RAK Medical and Health Sciences University
Ras Al Khaimah, UAE

RAK COLLEGE OF NURSING
(AY 2019-2020)

NPT 305/307 NURSING EDUCATION ASSIGNMENT

A. **Description.** One of the requirements of this course is to complete **two (2)** assignments and this assignment is the second. Please keep the following expectations in mind:

1. Each assignment is worth 100 points.
2. Read instructions carefully and be sure to complete all aspects of the assignments.
3. Be thorough and complete in your work.
4. The assignment was developed to correspond to chapters/topics that we will be studying throughout the term. You will need to turn in your work by the deadlines designated in your syllabus and on the assignment sheet. No late assignments will be accepted.
5. All written assignments must be typed and double-spaced.
6. Please use APA rules of citation.
7. The deadline of submission is on April 2, 2020.
8. All students must submit a soft copy either in word or pdf format. Please use your ID numbers as the file name of your assignment submission.
9. You must submit your assignment using the following heading: Assignment 2 – *xxxxxx (your ID number)*
10. All assignments must be submit to arnel@rakmhsu.ac.ae

B. **Purpose*:*** This assignment is related to your class in Nursing Education

C. **Type/Length of activity:** Academic Article Reading and Review

D. **Instruction**. Read the article entitled**,** *"General and professional values of student nurses and nurse educators"* Then prepare a 1500 – 3000 words essay/critique about the mentioned article. The assignment must contain the four components identified the assignment format.

E. **ASSIGNMENT FORMAT:**

1. A paper at least 4 pages long, not including any reference section

2. The paper must contain the following sections:

   - Introduction
   - Discussion

- Conclusion
- References

3. Typed and double spaced, with Arial (10-point font) or Times New Roman (11 or 12-point font) and 1-inch margins

4. Proofread for spelling and grammatical errors

5. Provide in-text citations and reference any of your sources using APA format

F. **HOW WILL YOUR ASSIGNMENTS BE GRADED.** Please find the marking rubric below:

PARTICULARS	INSTRUCTION	MAX.MARKS
Originality	*The assignment must be original. It must pass through a plagiarism check. The acceptable standard is 30% similarity index*	30
Assignment Title	*Select a topic for your discussion*	5
Introduction	*It must contain why you selected the topic and its relevance. Word count must be 200-500.*	10
Discussion	*Discuss main points. This part must contain 1500 – 2500 words*	40
Conclusion	*It must contain summary and recommendations. This part must contain 100-200 words.*	10
References	*A minimum of three references is required.*	5
Total		100

Assignment Checklist

Before you turn in any written work, be sure you ask yourself the following:

❏ When is it due? _____

❏ Is it typed and double-spaced?

❏ Did I answer all of the questions?

❏ Are my answers complete and thorough?

❏ Did I explain answers in my own words and avoid copying text from my textbook or other sources?

❏ If I needed to take information directly from another source, did I use quotation marks and cite my source (including the textbook), by indicating the author, publication date, and page number?

❏ When I provide my opinion, belief, or idea about something, did I also explain why and support my answer?

❏ Is my work proofread and free from grammatical errors?

❏ Do I understand what I wrote?

❏ If someone who did not know much about the topic I am writing about, understand it better after reading my paper?

❏ Have I printed extra copy?

❏ Do I have a backup copy saved?

WILEY JAN
Informing Practice and Policy Worldwide through Research and Scholarship

General and professional values of student nurses and nurse educators

Olga Riklikiene[1] | Laima Karosas[2] | Snieguole Kaseliene[3]

[1]Lithuanian University of Health Sciences, Faculty of Nursing, Department of Nursing and Care, Kaunas, Lithuania

[2]School of Nursing, Quinnipiac University, Hamden, USA

[3]Faculty of Public Health, Lithuanian University of Health Sciences, Kaunas, Lithuania

Correspondence
Olga Riklikiene, Lithuanian University of Health Sciences, Faculty of Nursing, Department of Nursing and Care, Kaunas, Lithuanian.
Email: riklikiene@gmail.com

Abstract

Aim: The aim of this study was to explore and compare the self-reported general and professional values in undergraduate student nurses and nurse educators in Lithuania.

Background: Contemporary nursing requires strong moral motivation and clear values as nurses confront many ethical dilemas in their practice. Students acquire essential values of the nursing profession through the appropriate role modelling of their educators. Nursing students seek to become capable in providing ethical and professional patient care while their educators attempt to model desired behaviours.

Design: A national cross-sectional comparative study was carried out in March 2011. Four-hundred eight respondents participated: 316 undergraduate nursing students and 92 nurse educators.

Methods: A 57-item questionnaire was delivered to nursing programs at three universities and six colleges. Permission to conduct the study was granted by The Center on Bioethics.

Results: Student nurses and their educators rated the general value of altruism equally. Educators, in comparison with students, ranked honesty and intellectualism significantly higher and more often admired truth-telling in any circumstance. Students were more likely to avoid intellectual challenges in reading and placed lower importance on academic qualifications for career advancement. The professional nursing values of honesty, intellectualism and authority were ranked significantly higher by nurse educators than student nurses.

Conclusions: The study revealed differences in self-reported general and professional values in undergraduate student nurses and nurse educators. The values of nurse educators were not always stronger than those of students. Positive relationships between particular general and professional values in both students and educators confirmed the link between professional and personal values.

KEYWORDS
ethics, nurse educators, professional values, student nurses, undergraduate

1 | INTRODUCTION

Nursing has faced ethical issues and challenges along with social and scientific change. The rapid advancement of science, emphasis on cost effectiveness, social inequalities, increasing chronic health problems and global migration have all challenged nurses professionally, morally and ethically. Ethics is understood as a set of values with an inner nature and a skill that may be learned and improved by continuous exercise in everyday practice (De Araujo & Zoboli, 2010). Nurses intentionally apply personal and professional values in their work, based on knowledge of ethical principles, to deal with ethical problems in the complex workplace (Shahriari & Baloochestani, 2014). Constant demonstration of core values and application of principles such as altruism, excellence, caring and accountability manifests nurses' professionalism (Koomey, Osteen, & Gray, 2015).

General values arise out of existing moral norms formed under natural life situations. Professional values are a set of moral principles and standards of conduct forming the foundation of professional groups in society. Often people are unaware of their values on a daily basis and may not spend time examining them. However, in difficult situations, people draw on their values to make decisions and may only then become aware of the values they hold (Davis, Fowler, & Aroskar, 2010). Awareness of individuals' personal and professional beliefs, values, feelings and multiple perspectives and how they influence the definition of and solution to, an ethical situation is important for resolution of ethical dilemmas in individual life and professional practice.

Nursing science involves practice-based roles and emphasizes the human element (Ludwick & Sedlak, 1998; Rassin, 2008). According to Schmidt (2016) core professional nursing values are developed before the nursing program is started. Students bring their culture and personal values to nursing programs and develop their professional values from the specific human values they already have. Recent studies confirmed that student nurses experience transformation of the *self* as a whole person during their learning; knowledge grows alongside the in-depth change as a human being (Payne, 2016; Sandvik, Eriksson, & Hilli, 2014). Learning values and not just specific practices, becomes a goal for a broad based nursing education (McAllister, 2015).

In contemporary nursing education, skills, knowledge and evidence-based ideologies shift again to promote and facilitate a value-aware health workforce (Godbold & Lees, 2016). Nurses serve as "agents of change" and are aware that values and beliefs can shape or constrain change (McAllister, 2015, pp. 481). Professional values, as standards of action or behaviour (Weis & Schank, 2009), become the backbone for nurses' and nursing students' attitudes and behaviour, creating a framework for professional identity and interactions with consumers, colleagues and the public (Iacobucci, Daly, Lindell, & Griffin, 2012; Shahriari & Baloochestani, 2014). Hence, nursing education provides a climate for the development of values and an opportunity to model best ethical practices (Kaya, Işik, Şenyuva, & Kaya, 2016; Tetley, Dobson, Jack, Pearson, & Walker, 2016). The ability to examine and discuss values may foster well-being and

Why is this research needed?

- Awareness of student nurses personal and professional beliefs, values and multiple perspectives is important for resolution of ethical dilemmas in individual life and professional practice.
- Values developed by student nurses throughout their education can be influenced by their nurse educators making comparison of both perspectives rational.
- Culture and nursing specific assessment of professional values sensitizes students, educators and nurses about ethical issues and problems.

What are the key findings?

- Certain general and professional values in both students and educators were interrelated, confirming the link between professional and personal values.
- General and professional values of nurse educators, as more mature individuals and experienced nursing professionals, were not always rated higher than those of students.
- The correlation between students' perceptions of religion generally and professionally indicated the return of religious expression in both personal and professional lives.

How should the findings be used to influence policy/practice/research/education?

- Nursing education should assure that curricular content integrates both evidence and values in professional decision-making.
- Ethics education in nursing curriculum should be focused on action, rather than analysis of ethical issues in practice.
- Research needs to understand meaning and not only dynamic change of personal and professional values of student nurses, using various research methods and information sources, at different levels of education.

improve the quality of health care (De Araujo & Zoboli, 2010; Godbold & Lees, 2016).

Despite various approaches and perspectives to study values, research about nursing values in nursing education is limited. The result is little understanding of nursing values (Schmidt, 2016), inconsistent findings and lack of comparisons (Koomey et al., 2015; Parandeh, Khaghanizade, Mohammadi, & Nouri, 2015).

Values developed by student nurses throughout their education and experience can be influenced by their nurse educators and instructors (Haigh & Johnson, 2007; Lui et al., 2008; Tuckett, 2015). Students acquire the essential attributes of the nursing profession

and establish a professional nurse identity through interactions with their educators, clinical instructors and senior professionals. They combine the values of their instructors and senior nurses with those they already had prior to the nursing program (Er, Sehiralti, & Akpinar, 2017; Ten Hoeve, Jansen, & Roodbol, 2014). Educators assist students in clarifying their values (Schmidt, 2016) and play a vital role in facilitating the development of students as ethical nurses (Ludwick & Sedlak, 1998) and good nurses (De Araujo & Zoboli, 2010), capable of managing patient care in an ethical and professional manner (Iacobucci et al., 2012; Parvan, Hosseini, & Zamanzadeh, 2012). Moreover, students and their educators have different perceptions about professional nursing values (Eddy, Elfrink, Weis, & Schank, 1994), so clarification and comparison of both perspectives is rational.

Two research questions guided this study: (1) How do personal values of student nurses differ from those of their educators? and (2) Do professional nursing values of student nurses interrelate with those of their educators?

Nursing faculty are able to learn about differences in student development and growth by understanding the importance that the students attribute to professional values (Kaya et al., 2016). Nurses build a values-based culture through the examination of their values (Tetley et al., 2016), which may be extensions of their personal beliefs. Curricular content should integrate both evidence and values in decision-making. Change in professional values from previous personal values may be an indicator for educational learning outcomes (Koomey et al., 2015; Parandeh et al., 2015; Tuckett, 2015). More effective strategies for integrating professional values in education and practice for the enhancement of students' ethical performance (Lui et al., 2008) would assist in the optimal development for student nurses as providers of holistic patient care. Such exploration broadens the perspective of values-based role modelling that student nurses experience from their educators. Finally, culture and nursing specific assessment of professional values sensitizes students, educators and nurses about ethical issues and problems (Shahriari & Baloochestani, 2014).

1.1 | Background

This study explored the self-reported values of student nurses and their educators in a specific culture and context. During 50 years of totalitarian regimen in the Soviet Union, an approach of public morality led to absolute and autonomous orders to keep people under control. This historical period marked by Marxist philosophy and ethics and atheistic demagogy dominated deontological traditions of medical and nursing ethics. In nursing, the emphasis on traditional norms and values (mercifulness, duty with obedience to the physician, paternalistic provider-patient relations, strongly biomedical model of care) was clearly expressed and limited the evolution towards advanced principles of bioethics. The fall of the totalitarian regime in 1989 opened the door for new and exciting possibilities of progress and development in medical humanities for medical education (Jakusovaite, Luneckaite, & Riklikiene, 2014).

Youth now demonstrate desirable, clear and pragmatic positions with priorities of a rational culture. Education must encompass circumstances and situations to motivate students, themselves, to strive for the humanistic/human behaviour expected by and useful to, society.

With European Union membership in 2004, Lithuanian professional nursing schools were replaced by higher education studies at universities and colleges. For more than 10 years, nursing students have been exclusively taught by nurses who have significant practical experience in academia. However, these nurse educators overcame multiple challenges following complicated transitions from vocational schools into higher academic institutions (Duffy, 2013). The professional value systems of those educators may be formulated but remain fluid. Nursing has undergone tremendous change prompting further study of the profession including professional values that are the foundation of all interactions.

2 | THE STUDY

2.1 | Aim

The aim of the sudy was to explore and compare personal and professional values of two interrelated groups—undergraduate student nurses and nurse educators in Lithuania.

2.2 | Design

This was a descriptive comparative, cross-sectional national study conducted at baccalaureate programs in three universities and six colleges across Lithuania.

2.3 | Sample

The study was conducted in higher education institutions with undergradutae nursing education programs. In Colleges known as "Universities of Applied Sciences", the nursing curriculum is 3.5 years and graduates earn a professional degree. University nursing education consists of 4 years and the graduates earn a baccalaureate degree in nursing. In the provision of health care, gradutaes of both levels of education perform the same functions and may have the same responsibilities. The difference between collegiate and university education is in the duration of studies and number of credits granted. For university baccalaureate prepared nurses, no further courses are required to begin a Master's degree. A nurse with a collegiate diploma education must take bridge courses to gain additional credits before entering Master's program. Faculty at the university are held to higher standards including involvement in all levels of nursing education, research and dissemination of scientific results.

A questionnaire was distributed to all eligible student nurses (N = 395) and nurse educators (N = 132) across all nine study sites. 316 nursing students in the 3rd and 4th year of their undegraduate nursing studies and 92 nurse educators responded to the

questionnaire. The response rate for students was 80.0% and for educators 69.7%.

Inclusion criteria for student nurses were enrollment in a full-time nursing program at a college or university and being in the third or fourth year of study. First and second year students were not included as they had limited clinical experience and were just learning about ethics and nursing values. Nurse educators from nursing departments only (excluding those from any other subdivision of the higher education institution) were included in the sample.

2.4 | Data collection

The questionnaire developed by Scott (1959) and supplemented by Martin Johnson (1983) was used to investigate self-reported general and professional values of the study sample (Haigh & Johnson, 2007; Johnson, 1983). The questionnaire consisted of 57 items with ranking according to a five-point Likert scale. Those items were divided in two sections: seven general (or personal) values and nine professional values.

Thirty-seven items assessed general values. Respondents were asked to decide whether they: "always dislike" (1); "usually dislike" (2); "depends" (3); "usually admire" (4); or "always admire" (5) a behaviour in others. Items that reflected a negative or less desirable behaviour were reverse scored for data analysis (the higher the score, the higher the value is placed) and indicated with (R) in tables. Twenty items assessed professional values by asking nurses about values that might guide nurses in their work ("strongly disagree" = 1; "slightly agree" = 2; "not sure" = 3; "slightly disagree" = 4 and "strongly agree" = 5).

After introducing the study to undergraduate nursing program managers or their representatives, questionnaires were distributed to all student nurses and educators in the nursing department of each institution. This was done in person or with the help of administrators and nurse managers. Completed questionnaires were retrieved from nurse managers or returned by post or currier in sealed packages.

2.5 | Ethical considerations

The Center on Bioethics granted permission to conduct the study (No. BC-K3(M)-06). Participants received written information about the aim of the study and gave their informed consent by returning the questionnaires. Anonymous answers guaranteed data confidentiality. Written permission to use the survey questionnaire for research and publication purposes together with instructions for decoding the data was granted by the co-author of the instrument (MJ).

2.6 | Data analysis

Data were analyzed using the Statistical Package for Social Sciences for Windows (SPSS) version 17.0. Descriptive statistics were used to analyze the demographic variables.

At the *value level* (that is set of items—Table 1) mean and standard deviations were calculated for each general and professional nursing value in the questionnaire. The non-parametric Mann-Whitney test was applied to compare mean ranks between the groups of student nurses and their educators; the significance was defined by a *p* value of .05. Each scale was scored by first converting the 5-point Likert scale (range 1–5) to a 0-100-point scale as follows: 1 = 0, 2 = 25, 3 = 50, 4 = 75 and 5 = 100. The responses of the items reflecting each value were added and divided by the number of items related to that value to create a score that ranged from 0 to 100 after inversion of reverse items.

At the *item level* (Tables 2 & 3), Fisher's Exact Test was applied to compare the data of two groups of the sample: students and educators. For data reduction and more clear representation of the results, the answers on the general value scale were re-categorised so that "admire" and "usually admire" were combined and described as "admire" and "always dislike" and "usually dislike" were combined and described as "dislike". Similarly, the answers on the professional values scale were re-categorised: "strongly agree" combined with "slightly agree" describing "agree" and "strongly disagree" combined with "slightly disagree" describing "disagree". Pearson's correlation coefficient (r) was used to estimate the relationship between variables in the student nurses' and nurse educators' groups.

2.7 | Validity and reliability

The questionnaire was translated into the Lithuanian language and back following methodological considerations (Maneesriwongul & Dixon, 2004) The reliability of the questionnaire was acceptable as described by measures of internal consistency (α = 0.719).

3 | RESULTS

The sample included four-hundred eight respondents in total: 316 nursing students and 92 nurse educators from three universities and six colleges.

The nursing students who participated in the study were from 20-55 years old while the nurse educators were 25–71 years old. The mean age of student nurses was 24.62 (95% CI 23.86–25.38) years, mode 21. The mean age of educators was 47, 12 (95% CI 44.86–49.39) years, mode 40. Student nurses were 97.8% (N = 309) female, as were 82.6% (N = 76) of nurse educators. Twenty-four percent of nurse educators (N = 21) had more than 21 years of teaching experience while 20% (N = 18) worked as educators from one to 5 years. The number of years employed as a nurse educator varied from 0-40 years with the average being 14.08 (95% CI 12.53–17.08), mode 5.0

The data analysis of self-reported general values revealed significant differences between student nurses and nurse educators in conveying the values of honesty and intellectualism. Educators, in comparison with students, placed significantly higher value on honesty and intellectualism, based on the mean rank score (*p* < .01). The

TABLE 1 Distribution and comparison of student nurses (N = 316) and nurse educators (N = 92) according to self-reported general and professional values

Values		Respondents	Score (SD)	Median (min-max)	Mean rank	p value[a]
Honesty	General	Educators	70.16 (12.55)	70.00 (40.00–95.00)	242.41	**<.001**
		Students	64.68 (13.65)	65.00 (15.00–95.00)	193.46	
	Professional	Educators	54.89 (12.70)	56.25 (25.00–81.25)	215.33	.313
		Students	52.85 (14.69)	50.00 (18.75–100.00)	201.35	
Religiousness	General	Educators	55.33 (12.38)	55.00 (20.00–85.00)	193.39	.301
		Students	57.01 (15.47)	55.00 (10.00–100.00)	207.74	
	Professional	Educators	39.95 (24.04)	50.00 (0.00–100.00)	194.55	.360
		Students	43.10 (25.90)	50.00 (0.00–100.00)	206.76	
Intellectualism	General	Educators	80.98 (10.14)	80.00 (55.00–100.00)	236.82	**.003**
		Students	76.38 (13.13)	75.00 (35.00–100.00)	195.09	
	Professional	Educators	73.10 (20.21)	75.00 (25.00–100.00)	236.19	**.003**
		Students	65.51 (21.82)	62.50 (0.00–100.00)	195.27	
Self-control	General	Educators	70.06 (12.75)	70.83 (33.33–95.83)	200.44	.706
		Students	70.40 (14.47)	70.83 (16.67–100.00)	205.69	
	Professional	Educators	44.16 (19.30)	50.00 (0.00–100.00)	187.97	.120
		Students	47.71 (20.23)	50.00 (0.00–100.00)	209.31	
Academic achievement	General	Educators	71,97 (9.53)	75.00 (45.83–91.67)	202.67	.864
		Students	71.76 (11.42)	75.00 (25.00–95.83)	205.03	
	Professional	Educators	65.08 (19.92)	62.50 (25.00–100.00)	221.43	.099
		Students	61.43 (17.77)	62.50 (12.50–100.00)	198.91	
Independence	General	Educators	50.54 (12.73)	50.00 (18.75–87.50)	223.05	.083
		Students	48.12 (13.28)	50.00 (12.50–87.50)	199.10	
	Professional	Educators	34.24 (26.13)	25.00 (0.00–100.00)	180.66	**.021**
		Students	41.77 (26.87)	25.00 (0.00–100.00)	211.44	
Altruism	General	Educators	70.74 (10.57)	70.83 (37.50–95.83)	209.80	.622
		Students	70.04 (12.83)	70.83 (29.17–100.00)	202.96	
	Professional	Educators	50.88 (14.87)	50.00 (18.75–81.25)	197.82	.563
		Students	51.09 (13.37)	50.00 (12.50–81.25)	205.81	
Paternalism	Professional	Educators	47.83 (18.21)	50.00 (0.00–100.00)	179.90	**.015**
		Students	53.16 (14.15)	50.00 (12.50–100.00)	211.66	
Authority	Professional	Educators	75.95 (14.02)	75.00 (50.00–100.00)	250.53	**.000**
		Students	67.06 (16.50)	62.50 (12.50–100.00)	190.41	

SD, standart deviation.
[a]Mann–Whitney U test.

self-reported professional nursing values of intellectualism and authority were ranked significantly higher by nurse educators than student nurses, based on the mean rank score ($p < .01$). In contrast, the professional nursing values of independence and paternalism were ranked higher by student nurses than by educators ($p < .01$ and $p < .05$) (Table 1).

Behaviours were rated by student nurses and educators as ones they admire or dislike. Table 2 shows the distribution of responses for students and educators. Significant differencies between student nurses and educators occurred in five of seven general values with the exception of religiousness and independence. Nurse educators more often admired truth-telling in any circumstance ($p < .001$) and

more clearly supported controlling one's anger compared with students ($p < .05$). Students, on the other hand, were more likely to avoid intellectual challenges in reading ($P < 0.001$) and did not let studies interfere with social life ($p < .05$). The majority of respondents in both groups valued altruism by admiring kind behaviour towards anyone having different beliefs, although educators were significantly more in favour of such tolerance (Table 2).

Data analysis revealed six differences in student nurses' and educators' perceptions. Students were significantly more likely to report any work mistakes despite severe disciplinary actions ($p < .001$) and to maintain self-control in front of patients ($p < .05$). Educators valued authority slightly more than students and were

TABLE 2 Distribution and comparison of student nurses (N = 316) and nurse educators (N = 92) in assessing the items that described general values

Values items	Admire N (%)		Dislike N (%)		p value[a]
	Educators	Students	Educators	Students	
Honesty					
Helping a close friend get by in a tight situation, even though one may have to stretch the truth (R)	56 (71.8)	205 (77.1)	22 (28.2)	61 (22.9)	.367
Being dishonest in harmless ways (R)	5 (5.6)	20 (6.9)	84 (94.4)	268 (93.1)	.810
Never cheating, or having to do with cheating situations, even for a friend	79 (95.2)	258 (93.1)	4 (4.8)	19 (6.9)	.616
Never telling a lie even though to do so would make the situation more comfortable	70 (89.7)	214 (78.4)	8 (10.3)	59 (21.6)	**.023**
Always telling the truth, even though it may hurt oneself or others	65 (87.8)	167 (65.2)	9 (12.2)	89 (34.8)	**.001**
Religiousness					
Being devout in one's religious faith	58 (95.1)	207 (92.4)	3 (4.9)	17 (7.6)	.582
Always living one's religion in daily life	24 (66.7)	85 (57.0)	12 (33.3)	64 (43.0)	.348
Encouraging others to attend services and lead religious lives	17 (35.4)	90 (45.9)	31 (64.6)	106 (54.1)	.199
Always attending religious services regularly and faithfully	30 (71.4)	121 (75.2)	12 (28.6)	40 (24.8)	.692
Being an atheist (R)	5 (29.4)	15 (16.7)	12 (70.6)	75 (83.3)	.305
Intellectualism					
Reading only things that don't pose any intellectual challenge (R)	6 (8.1)	79 (31.6)	68 (91.9)	171 (68.4)	**<.001**
Having a keen interest in international. national and local affairs	74 (98.7)	225 (96.2)	1 (1.3)	9 (3.8)	.461
Developing an appreciation of the fine arts— music, drama, literature, etc.	80 (97.6)	273 (96.8)	2 (2.4)	9 (3.2)	1.000
Having a strong intellectual curiosity	87 (97.8)	271 (97.5)	2 (2.2)	7 (2.5)	1.000
Having an active interest in all things scholarly	90 (100.0)	292 (98.0)	0 (0.0)	6 (2.0)	.343
Self-control					
Replying to anger with gentleness	69 (88.5)	242 (86.7)	9 (11.5)	37 (13.3)	.849
Practicing self-control	84 (98.8)	299 (98.7)	1 (1.2)	4 (1.3)	1.000
Not expressing anger even when one has a reason for doing so	66 (86.8)	199 (68.6)	10 (13.2)	91 (31.4)	**.001**
Turning the other cheek and forgiving others when they harm you	33 (47.8)	140 (52.0)	36 (52.2)	129 (48.0)	.590
Never losing one's temper no matter what the reason	87 (97.8)	276 (96.2)	2 (2.2)	11 (3.8)	.741
Expressing one's anger openly and directly when provoked (R)	34 (45.9)	85 (31.5)	40 (54.1)	185 (68.5)	**.027**
Academic achievement					
Working hard to do well academically	87 (98.9)	292 (97.3)	1 (1.1)	8 (2.7)	.691
Ignoring lectures and text-books that are difficult (R)	10 (13.3)	35 (14.1)	65 (86.7)	214 (85.9)	1.000
Studying hard to get good marks in tests and exams	81 (98.8)	291 (96.0)	1 (1.2)	12 (4.0)	.315
Studying constantly to become a well-educated person	90 (100.0)	309 (99.7)	0 (0.0)	1 (0.3)	1.000
Not letting studies interfere with one's social life (R)	44 (73.3)	203 (85.7)	16 (26.7)	34 (14.3)	**.032**
Striving hard to get the top marks in the group	45 (64.3)	195 (70.7)	25 (35.7)	81 (29.3)	.312
Independence					
Acting so as to fit in with other people's way of doing things (R)	46 (65.7)	211 (75.1)	24 (34.3)	70 (24.9)	.131
Conforming to the requirements of any situation and doing what is expected (R)	71 (91.0)	285 (96.0)	7 (9.0)	12 (4.0)	.086
Being outspoken and frank in expressing one's likes and dislikes	84 (100.0)	293 (98.3)	0 (0.0)	5 (1.7)	.590
Thinking and acting freely without social restraints	38 (51.4)	143 (53.8)	36 (48.6)	123 (46.2)	.792
Altruism					
Helping a person to achieve their own goals even if it might interfere with one's own	39 (54.2)	144 (57.6)	33 (45.8)	106 (42.4)	.686
Refusing aid to people who don't deserve it (R)	11 (16.4)	42 (17.2)	56 (83.6)	202 (82.8)	1.000

(Continues)

TABLE 2 (Continued)

Values items	Admire N (%)		Dislike N (%)		p value[a]
	Educators	Students	Educators	Students	
Helping another person to feel more secure even if you don't like them	73 (96.1)	270 (94.4)	3 (3.9)	16 (5.6)	.774
Being interested only in one's work (R)	16 (20.8)	64 (25.0)	61 (79.2)	192 (75.0)	.543
Avenging wrongs that other people have done to you (R)	4 (4.8)	17 (5.9)	80 (95.2)	273 (94.1)	1.000
Being kind to people even if they do things contrary to one's beliefs	81 (96.4)	242 (86.7)	3 (3.6)	37 (13.3)	**.010**

R, reverse scored item.
[a]Fisher's exact test.

more likely to question the decision of a doctor ($p < .001$). Student nurses placed lower importance on academic qualifications for career advancement than their educators ($p < .001$) (Table 3).

The general and professional values of student nurses were compared as were those of the nurse educators. The general values of honesty and intellectualism were linked with professional values in both students and educators. A significant, but weak relationship was found between general and professional values of religiousness in the students' group and general and professional values of self-control in the educators' group (Table 4).

4 | DISCUSSION

Values have become "common currency" in driving decisions in health care (Godbold & Lees, 2016, pp. 1). A common complaint is that 'todays students' are missing the important values (McAllister, 2015, pp. 481). Strengthening the role of nursing education in the acquisition and maintainance of professional values is required to graduate nurses who are strong, ethical, professional and highly skilled (Er et al., 2017). Professional values are the foundation on which decisions are made and, therefore, without a strong foundation, nursing care lacks direction.

This study explored self-reported general and professional nursing values of two interrelated groups—baccalaureate student nurses and nursing educators. The personal value of honesty was stronger in nurse educators than student nurses but as a professional value, it was ranked at the same level in both groups. It follows that nurse educators are effective in developing professional honesty (Kaya et al., 2016). Similarly, in Er et al. (2017) honesty together with empathy and responsibility were emphasized more by advanced students than first-year students. Another study showed that values such as honesty were nurtured along with the study of nursing content and reflected students' increased maturity with each study year (Johnson, Haigh, & Yates-Bolton, 2007).

Students in this study showed stronger commitment than their educators to professional honesty with patients but also in reporting any work mistakes despite severe disciplinary actions. This new generation of nurses with its commitment to honesty is positioned to transform the workplace from a culture of punishment and secrecy to one of personal responsibility and transparency.

On another hand, the traditional paternalistic relationship between healthcare providers and patients is changing, but slowly. In daily pracitce, the dominance of a nurse or physician is evident in the decision-making process for each patient. New nursing curricula emphasize the importance of patients' values and participation in making decisions about their health care. These decisions should be made in keeping with patients' values, goals and lifestyles (Bandman & Bandman, 2002). The involvement of the patient is in alignment with the nurse's moral duty to respect the patient's choices (Davis et al., 2010). Students in this study may still value some paternalistic behaviour in care decisions, but patients, for whom good is intended, may not concur (ibid).

The general values of honesty and intellectualism and professional nursing values of intellectualism and authority were ranked significantly higher by nurse educators than student nurses. Differences may be explained by the traditional vocational training of medical sisters (up to 1990) and more recent nursing education. In traditional vocational training, honesty and responsibility were important. The intellectual capacity of a nurse was not valued as the physician's authority was absolute. Currently, nurses are expected to combine authority with power sharing in care provided by teams and no longer obey orders silently (De Araujo & Zoboli, 2010; Er et al., 2017; Tuckett, 2015). In this study, nurse educators ranked a nurse's authority higher than the students did, indicating that authority in the healthcare environment is beginning to be shared between healthcare providers, specifically physicians and nurses. Student nurses learn that professional authority must be in line with accountability as they prepare to practice as autonomous and independent professionals. Autonomy is understood as decision-making based on clinical rationale and theorethical and scientific knowledge. Accordingly, Sandvik et al. (2014) suggests that professional independence in nursing is not only the acquisition of knowledge and practical skills but also development of nurses' confidence and decision-making abilities. Nurse educators, then, must not only teach knowledge and skills, but develop students' confidence in decision-making.

Student nurses and their educators differed in the general values of "never telling a lie" and "always telling the truth" to others even though hurt may result. Nurse educators admired this more than students and viewed honest communication with the patient as a crucial part of nursing care as in the study conducted by Koomey et al. (2015). Communication skills and empathy were essential for a nurse

TABLE 3 Distribution and comparison of student nurses (N = 316) and nurse educators (N = 92) in assessing the items that described professional nursing values

Values items	Agree N (%)		Disagree N (%)		p value[a]
	Educators	Students	Educators	Students	
Honesty					
There ought to be some circumstances in which it would be right to lie to a patient (R)	69 (95.8)	246 (93.5)	3 (4.2)	17 (6.5)	.584
Assuming that disciplinary action is often very severe; nurses ought to keep quiet about minor mistakes that cause no real harm (R)	18 (25.4)	114 (52.1)	53 (74.6)	105 (47.9)	**<.001**
Keeping the truth about an illness from a patient ought to be considered unprofessional	38 (67.9)	152 (68.8)	18 (32.1)	69 (31.2)	.874
Patients should always be told anything they want to know about their condition	69 (88.5)	251 (91.6)	9 (11.5)	23 (8.4)	.379
Religiousness					
Nurses ought to have a religious faith	10 (22.2)	72 (35.6)	35 (77.8)	130 (64.4)	.114
Intellectualism					
Little has been gained by educating nurses in a University rather than a Hospital School of Nursing (R)	15 (18.5)	73 (32.6)	66 (81.5)	151 (67.4)	**.022**
Nursing should be a highly educated profession like medicine and law	64 (85.3)	224 (83.3)	11 (14.7)	45 (16.7)	.727
Self-control					
There ought to be nothing wrong with a nurse being seen by patients to be upset in sad circumstances (R)	63 (84.0)	225 (85.6)	12 (16.0)	38 (14.4)	.715
Nurses ought never to show their feelings in front of patients	41 (59.4)	192 (74.7)	28 (40.6)	65 (25.3)	**.016**
Academic achievement					
Academic qualifications should not be important to nursing career advancement (R)	38 (47.5)	176 (71.3)	42 (52.5)	71 (28.7)	**<.001**
There ought to be more reward for studying hard during nurse training	77 (100.0)	269 (96.8)	0 (0.0)	9 (3.2)	.215
Independence					
Routine should not be important to the nurse	17 (23.3)	73 (31.3)	56 (76.7)	160 (68.7)	.239
Altruism					
A good nurse should always be prepared to change work shifts at short notice	22 (33.3)	85 (39.2)	44 (66.7)	132 (60.8)	.469
Being calm and efficient is more important than being kind when you are very busy on the ward (R)	51 (67.1)	177 (65.8)	25 (32.9)	92 (34.2)	.891
There ought never to be any excuse for being unkind to a patient	77 (95.1)	241 (90.6)	4 (4.9)	25 (9.4)	.256
Nursing ought to drop the vocation or 'Good Samaritan' image and become just a skilled professional job (R)	52 (71.2)	138 (63.9)	21 (28.8)	78 (36.1)	.318
Paternalism					
Confused older people who might come to some harm, ought to be made to live in a 'home' where they can be looked after properly	62 (84.9)	269 (95.7)	11 (15.1)	12 (4.3)	**.002**
Adult patients should never be given treatment against their will, even when it may save their lives (R)	72 (87.8)	237 (88.8)	10 (12.2)	30 (11.2)	.843
Authority					
The nurse ought never to question the decision of a doctor (R)	19 (29.7)	120 (53.3)	45 (70.3)	105 (46.7)	**.001**
The nurse should always respect authority	91 (100.0)	293 (98.3)	0 (0.0)	5 (1.7)	.595

R, reverse scored item.

[a]Fisher's exact test.

to support patients through all phases of care (Hurst, Baroffio, & Burn, 2015).

Students and educators displayed no significant differencies in the general and professional values of altruism. Student nurses valued helping others by demonstrating altruism, empathy, compassion, advocacy, competency and safety (Schmidt, 2016). Although Johnson et al. (2007) showed that current nursing students, who adopt a pragmatic approach, are generally less altruistic than their older

counterparts. A separate study to measure the altruism of student nurses by quantitative and qualitative means would be relevant for nursing education and practice.

Comparison of student nurses and nurse educators responses revealed a positive relationship between general and professional nursing values such as honesty and intellectualism, self-control and religiousness. Blais and Hayes (2011) stated that professional values are mostly rooted in personal values. Accordingly, Schmidt (2016)

TABLE 4 Relationship between general and professional nursing values in the subgroup of student nurses (N = 316) and subgroup of educators (N = 92)

Values	Relationship between general and professional values: Students		Relationship between general and professional values: Educators	
	Pearsons *r*	*p* value	Pearsons *r*	*p* value
Honesty	**0.133**	**.018**	**0.208**	**.046**
Religiousness	**0.344**	**<.001**	0.150	.154
Intellectualism	**0.279**	**<.001**	**0.240**	**.021**
Self-control	0.014	.803	**0.291**	**.005**
Academic achievement	0.033	.563	0.147	.161
Independence	0.023	.680	0.093	.377
Altruism	0.085	.131	0.041	.701

found that male student nurses showed a strong relationship between personal values and perception of professional nursing values, such as honesty and altruism, supporting the unity of personal and professional identity. This supports McAllister's (2015) transformative value-based learning with the "common purpose of re-thinking, shifting and enlightening perspectives" (pp. 481). Learners are not blank slates and "come to the subject matter with pre-existed values <...> that may need to be reconsidered" during the education process (ibid).

In this study, student nurses placed lower importance on academic qualifications for career advancement and were more likely to avoid intellectual challenges in reading than their educators. This matched the findings of Salminen, Melender, and Leino-Kilpi (2009) who reported lack of emphasis on seeking new knowledge and teaching decision-making in nursing education. Nurse educators are challenged to find the most effective ways to motivate students' independent learning and discover the joy of knowledge.

It was also predictable that in a country where Christianity is largely practiced, religion and practice of faith is appreciated in daily life and professional nursing practice. The students and educators in this study similarly supported demonstration of religiousness in personal behaviour and agreed that nurses ought to have a religious faith as a professional value. A significant relationship between the general and professional values of religiousness was evident, however, only in the students' group. Riklikiene, Vozgirdiene, Karosas, and Lazenby (2016) supposed that generational differences in the lived experiences of political events (atheistic ideology and strict supression of religion 1945–1990) may have an impact on or explain differences in the perceptions of religiousness. At least a quarter of the nurse educators in this study would have become nurses while Lithuania was still under the control of the Soviet Union. While their values have, undoubtedly, changed, the formation of their professional identity occurred during a time when religion was suppressed.

Kravetz and Spiro (2008) observed that the academic achievement of medical students was the deciding factor for medical school rather than character. This is the reality of Lithuanian higher education as values-based selection of student nurses and other healthcare professionals is irrelevant. Admission of students is done in accordance with the rules for general admission to Lithuanian higher education schools and admission rules approved by the higher education institutions (LAMA BPO, 2016). For candidates with a secondary education or equivalent, the most important admission criterion is a competitive score, although in the fine arts there are additional required skills. In the literature, the need to develop a values-based approach to the selection of nursing students is evident (Tetley et al., 2016), but for some countries this is not yet a reality.

Finally, authors have posited that ethics education in nursing curriculum should be focused on action, rather than analysis of ethical issues in practice. This may help undegraduate nursing students to "develop confidence and competence <...> ("moral muscles") which enables individuals to respond with integrity to situations of ethical conflicts" (Lynch, Hart, & Costa, 2014, pp. 369) and "to affirm nursing as their profession" (Payne, 2016, pp. 256). The re-consideration of humanities teaching in nursing programs would nurture the general and professional values of future nurses.

4.1 | Limitations

This was the first descriptive comparative study about self-reported general and professional values of Lithuanian student nurses and their educators. No comparison to other cohorts was available. In addition, the study instrument was developed in a different culture and era and translated for use in Lithuania. The differences in culture could affect the results obtained from the study instrument. The study of values is complex and involves a multitude of variables. Each country has a unique history and set of events that changes its course. For Lithuania, 50 years of Soviet occupation changed the course of the country. The subsequent liberation again sent Lithuania and its citizens on a new path. More studies are needed to validate current or develop new instruments and further describe the factors involved in the development of values in nursing. A study comparing the values of nurse educators and nurses who became nurses during the Soviet occupation of Lithuania with those of nurse educators and nurses who became nurses post-1991 (when Lithuania was no longer under Soviet rule) would help to understand the effect of Soviet ideology on the values of nurses.

5 | CONCLUSIONS

The study revealed differences in self-reported general and professional values in undergraduate student nurses and nurse educators. The values of nurse educators, as more mature individuals and experienced nursing professionals, were not always rated higher than those of students. Generational differences in the lived experiences of political events and transformative changes in nurse education may have an impact on or explain differences in students' and educators' perceptions of value-based personal and professional behaviour.

Positive relationships between the general and professional values of honesty and intellectualism in both students and educators confirmed the link between professional and personal values. The correlation between students' perceptions of religion generally and professionally may indicate the return of religious expression in both personal and professional lives.

Replication of this survey in a set number of years may show the evolution of general and professional values in both nursing students and nurse educators. Correlating the findings to changes in nursing curriculum and outcomes in practice would provide further insight into the acqusition of professional nursing values. This is the first step in exploring how professional nursing values may influence decision-making by nurses.

AUTHOR CONTRIBUTIONS

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE [http://www.icmje.org/recommendations/]):

- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

ACKNOWLEDGEMENTS

ORCID

Olga Riklikiene http://orcid.org/0000-0001-5143-4288

REFERENCES

Association of Lithuanian higher education institutions through the general admission system (LAMA BPO). (2016). Retrieved from www.lamabpo.lt.on 25 June 2016.

Bandman, E., & Bandman, B. (2002). *Nursing ethics through the life span*, 4th edn, (p. 96). Upper Saddle River, NJ: Prentice-Hall.

Blais, K., & Hayes, J. (2011). *Professional nursing practice: Concepts and perspectives*, 6th edn. Boston, MA: Pearson.

Davis, A., Fowler, M., & Aroskar, M. (2010). *Ethical dilemmas and nursing practice*, 5th edn. Upper Saddle River, NJ: Pearson.

De Araujo, Sartorio N., & Zoboli, E. L. (2010). Images of a 'good nurse' presented by teaching staff. *Nursing Ethics*, 17(6), 687–694.

Duffy, R. (2013). Nurse to educator? Academic roles and the formation of personal academic identities. *Nurse Education Today*, 33, 620–624.

Eddy, D., Elfrink, V., Weis, D., & Schank, M. J. (1994). Importance of professional nursing values: A national study of baccalaureate programs. *Journal of Nursing Education*, 33(6), 257–262.

Er, R., Sehiralti, M., & Akpinar, A. (2017). Attributes of a good nurse: The opinions of nursing students. *Nursing Ethics*, 24(2), 238–250.

Godbold, R., & Lees, A. (2016). Facilitating values awareness through the education of health professionals: Can web based decision making technology help? *Nurse Education in Practice*, 17. 1–7.

Haigh, C., & Johnson, M. (2007). Attitudes and values of nurse educators: An international survey. *International Journal of Nursing Education Scholarship*, 4, 14.

Hurst, S., Baroffio, A., & Burn, C. (2015). Helping medical students to acquire a deeper undertsanding of truth-telling. *Medical Education Online*, 20, 28133.

Iacobucci, A. T., Daly, J. B., Lindell, D., & Griffin, M. Q. (2012). Professional values, self-esteem and ethical confidence of baccalaureate nursing students. *Nursing Ethics*, 20, 479–490.

Jakusovaite, I., Luneckaite, Z., & Riklikiene, O. (2014). The place of medical humanities in medical education in Lithuania. *TRAMES*, 18(68/63), 77–87.

Johnson, M. (1983). *Nurse values and nurse training: A pilot survey of the values of student nurses*. Doctoral dissertation, University of Manchester, Department of Nursing.

Johnson, M., Haigh, C., & Yates-Bolton, N. (2007). Valuing of altruism and honesty in nursing students: A two-decade replication study. *Journal of Advanced Nursing*, 57(4), 366–374.

Kaya, H., Işik, B., Şenyuva, E., & Kaya, N. (2016). Personal and professional values held by baccalaureate nursing students. *Nursing Ethics*, 24, 1–16.

Koomey, C., Osteen, K., & Gray, J. (2015). Professional values of RN-to-BSN students in an online program. *Nurse Education*, 40(5), 258–262.

Kravetz, R. E., & Spiro, H. M. (2008). *Medical humanism: Aphorisms from the bedside teachings & writings of Howard M. Spiro*. Yale: Yale University School of Medicine.

Ludwick, R., & Sedlak, C. (1998). Ethical issues and critical thinking: Students' stories. *Nursing Connections*, 11(3), 12–18.

Lui, M. H., Lam, L. W., Lee, I. F., Chien, W. T., Chau, J. P., & Ip, W. Y. (2008). Professional nursing values among baccalaureat nursing students in Hong Kong. *Nurse Education Today*, 28(1), 108–114.

Lynch, S., Hart, B., & Costa, C. M. (2014). Giving voice to values: An undergraduate nursing curriculum project. *Collegian*, 21, 367–373.

Maneesriwongul, W., & Dixon, J. (2004). Instrument translation process: A methods review. *Journal of Advanced Nursing*, 48(2), 175–186.

McAllister, M. (2015). Exploring transformative learning and the courage to teach a values based curriculum. *Nurse Education in Practice*, 15(6), 480–484.

Parandeh, A., Khaghanizade, M., Mohammadi, E., & Nouri, J. M. (2015). Factors influencing development of professional values among nursing students and instructors: A systhematic review. *Global Journal of Health Sciences*, 7(2), 284–293.

Parvan, K., Hosseini, F., & Zamanzadeh, V. (2012). Professional values from nursing students' perspective in Tabriz University of Medical Sciences: A pilot study. *Iranian Journal of Nursing*, 25(76), 28–41.

Payne, C. (2016). Transition into practice: First patient care experience of baccalaureate nursing students. *Nurse Education in Practice*, 16, 251–257.

Rassin, M. (2008). Nurses' professional and personal values. *Nursing Ethics*, 15, 614–630.

Riklikiene, O., Vozgirdiene, I., Karosas, L., & Lazenby, M. (2016). Spiritual care as perceived by Lithuanian student nurses and nurse educators: A national survey. *Nurse Education Today*, 36, 207–213.

Salminen, L. K., Melender, H. L., & Leino-Kilpi, H. (2009). The competence of student nurse teacher. *International Journal of Nursing Education Scholarship*, 6(1).

Sandvik, A., Eriksson, K., & Hilli, Y. (2014). Becoming a caring nurse – A Nordic study on students' learning and development in clinical education. *Nurse Education in Practice*, 14, 286–292.

Scott, W. (1959). Cognitive Consistency, Response Reinforcement, and Attitude Change. *Sociometry*, 22, 219–229.

Schmidt, B. (2016). Core professional nursing values of baccalaureate nursing students who are men. *Nursing Ethics*, 23(6), 674–684.

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.

Ten Hoeve, Y., Jansen, G., & Roodbol, P. (2014). The nursing profession: Public image, self-concept and professional identity. A discussion paper. *Journal of Advanced Nursing*, 70(2), 295–308.

Tetley, J., Dobson, F., Jack, K., Pearson, B., & Walker, E. (2016). Building a value-based culture in nurse education. *Nurse Education in Practice*, 16, 152–155.

Tuckett, A. (2015). Speaking with one voice: A study of the values of new nursing graduates and the implications for educators. *Nurse Education in Practice*, 15, 258–264.

Weis, D., & Schank, M. J. (2009). Development and psychometric evaluation of the nurses professional values scale-revised. *Journal of Nursing Measurement*, 17(3), 221–231.