

## The Relation between Professional Values and Nursing Practice Environment

Nadia Hassan Ali Awad<sup>1</sup>, HodaAbdouAbd El-Monem El-Deeb<sup>2</sup>,  
Wafaa Hassan Ali Awad<sup>2</sup>

<sup>1</sup> (Nursing Administration Department, Faculty of Nursing/ Alexandria University, Egypt)

<sup>2</sup> (Medical-Surgical Department, Faculty of Nursing/ Alexandria University, Egypt)

EdmonFremon St. Smouha, Alexandria 21527, Egypt

Corresponding Author: Nadia Hassan Ali Awad

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**Abstract:** Today, nurses are required to be aware and have knowledge concerning professional values and standards to provide safe and high-quality ethical care. Nursing professional values are considered to be vital to professional nursing practice. Especially, Medical-Surgical Nurses are obligated to ensure that care provided is go in the same line with the professional values and engage in ongoing professional development to adapt with new technological advances. For this reason they need to practice in a healthy work environment. **Aim:** This study aims to assess professional values and nursing practice environment as perceived by Medical-Surgical Nurses. Also, determine the relation between professional values and nursing practice environment. **Method:** the study was conducted in all Medical-Surgical Units at one of Alexandria University Hospitals. A convenient sample was elicited including all nurses working in the previous mentioned setting (N = 200). Two tools were adopted and used to collect the necessary data; tool (1): The Nurses Professional Values Scale revised (NPVS-R) and tool (2): Revised Nursing Work Index (NWI-R). **Results:** The findings of the study clarified that the nurses perceived moderate mean percent score of overall nursing professional values and low mean percent score of overall nursing practice environment. There was a positive significant relation between professional values and nursing practice environment. Also, approximately 65% of the explained variance of nursing professional values is related to nursing practice environment. **Recommendation:** the findings of this study lead to the following recommendations; provide educational program to Medical-Surgical Nurses to update and increase their knowledge about professional values. Also, the hospital administrator should enhance nurses' participation in hospital affairs through encouraging their participation in decision making, providing adequate resources, encouraging and sustaining collegial relationship. In addition, develop skills for their leaders through conducting leadership training program. **Keyword:** Medical-Surgical Nurses, professional values, nursing practice environment.

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Date of Submission: 29-11-2018

Date of acceptance: 12-12-2018

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### I. Introduction

Nursing is a discipline rich in values. Medical-surgical nurses provide better patient's care by engage in ongoing professional development and practice in a healthy work environment. The public's trust and their right to have human health care are upheld by professional nursing practice. Medical-Surgical Nurses have an obligation to assure that care provided is congruent with the professional values<sup>1</sup>. In nineteenth century, Florence Nightingale realized that nursing isn't just scientific knowledge and technical skills, but a profession founded on specific human values<sup>2</sup>. Weis and Schank (2009)<sup>3</sup> define professional values as "standards for action that are accepted by the practitioners and professional group to provide a framework for evaluating beliefs and attitudes that influence behavior".

Again, professional values are defined as encouraging standards of action that are favorable by professional practitioners and provide a framework for evaluating behavior<sup>4</sup>. Furthermore, they are considered a source to enhance nurses' ethical competencies and dealing with ethical issues in the present era<sup>5</sup>. In addition, they are necessary to reinforce nurses' professional identity, performance, increase the quality of patients care, nurses' occupational satisfaction, their retention and organizational commitment<sup>6, 7</sup>. Weis and Schank (2009, 2006)<sup>3, 8</sup> classified nursing professional values into five values caring, activism, trust, professionalism, and justice. Caring is considered the cornerstone to nursing practice<sup>9</sup>. It is a broader concept than caregiving and includes the role of a direct care provider, but it is not limited to the nurses' responsibility to patients having a concern of which affects the welfare of another<sup>10</sup>. Activism emphasized on external forces and the dynamic component of the profession through which the nurse can impact professional change and in turn patient care. Trust; this value reflected hallmarks of a professional, the nurses duty is to ensure the value of veracity to

patients. Professionalism is referred to the conduct/qualities and characteristic of a professional. Finally, justice dealt with regard for patients and reflecting equality and diversity issues<sup>8</sup>.

In this sense, nurses require suitable working environment that support and promote their professional values<sup>11</sup>. For decades, quality of the nursing practice environment has been associated with nurse recruitment and retention and quality patient outcomes<sup>12-14</sup>. In addition, the presence of certain characteristics in professional nursing practice environments reinforces the development of professionals and creates safe practices<sup>15</sup>. Lake and Friese (2006)<sup>15</sup> define nurse practice environments as “the organizational characteristics of a work setting that facilitate or constrain professional nursing practice. Shaping nursing practice environments enhance desired outcomes<sup>16</sup>. Aiken and Patrician (2000)<sup>17</sup> classified professional nursing practice environment into five dimensions; nurse participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership and support of nurses; staffing and resource adequacy; and collegial nurse physician relations.

Nurse participation in hospital affairs refers to the opportunities for staff nurses to play an active role in hospital activities, nursing committees and hospital policy decisions<sup>18</sup>. Nurses are one of powerful resources of health care system<sup>19</sup>. They have essential role in development and progress of health services. So, their participation in decision making progress of their own affairs and omission of unnecessary roles have an impact on their effectiveness accordingly<sup>20</sup>. Laschinger et al. (2003)<sup>21</sup> and Upenieks (2003)<sup>22</sup> illustrated that participation in hospital affairs is focused on creating an empowering work environment. Empowerment is described as the perception of being involved and supported, having access to opportunities, resources and power within an organization (Hayes et al., 2006)<sup>23</sup>.

Nursing foundation of quality of care reflected by whether hospitals provide preceptor system, in-service training, and continuing education programs for nurse self-development<sup>18</sup>. Kramer and Schmalenberg (2008)<sup>24</sup> specified that foundation for quality of care is focused on the freedom to act on the best interests of the patient to make independent clinical decisions in nursing discipline and interdependent decisions with other disciplines. Nurse Manager Ability, Leadership and Support of Nurses; Zori et al. (2010)<sup>25</sup> revealed that the nurse manager can directly influence the practice environment by applying critical thinking skills to develop relationships and solve problems. In addition, the nurse leader assist in developing shared values and culture, creating a sense of community, and articulating a vision for the future, all of these contribute to a positive practice environment. Leadership support is essential to secure resources to create the best work environment for nursing practice. Also, it reflects to whether the supervisory staff is supportive of the nurse practice<sup>26</sup>. Staffing and resource adequacy focuses on whether hospitals have enough nursing staff and resources to provide quality of patient care. Finally, collegial nurse-physician relations are concerned with working relationships between physicians and nurses<sup>18</sup>.

**Significant of study;** Nurses especially in Medical-Surgical Units are expected to provide physical, social, and psychological care that should be moral and ethical as well. The new rapid changes caused by technology can influence these values, and therefore professional and ethical standards must be set to fulfill professional obligations. New evidence has shown that these standards and values are not fully respected by most of the nurses 27-30. Also, most nurses are aware of ethical issues, but they do not use them in their clinical practice.

## **II. Material And Methods**

This study aims to assess professional values and nursing practice environment as perceived by Medical-Surgical Nurses. Also, examine the relationship between professional values and nursing practice environment as perceived by Medical-Surgical Nurses.

### **Research Questions:**

What is the nurses' perception of professional values and nursing practice environment?

What is the relation between professional values and nursing practice environment?

**Research Design:** A descriptive correlational research design was used to conduct this study.

**Setting:** the study was conducted in Medical Surgical units at one hospital of Alexandria University Hospitals

**Subject:** A convenient sample was elicited including all Medical-Surgical Nurses (N = 200) who were available at the time of data collection, and agreed to participate in this study. They were classified as; bachelor degree on nursing science (n=25), technical health institute (n=22), and secondary nursing diploma (n=153).

**Tools:** Two tools were used and adopted to collect the necessary data

**Tool (1):** The Nurses Professional Values Scale revised (NPVS-R), was developed by Weis and Schank (2000)<sup>4</sup> and revised (2009)<sup>8</sup> to measure professional nursing values based on the American Nurses Association Code of Ethics for Nurses (2001)<sup>32</sup>. NPVS-R includes 26 items classified into four dimensions namely: caring (9 items), activism (5 items), trust (5 items), professionalism (4 items) and justice (3 items) based on the nine provisions of the Code of Ethics for Nurses (ANA, 2001). Each item of the NPVS-R contains a brief expressive statement that reflects the interpretive statements of the Code of Ethics of the ANA. The response was measured through 5

point likert scale ranging from (1) not important to (5) very important. Possible scores range from 26 to 130 points, with higher scores indicating higher levels of importance. High mean percent score (66.7-100%), moderate mean percent score (33.4- 66.6%), and low mean percent score (0- 33.3%).

**Tool (2):** Revised Nursing Work Index (NWI-R). It was developed by Aiken and Patrician (2000)<sup>17</sup> to measure the presence of certain characteristics in the working environment that contribute to the professional practice of nurses. It consists of 31 items divided into five dimensions: Nurse Participation in Hospital Affairs (9 items); Nursing Foundations for Quality of Care (10 items); Nurse Manager Ability, Leadership and Support of Nurses (5 items); Staffing and Resource Adequacy (4 items); and Collegial Nurse-Physician Relations (3 items). The response was measured through five point likert scale ranging from (1) strongly disagree to (5) strongly agree. The overall scoring system ranging from 31 to 155; the higher score indicating better nursing practice environment. High mean percent score (66.7-100%), moderate mean percent score (33.4- 66.6%), and low mean percent score (0- 33.3%). In addition, socio-demographic and work related data was developed by the researcher, related to age, gender, educational level, units, and years of experience.

### **III. Methods**

An official letter from Alexandria faculty of Nursing was submitted to hospital administrators of the study setting and written approval was obtained. Also, an approval was obtained from Ethical Committee at Faculty of Nursing, Alexandria University; the researchers explained the aim of the research to all participants. The privacy, confidentiality of data and anonymity were maintained and assured by obtaining participants' informed consent to participate in the research before data collection. The study tools were translated into Arabic tested for their content validity by a panel of five experts in the field of study accordingly, the necessary modifications were done. Also, the tools were tested for internal reliability using Cronbach's alpha correlation coefficient. The results proved two tools reliable with a correlational coefficient  $\alpha = 0.85$  and  $0.92$  for nursing practice environment and nurses professional values scale revised (NPVS-R) questionnaire respectively, while the statistical significance level was set at  $p < 0.05$ .

A pilot study was conducted on 20 nurses (10%) who were excluded from the study subjects to ensure the clarity and applicability of tools and estimate the time required to complete the study questionnaires. In the light of the findings of the pilot study, no changes occurred in the final tools.

#### **Data collection:**

The questionnaires were distributed by the researchers to nurses who agreed to participate in the study. Each nurse took about 15 minutes to complete the questionnaires after given the complete instructions. Data were collected from nurses using the questionnaires in 6 months.

#### **Data analysis:**

Data were coded by the researchers and statistically analyzed using Statistical Package for the Social Science (SPSS) version 16. Cronbach's alpha correlation coefficient was used to test study's tools for internal reliability. Frequency and percentages were used for describing demographic and professional characteristics. Arithmetic mean and standard deviation (SD) were used as measures of central tendency and dispersion, respectively, for quantifying variables under the study.

Pearson correlation coefficient analysis ( $r$ ) was used to test the nature of the relationship between nursing practice environment and their professional values. Linear Regression analysis ( $R^2$ ) was used to test the predictive power of independent variables on the dependent variable.  $R^2$  change was tested with F-test. A significant F value for  $R^2$  meant that the variables added significant prediction. The nonnormality of the dependent variable was confirmed using the Kolmogorov-Smirnov test ( $p < 0.000$ ). P values  $< 0.05$  were considered significant. Pearson correlation coefficient ( $r = 0.1$ ) indicates a weak relationship,  $r = 0.3$  indicates a moderate relationship, and  $r = 0.5$  indicates a strong relationship.

### **IV. Result**

Table (1): Frequency Distribution of Socio-Demographic Characteristics among the studied nurses, it is clear that more than half of them working in surgical units (58.5%) however, (44.5%) working medical units. More than half of them (55 %) were in the age group of 40–50 years old. More than two third of them (76.5%) held secondary nursing diploma degree. While, 48 % had from 5-10 years of experience. Also, the majority of them (90.5%) were married.

**Table (1):** Frequency Distribution of Socio-Demographic Characteristics among the studied nurses (n = 200)

Socio-Demographic Characteristics		No.	%
Age	Less than 20 years	16	8.0
	From 20 to less than 30 years	15	7.5
	From 30 to less than 40	48	24.0
	From 40 to less than 50 years	110	55.0
	50 years and more	11	5.5
Unit	Medical	117	58.5
	Surgical	83	41.5
Educational preparation	B S C	25	12.5
	Technical health institute	22	11.0
	Diploma	153	76.5
Years of experience	Less than 1 year	30	15.0
	From 1 to less than 5 years	58	29.0
	From 5 to less than 10 years	96	48.0
	From 10 to less than 15 years	12	6.0
	From 15 years and more	4	2.0
Marital status	Single	3	1.5
	Married	181	90.5
	Widow	14	7.0
	Divorced	2	1.0

Table 2 illustrates that the majority of nurses perceived moderate mean percent score of overall nursing professional values ( $63.57 \pm 1.30$ ) represented in all dimensions in the following ordered trust ( $79.65 \pm 3.03$ ), activism ( $65.45 \pm 8.44$ ), caring ( $61.60 \pm 7.60$ ), justice ( $53.21 \pm 7.12$ ), and professionalism ( $52.87 \pm 6.42$ ).

**Table (2):** Descriptive analysis of the studied nurses according to nursing professional values (n = 200)

	Min. – Max.	Mean ± SD.	Mean ± SD (%)
<b>Caring</b>	<b>25.0 – 37.0</b>	<b>31.18 ± 2.74</b>	<b>61.60 ± 7.60</b>
<b>Activism</b>	<b>14.0 – 19.0</b>	<b>18.09 ± 1.69</b>	<b>65.45 ± 8.44</b>
<b>Trust</b>	<b>15.0 – 21.0</b>	<b>20.93 ± 0.61</b>	<b>79.65 ± 3.03</b>
<b>Professionalism</b>	<b>7.0 – 13.0</b>	<b>12.46 ± 1.03</b>	<b>52.87 ± 6.42</b>
<b>Justice</b>	<b>7.0 – 11.0</b>	<b>9.38 ± 0.85</b>	<b>53.21 ± 7.12</b>
<b>Overall nursing professional values</b>	<b>87.0 – 95.0</b>	<b>92.11 ± 1.36</b>	<b>63.57 ± 1.30</b>

High mean percent score (66.7-100%)  
 Moderate mean percent score (33.4- 66.6%)  
 Low mean percent score (0- 33.3%).

Table 3 reveals that the majority of nurses perceived low mean percent score of overall nursing practice environment ( $32.12 \pm 20.15$ ) represented in all dimensions in the following ordered collegial nurse-physician relationship ( $44.46 \pm 14.86$ ), nurse foundation for quality of care ( $35.17 \pm 19.22$ ), nurse manager ability, leadership and support of nurses ( $33.60 \pm 18.59$ ), staffing and resource adequacy ( $27.69 \pm 20.72$ ), and nurse participation in hospital affairs ( $25.75 \pm 27.18$ ).

**Table (3):** Descriptive analysis of the studied nurses according to nursing professional environment (n = 200)

	Min. – Max.	Mean ± SD	Mean ± SD (%)
Nurse participation in hospital affairs	10.0 – 37.0	18.27 ± 9.78	25.75 ± 27.18
Nursing foundations for quality of care	17.0 – 40.0	24.07 ± 7.69	35.17 ± 19.22
Nurse manager ability, leadership and support of nurses	7.0 – 20.0	11.72 ± 3.72	33.60 ± 18.59
Staffing and resource adequacy	5.0 – 17.0	8.43 ± 3.32	27.69 ± 20.72
Collegial nurse-physician relationships	6.0 – 13.0	8.34 ± 1.78	44.46 ± 14.86
Overall nursing practice environment	50.0 – 121.0	70.83 ± 24.99	32.12 ± 20.15

High mean percent score (66.7-100%)  
 Moderate mean percent score (33.4- 66.6%)  
 Low mean percent score (0- 33.3%)

Table 4 shows a highest positive significant correlation between overall nursing practice environment and nursing professional values dimensions except trust dimension. This table also reveals a strong positive significant correlation between overall nursing practice environment and overall nursing professional values where  $r = 0.604$ ,  $p < 0.001$ .

**Table (4):** Correlation between nursing practice environment and nursing professional values (n = 200)

% score		Caring	Activism	Trust	Professionalism	Justice	Overall nursing professional values
Nurse Participation in Hospital Affairs	r	0.916*	0.956*	0.081	0.824*	0.914*	0.611*
	p	<0.001*	<0.001*	0.253	<0.001*	<0.001*	<0.001*
Nursing Foundations for Quality of Care	r	0.910*	0.956*	0.067	0.843*	0.907*	0.582*
	p	<0.001*	<0.001*	0.347	<0.001*	<0.001*	<0.001*
Nurse Manager Ability	r	0.852*	0.881*	0.013	0.780*	0.831*	0.557*
	p	<0.001*	<0.001*	0.853	<0.001*	<0.001*	<0.001*
Staffing and Resource Adequacy	r	0.849*	0.897*	0.043	0.761*	0.837*	0.549*
	p	<0.001*	<0.001*	0.549	<0.001*	<0.001*	<0.001*
Collegial nurse-physician relationships	r	0.749*	0.790*	0.087	0.744*	0.733*	0.428*
	p	<0.001*	<0.001*	0.221	<0.001*	<0.001*	<0.001*
Overall nursing practice environment	r	0.932*	0.975*	0.062	0.852*	0.924*	0.604*
	p	<0.001*	<0.001*	0.381	<0.001*	<0.001*	<0.001*

r: Pearson coefficient

\*: Statistically significant at  $p \leq 0.05$

Table 5 reveals regression coefficient value between dimensions of nursing practice environment as independent variables and nursing professional values as a dependent variable where  $R^2 = 0.647$ . This means that approximately 65% of the explained variance of nursing professional values is related to nursing practice environment and the most prominent two factors affecting professional values are nurse participation in hospital affairs and staffing and resource adequacy where the model is significant ( $F = 42.547^*$ ,  $p < 0.001$ ).

**Table (5):** Multivariate Linear regression for factor affecting nursing professional values

Nursing practice environment	B	SE	Beta	t	P
Nurse Participation in Hospital Affairs	0.746	0.110	1.705	6.802*	<0.001*
Nursing Foundations for Quality of Care	0.635	0.105	1.472	6.055*	<0.001*
Nurse Manager Ability	0.499	0.109	1.447	4.554*	<0.001*
Staffing and Resource Adequacy	0.742	0.091	1.594	8.142*	<0.001*
Collegial nurse-physician relationships	0.272	0.093	0.758	2.939*	0.004*
R <sup>2</sup> =0.647, SE=0.28, F=42.547*, p<0.001*					

R: coefficient of regression

B: Unstandardized Coefficients

SE: Estimates Standard error

Beta: Standardized Coefficients

t: t-test of significance

F,p: F and p values for ANOVA test

\*: Statistically significant at  $p \leq 0.05$

Table 6: reveals that there was no statistical significant difference between socio-demographic characteristics and nursing professional values. On the other hand, it can be seen that there was no statistical significant difference between nursing practice environment and socio-demographic characteristics except in relation of educational qualification and years of experience. Where, it is noticed that nurses who hold bachelor degree of nursing science perceived highest mean percent score ( $46.19 \pm 24.53$ ) of professional nursing practice environment. However, who hold associate degree perceived low mean percent score ( $27.86 \pm 17.11$ ). As regarding, years of experience it is obvious that nurses who had from 10 to less than 15 years of experience illustrates the highest mean ( $48.32 \pm 24.7$ ). While, nurses who had 15 to more years of experience express low mean ( $21.57 \pm 3.25$ )

**Table (6):** Relation between nursing professional values, nursing practice environment and demographic data

	Nursing Professional values Mean $\pm$ SD.	Nursing practice environment Mean $\pm$ SD.
Age		
Less than 20 years	63.52 $\pm$ 0.89	26.92 $\pm$ 17.16
From 20 to less than 30 years	63.85 $\pm$ 1.08	32.47 $\pm$ 19.33
From 30 to less than 40	63.48 $\pm$ 1.16	29.69 $\pm$ 19.62
From 40 to less than 50 years	63.57 $\pm$ 1.44	33.24 $\pm$ 20.50
50 years and more	63.64 $\pm$ 1.35	38.56 $\pm$ 24.40
F(p)	0.233 (0.920)	0.806(0.523)
Unit		
Medical	63.70 $\pm$ 1.37	32.76 $\pm$ 20.57
Surgical	63.38 $\pm$ 1.18	31.21 $\pm$ 19.64
t(p)	1.716(0.088)	0.536(0.593)
Educational preparation		

B S C	63.73 ± 1.56	46.19 ± 24.53
Associate degree	63.29 ± 0.70	27.86 ± 17.11
Diploma	63.58 ± 1.33	30.43 ± 18.92
F(p)	0.713(0.492)	7.601*(0.001*)
Years of experience		
Less than 1 year	63.69 ± 1.0	29.49 ± 18.49
From 1 to less than 5 years	63.56 ± 1.18	28.52 ± 18.22
From 5 to less than 10 years	63.49 ± 1.36	33.53 ± 20.64
From 10 to less than 15 years	64.26 ± 1.83	48.32 ± 24.70
From 15 years and more	62.50 ± 1.36	21.57 ± 3.25
F(p)	1.692 (0.153)	3.041*(0.018*)
Marital status		
Single	63.46 ± 0.96	36.56 ± 27.73
Married	63.54 ± 1.31	31.94 ± 20.03
Widow	63.94 ± 1.40	34.91 ± 22.69
Divorced	63.46 ± 0.0	21.77 ± 0.0
F(p)	0.418(0.740)	0.315(0.815)

t, p: t and p values for Student t-test

F,p: F and p values for ANOVA test

## V. Discussion

In an era of ever-increasing ethical dilemmas in health care, professional value development is essential<sup>33</sup>. Professional values are considered more crucial to nursing practice. The acquisition and internalization of values espoused by the profession are basic to professional development and a framework on which expectations and standards can be developed<sup>7</sup>. Consequently, nurses are required an environment that support and enhance practicing these professional values<sup>10</sup>. In this respect, the present study revealed that there was a positive significant correlation between professional values and nursing practice environment and approximately 65% of the explained variance in nursing professional values is related to nursing practice environment. This may be due to that, empowering nurses and allowing them to participate in decision making, presence of good leaders that provide nurses with support and allowing them to practice with high degree of autonomy. In addition, to providing adequate number, skill mix of nursing personnel and sufficient resources creates a suitable working condition that support practicing.

These results similar to, American Association of Colleges of Nursing (2002)<sup>34</sup> reported that the availability of specific characteristics in professional nursing practice environments can sustain the development of professionals and encourage safe practices. Also, Brooten and Youngblut (2006)<sup>35</sup> clarified that professional practice environment supports nurses to function at the highest scope of clinical practice. Not surprisingly, that nurses are most frequently exposed to ethical concerns centered on protecting patients' rights as this is one of the basic tenets of the profession. In this respect, the present study revealed that the majority of nurses perceived moderate professional values. This result may be related to that nurse's act as a caring for patients through protecting their rights, privacy, confidentiality and advocate for patient. In addition, they have responsibility for meeting health needs of the culturally diverse population. However, they are lacking in participate in activities of professional nursing associations, developing policies that affect their own practice, participate in and implementing research finding in the practice.

Furthermore, they lack in seek additional education to update knowledge, skills and career advancement. Also, the organization not permits them to participate in decision making and deficiency of needed resources. This result supported by the same result as nurses perceived unfavorable nursing practice environment. These results parallel to, the report from Institute of Medicine (IOM) (2004)<sup>36</sup> claim the benefits of favorable nurse practice environments for patient safety. In the same line with Chan and Lai (2010)<sup>37</sup>, Flynn et al.(2010)<sup>38</sup> and Kramer et al.(2004)<sup>39</sup> they clarified that organization that promote the status of nursing, encourage staff involvement in decision making, promote excellence in patient care and support staff in adoption of these values, enhance the practice environment. Laschinger et al. (2003)<sup>21</sup> and Upenieks (2003)<sup>22</sup> illustrated that positive practice environments influenced nurses' abilities to practice professionally. While, this is contradicted with Al Banna (2017)<sup>40</sup> who illustrated that the overall value of nurses regarding the nursing profession is 88% that is a great result which shows us that most of the nurses have adequate value about their profession

Parvan et al. (2012)<sup>41</sup>, Shahriari and Baloochestani (2014)<sup>42</sup> found that socio-demographic characteristics such as age, sex, marital status, and years of experience have no significant relation with nursing professional values which go in the same line of this study that proved the same results. Also, the present study revealed that there was significant relation between educational preparation, years of experience and nursing practice environment. While, age, marital status, and working units have no significant relation. These result similar to, Liu et al. (2012)<sup>43</sup> who illustrated that gender, marital status, and working units have no significant relation with nursing practice environment. However, age, years of experience, and educational level were factors that significantly associated with nursing practice environments.

## VI. Conclusion

It can be concluded from the present study results that There was a strong positive significant correlation between nursing practice environment and professional values and approximately 65% of the explained variance of nursing professional values is related to nursing practice environment and the most prominent two factors affecting professional values are nurse participation in hospital affairs and staffing and resource adequacy. Also, the Medical-Surgical Nurses perceived moderate mean percent score of overall nursing professional values and low mean percent score of overall nursing practice environment.

The findings of this study lead to the following recommendations provide educational program to medical-surgical nurses to update and increase their knowledge about professional values. Also, the hospital administrator should enhance nurses' participation in hospital affairs through encouraging their participation in decision making, providing adequate resources, encouraging and sustaining collegial relationship. In addition, develop skills for their leaders through conducting leadership training program.

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Nadia Hassan Ali Awad "The Relation between Professional Values and Nursing Practice Environment". *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, vol. 7, no.06 , 2018, pp. 70-77.