Professional Values in Undergraduate Nursing Students: Comparison in Different Cultures

Chennyfer D. A. Rached[1], Veronica Valazza[2], Giovanna M. P. Amaral[3], Pilar M. C. Lizarbe [4]

[1] Professor of Nursing, Career Guidance Department, University of São Paulo (USP) / School of Nursing / Sao Paulo, SP, Brazil email: chennyfer@usp.br. Telephone number: +55 (11) 3061-755. Fax number: +55 (11) 3061-7561.

[2] DNP, MBA, RN, CNE, Daemen College / Department of Nursing / Amherst, NY, USA email: vvalazza@daemen.edu. Telephone number: (716)839-8384. Fax number: (716) 839-8403.

[3] Nursing graduate. University of São Paulo (USP) / School of Nursing / Sao Paulo, SP, Brazil, Funded by Unified Scholarship Program to Support and Train Undergraduate Students. E-mail: giovannamicucci@usp.br. Telephone number: 55+ (11) 98539-8083.

[4] Nursing graduate. University of São Paulo (USP) / School of Nursing / Sao Paulo, SP, Brazil, Funded by Unified Scholarship Program to Support and Train Undergraduate Students. e-mail:pilarmichely@usp.br. Telephone number:+55 (11) 95846-7141.

Presente address

University of São Paulo (USP) / School of Nursing / Sao Paulo, SP, Brazil, Dr. Enéas Carvalho de Aguiar Avenue, 419 - Cerqueira César, Sao Paulo - SP, Brazil – Zip Code: 05403-000

Abstract

Background: Ethical values are the foundation of nursing practice, while social values are able to characterize cultural groups and societies may also have an influence in the definition of a professional behavior. Which makes it possible to presume that different cultures might also have different professional values.

Objectives: The purpose of this study was to examine the attainment of professional values in undergraduate nursing students in different cultures and compare the professional values per semester.

Design: Cross-sectional, quantitative, descriptive study. Sample consisted of 210 undergraduate nursing students in Brazil and 33 in the USA.

Results: The main scores of NPVS-3 of Brazilian students were higher than students from USA (124.96±11.58 and 112.85±11.16 for the USA). In both countries, the "Caring" dimension was the highest, the mean score NPVS-3 of the Brazilian students 46.83±3.67 and USA 45.00±3.37. Ethics in nursing practice and humanization of care were identified as extremely important in the support of the work process of nursing.

Conclusion: It is concluded that the values identified as the most relevant point to care are linked to respect, dignity, and patient protection.

Keywords: Codes of Ethics; Cross-Cultural Comparison; Nursing Students; Professional Ethics; Social Values.

Introduction

Professional values have been the object of study not only in the social sciences but also in other areas such as psychology, anthropology, and related disciplines, and over the years, theories have been built on the subject. Values characterize cultural groups, societies, and owners, track changes over time, and explain motivational bases for attitudes and behavior (Potter and Perry, 2001).

Rokeach Values (1973) attitude acknowledges that value is faith or continuation about a specific type of behavior or state that is considered desirable. These are patterns that define social and professional behavior affecting morale and judgment. He believes that an individual's value system is a priority, so a hierarchy of values guides us and leads us to take a specific position in a given situation. In this sense, the Nursing Professional Values Scale-3 (NPVS-3) was developed by Weis and Schank (2017) in an attempt to measure nursing professional values based on the Code of Ethics of the American Nurses Association (ANA).

Combining the types of values and their strength can determine professional success in some occupations; people looking for the same profession tend to have a similar code of values (Rokeach, 1973). Beliefs and values characterize a domain; some authors describe the beliefs and values that guide individuals' actions in the work environment as professional identity, which in the case of nurses is characterized by interactions with patients (Fagermoen, 1997; İlaslan, 2021; Geçkil, et al., 2012).

Today's healthcare environment is highly complex, and ethical values are the foundation of nursing practice. Nursing practice is based on values, which influence the behavior and decision-making process. The development of these values and ethics is inherent in professional nursing education programs (Poorchangizi et al., 2019). Formal nursing education should provide the foundation for developing these professional values, and through professional practice, nurses continue to grow these values (Kaya et al., 2016). The lack of acquiring these professional values and leadership competencies in their nursing program may result in nurses practicing outside the ANA Code of Ethics (Kantek et al., 2017). Human values can impact an individual's behavior, so it can be assumed it can also influence one's leadership style and behavior (Eagley, et al., 1998).

In this context, this study has the guiding question: Compare the professional values in undergraduate nursing students in Brazil and the USA? Are there differences in values in different cultures? Are there differences in values per semester? The results of this work brought reflections on how professional values have been inserted in the education of students, comparing whether there are differences or similarities between countries. Continuing education in ethical aspects and valuing the provision of care with a focus on human rights is sensitive to people's values, customs, and beliefs. Therefore, they are essential items in the nursing education process. Having a tool that can measure these values contributes to the direction of teaching.

Aim of the study

The purpose of this study was to examine the attainment of professional values in undergraduate nursing students in different cultures and compare the professional values per semester.

Background/Literature

The attainment of professional values sets the foundation for the decision-making process. The ANA Nurses Code of Ethics describes the responsibilities of nursing as it relates to providing quality care and the ethical responsibilities of the nursing profession. The ANA Code of Ethics includes nine provisions that address autonomy, beneficence, justice, and non-maleficence (ANA, 2010).

The socialization process of nursing begins in the nursing education program. Professional values are initially demonstrated by nursing educators (Poorchangizi et al., 2019) and students learn about the professional role through the socialization process (Salisu et al., 2019). Socialization into the profession assists nursing students in acquiring and improving their professional values. The refinement of these values assists nurses in the ethical decision-making process in professional nursing practice (Poorchangizi et al., 2019). The AACN Essentials for nursing education addresses the need to acquire a professional identity as a core competency. This identity is one that is refined and further developed as one gains experience (AACN, 2021).

Nurse educators play the role of facilitator, preceptor, and mentor in working with students in their development of professional values. Throughout their education program, the use of case studies, role-playing, and the application of critical thinking to different scenarios help students to refine their values (Salisu et al., 2019). Personal and professional behaviors can influence the response of nurse leaders in the perception of situations, interpersonal relationships, ethical issues, and team performance (Kantek et al., 2017).

Leaders in formal leadership roles need to role model ethical behaviors and promote the implementation of ethical leadership. Ethics is an essential component of nursing leadership. Leaders model these behaviors that decrease moral distress, enhancing activities that foster the ethical development of nurses, and empowering nurses to verbalize their concerns and issues (Barkhordari-Sharifabad et al, 2017).

Methods

A cross-sectional, quantitative, descriptive study. The sample followed 243 undergraduate nursing students in Brazil and the USA. The data collection was based on NPVS-3 forwarded electronically. NPVS-3 is based on three constructs: **Care** - in these items, the focus is on the commitment to the patient, family, group, community, or population; **Activism,** where the items of this factor focus on the dynamic component of the profession through which nursing can impact health policies, promote health diplomacy and maintain professional integrity. The ANA and Brazilian Nursing Code of Ethics deal with aspects of duties, reflecting the activist role of nursing professionals. These provisions focus on the social nature of the profession and its responsibility to the public and the global community. Protection and promotion of health among people, regardless of location, is a concern of nursing. **Professionalism** reflects nurses' responsibility for the work environment, personal and professional growth, and the authority and responsibility for the practice.

NPVS-3 has 28 items, with a Likert-scale format ranging from 1 (not essential) to 5 (most important). Each item in NPVS-3 is a short descriptive phrase reflecting a specific code provision. All items are phrased in the positive direction; none are reverse scored. The possible range of scores is 28–140. The higher the score, the stronger nurses' professional value orientation. Total scores are obtained by summing numeric responses to each item (Weis and Schank, 2017). It is a self-administered scale that takes approximately 15 minutes to complete.

Statistical analysis

Statistical analysis was performed using Statistical Package for the Social Sciences (SPSS), version 15.0 (SPSS Inc., Chicago, IL, USA). Central tendency measurements performed: arithmetic

mean, standard deviation, minimum, maximum, and percentage parameters. The Wilcoxon-Mann-Whitney test and the Kruskal-Wallis rank-sum test (ANOVA) were used for comparisons and to test whether they originated from the same distribution. $p<0.05$ was accepted as statistically significant.

Ethics

Authorization to use the instrument was requested to Weis and Schank, from Marquette University, College of Nursing (USA), who sent their consent. It was forwarded for approval by the Ethics Committee of the College of Nursing at *Universidade de São Paulo*, Brazil, authorized according to CAAE (Certificate of Presentation for Ethical Consideration) 35407720.5.0000.5392 and IRB Daemen OMB No. 0990-0263 - Approved for use through April 30, 2021.

Setting and sample

The sample consisted of 210 undergraduate nursing students in Brazil and 33 in the USA. A previous analysis of power established sufficient power to distinguish significant relations among the study variables based on the sample size. Of the total sample of the two countries, 202 (n= 83,12%) were female. 25,10% (n=61) of the students were in the 6th grade.

Results

The findings showed that the scores on the scale of professional values of nursing students had a reasonable level. The mean score of the Professional Values Scale-3 of the Brazilian students was 124.96±11.58 and 112.85±11.16 for the USA. In table 1, it is observed that in both countries, the "Caring" dimension was the highest, the mean score NPVS-3 of the Brazilian students 46.83±3.67 and USA 45.00±3.37.

Table 1 - Descriptive measures by Local

Variable	Local	N	Mean	SD	Min	1st Q	Median	3rd Q	Max	*95%CI. lo	*95%CI. hi
Total	Brazil	210	124,96	11,58	86	117	128	134	140	123,32	126,45
	New York	33	112,85	11,16	94	103	111	119	137	109,24	116,74
Caring	Brazil	210	46,83	3,67	25	46	48	49	50	46,28	47,28
	New York	33	45,00	3,37	37	43	45	48	50	43,80	46,07
Activism	Brazil	210	43,71	5,65	28	40	45	48	50	42,92	44,44
	New York	33	36,97	6,40	25	33	37	42	49	34,82	39,12
Professionalism	Brazil	210	34,41	3,74	24	32	35	37	40	33,90	34,91
	New York	33	30,88	3,22	25	28	31	33	39	29,85	32,01

* 95% Confidence Interval regarding proportions (The interval is calculated for a statistic and not for a variable; therefore, this interval is for the statistic proportion of subjects in each category). Notes: SD = Standard deviation; Min = minimum; 1stQ = first quartile; 3rdQ = third quartile; CI.lo = Confidence interval low; CI.hi = Confidence interval high

Analyzed that there is a relationship between Brazil and USA was statistically significant (Table 2).

Table 2 - Hypothesis tests – Comparison of NPVS-3 sub-dimensions of the students with each other Brazil and USA

	Method	Statistic	p-value
Total		5432	< 0.001
Caring	Wilcoxon-Mann-Whitney test	4761	< 0.001
Activism	Wilcoxon-Mann-Whitney test	5454	< 0.001
Professionalism	Wilcoxon-Mann-Whitney test	5287	< 0.001

Table 3 shows the average of the NPVS-3 scores of the students per semester, the average scores of the students in the seventh and eighth semester were the highest 132.50±0.71 and 127.21±11.09; and the lowest was that of the students in the fifth year, 117.86±18.49. The difference between these two groups was statistically significant (Table 4).

Table 3 – Descriptive measures by Semester

Variable	Semester	N	Mean	SD	Min	1stQ	Median	3rdQ	Max	95%CI. lo	95%CI. hi
Total	2nd	36	124.28	10.25	88	118.5	125	131	137	120.34	127.09
	3th	22	127.18	11.47	98	122.25	128.5	134.75	140	121.71	131.24
	4th	45	123.87	12.09	86	114	128	133	140	120.00	127.04
	5th	7	117.86	18.49	99	99.5	119	134	140	105.23	130.59
	6th	61	124.00	11.37	94	116	123	134	140	121.03	126.70
	7th	39	132.50	0.71	132	132.25	132.5	132.75	133	131.81	133.19
	8th	33	127.21	11.09	89	124	129	135	140	122.51	130.25

* 95% Confidence Interval regarding proportions (The interval is calculated for a statistic and not for a variable; therefore, this interval is for the statistic proportion of subjects in each category). Notes: SD = Standard deviation; Min = minimum; 1stQ = first quartile; 3rdQ = third quartile; CI.lo = Confidence interval low; CI.hi = Confidence interval high

Table 4 – Hypothesis tests - Comparison of NPVS-3 sub-dimensions of the students with each other Brazil and USA

	Method	Statistic	df	p-value
Total	Kruskal-Wallis rank sum test	22.879	7	0.002
Caring	Kruskal-Wallis rank sum test	9.089	7	0.246
Activism	Kruskal-Wallis rank sum test	27.65	7	< 0.001
Professionalism	Kruskal-Wallis rank sum test	20.473	7	0.005

The values that are most important for both Brazilian and American students are in the dimension of Caring. When analyzing the items, it appears that item 5 - Participation in peer review was one of the most valuable for both countries (table 5). If we evaluate the first five items for Brazil, items 5, 6, 7, 20 and 27 are the most valued, while for the US, items 5, 17,11, 24 and 26 are highlighted.

The point differences of the items were analyzed, and it can be seen that the things with the most relevant differences were:

● Act as a patient advocate (item 16, 12-point difference);

● Establish standards as a guide for practice and advance the profession through active involvement in health-related activities (item 6 and 10, 12-point difference);

● Recognize the role of professional nursing associations in shaping health policy and take action to influence legislators and other policymakers to improve health care (items 11 and 26, 8-point difference);

● Engage in ongoing self-evaluation and engage in consultation/collaboration to provide optimal care. (item 1 and 27, 7-point difference);

● Respect the inherent dignity, values, and human rights of all individuals; promote and maintain standards where planned learning activities for students take place; participate in nursing research and/or implement research findings appropriate to practice and recognize professional boundaries (item 2, 7, 17 and 28 5-point difference).

Table 5 - NPVS-3 item by rank and average rate significant differences between New York and Brazil nursing students.

	New York			Brazil		
	Rank	Average	SD	Rank	Average	SD
1. Engage in ongoing self-evaluation.	20	3.85	0.67	13	4.52	0.69
2. Respect the inherent dignity, values, and human rights of all individuals.	6	4.48	0.67	1	4.95	0.25
3. Protect health and safety of the patient/public.	3	4.67	0.54	2	4.92	0.31
4. Assume responsibility for personal well-being.	18	3.94	0.61	19	4.31	0.78
5. Participate in peer review.	27	3.03	0.81	28	3.70	0.91
6. Establish standards as a guide for practice.	13	4.12	0.78	25	4.12	0.80
7. Promote and maintain standards where planned learning activities for students take place.	22	3.70	0.68	27	4.07	0.90
8. Initiate actions to improve environments of practice.	17	4.03	0.88	14	4.46	0.68
9. Seek additional education to update knowledge and skills to maintain competency.	15	4.06	0.86	11	4.58	0.67
10. Advance the profession through active involvement in health-related activities.	21	3.76	0.87	9	4.64	0.62
11. Recognize the role of professional nursing associations in shaping health policy.	25	3.48	1.03	17	4.41	0.77
12. Establish collaborative partnerships to reduce healthcare disparities.	16	4.03	0.88	16	4.42	0.72
13. Assume responsibility for meeting health needs of diverse populations.	14	4.09	0.80	15	4.46	0.80
14. Accept responsibility and accountability for own practice.	8	4.39	0.86	10	4.60	0.68

15. Protect moral and legal rights of patients	2	4.70	0.54	5	4.79	0.51
16. Act as a patient advocate	4	4.61	0.56	22	4.24	0.94
17. Participate in nursing research and/or implement research findings appropriate to practice	28	3.00	1.20	23	4.23	0.81
18. Provide care without bias or prejudice to patients and populations.	5	4.55	0.67	3	4.89	0.45
19. Safeguard patient's right to confidentiality and privacy.	1	4.70	0.59	4	4.84	0.46
20. Confront practitioners with questionable or inappropriate practice.	9	4.27	0.98	24	4.21	0.97
21. Protect rights of participants in research.	10	4.18	0.64	6	4.74	0.54
22. Practice guided by principles of fidelity and respect for person.	7	4.45	0.75	8	4.65	0.59
23. Actively promote health of populations	11	4.18	0.73	12	4.56	0.70
24. Participate in professional efforts and collegial interactions to ensure quality care and professional satisfaction.	24	3.58	0.83	20	4.27	0.82
25. Promote mutual peer support and collegial interactions to ensure quality care and professional satisfaction.	23	3.58	0.90	21	4.26	0.81
26. Take action to influence legislators and other policymakers to improve health care.	26	3.33	1.16	18	4.37	0.83
27. Engage in consultation/collaboration to provide optimal care.	19	3.94	0.83	26	4.09	0.89
28. Recognize professional boundaries.	12	4.15	0.71	7	4.65	0.60
Total		**112,85**	**14.56**		**124,96**	**11.58**

Notes: SD = Standard deviation

When we ranked the values prioritized by students that reflect the collectivist or individualist cultural traditions, it was found that American students focus more on the cultural individualist, the most relevant values: 5. Participate in peer review; 24. Participate in professional efforts and collegial interactions to ensure quality care and professional satisfaction and 25. Promote mutual

peer support and collegial interactions to ensure quality care and professional satisfaction. In contrast, Brazilian students concentrate on collectivism: 7. Promote and maintain standards where planned learning activities for students take place; 27. Engage in consultation/collaboration to provide optimal care; 6. Establish standards as a guide for practice; 20. Confront practitioners with questionable or inappropriate practice; 17. Participate in nursing research and/or implement research findings appropriate to practice.

Discussion

The Nursing Ethics Commission of Brazil approved an international code of ethics considering the differences between the US and Brazil, such as legislation, ways of life, traditions, religion, cultures, customs, among other factors; however, both codes are anchored on universal principles and concepts, such as respect for life, dignity, and human rights, without discrimination of any kind. Likewise, the two codes are similar in clarifying doubts about the fundamental responsibilities of professionals that cover the person, society, professional practice, the health team, and the profession itself, items included in the NPVS-3. With these values in mind, this study aimed to compare the professional values of undergraduate nursing students in different cultures.

According to the results presented, it was clear that the domains of "caring" values are predominant in Brazil and the US, and the student population in both countries is predominantly female. It is noteworthy that there is a vast literature on gender differences, emphasizing that values related to social relationships and concern for others are more associated with women than with men, who value more the career and external rewards, such as job safety and promotion (Romem & Anson, 2005; Shahriari and Baloochestani, 2014).

Empathy, honesty, and justice are the values of the activism domain; as seen in the results of this study, this dimension was the second most identified. Affection and empathy are related to altruism; altruism includes personal qualities such as compassion, love, caring, generosity, which is reflected in concern for social trends and health-related issues (Dellafiore, et al., 2020; Lönnqvist, et al., 2009). Nurses' professional values were created by political and social systems, including skilled nursing unions and educational institutions; we can mention the International Council of Nurses (ICN, 2012); among the items it highlights related to values in nursing are respect, responsiveness, compassion, reliability, and integrity. It is noteworthy that professional values can be defined by different names, with varying priority orders according to culture. For example, American nurses emphasize competence, high quality of care, responsibility, and loyalty (Dougherty, 1992). A study carried out in Turkia concluded that, among nurses' professional values, the priority hierarchy was human dignity (belief in the uniqueness and importance of an individual); then truth, freedom, justice, aesthetics, altruism (active effort for the benefit of others), which was aligned with personal values in the dimension of relationships such as consideration, empathy, sociability, respect, and reliability (Altun, 2009; Hoyuelos, et al., 2010; Moon, Kim and Kim, 2014).

The values of professionalism were investigated considering the effort, time, commitment to the performance of the work and the quality of the service, thinking about the type of work or individuals about the work environment, leading the respondent to believe in the importance of decision-making work. Work values are fundamental and comprehensive, not so much

concerned with individual or organizational vocation aspects, but with the nature of work in general (Ros et al., 1999). It has an intrinsic, self-fulfilling and extrinsic nature of the material and social values (Elizur, 1984; Lin and Wang, 2010).

The nursing profession involves distinct values with different variants, such as workplace, country, experience, region, and culture, both local and personal. The order of priority between these values varies according to the culture in which they are inserted. Some studies demonstrate that the fundamental values of nursing do not change among themselves according to the professional or even around the world. A relevant item to be considered when it comes to the difference in professional values between countries is the type of health system in the countries; depending on the system, it may be that individual values stand out from those of the collective or vice versa.

According to the findings, American nursing students tend to prioritize individual values above collective values, unlike in Brazil, which prioritizes collective values more. In a way, the disparity between priorities may be due to the difference between the countries' health systems studied. In Brazil, 75% of the population depends on the public health system. Therefore, the values of the community end up being higher. The development of professional values during nursing graduation ends up being directed towards collective health.

American students focus more on individualism. The challenges of cultural disparities within the American health system reveal that nurses are aware of the need for a broad cultural knowledge for better quality care. However, due to the lack of collective health policies, the values of collectivism end up not being prioritized (Shepherd, 2019).

Even though values of "caring" were the best ranked in both countries studied, in Brazil the best scored one was "Respect the inherent dignity, values, and human rights of all individuals.", while in New York "Safeguard patient's right to confidentiality and privacy". This difference can possibly be because of the disparity between both health systems, that forces Brazilian nursing students to learn how to deal with the social contrast among the Brazilian population and the diversity that comes with it. On the other hand, with the lack of public health in New York and with private health being the most kind used by it's people, nursing students may not prioritize respect, but their rights and that can possibly be the reason why there is a 5 point difference between both countries.

The reflection of the influence of the type of healthcare on public politics can also be seen analyzing the topic 10, "Advance the profession through active involvement in health-related activities", once this kind of action is on of the base of Brazilian primary care, that being one of the main focus of the country's public healthcare, which can explain why the topic has a much lower rank in NY than in Brazil.

The results of the research have shown that there is a difference in the NPVS-3 average score between the semester of the students, which demonstrates that the type of education that the soon to be graduates nurses receive, has an influence on the values built along their career and education.

Values and ethics are both composed of socialization throughout a person's life, but it is also a very important base developed during professional socialization during university

(Poorchangizin; et al, 2019). It can be seen when we analyze the results of each semester, where students from seventh and eighth semester, who have a more complete ethical experience through college, had a bigger score than the rest of the students.

It is important to point out that, even with the evidenced importance of professional experience in the development of values, each person's cultural background is also a big factor that influences values and ethical behavior. That hypothesis can be validated by analyzing the score of each semester of the graduation that shows that the fifth year of the graduation has a lower score than the first, and that can potentially be caused by such cultural background influence. In that perspective, the development of personal values would also change a person's professional values (Caldwell, 2016).

It is noted that cultural issues are highly influential factors in determining the priority of nursing values. Countries that have collective health policies will supposedly have fundamental values related to the collectivity prioritized and individualistic teaching. However public policies and codes of ethics also distinguish agents of these differences between countries, as health education institutions adapt their teaching according to the demand and need for professional knowledge within the region or country.

Conclusion

The purpose of this study was to compare the professional values of undergraduate nursing students in different cultures; we identified that although the scores in the USA were lower than in Brazil, the values and the similarities between the dimensions are very close.

Caring was the highest score, and it reinforces the concern of nurses since their training with the quality of care to be provided to the patient.

Care is linked to the respect, dignity, and protection of the patient; recognizing these values as structuring and guiding nursing reinforces the view of nursing as a social practice.

Understanding the origin of behaviors and attitudes allows nursing students to develop during training in a targeted manner, providing reflections on social practices and improving the health care process with a view to the needs of individuals.

Relevance to nursing practice, education or research

NPVS-3 can increase awareness of the importance of professional values and the Nurse's Code of Ethics as pillars of professionalism. It is based on the Code of Ethics; it allows for an in-depth analysis of where we are and where we want to go; therefore, measuring the values per semester of nursing students is an assessment path.

Comparing different cultures allows for a reflection on how nursing students are being trained, bringing a review on the values of nursing as a profession.

Acknowledgements

and Training of Undergraduate Students (PUB-USP) at *Universidade de São Paulo*, which is part of the Policy for Supporting Permanence and Student Training and awarded us two scientific initiation grants for nursing students

References

[1]. AACN, 2021. The essentials: Core competencies for professional nursing education. Available at: https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf. Accessed (November 4th, 2021).

[2]. Altun, I., 2002. Burnout and nurses' personal and professional values. Nursing Ethics. 9 (3), 269–278. doi: https://doi.org/10.1191/0969733002ne509oa.

[3]. ANA, 2015. Code of ethics for nurses with interpretive statements. American Nurses Publishing. Available at: https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/ Accessed (November 19th, 2021).

[4]. Barkhordari-Sharifabad, M., Ashktorab, T., & Atashzadeh-Shoorideh, F., 2017. Obstacles and problems of ethical leadership from the perspective of nursing leaders: A qualitative content analysis. Journal of medical ethics and history of medicine, 2017, 10 (1). Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5432950/pdf/JMEHM-10-1.pdf Accessed (November 15th, 2021).

[5]. Caldwell, H., Miller, K., 2016. Professional Values in Baccalaureate Nursing Students. Honors Research Projects 338. Available at: https://ideaexchange.uakron.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1263&context=honors_research_projects Accessed (November 5th, 2021).

[6]. Dellafiore, F., Grugnetti, A. M., Caruso, R., Prinzivalli, G., Luca, M., Grugnetti, G., Belloni, S., Magon, A., Arrigoni, C., 2020. Nurses Professional Values Scale-Three: A Validation Study Among Italian Nurses and Nursing Students. Journal of Nursing Measurement 28 (3), 1-15. doi: https://doi.org/10.1891/jnm-d-20-00030

[7]. Dougherty, C.J., 1992. Ethical values at stake in health care reform. JAMA: The Journal of the American Medical Association 268 (17), 2109-2412. doi:10.1001/jama.1992.03490170081029

[8]. Eagly, A. H., & Chaiken, S., 1998. Attitude, structure, and function in Gilbert, D. T., Fiske, S.T., & Lindzey, G. The handbook of social psychology 4th ed. New York: McGraw-Hill. Available at: https://psycnet.apa.org/record/1998-07091-007 Accessed (November 15th, 2021).

[9]. Elizur, D., 1984. Facets of work values: a structural analysis of work outcomes. Journal of Applied Psychology 69 (3), 379–389. doi: https://psycnet.apa.org/doi/10.1037/0021-9010.69.3.379

[10]. Fagermoen, M. S., 1997. Professional identity: Values embedded in meaningful nursing practice. Journal of Advanced Nursing, 25 (3), 434–441. doi: https://doi.org/10.1046/j.1365-2648.1997.1997025434.x

[11]. Geçkil, E, Ege, E, Akin, B, Goz, F., 2012. Turkish version of the revised nursing professional values scale: Validity and reliability assessment. Japan Journal of Nursing Science. 9 (2), 195–200. doi: https://doi.org/10.1111/j.1742-7924.2011.00202.x

[12]. Hoyuelos, S.B., Fraile, C. L., Weis, D., Urien, E. D. L., Elsden. C. A., Schank, M. J., 2010. Nursing professional values: validation of a scale in a Spanish context. Nurse Education Today 30 (2), 107–12. doi: https://doi.org/10.1016/j.nedt.2009.05.010

[13]. ICN, 2012. International Council of Nurses: The ICN Code of Ethics for Nurses. Available at: https://www.icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf Accessed (November 19th, 2021).

[14]. İlaslan, E., Geçkil, E.,, Kol, E., Erkul, M., 2021. Examination of the professional values of the nurses and the associated factors. Perspectives in Psychiatric Care 57 (1), 56-65. doi: https://doi.org/10.1111/ppc.12524

[15]. Kantek, F., Kaya, A., & Gezer, N., 2017. The effects of nursing education in professional values: A longitudinal study. Nurse Education Today 58, 43-46. doi: https://doi.org/10.1016/j.nedt.2017.08.004

[16]. Kaya, H., Burcin, I., Senyuva, E., & Kaya, N., 2016. Personal and professional values held by baccalaureate nursing students. Nursing Ethics 24 (6), 716-731. doi: https://doi.org/10.1177/0969733015624488

[17]. Lin, Y-H., Wang, L. S., 2010. A Chinese version of the revised nurses professional values scale: reliability and validity assessment. Nurse Education Today 30 (6), 492–498. doi: https://doi.org/10.1016/j.nedt.2009.10.016

[18]. Lönnqvist, J. E., Walkowitz G., Wichardt, P., Lindeman, M., Verkasalo,M., 2010. The moderating effect of conformism values on the relations between other personal values, social norms, moral obligation, and single altruistic behaviours. British Journal of Social Psychology 48 (3), 525-546. doi: https://doi.org/10.1348/014466608x377396

[19]. Moon, S., Kim D. H., Kim, E. J., Kim Y. J., Lee, S., 2014. Evaluation of the validity and reliability of the Korean version of the nursing professional values scale-revised. Nurse Education Today 34 (3), 325–330. doi: https://doi.org/10.1016/j.nedt.2013.06.014

[20]. Poorchangizi, B., Borhani, F., Abbaszadeh, A., Mirzaee, M., Farokhzadian, J., 2019-B. The importance of professional values from nursing students' perspective. BMC Nursing 18 (26). doi: https://doi.org/10.1186/s12912-019-0351-1

[21]. Poorchangizi, B., Borhani, F., Abbaszadeh, A., Mirzaee, M., Farokhzadian, J., 2019-B. Professional Values of Nurses and Nursing Students: a comparative study. BMC Medical Education 19 (438). doi: https://doi.org/10.1186/s12909-019-1878-2

[22]. Potter, P. A. & Perry, G. A., 2001. Fundamentals of Nursing. St. Louis: Mosby, 5th ed.

[23]. Rokeach, M., 1973. The nature of human values. New York, NY: Free Press, 1st ed.

[24]. Romem, P., Anson O. Israeli., 2005. Men in nursing: social and personal motives. Journal of Nursing Management 13 (2), 173-178. doi: https://doi.org/10.1111/j.1365-2934.2004.00508.x

[25]. Ros M., Schwartz S. & Surkiss S., 1999. Basic individual values, work values, and the meaning of work. Applied Psychology: An International Review 48 (1), 49–71. doi: https://doi.org/10.1111/j.1464-0597.1999.tb00048.x

[26]. Salisu, W. J.,Dehghan, N. N., Yakubu, I., & Ebrahimpour, F., 2019. Challenges and facilitators of professional socialization: A systematic review. Nursing Open 6 (4), 1289-1298. doi: https://doi.org/10.1002/nop2.341

[27]. Shahriari, M., Baloochestani E., 2014. Applying professional values: the perspective of nurses of Isfahan hospitals. Journal of Medical Ethics and History of Medicine 7 (1). Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4263379/pdf/jmehm-7-1.pdf Accessed at (November 15th, 2021).

[28]. Shepherd, S. M., Willis-Esqueda, C., Newton, D., Sivasubramaniam, D., Paradies, Y., 2019. The challenge of cultural competence in the workplace: perspectives of healthcare providers. BMC Health Services Research 19 (135). doi: https://doi.org/10.1186/s12913-019-3959-7

[29]. SPSS Inc, 2006. SPSS for Windows, Version 15.0. Chicago, SPSS Inc.

[30]. Weis, D., Schank M. J., 2017. Development and Psychometric Evaluation of the Nurses Professional Values Scale-3. Journal of Nursing Measurement 25 (3), 400-410. doi: https://doi.org/10.1891/1061-3749.25.3.400