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Professional Nursing Values: Accounts of the Witnessed

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University of Southern Mississippi

Professional Nursing Values: Accounts of the Witnessed

by

Ashley Costello

A Thesis
Submitted to the Honors College of
The University of Southern Mississippi
in Partial Fulfillment
of the Requirements for the Degree of
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Abstract

In this research, the lived experience of nursing students in the clinical setting, specifically experiences relating to professional nursing values, were explored. This project aimed to answer the following questions: 1) How do student nurses describe observations of professional nursing values exhibited or violated by licensed nurses during the students' clinical rotations? (2) What meaning do student nurses' assign to and extract from their observations, particularly as it relates to how students believe it will influence their own future nursing practice? This research was qualitative with a phenomenological approach. Eight participants enrolled in senior level nursing clinical courses at The University of Southern Mississippi-Gulf Park campus during the 2016 fall semester volunteered to participate in this study. The participants were asked to electronically submit journals detailing accounts of their observations of registered nurses either demonstrating or violating professional nursing values during the students' clinical rotations. Data were analyzed for themes separately by the researcher and thesis advisor. The five themes identified from the data were 1) conversations, 2) convenience, 3) truth, 4) compassion, and 5) safety.

Dedication

This project is dedicated to my husband who is ten times a better human being than me and who constantly inspires me to try my hardest to emulate the nursing values described in this thesis. Also, to the Air Force nurses that I served with whose integrity, compassion and altruism ultimately inspired me to pursue nursing—I could not have asked for better role models.

Acknowledgements

I would like formally thank my advisor, Dr. Karen Rich. My gratitude for your mentorship both in this experience and throughout nursing school is boundless. I could not have chosen a better advisor for my chosen thesis topic as you exemplify the professional nursing values in everything you do. It is clear through the submissions of participants that the ethics and values taught by you are a valuable road map that has been internalized and incorporated into all of our nursing philosophies going forward. The experience of writing this thesis has been a tremendous learning experience, but what I have learned from you as an instructor and a mentor is invaluable.

Additionally, I would like to express my appreciation to all of the participants who shared their personal experiences and made this project possible. My heartfelt thanks to Arizona for all the pep talks at midnight—your encouragement meant the world to me. A special thank you to my fellow Honors College student, Stephanie, who consistently reminded me of due dates—without you this thesis would never have been submitted on time.

Chapter 1: Introduction

The nursing profession is considered to be one of the most trusted professions in the United States (Gallup, 2015). It can be argued that the level of trust attributed to the profession stems directly from the values that nurses are expected to exhibit in their practice. The American Nurses Association (ANA, 2015) provided a set of ethical directives in the *Code of Ethics for Nurses With Interpretative Statements*, but the document does not provide an easy to read, specific list of nursing values.

In classroom settings, nursing students are taught professional values and why these values are important. However, students may lack the guidance needed to transfer these values into professional practice. Nursing students who are taught nursing values in a professional concepts course may find the values challenged or violated within the clinical setting. The clinical setting exposes students to real life situations of caring for patients alongside a registered nurse who may be a good role model for professional nursing values or a nurse who violates professional values. Consequently, nursing students may find themselves later entering into the nursing profession still grappling with which values to prioritize in their practice and how to actualize these values.

Exhaustive studies have been focused on the importance of professional nursing values within current Bachelor of Science in Nursing curricula as well as within the nursing profession itself (Nåden & Eriksson, 2004; Smail, 2013; Weis & Schank, 1997; Yarborough & Martin, 2008) However, research about values exhibited by nurses within the clinical setting is not as abundant. The results of a research study done with Korean nursing students revealed there was a significant difference in students' perceptions of nursing values by regional institution (Bang, 2010). The data indicated "the internalization of nursing professional values [occurred] through

the process of learning and observing the behavior of others” (p.74). The results of this study support the contention that witnessing professional nursing values within the clinical setting is critical to the integration of these values by nursing students. The site of a student’s clinical experience may play a role in the values clarification done by students.

Few studies have been conducted that specifically explored students’ experiences in observing violations of professional nursing values in clinical settings, but one study of note explored clinical nursing instructors’ experiences. Researchers used a 5-point Likert scale with 5 being strongly agree. Clinical nursing instructors surveyed agreed at an average of 4.5 that “the unethical behavior of nurses has a detrimental effect on the development of ethical values in students” (Skela-Savič, & Kiger, 2015, p. 1047). This suggests that clinical nursing instructors are aware that their actions with patients can shape the experiences of nursing students in regard to values. This is an important finding because one of the ways that nurses have traditionally learned is through role modeling, and the clinical instructor is at the forefront of this method of teaching.

Role modeling occurs when “words and actions become living lessons” (Perry, 2008, p. 36). Role modeling extends beyond what a textbook can convey to teach the concepts that can only be wholly learned through a combination of demonstration and practice. These lessons are not a set of actions or an organized checklist to be accomplished line by line, but rather, the lessons are a way of living and interacting with other human beings that can only be cemented into practice through real world experiences. Nursing school clinical experience teaches not only the practical skills a nurse must acquire but also allows students to witness professional nursing values in practice. The opportunity to do values clarification in the clinical setting provides an

invaluable teaching moment, because witnessing professional nursing values exhibited in practice may help student nurses incorporate the values into future interactions with patients.

If nursing students witness violations of professional nursing values in their clinical rotations, the events may lead to students assuming behaviors that are the antithesis to professional nursing values. The purpose of this thesis is to describe nursing students' observations of the professional nursing values exhibited or violated by nurses during students' clinical rotations and to explore the meaning student nurses assign to and extract from their observations, particularly as it relates to how students believe it will influence their own nursing practice.

Research Questions

The research design for this thesis was qualitative with an interpretive, phenomenological approach. The research questions are: 1) How do student nurses describe observations of professional nursing values exhibited or violated by licensed nurses during the students' clinical rotations? (2) What meaning do student nurses' assign to and extract from their observations, particularly as it relates to how students believe it will influence their own future nursing practice?

Significance of the Project

The importance of clinical experiences in nursing school in forming the character and competency of future nurses cannot be overstated. These experiences are complex, because there are many lessons in each of its teachable moments. According to researchers Browns, Stevens, and Kermode (2012), "during the professional socialization process the student nurse not only will learn and perfect the knowledge and skills of a nurse but they also will assume the values, and therefore the behaviors, of nurses" (p. 609). Nursing students will eventually graduate and

enter into practice collectively shaping the future of the profession throughout their careers.

Leners, Roehrs, and Piccone (2006) stated “in the current nursing shortage, nurses are frequently making significant patient care decisions concerning value-laden clinical issues” (p. 1). The pressure on nurses to navigate complex ethical dilemmas can be mitigated with a solid ethical foundation formed in nursing school.

This study is a starting point for additional research about how value laden clinical experiences can profoundly affect the lived experiences of nursing students and their formation as members of the nursing profession. This may provide insight into how nursing students view and incorporate professional nursing values into their future nurse-patient relationships. Future studies can focus on how to structure the clinical environment to reinforce professional nursing values and how to integrate these values into practice. This type of research may help bridge the disconnect between what students are taught in the classroom versus what they experience in the clinical setting.

Chapter 2: Literature Review

Value Formation

It is imperative that student nurses learn to incorporate professional nursing values when interacting with patients so they graduate nursing school fully prepared to deliver quality patient care. In order to understand how values can influence the quality of patient care provided by nurses, it is important to understand what values are, how they are formed, and their influence on people's choices.

Values can be hard to define, because they are subjective and often vary sharply from person to person. Burkhardt and Nathaniel (2008) asserted that "values are ideals, beliefs, customs, modes of conduct, qualities or goals that are highly prized or preferred by individuals, groups or society" (p.83). Both nurses and patients bring unique sets of values to the table when interacting with one another in health care settings. In order to provide effective care for their patients, it is imperative that nurses know how values are formed and how they can influence people's lives because, ultimately, both nurses and patients are guided by their respective values (Burkhardt & Nathaniel, 2008; Leddy & Pepper, 1998; Stewart, 2014; Taylor, 2015).

Human beings are not born with an innate set of values. Rather, values are first formed in childhood, and the process continues throughout life until death (Taylor, 2014). Values can either be formed consciously or unconsciously. Values that are formed consciously are usually taught to children by parents, teachers, and religious leaders. The unconscious adoption of values occurs much more subtly through role modeling and peer interactions. These usually are the values developed along the way as a person travels through life. When people acquire a value, it does not mean the value will necessarily become a permanent part of a person's life. Values are not fixed; instead, they can be discarded later in life when they no longer hold meaning for a

person. While values may change throughout life, their influence in daily decision making remains constant (Burkhardt & Nathaniel, 2008; Stewart, 2014; Taylor, 2014).

Values can manifest in several ways. They can be verbally expressed, nonverbally expressed through behavior, or stated as a set of standards that a person holds dear. People may not always be consciously aware of how their values are affecting their life, but values are used constantly and instinctively throughout important decision-making processes. Values reflect what people place importance on in life or consider desirable (Burkhardt & Nathaniel, 2008; Stewart, 2014).

It is important to note that the values that directly influence people's behavior are formed through the process of moral thought. These values are used to make decisions based on what is considered morally right or wrong and, thus, are called moral values. Moral values are considered a special subset of values, because they most often relate to the ethical issues that a person might face (Burkhardt & Nathaniel, 2008; Stewart, 2014).

Professional Nursing Values

Nurses will encounter ethical issues and dilemmas throughout their career. When they do so, their values will play an integral role in how they handle each situation they face. While personal values are formed and used throughout daily life by all individuals, nurses have a special set of values they will use to make decisions or judgments throughout their career. These values are professional nursing values. Professional nursing values are defined by Gilmore (2014) as "beliefs or ideals that guide interactions with patients, colleagues, other professionals, and the public" (p.158). In addition to guiding nurses in their decision making, professional nursing values also form the professional identity of a nurse, which is a representation of the nurse's professional philosophy (Fagermoen, 1997). These values begin to form during nursing

school and continue to develop through interactions in the work setting (Grant, 1994). While a list of comprehensive professional nursing values is not widely agreed upon, many of the values nurses should strive to hold are outlined within the ANA's (2015) *Code of Ethics for Nurses with Interpretative Statements*.

The ANA is a highly respected professional organization that represents nurses within the United States. It is known as an advocate for the nursing profession and is responsible for establishing a code of ethics for the profession. The *Code of Ethics for Nurses With Interpretative Statements* (ANA, 2015) is a non-negotiable code for nurses to follow in order to provide ethical care to patients, and it can be used to determine a set of nursing values for the profession. A code of ethics along with a standard set of nursing values are integral to the criteria that make nursing a profession (Gilmore, 2014). Provisions 1 through 3 in the ANA's (2015) *Code* are especially helpful in this endeavor as they focus most directly on how nurses can provide ethical and quality care to patients. Each provision within the *Code* is followed by an interpretative statement that is a helpful guide to understanding each provision.

Provision 1 of the *Code* (ANA, 2015) clearly articulates that the nurse's primary responsibility should always first be to the patient (ANA, 2015). The *Code* asserts that the focus should be on preserving the dignity of all patients while they receive care and goes on to explain that one effective way to do this is by respecting patient autonomy. Provision 2 also speaks to each nurse's responsibility to maintain professional integrity while caring for patients by avoiding conflicts of interests. In doing so, nurses can better facilitate trusting relationships with patients and uphold the high moral integrity of the profession of nursing.

Provision 3 of the *Code* (ANA, 2015) primarily is aimed at protecting and advocating for patients. In particular, provision 3 speaks to protecting a patient's right to confidentiality.

Violating a patient's right to confidentiality by a nurse often is seen as a violation of the integrity of the patient and, ultimately, can call into question the integrity of the nurse. Nurses should keep patients' privacy foremost in their minds when handling paperwork, discussing patients, and in daily actions in which they unconsciously can reveal private information. Provision 3, more importantly, calls nurses to be advocates for patients at all times, especially when ethical boundaries might be crossed. Nurses should call attention to situations that may harm patients either mentally or physically.

Provision 5 of the *Code* (ANA, 2015) instructs nurses to recognize that preserving and promoting their own health is essential to preserving and promoting the health of the patients that they care for in their practice. Part of preserving and promoting the health of nurses calls for recognizing the importance of and role that a sense of personal integrity should play for all people. Nurses will face challenging situations that may threaten their sense of personal integrity. It is important that nurses understand this risk so they may be better able to navigate a compromise that preserves their moral integrity as well as that of those around them.

Nursing Core Values

While the ANA (2015), provided a framework through the nursing *Code of Ethics for Nurses With Interpretative Statements* from which nurses can derive a set of professional values, the American Association of Colleges of Nursing (AACN) compiled a set of core values for nurses. The AACN listed the values of altruism, autonomy, human dignity, integrity and social justice as most central to the nursing profession (AACN, 2008; Taylor, 2015). While these values are similar to the ones that can be found within the ANA's (2015) *Code*, it is undoubtedly convenient to have an absolute list when in need of guidance.

Gilmore (2014) stated “professional values are considered a component of excellence, and the existence of a code is considered a hallmark of professionalism” (p. 158). In other words, a widely accepted core set of professional nursing values is a standard of excellence that the nursing profession should incorporate at all levels, and this emphasis ought to begin within nursing school. The following paragraphs are devoted to exploring the five core values adopted by the AACN and how they can improve the quality of care patients receive from nurses (Shaw & Degazon, 2008).

The AACN (2008), defined altruism as “a concern for the welfare and well-being of others” (p.16). Altruism is putting someone else’s needs first; and at its core, is both nurturing and selfless. Ideally, altruism is one of the five core professional values that all nursing students and nurses should exemplify, because it is believed to contribute to ethical decision making while caring for patients. While most nurses enter the profession with altruistic ideals, it does not always translate as easily into practice. Altruism requires that nurses put the needs of their patients before their own needs, which can be difficult at times. Altruism is the backbone of patient-centered care because it requires that the patient be ever present in the mind of the nurse. Logically, when a nurse makes decisions with the patient in mind, it becomes more likely that the decision will fall in line with ethical standards (Milton, 2012).

A nurse exemplifies the value of altruism while interacting with patients throughout the workday. In fact, there are many ways to value altruism and promote it in the workplace. A nurse who shows understanding of the cultures, viewpoints, and beliefs of others exemplifies the value of altruism in thoughtful contemplation that will result in altruistic action. A nurse who advocates for patients’ rights, and in particular the most vulnerable populations, such as the very

young or the mentally ill, is displaying altruism. Ultimately, an altruistic nurse will take risks on behalf of patients and coworkers without regard to self (Taylor, 2014).

Autonomy is a unique concept that can be applied to nursing in two ways. For example, autonomy according to the AACN (2008), is defined as “the right to self-determination” (p.16). In essence, this is the right that patients have to make their own decisions. However, autonomy also refers to nurses acting independently within their scope of practice (Leddy & Pepper, 1998). While somewhat different, both of these versions of autonomy are beneficial to patients. Undoubtedly, the person who should ultimately make decisions regarding the patient’s care is the patient. This is true even when a decision made by a competent patient is not one that the healthcare providers believe is in a patient’s best interest. As advocates, nurses are uniquely positioned to protect and promote patient autonomy (Shaw & Degazon, 2008).

A nurse who values autonomy can demonstrate this in a variety of ways. An autonomous nurse may record a nursing diagnosis or make a judgement regarding a patient’s health status. This demonstrates the nurse’s autonomy. Meanwhile, nurses who make an effort to educate patients so they can make informed decisions about their health care are helping the patients assert their autonomy. Both of these examples illustrate nurses valuing autonomy and both versions of autonomy can be practiced simultaneously to ultimately benefit patients (Leddy & Pepper, 1998). The nurse who practices autonomy when deciding about the proper actions to take when treating patients is working toward improving that patient’s autonomy in the future. The nurse who makes autonomous decisions is also furthering the validity of the profession of nursing since autonomy is a benchmark of professionalism (Oermann, 1997).

The AACN (2008), defined human dignity as “having respect for the inherent worth and uniqueness of individuals, families, and communities and it characterizes all interactions a nurse

should have with them” (p. 17). While the definition for human dignity is simple enough to understand, the concept is far more difficult to put into practice. The healthcare setting is, at its core, made up of patients who are at their most vulnerable because of illness or injury. It is when people are most vulnerable that they find themselves in situations that might have an impact on their sense of dignity.

In order for a nurse to respect the dignity of patients, it is imperative that the nurse first see patients as individuals with unique needs and desires. In essence, when nurses decide to value human dignity, they will be practicing altruism and promoting the autonomy of patients. The results of a study conducted by Fagermoen (1997), in which 773 nurses were interviewed, revealed that the nurses considered human dignity as the core value from which all other nursing values stem. The nurses interviewed voiced the belief that nursing values either arose from the value of human dignity or are essential to preserving the dignity of the patient. The nurses within the study saw human dignity being upheld when patients’ concerns were carefully attended to and addressed in daily care, such as maintaining the personal grooming and hygiene of patients and in advocating for a dignified death. Human dignity, can be considered the root of all values that nurses exemplify in their day-to-day interactions with patients. In order to exemplify or promote all other professional values nurses must first recognize the importance and uniqueness of each individual patient within society.

The AACN (2008) explained that integrity in nursing “refers to nurses acting in accordance with an appropriate code of ethics and accepted standards of practice” (p.17). Therefore, as with all of the other values, integrity is intrinsically linked to the ANA’s (2015) *Code of Ethics with Interpretative Statements* and with the standards of practice that have been implemented by the profession. Laskowski-Jones (2015) stated integrity is “a core expectation of

professional nursing practice” and explained that integrity is “intrinsically connected to personal ethics and manifested through accountability for one's actions” (p. 6). In fact, researchers have consistently ranked nursing as one of the most respected professions because of the perceived moral integrity and truthfulness of those in the profession (Gallup, 2015).

While integrity is a value that should be practiced and upheld by all nurses, it is often one of the values that nurses struggle to maintain or reconcile in their professional practice. This often is due to ethical dilemmas that nurses face that can challenge them to either violate or uphold their own sense of professional integrity. A lack of resource availability also can challenge nurses’ integrity if they do not have the staff, equipment, and supplies to safely care for patients. Another factor that can negatively impact nurses’ ability to practice with integrity is when they feel they are unable to spend adequate time with patients. Therefore, it is imperative that nurses have adequate resources and time to care for patients as well as a solid understanding of ethical guidelines (Pearson, 2006).

Nursing professionals must also consider the integrity of patients. Nurses should be cognizant of the ways in which they can violate a patient's integrity while caring for them. Nurses should endeavor to respect patients’ values at all times even when a patient’s values do not conform to the nurse’s own set of values. When a nurse respects a patient’s values, it will help preserve the integrity of the patient. A nurse should help patients uphold their own set of values when taking action or making healthcare decisions so patients do not feel as if they have to violate their own dignity in order to receive adequate care (Jurcak, 2002).

The AACN (2008) stated the term social justice “refers to upholding moral, legal and humanistic principles” (p.17). The position of the AACN is that social justice, like the aforementioned values, should be embodied by all professional nurses. It is suggested that each

of the values listed, including social justice, should be included in the curricula of all nursing programs as a core component (AACN, 2008). Social justice “reflects fairness in sharing both benefits and burdens in a society” (Shaw & Degazon, 2008, p. 49). While most nurses might agree about the importance of social justice, it is difficult to achieve headway in the cause as an individual nurse; rather, it should be a collective effort by all nurses.

According to Roush (2011), a fundamental failure in nursing practice is the lack of attention given to social justice, and this failure ultimately leads to increasing numbers of patients seeking care. Throughout history, nurses have been advocates for some of the most vulnerable populations, so it is only natural for nurses to be advocates for social justice. In fact, part of ensuring that patients receive adequate care requires nurses to take responsibility for the role they should play in calling for a system that allocates limited resources fairly and does not discriminate based on personal factors.

Values Clarification

Values play a major role in the decision making processes for most people, yet values are often so intrinsic to people’s inner psyche that they often are not written into a personal code of conduct. Professional nurses may find it beneficial to record a list of personal and professional values. This act of writing values is a step toward the process of values clarification. According to Stewart (2014), “values clarification can occur in a group or individually and helps us understand who we are and what is most important to us” (p. 99). Values clarification requires people to list the values they prize and then rank them according to importance. A value system is a compilation of a person’s desired values ranked by importance. It is ultimately the successful end result of values clarification.

When values clarification is done correctly, it can help nurses successfully navigate a number of situations involving value conflicts in which it is imperative that the nurse choose one value as more important than another. It can also help nurses who are challenged by situations where a patient's values conflict with their own (Catalano, 1996). Having previously clarified one's values can guide nursing students or novice nurses when they find their values to be in conflict with those being role modeled by more experienced nurses.

Values clarification is a tool that is not only helpful to the nurse personally and professionally but, once learned, can be used to help patients. Nurses may be called upon to help patients identify their values. Teaching values clarification exercises to patients may help patients during value conflicts that can occur while receiving care (Grant, 1994). A nurse who understands patients' values is better able to understand the rationale behind patients' actions and help them make decisions related to their care. For example, when a patient experiences chronic pain, a nurse might conclude that the patient values comfort. The nurse can use this information to care for the patient by providing comfort measures such as deep breathing exercises or analgesics. However, at times a nurse may encounter patients whose values the nurse cannot determine or a patient may hold values that conflict with the prescribed treatment. Values clarification exercises performed with the patient can help to resolve such situations by having the patient thoroughly think through each value, its place in the patient's personal value system, and the possible consequences of certain actions (Kozier, Erb, Berman & Synder, 2004).

Effect of Values on Patient-Centered Care

Patient-centered care is a concept that has been much debated over the years. It has many names and interpretive definitions (Ishikawa, Hashimoto, & Kiuchi, 2013). However, healthcare professionals agree that it is important to keep patients as a central focus when delivering care.

Promoting the importance of patient-centered care to healthcare professionals should begin in the classroom. The Institute of Medicine (IOM, 2003) compiled a report stating clinical education needs to include the delivery of patient-centered care as a core competency in order to provide high quality and safe care to patients. According to the IOM, providing patient-centered care is an essential component to meet the needs of the health care system.

In order to provide patient centered care, nurses must first “identify, respect, and care about patient’s differences, values, preferences and expressed needs” (IOM, 2003, p.45). Nurses must also demonstrate that they value autonomy by educating their patients and by encouraging patients to participate in decision making. There must be a focus on advocating for population health, which can be tied to valuing social justice. If the foundation of providing patient-centered care is to be laid with the tenets of professional nursing values, then it is of the utmost importance that these professional nursing values not only be taught in the classroom but also are emphasized and role modeled in clinical courses.

While they are separate and distinct, these values, when practiced simultaneously, provide a seamless level of care to patients that is holistically based. According to Hudson, Haggerty, Lambert and Poitras (2011), patient-centered care:

is based on deep respect for patients as unique living beings, and the obligation to care for them on their terms. Thus, patients are known as persons in context of their own social worlds, listened to, informed, respected, and involved in their care—and their wishes are honored (but not mindlessly enacted) during their health care journey. (p. 1)

The above definition of patient-centered care manages to capture five professional nursing values covered in this review of literature. For instance, altruistic nurses manage to put patients’ needs before the nurses’ own needs by caring for patients on their terms. A nurse who values patients

as unique living beings is, in essence, valuing human dignity. When a nurse educates patients and involves patients in their own care the nurse is promoting patient autonomy. Meanwhile the nurse is simultaneously practicing nursing autonomy when the nurse makes daily decisions about how to provide care individualized to that patient. Patients' integrity is upheld when patients' wishes are respected and they are able to be true to their own values. Social justice can be seen when a nurse thoughtfully considers allocation of resources in the context of adhering to patients' wishes. Thus, it is easy to see how patient-centered care can be complimented by a set of core nursing core values.

Conclusion

Lacking a standardized list of core professional nursing values may lead to some confusion about which values nurses need to emphasize over others. It has become increasingly clear that the nursing profession would benefit from a specific set of core nursing values. This would benefit patients as values are chosen, prized, and then acted upon during values clarification, and it would benefit nurses by helping them have a clear standard set forth by the profession (Kozier, Erb, Berman, & Synder, 2004). A set of values that reflects the provisions within the ANA's (2015) *Code of Ethics With Interpretive Statements* would be beneficial in integrating the use of the *Code* by nurses in every day practice.

Chapter 3: Methodology

Overview

The purpose of this thesis is to describe nursing students' observations of the professional nursing values exhibited or violated by nurses during students' clinical rotations and to explore the meaning student nurses' assign to and extract from their observations, particularly as it relates to how students believe it will influence their own nursing practice. An interpretive phenomenological approach was chosen because this approach was most likely to help the researcher identify themes and clarify experiences to provide insight into how students use their experiences within the clinical setting to adopt a value set they may use in future clinical practice. As explained by Earle (2010), "phenomenology is currently viewed within the discipline of nursing as an alternative to empirical science that offers a discerning means for understanding nursing phenomena specifically in relation to lived experience" (p. 291). Values acquisition is inherently a lived experience that gives one's life structure and meaning. Humans learn through their role models, so values cannot be fully adopted without real life exposure to them in action.

Participants

Research participants consisted of eight volunteers from The University of Southern Mississippi-Gulf Park Campus senior nursing classes assigned to clinical locations during the fall 2016 semester. A total of eleven journal entries were submitted. Informed consent was obtained from the students prior to the start of the study. Also, participation in the research represented implied consent. Students who chose to participate were informed that they would suffer no negative repercussions if they chose to leave the study at any point. The students were enrolled in a clinical course at the time of the study.

Procedure

After gaining approval from The University of Southern Mississippi Institutional Review Board (IRB), the researcher recruited student volunteers from the two senior classes. Data collection began in September 2016 and ended December 25, 2016. The researcher fully explained the study to the participants, including an explanation of the five core professional nursing values recommended by the AACN (2008). The values were explained in order to facilitate the collection of rich data. Informed consent was obtained at this time. Students were asked to journal their experiences electronically as they occurred within the semester and to submit them to the researcher weekly via email. The study data remained confidential between the researcher and participant. The thesis advisor reviewed the study data alongside the researcher for reliability and validity purposes but was not informed of participants' names. Under the guidance of the thesis advisor, the data was analyzed according to accepted procedures for interpretive phenomenological studies.

Assumptions

The researcher undertook the study with the assumption that an adequate number of students would volunteer for the study. It was assumed that students were truthful when conveying their experiences in the clinical setting and that each experience was recounted in a timely manner in order to minimize memory disparities. It was assumed that recounting negative experiences in the clinical setting may have a cathartic effect for the students participating in the study. Finally, an underlying assumption of this research is that witnessing professional nursing values exhibited or violated in the clinical setting may influence the professional development of student nurses. Therefore, when participants explored their experiences, whether negative or positive, it was assumed they would undergo a valuable form of professional learning

Limitations

The study was limited by the researcher's lack of experience with conducting research. The desired number of participants for this study was between 7-10 nursing students. Eight students participated submitting only eleven total journal entries. It is possible that student nurses might have feared negative repercussions from instructors or nurses at clinical sites if their accounts were not kept confidential. A limitation that may have decreased the amount of data gathered was nursing students' busy lives with school, work, and personal and family responsibilities.

Chapter 4: Results

Students' experiences were submitted electronically through secure email and were then analyzed for themes by both by the researcher and the thesis advisor. Five themes, relating to nurses' values exhibited through actions and speech observed during the participants' clinical experiences, emerged from the data: 1) conversations, 2) convenience 3) truth 4) compassion, and 5) safety. These five themes each have a duality in that both negative and positive experiences are represented under each theme.

Conversations

Conversations ranged from interactions between registered nurses and patients, registered nurses and student nurses, and registered nurses conversing amongst themselves. The conversations identified were seen as having either a negative or positive impact on the participant's view of the quality of patient care being given to patients or were identified by the participant as an influence either negatively or positively on their nursing philosophy going forward.

Participant 1 described conversations by a registered nurse with her patients and with others: "She was very rude, condescending, and would frequently speak down to the patient. She was even gossiping about the patient and would talk about her right outside her room door." Participant 1 indicated that witnessing the above nurse's interactions "made me stop and think about the actions of the nurse I was following for that day." The participant stated the nurse told her "after a while, I would be doing the same thing."

Participant 2 described an experience involving a conversation while a patient was under anesthesia in the operating room. The nurses in the operating room were witnessed discussing the health condition of the patient. The exchange was described in the statement, "I believe this

was unprofessional conversation about the patients' health conditions and even worse because the patient was under anesthesia." Participant 2 noted this experience as influential to the student's future nursing practice when the participant vowed to "remember that all patients, even those who are under anesthesia are worthy of respect and dignity and should be treated with such."

Participant 7 shared an experience of overhearing several nurses discussing a patient loudly at the nurse's station:

One of the nurses described the patient as the larger woman who comes here all the time. It was not professional, nor was it an appropriate or polite way to describe anyone, especially a patient. The patient had her door open, and I believe that she may have heard the nurses talking about her.

Following a separate clinical encounter, Participant 7 described a nurse's reaction to a patient having difficulty waking up from anesthesia. The nurse "muttered under her breath that he was an "asshole" and that it was like "wrestling with a bull." Participant 7 made the observation that "all throughout the day, by the actions of the nurses that I observed, it seemed as if they were more interested in talking to each other or being on their phones as opposed to caring for their patients." Participant 7 described the day as a "bad day".

While doing a rotation in the NICU, participant 7 described the registered nurses' conversations in the following words, "I felt as if they talked to the babies as if they were conditions and not people. I know that they were babies and would not understand what was being said; however, I would not like any medical professional talking to my family members or children like the nurses were."

Participant 8 described feeling as if the registered nurse assigned to the patient was not willing to listen to the student nurse's concerns about the patient having orthostatic hypotension. This influenced participant 8's statement: "When I am a nurse, I hope a situation like this does not happen, but if it does I would listen to the student and review the patients chart before telling them they are wrong."

The conversations that emerged from within the data were not wholly negative. There were examples in which participants described nurse-patient exchanges as therapeutic. For example, participant 4 described a registered nurse and patient exchange in which the participant felt as if the nurse was delivering quality patient care:

I remember her taking the time to explain everything she did with every one of her patients in a way that they understood even though she was very busy that day (altruism). I remember we had to give one of the patients that day a soap suds enema, which can be very embarrassing for some people to have another person do to them. I feel like she respected her patient's human dignity while administering the enema ...

The nurse in the situation sought out and respected the patient's wishes. The nurse-patient exchanges in participant 4's experience with this particular nurse were positive and can be seen reflected in the statement, "I had the pleasure of meeting and shadowing an amazing nurse."

Participant 5 described a conversation that occurred between the participant and the registered nurse in which a significant experience was relayed to the student that influenced the student's philosophy of nursing:

Today the school nurse told me that one time a little girl was having a severe asthma attack (her stats were in 70s and she wasn't able to talk) and the ambulance was taking too long

to get there and the little girl did not have an inhaler at school (even though the nurse had been asking the mom to bring it to the school all semester the mom was just being non-compliant) well there was an unopened albuterol inhaler from another student in the drawer and made a personal decision to possibly lose her license and use that inhaler on the girl and save her life rather than follow the rules which would not allow her to use another student's inhaler on the girl and let her die. After the fact she had to call the mother of the little boy whose inhaler she used and the mother was completely understanding and the nurse was able to arrange the clinic to provide the boy/mom with a new free one.

This conversation held significance for participant 5 and helped mold the nursing philosophy of the participant for future actions. Participant 5 recognized the ethical dilemma the nurse faced in the situation and journaled about embracing the actions of the nurse with the intent to internalize the lesson and apply it in the future to similar scenarios. This can be seen when participant 5 stated, "If I come across an ethical dilemma that causes moral distress I will choose to save my patient's life rather than allow rules to stop me from doing so."

Participant 7 also described an experience with a registered nurse in which the participant positively described a nurse-patient exchange: "the nurse made sure to continue offering words of positivity and encouragement. She continuously told the mother how great of a job she was doing and that she was almost done." Participant 7 viewed the experience with the nurse mentioned above as a "blessing."

Convenience

Convenience was a theme that was pervasive throughout a majority of submissions. This theme was mostly seen in instances of registered nurses choosing to do the thing that made the

nurses' job easy regardless of the standard of practice or well-being of the patient. Participant 1 articulated one such experience when the participant journaled:

...the nurse acted as if it was always an inconvenience to go to this patient's room. When the patient went into distress, I had to go find the nurse and even then she told me the patient was just acting up for attention and wouldn't come.

Participant 1 went on to discuss how the nurse administered medications despite the patient's refusal rather than investigating why the patient was refusing the medications or documenting the patient's refusal. The journal submission ended with the statement "I do not ever want to be a nurse like this." Participant 1 also described an experience in which a different nurse was "in a hurry" and rushed the participant through the usual medication checks leaving the participant feeling "uncomfortable handling the medication." In this same situation the participant described the nurse "losing patience" with the participant and ultimately pressuring the participant to administer morphine undiluted saying "just push it." Participant 1 shared feeling "disappointed" about giving in to the nurse's pressure and stated "I will not ever let another nurse pressure me into another situation where it violates my integrity and dignity."

Participants 3, 4, 6, 7, and 8 all reported experiences in which they observed registered nurses not completing full assessments on patients but documenting the assessments as if they had indeed been done. This theme is closely related to the theme of truth. Assessing patients requires time. It is easy to electronically document an assessment following the charting from the nurse on the previous shift. Participant 1 elaborated on this in the statement:

I witnessed my nurse not do head-to-toe assessments on any of her patients. I walked with her to each of their rooms; however, when we went back to the nurses station, she began to document for each of the patients that she did complete the assessments. She

documented each section, using the "previous" button even though she had not touched any of her patients.

Likewise, participant 4 had a similar experience in which a registered nurse chose a course of action that was convenient but not necessarily in the best interest of the patient. This participant described how the nurse “memorized the spaces” in the electronic chart in order to document the assessments of patients faster. The nurse in question told the participant “she was timed once and was the fastest at documenting a head to toe assessment.” The participant questioned whether memorizing the spaces was appropriate stating, “but I really had to wonder how much of it she was paying attention to and was doing based on her findings.” Participant 4 shared a separate encounter working alongside a nurse “who did not pay attention to her patients.” The nurse stated “she was crazy busy” yet the participant stated “I never really saw her do anything.” Participant 6 described shadowing “the worst nurse” on one particular clinical day who appeared as if “she could care less about her job.” The participant reported the nurse saying “OMG, this charting is killing me I need some coffee.”

Participant 7 described feeling like a “burden” on the nurses and explained that:

The other nurses did not appear to want to work with me. They seemed as if they were annoyed that I was not familiar with the unit; they acted as if I was supposed to know what all they did and how to quickly connect everything that needed to be connected to the patient

Participant 7 described the nurses mentioned above as being more concerned with “talking to each other or being on their phones” and this led the participant to make the statement “I did not feel welcomed by the nurses.”

In contrast to the experiences relayed in which participants felt as if the registered nurses chose the convenient course of action rather than the right course of action, there were situations described in which nurses were seen taking the right course of action despite any inconvenience associated with it. Participant 2 witnessed a nurse break sterile field while inserting a Foley catheter on an anesthetized patient. The nurse immediately recognized the break in sterile technique and asked another nurse to retrieve a new catheter kit so the process could be restarted. This was an example of choosing to do the right thing regardless of the inconvenience of having to pause, retrieve new supplies, and begin again. Participant 4 described an experience in the emergency department where a registered nurse allowed the participant to try to start an IV. The more convenient action would have been for the nurse to start the IV, but the registered nurse allowed the student the opportunity to try. Participant 5 described a school nurse's action in administering another student's albuterol to a student having an asthma attack. This can be seen as an act of convenience but in a positive way. The nurse in that situation was seen as going out of her way to help the family when participant 5 stated "the nurse was able to arrange the clinic to provide the boy/mom with a new free one [inhaler]."

Truth

Throughout the submissions the choice to take an action for convenience often involved a lapse in truth on the registered nurse's part. These lapses in truth were seen as violations against the patient in all instances and an affront to the nursing philosophy of the participants involved. All participants observed nurses falsifying documentation in which the nurses documented care that was not actually performed. Participant 3 described a clinical experience involving untruthfulness:

This week at clinical I witnessed nurses not completing assessments on patients. I never saw the nurse that I was paired with once in the 10 hours that I was there put her stethoscope on a patient or physically touch her patient.

Participants 4, 6 and 7 similarly experienced situations in which their registered nurse preceptors lied on documentation. Participant 4 witnessed several nurses document pedal pulses in the chart of a patient that had a below the knee amputation because “they were copying what other nurses documented.” Participant 4 concluded: “I think this is another example of a nurse that was being dishonest and violating her own integrity.” Participant 2 described witnessing a registered nurse lie to a patient about why the nurse was wearing a mask.

A powerful example of a registered nurse telling the truth is found within the the submission of participant 5. Participant 5 described a conversation with a school nurse in which the nurse chose to administer a student’s unused albuterol to another student having an asthma attack. Following the incident, “she had to call the mother of the little boys [sic] whose inhaler she used and the mother was completely understanding.” The school nurse told the truth about her actions despite the fact she could get in trouble for them.

Compassion

According to Rich, compassion is “the desire to separate others from suffering and the desire for others to experience wellbeing” (as cited in Deveneau & Lundy, 2016, p. 398). Several participants experienced situations where they described nurses who appeared to lack compassion for their patients. Participant 1 related an experience with a nurse the participant described as “stonehearted.” Participant 1 stated, “she told me the patient was just acting up for attention and wouldn’t come [to see the patient].” The participant described how the nurse “forced a bipap mask on the patient” despite the patient’s wishes to the contrary telling the

patient “she would wear it if she liked it or not.” This experience led to participant 1’s observation that “the nurse did not respect the patient at all. I was baffled at how this nurse acted and was reminded of my teaching in ethics classes.” In an occurrence with a different nurse Participant 1 described an instance where a nurse failed to exhibit compassion toward the participant herself. The nurse “began to lose her patience” when the participant felt uncomfortable administering a medication.

Participant 6 formed an impression of a nurse during a clinical rotation stating, “she simply did not care about anything. She was almost obsessed with how tired she was,” which led the participant to make the observation “This nurse had no ability to focus on anything but herself and her job suffered.”

Participant 7 described a situation in which a registered nurse was having difficulty obtaining a temperature on a patient and “the nurse made a joke that we were going to have to take it a different way, implying rectally.” This statement was seen as inappropriate by participant 7. Participant 7 described another situation in which a registered nurse refused to allow the student to participate in the care of a patient with HIV even refusing to allow the participant to give something as simple as a drink to the patient. Participant 7 stated, “I was very upset that she was so adamant that I not help an individual just because he had HIV.” Participant 7 described witnessing a registered nurse tell another student nurse to try a third attempt at an IV insertion despite the student nurse feeling uncomfortable. Participant 7 stated “The head nurse had told the student that it was ‘fine’ and that the patient ‘did not feel it and had tough skin’ demonstrating a lack of compassion toward both the student who was uncomfortable and the patient who was experiencing pain. Participant 7 shared the following thoughts on the experience

saying “I did not feel as if the atmosphere was positive or warm, which made it a bad day for me.”

Participant 2 described witnessing a registered nurse lie to a patient about why the nurse was wearing a mask [see Truth]. This may be seen as an act of compassion because the nurse lied to avoid further isolating the patient who had tuberculosis. Participant 4 described how a registered nurse acted with compassion toward a patient receiving an enema:

I remember we had to give one of the patients that day a soap suds enema, which can be very embarrassing for some people to have another person do to them. I feel like she respected her patient’s human dignity while administering the enema by one asking if she could have me assist her with the procedure even though it was a private thing to have done. Second, she was very adamant about keeping the curtain closed to block the patient from view in case the door were to be opened. Lastly, she would talk to the patient during the whole procedure to help keep them reassured of the situation and that she was right there the whole time.

Participant 6 shared an experience in which a registered nurse asked the participant to help give a bed bath to a patient with “limited mental function.” Participant 6 described what occurred and the positive impact it had on the participant in the statement:

We uncover the patient and did our thing; now the cool part is the nurse immediately covered the patient up. I personally have never seen that happen and I did not even think about covering up the patient that early. We are taught to cover up exposed patients but it seems to not happen. I thought that even though this person had no way of thanking the nurse (or even realized what happened) the nurse still did the right thing.

Participant 6 described how a registered nurse in the emergency department extended compassion toward the participant's educational needs by allowing the participant the opportunity to start an IV on a patient. In the situation the participant described how the registered nurse took the pressure off the participant to facilitate success in starting the IV. Participant 7 directly identified compassion in the registered nurse's actions when the student stated, "she displayed compassion while wiping the woman's underside from a side effect of anesthesia. While she was cleaning up the mother, she did not display any disgust or annoyance in having to do what others would consider nasty."

Safety

Participant 1 described a situation in which the preceptor nurse and the student nurse have an exchange over the appropriate way to administer medications. Participant 1 described initially "succumbing to pressure when it came to diluting the medication" This situations is in reference to administering undiluted morphine despite the participant's reservations. The student indicated that as the clinical day progressed, the participant decided to adhere to the standards learned in the classroom setting. The participant's and the nurse's actions involving the morphine administration was described as being antithetical to how the participant wished to practice nursing:

Later on in the day, the patient was to receive digoxin PO. The nurse did not check the patient's heart rate and told me that I didn't need to worry about it as it was done 2 hours previous. I told her I couldn't administer the medication and remained steadfast. I will not ever let another nurse pressure me into another situation where it violates my integrity and dignity. I am disappointed in myself as I hold my personal expectations high. I shamed myself that day and I will never allow it to happen again.

Participants 3, 4, 6 and 7 described situations in which registered nurses failed to complete a head-to-toe assessment of patients but falsified documentation so that it appeared as if these critical assessments were performed. These are instances in which patient safety becomes a clear concern.

Participant 3 also described a situation that endangered the health of patients, and thus their safety, when the participant stated “not one time did I see a nurse actually wash their hands with soap and water and the amount of times that hand sanitizer was used could be counted on one hand.” Hospital acquired infections are often the result of a lapse in handwashing by hospital personnel. Participant 3 concluded, “I felt bad for the patients because I felt this violated patient right to good care.”

Participant 4 described following a nurse who “walked in circles all day” claiming to be “crazy busy” yet the participant stated “I never really saw her do anything.” Participant 4 made the observation that the nurse “did not pay attention to her patients and it was hard for me to get her to help me with any problems/questions that I had that day.” This occurrence led Participant 4 to conclude “I feel like this would disrespect all of a patient’s values because the patient would not receive the quality of care he/she deserved.”

Participant 4 experienced a lapse in safety relating back to the theme of convenience in when a nurse waited to give insulin to a patient because the patient’s blood glucose had not yet been checked by a technician. Participant 4 explained that it was after 10:00 AM when the student and the nursing instructor finally convinced the patient’s nurse to follow up on the blood glucose; and by that time, “his blood sugar reading for [sic] around 450.” Participant 1 had a similar experience in which a patient’s nurse refused to take the blood glucose levels herself because “the patient hadn’t needed insulin for the two weeks they had been there so there was no

need to check it.” Participant 1 articulated the safety issue arising from this experience with the statement: “This is not only an ethical issue but it is also a safety/malpractice issue!”

On a separate occasion, participant 1 recounted how a nurse “attempted multiple times to have me perform duties that I was not authorized to do.” This can put both the patient and student nurse in an unsafe situation.

Participant 8 described the student’s care plan preparation the day before taking care of a patient documented as having hypertension. During the clinical day, the student nurse along with a physical therapist noticed the patient’s blood pressure dropping with changes in position indicating orthostatic hypotension. The student discussed the concerns with the patient’s nurse but felt as if the concern was dismissed. Participant 8 stated:

I learned just how important it is to get a good report during change of shift because this nurse obviously didn't. I never want to be unsure of a patient’s medical history. This nurse was exactly what I DO NOT want to be. She was very rushed and missed important details. When I am a nurse, I hope a situation like this does not happen, but if it does I would listen to the student and review the patients chart before telling them they are wrong. Upon simple review, the nurse could have caught her mistake.

Participant 2 presented an example of a positive experience involving safety when the participant described a nurse breaking the sterile field while inserting a Foley catheter. The nurse immediately recognized the break in sterility and asked another nurse to obtain a new kit to begin again. The nurse can be seen in this experience as having the safety of the patient foremost in mind by being vigilant about sterile technique to prevent a nosocomial infection. Participant 2 stated in response, “I was also relieved that even experienced nurses can break sterile field” and went on to state the internalized lesson from the experience saying, “I will keep this clinical

experience with me and remember that it's okay if sterile field is broken as long as you report it instead of hiding it.”

Chapter 5: Discussion

The purpose of this senior honors thesis is to describe nursing students' observations of professional nursing values exhibited or violated by nurses during student's clinical rotations and to explore the meaning student nurses' assign to and extract from their observations, particularly as it relates to how students believe it will influence their own nursing practice. An underlying assumption of this research is that witnessing professional nursing values exhibited or violated in the clinical setting may influence the professional development of student nurses. The participants discussed how witnessing behavior by registered nurses influenced how they wished to nurse their future patients. This echoes the findings in a study by Felstead and Springett (2016) suggesting there is strong evidence that modeled behavior in the clinical setting is a good predictor of the future behavior by student nurses entering the career field.

There is no one, primary set of professional values universally accepted in nursing. However, a composite of the values extracted from well-respected sources in nursing include the list below. The participants in the study indirectly addressed a number of these values.

- Responsibility to the patient
- Respecting patients' dignity
- Respecting and exercising autonomy (relevant to both patients and nurses)
- Maintaining integrity (nurses)
- Developing trusting patient – nurse relationships
- Protecting and advocating for patients
- Maintaining patient confidentiality
- Preserving nurses' own well-being (self-care)
- Exhibiting altruism

- Upholding the principle of social justice
- Displaying concern for the welfare and well-being of patients
- Exhibiting nurturing and, often, selfless actions toward patients
- Providing patient-centered care

Participants described registered nurses engaging in conversations that violated the dignity of the patient. Participant 7 described an encounter in which a nurse was seen being verbally abusive towards a patient and at one time even calling the patient an “asshole.” This exchange was unprofessional and a clear violation of professional standards (ANA, 2015). The participant recognized the immorality of the nurse’s actions and viewed the conversation as a negative example of how nurses should act in the clinical setting. Therapeutic communication between nurses and patients is essential to patient – nurse trust and thus will lead to better patient outcomes (Kourkouta & Papathanasiou, 2014).

Conversations between student nurses and registered nurses in the preceptor role during the clinical experience should also remain respectful and encouraging so that a good learning environment is established (Hayajneh, 2011). Participant 5 described a conversation between the participant and a nurse that resulted in a positive learning opportunity for the participant. Participant 5 described the conversation as influencing the participant’s future nursing actions if the participant were to ever encounter a similar situation to the one observed.

There were several experiences in which participants felt as if the nurses violated the dignity of patients by “gossiping” or having conversations with other registered nurses discussing patients who were at times within earshot of the conversation. Participant 1 described one such experience relating how afterward the nurse stressed to the participant that the participant would act the same way on entering the profession. This experience can be viewed as

an opportunity for the participant to reject or accept the actions of the precepting nurse as congruent with the nursing philosophy the participant wishes to implement into practice. This experience is not only an assault on the dignity of the patient but can also be seen as a lack of integrity by the nurse who participates in such conversations. It is essential that registered nurses strive to role model appropriate behavior during conversations with their peers so that student nurses can internalize the witnessed behavior into future nursing practice. This includes not engaging in conversations that violate patient's right to privacy and confidentiality as these conversations can erode patient trust. Discussing a patient outside the context of delivering care to that patient can also violate the dignity of the patient in question (Erlen, 2008). It also clearly violates the values set out within the *Code of Ethics* (ANA, 2015). Participant 2 described an experience in which nurses were overheard discussing an anesthetized patient. Participant 2's statements about the experience seem to convey a particular sensitivity to the vulnerability of the patient while anesthetized whose dignity was perceived to be violated by the nurses in the room.

Participant 7 reported a similar instance where nurses were observed gossiping about a patient in the hall while the patient was within hearing range with their door open. The one nurse commented on the patient's size. This occurrence is an example of how nurses can easily cause damage to a patient's sense of dignity with a simple overheard comment. From this experience the themes of conversations and compassion are relevant. The conversation was clearly inappropriate, the nurses involved lacked integrity and the nurse's words lacked compassion and a respect for the dignity of the patient. As explained by Somerville (2014), human dignity must be upheld for optimum healing to take place. This is facilitated by rejecting labels that coworkers may place upon a patient and instead embracing and protecting the humanity of that patient.

The theme of convenience was seen underlying many of the situations described in the submissions. Participants reported registered nurses choosing actions based on whether or not the action was seen as convenient and acceptable to the nurse. Participants reported that registered nurses often appeared to not want to care for their patients or relied on others such a technician to accomplish tasks such as accuchecks. Often in these experiences participants are describing a lack of altruism on the part of the nurse. Altruism is a value that is often seen as synonymous with the nursing profession (Milton, 2012). However, often this value is something that nurses aspire to but many of the nurses do not fully succeed in displaying this characteristic. Participants in this study found this to be the case in situations where the nurse was seen as uncaring or unreceptive to patient needs. The nurses demonstrated a lack of compassion, which is a common theme identified throughout the journals. Participants described the nurse they shadowed brushing off the concerns of the student nurse because they considered the patient in question to be demanding and unworthy of their time. This is an example of the nurse in question prioritizing self before patients, and displaying a lack of patient-centered care, in direct opposition to the value of altruism. It is also an example of the nurse not valuing that patient's voice which is an affront to the autonomy of the patient (ANA, 2015). These actions can also be a result of the nurse in question finding the patient's needs inconvenient.

Nurses are seen as advocates for patients and thus instrumental to protecting the autonomy of the patient. This is seen when nurses educate patients as it facilitates informed decision making. It is also seen when nurses respect patient's decisions. Patients should have the ultimate voice in their health care decisions and if they cannot be heard, nurses should be the megaphone to promote this autonomy. Participants in this study reported nurses disregarding patient's wishes and recognized it as a violation of patient autonomy. These experiences are also

associated with the theme of convenience. Nurses who are in a rush may find it inconvenient to take the time to educate patients or give them the opportunity to participate in decision making regarding their care. Participants that witnessed such a violation expressed feeling distressed by such an occurrences and a resolve to be unwilling to participate in similar actions in their own nursing practice. Meanwhile, a student reported an instance in which a nurse promoted the autonomy of a patient by asking the patient to voice his or her preferences in an aspect of care. The participant noted this action as promotion of patient autonomy and appeared impressed by the thoughtfulness of the nurse. This experience likewise may influence the future practice of the participant who witnessed it (Brown, Stevens, & Kermode, 2012)

The theme of truth is prevalent throughout the submissions and is closely tied to the value of integrity. Among participants of this study, a lack of integrity was seen as the most reoccurring value among the identified themes. These occurrences stemmed from situations in which a nurse was seen to lack integrity either by falsifying documentation or in experiences where registered nurses did not provide the standard of care for patients but presumably documented it as if they had, which is a matter of safety. It can be presumed that an element of inconvenience led to the occurrences because perhaps it was more convenient to lie and falsify documents than to do the work required to be able to tell the truth. A patient who has not had an adequate assessment is less safe than one who has been properly assessed (Douglas, Windsor, Osborne, Gardner, Booker & Fox, 2016).

One particular incident of note regarding a witnessed account of integrity being role modeled by a clinical nurse came from an incident in which the nurse broke sterile field and immediately reported it. This occurrence deeply influenced the participant who felt afterwards as if it was acceptable to make mistakes as long as the person making the mistake has the integrity

to admit what happened, take corrective steps, and maintain patient safety. This occurrence demonstrated to the participant that while it may have been inconvenient to tell the truth it was essential that the nurse did so to maintain integrity as well as, most importantly, the safety of the patient (Association of PeriOperative Registered Nurses, 2014).

In defining compassion in nursing Hudacek (2008) stated, “compassion requires nurses to go beyond hands-on skills and techniques and focus on alleviating suffering and pain through empathic concern. Compassion requires that nurses be present emotionally and physically” (p. 126). Therefore, a respect for the inherent dignity of the patient is integral to the fostering and adoption of compassionate care within the nursing profession. Human dignity was reported by participants as a value emphasized through action by nurses and also at times something that was not protected depending on the clinical nurse being observed. For instance, nurses were seen protecting a patient’s dignity by ensuring privacy during a procedure or providing modesty during a bed bath while other nurses lacked compassion and were seen violating the dignity of a patient by joking about inserting a rectal thermometer when an axillary temperature could not be detected (ANA, 2015).

Participant 1 described an experience in which the theme of safety can be extracted. The participant described learning in the classroom to dilute morphine but being pressured in the clinical setting to administer the morphine undiluted. This is a clear violation to the right of safety that each patient deserves. The participant described caving to the pressure exerted by the nurse with the morphine but feeling shame afterwards. The participant was told by the nurse that the participant would soon act like this in practice. The participant rejected the philosophy of this nurse and refused to administer a medication to another patient later in the day that was against the standards of practice taught in her nursing school curriculum. The experience that

participant 1 described between the registered nurse preceptor and the student nurse could have ended very differently. The student nurse could have rejected the classroom teachings and embraced the actions and words of the nurse in the clinical setting, but instead, the participant viewed the experience as a motivation to uphold her ethical teachings. The experience is a clear representation of how nursing philosophy is shaped both in the classroom as well as in the clinical setting. An experience was described by Participant 8 in which the safety of the patient was at risk because the nurse did not know pertinent details about the patient. The participant emphatically stated a resolution to never act like the nurse in question upon entering the profession. This experience had a clearly articulated influence on participant 8's nursing philosophy going forward.

Conclusion

The themes identified in this project reflect the importance that clinical experiences and, in particular, the behavior modeled by registered nurses in the clinical setting has on the development of the participants emerging nursing philosophies. Nursing students witnessed professional nursing values exhibited and or violated by nurses within the clinical setting. Integrity, human dignity, altruism, and autonomy were some of the common values identified amongst the themes. A majority of the negative experiences were grounded in the theme of truth and called into question the integrity of the nurses. A great portion of the positive experiences were described as ones in which nurses promoted or protected the dignity of the patients which falls under the theme of compassion. Many participants described how these experiences led them to decide to adopt or reject these witnessed actions in their future nursing practice. This suggests that clinical education is a fundamental building block for the development of a professional identity in nursing school. More research is needed to understand how the clinical

experience influences the development of a nursing philosophy and how these experiences can be improved for the professional development of future generations of nurses.

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Appendices

Appendix A: IRB Approval Letter



INSTITUTIONAL REVIEW BOARD

118 College Drive #5147 | Hattiesburg, MS 39406-0001

Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 16082906

PROJECT TITLE: Professional Nursing Values: Accounts of the Witnessed

PROJECT TYPE: New Project

RESEARCHER(S): Ashley Costello

COLLEGE/DIVISION: College of Nursing

DEPARTMENT: Collaborative Nursing Care

FUNDING AGENCY/SPONSOR: N/A

IRB COMMITTEE ACTION: Expedited Review Approval

PERIOD OF APPROVAL: 09/06/2016 to 09/05/2017

Lawrence A. Hosman, Ph.D.

Institutional Review Board

Appendix B: Participant Consent Form



INSTITUTIONAL REVIEW BOARD SHORT FORM CONSENT

SHORT FORM CONSENT PROCEDURES
<p>This document must be completed and signed by each potential research participant before consent is obtained.</p> <ul style="list-style-type: none"> All potential research participants must be presented with the information detailed in the Oral Procedures before signing the short form consent. The Project Information section should be completed by the Principal Investigator before submitting this form for IRB approval. Copies of the signed short form consent should be provided to all participants. The witness to consent must be someone other than the Principal Investigator or anyone else on the research team. <p style="text-align: right; font-size: small;">Last Edited July 22nd, 2014</p>

Today's date: _____	
PROJECT INFORMATION	
Project Title: Professional Nursing Values: Accounts of the Witnessed	
Principal Investigator: Ashley Costello	Phone: 908-910-0894 Email: ashley.costello@usm.edu
College: USM Gulf Park College of Nursing	Department: Collaborative Nursing Care
CONSENT TO PARTICIPATE IN RESEARCH	
<p>Participant's Name: _____</p> <p>Consent is hereby given to participate in this research project. All procedures and/or investigations to be followed and their purpose, including any experimental procedures, were explained. Information was given about all benefits, risks, inconveniences, or discomforts that might be expected.</p> <p>The opportunity to ask questions regarding the research and procedures was given. Participation in the project is completely voluntary, and participants may withdraw at any time without penalty, prejudice, or loss of benefits. All personal information is strictly confidential, and no names will be disclosed. Any new information that develops during the project will be provided if that information may affect the willingness to continue participation in the project.</p> <p>Questions concerning the research, at any time during or after the project, should be directed to the Principal Investigator using the contact information provided above. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-5997.</p>	
_____ Research Participant	_____ Witness to Consent
_____ Date	_____ Date