Speaking with one voice: A study of the values of new nursing graduates and the implications for educators

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ABSTRACT

This paper explores the values and meaning of the nursing profession utilising a sample of new nursing graduates just entering the workforce. Nursing practice has shifted over the course of the 20th and 21st Centuries, with varied and shifting positions on the values and philosophy that underpin it. Reported here is data from a cohort of Australian and New Zealand nurse graduates (n = 97) who submitted survey responses to the open-ended question "I love nursing and/or midwifery because …" as part of the web-based Graduate e-Cohort Study (GeS). Data were analysed relying on qualitative content analysis. Five themes emerged from the complete analysis of the responses. These themes were; self and personal development, immediate reward (intrinsic work values); meaning making and greater good, mobilities and momentum (extrinsic work values); and person-centred care (social work value). The findings suggest that while economic, workplace, organisational and professional influences may have influenced nursing work, when asked about what they value in nursing, the traditional values emerge as central. Nursing curricula and nurse educators would do well to promote these values and meanings leading to the education and recruitment of individuals suited to the work of nursing.

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Introduction

Nursing practice has shifted over the course of the 20th and 21st Centuries, with varied and shifting positions on the values and philosophy that underpin it. A continued, agreed assumption underpinning nursing work is the centrality of the patient and patient need in driving nursing priorities. Moreover, that *care* and the value of *altruism* are the assumptive/defining bases of nursing work (Baer, 2009; Brown, 2011; Grant, 2014; Haigh, 2010; Mann Banks, 2010; McLean, 2012; Tuckett and Crompton, 2014). Altruism in this sense has been, and some would argue continues to be, a collective ambition, and paradigmatic bases, of nursing. Emotions remain central to this paradigm of nursing practice, with the empathy-altruism nexus conceived as a core premise of nursing work (Batson and Powel, 2003).

However, such values are increasingly questioned in terms of their ubiquity and feasibility in contemporary nursing work.

Specifically, whether the 'old values' of nursing have persisted into the contemporary context of nursing professionalisation and the existence or differentiation of 'new nursing' paradigms. Questions persist around the character of care within new professional structures, often in the form of nostalgia for the old. Significantly, there are persistent questions around capacity to care (as conceived of traditionally within nursing) and the willingness and capacity of the modern workplace to espouse and foster the values of nursing as a community and practice. Recent work, for example, suggests that care, altruism and empathy as core values and practices within nursing are being eroded by the task-related demands of contemporary nursing work (Lamberton et al., 2013; Tuckett, 2007).

This is not to suggest that registered nurses no longer care nor take as important their patients' needs. Rather, it seems ideals and values have indeed be problematised by a lack of support from managers, organisational structures, pressures to deliver task-based outcomes (Tuckett, Winters Chang and Bogossian, in press), moral distress (Burston and Tuckett, 2013), insufficient staffing and skill-mix (Tuckett et al., 2011), the impact of work on their physical and mental health, inability to provide quality care and bullying (Huntington et al., 2011) and being time-poor, underpaid and undervalued (Tuckett, et al., 2009a).

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Furthermore and most poignantly, two recent events justify the premise of this research and underscores its international reach. The first event suggests that the 'old values' are alive and well in the nursing profession, whilst the second event brings their very existence into question. Firstly, Grant (2014) writes about her nurses' unquestionable service towards and the care of two patients returned to the USA for treatment of the Ebola virus. As Chief Nurse of Emory University Hospital she writes of nurses '..care of the ill..' as '..the right thing to do..'; who are highly skilled to '..help, to comfort and to do it safely. The gratitude they receive from the patients' families drives their efforts'. In the face of this particular virus, she adds the 'new knowledge..' gained by these nurses can be exported to treat Ebola globally (Grant, 2014).

Secondly and in stark contrast, at a recent nursing research congress, in a concurrent session titled 'Incivility in Nursing Practice' the three presented papers undermined the existence of the 'old values' (e.g. like kindness, respectfulness, support, helping and good relationships). Rather, topics discussed included bullying (DeKeyser Ganz, 2014), the new nurse's induction into a hostile environment (Hickson, 2014) and a hospital-based program to stop incivility on the wards (Brown, 2011; Opperman, 2014).

This study seeks to uncover amongst new nurse graduates the positive aspects of their work, their values-in-action and what motivates and stimulates them.

Background

Historical underpinnings and emergence of the premise of nursing

In the early-19th century nursing was identified as a woman's role characterised by "kindness of heart, cheerfulness, a love of work, a willingness to be "on call" and a desire to alleviate suffering" (Baer, 2009, p. 30). Flynn (2009) proposes that the Victorian ideals of respectability and femininity were entwined with the development of nursing as a profession. In this period, the nursing philosophy of Florence Nightingale was underpinned by her "profound belief in God" such that her deep belief in the supremacy of God helped her to form the philosophical stance from which she perceived that she needed to serve others (Hallett et al., 2012, p. 234). Baer (2009, p. 34) cites the Nightingale Pledge in which the nurse 'solemnly pledged (her)self before God..'. Undoubtable, in the late 1880s the Christian, mostly protestant form of religion permeated nursing (Baer, 2009). Furthermore, Nightingale considered nursing to be based on compassion and also the nurse's independent thinking and careful actions in the application of scientific knowledge — hallmarks of her professional nursing practice (Hisama, 1996).

In her treatise, Flynn (2009) sources literature indicating that in the late-19th century the push in both North America and Britain was to 'establish nursing as a White, middle-class, female occupation associated with respectability and gentility' with strong links to Christian virtues and morals (p. 135). Nurses' moral purpose underpinned the reform beginnings of nursing (in America) as early as the 1890s (Baer, 2009).

Elsewhere, Salmore (1998) describes the qualities of the first gastroenterology assistant (nurse) Gabrielle Schindler (born 1898) as a person able to make the patient feel as if they were the only person that mattered. In her historical analysis, Rinker's (2000) sources indicate that in the early 1900s, the trained obstetric nurse (and attending doctor) recognised the importance of the nurse's interactions with the mother-to-be and her family. Choices made by the first trained nurses then recognises that the patients' need for emotional support remains 100 years later (Rinker, 2000, p. 100). Consistent with Nightingale's views, Rinker (2000) cites the 1903 work of a Nurse Louella Adkins responsible in her time for promoting individualised obstetric nursing care and the application of scientific principles to that care.

In Australia, in the mid-1950s, district nursing (at least) was directed at visiting the sick poor — in effect, district nursing was charity work (Hallett et al., 2012). Specifically, in Queensland, Australia after 1960, home-based or domiciliary nursing was operated by church groups (Hallett et al., 2012). In her own reflection, the American Wilson (2000) recalls she became a nurse in 1965 for the idealistic reasons young people have; but primarily she wanted to help people (Wilson, 2000). She and her colleagues wanted to help people; to heal the sick and help the dying; it was this idealism that bought them to nursing (Wilson, 2000, p. 24HH). Elsewhere, specifically describing the history of Black Canadian nurses (circa 1967) Flynn (2009) describes them as believing that they 'had a special calling to heal and care' and doing so simply for the reward of a job well done' (p. 141). Yet, Baer's (2009, p. 32) analysis of speeches and discussions at the 1893 Chicago World's Fair, generated by 'the first formal meeting..' representing 'modern nursing', concludes that *today's* 21st century nurses work for love *and* money.

Work values: intrinsic, extrinsic and social

In one of my earlier studies on work values, the following was revealed (Tuckett, et al., 2009b). Intrinsic work values 'refer to the degree to which employees value immaterial aspects of their job that allow self-expression … ' and extrinsic work values 'refer to the degree to which employees value material or instrumental work aspects … as important' (Taris and Feij, 2001, p. 55). In my paper intrinsic and extrinsic work values refer to the degree to which employees find important, immaterial and material aspects of their job, respectively. As such, social work values 'refer to the degree to which employees find it important having a good relationship with their co-workers and supervisor' (Taris and Feij, 2001, p. 55).

There is some level of agreement that autonomy (self-directed, opportunity for personal growth) is an intrinsic work value (Hegney et al., 2006; Taris and Feij, 2001; Walker et al., 1982). However, the intrinsic work value 'advancement' (Herzberg and Mausner, 1959; Wernimont, 1966) is considered an extrinsic work value (chances for promotion, chances for advancement) by both Walker et al. (1982) and Weaver (1975). Likewise, the extrinsic work value 'colleague support and teamwork' by Hegney et al. (2006) and colleagues coincides with 'interpersonal relations in supervision' (Wernimont, 1966) but these would be categorised as social work values by Taris and Feij (2001). In some previous work amongst aged-care registered nurses, I revealed work values such as: morale and images of nursing (intrinsic), remuneration and working conditions (extrinsic) and support from management (social) (Tuckett, et al., 2009b).

These views above and the attendant variations amongst these writers; and my own work with its arguably narrow focus on aged-care registered nurses, indicates scope and a need to explore further especially amongst new nurses what work values matter (Tuckett, et al., 2009b).

Care and patient-centredness: core principles?

Whilst core concepts exist, there is no globally accepted definition of patient-centred care (PCC) (International Alliance of Patients' Organisations, 2007). In the review by the International Alliance of Patients' Organisations (2007) and the synthesis of studies by Goodrich and Cornwell (2008) and Cronin's work (2004) all indicate core elements in a framework of patient-centred care as: education and shared knowledge, involvement of family and friends, collaboration and team management, sensitivity to