



## Insights into Registered Nurses' professional values through the eyes of graduating students



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### ABSTRACT

Professional values are integrated into undergraduate nursing curricula and taught in various ways. A significant influence on students' developing values and their definition of a 'good nurse' are the nurses they interact with in practice.

The aim of this paper is to present the findings from a study that explored the professional values that graduating students viewed as important and how these values were illustrated in the behaviours of the nurses whose clinical practice they admired and wished to emulate.

Fourteen students from one Australian university were interviewed on the last day of their final clinical placement. An interpretive qualitative design employing semi-structured interviews framed the study. Data were audio recorded, transcribed and thematically analysed.

The participants' descriptions illustrated a range of professional values and behaviours. Four main professional values were identified, these included: being person-centred; kindness and caring; being in control; and commitment to learning.

Findings demonstrated that the participants understood the meaning and relevance of professional nursing values, from a theoretical, moral and practical stance. Their responses also illustrated an appreciation of how these values influence patient care and the organisational culture as a whole.

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### Introduction

*"I really admire some nurses. They are kind and have compassion for people ... they clearly love people and love nursing. But there are some bad nurses who don't care about their patients at all ... and that's a contradiction."* Steve

For most nursing academics these types of student comments are all too familiar. Although there are a number of factors that define students' views of a 'good' or 'bad' nurse and determine the professional values and behaviours that they wish to emulate, clinical role models are argued to be one of the most important influences (Cowin and Johnson, 2011; Trede, 2012). However, the professional values that resonate with graduating students and the types of clinical behaviours that they believe are evidence of those

values are not well understood. Similarly, the ways in which graduating students respond to and process clinical experiences that are at odds with their professional values has received limited attention in the literature.

This paper reports on a subsection of a larger Australian transition to practice study. It focuses on exploring graduating students' descriptions of the professional values that they considered to be most important and how they believed these values were illustrated in the clinical behaviours of the registered nurses with whom they had worked.

### Background

Historically nursing was considered to be a 'calling' to provide compassionate care based on the principles taught by Florence Nightingale (Baly, 1991). Many of the original professional values conceptualised by Nightingale and passed down through the role modelling of generations of nurses are still relevant to contemporary nursing (Straughair, 2012). The expectation that nurses provide compassionate care to patients remains a universal professional value (Felstead, 2013; Forrest, 2011; Kret, 2011) and The

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International Council of Nurses (2012, p. 2) proclaims that nurses must demonstrate “professional values such as respectfulness, responsiveness, compassion, trustworthiness and integrity”.

Professional values are conceptualised both as standards that define professional behaviour, and principles and ideals that influence moral judgment and give meaning and direction to clinical practice (Rassin, 2008). Internationally nurses tend to adhere to a common set of professional values and, although terminology may vary, underlying meanings are generally similar. These values include respect for human dignity and privacy, protection from harm, and personal and professional responsibility and accountability (Weis and Schank, 2000). Doing ‘good’ is considered an essential value in nursing (Catlett & Lovan, 2011) however ‘to do no harm’ is held in even higher esteem (Lyneham, 2010). A literature review undertaken by Shahriari et al. (2013) identified that respecting patients’ dignity was the most frequently reported nursing value in twelve of the included articles; and social justice, through ensuring equitable and just care, was the most frequently reported in eight of the articles. Other professional values reported in Shahriari et al.’s review included altruism, kindness, empathy, responsibility, honesty, and professional competency. The review identified that these values were similar across cultures, providing evidence of the humanistic orientation of the nursing profession internationally.

#### *Acquisition of professional values*

Nursing students’ professional values are informed by their own value system which originates from their cultural environment, social groups, religion, and lived experiences (Cowin and Johnson, 2011). Acquisition of professional values is said to be a staged process beginning with exposure to a theoretical or intellectual understanding of the values that guide nursing practice (Chitty, 2001). From this students identify and give consideration to those values that resonate most with their world view and personal values and beliefs. Those values that are cherished most highly are then internalised, articulated, and, depending on a number of moderating factors, integrated into student’s behaviours and clinical practice (Chitty, 2001). While most students enter nursing programs with a keen desire to care and to make a difference in peoples’ lives, there often needs to be a ‘letting go’ of ill-fitting attitudes and biases and the ‘taking up’ of new conceptual understandings and values in the journey from lay person to person-centred, compassionate and competent registered nurse (McAllister et al., 2015).

Nurses’ professional values are articulated in national and international codes of nursing practice. Although these values are integrated into undergraduate curricula and taught in various ways, a theoretical understanding of professional values does not always translate to practice. Application of professional values is moderated by the attitudes, attributes and behaviours of role models both in university settings and, more importantly, in clinical practice (Cowin and Johnson, 2011). It also appears that, at least to some extent, students and graduates need to see the expression of professional values in the clinical behaviours of registered nurses in order for them to be recognised as meaningful, relevant and of worth, instead of just academic rhetoric (Benner et al., 2010).

#### *Values dissonance*

Nursing students, through life experiences, education and professional socialisation, develop a moral conscience and a sense of right and wrong. Therefore, when students find their personal and professional values are in conflict with the values of the nurses they work with when undertaking clinical placements, dissonance occurs and they can become disenchanted and distressed (Yarbrough et al., 2008).

The responsibility for ensuring patients’ well-being and preventing negative outcomes can be a major stressor for nursing students (Levett-Jones and Lathlean, 2009). Witnessing nursing behaviours that do not promote patient wellbeing or align with their own values; feeling pressured to act in ways that are not congruent with their values; or workplace demands and expectations that challenge students’ values, can result in moral distress and values dissonance (Levett-Jones and Lathlean, 2009). As values congruence is vital to nursing satisfaction, negative experiences can influence students’ and graduates’ emotional wellbeing and decisions about remaining in the workplace.

Clinical role models are recognised as a key influence on students’ understanding and embodiment of professional values (Cowin and Johnson, 2011). However, Baldwin et al. (2014) identified that students can be selective in the values and behaviours they emulate sometimes refusing to adopt the negative clinical practices they observe in practice. What is not well understood are the factors that moderate the extent to which students recognise and reject behaviours that do not align with their personal and professional values. Additionally, there is a paucity of research focused on graduating students’ perspectives of the extent to which they are able to discriminate the values and behaviours that define the type of registered nurse they intend to be. While the literature refers to the professional values of nursing, these accounts tend to be written from the perspective of practicing nurses, professional organisations or patient groups. The professional values that students acquire during their undergraduate education, and those they most admire and wish to emulate, have gained limited attention, and the student voice is often missing in the literature related to professional values.

## **Methods**

### *Study aim and design*

The aim of this study was to explore graduating students’ perspectives of the professional values exemplified by the nurses they had worked with in practice and, by contrast, the clinical behaviours that these students believed were the antithesis of these values. An interpretive qualitative design employing semi-structured interviews framed the study.

### *Ethics*

Ethical approval was obtained from the university ethics committee prior to contacting potential participants. Pseudonyms are used to maintain participant confidentiality.

### *Recruitment*

Participants were recruited from a third-year, final semester cohort of undergraduate nursing students from one semi-metropolitan Australian university. Recruitment was via an email sent to nursing students in the target population by a research assistant and an announcement posted on the electronic learning management system (Blackboard™). Students who expressed an interest in the study were emailed a copy of the consent form and information statement.

### *Data collection*

Students who submitted a signed consent form were contacted by the researcher and arrangements were made to meet at a mutually agreeable time following the student’s final clinical placement shift. Interviews were audio recorded and later transcribed with the permission of the participants.

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