

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

Mahnaz Mayelafshar¹, Fatemeh Khoshnavay-Fomani^{2*}, Reza Golpira³, Hooman Bakhshandeh-Abkenar⁴, Behzad Momeni³, Shiva Khaleghparast⁵, Seyyed Ahmad Rezaei⁶, Abbas Sadr⁷, Ali Vasheghani-Farahani⁸, Farshid Rezaei⁹

¹ Medical Ethics and History of Medicine Research Center, Tehran University of Medical Sciences, Tehran, Iran

² School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran

³ Rajaie Cardiovascular, Medical and Research Center, Iran University of Medical Sciences, Tehran, Iran

⁴ Cardiac Interventional Research Center, Rajaie Cardiovascular, Medical and Research Center, Iran University of Medical Sciences, Tehran, Iran

⁵ Center for Nursing Care Research, Iran University of Medical Sciences, Tehran, Iran

⁶ School of Medicine, Tehran University of Medical Sciences, Tehran, Iran

⁷ Department of Basic Science, School of Military Engineering, Imam Hussein Military University, Tehran, Iran

⁸ Department of Electrophysiology, Medical Ethics and History of Medicine Research Center, Tehran University of Medical Sciences, Tehran, Iran

⁹ Department of Management, North Branch, Islamic Azad University, Tehran, Iran

ARTICLE INFO

Received 30 November 2015
Revised 28 January 2016
Accepted 14 February 2016
Published 30 March 2016

Available online at:
<http://npt.tums.ac.ir>

Key words:

nurse;
professional value;
perspective

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 maintain patient's confidentiality, maintain competency in area of practice, seek additional education to update knowledge and skills, act as a patient advocator, 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.

Introduction

Today nursing made great strides toward profess

ionalism (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 influenced by individuals' be-

* Corresponding Author: Fatemeh Khoshnavay-Fomani, Postal Address: School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran. Email: f-khoshnava@razi.tums.ac.ir

liefs 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 standardize 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 and $q = 0.5$, $Z = 1.96$, 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 items. 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

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

*Independent-sample t test; ** One-way ANOVA

Table 2. Mean scores of NPVS-R statements

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

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 advocator”, “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’ perspec-

tives, 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

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.

Acknowledgments

We would like to express our gratitude to authorities of Tehran University of Medical Sciences, Tehran, Iran, and also all nurses who participated and assisted us in this study.

Conflict of interest

The authors declare no conflict of interest.

References

1. Wynd CA. Current factors contributing to professionalism in nursing. *J Prof Nurs* 2003; 19(5): 251-61.
2. Lyneham J, Levett-Jones T. Insights into Registered Nurses' professional values through the eyes of graduating students. *Nurse Educ Pract* 2016; 17: 86-90.
3. Weis D, Schank MJ. An instrument to measure professional nursing values. *J Nurs Scholarsh* 2000; 32(2): 201-4.
4. Rassin M. Nurses' professional and personal values. *Nurs Ethics* 2008; 15(5): 614-30.
5. Basurto HS, Fraile CL, Weis D, Urien EL, Elsdon CA, Schank MJ. Nursing professional values: validation of a scale in a Spanish context. *Nurse Educ Today* 2010; 30(2): 107-12.
6. Straughair C. Exploring compassion: implications for contemporary nursing. Part 1. *Br J Nurs* 2012; 21(3): 160-4.
7. Scott SD. 'New professionalism'-shifting relationships between nursing education and nursing practice. *Nurse Educ Today* 2008; 28(2): 240-5.
8. Adams D, Miller BK. Professionalism in nursing behaviors of nurse practitioners. *J Prof Nurs* 2001; 17(4): 203-10.
9. Flexner A. Medical education in the United States and Canada. From the Carnegie Foundation for the Advancement of Teaching, Bulletin Number Four, 1910. *Bull World Health Organ* 2002; 80(7): 594-602.
10. Bradburn M, Staley H. Professionalism. *Surgery* 2012; 30(9): 499-502.
11. Farsi Z, Dehghan-Nayeri N, Negarandeh R, Broomand S. Nursing profession in Iran: an overview of opportunities and challenges. *Jpn J Nurs Sci* 2010; 7(1): 9-18.
12. Adib Hajbaghery M, Salsali M. A model for empowerment of nursing in Iran. *BMC Health Services Research* 2005; 5: 24.
13. Sanjari M, Zahedi F, Aalaa M, Peimani M, Parsapoor A, Aramesh K, et al. Code of ethics for Iranian nurses. *Iran J Med Ethics Hist Med* 2011; 5(1): 17-28. [In Persian].
14. Zarea K, Negarandeh R, Dehghan-Nayeri N, Rezaei-Adaryani M. Nursing staff shortages and job satisfaction in Iran: issues and challenges. *Nurs Health Sci* 2009; 11(3): 326-31.
15. Benton DC. Nurses in Iran: A force for change. *Nurs Midwifery Stud* 2013; 2(4): 47-8.
16. Sharif F, Masoumi S. A qualitative study of nursing student experiences of clinical practice. *BMC Nurs* 2005; 4: 6.
17. Cheraghi MA, Salsali M, Safari M. Ambiguity in knowledge transfer: The role of theory-practice gap. *Iran J Nurs Midwifery Res* 2010; 15(4): 155-66.
18. Dehghani A, Salsali M, Cheraghi MA. Professionalism in Iranian Nursing: Concept Analysis. *Int J Nurs Knowl* 2016; 27(2): 111-8.
19. Skela-Savic B, Kiger A. Self-assessment of clinical nurse mentors as dimensions of professional development and the capability of developing ethical values at nursing students: A correlational research study. *Nurse Educ Today* 2015; 35(10): 1044-51.
20. Hoseini F, Parvan K, Zamanzadeh V. Professional values of the nursing students' perspective in type 1 universities of medical sciences. *Nursing Vision Journal* 2012; 1(1): 69-82. [In Persian].
21. Allahyari Bayatiani F, Fayazi S, Jahani S, Saki Malehi A. The relationship between the personality characteristics and the professional values among nurses affiliated to Ahwaz University of Medical Sciences in 2014. *J Rafsanjan Univ Med Sci* 2015; 14(5): 367-78. [In Persian].
22. Parvan K, Zamanzadeh V, Hosseini FS. Assessment of professional values among Iranian nursing students graduating in universities with different norms of educational services. *Thrita* 2012; 1(2): 37-43.
23. Parvan K, Hosseini F, Zamanzadeh V. Professional values from nursing students' perspective in Tabriz university of medical sciences: a pilot study. *Iran J Nurs* 2012; 25(76): 28-41. [In Persian].
24. Fagermoen MS. Professional identity: values embedded in meaningful nursing practice. *J Adv Nurs* 1997; 25(3): 434-41.
25. Hegney D, Plank A, Parker V. Extrinsic and intrinsic work values: their impact on job satis-

- faction in nursing. *J Nurs Manag* 2006; 14(4): 271-81.
26. Carman D, Britten N. Confidentiality of medical records: the patient's perspective. *Br J Gen Pract* 1995; 45(398): 485-8.
 27. Elger BS, Handtke V, Wangmo T. Informing patients about limits to confidentiality: A qualitative study in prisons. *Int J Law Psychiatry* 2015; 41: 50-7.
 28. Rafferty AM, Clarke SP, Coles J, Ball J, James P, McKee M, et al. Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records. *Int J Nurs Stud* 2007; 44(2): 175-82.
 29. You LM, Aiken LH, Sloane DM, Liu K, He GP, Hu Y, et al. Hospital nursing, care quality, and patient satisfaction: cross-sectional surveys of nurses and patients in hospitals in China and Europe. *Int J Nurs Stud* 2013; 50(2): 154-61.
 30. Jayasuriya R, Caputi P. Computer attitude and computer anxiety in nursing. Validation of an instrument using an Australian sample. *Comput Nurs* 1996; 14(6): 340-5.
 31. Keeling J, Templeman J. An exploratory study: student nurses' perceptions of professionalism. *Nurse Educ Pract* 2013; 13(1): 18-22.
 32. Martin P, Yarbrough S, Alfred D. Professional values held by baccalaureate and associate degree nursing students. *J Nurs Scholarsh* 2003; 35(3): 291-6.
 33. Shahriari M, Mohammadi E, Abbaszadeh A, Bahrami M, Fooladi MM. Perceived ethical values by Iranian nurses. *Nurs Ethics* 2012; 19(1): 30-44.
 34. Clark DK. Professional values: A study of education and experience in nursing students and nurses [Thesis]. Minneapolis, MN: Capella University; 2009.
 35. Lin YH, Liching SW, Yarbrough S, Alfred D, Martin P. Changes in Taiwanese nursing student values during the educational experience. *Nurs Ethics* 2010; 17(5): 646-54.
 36. Calleja P, Forrest L. Improving patient privacy and confidentiality in one regional emergency department – a quality project. *Australasian Emergency Nursing Journal*, 2011; 14(4): 251-6.
 37. Alien P, Lauchner K, Bridges RA, Francis-Johnson P, McBride SG, Olivarez A Jr. Evaluating continuing competency: a challenge for nursing. *J Contin Educ Nurs* 2008; 39(2): 81-5.
 38. Brekelmans G, Maassen S, Poell RF, Weststrate J, Geurdes E. Factors influencing nurse participation in continuing professional development activities: Survey results from the Netherlands. *Nurse Educ Today* 2016; 40: 13-9.
 39. Wood J, Collins J, Burnside ES, Albanese MA, Propeck PA, Kelcz F, et al. Patient, faculty, and self-assessment of radiology resident performance: a 360-degree method of measuring professionalism and interpersonal/communication skills. *Acad Radiol* 2004; 11(8): 931-9.
 40. Narayanasamy A. Nurses' awareness and educational preparation in meeting their patients' spiritual needs. *Nurse Educ Today* 1993; 13(3): 196-201.
 41. Furlong E, Smith R. Advanced nursing practice: policy, education and role development. *J Clin Nurs* 2005; 14(9): 1059-66.
 42. Magdalena SM. Study on the motivational variables and professional values in the Romanian academic environment. *Procedia - Social and Behavioral Sciences* 2015; 180: 1661-6.
 43. Mahlin M. Individual patient advocacy, collective responsibility and activism within professional nursing associations. *Nurs Ethics* 2010; 17(2): 247-54.
 44. Shaw D. Advocacy: the role of health professional associations. *Int J Gynaecol Obstet* 2014; 127(Suppl 1): S43-S48.
 45. Zahedi F, Sanjari M, Aala M, Peymani M, Aramesh K, Parsapour A, et al. The code of ethics for nurses. *Iran J Public Health* 2013; 42(Suppl 1): 1-8.
 46. Negarandeh R, Dehghan NN. Patient advocacy practice among Iranian nurses. *Indian J Med Ethics* 2012; 9(3): 190-5.
 47. Tomey AM. Nursing leadership and management effects work environments. *J Nurs Manag* 2009; 17(1): 15-25.
 48. Leners DW, Roehrs C, Piccone AV. Tracking the development of professional values in undergraduate nursing students. *J Nurs Educ* 2006; 45(12): 504-11.
 49. Ellis J, Hartley CL. *Managing and coordinating nursing care*. Philadelphia, PA: Lippincott Williams & Wilkins; 2009.

50. Adib Hajbagheri M, Salsali M, Ahmadi F. A qualitative study of Iranian nurses' understanding and experiences of professional power. *Hum Resour Health* 2004; 2(1): 9.
51. Kornhaber RA, Wilson A. Enduring feelings of powerlessness as a burns nurse: a descriptive phenomenological inquiry. *Contemp Nurse* 2011; 39(2): 172-9.
52. Adib Hajbagheri M, Salsali M, Ahmadi F. The concept of professional power in nursing. *Feyz* 2004; 8(1): 9-19. [In Persian].
53. Limoges J, Jagos K. The influences of nursing education on the socialization and professional working relationships of Canadian practical and degree nursing students: A critical analysis. *Nurse Educ Today* 2015; 35(10): 1023-7.
54. Parro MA, Serrano GP, Ferrer AC, Serrano ML, de la Puerta Calatayud ML, Barbera MA, et al. Influence of socio-demographic, labour and professional factors on nursing perception concerning practice environment in Primary Health Care. *Aten Primaria* 2013; 45(9): 476-85.