

PROFESSIONAL VALUES: A STUDY OF EDUCATION
AND EXPERIENCE IN NURSING STUDENTS AND NURSES

by

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Abstract

Research on professional values in associate and baccalaureate degree nursing students and nurses is sparse. Though learning professional values is important, professional values are not commonly measured in nursing students or nurses. In addition, it is not known if professional values continue to develop after graduation. The purpose of this research was to study how nursing students and nurses from different educational preparations perceive nurses' professional values. The purposeful, convenience sample of 307 students and 96 nurses represented a cross sectional view of students and nurses from associate and baccalaureate nursing programs. The Nurses Professional Values Scale-Revised (NPVS-R) was used to collect quantitative data. The Survey of Perceptions of Professional Values (SPPV), developed by the researcher, was used to gather qualitative data about participants' beliefs regarding nursing professional values. While no significant differences were shown between groups with the NPVS-R, results did support that nursing students perceive nursing values as more important than nurses.

The NPVS-R and SPPV both revealed that nurses and students perceive patient care values to be more important than nursing values related to promoting the nursing profession, being a member of a profession, or participating in research. This research did not show an increase in values from first to last level in students, or a higher level in nurses. There were no consistent differences in AD and BS participants' perceptions of the importance of professional values or their ability to articulate professional values. Implications for practice indicate a need to increase the emphasis on professional values in nursing education and foster professional values in practicing nurses.

Dedication

In any great endeavor, much sacrifice must be made. I dedicate this work to my family who has sacrificed so much during my time in school. My husband, Michael, has provided me with the love, time, and support necessary to complete my dissertation and my degree. I can not comprehend doing this without him. My children, James and Allison have sacrificed much time with Mom as well. However, we have all developed a shared goal of Mom finishing her dissertation so we can spend more time together. I also dedicate this paper to my parents, Fred and Claire Douciere. They were the first to instill the importance of an education and have always been my cheering section. You have all blessed my life more than you could ever know. Thank you and God bless you.

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Table of Contents

Acknowledgments	iv
List of Tables	ix
List of Figures	xi
CHAPTER 1. INTRODUCTION	1
Introduction to the Problem	1
Background of the Study	3
Statement of the Problem	8
Purpose of the Study	9
Research Questions	9
Theoretical Framework	10
Nature of the Study	11
Significance of the Study	12
Definition of Terms	13
Assumptions and Limitations	16
Organization of the Remainder of the Study	17
CHAPTER 2. LITERATURE REVIEW	18
Introduction	18
Conceptual Framework	18
Values	24
Code of Ethics for Nurses	25
RN Entry into Practice	27
Related Research	32

Summary	38
CHAPTER 3. METHODOLOGY	40
Introduction	40
Research Design	40
Sampling Design	45
Instruments	47
Data Collection	49
Data Analysis	51
Limitations	53
Expected Findings	54
Time Lines	55
CHAPTER 4. DATA COLLECTION AND ANALYSIS	57
Introduction	57
Description of Sample	58
Findings	68
Summary	99
CHAPTER 5. RESULTS, CONCLUSIONS, AND RECOMMENDATIONS	100
Summary and Discussion of Results	100
Recommendations	129
Conclusions	131
REFERENCES	133
APPENDIX A. SURVEY OF PERCEPTIONS OF PROFESSIONAL VALUES	139

List of Tables

Table 1. Example of Demographic Table	52
Table 2. Tasks and Time Line	56
Table 3. Number of Student Participants	59
Table 4. Mean Age of Student Participants	59
Table 5. Gender and Ethnic Statistics for Student Participants	60
Table 6. Previous Education of Students	61
Table 7. Where Students Learned about Nursing Professional Values	62
Table 8. Major Factors Where Nurses Learned About Nursing Professional Values	62
Table 9. Number of Nurse Participants	63
Table 10. Gender and Ethnic Statistics for Nurse Participants	64
Table 11. Mean Age of Nurse Participants	64
Table 12. Previous Education of Nurses	65
Table 13. Where Nurses Learned About Nursing Professional Values	66
Table 14. Major Factors Where Nurses Learned About Nursing Professional Values	67
Table 15. Common Responses Used by Students to Define Professional Values	70
Table 16. Major themes and Common Responses Used by Nurses to Define Professional Values	72
Table 17. Percentage of Major Themes in Nursing Students	75
Table 18. Frequency and Percentage of AD and BS Student Theme Responses	76
Table 19. Percentage of Theme Responses in Nurses	76
Table 20. Frequency and Percentage of AD and BS Nurses' Theme Responses	77
Table 21. Frequency and Percentage of Student and Nurse Theme Responses	78

Table 22. Mean NPVS-R Scores of Student Participants	79
Table 23. Top Six Statements for AD Students	80
Table 24. Lowest Six Statements for AD Students	81
Table 25. Top Six Statements for BS Students	81
Table 26. Lowest six statements for BS Students	82
Table 27. Mean NPVS-R Scores of Nurse Participants	83
Table 28. Top Six Statements for AD Nurses	84
Table 29. Lowest Six Statements for AD Nurses	84
Table 30. Top Six Statements for BS Nurses	85
Table 31. Lowest Six Statements for BS Nurses	86
Table 32. Results of One Way ANOVA for All Groups	87
Table 33. Total NPVS-R Means	87
Table 34. NPVS-R Statement With Highest Means and Corresponding SPPV Theme and Common Response in Students	90
Table 35. NPVS-R Statements With Lowest Means and Corresponding SPPV Theme and Common Response in Students	91
Table 36. NPVS-R Statements With the Highest means and Corresponding SPPV Theme and Common Response in Nurses	94
Table 37. NPVS-R Statements With the Lowest Means and Corresponding SPPV Theme and Common Response in Nurses	95

List of Figures

Figure 1. Research Design	42
Figure 2. Baccalaureate Participants NPVS-R Means	97
Figure 3. Associate Participants NPVS-R Means	97
Figure 4. SPPV Profession Promotion Percentages in AD and BS Participants	98

CHAPTER 1. INTRODUCTION

Introduction to the Problem

Nursing is a profession in which nurses make decisions that affect the health of patients. The health care environment in which nurses work is more complex than ever. Contributing to this environment are factors such as the nursing shortage, advanced technology, managed care, and diverse patient populations (Leners, Roehrs, & Piccone, 2006; National League for Nursing [NLN], 2000). These factors often contribute to ethical dilemmas for nurses (Cohen & Erickson, 2006; NLN, 2000; Schank & Weis, 2000). To work through ethical dilemmas, nurses need to have knowledge of and assimilate nursing professional values. When facing an ethical dilemma, nurses use values to develop solutions. The professional values of nursing assist the nurse in making decisions that are in line with the Code of Ethics for Nurses, the established ethical standard for the nursing profession (American Nurses Association [ANA], 2001).

The American Nurses Association (ANA) developed the Code of Ethics for Nurses to inform the public of expectations of the nursing profession and as a guide for nursing professional behavior (ANA, 2001). The nine statements comprising the Code of Ethics for Nurses promote not only competent, respectful, and compassionate nursing care but also the nursing profession in general (ANA, 2001). Commitment to these values provides a solid ethical base for all registered nurses, regardless of educational background.

Registered nurses may begin their education through one of three undergraduate nursing programs: the associate, the diploma, or the baccalaureate. Thus, there are three levels of entry to become a registered nurse. Each type of nursing program has different merits and each prepares the graduate to take the licensing exam to become a registered nurse. There has been much discussion, but little action, in the nursing profession regarding one educational level for entry into practice (Gosnell, 2002; Ludwick & Silva, 2002; National Association of Pediatric Nurse Practitioners, n.d.). It is often assumed that the baccalaureate degree nurse has higher professional values than the nurse with a diploma or associate degree (Fetzer, 2003). However, one research study showed that graduating nursing students from associate and baccalaureate degree programs have similar professional values (Martin, Yarbrough, & Alfred, 2003). Though Cragg, Plotnikoff, Hugo, and Casey (2001) found that professional values on the Professional Values Scale increase with nursing experience, Ham (2004) found that practicing nurses' scores on the Nursing Dilemma Test were lower than those of senior baccalaureate nursing students. Hindering the generalizability of much of the research on professional values published is the lack of consistency in the tools used. With much of the research focused on students and nurses with baccalaureate or higher degrees and the use of different tools, it is not known if associate degree educational preparation results in different professional values than baccalaureate degree preparation in nursing students or if professional values increase in practicing nurses. Therefore, this research studied the perceptions of nursing professional values in nursing students and practicing nurses with different educational backgrounds.

Background of the Study

The educational degree for entry into practice into health care fields such as physical therapy, pharmacy, and speech therapy are at the graduate level. In contrast, there are three educational programs by which a person may become a registered nurse and all are at the undergraduate level. Students may select from the diploma, associate degree, or baccalaureate degree nursing programs (Joel, 2006). Though each program has different requirements, all graduates from these nursing programs may apply to take the National Council Licensing Exam-Registered Nurse (NCLEX-RN). Passing the NCLEX-RN is required for a person to become licensed as a registered nurse (RN).

Over the last ten years the associate and baccalaureate degree nursing programs have provided over 90% of the United States educated candidates taking the NCLEX-RN for the first time. During this time there have been more associate degree graduates taking the NCLEX-RN than all other graduates combined (American Association of Colleges of Nursing [AACN], 2004; Crawford, Marks, Gawel, White, & Obichere, 2001; Crawford, O'Neill, Reynolds, & White, 2005; Kenward, O'Neill, Reynolds, & White, 2005; National Council State Boards of Nursing [NCSBN], 1995; NCSBN, 2006; Schmidt, Yocum, & White, 1999). In 2006 the associate degree graduates comprised 59% of the candidates taking the NCLEX-RN for the first time while baccalaureate and diploma candidates made up 37% and 3% respectively (NCSBN, 2006).

Associate degree nursing programs began in 1952 as alternatives to the three and four year nursing programs to help alleviate the nursing shortage. The purpose was to prepare "technical" nurses who would work "under the supervision of professional nurses" (Chitty, 2005, p. 40) performing limited care for patients in hospitals and long-

term facilities (Chitty, 2005). Through the years associate degree programs have changed, as have the expectations of the associate degree nurse. Whereas associate degree nurses previously were "prepared to provide direct patient care to individuals with common recurring and /or predictable problems" (NLN, 2000, p. 3), associate degree nurses today are "accountable, adaptive generalists" (NLN, 2000, p. 5) who work undifferentiated alongside baccalaureate and diploma prepared registered nurses to provide patient care (Chitty, 2005).

Associate degree curricula are two to three year programs with a minimum of 62 credit hours. Credit hours for nursing courses and program completion requirements are regulated by parent institutions, accrediting bodies such as the National League for Nursing Accreditation Commission (NLNAC), and the state boards of nursing. However, there is no standardization in courses from program to program.

In general, associate and baccalaureate nursing programs require theory and clinical courses. Theory content is taught in classrooms or online while clinical content is taught in a lab, health care facility, or other environment which offers experience in caring for patients. The major unifying objective for all associate degree programs, as well as all baccalaureate programs, is to prepare students for the NCLEX-RN upon graduation.

Like the associate degree curricula, baccalaureate curricula are not standardized in the type of nursing courses or credit hours. Baccalaureate nursing programs take four to five years to complete and vary from 122 to 180 credit hours (Northwestern State University, 2007; University of Washington, 2007). Requirements are regulated by parent institutions, accrediting bodies, and the state boards of nursing. Since the first program

was established in 1909 baccalaureate programs have provided a balanced exposure to the humanities, social sciences, and sciences (Chitty, 2005). With more credit hours available and requirements from accrediting bodies, the baccalaureate programs are able to dedicate courses to leadership, research, ethics, and transitions into professional practice (University of Michigan, 2007; University of Washington, 2007).

Though the curricula are different in associate and baccalaureate programs, the goal of both is to prepare graduates to be successful on the NCLEX-RN and function as a registered nurse. Regardless of the basic educational degree obtained, the registered nurse is expected to act as a professional in caring for patients and assimilate the values of the nursing profession (Cohen & Erickson, 2006).

Values

Values are enduring beliefs that individuals choose regarding what is good, worthwhile, or desirable (Butts & Rich, 2005; Glen, 1999). Individuals develop personal values through the influence of family, culture, society, environment, religion, and ethnicity (Blais, Hayes, Kozier, & Erb, 2006). The process is gradual, developing throughout the life time of each individual. Learning values may occur through observations or by being taught overtly (Leners et al., 2006). Once developed, values comprise the ideals or beliefs that guide behavior and are the basis for making decisions and taking actions (Chitty, 2005; Glen, 1999; Martin et al., 2003). When people face decisions on the course of action to take, they reflect on what they have learned and what they believe to be true. Hence, values guide the behavior and values may be inferred from behaviors (Glen, 1999; Leners et al., 2006).

Professional values relate to beliefs individuals have regarding what is good or desirable as a member of a profession and often expand on the individual's personal values (Blais et al., 2006). Development of professional values in nursing is facilitated through professional socialization while the student is in school and in the work environment after they become registered nurses (Blais, et al., 2006). Nurses' professional values are important because they affect the decisions made in caring for patients (Butts & Rich, 2005; Weis & Schank, 2000). Nurses need to be aware of their personal and professional values and at the same time be able to care for patients who have different values (Blais et al., 2006). The diversity of patients, financial constraints, and complexity of the health care environment contribute to ethical dilemmas for nurses (Glen, 1999). When faced with an ethical dilemma, the nurse should reflect on the expected professional values as part of the decision making process.

Professional values and professional behaviors are expected from all nurses (Ludwick & Silva, 2002). The official guide to professional behavior for nurses is the Code of Ethics for Nurses (ANA, 2001). The Code of Ethics for Nurses serves as the non-negotiable "goals, values, and obligations of the profession" (ANA, 2001, p. 5). The ANA first developed a code of ethics in 1950 with the latest revision in 2001 (Blais et al., 2006). The Code of Ethics for Nurses provides "minimum standards of the profession" through nine statements (Blais et al., 2006, p. 57). The first three statements are directly related to the care of patients and address advocacy, respect, compassion, and protection. The next three statements address duty to self and patients, and participation in improving the work environment to promote health care. The last three statements address participation in the advancement of nursing, collaborating with other professionals in

health care, and the responsibility of nursing associations (ANA, 2001). Since the Code of Ethics for Nurses is the ethical guidelines for all nurses, it may be used in all nursing curricula to teach professional values and behaviors.

Though instruments exist to measure professional values, only one instrument has been based on the ANA's Code of Ethics for Nurses, the Nurses Professional Values Scale (NPVS) (Weis & Schank, 2000). The first version of the NPVS was based on the Code of Ethics for Nurses published in 1985. The 44 item tool assessed the congruence of nurse's values with the 11 statements comprising the code. Schank and Weis (2001) then analyzed the professional values of senior baccalaureate nursing students and graduate nursing students working as nurses. The two groups had significantly different overall scores ($p=0.024$) with significant differences in four of the eleven subscales. In each subscale, the graduate students scored higher than the baccalaureate students. This could indicate that professional values continue to develop after graduation. In 2001 the Code of Ethics for Nurses was revised, resulting in nine statements. Weis and Schank revised and retested the NPVS resulting in a 26 item tool, the NPVS-R (Weis & Schank, 2006).

Martin et al. (2003) also used the NPVS to study the professional values of graduating associate and baccalaureate degree nursing students in Texas. Though no significant difference was found in overall scores, significant differences were found in five of the eleven subscores. Gender, ethnic, and education differences were indicated on various subscales.

The NPVS tool is a relatively new tool for measuring nursing professional values. The NPVS-R is very new and has not been used in published research. Though some research has yielded interesting results using the NPVS, there is a need for more research

regarding nursing professional values to provide direction to nurse educators, nurse administrators in healthcare facilities, and to nurses providing patient care.

Statement of the Problem

All nurses, regardless of educational background, should embrace the values in the Code of Ethics for Nurses (ANA, 2001). The ANA endorses this code as the guide to professional behavior and decision making for the nursing profession. While these values are introduced to nursing students in school, there are no consistencies in teaching and evaluating professional values between programs or within like programs (Duquette, 2004; Martin et al., 2003). However, general outcomes from nursing education include an acceptance of the values and beliefs of the nursing profession (Cragg et al., 2001). Though a tool has been developed to measure professional values specific to the nursing profession and the Code of Ethics for Nurses, research has been limited in associate degree nurses and nursing students. In addition, no research using the NPVS-R was found in the literature published after the survey's development. The problem was there has been sparse research on professional values in associate and baccalaureate degree nursing students and no research involving nursing students and practicing nurses with both educational backgrounds. With such sparse data, no generalizations could be made regarding the professional values of the nursing students and practicing nurses with the two different educational backgrounds. It is important that nursing students learn professional values. However, professional values are not commonly measured in schools of nursing or in nurses. In addition, it was not known if professional values continued to develop after graduation regardless of educational background.

Purpose of the Study

The purpose of this study was to compare nurses' professional values in associate and baccalaureate degree nursing students in their first and last clinical courses and in practicing nurses with an associate or baccalaureate degree who had worked for varying number of years. The groups represented a cross sectional view of students in the two predominant educational programs preparing students to become registered nurses. In addition, data gathered from the entry level to the last level students in each program added to the sparse body of knowledge regarding professional values in nursing students. An examination of professional values of practicing nurses and nursing students could reveal similarities and differences that would increase the body of knowledge on professional values in nursing.

Research Questions

The research was directed by the following research questions.

1. What are the perceptions of professional values in associate degree and baccalaureate degree nursing students in the first and last clinical courses from the Survey of Perceptions of Professional Values?
2. What are the perceptions of professional values in associate degree and baccalaureate degree practicing nurses from the Survey of Perceptions of Professional Values?
3. What are the differences in perceptions of student nurses and practicing nurses according to the Survey of Perceptions of Professional Values?
4. From results on the NPVS-R, what are the professional values in associate degree and baccalaureate degree nursing students in their first and last clinical courses?

5. From results on the NPVS-R, what are the professional values of practicing nurses with associate and baccalaureate degrees?
6. What are the differences in perceptions of student nurses and practicing nurses according to the NPVS-R?
7. How do results from the NVPS-R compare to the Survey of Perceptions of Professional Values from the students?
8. How do results from the NVPS-R compare to the Survey of Perceptions of Professional Values for practicing nurses?
9. What are the differences or changes in professional values in nursing students in their first and last clinical courses and in practicing nurses with increasing years of experience?

Theoretical Framework

Students initially learn professional values in nursing in the educational setting of nursing schools through formal learning and socialization. Duquette (2004) found that the development of professional values in students was facilitated through learning in formal lectures, experiences in the health care settings, and role modeling by the faculty and nurses. These methods contribute to the professional socialization of students into the nursing profession. After graduation, professional socialization of the nurse continues through interactions with preceptors, staff, and mentors (Blais et al., 2006). Students and new nurses choose to enter a profession and learn their roles through the interactions with nursing professionals. They learn expected roles, norms, values, and behaviors of nursing. This process is reflective of Ada Sue Hinshaw's model of socialization. Hinshaw's three-phase model begins with the transition into the expectations of the group, after which there is an attachment to significant others and awareness of

incongruent expectations and values (Blais et al., 2006). The final phase is the internalization of values and behaviors of the new group.

Students and nurses learn professional values through the cognitive domain when they learn the Code of Ethics for Nurses. However, the affective domain is important when assimilating and internalizing values (Brown, Ferrill, Hinton, & Shek, 2001). The affective domain involves the role that emotions and feelings play in learning. Krathwohl's five levels are receiving/attending, responding, valuing, conceptualizing/organizing, and characterizing by value ("Harnessing the Affective Domain", 2005; Miller, 2005). These levels are similar to the process of professional socialization as it progresses from awareness and interest, to reflecting on old and new information, and to internalization (Brown et al., 2001). Hinshaw's model of socialization and Krathwohl's learning within the affective domain provided the theoretical framework for this research.

Nature of the Study

Mixed methodology was chosen for this research since it involved the collection of quantitative and qualitative data through open- and closed-ended questions (Creswell, 2003). The NPVS-R was used to collect data on the professional value of participants. The Survey of Perceptions of Professional Values provided data regarding participant's definitions of professionalism and demographic data. This parallel/simultaneous study resulted in a one-time data collection from the participants.

Significance of the Study

Martin et al. (2003) completed research with associate and baccalaureate degree nursing students in Texas. Analysis of NPVS scores revealed no significant difference in the overall scores. However, there were significant differences in subscales, value scores by gender, and values scores by ethnicity. In a separate study, baccalaureate degree nursing students showed an increase in total NPVS scores from entry level to graduation (Leners et al., 2006). This research on professional values in nursing students serves to inform nursing educators who teach professional values. Data offered information regarding which professional values are stronger and weaker in students, allowing nurse educators the opportunity to change or improve teaching strategies to increase the areas of weaker values.

Research on professional values in practicing nurses using the NPVS is limited. Weis and Schank (2000) tested the NPVS with baccalaureate and master's students and practicing nurses in developing the tool. However, data regarding differences among the groups were not reported. The authors recommended that the NPVS be used with students in "different educational programs, faculty, and a larger sample of practicing nurses" (Weis & Schank, 2000). The initial study included 117 practicing nurses. In 2001 Schank and Weis used the NPVS to study professional values in senior baccalaureate nursing students and practicing nurses enrolled in graduate school. The graduate students scored significantly higher overall than the BSN senior students. Though Weis and Schank (2000) tested the NPVS on practicing nurses, no distinction was made between associate and baccalaureate educated nurses. Other research on related topics such as principled thinking and professional socialization has shown higher and lower scores

when comparing practicing nurses with student nurses (Ham, 2004; Clark, 2001).

However, different instruments were used.

This research had the potential to show if students from associate and baccalaureate degree nursing programs had similar professional values and if practicing nurses continued to develop professional values after leaving the formal educational environment. This information will assist nurse educators to better prepare nursing students for the work environment of the registered nurse.

Definition of Terms

American Nurses Association (ANA) is a national organization representing all registered nurses (Blais et al., 2006).

The purposes of the ANA are to foster high standards of nursing practice, to promote the economic and general welfare of nurses in the workplace, to project a positive and realistic view of nursing, and to lobby Congress and regulatory agencies on health care issues affecting nurses and the public. (Blais et al., 2006, p. 42)

Associate degree in nursing (AD) is an undergraduate degree in nursing that is approximately two years in length and prepares students to take the NCLEX-RN (Joel, 2006).

Baccalaureate of Science in Nursing (BSN) is an undergraduate nursing degree that is approximately four years in length and prepares students to take the NCLEX-RN. The BSN programs "provide a broader background of knowledge from the sciences and liberal arts than the other two programs and prepare the graduates for a greater variety of roles. These roles include community nursing and leadership" (Blais et al., 2006, p. 14).

Clinical course is any course required in a nursing curriculum in which the student gains nursing experience in a laboratory or health care facility (Chenevert, 2002).

Code of Ethics for Nurses was developed by the American Nurses Association and serves as the non-negotiable guidelines for the “primary goals, values, and obligations” (p. 5) of nursing (ANA, 2001).

Diploma program is a non-university based program which prepares students to take the NCLEX-RN. Diploma programs are hospital based and take approximately three years to complete (Joel, 2006).

Ethics is the "declarations of what is right or wrong and of what ought to be. Ethics are usually presented as systems of value behaviors and beliefs" (Catalano, 2006, p. 117) and serve to protect rights of individuals or groups.

Ethical dilemma is "a situation that requires an individual to make a choice between two equally unfavorable alternatives" (Catalano, 2006, p. 117).

Louisiana State Board of Nursing (LSBN) is the regulatory agency for registered nurses in the state of Louisiana. They function to "safeguard the life and health of the citizens of Louisiana by assuring persons practicing as registered nurses and advanced practice registered nurses are competent and safe" (LSBN, 2007).

National Council Licensing Exam for Registered Nurses (NCLEX-RN) is the national test taken by graduates from associate, diploma, or baccalaureate nursing programs "that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse" (NCSBN, 2007).

National League for Nursing Accrediting Commission (NLNAC) is an organization that specializes in accrediting all types of nursing education programs (NLNAC, 2007).

Nursing Professional Value Scale (NPVS) is a 44 item Likert-scale instrument developed by Drs. Weis and Schank (2000) to measure the professional values of nurses. It is the only instrument measuring professional values based on the 1985 Code of Ethics for Nurses (Weis & Schank, 2000).

Nursing Professional Value Scale - Revised (NPVS-R) is the revised version of the NPVS. This 26 item Likert-scale instrument is based on the 2001 Code of Ethics and is used to measure the professional values of nurses (Weis & Schank, 2006).

Personal values are values that are developed from the influence of one's culture, ethnic background, religious background, society, and family (Blais et al., 2006).

Professional socialization is the method of developing the values, beliefs, and behaviors of a profession (Blais et al., 2006).

Professional values are "beliefs about the worth or quality of concepts and behaviors in a discipline" (Leners et al., 2006).

Registered nurse (RN) is an individual licensed to practice registered nursing by passing the NCLEX-RN (LSBN, 2004). Basic education required may be a baccalaureate of science in nursing, associate degree in nursing, or a hospital diploma (AACN, 2004).

Survey of Perceptions of Professional Values is the qualitative survey developed by the researcher to determine the perceptions of professional values in students and registered nurses.

Values "refer to one's evaluative judgments about what one believes is good or what makes something desirable" (Butts & Rich, 2005, p. 30). "Values are freely chosen, enduring beliefs or attitudes about the worth of a person, object, idea, or action" (Blais et al., p. 48).

Assumptions and Limitations

Assumptions for this study were as follows:

1. Participants will respond honestly and answer questions based on their true values.
2. Participants will have a clear understanding of the questions presented.
3. Participants will be aware of their professional values.
4. Entry level students will have no experience as a nurse.
5. Graduating students will have exposure to nursing professional values through professional socialization involving clinical experiences and role models.

The limitations of this study were as follows:

The population of this study was limited to students in schools of nursing in one southern state which offered both associate degree and baccalaureate degree nursing programs. Generalizations may not be applicable to other geographical locations, populations, or programs.

This research examined a cross-sectional sample, not a longitudinal sample, thereby limiting the results. The population of practicing nurses had a registered nurse license in the state of this study.

Personal values develop from previous work and life experiences and may have influenced the professional values of participants. Students and nurses may have chosen

to participate in this research due to higher professional values, thereby influencing the results.

Nursing students and nurses should perceive professional values to be desirable. The NPVS-R is a Likert scale survey that has five options ranging from not important to most important. Participants may have scored items high because they thought that was what they should do, instead of reflecting on their own values. In addition, the researcher taught at one of the two institutions participating in this study. In the spring of 2008, the researcher taught the associate degree students that were in the last clinical course and the first clinical level students. Knowing the researcher might have influenced the responses from these participants.

The qualitative results were reported from the interpretation of data by the researcher. Since data was in written form, the data gathered was limited to the ability of the participant to articulate accurate answers to the questions.

Organization of the Remainder of the Study

Chapter two provides a review of the literature relevant to the values, professional values, professional socialization, learning in the affective domain, and undergraduate educational preparation required to become a registered nurse. Chapter three specifies the methodology used in protecting the participants, collecting the data, and analyzing the data. Chapter four presents the results of the analysis of the data from the demographic data, NPVS-R scores, and the Survey of Perceptions of Professional Values. Chapter five discusses the conclusions reached from this research and recommendations for further study.

CHAPTER 2. REVIEW OF THE LITERATURE

Introduction

This chapter presents a review of the literature related to professional values in nursing. Concepts pertinent to this topic include development of personal and professional values, entry level into the nursing profession, and the Code of Ethics for Nurses. Research related to professional values, in particular the NPVS-R, is presented. The conceptual framework includes andragogy, professional socialization, and Krathwohl's affective domain of learning.

Conceptual Framework

Individuals in nursing school and practicing nurses are in the adult phase of their life and are continually learning. Students, in particular, are in a time of formal education and concentrated learning. Nurses, however, must also continually learn to stay current on changes in technology, medications, procedures, and treatments. As a concept or model of adult learning, andragogy provides principles that apply to learning in both situations. Indeed, a strength of andragogy is its adaptability to different learners and different situations (Knowles, Holton, & Swanson, 2005). The core adult learning principles of andragogy are the learner's need to know, self concept, prior experience, readiness to learn, orientation to learning, and motivation to learn (Knowles, Holton, &

Swanson, 1998). Individual and situational factors influence learning such as differences in the learner, situations, and subject matter (Knowles et al., 1998). A learner may be self directed when learning one subject matter, but more dependent and need direction when studying another subject for which he has no past frame of reference (Knowles et al., 2005). Other influential factors are institutional growth, individual growth, and societal growth. Each is related to one's goals and purposes for learning (Knowles et al., 1998).

The goals and purposes for the student nurse are to learn course work to succeed in school and graduate. Each student is a unique individual who experiences formal education differently. As individuals they each perceive, learn, and evaluate the subject matter through filters of previous learning. Though nursing students in a class will receive much of the didactic information together, students will have the opportunity to learn in small groups in clinical courses under the tutelage of several faculty. Each clinical faculty provides guidance in professional values through methods such as role modeling, discussion, feedback, and evaluation. Students must demonstrate professional values in the hospital setting as it is essential to the practice of nursing. To what extent students develop professional values will vary based on their personal history, natural abilities, educational experiences, and openness to the concepts.

Assimilation of professional values after graduation may be influenced by continuing formal education or attending workshops. In addition, nurses may be influenced through their experiences with mentors, patients, colleagues, or other professionals. Nurses are trained to be observant, learn from colleague's behaviors, and collaborate when facing ethical dilemmas. Colleagues or supervisors may also influence

the nurse by encouraging membership and participation in professional organizations. This interactive process is called professional socialization.

Professional socialization contributes to the development of values and one's identity as a professional nurse through "incorporating values, skills, behaviors, and norms for nursing practice" (Blais et al., 2006, p. 19). In learning the culture of a profession, values and attitudes of that profession are acquired (Gray & Smith, 1999). Ada Sue Hinshaw's model of socialization into a professional role involves three distinct phases. The first phase involves the participant choosing to enter a profession, thereby taking an active role in learning new expectations (Blais et al., 2006). The second phase involves the learner affiliating with significant others, who might be faculty, colleagues, or supervisors (Blais et al., 2006). In addition, learners begin to evaluate situations that are inconsistent with roles that were anticipated. The third phase involves the assimilation of the values and behaviors of the new role (Clark, 2001).

Applying Hinshaw's model to nursing, the first phase would involve the student choosing to pursue a career in nursing and enrollment in a school of nursing. This begins the process of socialization as they take action to meet curriculum requirements. Upon acceptance into the "clinical" portion of study, the student moves into the second phase as they interact with faculty, nurses, and other students. Information on professional values, ethics, and professional behavior is taught in the classroom. In addition, nursing faculty and nurses in the clinical setting serve as role models for professional values and behaviors that define nursing. Students must demonstrate professional values during their courses. Failure to demonstrate the values expected of nurses will result in failure of clinical courses, and in serious cases, dismissal from the school of nursing.

Newly licensed registered nurses go through each phase as they begin working (Tradewell, 1996). In learning the role of a registered nurse, the individual identifies with a significant other, such as a preceptor, supervisor, or mentor and begins to identify role behaviors that they believe are consistent and inconsistent with previous expectations (Blais et al., 2006). Stress in the work environment and ethical dilemmas often challenge ideals developed during school (MacIntosh, 2003). Hence, conflicts may arise due to inconsistencies between expected standards and work standards. The degree to which values are assimilated may vary depending on the support available from mentors and colleagues or influences of past experiences. Therefore, it is essential to have appropriate role models and support whether in a formal education program or in the work setting (Blais et al., 2006).

After the graduate is licensed as a registered nurse, there are new roles to learn due to new responsibilities, promotions, or a change in the work setting. Each change and each role will bring new socialization experiences for the nurse.

While initial learning about values and ethics falls in the cognitive domain of learning, actually assimilating values involves the affective domain and deals with how individuals handle situations emotionally. Krathwohl, Bloom, and Masia (1964) described five categories of affective learning from simple to the most complex: receiving, responding, valuing, organizing, and characterization. Receiving occurs as the individual becomes aware of and then is willing to listen to new ideas or information. This progresses to the selected attention phase when the attention to the phenomenon is maintained despite distractions. During these phases of receiving information is influenced by the previous experience of the individual (Krathwohl et al., 1964). So

information may be presented to a group of students and perceived differently by the individuals. The introduction to nursing professional values begins in nursing school. However, practicing nurses also experience new information and experiences as well, whether in the work setting, continuing formal education, or attending workshops. As motivation develops, the individual becomes active and enters the second category of responding. Initially, responding is demonstrated through compliance with rules, then willingness to take action, and finally through satisfaction in acting.

Valuing is the third category in which a belief or phenomenon has worth: "The desirable outcomes of a socialization process which enables the individual to live with the ideals of our society will certainly be classified here" (Krathwohl, Bloom, & Masia, 1980, p. 139). Three stages of valuing are acceptance, preference, and commitment. In the acceptance stage one finds the belief or phenomenon to be of worth. However, a person might be open to re-evaluate their beliefs. Hence, the belief is not as solid as the higher level of commitment, but is more tentative. When the belief has value and is seen as important, it is internalized and has an influence on behavior (Krathwohl et al., 1980).

The second stage of valuing is preference and involves identifying with the value enough to pursue it. A nurse who values political advocacy would show preference by keeping abreast of potential legislation and writing letters to elected officials.

The highest level of valuing is commitment. In this stage the belief is certain and firm. "There is a real motivation to act out the behavior" (Krathwohl et al., 1980, p. 149). Action may take the form of recruiting others to the cause, group, or position. Though strong convictions on value exist, there may not have been opportunity to act. Tools that measure values do not show commitment just by virtue of high scores. Since scores do

not show the energy put forth, preference would be the highest level demonstrated (Krathwohl et al., 1980).

The fourth category of the affective domain is organization. As values are internalized, situations may arise in which two or more values have relevance. It is then that the need arises for an organization system for values. To initiate the process, relationships among the values are evaluated. Over time, values are organized into a values system which may result in the development of new values. In the adult, the value system becomes more inflexible than in the child. Values that are inconsistent with known values are not readily accepted (Krathwohl et al., 1980).

The last category of the affective domain is characterization by a value or value complex. At this stage the hierarchy of values is well established and provokes no emotional response unless the value is challenged or threatened. The individual is characterized by the integration of values into their philosophy of life (Krathwohl, Bloom, & Masia, 1980). Therefore, the "individual acts consistently in accordance with the values he has internalized" (Krathwohl et al., 1980, p. 165).

To attain a consistent value system, category four or five must be attained (Cook & Cullen, 2003). However, a nursing student is not likely to attain this level of nursing values in a nursing program. The duration of a nursing program is relatively short and clinical experiences for students are limited. With these constraints, the highest category that an undergraduate nursing student could possibly reach would be the valuing category (Cook & Cullen, 2003). Further development of professional values would have to occur after graduation.

Values

Values are freely chosen enduring beliefs or attitudes about what is desirable (Blais et al., 2006; Glen, 1999; Olson & Stone 2005). Examples of values include dignity, equality, security, and freedom (Blais et al., 2006; Olson & Stone, 2005). The development of personal values begins early in life and continues to evolve through the life span (Blais et al., 2006). The process is slow, changing over time, and is influenced by family, culture, society, and the environment (Blais et al., 2006; Glen, 1999). Though values are common to groups of people, every value will not be accepted by each member of the group (Glen, 1999). Values that are accepted by the individual are considered personal values (Blais et al., 2006; Glen, 1999). Early in life personal values come from family (Blais et al., 2006). Influences later come from peer groups, community, and one's culture (Blais et al., 2006; Jaccard & Blanton, 2005). Exposure to subsequent events may initiate reflection on an issue and cause a change in personal values. Once values are accepted and assimilated, they become a subconscious part of the decision making processes (Blais et al., 2006; Weis & Schank, 2000). Attitudes and actions then reflect the values of the individual (Blais et al., 2006; Glenn, 1999; Hinshaw, 1988; Schank & Weis, 2000). Hence, actions reflect values (Glenn, 1999; Hinshaw, 1988).

To become an accepted part of a culture or society, people have common personal values (Blais et al., 2006). Culture or society values may arise from different ethnic, religious, or environmental backgrounds. Professionals are groups of people with specialized education and common values. Professional values are developed as standards for professions to guide and evaluate behavior (Blais et al., 2006; Schank &

Weis, 2001; Weis & Schank, 2000). Values adopted by the nursing profession are essential in maintaining high standards of nursing care (Verpeet, Meulenbergs, & Gastmans, 2003). Nurses are expected to provide care in a non-judgmental, respectful, and equitable manner for all patients (Blais et al., 2006; ANA, 2001). These values are not common in all lay people entering nursing school (Duquette, 2004). If professional values are not congruent with personal values on entering nursing school, professional values must be learned and assimilated as the individual progresses through the nursing curriculum (Duquette, 2004; Lutzen, 2000). Teaching nursing professional values begins with formal education (Schank & Weis, 2001). One goal of nursing education is to develop professional values and attitudes of nursing (Cragg et al., 2001).

Education of professional values is accomplished through cognitive and affective means (Blais et al., 2006). Students are initially introduced to concepts in the class room through lectures at the knowledge or comprehension level of Bloom's taxonomy (Duquette, 2004). As learning advances, students are exposed to role models and discussions in the healthcare environment as well as the classroom (Duquette, 2004). Students observe, participate in, and discuss the care of a variety of patients. This interactive process that promotes the development of professional values in nursing students and nurses is called professional socialization. Professional socialization is discussed within the conceptual framework.

Code of Ethics for Nurses

The Code of Ethics for Nurses has evolved from the 1890's when Florence Nightingale wrote the Nightingale Pledge. However, it has always promoted the

fundamental "principles of doing no harm, of benefiting others, of loyalty, and of truthfulness" (ANA, 2001). In 1976 the nursing code was published by the ANA with interpretive statements. The Code for Nurses with Interpretive Statements was revised in 1985, and again in 2001 (ANA, 2001). The Code of Ethics for Nurses is nine statements that communicate the "primary goals, values, and obligations of the profession" (ANA, 2001 p. 5). These statements relate the ethical duties of all nurses, serve as an ethical standard for the profession, and communicate the profession's commitment to the public (ANA, 2001).

In recent years an instrument was developed to measure nursing professional values based on the Code of Ethics for Nurses. The Nurses Professional Value Scale (NPVS) was developed by Dr. Darlene Weis and Dr. Mary Jane Schank after a literature review revealed a lack of uniformity in instrumentation used to measure professional values (Weis & Schank, 2000). The variety of instruments utilized in research between 1970 and 1997 yielded a diverse data base of information that could not be generalized. Since they desired an instrument to measure nursing professional values, the authors developed the instrument based on the Code of Ethics for Nurses published by the ANA (Weis & Schank, 2000). The original NPVS was a 44 item instrument using a Likert scale to measure nursing values. The scale ranged from 1 (not important) to 5 (most important). Each item was a short statement that reflected a portion of the 1985 Code of Ethics for Nurses. The instrument had content validity established by five expert reviewers and documented test-retest reliability of 0.94 (Weis & Schank, 2000).

The revision of the Code of Ethics for Nurses in 2001 prompted a revision of the NPVS. Weis and Schank revised and retested the NPVS using 632 baccalaureate and

masters nursing students and practicing nurses (Weis & Schank, 2006). The result was the 26 item NPVS-R with the Cronbach's alpha coefficients of the items ranging from 0.73 to 0.87 (Weis & Schank, 2006).

RN Entry into Practice

In the United States, a student may choose from three undergraduate educational preparations to become a registered nurse (Joel, 2006). While the baccalaureate degree is considered the entry into "professional" nursing, the diploma and associate degree graduates also take the same licensing exam, the NCLEX-RN. Each program offers different advantages to the student.

The hospital based diploma program was the first school of nursing education in the United States (Joel, 2006). The diploma program is approximately three years in length and courses include theory and supervised nursing practice or "clinical" experience (Joel, 2006). Students have historically received no college credit and no academic degree since diploma programs were not affiliated with a college or university (Joel & Kelly, 2002). In recent years, some diploma nursing programs have affiliated with colleges to fulfill some general academic requirements in the curriculum (Joel & Kelly, 2002). However, there is no college credit for the nursing courses and consequently no college degree.

Diploma nursing programs offer students many hours of clinical practice and the opportunity to be very familiar with one hospital before working as a new nurse. New graduates usually work for the hospital in which the school and clinicals were based (Joel

& Kelly, 2002). Therefore, the new graduates know the policies and routines resulting in less stress in adapting to their new role.

The number of diploma programs in the United States in the early to mid 1900s was over 1000 (Joel, 2006). However, that number had declined to 69 in 2003 (Joel, 2006). In 1995 the number of diploma graduates taking the NCLEX-RN for the first time was 7,335 or 8.2% of the total graduates taking the NCLEX-RN for the first time (AACN, 2003). That number declined through 2001 when only 2,679 or 3.2% of the total graduates taking the NCLEX-RN for the first time were diploma graduates (AACN, 2003). Though the number of diploma graduates taking the NCLEX-RN rose to above 3,000 per year by the year 2004, they still only accounted for 3.6% of first time NCLEX-RN takers (Kenward et al., 2005). This percentage has remained steady through 2006. (NCSBN, 2006).

The decline in the number of diploma nursing programs is a direct result of several factors. Schools of nursing require substantial fiscal resources which hospitals today cannot afford (Joel & Kelly, 2002). In the past expenses were absorbed by the insurers and patients, both unacceptable solutions in today's healthcare economics (Joel & Kelly, 2002). In addition, many students seek a college degree. Students with career goals beyond that of bedside care need to continue their education toward an associate or baccalaureate degree. With no college credit, the student essentially has to start the educational process from the beginning or find a matriculation program to accomplish their goals. These factors make the associate and baccalaureate degrees more appealing to students (Joel & Kelly, 2002).

The associate degree nursing program began in 1952 as a two year program developed by Mildred Montag (Joel & Kelly, 2002). The associate degree was seen as a terminal degree that would prepare "technical" nurses who would work "under the supervision of professional nurses" (Chitty, 2005, p. 40) performing limited care for patients in hospitals and long-term facilities (Chitty, 2005; Joel, 2006). Through the years, associate degree programs have changed, as have the roles of the associate degree nurse. Today the focus of associate degree education tends to be patient-centered and to some, graduates are still considered "technical" nurses (Schank & Weis, 2000). However, accrediting bodies define the associate degree nurse as "accountable, adaptive generalists" (NLN, 2000, p. 5) who work undifferentiated alongside baccalaureate and diploma prepared registered nurses to provide patient care in a complex healthcare environment (Chitty, 2005; Joel, 2006).

Associate degree curricula are usually two to three years in length with varying credit hours (Catalano, 2006). Requirements for the number of credit hours in nursing curricula are regulated by parent institutions or accrediting bodies, such as the National League for Nursing Accreditation Commission (NLNAC). The associate degree requires the shortest preparation time thereby making the program attractive to students who are older or those who have limited financial resources, family obligations, or previous degrees (Chenevert, 2002).

Licensed Practical Nurses (LPN) or Licensed Vocational Nurses (LVN) may earn an associate degree in nursing through "articulation" or "mobility" programs which allow the LPN to take fewer courses to complete the curriculum (Chitty, 2005). This may be accomplished when the student earns credits for courses not taken by successfully

completing a higher level course or passing an exam covering the content covered in the lower level courses.

While the number of diploma programs has declined, the associate degree programs have flourished (Joel, 2006). Associate degree programs grew in numbers from the 1950s to the early 1980s when they numbered over 800 programs (Catalano, 2006). In 2002 that number was close to 900 associate degree programs (Catalano, 2006). The number of associate degree graduates has risen steadily since 2001, rising from 41,567 graduates to 53,275 in 2004 (AACN, 2004; Kenward et al., 2005). However, the percentage of AD graduates taking the NCLEX-RN for the first time is falling slightly each year, dropping from 61.8% in 2003 to 60.3% the first half of 2006 (Kenward et al., 2005; NCSBN, 2006). The decrease is the result of an increase in the numbers of baccalaureate graduates thereby increasing the BSN percentage and lowering the AD percentage (Kenward et al., 2005; NCSBN, 2006).

In 1909 the first baccalaureate degree nursing program was established in an attempt to move nursing into higher education and be accepted as an academic discipline (Chitty, 2005). The program provided two years of liberal arts and three years of nursing education (Chitty, 2005). Today's curricula are usually four years in length with a balanced exposure to the humanities, social sciences, and sciences (Chitty, 2005). The baccalaureate curriculum has the most in-depth and diverse curriculum of the three preparation programs. In addition, baccalaureate nursing programs have entire courses in topics of research, leadership, pharmacology, community health, and culture and ethics. In the associate and diploma programs, these topics may be covered briefly or integrated into the curriculum. With over 120 credit hours in the curriculum, the baccalaureate

education has more credit hours dedicated for clinical time and theory. However, like the other two programs, the curricula are not standardized in courses or specific content. For example, general concepts of caring for patients with cardiovascular, respiratory, or orthopedic problems are taught. But the method of teaching and the content is not consistent. Similarly, though professional values are present in all curricula, the method of teaching and evaluation is not consistent.

Baccalaureate graduates have comprised a steady 34 to 36% of the yearly first time NCLEX-RN candidates (Kenward et al., 2005). The number of graduates from United States educational programs dropped from 30,142 in 1998 (Schmidt et al., 1999) to 24,832 in 2001 (AACN, 2003). However, the number of baccalaureate graduates in the United States increased to 41,349 in 2006 (NCSBN, 2006).

With the development of the associate degree programs in the 1950s, discussion ensued regarding the different educational levels for entry into practice for registered nurses. In 1965 the ANA published a statement which supported the BSN as the entry into professional practice. Through the years this position has garnered support from the National League for Nursing (NLN), the American Association of Colleges of Nursing (AACN), and the Association of California Nurse Leaders (ACNL) (Nelson, 2002). In addition, research by Aiken, Clark, Cheung, Sloane, and Siber (2003) published in the Journal of the American Medical Association reported that hospitals with higher ratios of BSN educated nurses have lower mortality rates on surgical floors than hospitals with lower ratios of BSN nurses. In the 40 years since the ANA published its statement, there has been very little action of support for the position. North Dakota has been the lone state to require the BSN as the entry into practice (Nelson, 2002).

While all other healthcare professions require a minimum of a baccalaureate degree to become licensed, nursing still remains with three levels of entry into practice (Nelson, 2002). This weakens the perception and strength of nursing as a profession (Nelson, 2002).

Related Research

Weis and Schank (2000) were the first to develop an instrument to measure nursing professional values based on the 1985 ANA Code of Ethics for Nurses. The Nurses Professional Values Scale (NPVS) is a Likert Scale instrument that originally had 46 items ranging from 1, not important, to 5, most important. Items were short sentences or phrases that reflected a part of the Code of Ethics for Nurses. This instrument was evaluated by an expert panel of five nurse educators and nurse practitioners (Weis & Schank, 2000, p. 202). The experts rated the relevance of each item to the Code of Ethics for Nurses retaining items that earned the agreement on relevance of four of the five experts. During this process two items were eliminated. After a pre-test and adjustments to the instrument, the NPVS was tested on 599 practicing nurses, nurses in master's programs, and senior BSN students. The initial testing resulted in an alpha coefficient of 0.94 and a test-retest reliability of 0.94.

Subsequently, Schank and Weis (2000) used the NPVS to explore the values of nurse educators in different countries. The sample consisted of 31 nurse educators in the United States (U.S.) and England. Data was analyzed using a *t*-test with a 0.05 level of significance. No significant differences were found between the two groups in overall scores on the NPVS. Though the educational levels of faculty did not affect scores, there

were significant differences in three of the eleven sub scores. Numbers seven, eight, and eleven of the 1985 Code of Ethics for Nurses referred to nurses adding to the profession's body of knowledge, participating in efforts to improve standards, and collaborating to promote the public health needs. The British educators placed higher importance on each of these areas than the U.S. educators. Changes in the nursing education system and health care systems in England were seen as a possible explanation for the differences.

Continuing their assessment of professional values, Schank and Weis (2001) used the NVPS to measure the professional values of senior BSN students and practicing nurses who were continuing their formal education in graduate school. This convenience sample of 22 nurses and 29 BSN students revealed a significantly higher mean in total scores for the practicing nurses than in the BSN students ($p = 0.024$). This research supported the belief that nurses learn professional values through professional socialization (Schank & Weis, 2001).

Only one study utilizing the NPVS included associate and baccalaureate degree nursing students. Martin et al. (2003) measured professional values of graduating associate degree and baccalaureate degree nursing students in Texas. A convenience population of 2,268 students resulted in complete data on 1,325 students. Characteristics of the sample included 87% female and the majority Caucasian (AD-56%, BSN-66%). The AD sample had more African American (14.4%) and Hispanic (22.7%) students. The BSN group had younger students with 71% in the 20-29 age group as compared with 56% in the AD group. The AD group had 41.5% in the 30-49 years old group as compared with 27% in BSN group. Findings included no significant differences in AD

and BS nursing students. However, the AD students scored higher on 5 subscales. These subscales referred to the following items in the Code of Ethics for Nurses:

2. The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

4. The nurse assumes responsibility and accountability for individual nursing judgments and accountability for individual nursing judgments and actions.

6. The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.

8. The nurse participates in the profession's efforts to implement and improve standards of care.

11. The nurse collaborates with members of the health professions and other citizens promoting community and national efforts to meet the health needs of the public. (Martin et al., p. 293)

In addition, data analysis revealed that males from both programs scored lower than the females on the total score and eight of the eleven subscales. Martin et al. (2003) cited Duckett et al. (1997) who found that "women had significantly higher moral reasoning scores at both admission and graduation in a study of baccalaureate nursing students" (p. 294). Though younger males had lower scores, older males had values more similar to those of female students. Martin et al. (2003) found no difference among age groups, but did find significant differences on several subscales when analyzing scores and ethnic background. The Asian/Pacific Islander students scored lower than the Caucasian, African American, Hispanic, and Native American students on the subscale related to respecting human dignity. The Asian/Pacific Islander students also scored lower than Caucasian, African American, and Hispanic students on the subscale related to keeping the client and public safe from incompetent, unethical or illegal practice.

Caucasian students scored lower than the African American and Hispanic students on the subscale related to collaborating to meet the healthcare needs of the community or public.

A more recent study used the NPVS-R to measure ethical changes in baccalaureate nursing students at one school in California (Fagan, 2006). This cross-sectional study compared students in their first and last semester of nursing school. No significant differences were found except on one item, patient advocacy. Last level students had higher scores than first level students indicating that last level students thought patient advocacy was more important than first level students.

In an effort to discover how formal nursing education influenced the professional ethical values of the students and new nurses, Duquette (2004) studied three cross-sectional groups of students at the beginning and end of a diploma nursing program and nurses with less than one year of experience. This qualitative study asked respondents what they perceived as professional ethical nursing practice and what most contributed to their professional development in nursing. Findings from this research indicated that development of professional values is affected by many factors. Lectures had been used to teach base line information in nursing schools. The participants also related the impact of teachers as role models and real nurses practicing in the clinical setting. Duquette (2004) recommended research involving nurses who have been practicing longer to determine if nurses continue to develop professional values.

Maben, Latter, and Clark (2007) conducted a longitudinal study with last level nursing students in three universities in the United Kingdom. The cohorts completed surveys and were interviewed in their last week of courses, four to six months after graduation, 11-15 months after graduation, and again at three years. Results indicate that

new nurses have sound values and ideals. All values fell into three major categories, all patient care related: "delivery of patient-centered holistic care, the delivery of high quality care, and care influenced by a theoretical knowledge base and research evidence" (Maben et al., 2007, p. 101). Analysis of data indicated that implementation of these ideals and values cannot be successful in the healthcare environment without adequate support. A lack of resources contributes to the disillusionment and burnout of new nurses.

Malizia's (2000) research on professional socialization involved BSN students and practicing nurses. The cross sectional study examined the professional socialization of students in three nursing programs. The sample included: (1) practicing nurses with an associate degree without further formal education, (2) nurses with an associate or diploma degree in nursing returning to school for a BSN (entering RN to BSN students), (3) graduating RN to BSN students, and (4) generic graduating BSN students. Autonomy was selected as a value of professional socialization and measured using the Schutzenhofer's Nursing Activity Scale. Entry RN to BSN students (AD or diploma RNs beginning a BSN program) had similar professionalism scores as generic BSN graduates. Graduating RN to BSN students outscored the generic BSN graduating students. Additionally, BSN graduating students scored significantly higher than BSN entry students and graduating RN to BSN students scored significantly higher than AD nurses with no further formal education (Malizia, 2000).

Registered nurses and students were also the focus in the study of Kubsch, Hansen, and Huyser-Eatwell (2008). The Professional Values Survey was developed and used to measure values in registered nurses employed by a hospital and nurses enrolled in a RN to BSN program. Findings indicated that perceived professional values scores were

higher in the categories of "RN-BSN in progress, 0-2 years of experience, older than 60 years, home health nurse, nursing administrator, and member of a professional organization" (Kubsch et al., 2008, p. 379). Inferences include registered nurses returning for a BSN degree are developing values emphasized in their educational program.

Fetzer (2003) examined the professionalism of AD nurses in relation to self-actualization, employment status (full-time or part-time), and the years of nursing experience using the Short Index of Self-Actualization and Hall's Professionalism Scale. Findings revealed that there was no significant difference between the professionalism scores of full-time and part-time nurses. However, the full-time nurses did score higher than the part-time nurses. Likewise, there was no relationship between the years of nursing experience and the degree of professionalism. However, there was a significant positive relationship between the self-actualization and the professionalism scores in AD nurses.

In a related study, the ethical reasoning abilities in senior baccalaureate nursing students and practicing registered nurses was measured using the Nursing Dilemma Test (Ham, 2004). The sample was comprised of 112 nursing students and 120 registered nurses from four Midwestern states. Most nurse respondents were over 42 years of age and had more than 10 years of experience while the students were generally younger (84.8% under 26 years of age). Results of the analysis indicated a significant difference in the level of principled thinking between the students and the nurses ($p = 0.007$). However, the students were the group that scored higher than the nurses. Further analysis revealed a "significant but modest negative correlation between years of experience and nursing principled thinking level" with $p = 0.019$ (Ham, 2004, pp. 69-70). Education in

registered nurses had no significant effect. This study raised questions regarding the effect of experience on moral integrity. Ham (2004) speculated that students and new graduates may initially act on the moral codes learned in school, but nurses may succumb to the pressures of the work environment with time. Another possibility proposed by Ham (2004) contended that ethics content in schools of nursing may be emphasized more in the curricula today than in the past as result of the changing health care environment.

Clark (2004) studied professional socialization by utilizing the Nursing Activity Scale with graduating generic BSN students and graduating students of a two-plus-two program. Nurses enrolled in a two-plus-two program have an associate or diploma degree in nursing and have practiced as a registered nurse for several years. The Nursing Activity Scale measures autonomy which was noted as a component of professionalism (Clark, 2004). No significant differences were found between the two groups. However, a positive relationship was revealed between professional socialization and the years of working as a registered nurse.

Summary

The literature review revealed limited research utilizing the NPVS and NPVS-R. Results of the research using the NPVS include no significant difference in associate and baccalaureate degree students. However, only one study utilized both educational programs (Martin et al., 2003). Other research utilizing the NPVS showed an increase in NPVS scores as the educational level increased (Leners et al., 2006; Schank & Weis, 2001). Other research using different instruments revealed no significant differences related to education. Ham (2004) did find that experienced nurses scored lower in

principled thinking than did senior BSN students. However, the nurses came from a variety of educational backgrounds. Ham (2004) did not compare the BSN students to BSN practicing nurses. While the literature was interesting regarding nursing professional values, more research was needed to add to the growing body of knowledge.

This review of the literature included a presentation of the conceptual framework of andragogy, professional socialization, and learning in the affective domain. In addition, literature related to values, professional values, and the Code of Ethics for Nurses was presented. Nursing entry into practice was followed by research relating to professional values and educational levels. The review of the literature revealed a variety of instrumentation used to collect data related to professional values. While findings from the research presented revealed a variety of facts, there were no generalizations.

Chapter three provides methodology for this study. Research design, sampling procedures, instruments, data collection procedures, data analysis, limitations, expected findings, and timelines are presented.

CHAPTER 3. METHODOLOGY

Introduction

This study investigated nurses' professional values in AD and BS nursing students in their first and last clinical courses. The cross section of AD and BS degree nursing students gave insight into the professional values in the two predominant educational programs preparing students to become registered nurses. In addition, the professional values of practicing nurses whose highest degree was either an AD or a BS degree was compared. Quantitative and qualitative data was collected in an effort to enhance the understanding of professional values in students and nurses and the development of those values.

Research Design

This study used mixed methodology. The mixed methods approach is appropriate when the research questions direct the researcher toward quantitative and qualitative data. The design allows the researcher to investigate a phenomenon using a variety of tools which provides a more in depth understanding of the phenomenon than using quantitative or qualitative methods alone (Creswell, 2005; Tashakkori & Teddlie, 1998). The combination utilized in mixed methodology allows assessment of the process

(qualitative) as well as outcomes (quantitative) (Creswell, 2005). The result is a more complex perspective of the phenomenon.

This research was approached from a pragmatic paradigm. Pragmatism does not limit research to one type of methodology, but allows the use of quantitative and/or qualitative methods depending on the research question (Tashakkori & Teddlie, 1998). The pragmatic philosophy encourages the researcher to study what is of interest in a variety of ways that the researcher judges to be appropriate (Tashakkori & Teddlie, 1998).

In an effort to better understand the phenomenon of professional values in nursing, quantitative and qualitative methodology was used to collect data and triangulation was used to draw inferences from the analysis of data. The Nurses Professional Values Scores – Revised (NPVS-R) instrument yielded quantitative data. In addition, the Survey of Perceptions of Professional Values produced qualitative data regarding participants' definitions of professional values in nursing and factors contributing to their development.

Data collection utilizing the triangulation design was completed concurrently. In mixed methods research, the data may be given equal weight (QUAN + QUAL) or unequal weight (QUAN + qual or quan + QUAL). In this study the quantitative and qualitative data received equal weight (QUAN + QUAL), as is common with a triangulation design (Creswell & Clark, 2007). Inferences were drawn from the analysis of the quantitative data and from analysis of the qualitative data. Then, meta-inferences were drawn from analyzing the two data sets and inferences together. Figure 1 represents

the research design for this study. Other mixed methodologies that will not be used in this research include explanatory and exploratory designs.

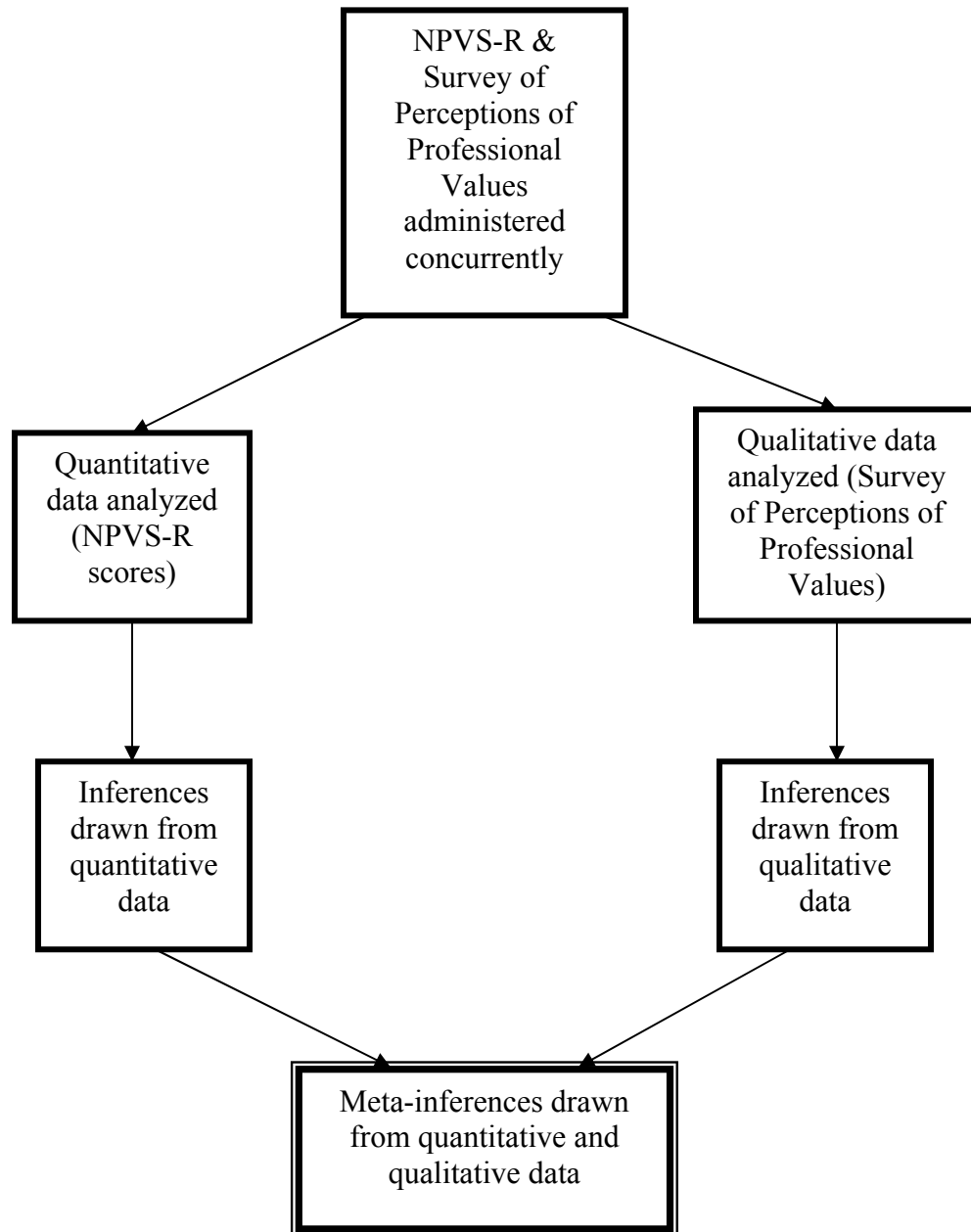


Figure 1: Research design. Adapted from *Handbook of mixed methods in social and behavioral research* (p. 226) by A. Tashakkori and C. Teddlie, 2003, Thousand Oaks, California: Sage Publications.

The explanatory design is completed in two phases or sequentially (Creswell, 2005). The quantitative data is collected first, and then the qualitative data is collected to help explain the findings from the quantitative research. This research collected quantitative data and qualitative data at the same time. Collection of data at different points in time could have skewed the participants' perceptions of nursing professional values.

Similarly, the exploratory design might have had an influence on participants' responses to the quantitative survey. In an exploratory design the qualitative data is collected first to explore the phenomenon, followed by the collection of quantitative data (Creswell, 2005). The act of participating in one type of data collection related to nursing professional values might initiate reflection on the topic and alter data collected later.

A longitudinal study requires an extended period of time, making it unfeasible for this study. Therefore, this study was cross-sectional. In a cross-sectional study, data is obtained at one point in time from different groups that are in different stages (Gall, Gall, & Borg, 2003). Therefore, cross-sectional designs do not allow assessment of changes in a cohort population (Gall et al., 2003). For example, if the last clinical level nursing students had higher NPVS-R scores (dependent variable) than the first clinical level nursing students, it would not be known if the results would be similar in the first clinical level if the scores from those who did not progress to the last clinical level had not been included. With a cross-sectional design it is impossible to know which students from the first clinical level would be successful or not successful in reaching the last clinical level of the curriculum.

The literature review revealed research related to professional values using a variety of instruments, different samples with different educational preparations (diploma, associate, baccalaureate, and master degrees), and yielded a variety of results. To add to the body of knowledge on nursing professional values, the research questions were formulated around the variables found in the literature review. This study had the advantage of investigating professional values in nursing in relation not only to the two most prominent types of basic nursing education programs, but also to practicing nurses with varying years of experience. The research questions for this study were as follows:

1. What are the perceptions of professional values in associate degree and baccalaureate degree nursing students in the first and last clinical courses from the Survey of Perceptions of Professional Values?
2. What are the perceptions of professional values in associate degree and baccalaureate degree practicing nurses from the Survey of Perceptions of Professional Values?
3. What are the differences in perceptions of student nurses and practicing nurses according to the Survey of Perceptions of Professional Values?
4. From results on the NPVS-R, what are the professional values in associate degree and baccalaureate degree nursing students in their first and last clinical courses?
5. From results on the NPVS-R, what are the professional values of practicing nurses with associate and baccalaureate degrees?
6. What are the differences in perceptions of student nurses and practicing nurses according to the NPVS-R?
7. How do results from the NPVS-R compare to the Survey of Perceptions of Professional Values from the students?
8. How do results from the NPVS-R compare to the Survey of Perceptions of Professional Values for practicing nurses?
9. What are the differences or changes in professional values in nursing students in their first and last clinical courses and in practicing nurses with increasing years of experience?

Sampling Design

The sampling method for this research was purposeful and convenience sampling. A convenience sample is one that is selected for the purpose of the study and is convenient to the researcher (Gall et al., 2003). Purposeful sampling is a non-probability method whereby the sample is not chosen by chance (Gall et al., 2003). This study utilized purposeful sampling of students in first level and last level nursing courses in two universities in a southern state. To make the sample more homogenous, schools of nursing were selected that offered both associate and baccalaureate degree programs. Students attending those schools had the opportunity to enroll in either program and therefore had to select between the two types of nursing programs. Three schools of nursing met this criterion. Two schools of nursing agreed to participate in the research.

It is generally believed that the development of professional values begins in nursing school and continues through the nurse's career (Fetzer, 2003; Schank & Weis, 2001). Since one purpose of this research was to explore professional values in nursing students, students were chosen from the two most common types of basic nursing programs – the associate and baccalaureate degree. In addition, students in the first clinical courses are just beginning their socialization into the nursing profession while students in their last clinical courses have experienced a variety of clinical settings, learned the concept of professionalism in classrooms, and observed faculty and nurses as professionals. Therefore, the accessible population for this study consisted of associate degree nursing students in first level clinical courses, associate degree nursing students in last level clinical courses, baccalaureate degree nursing students in first level clinical courses, and baccalaureate degree nursing students in last level clinical courses. All

students of participating schools who met the criteria of enrollment in the program and courses stated were offered the opportunity to participate in this study. For a statistical power at 0.7 and a medium effect size, the sample size for an alpha at the 0.05 level of significance was 144 (Gall et al., 2003). The number of available associate degree students in first level clinical courses was approximately 140, while the number of available associate students in last level clinical courses was approximately 55. The number of available baccalaureate students in first level clinical courses was approximately 170. The number of available baccalaureate students in last level clinical courses was approximately 85. The total number of students available was approximately 450.

The practicing nurse population was obtained through a combination of purposeful and non-proportional stratified sampling. By selecting nurses that met defined parameters (highest degree attained of associate or baccalaureate in nursing and years of experience), there were fewer wasted resources since surveys would not be mailed to nurses who were not of interest to this study. The target population of practicing nurses in this study was registered nurses with an active license in the same southern state as the student nurse population. The population of practicing nurses was obtained from the state board of nursing. For a statistical power of 0.7 and a medium effect size, the sample size for an alpha at the 0.05 level of significance was 144. The names and addresses of five hundred nurses that meet specified criteria were obtained from the state board of nursing. Half of the nurses had an associate degree and half had a baccalaureate degree as their highest nursing degree. Each of these groups had 125 nurses with one to three years of experience as a registered nurse and 125 nurses with five to ten years of experience as a

registered nurse. The board of nursing developed a program to determine which nurses met the stated criteria. The required number of names was selected from that list by stratified sampling. A thirty percent return rate of this sample would have yielded 150 participants.

The monetary cost of the research resulted from copying the NPVS-R, the questionnaire, the reminder postcards, and the cover letters. The greatest expense resulted from mailing the survey to nurses with an enclosed stamped self addressed envelope and postage for a follow up postcard.

Instruments

The dependent variable was the NPVS-R scores. The NPVS-R is a 26 item instrument developed by Drs. Weis and Schank (2006). This revised instrument was originally a 44 item instrument (NPVS) designed to measure nursing professional values based on the ANA's 1985 Code of Ethics for Nurses (Weis & Schank, 2000). The Likert scale instrument reflected the eleven value statements in the Code of Ethics for Nurses. Participants were asked to rate the degree of importance of these items ranging from 1 (not important) to 5 (most important). The possible scores for each participant ranged from 44 to 220. The validity was established by a panel of five experts in the area of professional values in nursing. After a pilot test the NPVS was tested on 599 participants, including baccalaureate and masters' nursing students, and practicing nurses who were selected through random sampling procedures. The alpha coefficient for the instrument was 0.94 with a test-retest reliability of 0.94 (Weis & Schank, 2000). The mean for the sample was 3.78 and eight factors were identified: care giving, activism, accountability,

integrity, trust, freedom, safety, and knowledge. Care giving and activism accounted for the greatest variance and the highest Cronbach's Alpha with scores of 0.90 and 0.80, respectively (Weis & Schank, 2000).

The Code of Ethics for Nurses was revised in 2001 resulting in a more condensed form of nine statements. Weis and Schank (2006) subsequently revised and tested the instrument on 632 nurses and students from accredited nursing programs. The revised form consisted of 37 items in a Likert scale format ranging from A (not important) to E (most important). The responses were analyzed resulting in the identification of seven factors. The Cronbach's alpha coefficients for the seven factors ranged from 0.73 to 0.87. Weis and Schank (2006) report a "high level of reliability and validity for the NPVS-R" and judged it to be a "useful instrument for measuring professional nursing values and enhancing professional socialization."

The Survey of Perceptions of Professional Values is an instrument developed by the researcher consisting of open and closed-ended questions and demographic data. This instrument was pilot tested with last clinical level baccalaureate students and registered nurses. Revisions were made to clarify the intent of the questions. Content validity was established by a panel of four faculty who teach professional values in a school of nursing and have a master's degree in nursing.

Section I was completed by students only and determined the level of education. Section II was completed by nurses only and requested data regarding the highest nursing degree attained, areas of nursing experience, and years of experience as a registered nurse. Section III was completed by all participants and asked for previous education,

age, factors contributing to the development of professional values, memberships in organizations, and perceptions of what constitutes professional values.

Independent variables included the nursing educational program of the enrolled student (associate or baccalaureate degree), the level of nursing student (enrolled in first or last level clinical courses), the highest degree held for practicing nurses (associate or baccalaureate degree), and the number of years of nursing experience of the practicing nurses. Demographic data such as age, gender, ethnicity, other education, and nursing experience was also collected. To ensure anonymity, the surveys did not request names or any identifying numbers. However, if a participant wished to be informed of the results of the study, he was given the researcher's contact information. By this method, the facilitator had no record of who participated in the research.

Data Collection

After approval from Capella and the Capella Institutional Review Board (IRB), the researcher sought approval from the participating universities. After the approvals, contact was established with facilitators at the both universities. Information provided included a description of the research, assurance of confidentiality, information regarding informed consent, the procedure for administering the surveys, and a time frame for returning the surveys. The researcher's contact information was provided. The facilitator was a volunteer faculty member who was not an instructor in the participants' courses. A follow-up call to the facilitator ensured the arrival of the surveys and provided an opportunity for the facilitator to ask any questions.

The two surveys that were used to collect data for this research were the NPVS-R and the SPPV. The NPVS-R was chosen as the only quantitative survey based on the Code of Ethics for Nurses. The SPPV was developed by the researcher to enhance the quantitative findings and to gather information on the development of professional values.

The NPVS-R and the SPPV were stapled together and given at one time. Surveys for the associate degree and baccalaureate degree programs were printed on different colored paper to assist in keeping the groups separate during data collection and data analysis. Before administering the surveys, the facilitator read a letter to the participants detailing a brief explanation of the study, measures to maintain confidentiality, the right to refuse to participate, and instructions on completing the surveys. Expected time to complete both surveys was less than ten minutes. The return of the survey implied consent of the participant (Creswell, 2005). The facilitators from the distant sites were provided postage for the return of the surveys to the researcher. Since no names or other identifying information was recorded, returning the surveys through the postal service was appropriate.

Data collection for associate degree students in the first clinical courses took place during the fall of 2007. Data collection for baccalaureate students in the first clinical course and the last clinical courses took place during the fall of 2007. Since there were no last level clinical courses for the associate degree programs in the fall of 2007, data collection for this group took place in the spring of 2008. Data for all groups was not collected at the same time due to the availability of the courses and admission

restrictions. However, data collection for groups at the same educational level was completed concurrently.

Practicing nurses received the mailed surveys and an introductory letter detailing a description of the research, assurance of confidentiality, information regarding informed consent, and a time frame for returning the surveys. The letter requested return of the surveys within two weeks. A stamped return envelope was provided to facilitate the return. A postcard reminder was mailed one week after the original mailing to enhance the return rate. As with the students, the return of the survey implied consent of the participant (Creswell, 2005).

Data Analysis

When using a mixed methods design, the researcher must decide what weight to give each type of data and when to mix the data (Creswell & Clark, 2007). In this triangulation design, the quantitative and qualitative data was given equal weight. The data was analyzed for quantitative results and qualitative results separately. The inferences drawn were analyzed utilizing all data to draw meta-inferences. Quantitative data was analyzed using SPSS computer software and with 0.05 as the statistical level of significance. Demographic data was analyzed with descriptive statistics. The results were used to describe the sample and to answer the research questions. Table 1 shows an example of a demographic table.

Research questions one and two were answered by determining the frequency, ranges, means, and percentages of responses to questions on the SPPV. Narrative responses defining professional values were analyzed for the development of common

responses and major themes. Frequencies of themes were calculated and each theme was then to be compared to the nine statements in the Code of Ethics for Nurses.

Table 1. Example of Demographic Table

Years Experience As RN	Frequency	Percentage
1	50	40
2	45	36
3	30	24
5-6	50	40
7-8	50	40
9-10	25	20

Research question three was answered by analyzing the responses from questions one and two. Inferences were drawn from the percent of common responses and major themes in the student and nurse groups.

Research questions four and five were analyzed using a one way ANOVA. The ANOVA compares the variance between groups with the variance within groups (Gall, et al., 2003). Responses for each item on the NPVS-R were totaled for each participant. NPVS-R scores were the dependent variable. The independent variables for students were the educational program (associate and baccalaureate) and the length of time in the program (first clinical courses and last clinical courses). The independent variables for practicing nurses are the highest degree attained (associate and baccalaureate) and the length of time as a registered nurse. Research question six was analyzed using ANOVA.

Inferences from the quantitative and qualitative data from research questions seven, eight, and nine were compared and analyzed to develop meta-inferences. Inference quality of a mixed methods study is determined by selecting the appropriate design for answering the research questions and implementing the research following procedures with rigor (Tashakkori & Teddlie, 2003). Mixed methods have the potential for stronger inferences due to the triangulation of data sources. Sampling procedures in mixed methods studies are often mixed sampling methods. This increases the inference quality and the generalizability (Tashakkori & Teddlie, 2003). This study utilized purposeful sampling of nursing students in first clinical level and last clinical level nursing courses. The population came from universities which offered both the associate and baccalaureate degree in nursing programs. The sample was more homogenous since students select which degree program to pursue. Other methods for increasing inference quality and transferability include the use of triangulation techniques, storing raw data for use later for reanalysis and validation of results, thick description of data, and reflexive journaling by the researcher during the research (Tashakkori & Teddlie, 1998).

Limitations

There were several limitations to this study. This research was cross-sectional as opposed to longitudinal. Cross-sectional methods limits results due to the effects of history and changes in the population that have occurred over time, such as maturation and attrition (Gall, et al., 2003). Another limitation was the lack of standardization in nursing curricula in different schools. Clinical experiences vary from student to student. Even within the same school of nursing, the last level students might have had different

instructors in first level than the current first level students. Hence, there was no continuity in teaching styles, methods, materials, or experiences in classroom or clinical for the students.

The instruments were administered concurrently. One survey might influence the response on the second survey. Participants may not have taken time to give reflective thought to the qualitative questions resulting in data that is less in-depth. To decrease this potential, the SPPV was developed with responses of check-list and short answers with only one question asking for a more in-depth answer. This question was placed last on the survey and prefaced with "Please take time to reflect." The time required to complete the survey to that point was approximately two minutes. Because participants were investing such little time, it is expected that participants took more time to answer this question as requested.

Expected Findings

The expected findings from the SPPV were demographic data and definitions of nursing professional values that were mostly related to patient care, patient rights, respect, integrity, and accountability in care of the patient. The questionnaire also provided the participants' perceptions on development of professional values. Expected contributing factors included college, lectures, clinical experience, mentors, and teachers. However, during the pilot study, other factors were listed by the participants.

Last level students from both educational programs were expected to have higher scores on the NPVS-R than first level students. Practicing nurses were expected to have scores equal to or greater than last level students from their respective educational

background as experienced by Leners et al. (2006). One research found that graduating baccalaureate and associate degree nursing students showed no significant difference in NPVS scores (Martin et al., 2003). There were no preconceived expectations between associate and baccalaureate degree participants in this study. This researcher had no preconceived ideas regarding changes in professional values of practicing nurses related to years of work experience as a nurse. Although it would seem that professional values would be lower in nurses with fewer years experience and higher in nurses with more years of experience, nurses who have practiced longer might have become apathetic toward topics not related to direct patient care. Research has shown professional values to increase in practicing nurses (Schank & Weis, 2001). However, in related research using the Nursing Dilemma Test, Ham (2004) found that senior baccalaureate students scored higher on moral reasoning than did experienced practicing nurses. Lastly, the qualitative results were expected to offer insight to and enhance the understanding of the quantitative data.

Time Lines

This research took place over a period of five months. The estimated time to gain approval was the first of October 2007. Therefore, data collection for nurses began immediately after approval with the mailing of the surveys. All data for students was collected by mid-December, with the exception of last level associate degree students. Since no last level associate degree courses were offered in the fall of 2007, the data collection for this group took place in February 2008. Rationale for collecting data in the second month of the semester included allowing faculty and students to get "settled" for

the semester and allowing students to experience at least one month of clinical in the last clinical level. The time line is depicted in Table 2.

Table 2. Tasks and Time Line

Month/Year	Activity
October/2007	Obtain approval.
October/December 2007	Mail surveys to practicing nurses and schools of nursing. Collect data from BS first level students. Collect data from AD first level students. Collect data from BS last level students
December/2007	Begin to analyze and code qualitative data. Enter quantitative data into SPSS.
February/2008	Collect data for AD last level students. Analyze all data.

CHAPTER 4. DATA COLLECTION AND ANALYSIS

Introduction

The purpose of this study was to compare nursing professional values in associate and baccalaureate degree nursing students in their first and last clinical courses and in practicing nurses with an associate or baccalaureate degree who have worked for one to three years or five to ten years. Demographic and qualitative data were gathered using the SPPV. This instrument asked participants to define professional values in their own words, where they learned professional values, past work experience as a nurse, previous educational experiences, and memberships in professional nursing organizations. Analysis of the definitions of nursing professional values consisted of identifying common responses and identifying major themes. Frequency and percentage of responses were calculated and compared.

In addition, quantitative data was gathered using the NPVS-R to determine if professional values were different in students in associate and baccalaureate degree nursing programs and if professional values were different in associate and baccalaureate degree nurses. The NPVS-R is a Likert response survey consisting of 26 items. Participants were asked to report the importance of nursing value statements on a scale of five responses ranging from not important to most important. Results from the SPPV and

the NPVS-R were then analyzed to determine differences in student and nurse participants.

The research questions that guided this study were:

1. What are the perceptions of professional values in associate degree and baccalaureate degree nursing students in the first and last clinical courses from the Survey of Perceptions of Professional Values?
2. What are the perceptions of professional values in associate degree and baccalaureate degree practicing nurses from the Survey of Perceptions of Professional Values?
3. What are the differences in perceptions of student nurses and practicing nurses according to the Survey of Perceptions of Professional Values?
4. From results on the NPVS-R, what are the professional values in associate degree and baccalaureate degree nursing students in their first and last clinical courses?
5. From results on the NPVS-R, what are the professional values of practicing nurses with associate and baccalaureate degrees?
6. What are the differences in perceptions of student nurses and practicing nurses according to the NPVS-R?
7. How do results from the NPVS-R compare to the Survey of Perceptions of Professional Values from the students?
8. How do results from the NPVS-R compare to the Survey of Perceptions of Professional Values for practicing nurses?
9. What are the differences or changes in professional values in nursing students in their first and last clinical courses and in practicing nurses with increasing years of experience?

Description of Sample

Nursing students from two universities were offered the opportunity to participate in this study. Three hundred twelve students returned surveys. Of those, five were not used due to missing data identifying educational program or semester enrolled. Student

participants consisted of 42 first level associate degree nursing students, 70 last level associate degree nursing students, 124 first level baccalaureate degree nursing students, and 71 last level baccalaureate degree nursing students (see Table 3).

Table 3. Number of Student Participants

Degree Program	First Level		Last Level		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Associate	42	13.7	70	22.8	112	36.5
Baccalaureate	124	40.4	71	23.1	195	63.5

The mean age of students is listed in Table 4. Associate degree students had a higher mean age than baccalaureate students by approximately eight years.

Table 4. Mean Age of Student Participants

Variable	<i>N</i>	Mean	<i>SD</i>	Minimum	Maximum
Associate					
First Level	41	30.7	9.5	19	54
Last Level	63	33.3	7.8	21	55
Baccalaureate					
First Level	122	22.7	4.5	19	44
Last Level	71	25.4	5.6	22	51

Note: Discrepancies in number of participants due to missing data

Table 5 presents gender and ethnic data for the students. The majority of the students in both programs were female (84.5%) and white (82.7%).

Table 5. Gender and Ethnic Statistics for Student Participants

Variable	AD Students		BS Students		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Gender						
Female	95	86.4	162	83.5	257	84.5
Male	15	13.6	32	16.5	47	15.5
Ethnic Group						
African-American	12	10.7	23	11.8	35	11.4
Asian/Pacific Islander	1	0.9	3	1.5	4	1.3
White	93	83.0	161	82.6	254	82.7
Hispanic	2	1.8	0	0	2	0.7
Native American	1	0.9	4	2.1	5	1.6
Other	0	0	3	1.5	3	1.0

Note: Discrepancies in frequency due to missing data

The majority of students (62.9%) had no previous degrees or education. Table 6 lists the number and percent of students with previous education experience. Educational experiences in the other category included telemetry tech, advanced life support courses, medical assistant, phlebotomy, dental hygienist, graphic communication, medic, and exercise physiologist.

Table 6. Previous Education of Students

Education	<i>N</i>	Percent
Licensed Practical Nurse (LPN)	21	6.8
Respiratory Therapist	0	0
Certified Nursing Assistant (CNA)	27	8.8
Paramedic	1	0.3
Emergency Medical Technician (EMT)	9	2.9
Diploma in Nursing	2	0.7
Previous Baccalaureate	25	8.1
Previous Associate Degree	8	2.6
Other	13	4.2
None	193	62.9

On the Survey of Perceptions of Professional Values, students were asked "Where have you learned about nursing professional values?" Respondents answered this question by check list and write in answer. Table 7 lists the number and percent of student responses. The top five responses from students were teachers (93.2%), college (88.9%), clinical experience (87%), lectures (83.4%), and patient care (61.9%). Other responses included classmates (51.1%), journals (50.8%), supervisors (36.5%), and professional nursing organizations (33.3%).

A related question asked "what major factors contributed to the development of your nursing professional values?" Participants wrote in responses to this question. The major factor identified by students were clinical experience (30%), teachers (28.7%), own values (23.8%), and education (22.5%). Other responses included family, life experiences, faith, present work, nursing professional values, caring, being a patient, mentors, media, classmates, and seminars (see Table 8).

Table 7. Where Students Learned About Nursing Professional Values

Responses	<i>N</i>	Percent
Teachers	286	93.2
College	273	88.9
Clinical Experiences	267	87.0
Lectures	256	83.4
Patient Care	190	61.9
Classmates	157	51.1
Journals	156	50.8
Family	110	35.8
Internet	110	35.8
Professional Nursing Organizations	97	31.6
Supervisors	76	24.8
Co-workers	69	22.5
Media (TV, Movies, paper)	67	21.8
Seminars/CE	42	13.7

Table 8. Major Factors Where Students Learned About Nursing Professional Values

Responses	<i>N</i>	Percent
Clinical experiences	92	30.0
Teachers	88	28.7
Own values	73	23.8
Education	69	22.5
Family	21	6.8
Life experiences	21	6.8
Faith/Spiritual	12	3.9
Present work	11	3.6
Nursing Professional Values	10	3.3
Caring	8	2.6
Being a patient	7	2.3
Mentor	5	1.6
Media	5	1.6
Classmates	2	0.7
Seminars	1	0.3

Participants were asked to list any memberships in professional nursing organizations. Student nursing organizations were included. Forty-four percent of students reported membership in a professional nursing organization.

Five hundred surveys were sent to practicing nurses with associate or baccalaureate degrees with one to three years of experience or five to ten years of experience. Ninety-six nurses responded for a return rate of 19%. Nurses participating in this study consisted of 17 associate degree nurses with one to three years of experience, 25 associate degree nurses with five to ten years of experience, 19 baccalaureate degree nurses with one to three years of experience, and 35 baccalaureate degree nurses with nurses with five to ten years of experience (see Table 9).

Table 9. Number of Nurse Participants

Degree Program	1-3 Years Experience		5-10 Years Experience		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Associate	17	20.3	19	22.6	36	42.9
Baccalaureate	19	22.6	29	34.5	48	57.1

Table 10 presents the descriptive statistics of gender and ethnicity for nurse participants. The majority of the nurses in were female (85.3%) and white (91.7%). Other ethnic groups represented were Asian/Pacific Islander and African American.

The mean age of nurses is presented in Table 11. The associate degree nurse groups had a higher mean age than the corresponding baccalaureate nurse groups.

Table 10. Gender and Ethnic Statistics for Nurse Participants

Variables	Associate Nurses		Baccalaureate Nurses		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Gender						
Female	38	90.5	43	81.1	81	85.3
Male	4	9.5	10	18.9	14	14.7
Ethnic Group						
African-American	4	9.5	1	1.9	5	5.2
Asian/Pacific Islander	0	0	1	1.9	1	1.0
White	38	90.5	50	92.6	88	91.7
Hispanic	0	0	0	0	0	0
Native American	0	0	0	0	0	0
Other	0	0	0	0	0	0

Note: Discrepancies in frequency due to missing data

Table 11. Mean Age of Nurse Participants

Variable	<i>N</i>	Mean	<i>SD</i>	Minimum	Maximum
Associate					
1-3 years experience	17	34.24	8.44	23	50
5-10 years experience	24	40.29	9.62	27	61
Baccalaureate					
1-3 years experience	19	29.74	9.55	23	59
5-10 years experience	33	37.39	9.76	26	64

Note: Discrepancies in number of participants due to missing data

The majority of nurses (46.9%) had no previous degrees or education. Table 12 lists the number and percent of nurses with previous education experience.

Table 12. Previous Education of Nurses

Education	<i>N</i>	Percent
Licensed Practical Nurse (LPN)	11	11.5
Respiratory Therapist	2	2.1
Certified Nursing Assistant (CNA)	8	8.3
Paramedic	1	1.0
Emergency Medical Technician (EMT)	7	7.3
Diploma in Nursing	3	3.1
Previous Baccalaureate	2	2.1
Previous Associate Degree	3	3.1
Other	11	11.5
None	45	46.9

Educational experiences in the other category included healthcare administrator, radiological technologist, licensed physical therapist assistant, pharmacy technician, licensed electrologist, wound care certification, and under graduate studies. In addition, nurses reported 31 areas of work experience. The most frequently mentioned work experience/area were medical/surgical (33.3%), charge nurse (29.2%), intensive care unit (24%), emergency department (21.9%), telemetry (19.6%), surgery (15.6%), and labor and delivery (14.6%). The "other" areas ranged from one to nine percent in frequency and included home health, orthopedics, oncology, pediatrics, psychiatric, rehabilitation, renal, newborn, step down, air transport, dialysis, cath lab, and hospice.

Practicing nurses reported continuing formal education toward a nursing degree in section II of the SPPV. The most frequent degree being pursued by nurses was the Master

of Science in nursing (MSN). Fifteen nurses or 15.6% of all nurses were seeking a MSN. However, the BS nurses were the only ones pursuing this degree. That translated to 28% of BS nurses. One nurse (1%) was near graduation for Certified Registered Nurse Anesthetist (CRNA) and seven AD nurses (7.3%) were taking courses toward a BS in nursing.

On the SPPV nurses were asked "Where have you learned about nursing professional values?" Respondents answered this question by check list and write in answer (see Table 13). The top five responses from nurses were clinical experience (84.4%), college (79.2%), teachers (64.6%), patient care (59.4%), and co-workers (52.1%). Other responses included lectures (42.7%), seminars (40.6%), journals (38.5%), supervisors (36.5%), and professional nursing organizations (33.3%).

Table 13. Where Nurses Learned About Nursing Professional Values

Responses	<i>N</i>	Percent
Clinical Experiences	81	84.4
College	76	79.2
Teachers	62	64.6
Patient Care	57	59.4
Co-workers	50	52.1
Lectures	41	42.7
Seminars/CE	39	40.6
Journals	37	38.5
Supervisors	35	36.5
Professional Nursing Organizations	32	33.3
Classmates	26	27.1
Family	23	24.0
Media (TV, Movies, paper)	10	10.4
Internet	7	7.3

A related question asked "what major factors contributed to the development of your nursing professional values?" Participants wrote in responses to this question. The major factor identified by the nurses were present work (36.5%), own values (35.4%), education (16.7%), family (14.6%), and teachers (12.5%). Other responses included clinical experiences, faith, life experiences, nursing professional standards, caring, classmates, and mentors (see Table 14).

Participants were asked to list any memberships in professional nursing organizations. Thirty-four percent of nurses reported membership in one or more professional nursing organizations.

Table 14. Major Factors Where Nurses Learned About Nursing Professional Values

Responses	<i>N</i>	Percent
Present work	35	36.5
Own values	34	35.4
Education	16	16.7
Family	14	14.6
Teachers	12	12.5
Mentor	7	7.3
Life experiences	5	5.2
Clinical experiences	4	4.2
Faith/Spiritual	4	4.2
Caring	3	3.1
Nursing Professional Values	1	1.0
Classmates	1	1.0

Findings

Research questions one, two, and three are answered from the responses to the last question on the Survey of Perceptions of Professional Values. This item asked the participant to respond to the following question and statement: "In your [bold] opinion, what do you believe are professional values? What behaviors or actions by nurses demonstrate professional values? Please take time to reflect on activities that may occur at work and away from work." Responses were analyzed and common responses identified. Analysis of the common responses revealed three major themes: Patient Care behaviors, Self Accountability behaviors, and Profession Promotion behaviors. Common responses and major themes are presented in the following tables, along with the percent of students and nurses that used the response in defining professional values. Research questions one, two, and three are answered using the common responses and themes. The identified common responses and major themes could not be matched to the statements from the Code of Ethics for Nurses. While some common responses did not match any statement, some could match several statements depending on the intent of the participant.

Research Question 1

The first research question asked "What are the perceptions of professional values in associate degree and baccalaureate degree nursing students in the first and last clinical courses from the Survey of Perceptions of Professional Values?" Fifty-four point eight percent of associate degree students in their first clinical courses defined professional values most often in behaviors related to Patient Care. Respect (47.6%), confidentiality

(16.7%), care of patients (14.3%), and meeting patient needs (11.9%) were the responses most frequently used to define professional values. Responses related to Self Accountability and Profession Promotion were used by 28.6% and 9.5 % of the students, respectively. The common responses (i.e. accountability, confidentiality, competency, and research) in these themes were used by less than ten percent of the group. Percentages of students using the common responses and major themes are listed in Table 15.

Associate degree students in the last clinical courses defined professional values most often in behaviors related to Patient Care. Patient Care responses were used by 58.6% of this group to define professional values. The most common responses in this theme were respect (48.6%), confidentiality (21.4%), patient advocacy (12.9%), and keep patients safe (12.9%). The frequency of Self Accountability was 41.4%. The two most common responses in this theme were integrity, with a frequency of 21.4%, and personal values, with a frequency of 14.3%. The theme Profession Promotion had the lowest frequency at 4.3%. All other common responses were below ten percent (see Table 15).

Baccalaureate degree students in their first clinical courses defined professional values most frequently with the Patient Care theme (66.9%). The most common responses in this theme were respect (50%), confidentiality (18.5%), care of patients (14.5%), and meeting patient needs (14.5%). The Self Accountability theme was used by 34.7% with the most frequent response in competency (15.3%). The Profession Promotion theme had the lowest percentage with 11.3%.

Table 15. Common Responses Used by Students to Define Professional Values

Major Themes and common responses	Percentage of Students			
	AD First Level <i>N</i> =42	AD Last Level <i>N</i> = 70	BS First Level <i>N</i> = 124	BS Last Level <i>N</i> = 71
Patient Care	54.8	58.6	66.9	54.9
Respect	47.6	48.6	50.0	35.2
Care of patients	14.3	8.6	14.5	15.5
Meet patient needs	11.9	2.9	14.5	5.6
Confidentiality	16.7	21.4	18.5	12.7
Patient advocacy	9.5	12.9	12.9	5.6
Patient education	0	0	2.4	1.4
Teamwork	0	2.9	1.6	0
Keep patients safe	0	12.9	7.3	7.0
Self Accountability	28.6	41.4	34.7	32.4
Accountability	4.8	4.3	6.5	5.6
Competency	9.5	7.1	15.3	14.1
Do the right thing	4.8	4.3	3.2	7.0
Lifelong learning	9.5	8.6	7.3	8.5
Integrity	4.8	21.4	7.3	11.3
Personal values	0	14.3	6.5	2.8
Work ethic	0	0	4.0	1.4
Professionalism outside of work	2.4	4.3	0.8	2.8
Profession Promotion	9.5	4.3	11.3	8.5
Research	0	0	3.2	0
Promote nursing	4.8	4.3	5.6	7.0
Member of a nursing organization	7.1	0	5.6	4.2
No Response/Blank	35.7	31.4	24.2	30.9

Baccalaureate degree students in their last clinical course defined professional values most frequently with the Patient Care theme (54.9%). The most common responses in this theme were respect (35.2%), care of patients (15.5%), and confidentiality (12.7%). The percentage of students in this group defining professional values with the Self Accountability theme was 32.4%. The common response with the highest percent was competency of the nurse, which was used by 14.1%. The theme of Profession Promotion had the lowest percentage of responses with 8.5%.

Research Question 2

The second research question asked "What are the perceptions of professional values in associate degree and baccalaureate degree practicing nurses from the Survey of Perceptions of Professional Values?" Eighty-two point four percent of AD nurses with one to three years of experience defined professional values most often in terms of Patient Care. The most frequent response was respect (58.8%), followed by care of patients (29.4%), meeting patient needs (17.6%), and confidentiality (17.6%). Self Accountability behaviors were cited to define professional values by 23.5% of this group while Profession Promotion behaviors were used by 5.9%. Table 16 presents the percentages of nurses using each common response and major theme.

Associate degree nurses with five to ten years of experience defined professional values most frequently with the Patient Care theme (48%). The most frequent common responses were respect (44%) and confidentiality (12%). Self Accountability was the second most frequent theme with a response of 36%. The most frequent common responses in this theme were do the right thing (16%), competency (12%), lifelong

learning (12%), and personal values (12%). Profession Promotion was the least frequent theme with 12% response.

Table 16. Major Themes and Common Responses Used by Nurses to Define Professional Values

Major Themes and common responses	Percentage of Nurses			
	AD 1-3 Years Experience N=17	AD 5-10 Years Experience N=25	BS 1-3 Years Experience N=19	BS 5-10 Years Experience N=35
Patient Care	82.4	48.0	68.4	62.9
Respect	58.8	44.0	52.6	51.4
Care of patients	29.4	0	5.3	31.4
Meet patient needs	17.6	0	10.5	2.9
Confidentiality	17.6	12.0	10.5	17.1
Patient advocacy	11.8	8.0	26.3	22.9
Patient education	0	4.0	0	8.6
Teamwork	11.8	8.0	0	8.6
Keep patients safe	5.9	4.0	10.5	5.7
Self Accountability	23.5	36.0	42.1	45.7
Accountability	5.9	0	5.3	0
Competency	11.8	12.0	21.1	8.6
Do the right thing	11.8	16.0	5.3	2.9
Lifelong learning	0	12.0	26.3	22.9
Integrity	0	0	0	20
Personal values	5.9	12.0	0	5.7
Work ethic	0	0	5.3	2.9
Professionalism outside of work	0	0	0	0
Profession Promotion	5.9	12.0	0	25.7
Research	5.9	4.0	0	2.9
Promote nursing	0	8	0	22.9
Member of a nursing organization	0	0	0	8.6
No Response/Blank	17.6	40.0	26.0	34.0

Baccalaureate degree nurses with one to three years of experience defined professional values most often as respect (52.6%) and patient advocacy (26.3%); both common responses in the Patient Care theme. The Patient Care theme had a frequency of 68.4% and Self Accountability 42.1%. The two higher responses in Self Accountability were lifelong learning (26.3%) and competency (21.1%). There were no responses in the theme of Profession Promotion for this group.

Baccalaureate degree nurses with five to ten years experience defined professional values most frequently with the Patient Care theme (62.9%). Respect (51.4%), care of patients (31.4%), patient advocacy (22.9%), and confidentiality (17.1%) were the most frequently used common responses in the Patient Care theme. Self Accountability theme was used by 45.7% of this group to define professional values. Lifelong learning (22.9%) was the most frequently used common response in the Self Accountability theme.

The Profession Promotion theme of this group had the highest frequency of the nurse group with 25.7%. Twenty-two point nine percent of the BS nurses with five to ten years experience wrote that professional values included promoting or being an advocate for the nursing profession

Research Question 3

The third research question asked "What are the differences in perceptions of student nurses and practicing nurses according to the Survey of Perceptions of Professional Values?" All student groups most frequently defined nursing professional values using the Patient Care common responses. Self Accountability was always second

most frequent and Profession Promotion was always the least frequent theme. Respect was consistently the most frequent common response in all student groups.

There was a slightly higher percentage of last level AD students (58.6%) defining professional values using the Patient Care theme than first level AD students (54.8%). A higher percent of last level AD students (41.4%) defined professional values with the Self Accountability theme than the first level AD students (28.6%). The common response that showed the most difference was integrity. Integrity was higher in the last level AD and BS students than their respective first level counterparts. However, the AD nurses and the BS nurses with one to three years of experience did not use integrity in their definition. The BS nurses with five to ten years of experience were the only nurses to use integrity in their definitions. The one major theme that decreased from first to last level in both associate and baccalaureate degree students was Profession Promotion. This theme response was consistently low, with the highest response produced by the BS nurses with five to ten years of experience (25.7%).

Unlike the associate degree student response, baccalaureate degree students had a lower percentage in all three themes from first level to last level. See Table 17. The greatest differences were in the Patient Care theme in first level BS students (66.9%) and last level BS students (54.9%) and in the Self Accountability theme in first level AD students (28.6%) and last level AD students (41.4%). While the AD students showed a higher percent in last level, the BS students showed a higher percent in the first level. Overall, baccalaureate first level students had the highest percentage of all student groups in the Patient Care and Profession Promotion themes and second highest percentage in the Self Accountability theme.

Table 17. Percentage of Major Themes in Nursing Students

Major Themes	AD Student First Level <i>N</i> =42	AD Student Last Level <i>N</i> =70	BS Student First Level <i>N</i> =124	BS Student Last Level <i>N</i> =71
Patient Care	54.8	58.6	66.9	54.9
Self Accountability	28.6	41.4	34.7	32.4
Profession Promotion	9.5	4.3	11.3	8.5

In comparing the percentage of the associate degree students' responses to the baccalaureate degree students' responses, the differences diminish to less than six percentage points. Table 18 presents the frequency and percentage of all student major theme responses.

As in all student groups, the most frequent theme in all nurse groups was Patient Care, followed by Self Accountability, and lastly Profession Promotion. Respect was consistently the most frequent common response from all nurse groups.

The AD nurses with one to three years of experience had the highest frequency of responses to the Patient Care theme with 82.4%. That percentage was lower in the associate degree nurse with five to ten years of experience (48%). Self Accountability and Profession Promotion themes were both higher in nurses with more years experience. Self Accountability in nurses with one to three years of experience and five to ten years of experience was 23.5% to 36%, respectively, while Profession Promotion was 5.9% and 12% respectively. Data is presented in Table 19.

Table 18. Frequency and Percentage of AD and BS Student Theme Response

Major Themes	AD Students N=112		BS Students N=195	
	Frequency	Percent	Frequency	Percent
Patient Care	64	57.1	122	62.6
Self Accountability	41	36.6	66	33.8
Profession Promotion	7	6.2	20	10.3

Table 19. Percentage of Theme Responses in Nurses

Description	AD 1-3 Years of Experience N=17	AD 5-10 Years of Experience N=25	BS 1-3 Years of Experience N=19	BS 5-10 Years of Experience N=35
Patient Care	82.4	48.0	68.4	62.9
Self Accountability	23.5	36.0	42.1	45.7
Profession Promotion	5.9	12.0	0	25.7

The BS nurses with one to three years of experience and five to ten years of experience had similar percentages of responses in the Patient Care and Self Accountability themes with less than six percentage points difference. However, similar to the associate degree nurses, there was a lower percentage in the five to ten year group than in the one to three year group. Profession Promotion showed the greatest difference

with a zero percent in the BS nurses with one to three years of experience and 25.7% in the BS nurses with five to ten years of experience.

The greatest differences are seen in the associate degree nurses in the Patient Care theme and in the baccalaureate degree nurses' Profession Promotion theme. In the AD nurses with five to ten years of experience there was a 34.4 percentage point drop in the Patient Care theme. BS nurses with five to ten years of experience not only increased the percentage points from 0% to 25.7% in the Profession Promotion theme, they also had the highest percentage of frequency in the Profession Promotion theme of not only the nurse groups, but all student groups as well.

When examining all associate degree nurses and all baccalaureate degree nurses, the baccalaureate nurses have a higher percentage of frequencies in each of the themes. Table 20 presents the frequency and percent of responses of students in both educational programs.

Table 20. Frequency and Percentage of AD and BS Nurses' Theme Response

Description	AD Nurses N=42		BS Nurses N=54	
	Frequency	Percent	Frequency	Percent
Patient Care	26	61.9	35	64.8
Self Accountability	13	31.0	24	44.4
Profession Promotion	4	9.5	9	16.7

In comparing the percentage of frequencies of all nurses and all students, there is less than five percentage points difference in the two groups (see Table 21). The nurses had higher percentages of frequencies in all three major themes in defining professional values. As with all other results, Patient Care remains the most frequent response when defining professional values, indicating that nurses and students think of professional values most often in terms of how they care for patients. Table 21 presents student and nurse percentages related to the major themes.

Table 21. Frequency and Percentage of Student and Nurse Theme Responses

Description	Students N=307		Nurses N =96	
	Frequency	Percent	Frequency	Percent
Patient Care	186	60.6	61	63.5
Self Accountability	107	34.9	37	38.5
Profession Promotion	27	8.8	13	13.5

Research Question 4.

The fourth research question asked "From results on the NPVS-R, what are the professional values in associate degree and baccalaureate degree nursing students in their first and last clinical courses?" To answer this question, participants were asked to complete the NPVS-R. The NPVS-R is a twenty-six item Likert scale survey asking

participants to indicate the importance of value statements from “not important” to “very important.” Most important was coded as five, very important four, important three, somewhat important two, and not important one. The possible range of scores was 26 to 130.

All nursing students in the groups identified were given the NPVS-R. Some students did not complete the NPVS-R survey, resulting in the difference in the number of students completing the NPVS-R and the number of students completing the SPPV. The number of participants, range of total NPVS-R score, mean total NPVS-R score, and standard deviation for each student group are displayed in Table 22.

Table 22. Mean NPVS-R Scores of Student Participants

Participant Group	<i>N</i>	Range	Mean	<i>SD</i>
AD First Level	42	90-130	109.43	9.79
AD Last Level	66	79-130	108.00	12.34
BS First Level	117	82-130	110.91	11.29
BS Last Level	68	86-130	108.79	11.28

The scores of 42 first level AD students ranged from 90 to 130 with a mean score of 109.43 and a *SD* of 9.79. Sixty-six last level AD students had scores ranging from 79 to 130 with a mean score of 108 and a *SD* of 12.34. The scores of 117 first level BS students ranged from 82 to 130 with a mean score of 110.91 and a *SD* of 11.29. Sixty-

eight last level BS students had scores ranging from 86 to 130 with a mean score of 108.79 and a *SD* of 11.28.

Table 23 displays the six professional values statements scored highest by associate degree students. The highest mean was 4.77. A score of five was “most important” and a score of four was “very important.”

Table 23. Top Six Statements for AD Students

Highest Rank	Question Number	Mean	Statements
1	25	4.77	Maintain confidentiality of patient.
2	21	4.74	Safeguard patient’s right to privacy.
2	15	4.74	Maintain competency in area of practice.
4	16	4.72	Protect moral and legal rights of patients.
5	3	4.67	Protect health and safety of the public.
6	14	4.66	Accept responsibility and accountability for own practice.

Table 24 displays six statements with the lowest mean scores in the AD students. These scores ranged from 3.34 to 3.77. A score of 3 indicated a rank of “important.”

Table 25 displays six statements that BS students scored the highest. The highest mean was 4.74.

Table 24. Lowest Six Statements for AD Students

Lowest Rank	Question Number	Mean	Statements
1	17	3.34	Refuse to participate in care if in ethical opposition to own professional values.
2	4	3.43	Participate in public policy decisions affecting distribution of resources.
3	5	3.46	Participate in peer review.
4	26	3.50	Participate in activities of professional nursing associations.
5	19	3.51	Participate in nursing research and or implement research findings appropriate to practice.
6	11	3.77	Recognize role of professional nursing associations in shaping health care policy.

Table 25 Top Six Statements for BS Students

Highest Rank	Question Number	Mean	Statements
1	15	4.74	Maintain competency in area of practice.
2	25	4.72	Maintain confidentiality of patient.
3	3	4.69	Protect health and safety of the public.
3	14	4.69	Accept responsibility and accountability for own practice.
3	16	4.69	Protect moral and legal rights of patients.
6	21	4.64	Safeguard patient's right to privacy.

Table 26 displays six statements that BS students scored the lowest. The lowest mean was 3.53; three indicated a rank of “important.”

Table 26. Lowest Six Statements for BS Students

Lowest Rank	Question Number	Mean	Statements
1	4	3.53	Participate in public policy decisions affecting distribution of resources.
1	5	3.53	Participate in peer review.
3	17	3.59	Refuse to participate in care if in ethical opposition to own professional values.
4	19	3.65	Participate in nursing research and or implement research findings appropriate to practice.
5	26	3.67	Participate in activities of professional nursing associations.
6	11	3.85	Recognize role of professional nursing associations in shaping health care policy.

Research Question 5

The fifth research question asked "From results on the NPVS-R, what are the professional values of practicing nurses with associate and baccalaureate degrees?" A total of 92 nurses completed the NPVS-R. All nurses completing the NPVS-R survey did not complete the SPPV, hence the difference in the number of nurse participants. Table 27 displays the number of participants, range of total NPVS-R scores, mean total NPVS-R score, and *SD* for each nurse group. Seventeen associate degree nurses with one to

three years of experience had scores ranging from 71 to 121 with a mean score of 104.47 and a *SD* of 13.22. Twenty-three associate degree nurses with five to ten years of experience had scores ranging from 79 to 128 with a mean score of 107.78 and a *SD* of 14.73. Nineteen baccalaureate degree nurses had scores ranging from 73 to 129 with a mean score of 102.63 and a *SD* of 14.29. Thirty-three baccalaureate nurses had scores ranging from 33 to 130 with a mean score of 104.94 and a *SD* of 19.08.

Table 27. Mean NPVS-R Scores of Nurse Participants

Participant Group	<i>N</i>	Range	Mean	<i>SD</i>
Associate Degree 1-3 years experience	17	71-121	104.47	13.22
Associate Degree 5-10 years experience	23	79-128	107.78	14.73
Baccalaureate Degree 1- 3 years experience	19	73-129	102.63	14.29
Baccalaureate Degree 5- 10 years experience	33	33-130	104.94	19.08

Table 28 displays six statements that AD nurses scored the highest. The highest mean was 4.79.

Table 29 displays six statements that AD nurses scored the lowest. The lowest mean was 3.02.

Table 28. Top Six Statements for AD Nurses

Highest Rank	Question Number	Mean	Statements
1	15	4.79	Maintain competency in area of practice.
2	14	4.69	Accept responsibility and accountability for own practice.
3	16	4.62	Protect moral and legal rights of patients.
3	25	4.62	Maintain confidentiality of patient.
5	18	4.60	Act as a patient advocate.
5	21	4.60	Safeguard patient's right to privacy.

Table 29. Lowest Six Statements for AD Nurses

Lowest Rank	Question Number	Mean	Statements
1	26	3.02	Participate in activities of professional nursing associations.
2	4	3.24	Participate in public policy decisions affecting distribution of resources.
3	19	3.39	Participate in nursing research and or implement research findings appropriate to practice.
4	13	3.52	Assume responsibility for meeting health needs of the culturally diverse population.
5	5	3.57	Participate in peer review.
6	17	3.74	Refuse to participate in care if in ethical opposition to own professional values.

Table 30 displays six statements that BS nurses scored the highest. The highest mean was 4.67.

Table 30. Top Six Statements for BS Nurses

Highest Rank	Question Number	Mean	Statements
1	15	4.67	Maintain competency in area of practice.
2	14	4.59	Accept responsibility and accountability for own practice.
3	16	4.52	Protect moral and legal rights of patients.
4	2	4.50	Request consultation/collaboration when unable to meet patient needs.
5	9	4.44	Seek additional education to update knowledge and skills.
6	18	4.43	Act as a patient advocate.

Table 31 displays six statements that BS nurses scored the lowest. The lowest mean was 3.25.

Table 31. Lowest Six Statements for BS Nurses

Lowest Rank	Question Number	Mean	Statements
1	26	3.25	Participate in activities of professional nursing associations.
2	4	3.37	Participate in public policy decisions affecting distribution of resources.
3	19	3.43	Participate in nursing research and or implement research findings appropriate to practice.
4	5	3.44	Participate in peer review
5	11	3.57	Recognize role of professional nursing associations in shaping health care policy.
6	17	3.59	Refuse to participate in care if in ethical opposition to own professional values.

Research Question 6

The sixth research question asked "What are the differences in perceptions of student nurses and practicing nurses according to the NPVS-R?" To answer this question a one way ANOVA was computed using the mean total scores. In addition, the six statements with the highest and lowest means for the student and nurse groups were compared.

Results of the one way ANOVA are presented in Table 32. With an N of 403, the resulting F value for differences between the groups was 1.88. The resulting p was 0.072. A p of 0.072 indicates no significant difference between groups.

Table 32. Results of One Way ANOVA for all Groups

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance of p
Between groups	2096.32	7	299.48	1.88	0.072
Within groups	60045.82	377	159.27		
Total	62142.14	384			

A post hoc analysis was computed using the Scheffe test for multiple comparisons. Results are shown in Appendix B. There were no significant differences between groups. The Scheffe also computes each group's average score (see Table 33).

Table 33. Total NPVS-R Means

Groups	N	Mean NPVS-R Score
Nurses BS 1-3 years experience	19	102.63
Nurses AD 1-3 years experience	17	104.47
Nurses BS 5-10 years experience	33	104.94
Nurses AD 5-10 years experience	23	107.78
Students AD last level	66	108.00
Students BS last level	68	108.79
Students AD first level	42	109.43
Students BS first level	117	110.91

Nurses had lower NPVS-R mean scores than students. Nurses with one to three years of experience had the lowest mean scores, followed by the nurses with five to ten years of experience. Students in the first level of clinical courses had higher mean scores than the last level students. Students had higher mean scores than nurses.

The six statements with the highest and lowest means in AD and BS students were the same. In addition, the greatest difference between the mean of each of these statements in AD and BS groups was 0.25 or less. Four of the six statements with the highest means in AD and BS nurses were the same. These statements were to maintain competency in area of practice, accept responsibility and accountability for own practice, protect moral and legal rights of patients, and act as a patient advocate. Three of the statements with the highest means were the same for all students and nurses. The values were to maintain competency in area of practice, accept responsibility and accountability for own practice, and protect the moral and legal rights of patients. Two of the top six statements in the students (confidentiality and protect the health and safety of the public) were in the top six for the AD nurses also. The students' last statement in the top six was to safeguard the right to privacy. This statement was not in the top six for the nurses. Two statements in the top six for the BS nurses were not in the top six for the students (update knowledge and request collaboration when unable to meet patient needs). Additionally, the nurses rated patient advocacy in the top six statements, while this topic was ranked lower in the students.

The six statements with the lowest means in AD and BS students were the same. Five out of six statements for the AD and BS nurses were the same. The statements with the lowest means that the students and nurses had in common were to participate in

public policy decisions affecting distribution of resources, participate in activities of professional nursing associations, participate in nursing research and or implement research findings appropriate to practice, participate in peer review, and refuse to participate in care if in ethical opposition to own professional values.

Research Question 7

The seventh research question asked "How do results from the NVPS-R compare to the SPPV in the students?" Participants' responses on the SPPV showed that AD and BS nursing students in the first and last levels of clinical courses most often thought of nursing professional values in terms of Patient Care themes such as respect, confidentiality, and patient advocacy (see Table 15). Respect was the most common response in all student groups. The second most frequent theme was Self Accountability. The most common responses in this theme were accountability, competency, integrity, and lifelong learning. The theme Profession Promotion was the least common response with only 8.8% of students indicating that research, promoting the nursing profession, or being a member of a nursing organization were part of professional values. Table 34 shows the NPVS-R statements with the highest means for students and the corresponding SPPV theme and common responses. As in the SPPV, the majority of NPVS-R statements that have the highest mean correspond to the Patient Care theme. Two of the eight statements correspond to the Self Accountability theme: competency and accountability. There were no statements from the NPVS-R in the highest eight means that correspond to the SPPV theme of Professional Promotion.

Table 34. NPVS-R Statements With Highest Means and Corresponding SPPV Theme and Common Responses in Students

High Rank	NPVS-R Question Number	Mean	Statements	SPPV Corresponding Theme/Common Response
1	15	4.74	Maintain competency in area of practice.	Self Accountability/ Competency
1	25	4.74	Maintain confidentiality of patient.	Patient Care/ Confidentiality
3	16	4.70	Protect moral and legal rights of patients.	Patient Care/Patient Advocacy
4	3	4.68	Protect the health and safety of the public.	Patient Care/Patient Advocacy
4	14	4.68	Accept responsibility and accountability for own practice.	Self Accountability/ Accountability
4	21	4.68	Safeguard patient's right to privacy.	Patient Care/Respect
7	20	4.58	Provide care without prejudice to patients of varying lifestyles.	Patient Care/Respect
8	18	4.56	Act as a patient advocate.	Patient Care/Patient Advocacy

Participants' responses on the SPPV showed that AD and BS nursing students in the first and last levels of clinical courses thought of nursing professional values least often in terms of Profession promotion themes such as research, promote nursing, and being a member of a nursing organization (see Table 15). Research was the least common response in all student groups in the Profession Promotion theme. The second least frequent theme was Self Accountability. The least common responses in Self

Accountability theme were work ethic, professionalism outside of work, personal values, and doing the right thing. Table 35 shows the NPVS-R statements with the lowest means for students and the corresponding SPPV theme and common responses.

Table 35. NPVS-R Statements With Lowest Means and Corresponding SPPV Themes and Common Responses in Students

Low Rank	Question Number	Mean	Statements	SPPV Corresponding Theme/Common Response
1	4	3.5	Participate in public policy decisions affecting distribution of resources.	Profession Promotion/no common response
1	5	3.5	Participate in peer review.	Profession Promotion/no common response
1	17	3.5	Refuse to participate in care if in ethical opposition to own professional values.	Self Accountability/ Integrity
4	19	3.60	Participate in nursing research and or implement research findings appropriate to practice.	Profession Promotion/ Research
5	26	3.61	Participate in activities of professional nursing associations.	Profession Promotion/ member of a nursing organization
6	11	3.82	Recognize role of professional nursing associations in shaping health care policy.	Profession Promotion/ promote nursing
7	1	3.92	Engage in on-going self-evaluation.	Self Accountability/ integrity, competency
8	10	3.95	Advance the profession through active involvement in health related activities.	Profession Promotion/ promote nursing

The SPPV theme that corresponds most frequently to the lowest NPVS-R means was Profession Promotion. Six out of eight of the NPVS-R statements with the lowest means correspond to the Profession Promotion theme. Though two of the NPVS-R statements do not directly match up with SPPV common responses, they do belong to the theme of Profession Promotion. NPVS-R item number one and 17 correspond to the Self Accountability theme in the SPPV. NPVS-R item number one states "Engage in on-going self-evaluation." This item corresponds to the SPPV theme of Self Accountability. Though there is no exact match in the common responses of the SPPV, self-evaluation involves the integrity to determine the value or significance of various areas of one's self. Possible aspects may include one's competency, values, professionalism, and work ethic. Integrity and competency were not the lowest of common responses in the Self Accountability theme. Competency was specifically addressed in item 15 of the NPVS-R and had one of the highest means in students.

Research Question 8

The eighth research question asked "How do results from the NVPS-R compare to the Survey of Perceptions of Professional Values for practicing nurses?" Nurse participants' responses on the SPPV showed that AD and BS nurses with one to three years of experience and five to ten years of experience most often defined nursing professional values in terms of the Patient Care theme such as respect, confidentiality, care of patients, and patient advocacy (see Table 16). The percentage of responses for the Patient Care theme for all nurse groups combined was 63.5%. Respect was the most common response in all nurse groups with percents ranging from 44 to 58.8. The second

most frequent theme was Self Accountability with 38.5%. The most common responses in this theme were lifelong learning and competency. The theme Profession Promotion had the lowest frequency with only 13.5%. Common responses included research, promoting the nursing profession, and being a member of a nursing organization.

Table 36 presents the NPVS-R statements with the highest means in nurses and the corresponding SPPV theme and common responses. The majority (five out of eight) of NPVS-R statements with the highest means corresponded to the Patient Care theme of the SPPV results. Three of the eight statements correspond to the Self Accountability theme: competency, accountability, and lifelong learning. Competency and lifelong learning correspond to the most frequent common responses in the Self Accountability theme on the SPPV. However, only 2.1% of nurses defined professional values with the common response of accountability on the SPPV. There were no statements from the NPVS-R in the highest eight means that corresponded to the Profession Promotion theme on the SPPV.

Table 37 shows the NPVS-R statements with the lowest means for students and the corresponding SPPV theme and common responses. Nurse participants' responses on the SPPV showed that associate and baccalaureate nurses with one to three years of experience and five to ten years of experience defined nursing professional values least often in terms of the Profession Promotion theme. Common responses in this theme were research, promote nursing, and being a member of a nursing organization (see Table 16). Research (Range 0-5.9%) and being a member of a nursing organization (Range 0-8.6%) were the least common responses in all nurse groups in the Profession Promotion theme.

Table 36. NPVS-R Statements With the Highest Means and Corresponding SPPV Themes and Common Responses in Nurses

High Rank	NPVS-R Question Number	Mean	Statements	SPPV corresponding theme/common response
1	15	4.72	Maintain competency in area of practice.	Self Accountability/Competency
2	14	4.64	Accept responsibility and accountability for own practice.	Self Accountability/Accountability
3	16	4.56	Protect moral and legal rights of patients.	Patient Care/Patient Advocacy
4	18	4.51	Act as a patient advocate.	Patient Care/Patient Advocacy
5	25	4.46	Maintain confidentiality of patient.	Patient Care/Confidentiality
6	3	4.68	Protect the health and safety of the public.	Patient Care/Patient Advocacy
6	9	4.43	Seek additional education to update knowledge and skills	Self Accountability/Lifelong Learning
8	21	4.42	Safeguard patient's right to privacy.	Patient Care/Respect

Table 37. NPVS-R Statements With the Lowest Means and Corresponding SPPV Themes and Common Responses in Nurses.

Low Rank	Question Number	Mean	Statements	SPPV corresponding theme/common response
1	26	3.15	Participate in activities of professional nursing associations.	Profession Promotion/ promote nursing
2	4	3.31	Participate in public policy decisions affecting distribution of resources.	Profession Promotion/no common response
3	19	3.41	Participate in nursing research and or implement research findings appropriate to practice.	Profession Promotion/ Research
4	5	3.50	Participate in peer review.	Profession Promotion/no common response
5	13	3.60	Assume responsibility for meeting health needs of the culturally diverse population.	Self Accountability/ accountability
6	17	3.66	Refuse to participate in care if in ethical opposition to own professional values.	Self Accountability/ Integrity
7	11	3.68	Recognize role of professional nursing associations in shaping health care policy.	Profession Promotion/ promote nursing
8	10	3.81	Advance the profession through active involvement in health related activities.	Profession Promotion/ promote nursing

Only nurses with five to ten years of experience defined professional values using promoting the nursing profession as a response. The second least frequent theme was Self Accountability. The least common responses in this theme were work ethic, professionalism outside of work, and accountability. Table 37 shows the NPVS-R statements with the lowest means for students and the corresponding SPPV theme and common responses. The SPPV theme that corresponds most frequently to the NPVS-R lowest means is the Profession Promotion. Six of eight NPVS-R statements with the lowest means correspond to the Profession Promotion theme. The NPVS-R statements "Participate in public policy decisions affecting distribution of resources" and "Participate in peer review" do not directly match up with SPPV common responses. However, they do belong to the theme of Profession Promotion.

Research Question 9

The ninth research question asked "What are the differences or changes in professional values in nursing students in their first and last clinical courses and in practicing nurses with increasing years of experience?" The mean scores on the NPVS-R showed that AD and BS students had higher mean scores than nurses and that nurses with five to ten years of experience had slightly higher mean scores than newer nurses (See Figures 2 and 3).

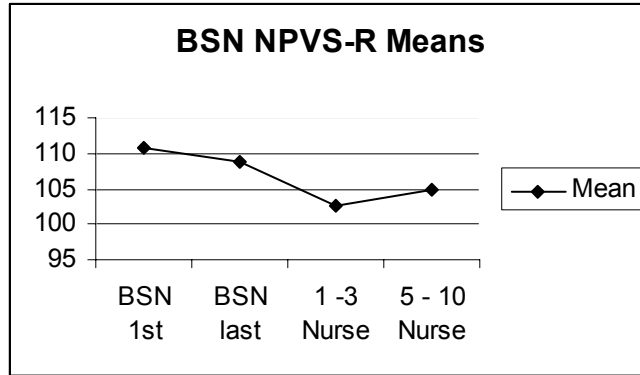


Figure 2. Baccalaureate participants NPVS-R means

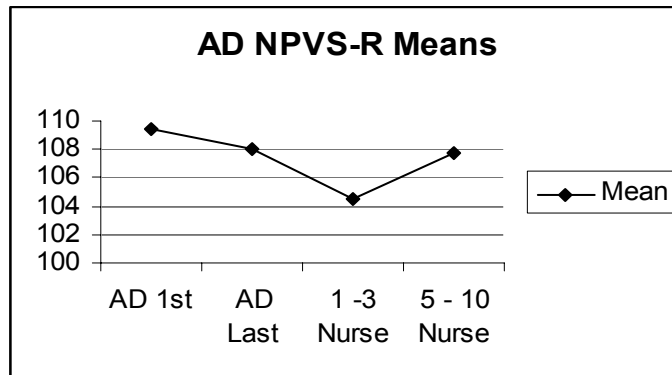


Figure 3. Associate participants NPVS-R means

The Patient Care theme was most prominent in all groups. However, the highest percent of frequencies in both the AD and BS groups was the nurses with one to three years of experience. There were no other patterns discerned on the SPPV in the major themes of the AD or BS groups. The NPVS-R statements with the highest means in the student and nurse groups were mostly related to patient care issues. However, nurses valued being a patient advocate (Item 18), requesting consultation/collaboration to meet patient needs (Item 2), and lifelong learning (Item 9). The students did not rank these

three items in the top six values. However, students valued protecting the health and safety of the public (Item 3) more than the nurses.

The results of the NPVS-R and the SPPV showed that both students and nurses do not place a high value on Profession Promotion activities such as research, promoting the nursing profession, and being a member of a nursing organization. In addition the lowest means on the NPVS-R showed consistently lower scores on participating in public policy decisions (Item 4), participating in peer review (Item 5), and refusing to participate in care if that care is in conflict with the nurse's values (Item 17). AD and BS first level student participants valued Profession Promotion at a low level. That percent stayed low or dropped in the group that was near graduation and the group entering the nursing work force. While the AD nurses with five to ten years of experience exceeded the first level AD students, the value of Profession Promotion was highest in the BS nurses with five to ten years of experience (See Figure4).

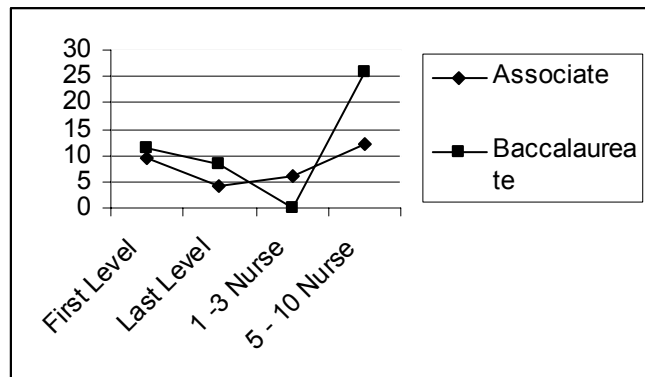


Figure 4. SPPV profession promotion percentages in AD and BS participants

Summary

The NPVS-R and the SPPV were used to study nursing professional values in 391 nursing students and practicing nurses. Demographic data indicated that the participants were predominantly female (approximately 85%) and Caucasian (83–92%). From the NPVS-R, the highest mean scores were most often patient care items. The SPPV supported this finding with consistency of definitions of nursing professional values used by participants. Nurses and students most often defined professional values in terms of Patient Care themes such as respect, maintaining confidentiality, and being a patient advocate.

A one way ANOVA on the NPVS-R means of all groups showed no significant differences between groups. Though not statistically significant, the results did show that students had a higher mean score on the NPVS-R than nurses and that first level students had higher mean scores than graduating students or nurses with one to three years of experience. Though the mean scores of nurses with five to ten years of experience increased, it did not exceed that of first level students.

This study showed more similarities than differences in results on the two surveys. The top six means and lowest six means showed many of the same items from the NPVS-R. Most of the top and lowest means on the NPVS-R corresponded to the themes used most frequently in defining professional values on the SPPV. In addition, all participants valued the Patient Care theme the highest followed by Self Accountability theme, and lastly the Profession Promotion theme on the SPPV.

CHAPTER 5. RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Summary and Discussion of Results

The focus of this research was to study the perceptions of nursing professional values of students in associate and baccalaureate degree nursing programs and in registered nurses with associate or baccalaureate nursing degrees with one to three years of experience or five to ten years of experience. Published research on professional values is rarely inclusive of nursing students and nurses with associate and baccalaureate backgrounds.

Summary of the Study

Literature on research involving nursing professional values is sparse and rarely involves consistent use in instrumentation. Past research indicates no difference in associate and baccalaureate degree nursing professional values (Ham, 2004; Martin et al., 2003). While Ham (2004) showed no differences in AD and BS nurses using the ethical dilemma test, Martin et al. (2003) showed no significant differences in AD and BS nursing students using the NPVS.

It has been assumed that students develop professional values as they progress through nursing programs and further develop values as they graduate and practice nursing (Blais et al., 2006). However, published research does not support one true path

in development of professional values. One research reported an increase in professional values of BS nursing students from entry into the program to graduation (Leners et al., 2006). By contrast, Fagan (2006) found no significant differences in professional values from entry to graduation except for the value of patient advocacy. When comparing students to nurses, Ham (2004) reported higher scores in principled thinking in BS nursing students than in practicing nurses.

The student participants in this research were AD and BS nursing students in their first nursing courses and AD and BS students in their last nursing courses. The nurse participants were AD and BS nurses with one to three years of experience or five to ten years of experience. Each participant was asked to complete two surveys which asked about perceptions of nursing professional values. The first survey was the NPVS-R: a 26 item survey in which the participant rates the importance of value statements. The second survey was the Survey of Perceptions of Professional Values (SPPV). This survey developed by the researcher asked for demographic data, memberships in professional organizations, where the participant learned about professional values, and personal definitions of professional values. Three hundred seven nursing students and 84 practicing nurses participated in this research. A discussion of the findings follows.

Discussion of Results

The results of each research question will be discussed in this section. Nine research questions were posed:

1. What are the perceptions of professional values in associate degree and baccalaureate degree nursing students in the first and last clinical courses from the Survey of Perceptions of Professional Values?

2. What are the perceptions of professional values in associate degree and baccalaureate degree practicing nurses from the Survey of Perceptions of Professional Values?
3. What are the differences in perceptions of student nurses and practicing nurses according to the Survey of Perceptions of Professional Values?
4. From results on the NPVS-R, what are the professional values in associate degree and baccalaureate degree nursing students in their first and last clinical courses?
5. From results on the NPVS-R, what are the professional values of practicing nurses with associate and baccalaureate degrees?
6. What are the differences in perceptions of student nurses and practicing nurses according to the NPVS-R?
7. How do results from the NPVS-R compare to the Survey of Perceptions of Professional Values from the students?
8. How do results from the NPVS-R compare to the Survey of Perceptions of Professional Values for practicing nurses?
9. What are the differences or changes in professional values in nursing students in their first and last clinical courses and in practicing nurses with increasing years of experience?

Demographic data. Demographic data was similar to other studies with the majority of participants Caucasian/white and female (Fagan, 2006; Kubsch, 2008; Leners et al., 2006; Martin et al., 2003). The mean age of the AD students was eight years more than that of the BS students in the corresponding level. This is an expected occurrence when both AD and BS nursing programs are offered at the same school.

Students reported that they learned professional values from teachers, in college, from clinical experience, from lectures, and through patient care. Though three of these areas (teachers, college [education], and clinical experience) were also reported as major factors contributing to the development of professional values, personal values were also

identified as a major factor. Nurses also identified clinical experience, college, teachers, and patient care as contributing to the development of professional values. However, they also identified co-workers as contributors. Major factors identified by nurses were similar in personal values [family], college [education], and teachers. Another major factor for nurses was present work, which would include co-workers. Clinical experience for students is comparable to work for the nurses. In both situations there is caring for the patients, interactions with healthcare workers, and observations of others in the healthcare environment. These results support the beliefs that professional values incorporate personal values and are developed through nursing education, which includes clinical experience (Duquette, 2004; Kubsch et al., 2008).

Other demographic data included previous education. The majority of both students and nurses had no previous education. Previous education in students and nurses included licensed practical nurse, respiratory therapist, certified nursing assistant, paramedic, emergency medical technician, and other degrees.

Nurses continuing their formal education included AD nurses returning for a BS in nursing, and BS nurses returning for a MS in nursing. Seven percent of AD nurses were returning for a BS degree. Twenty-eight percent of BS nurses were returning for a MS degree. Previous studies have shown high professional values in nurses in graduate school and AD nurses returning for a BS degree (Kubsch et al., 2008; Schank & Weis, 2001).

Research question 1. The first research question asked the following: What are the perceptions of professional values in associate degree and baccalaureate degree

nursing students in the first and last clinical courses from the Survey of Perceptions of Professional Values? The number of participants in student groups varied from 42 to 124. Therefore data was reported in percentages instead of frequencies to facilitate a view of the portion of responses. A factor that possibly affected these percentages is the number of participants who did not answer the question. The percentage of blank responses in the student groups ranged from 24-36%.

In all student groups, participants described nursing professional values most often in behaviors or terms related to the Patient Care theme. Respect was the common response most often used in the theme of Patient Care. The percentages of responses using the common response of respect in the first and last level AD students (47.6% and 48.6% respectively) and first level BS students (50%) were similar. However the percentage in last level BS students was only 35.2%. Since this research was cross-sectional, it cannot be inferred that there was a decrease in the students' valuing of respect. However, this is an area of interest for further research. Other common responses used by students in the Patient Care theme included confidentiality, how the nurse cares for patients, meeting patients' needs, and patient advocacy.

Caring for patients in a professional manner is a main focus of the Code of Ethics for Nurses (ANA, 2001). Nurses are expected to care for patients with a respectful, competent, and non-judgmental manner (Blais et al., 2006). Components of professionalism include respect, confidentiality, and patient advocacy (ANA, 2001). Respect is a significant concept in nursing professional values. The first statement in the Code of Ethics for Nurses states that the nurse should practice with respect and compassion (ANA, 2001). Though clinical components vary from program to program,

patient care is a predominant part of the student's education. The clinical component also provides professional socialization through experiences in the health care environment (Blais et al., 2006). By using values that relate to Patient Care in defining professional values, it is inferred that the students think of these aspects most often when thinking of professional values. Patient care is a mandatory aspect of nursing education that student's must master in order to graduate. Other studies have also found that students embrace values related to patient care. In studying the ideals of nursing students in the United Kingdom, Maben et al. (2007) discovered that graduating student's values fell into three categories, all related to patient care. The specific categories were "delivery of patient-centered holistic care, the delivery of high quality care, and care influenced by a theoretical knowledge base and research evidence" (Maben et al., 2007, p. 101). High quality care in the Maben et al. study included client safety, competence, patient advocacy, equality of care delivery, and helping patients to cope. Patient-centered holistic care included non-judgmental care and spending quality, unhurried time with the patient. In the Maben et al. study and the present study students identified many of the same aspects of patient care. Similarly, BS students participating in a study by Leners et al. (2006) ranked the following values highly: protect clients' privacy, provide care without prejudice, protect the patient's legal and moral rights, maintain competence for practice, and assume responsibility and accountability for practice. Though many of these values are patient care related also, a few fall into the Self Accountability theme.

Self Accountability was the second most common theme used to describe professional values. However, the percents were low with a range of 28 to 41. The most common responses in this theme were competency and integrity. The largest difference

among student groups in Self Accountability was in first level AD (4.8%) and last level AD (21.4%) in the category of integrity. In addition, last level AD students also used the common response of integrity more often than first level BS students (7.3%) and last level BS students (11.3%). Integrity is a value that is stressed in nursing education and identified by students as a professional value (Duquette, 2004; Martin et al., 2003). Last level AD students seemed to grasp this value more than other groups. One possible explanation is the age difference in the AD and BS students. Though the ranges in age were similar, the mean age of AD students was eight years greater than the mean age of BS students. Eight years of life experiences contribute to the development of values (Blais et al., 2006; Glen, 1999). Other explanations include classroom or clinical experiences related to integrity, teachers that have emphasized this value, experiences with policies on integrity, or recent events.

Profession Promotion was the least common theme in all student groups. Of interest was the lower percentage of last level AD (4.3%) and BS (8.5%) students using Profession Promotion theme to define professional values than their first level counterparts – AD (9.5%) and BS (11.3%). The common responses in the theme Profession Promotion were research, promoting nursing, and being a member of a nursing organization. Less than ten percent of each student group identified being a member of a nursing organization as part of professional values. However, 40% of AD students and 47% of BS students were members of at least one student nurse organization. Though students did not identify being a member of a nursing organization as often in defining professional values, almost half were members of a student nurse organization. The nursing organization had some value to the students who were

members. However, it is not understood if the students only wrote what they thought were most important professional values or if they do not consider being a member of a nursing organization as part of professional values. Though the ANA (2001) wrote the Code of Ethics for Nurses to communicate the "primary goals, values and obligations" of nursing, every nurse may not accept or value each statement equally (Glen, 1999). This is evident in the low percentages of students in all groups using Profession Promotion theme in defining professional values. The literature does not give insight into student perceptions of nursing organizations. However, the common responses of research and promoting nursing were similar to two of the lowest valued items in a study with entry level and last level BS students (Leners et al., 2006). Items specific to that study were "participate in nursing research" and "use RN title to enhance the image of the profession" (Leners et al., 2006, p. 508).

Last level AD students had a higher percentage of responses of professional values in the Patient Care and Self Accountability themes than the first level AD students. However, the last level BS students had a lower percentage of responses in both of these areas than the first level BS students. Since this study is cross sectional, it cannot be inferred that AD students' professional values in these areas increased and BS student's values did not. Though this explanation is possible, many factors that could affect this response.

The students' responses on the SPPV give a view of how the students most commonly defined professional values. The principles of andragogy state that many factors contribute to learning, including the learner's need to know, readiness to learn, orientation to learning, and motivation to learn (Knowles et al., 2005). In addition,

situational factors influence learning (Knowles et al., 2005). In addition, affective learning of values takes time, experience, and reflective thought. Though students in an AD or BS program start developing professional values, they do not have the time in the program to develop a consistent value system as reflected by Krathwohl's classification of organization and characterization (Cook & Cullen, 2003). This may help explain the limited responses in areas other than patient care.

Research question 2. The second research question asked the following: What are the perceptions of professional values in associate degree and baccalaureate degree practicing nurses from the Survey of Perceptions of Professional Values? The number of participants in nurse groups varied from 17 to 35. As with the student groups, data was reported in percentages. The number of blank responses varied from 17 to 40 percent.

The nurses' responses on the SPPV indicate a strong association between professional values and Patient Care theme responses. In all nurse groups, participants described nursing professional values most often in behaviors or terms related to the Patient Care theme. Associate degree nurses with one to three years of experience had the most frequent response (82%) in this theme. However, the response in the AD nurses with five to ten years experience was only 48%. The Patient Care theme was more consistently used to define professional values by BS nurses with one to three years of experience (68.4%) and BS nurses with five to ten years of experience (62.9%). The differences between these groups might be unique to the groups themselves, but might also be related to age, previous life experiences, work environment, or education (Blais et al., 2006). The novice nurse has much to learn in the first years of practice, much of

which is related to patient care. This could contribute to the strong responses from the nurses with one to three years of experience. In addition, the AD nurses with one to three years of experience had the lowest blank responses and the AD nurses with five to ten years of experience had the highest percentage of blank responses in nurses. Every AD nurse with one to three years experience defined nursing professional values with at least one common response in the Patient Care theme.

In all groups, respect was the most frequent common response in the Patient Care theme with percentages ranging from 44 to 58.8. Other common responses in this theme used by nurses to define professional values were how the nurse takes care of patients, confidentiality, patient advocacy, and meeting patient needs. These common responses are actions that are used in caring for patients in a professional manner and addressed in the Code of Ethics for Nurses (ANA, 2001). Nurses are expected to protect the patient, treat the patient with respect, give quality care, and act as an advocate for the patient (Blais et al., 2006). Most nurses entering the workforce accept jobs working at hospitals taking care of patients. The responses are understandably mainly focused on the patient care aspects of nursing.

Self Accountability was the second most frequent theme used in all nurse groups. While the common responses of competency and doing the right thing were the most frequent common responses for AD nurses, competency and lifelong learning were the two most frequent common responses in BS nurses. One potential explanation for this difference is the nurses who were continuing their formal education. There were more BS nurses returning for an advanced degree than AD nurses returning for another nursing

degree. The AD nurses had seven participants (16.7%) returning for a BS degree. The BS nurses had 15 participants (27.7%) enrolled in school for a MSN degree.

Integrity was not used for defining professional values by any of the AD nurses or the BS nurses with one to three years of experience. However, in the BS nurses with five to ten years of experience, 20% of the nurses included integrity in their definition of professional values. Though nurses might have used other common responses to mean integrity, common responses such as accountability and do the right thing did not have a high percentage of responses either. The common response of accountability was not used in AD nurses or the BS nurses with five to ten years of experience to define professional values. One might ask why these common responses were not grouped together. Individual participants often identified several of these responses. This could indicate a distinction in definitions in their mind or a redundant way of emphasizing a point. Additionally, though some aspects of the common responses have common ground, they are different.

Professional socialization contributes to the development of values in nurses (Blais et al., 2006). Nurses returning for an advanced degree have greater contact with teachers who are emphasizing professional values and colleagues who share their desire for further education. MSN degree programs emphasize research and activism in the nursing profession more than undergraduate nursing programs. This could have contributed to the higher percentage in BS nurses in the Profession Promotion theme.

Profession Promotion was the least common theme in all nurse groups. The AD nurse groups had a higher percentage in the 5-10 year group (12%) than in the 1-3 year group (5.9%). The BS nurses with 1-3 years of experience did not use the Profession

Promotion theme to define professional values. However, the BS nurses with 5-10 years experience had the highest percent (25.7%) of all nurse groups for the Profession Promotion theme. It might be inferred that returning to school had contributed to the higher percentage in the Profession Promotion theme in the BS nurses with five to ten years of experience since 10 of these nurses (28.6%) were returning for a MSN degree. However, the BS nurses with one to three years of experience had 0 responses in this theme and 5 of these nurses (26.3%) were returning for a MSN degree. Perhaps the values are affected more by years of experience, work experience, mentors, ambition for managerial positions, age, or other factors.

Though most nurses did not identify being a member of a nursing organization as part of professional values, 37% of all nurses were members of one or more nursing organizations. The 37% was not limited to the BS nurses with 5-10 years of experience, but scattered throughout the nurse participants. Only 28% of nurses indicated that they did not belong to a professional nursing organization. Thirty five percent left this question blank. Nurses in this study did not see promotion of the nursing profession as a priority in the realm of professional values.

The core adult learning principles of andragogy include the learner's need to know, motivation to learn, prior experience, and readiness to learn (Knowles et al., 2005). Nurses who have just graduated are focused on learning the complexities of the workplace, including patient care issues, new disease pathology, new medications, hospital policy, and the scope of what they do not know. These topics help the nurse provide safe patient care. Nurses learn through professional socialization (Blais et al., 2006). Through the assistance of mentors, colleagues, and role models, the nurse

becomes more comfortable with their role and competency in the workplace. In practicing nursing, the values and attitudes of nursing are acquired (Gray & Smith, 1999). However, different environments will provide nurses with different experiences. Some workplaces and supervisors may promote only good patient care, while others promote being active in a professional organization, continuing formal education, or political activism, as well as patient care.

Certainly nurses with five to ten years of experience should be comfortable with their practice. The BS nurses with five to ten years of experience had the greatest percentage of responses in the Profession Promotion theme. This was not evident in the AD group with five to ten years of experience. A baccalaureate nursing curriculum has more credit hours for the initiation and development of concepts such as research, leadership, and ethics. It also allows more time for the development of professional values. Perhaps these findings support the long term implications of a baccalaureate education in nursing.

Research question 3. The third research question asked the following: What are the differences in perceptions of student nurses and practicing nurses according to the Survey of Perceptions of Professional Values? Though there were some differences in percentages of common responses and major themes, there were many more similarities. The Patient Care theme consistently had the highest percent of responses in all groups. Students and nurses, regardless of educational background and years of experience, used the behaviors associated with Patient Care to define nursing professional values. The Code of Ethics for Nurses addresses many of the same values that participants used in

defining professional values (ANA, 2001). However, students and nurses often used phrases such as "do the right thing" and "meet patient needs" in their definitions. These phrases could have many meanings. Overall, most of the common responses relate to the patient care aspects of nursing professional values as defined in the Code of Ethics for Nurses. This finding suggests that nursing students and nurses embrace the value of respect. Though other values associated with patient care are identified and of importance, none reached the high responses of respect.

In learning the culture of nursing, students and nurses are socialized into the role of the RN (Blais et al., 2006; Gray & Smith, 1999). The majority of learning is related to patient care. The new graduate will have established values regarding accountability, competency, and integrity from life experiences and school. These values are then assimilated through the cognitive and affective domain (Krathwohl et al., 1964). Learning in the affective domain involves the individual receiving values information and moving into responding when motivated. In the category of responding the individual shows willingness to comply with the rules and finds satisfaction in acting. A student may not go through all five categories of affective learning while in school (Cook & Cullen, 2003). Values are not as enduring when the more complex stages of organizing and characterization have not been reached. With characterization the values are well established and the individual acts accordingly from those values (Cook & Cullen, 2003). Perhaps more emphasis is put on patient care aspects in school, or students perceive that patient care aspects are most important. Certainly, a lack of competency in patient care could result in the failure of a student or dismissal from a job, therefore making patient

care values very important. Participant responses do not support the concept that professional values are assimilated with more education and experience.

The Self Accountability theme was similar in the student and the nurse groups, as it was the second most frequent major theme in both groups. The common response of integrity was low in first level AD students (4.8%), higher in last level AD students (21.4%), and zero in both AD nurse groups. In contrast, the common response of integrity in first level BS students was low (7.3%), higher in last level BS students (11.3%), zero in BS nurses with one to three years of experience, and highest (20%) in BS nurses with five to ten years of experience. Though most student responses showed higher percents from first level to last level, the response in nurses did not show a progression in higher percents.

BS nurses more highly valued patient advocacy and lifelong learning than the AD groups or the BS students. Over twenty percent of nurses in both BS groups identified these values in defining professional values. Though 20% does not seem impressive, most common response items were well below that level.

While the percentage in the Profession Promotion theme was lower in last level students as compared to first level students, the percentage in nurses was higher in the nurses with five to ten years of experience. The highest percentage of all groups in the Profession Promotion theme was the BS nurses with five to ten years of experience. Though the BS group with the most experience had the highest percentages in the Profession Promotion theme, the response was still only 25.7%.

Though the nurse groups did not show an increase with more experience, nurses generally had higher percentages in the Patient Care and Self Accountability themes than

the students. This supports the idea of the development of professional values through professional socialization at the workplace (Blais et al., 2006). Though these findings are from qualitative data, results are similar to those of Malizia. Malizia (2000) found that registered nurses returning for a BS in nursing had similar levels of professionalism as graduating generic BS nursing students and graduating returning RN had higher professionalism scores than graduating generic BS nursing students (Malizia, 2000). The findings suggested that registered nurses developed professionalism through professional socialization. Though nursing students experience professional socialization during school, working full time offers more hours of patient care than the clinical experience in school, and therefore, more professional socialization (Blais et al., 2006).

Generally, the BS students and nurses had higher percentages in the major themes on a more consistent basis than AD students and nurses. This could be a function of the BS education in general, or specific aspects of the BS education. For instance, whole courses may be dedicated to a concept in a BS program that AD students learn as integrated in several aspects of the curriculum. However, it may be as simple as the students having longer to receive, respond, and value concepts of nursing professional values. In addition, the groups were cross-sectional and differences may be attributed to differences in the groups themselves. A longitudinal study would offer more insight in this area.

Data regarding the high response of the AD nurses using the Patient Care theme has no support in the literature. Continued research on this finding would contribute to the knowledge of professional values in new nurses, and new AD nurses in particular.

Research question 4. The fourth research question asked the following: From results on the NPVS-R, what are the professional values in associate degree and baccalaureate degree nursing students in their first and last clinical courses? The mean total scores of the NPVS-R in all student groups ranged from 108 to 110.91. The first level AD and BS students had higher means than last levels students. This finding is consistent with Martin et al. (2003), who found no significant differences in NPVS scores of graduating AD and BS nursing students in Texas. In contrast, Leners et al. (2006) found a significant increase in NPVS scores in BS students over five semesters. While the present study and Martin, et al. (2003) were cross sectional, the research by Leners, et al. (2006) was longitudinal. Though findings from the present study indicate that little differences exist in AD and BS students' professional values, it is not known if professional values increased from the first to last level students since the study design was cross sectional and not longitudinal.

The six statements with the highest mean scores from the NPVS-R were the same in the AD and BS student groups. The highest mean scores had a narrow range of 4.77 to 4.64. Topics of the top six statements include confidentiality, privacy, nurse competency, protecting patient rights, protecting public health and safety, and accountability. These findings are similar to research in which the most highly valued statements included competence, accountability, responsibility, patient advocacy, protecting patient privacy, providing care with out prejudice, provide high quality nursing care, and protecting patient's legal and moral rights (Leners et al., 2006).

The six statements with the lowest mean scores from the NPVS-R were also the same for the AD and BS student groups. The range of means for these six statements was

3.34 to 3.85. Topics of the lowest six statements included refusing to participate in care if ethically opposed, using research, recognizing the role of professional organizations in shaping health care policy, and participating in public policy, peer review, and nursing organizations. These results show consistency in the values of AD and BS students.

Leners et al. (2006) had similar results in least valued items in BS students. The least valued items were participate in public resource decisions, participate in institutional resource decisions, participate in nursing research, participate in peer review, use RN title to enhance the image of the profession, use guidelines to determine the appropriateness of research, and provide consumer education about products/services (Leners et al., 2006).

Though six statements had the lowest mean, the results do not indicate that the students did not value these items. In transcribing the results of participant's NPVS-R responses, the following numerical assignments were made: not important was one, somewhat important was two, important was three, very important was four, and most important was five. A mean score of 3.34 to 3.85 indicates responses of important to very important. Therefore, even though they were the lowest scores, they were still perceived as an important part of nursing professional values.

Professional values are developed through cognitive and affective domains (Knowles et al., 2005; Krathwohl et al., 1980). Cognitive learning is evident in nursing school as students take classes that teach professional values. In addition, students learn from role models in the class room and at the clinical sites (Blais et al., 2006; Duquette, 2004). Students often see their role models take care of patients and discuss professional values in this context. Though students may observe role models participating in

research, participating in nursing organizations, or communicating with elected official regarding legislation, the frequency of participating in patient care is more frequent.

Research question 5. The fifth research question asked the following: From results on the NPVS-R, what are the professional values of practicing nurses with associate and baccalaureate degrees? The mean total scores had a narrow range of 102.63 to 107.78. Nurses with more experience had higher total mean scores than the nurses with fewer years of experience. The AD nurses with five to ten years of experience had the highest mean total score (107.78) and the BS nurses with one to three years of experience had the lowest mean total score (102.63). The mean total score for the AD nurses with one to three years of experience (104.47) and the BS nurses with five to ten years of experience (104.94) was very close. This data supports the literature which indicates that little differences between AD and BS nurses' professional values (Clark, 2001; Fetzer, 2003; Kubsch et al., 2008; Martin et al., 2003). However, nurses with five to ten years of experience did have higher mean total scores in their educational group, supporting the model of professional socialization and the idea that values develop over time (Tradewell, 1996; Schank & Weis, 2001).

Four of six statements with the highest mean score from the NPVS-R were the same for AD and BS nurses. The top three statements in both groups were to maintain competency in area of practice, accept responsibility and accountability for own practice, and protect moral and legal rights of patients. Act as a patient advocate was fifth highest for AD students and sixth for BS students. While the remaining two top valued statements for AD nurses were protecting moral and legal rights of patients and

safeguarding patient's right to privacy, the remaining two valued statements for BS nurses were request consultation/collaboration when unable to meet patient needs and seek additional education to update knowledge and skills. These results show higher values in the areas related to patient care and accountability of the nurse. Since patient care is the main focus of a nurse's job, these findings are not surprising. Results are consistent with the study by Schank and Weis (2001) in which nurses highly valued items involving knowledge-competence, truth-accountability/responsibility, respect life, and privacy/confidentiality.

Five of the six statements with the lowest mean scores from the NPVS-R were the same for AD and BS nurses. The lowest three statements in both groups were participate in activities of professional nursing associations, participate in public policy decisions affecting distributions of resources, and participate in nursing research and/or implement research findings appropriate to practice. Participate in peer review and refuse to participate in care if in ethical opposition to own professional values were the remaining two statements that had the lowest mean. The mean scores on the lowest items ranged from 3.02 to 3.74, or important to very important. Hence, these items were perceived as professional values, but not as important as other survey items. Similar results were found by Schank and Weis (2001) in which the lowest nurses' scores were in the areas of altruism/activism, and knowledge development.

Research question 6. The sixth research question asked the following: What are the differences in perceptions of student nurses and practicing nurses according to the NPVS-R? Data was analyzed using a one way ANOVA. There were no significant

differences in the mean total NPVS-R scores in student and nurse groups. However, there were differences in the mean total scores, with the first level BS students having the highest mean. The rank of NPVS-R mean scores from highest to lowest were first level BS students, first level AD students, last level BS students, last level AD students, AD nurses with five to ten years of experience, BS nurses with five to ten years of experience, AD nurses with one to three years of experience, and BS nurses with one to three years of experience. All student groups scored higher than the nurse groups. The higher scoring student groups were first level. The scores decreased through the first years of nursing, then increased slightly with more years of experience. Potential rationale for this pattern include the used of cross-sectional groups, timing of when professional values were learned in the curriculum and in relation to when the surveys were given, and new nurses dealing with stress and frustration at work. There are many possibilities. Again, a longitudinal study would add more insight in to professional values.

These findings are somewhat similar to those of Ham (2004) in which students scored higher than nurses in principled thinking. However, results from the present study were not statistically significantly. Findings by Ham (2004) showed a significant difference in the principled thinking of BS nursing students and experienced registered nurses with students scoring higher than the nurses. The results did not show a significant difference in the educational level of the nurses in the study. Findings from Ham's study may imply that new nurses act initially on learned moral codes only to yield to the pressures of the work environment to conform to institution policy, goals, or values. This inference could be valid considering the valuing categories of Krathwohl et al. (1980).

Though development of values through Krathwohl's valuing category indicates a commitment to that value, it is not until values are assimilated through organization and characterization that a consistent value scheme is attained (Cook & Cullen, 2003). However, reaching organization and characterization is a feat that is not likely to be accomplished in the short time a student is in nursing school (Cook & Cullen, 2003). Taking into consideration the stress and pressures of today's health care environment, it is conceivable that professional values change, especially in the first years as a new nurse.

In contrast, Schank and Weis (2001) found a significant difference in the mean total NPVS scores in senior BS students and practicing nurses with the nurses having the higher mean score. It is noteworthy that the participants in the Schank and Weis (2001) study were senior BS nursing students and part-time graduate nursing students.

Research analyzing differences in values of AD and BS nurses or students have shown no significant differences (Martin et al., 2003; Ham, 2004). However, research has shown significant differences in students and nurses who are continuing their education (Leners et al., 2006; Schank & Weis, 2001). Nurses returning to school will continue to learn about professional values. They potentially have an interest in furthering their education to earn more money, get a promotion, or change their work focus.

Though scores among the groups showed differences, there were many similarities in the NPVS-R statements with the highest and lowest mean scores. Similarities were greatest among the students groups, regardless of educational program. Nurses had many similarities also. However, the nurses placed higher values on items such as patient advocacy and lifelong learning. These values become more important as

the individuals enter the real world of working as a nurse. Patient advocacy and lifelong learning are essential to giving patients quality care.

The core adult learning principles of andragogy include the learner's need to know, readiness to learn, orientation to learning, and motivation to learn (Knowles et al., 2005). Students in nursing school are ready and motivated to learn. Students are exposed to the cognitive and affective aspect of learning nursing professional values in the classroom and healthcare facilities. Hence, students have much to gain by learning professional values while in school. After graduation, learning is less formal unless the nurse is seeking another college degree. To attain more knowledge, nurses take hospital based courses, attend seminars, or attend conferences to meet continuing education requirements. However, continuing education topics are of one's own choosing. Exposure to nursing professional values in a formal setting is prevalent mostly in those returning for a nursing degree. The high value stakes of grades, progressing to the next course, and graduating are no longer motivating factors for those not in school. After their formal education, further development of professional values in nurses is influenced by previously developed values, mentors, actions of colleagues, patient care situations, and values of the employing institution, to name a few. Consequently, the exposure to professional values may be less frequent and institutional policies could have a positive or negative impact on nurses' values.

Research question 7. The seventh research question asked the following: How do results from the NVPS-R compare to the Survey of Perceptions of Professional Values from the students? The SPPV identified student's perceptions of nursing professional

values most often in terms of the Patient Care theme. The NPVS-R statements with the highest mean scores in students were matched with corresponding themes and common responses from the SPPV. Six out of the eight highest means of NPVS-R statements corresponded to the Patient Care theme from the SPPV. The corresponding common responses represented by the statements were patient advocacy, respect, and confidentiality. The remaining two statements in the top eight were in the Self-Accountability theme and corresponded to the common responses of competency and accountability. This indicates that the NPVS-R and the SPPV findings are similar and are consistent with the literature. Research using the NPVS has shown that nurses and students highly value the concepts of respect, accountability, privacy, confidentiality, advocacy, and high quality care (Schank & Weis, 2001; Martin et al., 2003; Leners et al., 2006).

The SPPV revealed that students thought of nursing professional values least often in terms of the Profession Promotion theme. The NPVS-R statements with the lowest mean scores in students were matched with corresponding themes and common responses from the SPPV. Six out of eight statements with the lowest mean NPVS-R scores corresponded to the SPPV theme of Profession Promotion. The common responses associated with the statements were research, promoting nursing, and being a member of a nursing organization. Two statements did not correspond to any common response, but did fit the theme of Profession Promotion. The two remaining statements in the top eight corresponded to the Self Accountability theme and matched the common responses of integrity and competency. Results indicate that the NPVS-R and the SPPV findings are similar and are consistent with the literature also. Research using the NPVS has shown

that nurses and students rank activism, promoting nursing, and participating in research as less important than behaviors that involve taking care of patients at the bedside (Schank & Weis, 2001; Martin et al., 2003; Leners et al., 2006).

The results of the SPPV and the NPVS-R are congruent in that the students valued patient care aspects of nursing professional values the most and aspects that promote the nursing profession the least. The most prominent aspect of the clinical experience is taking care of patients. Students see patient care role models each clinical day. However, promoting the nursing profession, research, and attending professional organization meetings might be optional or only a portion of course requirements (Schank & Weis, 2001). Results also reflect the low membership in the main professional nursing organization, the ANA.

Overall, the students' responses to the SPPV and the NPVS-R support each other. Students reported Patient Care themes more frequently as definitions for professional values. The most frequent theme, Patient Care, was found to correspond most often to the highest means of the NPVS-R items.

Research question 8. The eighth research question asked the following: How do results from the NPVS-R compare to the Survey of Perceptions of Professional Values for practicing nurses? The SPPV revealed that AD and BS nurses thought of nursing professional values most often in terms of the Patient Care theme. The NPVS-R statements with the highest mean scores in all nurses were matched with corresponding themes and common responses from the SPPV. Five out of the eight highest means of NPVS-R statements corresponded to the Patient Care theme from the SPPV. The

corresponding common responses represented by the statements were patient advocacy, confidentiality, and respect. Schank and Weis (2001) found that nurses in graduate school ranked the values of respect, privacy, confidentiality, accountability, and knowledge/competence the highest on the NPVS. These findings are consistent and show that nurses highly value behaviors that encompass direct patient care. Three of the eight highest means of the NPVS-R statements corresponded to the Self Accountability theme from the SPPV. Two statements had the highest mean score and corresponded to the common responses of competency and accountability. While competency had a relatively frequent response on the SPPV, accountability had a very low response. The third common response was lifelong learning. Lifelong learning was high in BS nurses (26.3 and 22.9%) but zero and 12% in the AD nurses. BS nurses valued lifelong learning and patient advocacy on both the SPPV and the NPVS-R. While research has shown no significant differences in professional values of AD and BS students and nurses, these results could indicate a difference in BS and AD educational programs and should be studied further. Lifelong learning and patient advocacy are two essential aspects of professional values that all nurses need to embrace.

The SPPV showed that nurses thought of nursing professional values least often in terms of the Profession Promotion theme. The NPVS-R statements with the lowest mean scores in nurses were matched with corresponding themes and common responses from the SPPV. Six out of eight statements with the lowest mean NPVS-R scores corresponded to the SPPV theme of Profession Promotion. The common responses associated with the statements were being a member of a nursing organization, promoting nursing, and research. Two of these statements had no corresponding common response,

but fit the theme of Profession Promotion. The two remaining statements in the lowest eight corresponded to the Self Accountability theme and matched the common responses of accountability and integrity. Knowledge development/research and profession promotion/activism were previously the lowest mean scores of the nurses (Schank & Weis, 2001).

The findings of this research show similarities between the results on the NPVS-R and the SPPV. The definitions of professional values written by the nurses were usually not inclusive of all values in the Code of Ethics for Nurses. Even with the NPVS-R attached, most nurses did not address research, belonging to a professional organization, being politically active, or promoting the nursing profession. However, they did rank them as important. And though they ranked them as important, they did not rank them as high as they could, or as high as they did values related to patient care.

Most new nurses start their nursing career taking care of patients. With the care of patients in the forefront of each working day, it is understandable that nurses would think of patient care aspects of professional values more. However, results of this research indicate that nurses do not see the value in promoting the nursing profession. In general, nurses do not rank this value as "very important." Results indicate that most nurses value those nursing values that are directly related to their job. Other values that might require participation outside of work time, was not valued highly. Motivation to participate in these activities would come more from established professional values, encouragement from mentors or colleagues, or desire for recognition, networking, promotion, or raises.

Assimilating values also involves the affective domain (Krathwohl et al., 1964). If a value was developed to only the first two stages of affective learning during formal

education, the value may decline in perceived importance if it is not encouraged or shown to have value. It is possible that the values of profession promotion were not fully assimilated by the nurses as students (Cook & Cullen, 2003). Other possible barriers include not encouraging the professional value or behavior, time constraints, and financial resources.

Research question 9. The ninth research question asked the following: What are the differences or changes in professional values in nursing students in their first and last clinical courses and in practicing nurses with increasing years of experience? From the results of the SPPV and the NPVS-R this research found that all groups defined nursing professional values most often in terms related to taking care of patients and least often in terms of promoting the profession and research. Respect was the most common response in the SPPV in the student and nurse groups. Respect was also in the eight highest NPVS-R statements of both groups. Findings indicate that nurses and students consider the values that are related to direct patient care as higher importance. The least valued items were related to profession promotion on both surveys. Students and nurses did highly value being a member of a professional organization. This is also evident in the current membership of the ANA. The ANA represents the 2.9 million nurses of the United States. However, the membership of the ANA is only 180,000 (ANA, 2009). The apathy of nurses regarding being active in their organization and promoting their profession is interesting, disheartening, and discouraging. How powerful would nursing/nurses be if even one half of nurses were active members in the ANA?

Research has shown that nurses and students highly value the concepts of respect, accountability, privacy, confidentiality, advocacy, and high quality care (Leners et al., 2006; Martin et al., 2003; Schank & Weis, 2001). However, there is no research to compare regarding different educational levels and these values in both students and nurses.

There were no clear patterns of higher nursing professional values related to either the AD and BS participants or the students and nurse participants. No significant differences in the NPVS-R mean total scores were found. However, there were slight differences in the total mean scores on the NPVS-R with students having higher scores than nurses.

New graduates go through a great learning curve the first year out of school while working. Experiences with patients are numerous compared to the experiences they had in school. Each situation is an opportunity to affirm, question, or challenge their values. Though many variables could impact the data, it is likely that values are challenged in the first years with ethical dilemmas. In order for an individual to develop a value system and respond consistently to that system, the individual would have to reach the fourth and/or fifth category of affective learning, organization and characterization (Cook & Cullen, 2003). It takes time, dedication, and consistency to develop values at this level. It is more realistic for student to learn values through receiving, responding and valuing in the time they have in undergraduate studies (Cook & Cullen, 2003).

Recommendations

Recommendations for Practice

This research showed no significant differences in professional values of AD and BS nursing students and nurses. However, it did show slightly higher NPVS-R average total scores in students than in nurses and higher average total scores in first level students than in last level students. These findings suggest that nursing educators should continue to teach the Code of Ethics for Nurses throughout the nursing program in the classroom and clinical setting. Nursing programs should review what is taught regarding professional values to ensure that all levels are being proactive in instilling professional values. Hospitals should also reinforce the professional values in new nurses and work to provide mentors to new nurses to facilitate the development of professional values.

The items scoring the lowest in the NPVS-R were still within the "important" range. However, these items could certainly be emphasized more to impart their importance. Discussing legislation that could affect nursing practice could add a stronger affective response to these values if done in the clinical setting.

The lowest scoring item for all nurse groups was to participate in professional organizations –in the theme Profession Promotion. Similarly, the lowest four items were related to promoting the nursing profession. To grow as a profession, to have a voice in how we develop as a profession, the profession needs members who are interested and willing to take action. These results imply that nurses are not interested in taking an active role in promoting the nursing profession through actions such as participating in public policy decisions, peer reviews, and nursing research. Implications for practice are

to continue to educate students on the importance of being active in a professional organization. Educators could facilitate the initial involvement of students by adding action projects as part of nursing courses. Assignments related to political action, attending nurse organization meetings, participating in research, and utilizing research in practice could also facilitate the development of professional values in this weak area. Follow up reports on the impact of these actions could also be beneficial. In addition, purposeful mentoring with attention to professional values is an implication for all practicing nurses, nurse educators, and nurse administrators. Taking an interest in colleagues and sharing one's passion for nursing professional values will facilitate the development of professional values through professional socialization. Requiring educators or nurse managers to be active members in an organization would provide more role models. While mandating is not necessarily a best option, just getting nurses active could greatly change the perceptions and participation of nurses in general.

Recommendations for Further Research

Research on professional values has often used a cross sectional design (Malizia, 2000; Duquette, 2004; Ham, 2004; Schank & Weis, 2001). While information gleaned from this design is insightful, it does not reveal if professional values have changed in each group. Results from this research indicated that students had higher professional values in the first level of clinical courses than students in the last level of clinical courses. In addition, students had higher professional values than the nurses. However, one cannot conclude that the professional values decreased from the first clinical level to the last clinical level in students nor can one conclude that professional values decreased

as the nurses gained experience. It is recommended that future research utilize a longitudinal design to capture the changes in professional values in cohort groups. Following a cohort as they graduate and enter the work force as RNs would augment the understanding of the development of professional values. Interviews with participants would serve to enhance the quantity and quality of data.

The public and the nursing profession expect nurses to graduate with an understanding of professional values and to be able to demonstrate those values. Research of the perceived factors influencing the development of professional values in nurses and students with lower and higher NPVS-R scores would provide educators and work place personnel with knowledge to facilitate the development of nursing professional values.

Limitations to this research included that participants were limited to one southern state and that the response rate from the nurses was less than 30%. Nurse participants were licensed registered nurses in the state. Nursing students were enrolled in the first or last clinical courses in two schools of nursing that offer both AD and BS nursing programs. Further research should include other types of nursing programs, nursing schools that only offer one nursing program, and other regions of the nation.

Conclusions

The NPVS-R and SPPV both revealed that nurses and students perceive patient care values to be more important than nursing values related to promoting the nursing profession, being a member of a profession, or participating in research. While no

significant differences were shown between groups with the NPVS-R, results did support that nursing students perceive the nursing values as more important than nurses.

This research did not show an increase in values from first to last level in students, or a higher level in nurses. There were no consistent differences in AD and BS participants.

These conclusions are pertinent for the present healthcare system. The nursing shortage is very real and predicted to continue for many years. AD nursing programs are shorter in length than BS nursing programs. Therefore more nurses are prepared in a shorter period of time. For some students the shortened time frame is a critical factor on their quest to become a nurse. Nursing students graduating from RN programs must take the NCLEX-RN whether they graduate from a BS or AD nursing program. All nurses are expected to practice by the values set forth in the Code of Ethics for Nurses. The Code of Ethics for nurses is written for all RNs, not a select few with certain educational degrees or only for nurses who work at the bedside.

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APPENDIX A: SURVEY OF PERCEPTIONS OF PROFESSIONAL VALUES

Survey of Perceptions of
Professional Values

If you are a student enrolled in your basic training, complete sections I & III. If you are a registered nurse, complete sections II & III.

I. Students

Associate nursing program

Enrolled in first clinical courses

Enrolled in last clinical courses

Baccalaureate nursing program

Enrolled in first clinical courses

Enrolled in last clinical courses

II. Practicing Nurses

Years experience as a RN: _____

Highest **Nursing** degree attained:

Associate Degree

Baccalaureate Degree

Diploma Degree

Masters in Nursing

Doctorate in Nursing

If you are currently taking courses toward another nursing degree, what degree are you pursuing? _____

Areas of nursing experience (past and present). For example: telemetry, charge nurse or faculty in BSN program.

III. All participants please continue:

Age: _____

Previous degrees or education:

LPN

Respiratory Therapist

CNA

Paramedic

EMT

Diploma in Nursing

None

Other:

Where have you learned about nursing professional values? (Select all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> College | <input type="checkbox"/> Seminars/CE | <input type="checkbox"/> Media (TV, Movies, paper) |
| <input type="checkbox"/> Lectures | <input type="checkbox"/> Internet | <input type="checkbox"/> Journals |
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Family | <input type="checkbox"/> Supervisors |
| <input type="checkbox"/> Classmates | <input type="checkbox"/> Co-workers | <input type="checkbox"/> Patient Care |
| <input type="checkbox"/> Clinical Experience | | <input type="checkbox"/> Professional Nursing Organizations |
| <input type="checkbox"/> Other Please specify: _____ | | |

What **major** factors contributed to the development of your nursing professional values?

Please list memberships in professional nursing organizations: _____

In your opinion, what do you believe are professional values? What behaviors or actions by nurses demonstrate professional values? Please take time to reflect on activities that may occur at work and away from work. For example, attending meetings for a nursing organization, treating your patients with respect, or writing letters to your elected official regarding legislation.

APPENDIX B: POST HOC ANALYSIS

Post hoc Analysis: Scheffe comparisons between groups

Group		Mean Difference	Std. Error	Sig.	95% Confidence Interval Lower Bound	
1 AD First Level	2	1.43	2.49	1.0	1	2
	3	-1.48	2.27	1.0		3
	4	0.63	2.48	1.0		4
	5	6.8	3.89	0.8		5
	6	4.49	2.94	0.94		6
	7	4.96	3.63	0.97		7
	8	1.65	3.27	1.0		8
	2 AD Last Level	1	-1.43	2.49		1.0
3		-2.91	1.94	0.95	3	
4		-0.79	2.18	1.0	4	
5		5.37	3.29	0.91	5	
6		3.06	2.69	0.99	6	
7		3.53	3.43	0.99	7	
8		0.22	3.06	1.0	8	
3 BS First Level		1	1.48	2.27	1.0	3
	2	2.91	1.94	0.95	2	
	4	2.11	1.92	0.99	4	
	5	8.27	3.12	0.43	5	
	6	5.97	2.49	0.57	6	
	7	6.44	3.28	0.8	7	
	8	3.12	2.88	0.99	8	
	4 BS Last Level	1	-0.63	2.48	1.0	
2		0.79	2.18	1.0	2	
3		-2.11	1.92	0.99	3	
5		6.16	3.27	0.83	5	
6		3.85	2.68	0.96	6	
7		4.32	3.42	0.98	7	
8		1.01	3.04	1.0	8	

APPENDIX B: POST HOC ANALYSIS (continued)

Section I		Mean Difference	Std. Error	Sig.	95% Confidence Interval Lower Bound	
5 BS RN 1-3 yrs	1	-6.8	3.49	0.8	5	1
	2	-5.37	3.29	0.91		2
	3	-8.27	3.12	0.43		3
	4	-6.16	3.27	0.83		4
	6	-2.31	3.63	1.0		6
	7	-1.84	4.21	1.0		7
	8	-5.15	3.91	0.97		8
	6 BS RN 5-10 yrs	1	-4.49	2.94		0.94
2		-3.06	2.69	0.99	2	
3		-5.97	2.49	0.57	3	
4		-3.85	2.68	0.96	4	
5		2.31	3.63	1.0	5	
7		0.47	3.77	1.0	7	
8		-2.84	3.43	0.99	8	
7 AD RN 1-3 yrs		1	-4.96	3.63	0.07	7
	2	-3.53	3.43	0.99	2	
	3	-6.44	3.28	0.8	3	
	4	-4.32	3.42	0.98	4	
	5	1.94	4.21	1.0	5	
	6	-0.47	3.77	1.0	6	
	8	-3.31	4.04	0.99	8	
	8 AD RN 5-10 yrs	1	-1.65	3.27	1.0	
2		-0.22	3.06	1.0	2	
3		-3.12	2.88	0.99	3	
4		-1.01	3.04	1.0	4	
5		5.15	3.91	0.97	5	
6		2.84	3.43	0.99	6	
7		3.31	4.04	0.99	7	