COMPARING PROFESSIONAL VALUES OF SOPHOMORE
AND SENIOR BACCALAUREATE
NURSING STUDENTS

by

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Submitted in partial fulfillment of the
requirements for Departmental Honors in
the Department of Nursing
Texas Christian University
Fort Worth, Texas

December 14, 2014
COMPARING PROFESSIONAL VALUES OF SOPHOMORE AND SENIOR BACCALAUREATE NURSING STUDENTS

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ABSTRACT

This project fulfills the requirements of upper division honors in the Harris College of Nursing and Health Sciences. Professional value development is an essential part of undergraduate baccalaureate nursing education. Adoption of professional values during undergraduate education is especially important in the today’s complex and multi-dimensional health-care landscape in order for nurses to provide ethical care, prevent moral distress, and uphold the image of the nursing profession. The literature reveals conflicting evidence correlating experience in nursing school with professional value development. This project compares the professional value development of entering and graduating undergraduate baccalaureate nursing students at a small, private, liberal arts university using the Nurses Professional Values Scale-Revised (NPVS-R). The NPVS-R measures the valuation of five ethical principles espoused in the American Nurses Association (ANA) Code of Ethics: Caring, trust, professionalism, and justice. The results of this pilot study showed that both Sophomores and Seniors have well-developed professional values, especially trust and caring. Both groups considered trust, caring, and justice significantly more important than activism. Additionally, the Sophomores perceived professionalism significantly more important than activism. Also, The Seniors considered trust significantly more important than professionalism. Even though both groups scored lowest on activism, Seniors scored significantly higher on this domain than Sophomores suggesting experience can influence value development. Entering and graduating students at this university demonstrated strong internalization of professional values though could improve on professionalism and activism.
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ACKNOWLEDGEMENTS

I would like to thank Dr. Barbara Ritzert who first helped form this project design and goal. I would also like to thank my committee, Dr. Diane Hawley, Dr. Suzy Lockwood, and Dr. Ronald Pitcock for their guidance, suggestions, careful critique, and encouragement. Dr. Jo Nell Wells taught my first Honors Research course and set my plans in the right direction from the start. Dr. Dennis Cheek, Mrs. Suzanne Bryant, and Dr. Melissa Sherrod also contributed immensely by allowing me to survey students during their class time. Thank you. I would like to acknowledge the staff of the Honors College including Donna Schonersted and Lauren Nixon for always welcoming questions and offering a listening ear. Dr. Debbie Rhea helped me process a rapid Internal Review Board addendum, and for that I am very grateful. I also appreciate the help I received from multiple TCU Writing Center associates. Finally, I would like to thank the students who participated in my project. This project was truly a team effort, and I am in awe of the faculty, staff, and students who made my project possible.
INTRODUCTION

According to the accrediting body of baccalaureate nursing programs, the American Association of Colleges of Nursing (AACN), professional value development is an essential component of undergraduate nursing education (AACN, 2008). Values are fundamental convictions that guide individual nurse’s actions, interactions with others, judgments, rationalizations, and choices (Ethics Resource Center [ERC], 2009; Narvan, n.d., Weis & Schank, 2009). Values also guide nurses when they make ethical decisions (AACN, 2008). Additionally, values influence the identity and image of the nursing profession as a whole. Because values build the framework for crucial aspects of nursing practice and nursing’s identity, development of specific common conceptions deemed “professional values” is an essential component in undergraduate nursing education (AACN, 2008). This project is a pilot study to describe and compare the professional values of graduating and beginning nursing students enrolled in a bachelors of science in nursing (BSN) program at a small, southern liberal arts university.

Defining Professional Value Development

The AACN and American Nurses’ Association (ANA) define the specific professional values they expect nursing students to acquire and internalize, or develop, during their undergraduate education. Often, these values are derived from the ANA Code of Ethics or The ANA Code of ethics for nurses with interpretive statements (2001). The ANA Code of Ethics is a book with standards to guide nursing practice in America. The interpretive statements serve as a summary of the Code and are found in a nine-provision document that states nurses’ fundamental commitments and responsibilities to patients, the public, themselves, and the profession (See Table 1). Nurses in other
countries learn and abide by nation-specific codes of ethics, but for this project the researcher focused on the ANA Code because it sets a standard for American nurses, and participants are receiving nursing training in America. Therefore, for this project, the Code refers to the ANA Code of ethics for nurses with interpretive statements (2001).

The nine provisions can be divided into five values or ethical domains intended to guide nursing practice: caring, activism, trust, professionalism and justice. Additionally, the AACN (2008) expects baccalaureate nurses to also develop the professional values of altruism, autonomy, human dignity, and integrity. By internalizing the nine provisions of the ANA Code of Ethics (Table 1), nursing students begin the process of developing these values that “epitomize the caring professional nurse” (AACN, 2008, p.27-28). Since professional values measured in this project are derived from the 2001 ANA Code of Ethics, for this project “professional value development” and “knowledge/internalization of the Code” are interchangeable terms (Weis & Schank, 2009).
**American Nurses Association Code of Ethics for Nurses (ANA, 2001)**

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Nursing students should learn about and adopt professional values because when they graduate, the regulating board of nursing, the healthcare community, and health care consumers expect them to act according to the Code’s provisions. When nurses do not abide by the Code, there can be consequences. For example, a hypothetical dilemma occurs when a nurse notices a well-loved co-worker’s alcoholism interferes with patient care. The nurse must decide whether to report the co-worker to a supervisor and potentially face retribution from co-workers for “turning the nurse in,” or let the situation
continue and simply hope nothing “really bad” happens to a patient. Suppose the nurse decides to let the situation slide because the nurse values individual choice and does not want to interfere. What if during the next shift, the nurse in question accidentally administers a fatal dose of medication to a patient, and a blood test reveals the nurse was in fact under the influence of alcohol. The issue might perturb the nurse who did not report the co-worker, and the guilt and agitation might convince the nurse to leave the profession. In this hypothetical situation, the nurse’s decision to not report the co-worker would have violated provision three of the ANA Code of Ethics (“The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient”) (ANA, 2001, p. 1). The nurse chose to justify actions (or inaction) based upon a personal value—individual choice, rather than a professional value of trust expressed in the code. If the nurse had referred to the Code of Ethics as a guide to make a decision rather than rely on personal beliefs, the nurse would have potentially saved that patient’s life. Although professional value development is a career-long process, the ANA and AACN expect students to begin the process during their undergraduate career. My project will compare professional value development of students entering and leaving a baccalaureate nursing program.

BACKGROUND

Relevance of professional values in today’s changing healthcare landscape

Professional value development during undergraduate school is essential for nurses in this era of healthcare transition (Weis & Shank, 2009). Today’s nursing students will soon enter a healthcare context infused with rapidly changing technology, extensive multiculturalism, complex ethical dilemmas, and new expectations for nurses
Nursing students and educators should realize that, as illustrated in the example previously, today more than ever, professional values are at risk of conflicting with personal, societal, institutional, and social values (Rassin, 2010). Nursing students need to be equipped with common professional values such as autonomy and justice during their undergraduate education in order to adhere to nursing’s standards in today’s complex healthcare environment.

Professional value development prepares BSN graduates to practice in complex environments as well as prepares them to embrace nursing’s changing role in healthcare. The nursing profession is in the middle of transformational change in response to the 2011 Institute of Medicine (IOM) report, The Future of Nursing (Bleich, 2013). The report credits nurses as pivotal in advancing the health of Americans and calls nurses to be full partners in leading health care reform (IOM, 2011). According to the IOM, nurses represent the largest segment of the health care workforce with over three million members in America, are consistently ranked the most trusted profession, and should use their size and unique perspectives to influence healthcare changes (2013 Gallup Poll). Developing values, such as professionalism and activism, during undergraduate education is an important step for preparing nurses who will represent the nursing profession in leading healthcare redesign.

**Code and Value Inconsistencies**

Educating undergraduate nursing students about professional values often starts with education about The ANA Code of Ethics. Writers intended these provisions to serve as the primary reference both for nurses facing ethical dilemmas and for those outside the profession wondering about nursing standards (AACN, 2008; ANA, 2001;
Numminen, Van der Arend, & Leino-Kili, 2009; Weis & Schank 2009). In order to develop professional values that prepare graduates for complex care environments and expanded nursing roles, nursing students should receive education about the Code and how to apply the provisions to practice.

Despite expectations that nurses know and practice according to the Code of Ethics (ANA, 2001; AACN 2008), many studies report a deficient knowledge of the Code. Numminen et al. (2009) completed a systematic review and found that “nurses’ knowledge of the ethical code was deficient at all levels of the nursing profession” (p. 390). For example, even neonatal intensive care unit (NICU) nurses with three or more years of experience expressed a need for education on how to apply the Code of Ethics to practice (Bicking, 2011). In addition to experienced nurses, baccalaureate students also expressed a need for ethics education (Lacobucci, Daly, Lindell, & Griffen, 2012). In this study, only 25 (47.8%) out of 47 surveyed senior nursing students reported experiencing an ethical dilemma in their student nurse clinical rotations. Furthermore, those students with experience indicated only moderate confidence in their ethical decision-making skills (Lacobucci et al., 2012).

If nursing students do not know the Code, how can they develop professional values to justify ethical decisions? Not only does the literature suggest nurses have poor knowledge of the Code, but also several studies reveal that nurses refer to personal values more frequently than the Code of Ethics to justify ethical decisions (Numminen et al., 2009; Park, 2009). Numminen et al. (2009) concedes, however, that the personal values nurses use seem to “espouse those [professional values] inherent in the code” (p. 391). This implies that nurses could be unintentionally referencing the Code when
encountering ethical issues (Numminen et al., 2009). However, in today’s complex, multi-cultural health care context where personal values are becoming more and more diverse, intentionally prioritizing professional values over personal values is important. The hypothetical anecdote about the nurse who did not report an unsafe co-worker illustrates the potential danger of nurses relying on personal rather than professional values in ethical dilemmas. Teaching undergraduate students to primarily refer to their professional values derived from a common code can alleviate the problems that occur when nurses attempt to solve ethical issues from a diverse array of purely personal perspectives (AACN, 2008, ANA, 2001; Park 2009; Rassin, 2010).

Consequences of Inconsistent Values

Lack of education about the Code of Ethics and development of values incongruent with the profession’s adopted morals may lead to consequences for nurses, individually and collectively. A systematic review revealed that poorly developed professional values contribute to moral distress for nurses (Burston & Tuckett, 2013). For nursing students and professional nurses, moral distress may lead to self and other-directed anger, patient avoidance, and disillusionment. Like in the example, morally distressed nurses may leave their jobs or even the profession (Burston & Tuckett, 2013).

Consequences of inconsistent values can extend beyond the individual and affect the profession collectively. When nursing students or nurses rely on values that conflict with those adopted by the profession, the image and identity of the profession may be at risk. Although the public trusts nurses above other professions (2013 Gallup poll), the public image of nursing is often discordant with how nurses’ see themselves (Hoeve, Jansen, & Roodbol, 2014). The incongruence can be attributed to media stereotypes,
subordination of nurses to physicians, influence of traditional values and gender roles, and nurses’ lack of efforts to actively improve public perception (Hoeve et al., 2014). These obstacles sometimes make it challenging for nursing to promote its identity as a formidable, science and values-based profession ready to answer the IOM’s call to lead healthcare redesign (IOM, 2011). When nursing students do not develop and internalize professional values during undergraduate programs, they may act outside the Code of Ethics during their careers putting nursing’s public image and collective professional identity potentially at risk.

**PROJECT AIMS**

Professional value development is a crucial part of nursing education especially in today’s complex healthcare context (AACN, 2008; Weis & Schank, 2009). However, many nursing students and nurses report a knowledge gap about the Code of Ethics and how to apply the provisions to practice (Bicking, 2011; Lacobucci et al., 2013; Numminen et al., 2009). The knowledge gap has potential for individual and collective consequences for nurses, patients, and society. Therefore, including and evaluating professional value formation during undergraduate nursing education is crucial.

This project aims to compare professional value development of entering and graduating baccalaureate nursing students at a southern liberal arts university using the Nurses Professional Values Scale-Revised (NPVS-R) (Weis & Schank, 2009). The NPVS-R is a revised version of the Nurses Professional Values Scale (NPVS) that reflects changes in the revised ANA Code of Ethics for Nurses. The NPVS and NPVS-R are the only known instruments that measure professional nursing values (Weis & Schank, 2009). Each item of the 26-item NPVS-R is a short descriptive phrase that
reflects a code provision and its interpretive commentary (see Table 1) (Weis & Schank, 2009). The items correlate to an ethical domain or value inherit in the code: caring, activism, trust, professionalism or justice. The instrument uses a Likert-scale by which participants can rank their opinion on each item as (1) not important to (5) most important. The NPVS-R has been proven valid and reliable in America with a Cronbach’s alpha of 0.923 for the total scale (Weis & Schank, 2009). The instrument has also been proven valid and reliable in Turkey, Taiwan, Korea and is in the testing phase in Spain (Geçkil, Ege, Akin, & Göz, 2012; Hoyelos et al., 2010; Lin & Wang, 2010; Seongmi, Kim, D., Kim, E., Kim, Y., & Lee, 2014).

**RESEARCH QUESTIONS**

This project focused on answering the following research questions:

1) How important do Sophomore II undergraduate nursing students perceive professional values and the five ethical domains within the ANA Code of Ethics (caring, trust, activism, professionalism, and justice)?

2) How important do Senior II undergraduate nursing students perceive professional values and the five ethical domains (caring, trust, activism, professionalism, and justice)?

3) Are there any significant differences between Sophomore II and Senior II undergraduate nursing student perceptions of professional values and ethical domains? If so, which values and which domains do the cohorts perceive differently?

**THEORETICAL FRAMEWORK**
This project follows Patricia Benner’s *From Novice to Expert* model of skill acquisition (Benner, 2001). Benner (2001) describes acquiring nursing skills, including acquiring nontechnical abilities like professional value development, as a sequenced progression through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. As the nurse moves through the levels, his or her performance and perception changes in three ways: (1) the nurse progresses from relying on rules to relying on past concrete experience, (2) the nurse no longer perceives situations as a compilation of equally relevant bits, but rather begins to perceive situations as a complete whole in which only certain bits are relevant, and (3) the nurse goes from “detached observer...[to] involved performer” (Benner, 2001, p.13).

According to Benner, experience drives this progression from novice to expert. Experience encompasses more than “just a mere passage of time...[but rather experience is a transaction that causes the person to] actively refine preconceived notions and expectations” (Alligood & Tomey, 2010, p.144). For this project, experience refers to amount of time spent learning, debriefing, and changing preconceived notions in nursing school.

This project sought to examine the movement from novice to advanced beginner in professional value development in nursing school. According to Benner (2001), the progression from novice to advance beginner theoretically occurs during undergraduate programs. Novices are brand new practitioners who do not have any background knowledge to rely on, and for this project the novice level refers to first-year nursing students or the Sophomore II cohort (Benner, 2001). New graduate nurses in most cases perform at the advanced-beginner level because they have enough experience to perform
independently though still need help grasping the entire situation (Benner, 2001). For this project, Senior II students will be considered advanced beginners because they have had four semesters of nursing practicum experience and are preparing for graduation.

**REVIEW OF LITERATURE**

**Inconclusive data linking professional values and experience**

The literature review revealed conflicting evidence on how experience influences the development of professional values as measured by NPVS or NPVS-R. Experience drives the progression from novice to expert. Experience involves actively learning and refining thoughts (Benner, 2001). In the literature review and for this project, experience refers to time in nursing school or time working in the nursing field.

Two studies found statistically significant improvements in professional value development between novices and advanced beginners. Leners, Roehrs, and Piccone (2006) completed a longitudinal study in which they measured professional value development of first year incoming nursing students (novices) and outgoing graduating students (advanced beginners) using the NPVS. They found a statistical difference between the two groups. The authors concluded that nursing students developed professional values throughout their undergraduate baccalaureate degree program. Lin, Wang, Yarbrough, Alfred, and Martin (2010) also found a statistical improvement in mean NPVS-R scores of graduating students compared to first year baccalaureate students.

Although Leners et al. (2006) and Lin et al. (2010) found that a positive correlation between experience or years in a baccalaureate nursing program and development of professional values, four recent studies have found evidence to the
Contrary. Fisher (2014) compared NPVS scores of first year and graduating nursing students from three pre-licensure programs: Diploma (n = 157), Associate’s degree (n = 120, and Baccalaureate degree (n = 74). Fisher’s study found a statistical difference in professional value scores between the first year and graduating Diploma students, but not between entering and graduating Baccalaureate and Associate’s degree students. Fisher also found Diploma senior students scored significantly higher than senior Associate’s degree students in four out of five of the five ethical domains (caring, trust, professionalism and justice). Diploma students also scored significantly higher than baccalaureate students in the justice domain (Fisher, 2014). Similarly, LeDuc and Kotzer (2009) compared NPVS-R scores of nursing students, working new graduate nurses, and professionals with over five years experience. LeDuc and Kotzer found that an increase in experience did not correlate to a significant change in NPVS-R scores. Bang et al. (2011) also did not find a statistical difference between scores of Sophomore and Senior nursing students in Korea. Finally, Fowler (2013) completed a randomized control trial comparing NPVS-R scores of a group of students who were taught via a service learning activity and a group who were taught the same content in lecture format. Fowler found that the students who learned from a lecture scored higher on the NPVS-R. The extra experience, or service learning, did not significantly improve NPVS-R scores (Fowler, 2013). These four studies conflict with the previous evidence positively correlating experience with NPVS-R or NPVS scores.

Professional values and other topics

Although the relationship between experience and development of professional values remains inconclusive, other recent studies have examined the relationship between
professional value development and other important nursing topics including: self esteem, ethical decision-making capabilities, and motivation for nursing academic progression. A stronger adoption of professional values, represented as a higher NPVS-R mean score, correlates positively with self-esteem and motivation for academic progression for nursing students (Bang et al., 2010; Hidle, 2011; Lacobucci et al., 2012). Professional values seemed to have little influence on nursing students’ confidence in making ethical decisions (Lacobucci et al, 2012).

Measuring professional values can give insight into the participants’ views of themselves, their motivation to pursue higher formal education, and their perceptions of their role in the nursing profession (Alfred, 2013; Bang, 2010; Hidle, 2011 Lacobucci et al. 2012). Although out of the scope of this project, these findings provide a framework for future research using this project’s pilot NPVS-R data.

**Connection to the project**

This pilot project aims to clarify the inconclusive evidence on the relationship between experience (years in nursing school) and professional value development for nursing students at a southern liberal arts university. The project also aims to analyze how sophomores and seniors perceive the relative importance of the individual NPVS-R statements and the five ethical domains (caring, trust, professionalism, justice, and activism). The project will focus on describing and comparing Sophomore II and Senior II NPVS-R scores. Sophomore IIs are novices with zero semesters of nursing course experience (they are starting their first semester), while Senior IIs have four semesters of experience completed. In future research, this study could serve as a pilot study for research correlating professional value development to other student success measures.
The collected data could also serve as a baseline measurement for the university before enacting an intervention to enhance professional value development among undergraduates.

RESEARCH METHODOLOGY

Design

The author and faculty mentor designed a correlational study with the independent variable being semesters of experience in nursing school and the dependent variable being NPVS-R mean scores.

Setting

The study was conducted at a private liberal arts university with 10,000 plus students in the southern region.

Sample

The sample involved two groups. Group one consisted of 67 Senior II (S2) nursing students. These students were in their fifth and final semester of nursing school courses. This group represents advanced beginners according to Benner’s (2001) theory of skill acquisition. Group two consisted of 69 Sophomore II nursing students. These students were in their first semester of nursing courses. The Sophomore students represent novices in Benner’s framework (Benner, 2001).

According to the Director of Undergraduate Nursing Studies of this college, both groups have received some formal education on professional values with the Senior II cohort having more education than the Sophomore IIs (S.L., personal communication, June 17, 2014). Both groups have taken or are currently enrolled in a mandatory introductory survey course that teaches nursing history, roles, and professional values.
Senior II students have also taken an additional course, Critical Inquiry, which includes expanded education on the ANA Code of ethics and is intended to explore professional values further. Senior students also had four semesters of clinical rotation experiences learning to provide ethical care in an inpatient environment. Students begin clinical rotations in the Sophomore II semester, so these students had no clinical experience at the time of the study unless they had worked in the healthcare setting previously.

Participants met inclusion criteria if they were in the Senior II or Sophomore II class and over the age of 18. Exclusion criteria were nursing students in other semesters and those under 18.

**Human Subject Protection**

The author and faculty mentor received expedited approval for research involving human subjects by the University Internal Review Board. No data collection occurred until the review board approved the study.

Participants received no benefits for participation nor reprimands for not participating. Participation was completely voluntary. The faculty mentor did not teach any courses for either group.

Recruitment for the study occurred during class time for both groups. The classes selected for recruitment and data collection were required for Sophomore II and Senior II students, meaning all these students were enrolled in the selected classes. The author presented a short, scripted introduction of the project to both groups and invited students to participate in the survey the following class period. All students were emailed an electronic copy of the consent and NPVS-R to review prior to participation. The
researcher also emailed the potential participants the name and email of an IRB member for any questions. The surveys were anonymous and did not ask for any identifiable information.

**Measurement**

The author surveyed both groups using the 26-item Likert scale NPVS-R tool. The researcher received permission from the creators of the tool to use the survey for this project. The researcher omitted the demographics questions because they were out of the scope of this study. The researcher inserted a question to identify participants as either Senior IIs or Sophomore IIs. All NPVS-R items were unchanged. To conserve resources and promote participation, the author primarily used an online survey software, Qualtrics, to distribute the NPVS-R tool and the consent. The author did have paper copies available for participants who requested them.

**Data Collection**

After recruitment, data collection occurred in the same manner for both groups. The student researcher returned to the same classes from which the researcher recruited and emailed all the students enrolled in the course a direct link to the online NPVS-R survey tool. The researcher handed out paper copies of the consent and then the survey to those who preferred to participate on paper rather than electronically. All the participants first had to sign the consent (electronically or on paper) in order to complete the survey. All students who followed the emailed link did sign the consent, but if they had not agreed to the consent, the student’s screen would have skipped the survey portion and thanked them for their time. The researcher monitored the paper and electronic survey result collection and ensured that each student could only submit one survey. The
students present who chose not to participate in the study had a 15-minute break while the others completed the consent and survey.

**Data Analysis**

**Question 1.**

To answer question 1, how important do Sophomore II nursing students perceive professional values and the five ethical domains within the ANA Code of Ethics (caring, trust, activism, professionalism, and justice), the researcher isolated the Sophomore II data and computed 26 individual mean scores for each NPVS-R statement and five mean sub-scores for each ethical domain. The researcher used Weis and Schank’s (2009) confirmatory factor analysis figure to determine the sub-score means (See Figure A1). The statement and domain sub-scale means could be from 0, not important, to 5, most important. Then, the author ordered the individual 26 NPVS-R statements as well as the 5 ethical domains from highest mean score to lowest mean score to determine relative importance. Finally, the researcher performed independent *t*-tests between the 5 sub-scale means to identify any significant differences (*p < 0.05*) between Sophomore perceptions of importance of the five ethical domains.

**Question 2.**

To answer question 2, how important do Senior II nursing students perceive professional values and the five ethical domains, the author performed the same analysis as Question 1 except using the Senior II data instead of Sophomore II data.
Question 3.

To determine any significant differences between Sophomores and Seniors, the researcher completed independent *t*-tests between the two cohorts’ 26 individual NPVS-R statement mean scores and the five ethical domain sub-scale mean scores. The researcher considered a *p* value less than 0.05 significant and a *p* value less than 0.08 marginally significant. The researcher also visually compared the Sophomore and Senior individual NPVS-R statement mean rankings (highest mean score to lowest) and the two groups’ ethical domain rankings to compare how the two levels viewed the relative importance of nursing professional values.

**DATA RESULTS**

**Question 1**

Sophomore IIs had surprisingly well-developed professional values overall and valued the ethical domains of caring and trust significantly more than activism. Sophomores’ individual NPVS-R statement mean scores ranged from 3.24 to 4.73 out of 5 for each item on the NPVS-R scale. This indicates that as a group, the Sophomores considered all the statements *important, very important, or most important*. The Sophomore students ranked patient advocacy and accepting responsibility and accountability for practice as first and second most important (see table 2). They considered the nurse’s duty to refuse to give care if in ethical opposition to one’s values and the nurse’s duty participate in public policy as least important among nursing values. The Sophomores’ top ranked ethical domains were trust and caring (see table 3). The trust items referred to provisions four through six of the ANA *Code of Ethics* and dealt
with nurse’s duty to patients (Weis & Schank, 2009). The caring items referred to the first three provisions of the Code (see Table 1), often considered the nurse’s most fundamental commitments, and focused on concern for the patient. The justice domain also reflected the first three provisions of the Code, specifically the nurse’s duty to provide equitable care to all patients. Professionalism and activism had the lowest mean sub-scores for this cohort. Professionalism items reflected provisions four through six of the Code and dealt with the conduct and traits of a professional (i.e. establishing standards for practice, participating in peer review, and initiating actions to improve environments of practice). Activism addressed the last three provisions of the Code and the NPVS-R items for this factor focused on the nurse’s role in professional organizations, public policy, and affecting change in health-related activities. There was a significant difference at the $p < .05$ interval between the trust and activism sub-scores ($p = .0007$) and between caring and activism ($p = 0.002$) for Sophomores (see Table 4). Sophomore IIs displayed well-developed professional values overall, but valued trust and caring significantly more important than activism.

**Question 2**

The Senior II cohort had very well developed professional values overall and scored significantly higher on trust, caring, and justice than activism and significantly higher on trust than professionalism. Seniors’ individual NPVS-R statement mean scores ranged from 3.58 to 4.91 (see Table 2). Like the Sophomores, this indicates the Seniors as a whole considered every item important, very important, or most important. Similar to the Sophomores, patient advocacy received the highest score from the Seniors. 94% of the group marked this statement as most important. The Seniors’ lowest scoring
statements were the same as the Sophomores’ except for their relative order (see Table 2).

**TABLE 2.**
*Highest and Lowest Scoring NPVS-R Statements by Sophomore IIs and Senior IIs*

<table>
<thead>
<tr>
<th>NPVS-R Statement</th>
<th>Sophomore II (n = 69)</th>
<th>Senior II (n = 67)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highest scoring statements</strong></td>
<td>Ranking</td>
<td>Mean</td>
</tr>
<tr>
<td>Act as patient advocate</td>
<td>1</td>
<td>4.73</td>
</tr>
<tr>
<td>Accept responsibility and accountability for own practice</td>
<td>2</td>
<td>4.66</td>
</tr>
<tr>
<td>Protect moral and legal rights of patients</td>
<td>3</td>
<td>4.66</td>
</tr>
<tr>
<td>Maintain competency in areas of practice</td>
<td>4</td>
<td>4.61</td>
</tr>
<tr>
<td>Protect health and safety of the public</td>
<td>5</td>
<td>4.6</td>
</tr>
<tr>
<td>Maintain confidentiality of patient</td>
<td>6</td>
<td>4.58</td>
</tr>
<tr>
<td><strong>Lowest scoring statements</strong></td>
<td>Ranking</td>
<td>Mean</td>
</tr>
<tr>
<td>Refuse to participate in care if in ethical opposition to own professional values</td>
<td>26</td>
<td>3.24</td>
</tr>
<tr>
<td>Participate in public policy decisions</td>
<td>25</td>
<td>3.27</td>
</tr>
</tbody>
</table>

The Seniors sub-score means indicated that they too valued trust and caring as most important and second most important ethical domains, respectively (see table 3).

Seniors, like Sophomores, scored lowest on professionalism and activism. Seniors considered trust significantly more important than professionalism \((p = .02)\) and activism \((p = .001)\) (See Table 4). Seniors also valued caring significantly more than activism \((p = .004)\). Although a significant difference existed between these sub-scores, the high sub-score means for activism and professionalism (3.818 and 4.07, respectively) still
indicated development. Seniors had very well developed professional values across the board with trust and caring significantly more developed than activism.

### Table 3.
**ANA Ethical Domain Mean Sub-Scores from Sophomore IIs and Senior IIs**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Ethical Domain</th>
<th>Sophomore II (n = 69) mean</th>
<th>Senior II (n = 67) mean</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Trust</td>
<td>4.336</td>
<td>4.526</td>
<td>.3</td>
</tr>
<tr>
<td>2</td>
<td>Caring</td>
<td>4.32</td>
<td>4.47</td>
<td>.46</td>
</tr>
<tr>
<td>3</td>
<td>Justice</td>
<td>4.28</td>
<td>4.36</td>
<td>.74</td>
</tr>
<tr>
<td>4</td>
<td>Professionalism</td>
<td>3.978</td>
<td>4.07</td>
<td>.65</td>
</tr>
<tr>
<td>5</td>
<td>Activism</td>
<td>3.5</td>
<td>3.818</td>
<td>.03**</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4.083</td>
<td>4.249</td>
<td>.15</td>
</tr>
</tbody>
</table>

Note. **p < .05**

Table 4.
**Determining differences (p values) between ANA ethical domain sub-scores within Sophomore II and Senior II cohorts**

<table>
<thead>
<tr>
<th>ANA Ethical domains</th>
<th>T</th>
<th>C</th>
<th>J</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>So</td>
<td>0.964</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sr</td>
<td>0.776</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>So</td>
<td>0.813</td>
<td>0.88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sr</td>
<td>0.39</td>
<td>0.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>So</td>
<td>0.13</td>
<td>0.193</td>
<td>0.247</td>
<td></td>
</tr>
<tr>
<td>Sr</td>
<td>0.026**</td>
<td>0.082</td>
<td>0.212</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>So</td>
<td>0.0008***</td>
<td>0.002***</td>
<td>0.002***</td>
<td>0.026**</td>
</tr>
<tr>
<td>Sr</td>
<td>0.001***</td>
<td>0.004***</td>
<td>0.020**</td>
<td>0.148</td>
</tr>
</tbody>
</table>

Note. C = caring, J = justice, P = professionalism A=activism
So = Sophomore 2, Sr = Senior 2
***p < 0.001, ** p < 0.05
**Question 3**

Upon analysis, Seniors and Sophomores had more similarities than differences in professional value development. Seniors showed significant difference, or significant advanced development, \((p < 0.05)\) in only five individual NPVS-R statements and one ethical domain, activism, compared to the Sophomores (see Table 3). The Seniors also showed marginally significant advanced development in three additional NPVS-R statements \((p < 0.08)\) compared to the Sophomores (See table 5). Both cohorts ranked the five ethical domains (trust, caring, justice, professionalism, and activism) in the same order of relative importance (see Table 3) as well as ranked the individual statements in very similar order of importance.

The value with the most significant difference between Sophomores and Seniors was advancing the profession through active involvement in health related activities \((p < 0.01)\), an activism trait. The other six statements with significant or marginally significant differences are listed in Table 4. For ethical domain sub-scores, Senior IIIs scored significantly \((p = .03)\) higher than Sophomores on activism, or duty to impact the nursing profession and in turn improve patient care (Weis & Schank, 2009). The other five domain sub-score means listed in Table 3 did not change significantly between the Senior and Sophomore groups.

In addition to computing \(t\)-tests to determine differences among the cohorts, the researcher visually inspected the mean score statement rankings to determine differences between Sophomore and Senior professional value development. The two groups ascribed strikingly similar rankings to most items. Both cohorts’ top six and bottom two
values consisted of the same statements (see Table 2). Only one NPVS-R statement changed rank more than three positions between the groups: “Initiate actions to improve environments of practice.” Sophomores ranked this 15th most important and and Seniors’ ranked it 20th. As stated before, the two cohorts also scored the five ethical domains with the same relative importance.

**TABLE 5. NPVS-R Mean Statement Scores from Sophomores and Seniors**

<table>
<thead>
<tr>
<th>NPVS-R Statement</th>
<th>Sophomore II (n = 69) Mean (SD)</th>
<th>Senior II (n = 67) Mean (SD)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance the profession through active involvement in health related activities</td>
<td>3.7 (0.95)</td>
<td>4.17 (0.82)</td>
<td>.0024**</td>
</tr>
<tr>
<td>Engage in ongoing self evaluation</td>
<td>3.91 (0.63)</td>
<td>4.2 (0.63)</td>
<td>.0074**</td>
</tr>
<tr>
<td>Request consultation/collaboration when unable to meet patient needs</td>
<td>4.19 (0.72)</td>
<td>4.43 (0.63)</td>
<td>.0401**</td>
</tr>
<tr>
<td>Participate in professional nursing associations</td>
<td>3.42 (1.08)</td>
<td>3.81 (1.12)</td>
<td>.04**</td>
</tr>
<tr>
<td>Act as a patient advocate</td>
<td>4.73 (0.64)</td>
<td>4.91 (0.37)</td>
<td>.0448**</td>
</tr>
<tr>
<td>Participate in public policy decisions affecting distribution of resources</td>
<td>3.27 (1.04)</td>
<td>3.58 (0.85)</td>
<td>.0574*</td>
</tr>
<tr>
<td>Refuse to participate in care if in ethical opposition to own professional values</td>
<td>3.24 (1.26)</td>
<td>3.65 (1.29)</td>
<td>.0609*</td>
</tr>
<tr>
<td>Participate in nursing research and/or implement research findings appropriate to practice</td>
<td>3.45 (1.06)</td>
<td>3.78 (1.04)</td>
<td>.0657*</td>
</tr>
</tbody>
</table>

Note. SD = standard deviation  
***p < .01, **p < .05, *p < .08 (marginally significant)

**DISCUSSION**

The data indicates that both Senior II and Sophomore II students overall have well-developed professional values, although they do not consider each ethical domain equally important, and the Seniors valued activism significantly more than the Sophomores did. Both groups had total means over 4.0 (Sophomore II total mean = 4.08,
Senior II total mean = 4.25). This finding affirms that the nursing college is meeting the AACN (2008) Essential to prepare baccalaureate generalists with strong professional values. The link between experience and professional value development was less clear. Although the Senior IIs had more experience, they did not score significantly higher on the total NPVS-R mean score compared to Sophomore IIs ($p = 0.149$). However, data does indicate significant improvement in development of five specific values and one ethical domain - activism. One cannot assume causality between experience and mean NPVS-R scores, but this finding does add support to Benner’s novice to advanced beginner theory of skill-acquisition for professional value development.

Perhaps there were fewer significant differences between Sophomore and Senior students’ scores because of the initial high scores from Sophomore IIs. Sophomore IIs as a whole considered every statement at least “important”. This suggests that students who participated in the study entered the nursing program with some professional values, particularly caring and trust, already well developed. For these values, the Sophomores did not meet Benner’s (2001) novice criteria. Perhaps the nursing profession attracts students who intrinsically value or have prior experience caring for and trusting others. Or, if they did not enter the program with these values, perhaps Sophomore II students developed the fundamental commitment to care for their patient and began to understand the importance of trust, justice, and accountability during their Survey of Professional Nursing course (which the students had either completed or were currently enrolled in). The high scores from Sophomore students are a good sign for the profession and the program. The program attracts students who already have a sense of caring, trust and, to a lesser degree, justice. Therefore, when it comes to developing curricula focused on
professional value development, the College should focus on the values students scored lowest on: professionalism and activism.

Sophomores and Seniors scored lowest overall on professionalism and activism, but Seniors did show significant improvement in activism compared to Sophomores. Even though activism had the lowest mean score for both groups, it had the most improvement with experience. The findings for activism support Benner’s (2001) theory: Sophomores were novices in activism and Seniors were advanced beginners. Seniors gained experience impacting change through the College’s upper level courses that address public policy, the broader role of the nurse in health systems, the IOM *Future of Nursing Report*, and the importance of professional nursing organizations. From Sophomore to Senior year, nursing students significantly increase their appreciation of activism presumably due to increased experience refining their preconceived notions about the nurse’s ability and duty to impact healthcare (Benner, 2001; Weis & Schank, 2009).

Nonetheless, the fact that graduating Seniors value trust, caring and justice significantly more than activism and professionalism warrants further follow up. The lower scoring domains and NPVS-R statements address nursing issues outside the nurse-client relationship such as public policy, environment, professional nursing organizations, and refusing to provide care if in opposition to values. Nursing students at both levels viewed the nurse-client relationship as more important than advancing health systems through public policy, research, and professional organizing. As the profession continues to transform, this apparent hierarchy of trust and caring ahead of professionalism and activism could prove problematic for nurses. The IOM (2011) calls nurses to look beyond
their individual patient relationships, elevate their profession, and influence healthcare redesign. In order to meet the IOM’s call, nurse graduates will need to view professionalism and activism as equally important to trust and caring.

**RECOMMENDATIONS AND CONCLUSION**

Nursing students in this college enter the program with some professional values and continue to develop them throughout their undergraduate baccalaureate education. The results from the NPVS-R pilot study indicate that both Sophomores and Seniors have developed professional values and have internalized much of the ANA Code of Ethics. Strong values will help graduates from this university make wise ethical decisions in practice, form a positive professional identity, avoid moral distress, and represent nursing well. Because only five NPVS-R statements and one ethical domain showed a significant difference between Sophomores and Seniors, more research needs to occur to determine the validity of Benner’s theory of Novice to Expert in regards to professional value development. Possibly, Sophomore II students did not fit the description of novice because of previous experiences in developing caring and trust.

Although the correlation between value development and experience remained unclear, the pilot study did show clearly that both groups considered activism and professionalism significantly less important than other values. This data could help curriculum planners focus attention toward improving the development of these two values. One suggestion is to provide real-world examples or role models of nurses who research, participate in public policy, protest when appropriate, participate in peer review, lead professional nursing organizations, or advance healthcare redesign. Faculty could fill these roles, but students would also benefit from seeing non-faculty nurses display
professionalism and activism. Just as students learn to value trust and caring within nurse-patient relationships from bedside nurses they follow in clinical, students could learn to value activism and professionalism from non-faculty nurses who display these values obviously in their daily activities. One way to connect students with these kinds of nurses is to invite the undergraduates early in their schooling to join or at least learn about the IOM report and the action coalitions that are created to advance the profession and healthcare. Exposure to these coalitions can help nursing students to identify not only with their duty to patients, but also their duty to the profession and to action.

The pilot study confirmed that the program is meeting the AACN Essential to instill professional values in students, but nursing schools often strive for improvement beyond meeting basic accreditation requirements. In a perfect world, nurses would consider every item on the NPVS-R “most important.” The Seniors were very close to this ideal in their opinion of the statement, “act as patient advocate,” which 94% of graduating Seniors marked “most important.” This suggests that the Seniors’ education not only taught them nursing concepts but also infused them, practically unanimously, with the vision that their duty includes speaking up for their patients. Their education helped cement “patient advocate” as a key part of their professional identity. What the students appeared to have missed is that it often takes a professional and active nurse to advocate for patients effectively. By focusing on instilling professionalism and activism, faculty members can develop their students’ inherently strong professional values even further. Once nurses consider activism and professionalism similarly important to trust, caring, and justice, they may be more inclined to rise to their expanding role in healthcare. In conclusion, more than a license defines a nurse, and from this survey it
appears that graduates of this university do have a foundation of common core convictions that will guide their practice and their career.
APPENDIX A: EMAILED PERMISSION FOR USE OF NPVS-R TOOL

11/10/2014

Dear Ms. Posluszny,

Thank you for your interest in our work on professional values.

An abstract, as well as The Nurses Professional Values Scale (NPVS-R) are enclosed. You have our permission to use the NPVS-R in your proposed research. We are requesting persons who use the NPVS-R to provide the following at the completion of the research:

An abstract of your research findings using the NPVS-R which includes a description of the sample.

Our most recent publication regarding the NPVS-R can be found in the Journal of Nursing Measurement:


Best wishes for success with your research.

Sincerely,

Darlene Weis, PhD, RN
Associate Professor
414-288-3819
414-288-1597 (fax)
darlene.weis@marquette.edu

Mary Jane Schank, PhD, RN
Professor Emeritus
414-288-3858
414-288-1597 (fax)
maryjane.schank@marquette.edu

Enclosures (3)
## Nurses Professional Values Scale-R ©

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

(\text{A} = \text{not important to E} = \text{most important}) for each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Important</th>
<th>Very Important</th>
<th>Most Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Engage in on-going self-evaluation.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>2. Request consultation/collaboration when unable to meet patient needs.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>3. Protect health and safety of the public.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>4. Participate in public policy decisions affecting distribution of resources.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>5. Participate in peer review.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>7. Promote and maintain standards where planned learning activities for students take place.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>8. Initiate actions to improve environments of practice.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>9. Seek additional education to update knowledge and skills.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>10. Advance the profession through active involvement in health related activities.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>11. Recognize role of professional nursing associations in shaping health care policy.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>12. Promote equitable access to nursing and health care.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>13. Assume responsibility for meeting health needs of the culturally diverse population.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>15. Maintain competency in area of practice.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>16. Protect moral and legal rights of patients.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>17. Refuse to participate in care if in ethical opposition to own professional values.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

OVER ☐
<table>
<thead>
<tr>
<th></th>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Important</th>
<th>Very Important</th>
<th>Most Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Act as a patient advocate.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>19.</td>
<td>Participate in nursing research and/or implement research findings appropriate to practice.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>20.</td>
<td>Provide care without prejudice to patients of varying lifestyles.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>21.</td>
<td>Safeguard patient's right to privacy.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>22.</td>
<td>Confront practitioners with questionable or inappropriate practice.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>23.</td>
<td>Protect rights of participants in research.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>24.</td>
<td>Practice guided by principles of fidelity and respect for person.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>25.</td>
<td>Maintain confidentiality of patient.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>26.</td>
<td>Participate in activities of professional nursing associations.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Thank you for completing the survey. Please mark the statement that best applies to you:
I am a Sophomore 2 and have COMPLETED Survey of Nursing
I am a Sophomore 2 and have NOT completed Survey of Nursing
I am a Senior 2 and have completed Survey of Nursing and Critical Inquiry

Please feel free to make comments:

Note. For this project, demographic data questions were deleted from Weis and Schank’s original tool and a question asked whether participants were Sophomore IIs or Senior IIs and their status of completion of Survey of Nursing course.
FIGURE A1. Confirmatory factor analysis of the Nurses Professional Values Scale-Revised (NPVS-R) \( (n = 72) \).

*Nurses Professional Values Scale-Revised*

REFERENCES


