

What are Registered Nurses Professional Values Entering an on-Line Baccalaureate Educational Program?

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Abstract

The purpose of this study was to determine registered nurses' professional values upon entrance into an on-line RN to BSN Program utilizing the Nurses Professional Value Scale-Revised instrument which is based on the American Nurses Association's *Code of Ethics for Nurses*. The American Nurses Association's *Code of Ethics for Nurses* is known as the standard for ethical behavior and is applicable to all nurses regardless of practice area. A quantitative survey descriptive correlational design was implemented with a convenience sample. A Qualtrics®'s link was electronically sent to subjects' university e-mail addresses to anonymously participate. Statistical analyses utilized was descriptive and Pearson product-moment correlation coefficient. Registered nurses returning to complete an on-line Baccalaureate educational program have a moderate to high professional value orientation. Screening students on entrance and exit of the program may identify maturation of the internalization of the nursing code of ethics since the RN has advanced academically.

Keywords: Professional Values, Registered Nurses, On-line Education, Code of Ethics

1. Introduction

Values are lasting beliefs or ideas shared by members in a profession. Usually what an individual values is what the person will incorporate in their everyday life or practice. Therefore, values serve as the structure of a profession which shape its' members behaviors and actions. The American Nurses Association (ANA) has developed and implemented the *Code of Ethics for Nurses* which have been refined over the years. The ANA's *Code of Ethics* serves several purposes: statements of the ethical obligations and duties of every nurse who enter the nursing profession; profession's nonnegotiable ethical standard; and the profession's understanding of its commitment to society (ANA, 2017, p. 9). There are nine provisions outlined in the *Code of Ethics for Nurses*. The first three provisions describe the basic values and obligations of the nurse. Provision four through provision six describe the duty and loyalty of the nurse, and provision seven through nine emphasizes the social nature of the profession and its' obligation to the public (Weis & Schank, 2009).

Professional nurses must incorporate these values within their practice to be competent. The ANA (2010) defines professional nursing as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations" (p.10). The American Association of Colleges of Nursing's (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) has a specific essential that outlines professionalism and professional values. Registered nurses who seek a baccalaureate education will further develop professional values and value-based behavior (AACN, 2008, p. 27).

The ANA's *Code of Ethics for Nurses* is known as the standard for ethical behavior and is applicable to all nurses regardless of practice area. Registered nurses who enroll in a Registered Nurse (RN) to Bachelors of Science of Nursing (BSN) Program must adhere to the nursing code of ethics and logically have a maturation of the internalization of the nursing code of ethics as the RN advances in the curriculum.

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Therefore, the purpose of this study was to determine what was nursing students' professional values upon entrance into an on-line RN to BSN Program utilizing the Nurses Professional Value Scale-Revised (NPVS-R) (Weis & Schank, 2009) instrument.

Several investigators have utilized the NPVS—R to assess professional values with BSN students in a traditional face to face BSN Program (Feller, 2014; Fisher, 2014; & Iacobucci, Daly, Lindell, and Griffin, 2012). Scant knowledge exist regarding RNs professional values in an on-line RN to BSN Program. The continuum of maturity of professional values in nursing is a must regardless of the delivery mode of instruction.

2. Method

2.1 Setting and Sample

A quantitative survey descriptive correlational design was implemented. After ethical consideration for human subjects was approved by the university's Institutional Review Board, a convenience sample of nursing students entering an on-line RN to BSN Program in south-central Kentucky were recruited. A *Qualtrics*® (2017) link was electronically sent to 35 students' university e-mail addresses to voluntarily participate within the study. Study subjects read the informed consent per *Qualtrics*®. Following the reading of the informed consent by the students, study subjects confidentially completed the Demographical Sheet and the NPVS-R (Weis and Schank, 2009) which was attached to the consent form. Implied consent was provided by study subjects with continued cooperation. Study subjects utilized identifiers to maintain confidentiality. The identifier for each subject was composed of the first two letters of their last name, birthdate, and then the first two letters of their first name. The inclusion criteria were that the students had to be enrolled in the first semester of the RN to BSN Program.

2.2 NPVS-R Instrument

The NPVS-R is a 26-item instrument with a possible range of scores from 26 to 130. Each item is designed on a Likert-scale format which ranges from 1 (not important) to 5 (most important). Items on the NPVS-R are descriptive statements which reflect a specific code and its' informative explanation. Total scores are achieved by adding the numeric response from each item. There are no subscales for the NPVS-R. The higher the total score that is achieved on the NPVS-R reflects a stronger nurse's professional value orientation (Weis & Shank, 2009, p. 223).

2.3 Data Analysis

The data for this study was analyzed using SPSS software, Version 24 (IBM, 2016). The statistical analysis utilized was descriptive to designate the quantitative data of age, years in practice and NPVS-R total. The statistical analysis of frequency was applied for gender, marital status, ethnicity, total of score for each study subject on the NPVS-R, and area of present practice. Pearson product-moment correlation coefficient was utilized to determine the relationship between the age groups and the range of total scores on the NPVS-R.

3. Results

A convenience sample of 21 study subjects was recruited from an accessible population of 35 students entering the RN to BSN Program. The sample accounted for 60% of the accessible population. The age of the study subjects ranged from 20 to 52 years of age. The mean age of the sample was 32.8 years of age with a standard deviation of 10.1. The years in practice for the study subjects ranged from 0 to 15 years. The mean years in practice for the sample were 3.4 years with a standard deviation of 4.0. Total scores on the NPVS-R for study subjects ranged from 96 to 123. The mean on the NPVS-R was 107.2 with a standard deviation of 7.2.

The study subjects were white and consisted of females ($n = 19$) and males ($n = 2$). The study subjects were married (50.0%), single (27.3%), divorced (18.2%), and one study subject (4.5%) did not classify their marital status. Majority (63.6%) of the study subjects worked in an acute care hospital. Other areas of practice were long term care facility (4.5%), home health (9.1%), and 1 missing (4.5%). The study subjects ($n = 8$) scored 110 or higher, and study subjects ($n = 13$) scored 108 or lower on the total NPVS-R.

The demographic variable of age was divided into three groups because this variable had such a wide range. Group 1 was the youngest in age (20 to 28), Group 2 was the middle age (29 to 40), and Group 3 was the oldest in age (41 to 52). Since the total score on the NPVS-R for the study sample ranged from 96 to 123, two groups were created. Group 1 scored 96 to 108, and Group 2 scored 110-123 on the NPVS-R.

The relationship between the age groups and the groups of total score on the NPVS-R was investigated using Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. There was a positive, moderate correlation between the two variables, $r = .49$, $n = 21$, $p < 0.05$, with higher scores on the total NPVS-R associated with the older age group.

4. Discussions

The results from this study demonstrate that RNs entering a RN to BSN Program have a moderate to high professional value orientation utilizing the NPVS-R. Fisher (2014) found there was no significant difference between the Associate-prepared nurses and the BSN participants for professional values. Total NPVS-R scores for this study were considerably higher than the total NPVS-R scores found in Feller (2014). Findings from this study support findings of a previous study (Feller, 2014) that study subjects who are older score higher on the NPVS-R. The total NPVS-R scores achieved within this study are comparable to the total NPVS-R scores achieved by senior-level BSN students in Iacobucci et al., (2012).

4.1 Limitations and Recommendations

The sample size, design of the study, location, and convenience sample were limitations of this study which may limit generalization of the findings. Future recommendations for this study are to utilize a random sample of students entering and exiting multiple on-line RN to BSN Programs over a wider geographical area. Since subjects in this study were screened on admission, our program needs to evaluate students on graduation to assist with program evaluation. Screening students on entrance and exit of the program may identify maturation of the internalization of the nursing code of ethics since the RN has advanced academically.

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