The correlates of social determinants to ethico-moral values on professional development of Saudi nursing students

Farhan F. Alshammari, Ph.D., Rizal Angelo N. Grande, Ed.D. and Daniel Joseph E. Berdida, Ph.D.

Objectives: This study determined the perceived professional values of nursing students, which are potentially correlated to their individual profiles.

Methods: This study utilized a cross-sectional design using the Nurse Professional Values Scale-Revised (NPVS-R) to determine nursing students’ innate professional values. This study recruited 201 nursing students using a total enumeration sampling from Ha’il region, KSA.

Results: In the 26-item NPVS-R scale, item 1 was correlated to academic status at 0.01; item 3 was significantly correlated to gender at 0.01 and fluency in English at 0.01; item 4 was positively correlated to year level and fluency in English language at 0.00 and 0.00, respectively. Additionally, item 5 was found to be correlated to gender at 0.01; item 12 was correlated to gender at 0.01, year level (0.00), and fluency in English (0.01) and item 21 was correlated to gender and year level at 0.00 and 0.01, respectively. Finally, items 7, 22, 23, 24, 25, and 26 were significantly correlated with year level. The items with the highest correlations to the social determinants of the participants belonged to the values, justice and caring. Since nursing is a caring profession, these findings acknowledge that the values embodied by nursing
students are critical. This reaffirms that nurses provide care with responsibility and accountability for its outcomes.

Conclusion: In this study, the participants recognized the protection and safety of public health as the most significant professional value. Similarly, patient confidentiality and the active involvement of nurses in professional organizations was highly valued.

Keywords: Caring values; Ethico-moral values; KSA; Nursing students; Professional values

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Introduction

The professional values of nursing students are considered essential in their development as future healthcare providers and are evident in their actions and behaviours during the provision of care. Values reflect a person’s unique cultural and ethnic identity. Thus, as nursing students prepare for professional work, they should develop in themselves the requisite professional qualities to become able nurses. To this end, nurse educators are responsible for guiding nursing students on how to develop these professional values. One way to do this is to foster collaboration as a team during their clinical internships.

The United Kingdom (UK) has started hiring qualified nurses by focusing not only on the applicants’ knowledge and skills, but also on the values they embody. They refer to this as Values Based Recruitment or VBR. The UK government implemented this new law in support of person-centred care. Under this system, employees are hired based on a set of prescribed values. Nurse academicians consider professional values as one of the indicators of nursing students’ competencies by using a list of professional values expected from undergraduate nursing students. Professionals in the healthcare field, including nurses, midwives, doctors, and even nursing students who provide care during their clinical practicum, are legally responsible for their actions and discharge of duties toward patients, even if they do not yet hold a license. The KSA has a multi-diverse population of healthcare providers, such as nurses from different cultural and ethnic backgrounds. A study published on professional values of Saudi nursing students specifically focused on the professional values of female nursing students in KSA and explored their perceptions toward their professional values in nursing and assessed the relationship between these values and their year of academic studies. In contrast, the current study considered both genders to study the professional values of nursing students. However, along with year levels, it also considered factors such as ethnicity, cultural orientation, and their communities’ prior understanding of these values.

The current study inquired into the professional values innate to nursing students as well as the development of these values in them. Specifically, the study determined their social determinants such as gender, year level, academic status, and fluency in English; the perceived professional values of the participants based on their responses to the Nurse Professional Values Scale-Revised (NPVS-R); and the relationship between the social determinants of the participants and their perceived professional values.

Materials and Methods

Research design

This study used a descriptive cross-sectional design with correlational analysis as the primary method of inquiry and derivation of results.

Sampling

A total enumeration or census sampling was employed. Of the 350 students from the male and female campuses combined, those who had enrolled in the Bachelor of Science Nursing Program during the academic years 2016–2017 and 2017–2018 and were enrolled in courses with integrated topics on nursing ethics and professional values, were included as participants. Examples of these courses are Fundamentals of Nursing, Mental Health Nursing, and Nursing Leadership and Management. A total of 250 students were enrolled in those courses. Of the 250 students who passed the eligibility criteria and participated in the survey, 210 returned the questionnaires. After a final check, 201 of the 210 returned questionnaires were found to be properly completed and were analysed in this study.

Setting

This study was conducted at the College of Nursing, University of Ha’il, located in North-western KSA, composed of two major campuses (female and male).

Participants

All the students in the College of Nursing were included in the study sample, provided they met the following eligibility criteria: (1) had enrolled in courses having topics on nursing ethics and professional values during the academic years 2017–2018 and 2018–2019, (2) had participated in the nursing program from the second to fourth year levels, and (3) were classified as either regular or bridging students.

Instrument

This study used the Nurses Professional Values Scale – Revised referred to as the NPVS-R, created by Dr. Darlene Weis and Mary Jane Schank, and published in 2009, after
permission for its use was provided by the authors. The scale has five factors with alpha coefficients ranging from .70 to .85 and a total scale alpha coefficient of .92. Its construct validity was supported with an overall factor loading range of .46 to .79 coefficient alpha across the five factors labelled Caring, Activism, Trust, Professionalism, and Justice. The NPVS-R is a psychometrically sound instrument for measuring professional nurses’ values and enhancing professional socialization.

Part 1 comprised seeking information about the participants’ demographic profiles, which included their gender, year levels, fluency in the English language, academic status (bridging, regular), and additional degrees (if any), other than the degree currently being pursued.

Part 2 – the NPVS-R questionnaire — consisted of 26-items on a Likert scale, with responses ranging from 1 (not important) to 5 (most important) across five factors: Caring, Activism, Trust, Professionalism, and Justice. The break-up of the 26 items was as follows: 9 items on Caring (a value that shows concern for patients), 5 items on Activism (the nursing profession’s impact on patient care), 5 items on Trust (nurses’ duty toward veracity or being truthful to patients), 4 items on professionalism (the conduct of nurses as provided in the Code of Ethics), and 3 items on justice (the nurses’ duty of protecting and sustaining the equality and diversity of patients).

Data collection

The data for this study were collected from January 2018 to February 2019. The participants were given ample time to fill-up and complete the survey. Answering the questionnaire was voluntary, thus implying their full consent to participate in the study. During the first 10 min of distributing the questionnaire, the researcher answered questions and clarified the instructions, enabling participants to understand their role in the study. To ensure the anonymity and secrecy of their responses, the participants folded their questionnaires and placed them in an envelope after completion.

Statistical analysis

This study utilized the IBM Statistical Package for Social Sciences (SPSS) Version 22. While frequencies and percentages were used to illustrate the participants’ demographic profiles, the Kolmogorov–Smirnov test was used to determine the normality of the gathered data and the Spearman’s rho test to derive the degree of correlation.

Results

Demographic profiles of the participants

A total of 201 completed questionnaires were received from 106 (52.7%) males and 95 (47.3%) females, comprising 10.4%, 75.1%, and 14.4% participants enrolled in the second, third, and fourth year levels, respectively. It is noteworthy that with regard to fluency in the English language, 49.8%, 39.8%, and 10.4% of the participants had minimal, moderate, and high knowledge of English, respectively. In relation to their academic status profile, only 15.9% comprised bridging students, while 84.1% were regular students (Table 1).

Students’ ratings in each of the items in the NPVS-R questionnaire

The total mean value was 3.10 based on the participants’ responses to the questionnaire. The three top-ranking statements in terms of highest mean values were: item 3 – ‘Protect health and safety of the public’ – highest at 3.31; items 25 and 26 – ‘Maintain confidentiality of patients’ and ‘Participate in activities of professional nursing associations,’ respectively – second highest at 3.30; and item 21 – ‘Safe-guard patient’s right to privacy’ – third highest at 3.27. The statements with the three lowest ratings in the questionnaire were: item 1 – ‘Engage in on-going self-evaluation’ – lowest at 2.75; item 17 – ‘Refuse to participate in care if in ethical opposition to own professional values’ – second lowest at 2.90; and item 20 – ‘Provide care without prejudice to patients of varying lifestyles’ – third lowest (Table 2). The total mean score for each factor of the five factors of the NPVS-R is presented in Table 3. The factors justice and caring had the highest mean scores at 3.17 and 3.14, respectively; activism had a mean score of 3.10; while professionalism and trust had the lowest mean scores at 3.06 and 3.02, respectively.

Correlation between the participants’ demographic profiles and each of the 26-item statements in the NPVS-R

To determine the degree of correlation between the participants’ demographic profiles and their responses to each statement in the NPVS-R questionnaire, the Spearman’s rho test of correlation was used. Table 2 indicates that 13 out of the 26 items show some degree of correlation to gender, year level, and fluency in the English language and academic status. Gender is correlated to items 3, 5, 12 and 21. For year level, it is correlated to items 4, 7, 12, 13, 21, 22, 23, 24, 25 and 26. While fluency in English is correlated to items 3, 4 and 12 and lastly, academic status is correlated to item 1. The degree of correlation was set at 0.05 level in a 2-tailed test (Table 2).

Table 1: Demographic profile of the participants (n = 201).

|             | Frequency Distribution | Percentage Distribution |
|-------------|------------------------|-------------------------|
| Gender      |                        |                         |
| Male        | 106                    | 52.7                    |
| Female      | 95                     | 47.3                    |
| TOTAL       | 201                    | 100                     |
| Year level  |                        |                         |
| Second      | 21                     | 10.4                    |
| Third       | 151                    | 75.1                    |
| Fourth      | 29                     | 14.4                    |
| TOTAL       | 201                    | 100                     |
| Academic Status |                |                         |
| Regular     | 169                    | 84.1                    |
| Bridging    | 32                     | 15.9                    |
| TOTAL       | 201                    | 100                     |
| Fluency in English |          |                         |
| High        | 21                     | 10.4                    |
| Moderate    | 80                     | 39.4                    |
| Minimal     | 100                    | 49.8                    |
| TOTAL       | 201                    | 100                     |
Discussion

Among the five domains of the NPVS-R scale, justice and caring emerged as the most important innate values of nursing students, as reflected in their responses, which was the ideal expected outcome. Since nursing is a caring profession, nursing students should realize the importance of this value for their future professional work. Social determinants such as gender, year level, and academic status clearly specify an understanding of these values by nursing students. For example, at the year levels, the students understand the importance of these values as they progress in their nursing degree programs.

Since professional values are a relevant indicator of the quality of care that nurses provide to their patients, developing these values among students is crucial. Professional values substantiate the actions, behaviours, and decisions of nurses. Individuals’ innate values, supported by their unique socio-cultural and ethnic backgrounds, play a key role in the development of these values as they progress in their nursing degree programs.

Table 2: Mean ratings of the participants to each item of the questionnaire and results of correlation to their demographic profile (n = 201).

| Items                                                                 | Mean | SD  | Results of Correlation (Statistical Significance 2-tailed) |
|-----------------------------------------------------------------------|------|-----|----------------------------------------------------------|
| 1. Engage in on-going self-evaluation.                                 | 2.75 | 1.38| Correlated to academic status                            |
| 2. Request consultation/collaboration when unable to meet patient needs | 2.98 | 1.30| No correlation                                           |
| 3. Protect health and safety of the public                            | 3.31 | 1.28| Correlated to gender, fluency in English                  |
| 4. Participate in public policy decisions affecting distribution of resources | 3.00 | 1.24| Correlated to year level, fluency in English              |
| 5. Participate in peer review                                         | 3.07 | 1.23| Correlated to gender                                      |
| 6. Establish standards as a guide for practice.                       | 3.11 | 1.24| No correlation                                           |
| 7. Promote and maintain standards where planned learning activities for students take place. | 3.02 | 1.20| Correlated to year level                                  |
| 8. Initiate actions to improve environments of practice.              | 3.06 | 1.18| No correlation                                           |
| 9. Seek additional education to update knowledge and skills           | 3.10 | 1.17| No correlation                                           |
| 10. Advance the profession through active involvement in health-related activities. | 3.05 | 1.18| No correlation                                           |
| 11. Recognize role of professional nursing associations in shaping health care policy | 3.03 | 1.17| No correlation                                           |
| 12. Promote equitable access to nursing and health care.              | 3.11 | 1.19| Correlated to gender, year level, fluency in English      |
| 13. Assume responsibility for meeting health needs of the culturally diverse population | 3.14 | 1.23| No correlation                                           |
| 14. Accept responsibility and accountability for own practice.        | 3.09 | 1.17| No correlation                                           |
| 15. Maintain competency in area of practice.                          | 3.21 | 1.19| No correlation                                           |
| 16. Protect moral and legal rights of patients.                       | 3.09 | 1.25| No correlation                                           |
| 17. Refuse to participate in care if in ethical opposition to own professional values. | 2.90 | 1.19| No correlation                                           |
| 18. Act as a patient advocate.                                        | 3.19 | 1.18| No correlation                                           |
| 19. Participate in nursing research and/or implement research findings appropriate to practice | 3.13 | 1.20| No correlation                                           |
| 20. Provide care without prejudice to patients of varying lifestyles. | 2.96 | 1.24| No correlation                                           |
| 21. Safeguard patient’s right to privacy                              | 3.27 | 1.20| Correlated to gender, year level                          |
| 22. Confront practitioners with questionable or inappropriate practice| 3.25 | 1.21| Correlated to year level                                  |
| 23. Protect rights of participants in research                        | 3.21 | 1.20| Correlated to year level                                  |
| 24. Practice guided by principles of fidelity and respect for person  | 3.12 | 1.24| Correlated to year level                                  |
| 25. Maintain confidentiality of patient                               | 3.30 | 1.22| Correlated to year level                                  |
| 26. Participate in activities of professional nursing associations.   | 3.30 | 1.23| Correlated to year level                                  |
| Total                                                                 | 3.10 |     |                                                          |

*Likert scale from 1 to 5 was utilized.

Table 3: NPVS-R Mean score of each subscale (n = 201).

| NPVS-R Subscales | Mean Score |
|------------------|------------|
| Factor 1. Caring (9 items) | 3.14 |
| Factor 2. Activism (5 items)  | 3.10 |
| Factor 3. Trust (5 items)  | 3.02 |
| Factor 4. Professionalism (4 items) | 3.06 |
| Factor 5. Justice (3 items)  | 3.17 |

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strong moral courage among nurses, and makes no
distinctions between genders. Educators and preceptors, as
role models, influence the actions and decisions of students.
Both male and female nurses pursue the same goal of
becoming competent and able nurses who can discharge
duty and responsibilities with confidence and
competence. As observed that the number of
participants from the third year was significantly greater
than the other year levels. The convenience sampling used
may have affected the results relating to more third year
level students.

Poslusnzy and Hawley (2017) posited that students in
higher year levels had a higher level of professional values
compared with those in lower years. While second-year stu-
dents considered factors like trust, caring, and justice as more
significant than activism, senior nursing students viewed
trust as more significant than activism and professionalism.
There was no significant difference in the scores between the
senior nursing students and second-year students, except that
activism was given more emphasis by the seniors compared
with the other factors in the NPVS-R.

Entering nursing school — a challenging decision for
nursing students — is coupled with the pressure of achieving
professional competencies during the course of study. In KSA, employed nurses are given the chance to complete
two more years of study toward a baccalaureate degree.
This creates a mix of students — regular, unemployed
students who started from the first year college, and bridging students who were employed but asked to finish
the nursing baccalaureate degree — in various nursing
schools and universities. In recent times, there has been
less emphasis among nurses on understanding what
constitutes their motivation to provide compassionate and
humane care to their patients. Culture and ethnic origins
can have an impact along with the nurses’ ethical provision
of care. Among the various functions of a university, one
of the pillars, especially in nursing education, is the
 provision of quality education, which along with the
 teaching and learning process, includes instruction on
 ethical values. Values are universal, but individuals’ unique
cultural and ethnic backgrounds influence their value
system.

Having even a minimal number of participants who can
fluently speak and understand the English language could
influence the learning process for various reasons. The text-
books used by the students for major nursing subjects are in
English, which could impact their learning of the concepts.
The nursing curriculum incorporates topics on values, ethics,
and morality in all nursing subjects or courses.

Students also acquire values from their instructors. Once
imbibed, these professional values eventually become part of
their own values. The results showing the mean score in the
NPVS-R when classified according to the five factors in
Table 3 revealed that Justice had the highest mean score.
Justice is valued as an innate part of human existence, and
determines the legality of nurses’ actions, thought
processes, and emotions. It is one of the deciding factors in
choosing right from wrong and determines personal and
professional efforts. In a study by Kaya et al. (2017),
they appraised whether there were differences between the
professional and personal values of nursing students from
the time they entered the nursing school until graduation.
providing to the community and the people living in it safe nursing care. The duty of creating awareness among students to become sensitive to the healthcare needs of the community rests on nurse educators in the academe or community setting. In addition, they are also tasked to provide opportunities for students to engage in various community activities and develop the requisite skills and thinking to enhance civic and social engagements by applying their nursing techniques during these occasions. Professionalism was the only factor that did not feature among the top 5 highest in the itemized number mean of all the 26 items. One reason for this score is that the students have limited, if no exposure, to training and experiences related to being actual professional nurses discharging duties in hospitals. Although students complete a practicum or clinical exposure as part of their curriculum, which allows them to deal with real patients and hospital procedures, the experience gained by registered nurses working in hospitals is very different in many aspects from the experiences of student nurses.

**Limitations**

This study focused on a single college of nursing. The findings from this study only represent the perceptions of the surveyed participants. These findings are not generalizable to other nursing institutions across KSA or in other countries.

**Conclusion**

The participants in this study recognized the protection and safety of public health as the most significant professional value for nurses. Additionally, maintaining patient confidentiality and active involvement in nursing professional organizations were highly advocated professional values. In terms of the five factors that constitute professional values, justice and caring were regarded as the primary essential components of the professional value system of nurses when providing care to their patients.

**Recommendations**

The students’ appraisal of the significance of protecting public health, maintaining the confidentiality of patient data and strong involvement with professional nursing organizations is testament to the awakening of their future obligations as professional nurses. Nursing schools and educators should strengthen and emphasize the importance of these values in the learning process of the students. Further, by integrating methods to create meaningful realizations and applications of these highly perceived professional values in the nursing curriculum, the curriculum will become more relevant to the vision of producing holistic nursing students imbued with appropriate professional values.

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**Conflict of interest**

The authors have no conflict of interest to declare.

**Ethical approval**

The Institutional Review Board (IRB) of University of Ha’il (IRB# H-2016-037) approved this study. A complete list of benefits, perceived risks, and the significance of the study in full detail formed part of the documents submitted to the committee.

**Authors’ contributions**

FA led the conceptualization of the topic focus, searched relevant literature and studies, and provided research materials. RANG developed the study design, sampling plan, collected and organized the data for analysis. He participated in data gathering and implementation of the study protocol. DJEB provided support studies and literature in the derived results, wrote initial and final draft of article, organized the discussion according to the results assessment. All authors participated in the overall implementation of the research protocol. Further, all authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

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