Original Article

The most important nursing professional values: The perspectives of nurses who work at selected hospitals affiliated to Tehran University of Medical Sciences, Tehran, Iran

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ABSTRACT

Background & Aim: Nursing practice is influenced by nurses' perceived professional values. A small number of studies have been focused to measure professional values in nursing, whereas most of them focused on measuring values of nursing students. This study aimed to explore how nurses prioritize professional values.

Methods & Materials: In this cross-sectional study, the professional values of nurses who were working at hospitals affiliated to Tehran University of Medical Sciences, Tehran, Iran, were investigated. A simple random sampling method was used and 127 nurses randomly selected to participate in this study. A two-part questionnaire was used to collect the data. The first part included demographic variables and the second part included the Nursing Professional Values Scale-Revised (NPVS-R).

Results: The mean scores of the NPVS-R items on the five point Likert-type scales ranged from 2.89 to 4.32. The most five important professional values statements identified by participants were maintenance of patient's on clinical care, management of patients' ethical matters, trust in knowledge and skills, act as a patient advocate, protect patients' moral and legal rights, respectively. The least important identified statement was participating in peer review.

Conclusion: Findings of this study indicated that nurses are aware about importance of professional values and have been focused to clinical-related elements such as ethical values. Further investigations are needed to evaluate how they actualize these values in practice.

Key words: nurse; professional value; perspective

Introduction

Today nursing made great strides toward professionalism (1) and it is expected that nurses demonstrate professional values such as respectfulness, responsiveness, compassion, trustworthiness, and integrity (2). Professional values are standards for actions that are accepted by the practitioners and professional groups. As actions are influences by individuals be-
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Beliefs and attitudes, professional values provide a framework for evaluating beliefs and attitudes (3).

In the other hand, professional values are principals and ideals that influence moral judgment and give meaning and direction to clinical practice (4). The attainment of professional value influences the ability to resolve conflicts and is a valuable factor to prioritize actions according to their importance (5).

The majority of original professional values conceptualized by Nightingale are still relevant to contemporary nursing (6). Belief in benefit public services, self-regulation, and autonomy are some of the values in nursing profession (1). Studies have focused on a diversity of nursing professional values. It is expected that nurse professionals share their expertise with other profession members (7), shows their obligation and commitment to their profession (8), act based on professional codes of ethics, move beyond basic education, and show a high level of intellectual functioning, a sense of responsibility, compassion and respect, a desire for extended learning and education, self-governance, and altruism (9, 10).

Lyneham and Levett-Jones found that being person-centered, kindness and caring, being in control, and commitment to learning are professional values that have been identified by graduated nursing students (2).

Along with other countries, Iranian nurses have started considerable efforts to identify, development, and establishment of professional values. Nursing profession in Iran has witnessed many improvements in recent years (11). For example, in 2002 Iranian Nursing Organization (INO) was approved by Iran legislature and the INO established itself at the same year. (12).

To standarize nursing care and improve quality of health care services, the code of ethics for Iranian nurses was approved in the second session of the Ethics Supreme Council of the Ministry of Health and Medical Education on 6 March, 2010. The values consist of concepts such as maintaining human dignity, adherence to professional obligations, accountability and responsibility, patient privacy, promotion of scientific and practical competence, and respect to individual's autonomy (13).

Nursing profession in Iran already has faced many challenges such as nursing staff shortages and job dissatisfaction (14), nurses' poor social position (15), and the gap between theory and practice (11, 16, 17). These issues influence on prioritization and application of professional values by Iranian nurses. According to Nikbakht et al., the ideals of professional nursing in Iran are consistent with professional nursing values in other countries. However, limited financial and structural resources, cultural values, and public image of nursing are interfering with the actualization of these values in practice (18).

To confirm their professional status, Iranian nurses tried to achieve characteristics of a profession but little is known about how they evaluate these efforts and how prioritize professional values. Similarly, little is known about how nurses around the world evaluate themselves in the area of professional values, too.

According to a review literature, only 18 studies had been focused to measure professional values in nursing, whereas most of these surveys focused on measuring values of nursing students (3). Among the existing studies, some investigations have noted barriers to actualization of professional values. Skela-Savič and Kiger in their study indicated that nursing managers often failed to assume responsibility for the professional development. In addition, clinical nurse mentors fail to expand their capability of developing professional values (19).

A number of Iranian investigations have indicated that the most of graduating nursing students are not aware about the importance of professional values (20); and actualization of nursing values in practice is in average rate in nursing students’ perspective (21). Another study have demonstrated that Iranian nurses need to be more educated in the field of professional values and professionalism (22, 23).

Since studies have shown that nursing practice is influenced by nurses perceived professional values (24, 25), considering the importance of nursing professional values as standards for quality nursing care, and considering that there is insufficient information about nurses’ perspectives in this area, this study have been conducted to explore how nurses prioritize professional values. The findings would be applicable for in-service training planers and nurse managers to revise the curriculums and policies.

Methods

In this cross-sectional study, the professional values of nurses who were working at two selected
hospitals were investigated. Sample size determination was done using Cochran sample size formula. Considering \( p = 0.5 \), \( Z = 1.96 \), and \( d = 0.05 \), the estimated sample size was 127.

Two persons from research team went to hospitals and after describing the research objectives for participants, distributed the questionnaires and the questionnaires were completed by participants during 30 minutes. 127 questionnaires were distributed to collect data but ten of them were excluded because of a lot of missing data. The data was gathered from October to December 2015. Having BSc and upper degrees in nursing, having at least 1 year of experiences as a nurse, and willingness to participate in the study were the inclusion criteria.

A two-part questionnaire was used to data collection. The first part included demographic variables and the second part included the Nursing Professional Values Scale-Revised (NPVS-R) developed by Weis and Schank. NPVS-R, a 26-item Likert-scale format instrument, is a questionnaire derived from the American Nurses Association Code of Ethics for Nurses. It is designed to measure nurses' professional values (3).

We used the Persian version of questionnaire which was used in Parvan et al. study (22). The Cronbach’s alpha of this questionnaire in their study was 0.81 and for our pilot study with 30 participants, the Cronbach’s alpha was 0.71. We asked participants to rate the degree of importance of each item. The ranges of scores for each item were 1 for “not important” to 5 for “very important”. Therefore, total scores ranged 26 to 130. The higher total scores will be reflected a greater congruency with the professional values measured via the NPVS-R.

Permission to conduct the study was obtained from the ethics committee of Tehran University of Medical Sciences. The code of ethical approval was 91/85. The researchers introduced themselves to the participants and their contact information (phone number and email address) were provided. Study objectives were described for participants orally prior to the study and all of the questions about the research were answered by researchers. They were assured that participating in the study are not mandatory, anonymity and confidentiality. Then, participants signed the written consent.

Descriptive statistics were used to summarize data. Correlation between variables was estimated using Spearman’s rho correlation coefficient. Independent-sample t test and one-way ANOVA were used to compare means based on demographic characteristics. Data were analyzed using SPSS, version 18 (SPSS Inc., Chicago, IL, United States). P values less than 0.05 were considered statistically significant.

### Results

A total of 117 nurses completed the NPVS-R questionnaire. 82.91% of participants were female and most of them (71.79%) were married. The range of job experiences at health care systems was 2-15 years and 62.39% of subjects had 5-10 years of job experiences. The mean age of participants was 36.1 years (SD = 8.91, range: 26-45).

The mean of NPVS-R total scores based on participants’ demographic characteristics and the estimated p-values are demonstrated in table 1. There was no statistically significant correlation between the nurses’ perspectives about professional values and demographic variables (\( P > 0.05 \)).

### Table 1. Assessment of the relationship between nurses’ demographic characteristics and professional values

<table>
<thead>
<tr>
<th>Demographic characteristic</th>
<th>( n (%) )</th>
<th>Mean scores (SD)</th>
<th>( P )-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20 (17.09)</td>
<td>89.24 (16.52)</td>
<td>0.61</td>
</tr>
<tr>
<td>Female</td>
<td>97 (82.91)</td>
<td>92.65 (15.66)</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>33 (28.21)</td>
<td>93.53 (14.66)</td>
<td>0.43</td>
</tr>
<tr>
<td>Married</td>
<td>84 (71.79)</td>
<td>90.87 (16.32)</td>
<td></td>
</tr>
<tr>
<td>Job experiences at health care systems**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 5 years</td>
<td>15 (12.82)</td>
<td>94.02 (14.76)</td>
<td>0.10</td>
</tr>
<tr>
<td>5 to 10 years</td>
<td>73 (62.39)</td>
<td>89.41 (18.94)</td>
<td></td>
</tr>
<tr>
<td>10 to 15 years</td>
<td>29 (24.79)</td>
<td>87.93 (21.64)</td>
<td></td>
</tr>
<tr>
<td>Experience as a nurse manager*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>39 (33.33)</td>
<td>86.45 (12.08)</td>
<td>0.51</td>
</tr>
<tr>
<td>No</td>
<td>78 (66.67)</td>
<td>90.63 (9.54)</td>
<td></td>
</tr>
<tr>
<td>Academic degree levels**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSc</td>
<td>102 (87.17)</td>
<td>87.65 (22.65)</td>
<td>0.41</td>
</tr>
<tr>
<td>MSc</td>
<td>12 (10.25)</td>
<td>90.39 (18.56)</td>
<td></td>
</tr>
<tr>
<td>PhD</td>
<td>3 (2.56)</td>
<td>85.56 (12.98)</td>
<td></td>
</tr>
</tbody>
</table>

*Independent-sample t test; ** One-way ANOVA
Table 2. Mean scores of NPVS-R statements

<table>
<thead>
<tr>
<th>Statement</th>
<th>Mean scores (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain patient’s confidentiality</td>
<td>4.32 (0.99)</td>
</tr>
<tr>
<td>Maintain competency in area of practice</td>
<td>4.28 (0.96)</td>
</tr>
<tr>
<td>Seeking additional education to update knowledge and skills</td>
<td>3.92 (1.03)</td>
</tr>
<tr>
<td>Act as a patient’s advocate</td>
<td>3.55 (0.92)</td>
</tr>
<tr>
<td>Protect patient’s moral and legal rights</td>
<td>3.48 (1.01)</td>
</tr>
<tr>
<td>Accept responsibility and accountability for own practice</td>
<td>3.45 (0.91)</td>
</tr>
<tr>
<td>Promote equitable access to nursing and health care</td>
<td>3.41 (0.87)</td>
</tr>
<tr>
<td>Refuse to participate in care if in ethical opposition to own professional values</td>
<td>3.39 (0.90)</td>
</tr>
<tr>
<td>Provide care without prejudice to patients of varying lifestyles</td>
<td>3.38 (0.74)</td>
</tr>
<tr>
<td>Safeguard patient’s right to privacy</td>
<td>3.34 (0.67)</td>
</tr>
<tr>
<td>Confront practitioners with questionable or inappropriate practice</td>
<td>3.31 (1.04)</td>
</tr>
<tr>
<td>Practice guided by principles of fidelity and respect for person</td>
<td>3.29 (0.86)</td>
</tr>
<tr>
<td>Assume responsibility for meeting health needs of the culturally diverse population</td>
<td>3.26 (0.97)</td>
</tr>
<tr>
<td>Request consultation / collaboration when unable to meet patient needs</td>
<td>3.24 (0.65)</td>
</tr>
<tr>
<td>Promote and maintain standards</td>
<td>3.18 (0.76)</td>
</tr>
<tr>
<td>Protect health and safety of the public</td>
<td>3.13 (0.98)</td>
</tr>
<tr>
<td>Establish standards as a guide for practice</td>
<td>3.11 (0.88)</td>
</tr>
<tr>
<td>Advance the profession through active involvement in health related activities</td>
<td>3.09 (1.01)</td>
</tr>
<tr>
<td>Protect rights of participants in research</td>
<td>3.06 (0.98)</td>
</tr>
<tr>
<td>Participate in activities of professional nursing associations</td>
<td>3.02 (0.01)</td>
</tr>
<tr>
<td>Recognize role of professional nursing associations in shaping health care policy</td>
<td>2.98 (1.03)</td>
</tr>
<tr>
<td>Participate in nursing research and/or implement research findings appropriate to practice</td>
<td>2.96 (0.74)</td>
</tr>
<tr>
<td>Initiate actions to improve environments of practice</td>
<td>2.93 (0.81)</td>
</tr>
<tr>
<td>Participating in peer review</td>
<td>2.92 (0.86)</td>
</tr>
<tr>
<td>Engaging in on-going self-evaluation</td>
<td>2.90 (1.02)</td>
</tr>
<tr>
<td>Participating in public policy decisions affecting distribution of resources</td>
<td>2.89 (0.90)</td>
</tr>
</tbody>
</table>

NPVS-R: Nursing Professional Values Scale-Revised

Table 2 shows the scores of NPVS-R statements ranged from 2.89 to 4.32. The most five important professional values statements were “maintain patient’s confidentiality”, “maintain competency in area of practice”, “seek additional education to update knowledge and skills”, “act as a patient advocate”, “protect patient’s moral and legal rights”, respectively.

While the “participating in public policy decisions affecting distribution of resources”, “engaging in on-going self-evaluation”, and “participating in peer review” were the statements that obtained the lowest level of importance from the participants’ views.

Discussion

According to the present study, the most important professional value was “maintain patient’s confidentiality”. Confidentiality is central in the relationship of trust between nurses and their patients (26, 27). The importance of confidentiality in healthcare, as one of the most important pillars of care, is emphasized by nurses (28-30), nursing students (30-32), and patients (30). According to an Iranian qualitative study, based on nurses’ perspectives, respecting patients’ confidentiality is one of the most important ethical and professional values in nursing practice (33). Similar to the current study, the statement “patient’s confidentiality” was highly rated among participants in previous studies (34-36) but in Rassin study, confidentiality was not highly rated by nurses (37).

In this study, the item “maintain competency in area of practice” ranked as the second most important professional value by nurses. Nurses are expected to demonstrate the ability of evidence-based practice, self-assessment and self-reflection to improve nursing practice (38). Findings of this study are similar to previous studies in Iran (22, 23) and other countries (1, 39, 40).

“Seek additional education to update knowledge and skills” was another professional value ranked by our participants as an important factor. As a matter of fact, education has an important role on advance nursing practice. All nurses spend academic courses at nursing schools. But, the learning process should not end to that level. Additional to meeting patients’ physical and emotional needs, nurses should be aware and educated for meeting other

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patients’ needs such as spiritual needs at the context of holistic care (41). In our rapidly changing patient-centered healthcare systems, sufficient education is needed for successful development and advance practice nursing (42). Therefore, it is obvious that the participants identify “seek additional education to update knowledge and skills” as an important professional value. Commitment to learning is a value that is emphasized by nurses and nursing students in professional practice in various studies (2, 32, 39, 43).

“Act as a patient advocator” and “protect patient’s moral and legal rights” are two other items indicated as important statements in this study. Advocacy has three essential attributes including valuing, apprising and interceding. Only when these three components are combined, the advocacy will be realized (42). Patient advocacy is a professional responsibility for all nurses (44) and all of our participants were aware of this important issue. Other studies emphasized patient advocacy as an element of professional practice, too (1, 39, 45, 46). Negarandeh and Dehghan in their study have indicated that the majority of nurses at the hospitals affiliated to Tehran University of Medical Sciences had scores in the high and medium range in practicing patient advocacy. Bedies, 83.5% of participants in their study, have declared their commitment to patient advocacy (47). These findings confirm the findings of the present study. “Protecting patient’s moral and legal rights” was the fifth most important professional value that participants explored. This finding is supported by Leners et al. (48), Clark (34), and Lin et al. (35) findings.

In this study, “participating in public policy decisions affecting distribution of resources”, “engaging in on-going self-evaluation”, and “participating in peer review” were the statements that obtained the lowest level of importance from the participants’ views. Findings suggest that the values that are not directly related to patient care such as “participating in public policy decisions” and “participating in peer review” ranked as the lowest important statements. However, these findings can be interpreted as the priority of caring versus other professional roles, but it may indicate some other issues such as reduced role of nurses in policy making. It is deniable that no profession can provide suitable and qualified services unless its members feel power (48, 49). Some Iranian studies have shown the powerless of nurses (50-52).

More studies are needed to identify why participating in public policy decision is not a priority for Iranian nurses; as the findings other studies are similar to current study (23). “Engaging in on-going self-evaluation” and participating in peer review” also are other two less important statements identified by study participations. Although these findings are similar to some studies (22), further studies are needed to clarify the reasons of unwillingness of nurses to be evaluated or to evaluate their colleagues.

There was no statistically significant correlation between the nurses’ perspectives about professional values and demographic variables in current study. It is similar to Allahyari et al. study (21); but findings of other studies show that demographic characteristics such as nurse’s educational level (53) and socio-demographic factors (54) are in correlation with nurse’s perspectives about professional values. Inconsistency between the findings of the current study and other studies may be resulted from sociocultural differences. More investigations are needed to know about the correlation between demographic characteristics and Iranian nurses’ perceptions of professional values.

The results indicated the importance of nurses’ self-improvement to advocate the patients. Participants emphasized the worth of becoming and being competence in areas of clinical practice and improving their knowledge and skills. Ethical principles such as confidentiality and protecting patient’s moral and legal rights were indicated. These findings demonstrate nurses’ awareness to professional values. Further investigations are needed to evaluate how they actualize these values in practice.

This study had limitations. Because of time limitation, this study was conducted via quantitative design. But for grasping the more correct picture of nurses’ perception about professional values, we suggest that it is better to design the future studies in this area using mixed-method.

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Conflict of interest

The authors declare no conflict of interest.

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