursing at The University of Akron.

Purpose: This project focuses on the relationship among professional nursing values, level of education, grade point average, and age in all levels of undergraduate baccalaureate nursing students at the University of Akron, and if the relationship is relative to gender.

Procedures: If you decide to participate, you will be asked to complete an online survey asking you to rate importance of 26 value statements depending on your view of how valuable it is to nursing. It will take 5-10 minutes of your time to complete the survey. You will also be asked to give information including your age, gender, level of education, ethnicity, grade point average, and history working in a health profession. However, no identifying information will be asked of you at any time.

Exclusion: You are eligible to participate in the project if you have a declared major of the traditional baccalaureate nursing program or enrolled in a traditional undergraduate bachelor's degree nursing program and at least 18 years old. You are not eligible if you are an accelerated nursing student or a student in the RN/BSN, LPN/RN, or graduate nursing programs. No persons will be excluded based on gender, ethnicity, race, sexual orientation, marital status, or age as long as they are 18 years or older.

Risks and Discomforts: There are no known discomforts or risks for those participating in this project. However, in the unlikely event that a participant becomes distressed by the content of the survey, they will be referred to Student Health Services.

Benefits: Although you receive no direct benefit from participation in this project, everyone's participation may help provide a better understanding how nursing values develop through the education process in undergraduate nursing students.

Right to refuse or withdraw: Participation in this research project is voluntary. Refusal to participate or withdraw from the survey at any time will involve no penalty. Choosing to not participate will in no way affect your academic standing.

Anonymous and Confidential Data Collection: No identifying information will be included in the data you provide. Confidentiality of responses is protected throughout by survey distribution and submission occurring anonymously online and is further protected by not asking a signature on the informed consent form. The result is a minimal risk of participant identification.

Who to Contact with Questions: Please contact student researchers Hope Caldwell (hec21@uakron.edu) and Katie Palitto (klp82@uakron.edu) or faculty advisors Christine Heifner Graor, PhD (330.972.6422 or graor@uakron.edu) and Lori Kidd, PhD (330.972.6703 or kidd@uakron.edu). This project has been reviewed and approved by The University of Akron Institutional Review Board. A copy of research findings can be made available upon request. If you have any questions about your rights as a research participant, you may call the University's IRB (330.972.7666).

Acceptance & Signature: I have read the information and voluntarily agree to participate in this research project. My completion and submission of this survey will serve as my consent. I may print a copy of this consent statement for future reference.

You may now begin the survey. Thank you for your participation!

Appendix F

Confirmatory Factor Analysis

