Title

How Work Setting and Job Experience affect Professional Nurses' Values

Introduction

Professional identity, characterized by particular values and attitudes, as well as by expert knowledge and special skills, is an essential element in how a practice is perceived as professional by the practitioners within it and by the broader society. Specifically, this identity is assumed individually by the people who perform the functions usually assigned to their professional role.[1]

The strength of values lies in their capacity to generate convictions that, in turn, lead to adopting certain attitudes and behaviours.[2,3] The values and attitudes of the nursing profession focus on care-taking.[4] This work is part of the need to adopt a humanistic vision, taking into account emotional and cognitive aspects of disease, while respecting the principles of confidentiality, attending to the scientific-clinical perspective but going beyond the physical sphere. In view of this, the educational institutions are clearly responsible for integrating professional values during the university training[5,6] and, on another hand, the health services should provide continuity and promote a nursing practice based on these values.

It is important to be aware of this in order to promote compliance with the values. Managers of health organizations, as well as professionals, should address these issues on a daily basis because their integration into clinical practice is crucial due to their benefits for society, the patients and the professionals themselves.[7]

Until the 1980s, professional nurses in Spain carried out their work mainly in hospitals. As of the Alma-Ata Declaration (WHO-Unicef Conference of 1978), the current network of primary care was launched. This led to the incorporation of nursing in health centres in order to implement programs of health promotion and disease prevention. Besides providing individual services, nursing was institutionalised to

include the community. In this line, health centres and primary care (PC) teams were created with a new horizon for our profession. Primary care is community-focused, and the system is mainly oriented towards health promotion, disease prevention and attending to the entire population, in contrast to hospital care (HC), which focuses on attending to diseases. These differences between PC and HC suggest that the perception of our profession and its values may differ at these levels.

Background

There is clear relationship between the adoption of values and good professional behaviour,[2,3,8,9] and such values are a significant predictor of the quality of the care and the satisfaction of patients and of the professionals themselves.[10] In addition, values guide clinical practice professionally and ethically[11] and contribute to the process of peer socialization.[12]

Besides ethical values, there are a series of values internationally recognised by different organizations such as the American Association of Colleges of Nursing (AANC, 1986), the International Council of Nurses (CIE, 2005) and the European Council of Nursing Regulators (FEPI, 2007), which reflect professional competence, veracity, protection of health and life, autonomy, cooperation, safety, professional activism, commitment to professional improvement, etc.[13]

The integration of these values in our clinical practice may be subject to two types of factors: on the one hand, the influence of health structures and work settings on the performance of daily activity and, on the other hand, personal factors and training.

We present two research questions: firstly, does the importance granted to professional nursing values by PC nurses differ from that granted by HC nurses? The second question was: does nurses' professional experience influence the importance granted to professional nursing values?

Methods

The aim of the study was to compare the importance granted to professional values among nurses of PC and HC and to contrast this perception as a function of professional experience.

Design

A cross-sectional study was carried out.

Participants

A convenience sample of 380 Registered Nurses was recruited, 109 (28.7%) nursing professionals from primary care centres (PC) and 271 (71.3%) from two public hospitals (HC) in the north of Spain.

The inclusion criterion was to be actively working at the time of the study. We calculated the sample size based on the number of professionals in the selected centres, with an accuracy of 5% and an estimate of losses of 15%. We estimated that 363 nursing professionals were necessary.

Data collection

We designed an instrument to collect socio-demographic variables: age and sex; variables related to training: final qualification (technical health assistant, university nursing diploma, nursing graduate), postgraduate University education (without training, official Master's Degree, Licentiate Degree, Ph.D.), specialist training (yes, no), participation in scientific activities (yes, no), reason for career choice (vocation, job prospects, other), re-election of nursing studies (yes, no); and work-related variables: work setting (PC, HC), type of shift (fixed shift, rotating shift, primary emergency care, other), type of contract (owner, temporary employee, substitute), and professional experience in years. This last variable was grouped in the following intervals: (1-10 years, 11-20 years and >20 years' experience).

To analyse the perception of professional values, we used the "Escala de Valores Profesionales de Enfermería" (EVPS), a scale adapted from the original Nurses Professional Values Scale (NPVS) and validated for the Spanish context.[14] This instrument includes 26 items grouped into three dimensions: ethics, professional expertise and professional mastery. Each variable is rated on a 5-point Likert scale ranging from "Not important" to "Very important".

The first dimension, Ethics, includes all the items referring to aesthetic, moral and ethical values. The dimension of Professional Expertise includes items referring to active engagement in one's professional development, based on humanism and holism. The third dimension, Professional Mastery, includes the more technical aspects of the profession but also tacit and intuitive knowledge (know-how, making the best decision at the right time). All three dimensions require vigilance and involvement in the quality of care and all three make up the professional nurse's profile.[13]

Data collection was conducted by two researchers in the workplace, following a specific protocol for the study. The procedure was to give each participant the documentation of the study, offering the necessary time for its completion and finally, placing an urn to collect the questionnaires anonymously. This took place between January and June of 2015.

Ethical considerations

We obtained permission from the Ethics Committee on Clinical Research of the Principality of Asturias (Nº 18/15) for the study as well as the addresses of the centres involved. The professionals were informed of the goal of the research and of its voluntary and anonymous nature. We obtained their consent to participate.

Data analysis

The statistical analysis was performed with the SPSS program v.21.0. We described the qualitative variables using frequencies and percentages. We calculated the mean and standard deviation (SD) of the quantitative variables. The Chi-square test was used in the bivariate analysis for comparisons of variables. To confirm the results obtained, we used Student's t-test, considering the score obtained in professional values as a quantitative variable. In the comparative analysis as a function of the work setting, data stratified by professional experience are shown. Values of $p < 0.05$ are considered statistically significant.

Results

The study included 380 nursing professionals, of whom 271 (71.3%) worked in hospital units (HC), and 109 (28.7%) in PC. The mean age was 47.2 years (SD = 11.4) in PC and 39.3 (SD = 10.6) in HC. Age ranged from 24 to 63 years in PC and from 22 to 64 in HC. The distribution in age intervals according to the work setting was different; in PC, there was a predominance of professionals over 50 (49.1%) whereas in HC, the reverse pattern was observed, where 42.8% were younger than 35. Regarding gender, 330 (86.8%) were women and 50 were men (13.2%).

With regard to training, in HC, there were more nurses with a Nursing Degree (15.1% vs. 3.7% in PC) or with a university Master's Degree (15.6% vs. 9.2% in PC). In PC, professionals with some specialty (15.6% vs. 11.1% in HC) or who were involved in scientific activities (44.4% vs. 35.9% in HC) were more frequent. Most of the HC professionals worked in rotating shifts (72.9%), and temporary staff were more frequent in this setting (33.8% vs. 13% in PC). Mean work experience was 18.2 years (SD = 11.9), 24.1 years in PC (SD = 12.8) and 15.8 in HC (SD = 10.6) ($p < 0.001$). More than half of the sample of PC nurses (59.4%) had more than 20 years' experience versus 29.7% in HC.

In the global analysis of professional nursing values, the ethical dimension obtained higher scores in both groups, followed by professional mastery and expertise. Statistically significant differences between the

two groups of nurses were detected in most of the professional values when stratifying as a function of professional experience.

Within ethics (Table 1), guaranteeing the patient's confidentiality was the most highly valued item in both groups of participants. There were important differences in attending without prejudice to patients with different lifestyles or different cultural origins and in opposing other professionals' inappropriate practices, aspects that were much more valued in HC. In general, the importance granted to values also varied according to professional experience: it was higher in professionals with less experience in the PC group and in the HC group with 11 to 20 years' experience.

The values assigned to professional expertise are detailed in Table 2. Lower ratings were allocated to participation in professional associations and recognition of the public role of professional nursing organizations. The process of peer review was considered very important for a large number of professionals in HC and to a lesser extent in PC. Furthermore, 58.9% in the HC group considered it was very important to participate in nursing research and to apply the findings in practice versus only 22.9% of the PC group. Regardless of the work setting, the importance attached to this group of values was lower in professionals with over 20 years' experience.

Professional mastery was considered of intermediate importance (Table 3). Accepting responsibility for one's practice was one of most highly valued items in both work settings. For 91.5% of the HC professionals, it was very important to establish quality criteria in clinical practice. In HC, the perception of the importance of professional mastery varied less as a function of professional experience, whereas in PC, the importance granted to these values generally decreased as work experience increased. We detected no statistically significant differences as a function of work experience and HC/ PC group in the value of asking for help when the patient's needs cannot be met.

These results were maintained after performing the same analysis between PC and HC when comparing the mean of score in each value analysed (data not shown).

Discussion

This study reveals professional nurses' perceptions of the professional values contained in the deontological codes of conduct, showing that the importance of these values differs according to work setting (PC/HC) and professional experience. This hypothesis coincides with those of other authors[15] who had already shown that the work setting and the values linked to the nursing practice influence professional identity. In this sense, working with other colleagues is a mutual learning experience that also influences one's professional self-perception.

A descriptive approach was considered the most appropriate for our goals. We also decided to stratify the results according to professional experience, as this variable differed in the two work settings: PC professionals had more experience than HC nurses. In addition, we took into account that the importance assigned to professional values may be more influenced by professional experience than by age.

According to our results, HC professionals generally granted more importance to the values under study. Ethical values were the most highly appreciated, and especially among workers with less experience. Professional mastery obtained an intermediate rating, and the values of professional expertise were rated the lowest.

When providing nursing care, one must go beyond the physical sphere, taking into account other aspects such as the emotional experience of disease or the capacity to make decisions in the face of illness.[13] Of course, this nurse-patient relationship must be carried out under the principles of confidentiality[1,9] because intimacy is an essential right of patients.

This reaffirms the idea that, throughout the history of nursing, the ethical practice of the profession has been transmitted and renewed.[16,17]These ethical values, such as equity, equality, freedom,[1,18] trust and

human dignity,[1,9,18,19] justice, respect and tolerance are underlined during nurses' training and are identified in practically all the existing studies on nurses' values, but the same cannot be said for the rest of the values we studied.

However, the ethical facet also deserves some reflection within a changing environment, with new dilemmas derived from nurses' daily practice and the legislative modifications about people's rights and professional regulation.[17] In this regard, other authors[20] also analysed how the work setting can influence the development of nurses' ethics.

Within ethics, some values, such as dealing with professionals who perform questionable practices, were less important than more classic values such as confidentiality, privacy, etc. We think that these lower ratings may be related to the fact that knowledge and a large dose of self-esteem and self-confidence are needed to confront others. The lower ratings are also probably related to the absence of professional socialization models, linked to the historical consideration of nursing as a subordinate profession.[15]

We also detected that PC granted less importance to attending to culturally diverse people or to people with different lifestyles, despite the fact that public health centres are the door to the health system and PC nurses are thought to have a stronger link with these users. This link may be conditioned by the challenge implied in overcoming communication barriers, different family dynamics or the responsibility of care in this context. However, actions to improve cultural competency in the university training should be undertaken.[22] Besides this competence, it is essential to address nursing students' professional values, stressing their importance in the professional practice. As other authors[3] propose, we should analyse which elements (such as educational experiences or the influence of professionals from the clinical setting) guide the development of these values.

Values of the expertise dimension are generally rated as less important. The lower rating of participation in professional associations and in recognizing their role in health policies may reflect Spain's reality,

where there is little tradition in this regard, perhaps because nurses still think that their place is at their patients' bedside. Moreover, this image is frequently perceived by society, where the nursing profession is hardly involved in public health decisions and is invisible in many aspects.[15] No doubt, the nursing profession projection in society and the media should integrate not only the daily care of patients in hospitals or health centres, but also other potentials of our profession.

Research on nursing and its practical application are still pending issues despite the progress made in recent years. We recommend investing efforts to enhance evidence-based clinical practice, especially in PC, developing training programs that include the comprehension and management of literature in English, critical reading of articles or seeking scientific evidence on the internet.[23] The PC professionals included in our study probably do not have this profile, although the incorporation of family and community HC nurses with training in research could change this situation.

In the dimension of professional mastery, like other authors[24], the responsibility implied in one's practice is considered very important but, with regard to following quality criteria that guide daily practice, the rating of PC drops remarkably. We also detected a decrease in the rating of the process of continuous self-assessment in PC.

In general, we found that the group with more than 20 years' experience granted less importance to professional values. The reasons for this may include the time elapsed since their formal training but we also realize that, although nurses have a major interest in continuous training, this training may be aimed to a greater extent at responding to their needs in the work setting.

Study limitations

Within the limitations, we cannot ignore a possible bias of acquiescence in the importance granted to the different values, but we nevertheless tried to reproduce the opinion of a large sector of PC and HC nurses, taking into account one of the main confounding factors, professional experience.

Conclusions

The professional setting influenced the importance assigned to the professional nursing values, and we observed clear differences between primary and specialized care. The specialized hospital nurses (HC) granted more importance to the analyzed values. A view of professional identity very closely linked to ethics was maintained, granting high importance to those values. We recommend analysing the components of the domains of professional expertise or professional mastery which, despite being a very important part of our identity, were not so highly valued. In general, the analysed values were more important for the group with less experience in primary care and intermediate experience in hospital care. It is necessary to reflect on the importance of professional values, especially after spending more than one half of one's working life nursing because these more experienced nurses play a key role in the transmission of knowledge to younger generations.

Declaration of Conflicting Interests

The authors declares that there is no conflict of interest

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