

DURBAN UNIVERSITY OF TECHNOLOGY

A COMPARATIVE DESCRIPTIVE SURVEY OF THE  
PROFESSIONAL VALUES OF FINAL YEAR  
STUDENT NURSES IN A COLLEGE AND A  
UNIVERSITY IN KWAZULU-NATAL

MUMCY ZANDILE MALAMBE

**FEBRUARY 2019**

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Mumcy Zandile Malambe

Dissertation submitted in fulfilment of the requirements for the Master's  
Degree in Health Sciences in Nursing at the Durban University of  
Technology

Supervisor : Dr P. Orton

Co-supervisor: Dr A. Razak

Date : February 2019

## Declaration

This is to certify that the work is entirely my own and not of any other person, unless acknowledged (including citation of published and unpublished sources). The work has not previously been submitted to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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Signature of student

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Date

Approved for final submission

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Dr P. Orton  
PhD

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Date

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Dr A Razak  
PhD

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Date

## *Dedication*

*I dedicate this dissertation to my Father God who has given me the ability to produce this work and to the two special ladies in my life, my mothers who believed in my academic excellence but never lived long enough to see it. Mrs Joyce Shongwe and Mrs LaNdlela Malambe, I wish you were here to see the fruits of your prayers, love and encouragement but I know both of you would be proud of me!*

# Acknowledgements

I would like to express my heartfelt gratitude to the following people:

- My supervisor Dr P. Orton who provided me with knowledge, guidance, patience, encouragement and motivation throughout this study.
- My co-supervisor Dr A. Razak for her availability and constant support during the progress of this study.
- My statistician Dr G. Hendry for her prompt and constant availability and guidance relating to the statistical aspect of this study.
- My husband, Paul who was very supportive during my studies, who looked after our kids while I was busy working on this study. Your love and support is much appreciated “Cabe!”
- My children Awonke and Usithandile for being so understanding when I didn't have time for them while busy studying, especially to my boy who constantly asked “how is chapter two going mama...?” And for my princess who sat with me on the table writing her own things, just to be with me until she fell off to sleep while I was busy with this study.
- My Pastors F.F. and L.C. Shoji for their prayers, constant support and encouragement while studying, you are much appreciated.
- And lastly, to everyone who contributed to the success of this study including the Ramutloa family, all my friends and colleagues for their constant support and assistance when I needed them during this study, Thank you!

# ABSTRACT

**Introduction:** There have been a lot of complaints from the public about professional nurses' conduct and lack of caring in South African health care facilities. Nurses don't seem to care about patients and the public cannot trust the nurses due to the way nurses treat patients in the health care facilities. Student nurses are socialised with nursing professional values during their training either from a university or from a nursing college and are expected to have mastered these professional values by the final year of their studies before they go and practice as professional nurses.

**Aim of the study:** The aim of the study was to describe and compare the professional values of final year student nurses in a college and a university in KwaZulu-Natal.

**Methodology:** A quantitative survey design was used to describe and compare the professional values of final year student nurses doing the comprehensive four-year course. A validated Nurses Professional Value Scale (NPVS) 26 item revised questionnaire was used to collect data from 128 college and 83 university students after receiving ethical clearance. Non-probability sampling using a Random and consecutive sampling was used to select the college campuses and the students were selected using purposive sampling method. Analysis was undertaken using SPSS version 23.

**Results:** The descriptive statistics reported on the five factors of the NPVS, which were patient privacy, ethical practice, activism, research and leadership. The majority of the sample viewed patient privacy and ethical practice as the most important values and leadership and research was rated low. There was a statistically significant difference in professional values between the college and the university respondents, with the university respondents scoring higher than the college respondents which indicated that university respondents had more professional values than college respondents.

**Recommendations:** This included teaching and assessment of professional values, ethical practice in clinical placement, leadership training for student nurses and self-directed learning to update their knowledge and research.

**Key words:** Professional values, Student nurses, College, University, Descriptive survey, Quantitative

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## **List of Acronyms**

KZN: KwaZulu-Natal

KZNCN: KwaZulu-Natal College of Nursing

DUT: Durban University of Technology

SANC: South African Nursing Council

HOD: Head of Department

R425 Nursing Programme: The South African Nursing Council Regulation 425 is responsible for educating and training of nurses for four-years at a College or University which leads in a qualification as a Professional Nurse.

# CHAPTER 1: INTRODUCTION

## 1.1 Background to the study

Values are defined as a belief system that is viewed as important by human beings and an idea that is put into action (Berman and Snyder 2012:99). According to Berman and Snyder (2012:99), values are vital in nurses because they influence decisions taken by nurses and their actions, including a nurse's ethical decision making during daily encounters with clients (Berman and Snyder 2012:99). Pera and van Tonder (2012:6) define values as concepts given worth in life and these concepts make up a value system of an individual. Pera and Van Tonder (2012:12) suggest that values are learned and, like other learned behavior, take shape in early development and are influenced by primary socialization which includes early care givers and family. Berman and Snyder (2012:100) state that there are personal values that people internalize and they are derived from society, their individual sub-groups, and student nurses learn professional values through socialization into the profession by the senior nurses during clinical accompaniment.

Professional values can also be defined as standards set by healthcare practitioners by which they take action for their behavior and it provides a framework through which they are evaluated (Lin, Wang, Yarbrough, Alfred and Martin 2010:676). Caring and compassion are two of the core professional values of nursing (Bimray and Jooste 2014:202). Nursing education institutions in South Africa are responsible for teaching professional values to student nurses and to ensure that they learn acceptable code of conduct from the time they are still student nurses.

The Regulation 425 as regulated by the South African Nursing Council is offered by nursing colleges and universities in South Africa which leads to a Diploma in Nursing which is offered by the Nursing College and a Bachelor's Degree in Nursing when offered at a university. In both these institutions, this program is offered over four years. For the nursing colleges, Ethos and Professional Practice is taught from first year through to third year, and that is where most of the modules are done and evaluated

through continuous assessment in the clinical area. At the end of their studies, the student nurses write a 3-hour theoretical and clinical examination to evaluate their competence (KZNCN EPP Guide: 7). At university, they start with the ethos and professional module in their fourth year and are evaluated on it during the final year of study.

Professional values in the nursing profession are learnt by the student nurses through observation of the senior nurses they work with during clinical practice. Bimray and Jooste (2014:197) reported that nurses are required to adhere to the nurses' professional values that are in line with updated knowledge which prioritize the well-being of patients under their care. Student nurses come into the nursing profession with their own personal values and are socialized in the professional values of the nursing profession. Nurses need to be aware of their own values and belief system first in order to be able to be sensitive and respond effectively to the needs of the patients and their families (Gallegos & Sortedahl 2015:187).

Berman and Snyder (2012:100) identified important professional values in nursing which include: altruism, human dignity and autonomy. The South African Nursing Council (SANC) has developed a code of ethics for South African nurses which outline the professional values. The code of ethics advocates for nurses to value life; the importance of individualized healthcare; acknowledge the different races and cultures of patients; integrity of persons in their care; and a culture that ensures a safe environment (SANC - 2013: 5 – 6).

Professional identity and competency of student nurses are developed through the addition of professional nursing values education in the curriculum (Daly, Lindell and Griffin 2012:479). The development of nursing professional values in the student nurse is very important in producing professional nurses that will offer high quality care to the public and increased job satisfaction for the nurse offering their service to the public. Bimray and Jooste (2012: 198) indicate that nursing professionalism has been the topic of much discussion and debate and is linked to the concept of self-leadership.

At the National Nursing Summit that took place in April 2011, the National Minister of Health in South Africa challenged nurses to identify challenges faced by the nursing profession in the country. The participants at the summit identified seven major

challenges which have been acknowledged through a document known as the National Strategic Plan for Nurse Education, Training and Practice 2012/13 - 2016/17 (Department of Health 2013:4). The major challenges outlined in the National Strategic Plan are: “nursing education and training; resources in nursing; professional ethos and ethics; governance, leadership, legislation and policy; positive practice environments; compensation, benefits and conditions of employment; and Nursing Human Resources for health. This summit was a platform for nurses to identify needs and problems encountered by nurses in the work place and having professional ethics and ethos as one of the seven major challenges was a call to say that nurses are aware of the shortcomings in professional ethics and values in the nursing care rendered to the South African public” (Department of Health 2013:4).

De Swardt, van Rensburg and Oosthuizen (2014: 10-12) identified lack of exemplary role models in proper professional values during nursing care and factors related to the clinical learning environment as having an impact on professional socialization. Experiences regarding the attitudes of professional nurses in the clinical environment have an effect on professional socialization of student nurses by the professional nurses in the clinical environment (De Swardt, van Rensburg and Oosthuizen 2014: 10-12). Findings from this current study showed that professional nurses were abusing patients while the student nurses were observing the abuse and the student nurses said that they did not want to be part of such unprofessional conduct such as hitting women with rulers, clamped with forceps and stuffing pillows on their mouth and it was shocking for the student nurses, especially being done by nurses in senior positions (De Swardt, van Rensburg and Oosthuizen 2014: 10-12).

Professional nurses have different functions as part of their job description and teaching is one those functions. Non-verbal communication is an important aspect of communicating and student nurses need to learn proper professional values from the professional nurses they are allocated to during clinical placement. If their role-models, who are professional nurses are uncaring, then the student nurses will have difficulties in learning appropriate behaviours from their seniors. In an American study done on the role of service-user feedback in undergraduate nursing courses, it was found that student nurses reflected the six fundamental values of care, or the 6Cs which are “care, compassion, competence, communication, courage and commitment” that underpin the

delivery of excellent nursing care (Ward and Benbow 2016:752). Nursing is viewed as the most trusted profession in the United States of America (Shea and Effken 2008: 135). It would be beneficial to know if the South African public can say the same about South African Nurses.

There is a number of cases received by the South African Nursing Council of offences committed by professional nurses in the healthcare facilities throughout South Africa (SANC 2015). Basic nursing care, maternity and medication related cases have the highest number of cases reported which suggests that nurses no longer care for the sick. The categories of offences committed by professional nurses indicate that many have not developed proper professional values which raises questions about whether student nurse are internalizing the professional values during their training, see Table 1.1 below.

**Table 1.1 - Professional misconduct cases against Professional Nurses (SANC 2015)**

<b>Type of offence</b>	<b>Number of cases</b>
Maternity related	12
Poor nursing care	4
Medication related	4
Fraud/forgery/theft	1
Assault	3
Total	24

## **1.2 Problem statement**

Despite research showing a generally positive public perception towards nurses in South Africa (Kunene, Nzimande and Ntuli 2001:35), there are several complaints portrayed in the popular media about South African nurse's conduct related to the nursing service offered to the public (Mkhwanazi 2012:1). There is a perception portrayed in the South African media that a lack of caring in the nursing profession is one of the reasons why the public has lost trust in the nurses of South Africa.

Student nurses come into the nursing profession with their own values and they are socialised with professional nursing values during their training either from a university or from a nursing college. Student nurses are expected to have mastered the professional values by the final year of their studies before they go and practice as professional nurses. There have been a lot of complaints from the public about professional nurse's conduct and the lack of a caring attitude in the health care facilities of South Africa. Nurses don't seem to care about patients and the public can not trust the nurses with their lives due to the way nurses treat patients in the health care facilities.

Nursing is associated with caring, respect and compassion, and if professional nurses don't show compassionate care towards their patients, then nursing is facing a serious crisis because then it means that nursing has lost its meaning. Many challenges and litigations faced by healthcare facilities in South Africa relate to poor professional values and a lack of caring and trust among nurses. The majority of professional misconduct cases reported to the South African Nursing Council are a result of uncaring attitudes by nurses while treating their patients.

If the public have no trust in the nurses, they may delay seeking healthcare, even if there is an urgent need to seek medical care, which will lead to complications or patients dying unnecessarily. Therefore, the health care system will be burdened by a lot of complicated cases. There is a lack of research about the professional values of final year student nurses to ascertain if the problem lies in the training of the student nurses or it is after they have become professional nurses.

### **1.3 Significance of the study**

Several studies (Parandeh, Khaghanizade, Mohammadi and Nouri 2015; Kim, Han and Kim 2014; Stanely and Matchett 2014; Daly, Lindell, and Griffin 2012 and Lin, Wang, Yarbrough, Alfred and Martin 2010) have been done on professional values of student nurses in other countries throughout the world. However, during the literature search, not a single study was found on the description of professional values of final year student nurses in the South African context.

Professional values plays a major role in professional nursing care and are integral to building trust in the public who require their services. It is further a profession that can claim the reputation of the most trusted profession as experienced by nurses in the United States (Ward and Benbow 2016:752). The South African nursing community should try to win back their reputation (as perceived in the South African media) that South African nurses used to enjoy many years ago (Meiring and Van Wyk 2013). However, if little is known about the professional values of the final year student nurses it will be difficult to develop interventions related to the professional values of student nurses. Therefore, this study aims to describe the professional values of final year student nurses in a college of Nursing and those in a university.

It is hoped that by describing the professional values of student nurses in their final year of training it will enable nurse educators and nurse clinicians to give targeted education and training to address professional values as they are described and valued throughout the world in the nursing profession. This study hopes to add to the body of knowledge of professional values in student nurses and the nursing profession at large in the South African context.

### **1.4 Aim of the study**

The aim of this study was to describe and compare the professional values of final year student nurses in a nursing college and in a university nursing department in KwaZulu Natal.

## **1.5 Objectives**

1. To identify the professional values of final year student nurses in a nursing college and in a university nursing department in KwaZulu Natal.
2. To compare the professional values of final year student nurses in a nursing college and in a university nursing department in KwaZulu Natal.

## **1.6 Research questions**

1. What are the professional values of final year student nurses in a nursing college and in a university nursing department in KwaZulu Natal?
2. What are the similarities and differences in professional values between the students a nursing college and in a university nursing department in KwaZulu Natal?

## **1.7 Operational definitions**

An operational definition gives meaning to a variable and also give a description of how the variable under study is to be observed and measured. (Brink, van der Walt and van Rensburg 2012: 92)

### **1.7.1 Professional values**

In this study is defined as the standards of professional behaviour as portrayed by college and university students when offering quality nursing care to their patients and the public of South Africa.

### **1.7.2 Student nurse**

A student nurse in this study is defined as the student registered with the South African Nursing Council (SANC) doing the R425 comprehensive four-year course in the last six months of their final year of studying at a College of Nursing or a University.

### **1.7.3 Professional nurse**

In this study is defined as a nursing practitioner that has gone through nursing education and is registered with the South African Nursing Council as a General Nurse.



#### **1.7.4 R425**

Regulation 425 as outlined by the South African Nursing Council that regulates the training of professional nurses in the comprehensive four-year Diploma in Nursing and the Bachelor's Degree in Nursing.

### **1.8 Abbreviations**

1.1.1. R425: South African Nursing Council Regulation 425

1.1.2. SANC: South African Nursing Council

1.1.3. KZN: KwaZulu Natal

### **1.9 Conclusion**

Professional values in nursing is well documented and it forms the most important part of nursing practice and how student nurses are taught professional values when they enter the nursing profession. Student nurses who have proper knowledge of professional values can offer nursing care that is relevant to the needs of the patients.

# **CHAPTER 2: LITERATURE REVIEW**

## **2.1 Introduction**

This chapter reports on the literature about professional values from other studies to obtain background information and understand what is already known about the subject. The literature review represents the thoughts, assumptions, views and investigations undertaken by different researchers and authors from various countries around the world about professional values of student nurses and in nursing generally. The Durban University of Technology (DUT) library was used to search databases, books and journals with relevant information related to values and professional values in student nurses and in the nursing profession.

The following electronic databases were searched for information related to this study:

- The Cumulative Index to Nursing and Allied Health Literature (CINAHL)
- ProQuest
- Medical literature online (MEDLINE)
- Academic Search Complete
- MasterFILE Premier
- Google scholar

Search terms used to get relevant articles were values, nursing, student nurse and professional values. Only articles available in English were reviewed for this study.

## **2.2 Values defined**

Pera and van Tonder (2012:12) indicate that a value means a code of conduct that is expressed in terms of either right or wrong. Du Toit and le Roux (2014: 31) echoed Pera and van Tonder (2012:12) by stating that values are the common notions of what is acceptable or not and also what is desirable or undesirable. Values are beliefs about the importance of an individual, any object, idea or action taken by human beings (Berman and Snyder 2012: 99). Values in nursing are viewed as an important aspect since they guides the nurse's ethical decision making regarding nursing care (Berman and Snyder 2012: 99).

Du Toit and le Roux (2014: 32) classified values into internalised values; which are the values that become part of the individual's personality; and then there are institutionalised values which are the values that serve as guidelines in making choices between alternative actions in everyday activities. Values are learned, and like other learned behaviour, take shape in early life and are influenced by early care-givers and the family (Pera and van Tonder 2012:12). Student nurses therefore learn the values of the nursing profession through socialization into the profession by senior professional nurses they are allocated to work with in the clinical environment.

### **2.3 Personal and professional values**

“Professional values are defined as standards of behaviour for performance that provide the framework for appraising beliefs and attitudes that influence behaviour” (Parendeh, Khaghanizade, Mohammadi and Nouri 2014:284). Berman and Snyder (2016:99) described personal values as those values that people obtain from society and from their individual groups. They then internalize those values to become part of the society. As an individual grows and develops, formal learning, peer experiences and societal institutions shape their personal values (Pera and van Tonder 2012:12). Personal values are learnt from primary socialization of the individual and they are internalized and become part of the individual's personality.

Nurses practice within the legal and ethical framework of the profession and the internal self-environment of the nurse might impact on their professional nursing practice (Bimray and Jooste 2014:201). Donmez and Ozsoy (2016:5) concluded that student nurses in Western Turkey have proper professional values, which are affected by their personal attributes. These findings suggest that if student nurses are socialised properly into the nursing profession during their student years, it will affect how they behave personally and as professional nurses in the future. Nursing is a twenty-four-hour profession and how one behaves outside the workplace is also important because the public is expecting certain behaviour from a nurse throughout their lives.

Adams (2014:1) suggested that professional values that nurses bring to the workplace cannot be ignored since they have an impact on the development of nursing values. Historically, the nursing professional values were taken seriously and currently nursing has lost the values on which the profession used to pride itself in (Adams 2014:1).

Personal values of nurses should not contradict their professional values; instead nurses have to allow their personal values to adapt to the professional values learned as they progress to becoming a professional nurse. Professional values are best taught through the professional socialization of student nurses by their seniors. Student nurses in the Baccalaureate program are becoming more aware of the role played by professional nurses beyond bedside nursing (Denver, Roman, Smith, Bowllan, Dollinger and Blaine 2015:339). The findings in this study never called into question the nursing professional values. It was assumed that nurses were caring, compassionate, knowledgeable, hardworking and honest. However, recent failings in some health care institutions have cast doubt on such assumptions and as a result; patients and service users have been harmed (Denver *et al.* 2015: 339). The findings further showed that graduating senior students were more ready to be socialised in the practical environment. It was concluded that through role modelling, conversations, continuous knowledge, attitudes and skills allowed the student nurses to improve their values and socialization before entering the nursing profession. (Denver *et al.* 2015). Stanely and Matchett (2014: 133) concluded that there is a need for ethics training in nursing education to enable the student nurse to cope during clinical placement in the work environment.

There is a need for student nurses to be encouraged to reflect on the knowledge and skills of professional values, to take time to contemplate their own values as nurses and consider whether these values mirror the values required by the nursing profession, employers and patients. Personal values of nurses should be congruent with professional nursing values and allow their personal values to adapt to their learned professional values as they enter the nursing profession (Adams 2014: 1). Parendeh *et al.* (2015: 284) stated that education and the lecturer's perceptions on professional values plays a major role in the development of professional values among student nurses. The role of culture in developing professional values and the effect of learners' individual characteristics was considered important in development of professional values (Parendeh *et al.* 2014: 284).

Tuckett (2015: 260) concluded that immediate reward played a major role in professional values development. This is understood by those saying "thank you" and the graduates recognise that their work is appreciated and is thus fulfilling. The level of

education and experience of the professional nurses were found to be important in the development of professional values for the student nurse (Gallegos and Sortedahl 2015: 187). This study suggests that the longer a person is in the nursing profession the more professional values they acquire. Parendeh *et al.*, (2015: 289) also found that demographic factors had an influence on the development of professional values. Bimray and Jooste (2014: 202) identified core professional values as caring, compassion, honesty, integrity, self-respect, respect for other people, appearance, human dignity, autonomy, social justice, honour, excellence, service, proficiency, attitudes, behaviour communication skills, altruism, accountability, commitment and maintenance of the code of ethics.

## **2.4 Essential nursing values**

Previous studies suggest a number of essential nursing values that form part of the professional values in nursing. This essential nursing values include professionalism (Geyer, Mogotlane, Young, Boshoff, Chauke, Matlakala, Mokoena, Naicker and Randa 2016:32; Deghani, Salsali and Cheragi 2016:111; Ten Hoeve, Jansen and Roodbol 2016:1; Bimray and Jooste 2014: 210 and Keeling and Templemen 2013:20), compassion (Dewar *et al.* 2013: 49; Van Cingel 2014; Jack and Tetley 2016:1; Fowler 2010:1; Hodgson, Taylor, Knowels and Collay 2016; Adam and Taylor 2013: 1242; Wilkes, Cowin, Johnson and Zheng 2014: 555, Adu-Gyamfi and Brenya 2016:1; Curtis, Horton and Smith 2012:1; Haskins, Phakathi, Grant and Horwood 2014:39 and SANC 2013:5), altruism (Berman and Snyder 2012:100; SANC 2013:5 and Aguilar, Stupans, Scutter and King 2013:27), human dignity (SANC 2013:5; Morin 2015:667; Solum, Maluwa, Severinsson 2012:132; Edlund, Lindwall, Von Post and Lindstrom 2013:858; Mannokian, Cheragi and Nasrabadi 2013:1'; Guo and Jacelon 2014: 931), autonomy (Polit and Beck 2012: 154; SANC 2013: 5; Al, Sarcan, Zengi, Yildirim, Dogan and Kabul 2015: 13), social justice ( SANC 2013:4; Chorwe-Sungani, Namelo, Chiona and Nyirengu 2015: 18) and integrity (SANC 2013: 5; McGinnis, Guenter and Wainwright 2016:1417).

### **2.4.1 Professionalism**

A profession is a career that needs specialised knowledge and skills comprising of professional members and it functions autonomously and continuously towards

extending the body of knowledge in that profession (Geyer *et al.* 2016:32). People who practice nursing as a profession need to remain professional at all times. The above authors further state that professionalism is a growth process that's strongly depended on the availability of the members of the profession to add value in the world. Professionalism is meant to create an environment that will be therapeutic for people receiving healthcare. Professionalism is a core professional value in nursing and it consists of three pillars which are; principles of care, communication and ethics (Deghani, Salsali and Cheraghi 2016: 111). These findings therefore suggest that for nurses to show professional conduct towards their patients, they need to communicate with respect when dealing with their patients. Nursing is a noble profession and not everyone is meant to be a nurse, but nursing is for those special individuals who value life and care about other people in need of their assistance.

Nurses need to work harder to ensure that the public is aware of their professionalism (Ten Hoeve, Jansen and Roodbol 2013: 1). Bimray and Jooste (2014: 210) developed a conceptual framework to show professional leadership in South Africa and came up with attributes that were essential for professionalism and those attributes included knowledge, applied skills, wisdom, pro-activity and self-directed learning. This study concluded that awareness for strong professional values is therefore vital in educating the nurses that will be in charge of offering quality patient care which includes applying professional values and self-leadership competencies. Student nurses perceive good role modelling as an important aspect in professionalism (Keeling and Templeman 2013: 20).

#### **2.4.2 Compassion**

Dewar, Adamson, Smith, Surfleet and King (2013:1740) define compassion as:

“[a] deep awareness of the suffering of another, coupled with a wish to relieve it and a deep feeling of connectedness with the experience of human suffering that requires personal knowing of the suffering of others, evokes a moral response to the recognised suffering and that results in caring that brings comfort to the sufferer.”

Compassion has been viewed as missing in rendering of quality nursing care, and it is an important aspect in nursing. (Van der Cingel 2014:1254). The findings of this study concluded that compassion is one of the essential values in nursing and the nurse performs professional care based on how they are taught and socialised during their

training and clinical placement. Compassion is said to be a challenging aspect of nursing practice on an emotional and practical level (Jack and Tetley 2016:1). This study used reflective poetry writing by student nurses and feelings of vulnerability emerged through the data and it was recommended that educators need to understand the meaning of compassion as it is lived by student nurses so that they can support their development.

Fowler, (2010:1) stated that “The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual unrestricted by considerations of social or economic status, personal attributes or the nature of health problems”. The above provision highlights that every patient should be treated with compassion, respect and dignity irrespective of their social or economic status and to be taken care of with any type of illness. Compassion is not limited only to nursing in healthcare as Hodgson, Taylor, Knowels and Colley (2016) did a study on enhancing compassion in radiotherapy in conjunction with the staff from the University, patients and other healthcare personnel and this study resulted in development of a curriculum that had three themes which were: care and compassion, technology and professionalism. Compassionate care in nursing education is viewed as an important aspect as it can enable student nurses to be equipped with necessary skills to build proper and professional relationships with clients, and to successfully manage the problems encountered during nursing care (Adam and Taylor 2013: 1242). Wilkes *et al.* (2014:555) found that student nurses viewed the qualities of professional nurses as being knowledgeable with good communication skills and caring as the most important. Caring and compassion are most significant in nursing because when one thinks of a nurse, they think of someone who will care for them with compassion.

Adu-Gyamfi and Brenya (2016:1) conducted a study on a search for Florence Nightingale in Ghana. The study analysed existing literature of Florence Nightingale in Ghana and the most common reasons given by respondents as to why they settled into the nursing profession were the respect attached to the profession, interest in the field, motivated or inspired by someone in the field, and avoiding unemployment. Florence Nightingale has always been associated with caring but the findings reflect a lack of caring mentioned by the respondents which suggests that the professional value of

caring by nurses in Ghana may be a problem related to socialization of nurses in the nursing profession. Socialization in compassionate practice was identified as a concept student nurses needed to master in to become professional nurses (Curtis, Horton and Smith 2012: 1). Student nurses need to learn compassionate care from the professional nurses they are allocated with in the clinical environment.

A South African study revealed that some patients were not happy with the nursing care offered to them because the nurses would yell at patients and scold them which lead to the patient keeping information from the nurses which might be information that can play a major role in the nursing care of the patient (Haskins, Phakathi, Grant and Horwood 2014:39). In the above study, it was found that poor nursing practices and abuse of patients was a problem in this institution and patients ended up being shouted at them unnecessarily. This verbal abuse and neglect of patients should not be blamed on staff shortages and lack of equipment because nurses are expected to demonstrate a nurturing attitude and caring for the patients as outlined by the Code of Ethics for nursing providers in South Africa (SANC 2013: 5).

#### **2.4.3 Altruism**

Altruism deals with the welfare of other people (Berman and Snyder 2012:100). Berman and Snyder (2012:100) state that altruism is shown when the nurses are more concerned with the well-being of patients and fellow workers. According to the code of ethics for nursing practitioners in South Africa, altruism is one of the ethical principles where nurses are expected to show concern for the wellbeing of the patients receiving care at all times (SANC 2013: 5). Nurses need to consider the wishes and actions of patients at times might be in conflict with the professional values of nursing, and a decision that will ensure the well-being of the individual needs to be taken. Altruism was found to be a core professional value which unifies the student nurses and Registered nurses in a common culture (Bimray and Jooste 2014: 202). Aguilar *et al.* (2013: 27) identified altruism as an essential value in physiotherapists which suggests altruistic values are not only limited to nursing but also in other healthcare related professions.



#### **2.4.4 Human dignity**

Human dignity is concerned with acknowledging the uniqueness of people and respect for their worth and in nursing, it is shown when the nurse respects all the clients in their care including their co-workers (Berman and Snyder 2012:100). Patients need to be treated as individuals with respect by nurses irrespective of their age or condition. The South African Code of Ethics advocates that there should be respect for the diverse people of the country in need of nursing care and they should be treated as individuals not as a collective (SANC 2015: 5). People who are cared for by nurses need to be respected and be treated with dignity as an obligation outlined by the code of ethics. Solum, Maluwa, and Severinsson, (2012:132) found that the patient's right to respect and dignity was violated in a Malawian hospital where student nurses reported a number of incidents exhibited by the nurses as unprofessional behaviour such as nurses not attending to their needs or shouting at patients which may lead to patients not reporting any health issues timeously.

Edlund *et al.* (2013: 858) concluded that the understanding of human dignity is an important aspect that is applicable to human beings and is value based. It is vitally important to respect the culture of the healthcare users because the way in which dignity is expressed changes due to cultural influences (Edlund *et al.* 2013). It is important for the nurses to get more knowledge and understanding regarding the protection of patients' dignity to promote understanding of human dignity and dignified nursing care (Manookian, Cheraghi and Nasrabadi 2013:1). Human dignity is important throughout one's life from birth till dying. Dying with dignity is viewed as a human right and is important to the patient and their families hence, privacy and a calm environment is very important for the dying patient to die with dignity (Guo and Jacelon 2014: 931).

#### **2.4.5 Autonomy**

Berman and Snyder (2012:100) state that autonomy deals with the right to self-determination. Self-determination means that healthcare users can voluntarily make decisions regarding their health (Polit and Beck 2012:154). Nurses reflect autonomy when they respect the patients and allowing them to make their own decisions related to their health. Respect for autonomy of healthcare users is very important so that they can be allowed to make their own decisions and choices in matters related to their health

(SANC 2013: 5). Healthcare users need to be treated as human beings and with respect all the time. The public considered violence towards nurses as a way of being in power and that can only happen if the patient's rights to make their own decision regarding their own health is violated (Al *et al.* 2015: 19).

#### **2.4.6. Social Justice**

Social justice is an act of being fair irrespective of financial status, demographics and sexual orientation. (Berman and Snyder 2012:100). This principle means that all healthcare users need to be given equal health care without being judged. The SANC code of ethics (SANC 2013:4) highlighted that nurses needs to avoid competition while caring for patients but ensure equity where there is diversity. Nurses are encouraged to advocate for vulnerable and disadvantaged healthcare users to ensure that they receive proper nursing care.

Family involvement in nursing care was viewed as an important aspect for nursing care by family members of patients admitted in a psychiatric hospital in Malawi. (Chorwe-Sungani *et al.* 2015: 181) This study suggests that respect and social justice for the psychiatric patients needs to be taken into consideration while taking care of mentally ill patients. Social justice needs to be considered for psychiatric patients because they cannot make informed decisions.

#### **2.4.7 Integrity**

Berman and Snyder (2012:100) state that integrity refers to acting according to the standards set by the Code of ethics regulating nursing practice. Integrity is shown when the nurses provide nursing care with honesty and according to the scope of practice. The code of ethics (SANC 2013: 5) is based on the belief system that nurses value integrity of patients as well as the image of the nursing profession. How nurses behave doesn't affect them individually but the nursing profession. It is important that nurses preserve the identity of the profession by acting according to their scope of practice and code of ethics. McGinnis, Guenther and Wainwright (2016: 1417) concluded that development of professional values considers personal values brought into the nursing profession by the student nurse which is then shaped during academic and clinical exposure to the nursing profession. Compassionate care and integrity are some of the

professional values integrated into clinical practice by the student nurses (McGinnis, Guenther and Wainwright 2016: 1417). Therefore, integrity forms part of important professional values in the healthcare system.

## **2.5 Clinical learning experience**

Professional values play a major role in the nurse's attitudes and behaviour, and are the cornerstone in the nurses' provision of quality nursing care (Gallegos and Sortedahl 2015:187). Lin *et al.* (2010:646) examined the student's nurses values during their training and the student nurses confirmed that professional values forms an important aspect of nursing care and it provide a framework for evaluating behaviour. Self-esteem has a major role to play in the development of professional values in the student nurse (Daly, Lindell and Griffin 2012:479). Educating future nurses not only concentrate on competencies but include developing the student nurse to be a well-rounded nurse. (Walker *et al.* 2014: 103). The well-rounded nurse is a nurse that is able to integrate their own personal values into professional values of the nursing profession during nursing care.

Parandeh *et al.*, (2015:287) found that the theoretical and clinical education and professional experiences during the clinical placements of student nurses plays a major and positive role in professional values development. The findings in this study suggest that what student nurses learn during their clinical placement regarding professional values is very important. Hakimzadeh, Ghodrati, Karamdest, Ghodrati, and Mirmosavi (2013:728) concluded that the clinical placement has an impact in the clinical competencies and development of professional values on the student nurse.

Solum, Maluwa and Severinsson (2012: 128) conducted a study on ethical problems in practice in Malawian students and the findings revealed that there was a conflict between the patient's rights and their relatives available during nursing care. There were challenges experienced by the student nurses regarding respecting patient's rights and acting according to the Western norms and values that were contrary to the Malawian's value system (Solum *et al.* 2012:128). Solum *et al.* (2012:128) suggested that student nurses need to develop professional values that are appropriate to the African context and they need role models who are professional nurses to demonstrate and socialise them with these values during their training. In another study it was found that there was

lack of respect by the nurses towards the psychiatric patients (Chorwe-Sungani, Namelo, Chiona and Nyirongo 2015:181). Respect is one of the important professional values in nursing and patients need to be respected irrespective of their mental status.

Botswana has also faced challenges in ethics and professional values related to nursing. A study on building a curriculum that is ethically relevant to Botswana revealed that thirty-three percent of academic staff showed interest in teaching ethics and they were more likely to introduce the International Council of Nurses Code of Ethics in nursing educating (Barchi, Singketon, Magama, and Shaibu 2014:495). Mentoring was viewed as an important factor, the students will learn the professional value of respect from their clinical instructor and it becomes instilled in the student nurses while on clinical placement. Barchi *et al.* (2014:49) suggested guidelines that will consider the values system of the student nurse during clinical placement and the registered nurses needs to implement it as an important aspect for personal and professional wellbeing of nurses.

Skills development and professional role development, plays a major role in professional values development (Denver, Tammy, Smith, Bowllan, Dollinger and Blaine 2015:341). The findings in this study suggest that student nurses need to develop critical thinking skills so that they can handle any problem that needs ethical decision making in the clinical environment. Khoza (2015: 103) found that South African student nurses are aware of the role played by clinical learning experiences to develop their competencies including being socialized into the professional values of the nursing profession. In this study, student nurses view a patient as the most important aspect of their clinical learning experiences and they need to practice proper professional values during their encounter with patients during clinical learning.

## **2.6 Consequences of poor professional values**

Several studies have reported the consequences of poor professional values in nurses, including workplace violence (Mitchel, Ahmed and Szabo 2014; Al, Sarcan, Zengi, Yildirim, Dogan and Kabul 2015; Ahmad, Al-Rimawi, Masedeh, and Atoum, 2015; Atako, Ninnoni, Adotara, Gross, and Agbavor, 2016; and Abdellah, and Salama, 2017), moral distress (Stanely and Matchett 2014; Stanely, Hayes, Fredrick and Silverman 2014; Solum, Maluwa, and Severinsson, 2012; and de Beer and Chipps 2014), poor

role modelling Adams (2014); De Swart, Van Rensburg and Oosthuizen 2014), missed nursing care (Ausserhofer, Zander, Busse, Schubert, De Geest, Rafferty, Ball, Scott, Kinnunen, Heinen, Sjetne, Moreno-Casbas, Kozka, Lindqvist, Diomidous, Bryneel, Sermeus, Aiken, and Schwendimann 2014; Lake, Germack and Viscardi 2015 and Crush and Tawodzera 2014), and adverse events such as pressure sores, falls, incorrect administration of medication and infections in neonates (D'Amour, Dubois, Tchouaket, Clarke and Blais: 2013 and Dramowski, Cotton, and Whitelaw, 2017).

### **2.6.1 Workplace Violence**

Workplace violence is “any act of which a person is abused, threatened, intimidated or assaulted in his or her employment” (Mitchel, Ahmed and Szabo 2014:147). The authors recommended that every applicant should go through a pre-screening programme including background checks to see if they were never involved in any violence with the previous employer. Competencies and professional conduct were also checked to ensure that the candidate to be employed is suitable for the job and also to prevent violence in the workplace (Mitchel, Ahmed and Szabo 2014:147). Al *et al.*, (2014:19) identified the common cause underlying violent behaviour as incompetency by the healthcare personnel in the workplace. Al *et al.* (2015:19) suggests that if the healthcare staff are not able to practice their professional values like caring properly, then the public become violent towards them. Mitchel, Ahmed and Szabo (2014:148) highlighted generational differences as a problem affecting workplace communication and collaboration in nursing. They identified four generational levels:

“Veterans born from 1925-1945

Baby boomers born from 1946-1964

Generation Xers born from 1965-1980

Millennial born from 1980-2000”

These generational levels result in a multigenerational personnel that causes workplace violence due to the difference in personal and professional values each generation possess (Mitchel, Ahmed and Szabo (2014:149). Proper role modelling of professional

values within the different generations in nursing could benefit the nursing profession and decrease the workplace violence among nurses.

Ahmad, Al-Rimawi, Masedeh, and Atoum, (2015:48) identified abuse and physical types of violence healthcare professionals experience in the work place and verbal abuse is the one being reported when compared to other types of abuse. Atako, Ninnoni, Adotara, Gross, and Agbavor, (2016:3) identified verbal abuse from patients' relatives as a type of abuse reported by professional general nurses working in the emergency departments in Ghana. This is supported by an Egyptian study which stated that there were 58.2% cases of verbal violence reported by healthcare workers working in the emergency department (Abdellah, and Salama, 2017:3). It is important to deal with the cause of the work place violence so that it can be prevented. There is a problem of workplace violence among the different generations of nursing personnel and this can be a result of the lack of respect between nurses.

#### **2.6.2 Moral distress**

Student nurses verbalised that they experienced moral distress in the clinical environment if they are looking after patients with different values and belief systems from theirs and they highlighted that they face a moral challenge due to working with culturally diverse patients (Stanely and Matchett 2014:133). The results of this study suggest that nursing students should be educationally taught on how to deal with diverse patients from different cultures to reduce moral distress during clinical learning experience (Stanely and Matchett 2014:133). Stanely and Matchett (2014:133) concluded that student nurses need opportunities to practice moral reasoning skills in addition to their clinical learning experience and this can be done by introducing a philosophical approach during theory in nursing education. These findings were echoed by Stanely, Hayes, Fredrick and Silverman (2014: 148) who also found that unpreparedness for cultural diversities; personalized care and moral challenges were expressed by student nurses as problems experienced by student nurses in taking care of diverse populations. This appears to be reinforced in a study by Solum, Maluwa, and Severinsson, (2012:133) found that student nurses experienced moral distress in Malawi due to the knowing what should be done in a certain situation in contrast to what they could do due to ethical problems. Cultural competence was identified as vital in

nursing care to prevent moral distress in South Africa since there is a diverse population from different cultures (de Beer and Chipps 2014: 50).

### **2.6.3 Poor role modelling**

In a student life article concerning what caring is all about highlighted that professional values exist so that they can benefit and protect patients, and failure to embody them may jeopardise the suitability of graduating students to join the profession (Adams 2014: 66). This paper suggested that displaying poor professional values can hinder people from coming to join the nursing profession since it is badly marketed by the people who are supposed to be displaying proper professional values to the public thereby, attracting more people to be part of this profession.

De Swart, Van Rensburg and Oosthuizen (2014:12) discovered that due to the poor role models, student nurses were disillusioned with the professional nurses. Student nurses stated that the professional nurses taught them how to cheat, to take short cuts, how not to do a task, and how to cover up their errors (De Swart, Van Rensburg and Oosthuizen 2014:12). The findings of the current study suggest that the student nurses get taught proper professional values in theory and how to take care of patients properly. However, when they get to the clinical environment they experience the opposite from what they were taught, which then leads to nursing care being compromised and students modelling the bad attitudes and behaviours from their role models.

### **2.6.4 Missed nursing care**

Consequences of poor professional values in nursing leads to nursing practice that is not attended to (Ausserhofer *et al.*, 2014: 126). Ausserhofer *et al.* (2014:126) did a survey on missed nursing care on 488 Hospitals in Europe, and found that 53% of the participants highlighted that the nursing care left unattended to include comfort and talking with patients. The findings of this study suggest that there is lack of communication between nurses and patients and the nurses do not talk and comfort their patients, which is part of the psychological care of patients. In a similar study done in the United States of America on missed nursing care being linked to patient satisfaction, the results echoed that 47.7 % of nurses agreed that they do not comfort or talk to their patients (Lake, Germack and Viscardi 2015:1). In this study, patients who

verbalised having poorer nursing care experiences was in hospitals where more nurses did not participate in required nursing care.

Crush and Tawodzera (2014: 658) examined access to healthcare of Zimbabwean people living in South Africa and the findings showed that there is abuse on these patients and they are not treated well by health workers, especially nurses (Crush and Tawodzera 2014: 658). Crush and Tawodzera (2014: 658) further highlighted that there is a rigid and hierarchical structure in the healthcare system of South Africa which leads to dehumanization of patients and nurses do not participate in all the required nursing care. This study showed that Zimbabwean migrants do not have access to healthcare because they are not South Africans, while the South African nurses pledge requires them to offer nursing care to all individuals who need care irrespective of their nationality (Crush and Tawodzera 2014: 658). This study further highlighted that it is not only the Zimbabwean nationals that complain about poor nursing care and missed care but includes South Africans as well who always have complaints about poor nursing care standards in the health care facilities of the country (Crush and Tawodzera 2014: 658). The findings in the current study suggest that many people are subjected to poor nursing care in public healthcare facilities in South Africa. These nurses do not care what is done to patients and do not know how to treat people in need, which results in poor nursing care due to lack of the necessary professional values.

#### **2.6.5 Adverse events**

A large Canadian study which looked at adverse events caused by nursing care in 22 medical wards of 11 hospitals, reviewed charts of 2699 hospitalised patients, and found that the adverse events included poor skin integrity, patients falling from their beds, mistakes made while giving medication, illegal use of patient's restraints and respiratory tract infections (D'Amour *et al.* 2013:882). The study concluded that the majority of these adverse events were attributable to poor nursing care (D'Amour, *et al.* 2013:882). These adverse events revealed that there are poor professional values amongst nurses which lead to poor nursing care rendered to patients which in turn, compromises quality nursing care offered to people in need of medical attention (D'Amour, *et al.* 2013:882). Poor professional values result in nurses not adhering to set standards of care in healthcare facilities which then leads to poor nursing care and adverse events

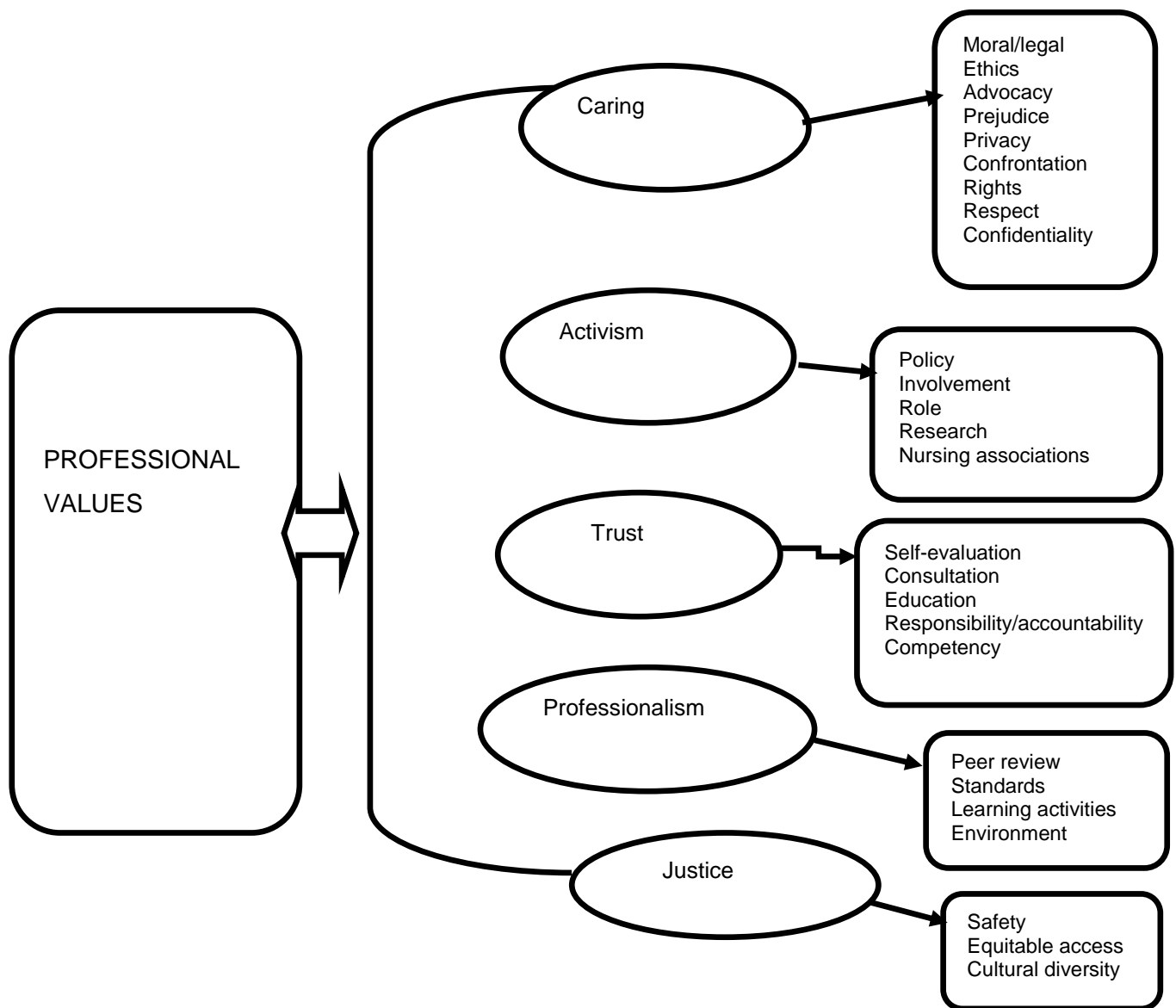


experienced by the patients. Dramowski, Cotton, and Whitelaw, (2017:192) identified infections caused by healthcare providers in neonates in South Africa as an adverse event contributing to morbidity and increased mortality rates in healthcare facilities. Dramowski, Cotton, and Whitelaw, (2017:192) recommended that development of infection prevention and control policies and patient safety advocacy should be promoted to prevent health associated infections in neonates and children. Lala, Lala and Dangor:(2017:64) identified nosocomial infections, errors on medication administration, and poor supervision during feeding of neonates and children. A staff shortage in the healthcare institutions makes it difficult for the few staff members to adhere to proper professional values which then lead to adverse events (Lala, Lala and Dangor:(2017:64).

## **2.7 Conceptual framework**

“A framework is the overall conceptual underpinnings of a study and the study needs to have its roots in a specified conceptual model” (Polit and Beck 2012: 128). This conceptual framework is the one that the researcher has developed through identifying and defining concepts to create a specific way of looking at professional values (Brink, van der Walt and van Rensburg 2012: 26). This conceptual framework was developed according to the development and psychometric evaluation of the Nurses Professional Value Scale – Revised by (Wies and Schank 2009: 227), which identified five subscales linked to the different questions on the questionnaire which are caring, activism, trust, professionalism and justice.

The framework was developed using these subscales and their relevant professional values from the questionnaire as shown in figure 2.1. below



**Figure 2.1: Nurses Professional Value Scale- Revised subscales**

### **2.7.1 Caring**

Caring can be defined as an action that is intentionally taken to show physical support and emotional security to a person (Berman and Snyder 2012:1552). Caring is an important professional value in nursing since nursing is about caring. Graduating nurses identified caring as an essential professional value observed from registered nurses during their studies (Lyneham, and Levett-Jones, 2016:88).

Safeguarding a patient's privacy is part of caring for the patient. Berman and Snyder (2012:71), highlighted that every individual has a right to privacy which is a right to be protected from invading an individual's privacy as such invasion negatively impacts patients' reputation in the community. Privacy in nursing care includes privacy of personal information and ensuring privacy during the clinical procedures (SANC 2013:5). The South African Nursing Council Code of Ethics (2013: 3) encourages nurses to consider all South Africans in line with the Human Rights Declaration and the Patient Rights Charter so that the rights of the patients in all health care facilities can be respected. Geyer *et al.* (2016: 65) stated that morality refers to the rules of conduct that control social interaction and they include personal values and rules of behaviour. Protecting moral and legal rights of the patients including advocacy plays a major role in caring. Advocacy is an important aspect in caring where the nurse acts as the patient's advocate to protect the patients from being exploited. Patient advocacy is an act of protecting or making an appeal for someone and it is also known as patient mediation (Geyer et al 2016: 76). Berman and Snyder (2012:71), stated that it is important for nurses not to breach confidentiality by passing the patient's confidential information to others because it can result in liability. Respect and confidentiality in nursing is very important.

### **2.7.2 Activism**

Activism in nursing plays a major role since nursing has policies in place that are implemented to improve the standard of care. According to Catrambone (2016:2) nurses in every setting need to take responsibility to engage in shaping policy and be involved in policy development decisions. Leadership is very important in nursing as the professional nurse who is a unit manager or a shift leader is in a leadership role which requires leadership abilities and characteristics (Berman and Snyder 2012: 519). Leadership in nursing includes participating in public policy decisions, participating in research and being involved in activities of professional nursing associations. The South African Code of Ethics (2013: 3) "encourages nurses to consider all South African laws as well as international documents which include, but not limited to the Universal Declaration of Human Rights, International Council of Nurse (ICN) Code of Ethics, the Patient Rights Charter, and all other nursing and healthcare policy frameworks providing direction and guidance for responsible practice in nursing." Haidrani (2016:35)

suggested that activism can broaden the understanding of patients and increases confidence. This article also encouraged nurses to participate in decision making, to influence policy and advocate for change in nursing.

### **2.7.3 Trust**

In the United States, nursing is considered the most trusted profession and nurses have earned the trust from American society (Catrambone 2016:1). It would be interesting to know, if in the South African context, whether nursing are the most trusted profession. Rutherford (2014:283) confirms that trust is an important aspect in nursing that impacts on nurses' ability to build a relationship of trust with patients, and these connections causes good healthcare outcomes and quality of nursing care. Trust in nursing includes taking responsibility for their own actions and being accountable in creating a relationship of trust with the patient. Responsibility is when a nurse is being accountable to look after the health needs of the patients holistically including preventative and promotive health (Geyer *et al.* 2016: 71).

Geyer *et al.* (2016:71) also explained the concept of accountability as being answerable and responsible, having to account or answer for every duty completed or not completed. Self-evaluation is an important aspect of trust where nurses are involved in on-going self-evaluation to see if they are still on the right track Dinc and Gastmans (2013:508) suggested that trust is important to develop and maintain the nurse-patient relationship which is a process that that goes through various stages from initial trust to a specific reconstructed trust, during which trust can be shuttered and re-established. Seeking additional education and maintaining competency in their area of practice is an important aspect in maintaining a trusting patient-nurse relationship.

### **2.7.4 Professionalism**

A study which focused professionalism among nurses Ethiopia concluded that nurses with longer years of experience were significantly related to professionalism and nurses who joined professional organizations had higher scores on professionalism (Fantahun, Demessie, Gebrekirstos, Zemene, Yetayeh 2014:10). Participating in peer review and establishing standards of practice in part forms an important aspect of professionalism.

Bimray and Jooste (2014: 197) discovered that for the new nurses who have just entered the nursing profession, professional values are often not understandable which prevents the young nurses from being aware of their own leadership characteristics so that they can behave in an acceptable manner. This study concluded that professionalism has a link with self-leadership for nursing practice in South Africa and the professional nurse requires leadership abilities to manage complex professional issues and patient care in a professional manner. Nurses are responsible for initiating actions to improve the environment of practice and encourage learning activities for student nurses.

### **2.7.5 Justice**

Protecting the health and safety of the public is the responsibility of nurses through health education and to ensure access to health care. Geyer *et al.* (2016: 68) state that justice is ensured by distributing healthcare resources fairly and justly to patients requiring care. These authors further highlight that patients at similar levels should be treated equally and those who are unequal should be treated differently according to their needs. The concept of justice also considers health and safety of the public ensuring that the public has access to the best and safe healthcare available considering the needs for the culturally diverse population. It is about advocating for what is best for all patients, equally. Nigerian authors Agom, Agom, Nweze and Onwe (2015:3) identified attributes of patient's advocacy which were ensuring safety for the patients, acting on behalf of the patient and promoting social justice in the provision of healthcare. Acting on behalf of patients implies that nurses represent the patients that are not able to talk for themselves and ensures that they receive the best possible healthcare available.

## **2.8 Conclusion**

Following a thorough review of the literature pertaining to professional values in nursing it can be concluded that there are several values which are related to nursing. These can be summarised as caring, activism, trust, professionalism and justice. Professional values are developed during the clinical learning experience and the consequences of poor professional values include, work place violence, moral distress, poor role modelling, missed nursing care and adverse events.

## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

This chapter focuses on the research methodology used in this study and describes the research design, research setting, population and sample, pilot study, validity and reliability of the data collection instrument, the process of data collection, data analysis, and ethical considerations.

### **3.2 Research design**

According to Grove, Burns and Gray (2013: 195) “a research design is the blueprint for conducting a study since it maximizes control over factors that could interfere with the validity of the study’s findings.” This study used a quantitative cross sectional, comparative, survey design to answer the research questions.

“Quantitative research is defined as the investigation of phenomena that lends itself to precise measurement and quantification (Polit and Beck 2012: 739).” Grove, Burns and Gray (2013:23) “define quantitative research as a formal, objective, systematic process implemented to obtain numerical data for understanding aspects of the world.” A quantitative design was used in this study so as to get the different views from a large number of participants in the two different settings of this study.

Polit and Beck (2012: 184) “define a cross-sectional study as a collection of data once the phenomena under study are captured during a single period of data collection and at a fixed point in time.” In this study, data was collected in the last six months of the participant’s final year of the R425 program.

A comparative descriptive design is when there is a description of the variables and the differences between them to see if they differ in some aspects (Brink, van der Walt and van Rensburg 2012:114). The researcher decided on this type of design to find out about the professional values of the student nurses in the college and the university and to ascertain any differences between these variables. It also assisted in finding out where the gap was in terms of teaching the students about professional values in the college and the university.

### **3.3 Setting**

This study was conducted in a KwaZulu-Natal College of Nursing (KZNCN) (hereafter referred to as the College) and Durban University of Technology (DUT). KZNCN is the public training college for nursing in the Province of KZN. The College has 10 campuses offering the R425 program which leads to registration with the South African Nursing Council for the Diploma in nursing: General, Psychiatric, Community and Midwifery, but only five campuses were sampled in this study.

The different campuses of the College cater for the rural, semi-urban and urban communities of KZN. The university has seven campuses but only one campus offering the 4-year Bachelor of Health Sciences in Nursing degree.

The University campus is in a semi-urban traditional township on the outskirts of the capital city of KZN. The campus is next door to a Technical Vocational Education and Training (TVET) College and is particularly suited to servicing the previously disadvantaged community who live around the university campus.



**Figure 3.1: Map indicating the location of the KZNCN campuses in KZN**



### **3.4 Population**

“The population is the entire aggregation of cases in which the researcher is interested (Polit and Beck 2012:273).” The population for this study was final year student nurses completing the R425 program who were in their last six months of nurse training in KZN CN and DUT. Participants were recruited in the selected college campuses and at the university. Both college and university students were predominantly black, Zulu speaking students who have a Bachelor’s pass National Senior Certificate (NSC) since both the college and university requires a Bachelor’s pass in the NSC school leaving examination to access the nursing training. The population for this study was predominantly black female with varying ages but most being young. Male students were in the minority when compared to the female students and mostly came from the KZN Province.

### **3.5 Sampling and sample size**

“Sampling is the process of selecting a portion of the population to represent the entire population in the study (Polit and Beck 2012: 742).” A statistician was consulted with regards to the sample size to ensure the sample would be representative of the student nursing population in KZN CN and the sample size from DUT was proportional to that of KZN CN since it was a comparative study. Five KZN CN campuses were sampled and one DUT campus.

Random sampling was used to choose the campuses from the College to be part of the study and the colleges were selected by writing the names of the ten campuses on a piece of paper, which were put into a hat and mixed together, then the Head of Department (HoD) took out one name from the hat at a time, the name was recorded and the piece of paper went back into the hat. This ensured that every campus had an equal chance of being selected. The HoD who removed the names out of the hat was from campus management and was trusted. The five campuses selected were Ngwelezana nursing campus, Charles Johnson Memorial Campus, RK Khan nursing campus, Prince Mshiyeni Memorial nursing campus and Greys nursing campus. Consecutive sampling (Polit and Beck 2012: 278) of all the available 4<sup>th</sup> year students at the selected college and university campuses were used so that everyone in the fourth year of the R425 program had an opportunity to participate in the study. Consecutive

sampling was chosen as the sampling strategy because everyone who met the inclusion criteria and wanted to participate in the study could do so.

125 KZNCN students and 83 DUT students were sampled giving a total sample size of 208 students. The sample size per campus was as follows:

**Table 3.1 Student sample size per campus**

<b>Campus</b>	<b>Population</b>	<b>Sample size</b>	<b>Percentage</b>
<b>DUT campus</b>	<b>98</b>	<b>83</b>	<b>85%</b>
<b>Charles Johnson Memorial Campus</b>	<b>22</b>	<b>21</b>	<b>95%</b>
<b>Greys Campus</b>	<b>33</b>	<b>25</b>	<b>76%</b>
<b>Ngwelezana Campus</b>	<b>30</b>	<b>28</b>	<b>93%</b>
<b>Prince Mshiyeni Campus</b>	<b>24</b>	<b>24</b>	<b>100%</b>
<b>RK Khan Campus</b>	<b>27</b>	<b>27</b>	<b>100%</b>
<b>Total</b>		<b>208</b>	

### **3.6 Inclusion criteria**

All final year student nurses doing the R425 program in the five campuses of KZNCN and the one DUT campus were included in the study (Polit and Beck (2012: 274). The study included students who read and understood the information letter and had signed the informed consent form. All participants were over the age of 18 years.

### **3.7 Exclusion criteria**

Exclusion criteria specify the characteristics the population does not possess to be included in the study (Polit and Beck 2012:274). All student nurses who were not registered for the R425 program in the college, students from the researcher's campus and those campuses not selected were excluded from the study.

### **3.8 Data collection**

Data collection refers to the systemic collection of information relevant to meet the objectives of the study (Grove, Burns and Gray 2013: 691). A validated instrument, the Nurses Professional Values Scale Revised, (NPVSR) (Weis and Schank 2009), which has 26 questions relating to professional values, was used to collect data from the participants.

The questionnaires were handed out in class during break time for the participants to fill out and they then put the completed questionnaires into a designated box after which they were collected by the researcher and kept safe until data collection in all 6 campuses was completed and ready to be captured for data analysis. Data was collected after receiving ethical clearance and gatekeeper's permission from the different stakeholders as per annexures 1, 2, 3, 4 and 5.

### **3.9 Piloting of the data collection tool**

Pre-testing of the data collection tool was undertaken by including final year student nurses from a campus not included in the study sample but who met the inclusion criteria Brink, van der Walt and van Rensburg (2012: 174). A pilot study was conducted in order to test the instrument in a similar population to those who were included in the main study to assess whether the questionnaire would answer the research questions in this study.

Participants were invited to participate in the pilot study and the information letter and consent form were given to them by the researcher and they were told that being part of this pilot study was voluntary. Questionnaires were completed by 23 participants. The data from the completed questionnaires was not used in the final analysis and no

revisions to the questionnaire were required as the participants found all the questions easy to read and understand.

### **3.10 Validity of the instrument**

Validity of an instrument is the ability of the instrument to measure what the researcher has intended to measure (Polit and Beck 2012: 336). The validity of the NPVS-R tool was tested on another population that meets the criteria of the sample but was not part of the study and the instrument was found to achieve the objectives of this study.

### **3.11 Reliability of the instrument**

According to Grove, Burns and Gray (2013:169) the reliability of the instrument is the degree to which the instrument can be trusted to give consistent results even after being used repeatedly. The NPVS-R tool was also used in previous studies and was found to be reliable see table 3.2. Cronbach's Alpha has been computed and is reported in Chapter 4 of the results to test the reliability of the instrument in the current study population.

**Table 3.2 Previously reported validity and reliability of the NPVS-R Instrument**

Author/s	Title of article	Validity	Reliability
Weis and Schank 2009	Development and psychometric evaluation of the Nurses Professional Value Scale-Revised	Construct validity was supported with an overall factor loading range of .46 to .79 across five factors labelled caring, activism, trust, professionalism and justice.	Findings supported internal consistency reliability of five factors with alpha coefficients from .70 to .85 and a total scale alpha coefficient of .92
Fowler 2013	Service learning and nursing professional values development: an experimental research study	Student who completed a more traditional assignment scored higher on the NPVS-R, indicating a higher level professional values	The Cronbach's alpha for this study was 0.92.
Fisher 2014	A comparison of professional value development among pre-licensure nursing students in associate degree, diploma and Bachelor of Science in nursing programs	ANOVA analysis ( $p = 0.0003$ ). Differences between professional values scores and levels within each program revealed significance for the diploma students.	Tool factors identified were: caring ( $p = .0004$ ; $t = -3.72$ ); trust ( $p = .0003$ ; $t = -3.79$ ); professionalism ( $p = .0007$ ; $t = -3.51$ ) and justice ( $p < .0001$ ; $t = -3.51$ ).
Shahriari and Baloochestani 2014	Applying professional values: the perspective of nurses of Isfahan hospitals	Results demonstrated that respect for professional values is similar among nurses of different employment types	The Cronbach's alpha was 0.94 by using pre-test and post-test method.
Gallegos and Sortedahl 2015	An exploration of Professional values held by nurses at a large freestanding paediatric hospital	ANOVA p value ( $p \leq 0.05$ ). Nurses professional values differed based on characteristics such as education, generation, job classification and years of experience	The mean NPVS –R scores were statistically significantly different ( $F = 3.080$ , $p = 0.03$ )

### **3.12 Data analysis**

Data analysis is the systematic organization and synthesis of research data (Polit and Beck 2012: 725). It reduces, organizes and gives meaning to the data (Grove, Burns and Gray 2013: 46). Data from the completed questionnaires was captured electronically by the researcher from each questionnaire and analysed using SPSS Version 23. Descriptive statistics including means and standard deviations were computed and are represented in the form of tables and graphs.

The Kruskal Wallis Test which is a non-parametric equivalent to ANOVA was used to test independent samples that compared two or more groups of cases in one variable. Mann Whitney U test, a non-parametric equivalent to the independent samples t-test was used. A binomial test was used to test whether a significant proportion of participants selected one of possible responses. Pearson's/Spearman's correlation were used to measure how variables or rank orders were related.

### **3.13 Ethical considerations**

When conducting research, it is important for the researcher to know that nursing research does not only require expertise but also to be honest while dealing with participants to ensure that their rights are respected (Grove, Burns and Gray 2013: 163).

#### **3.13.1 Permission to conduct the study**

Prior to conducting the study, the research proposal, information letter and informed consent document was submitted for ethical approval to the DUT Institutional Research Ethics Committee (IREC reference number REC 49/16). Permission to conduct the research in the KwaZulu-Natal Department of Health was requested and approved by the KwaZulu-Natal Health Research Committee. The researcher sought the permission of the College Principal to conduct the study at the College of Nursing campuses and was granted. Contact with all five of the Principals of the College campuses concerned was made and the Head of the Department of Nursing at the University to access the students in their final year of training. Written permission was obtained from the Principals.

Permission was requested from and granted by the Acting Principal of the researchers' own campus for the pilot study to be conducted and pre-testing of the data collection tool.

### **3.13.2 Self determination**

Self-determination means that the participants in the study can decide voluntarily whether to take part in the study, without being judged by the researcher (Polit and Beck 2012:154). This ensures that the participants' right to self-determination is respected and they are able to control their own destinies and are free to conduct their lives as they choose and be treated as autonomous agents (Grove, Burns and Gray (2013: 164).

The information letter given to students prior to completing the questionnaire gave accurate information on the research and its purpose. The provision of the researcher's details and contact numbers gave the students credible information to empower them to exercise their right as to whether they would like to participate in the study or not (Grove, Burns and Grey 2013:163-164). The autonomy of prospective participants was respected as they were required to volunteer their participation in the study by signing an informed consent document prior to commencing with the questionnaire (Grove, Burns and Grey 2013:171-172). Polit and Beck (2012:154) states that the participants have the right to full disclosure where the researcher describes the full nature of the research and also to notify the participants that they have a right to refuse to participate in the study and outline risks and benefits of being part of the study.

### **3.13.3 Avoidance of coercion**

The researcher avoided coercion by ensuring that the participants had detailed information regarding the study and that participation was voluntary and no one was forced to take part in the study. The researcher holds a position as a lecturer teaching nursing students in their final year of study, and therefore, the researcher's campus was excluded from selection into the study. This was to protect the student's right to self-determination and to avoid any feelings of intimidation and coercion to participate in the study (Polit and Beck 2012:154). The researcher used these students to pre-test the data collection tool.

#### **3.13.4 Confidentiality**

Care has been taken to ensure the privacy of respondent's information (Grove, Burns and Grey 2013:171-172). Data relating to students associated with the College and the University was protected to ensure confidentiality. The following measures have been taken to ensure confidentiality regarding participants' information. Immediately following completion of the questionnaires, the researcher removed the documents from the respective campus to ensure completed questionnaires were not viewed by others. No names of students were written on the questionnaires, only the name of the campus. Data collected was locked in a steel cupboard and will be secured there for a period of five years following which, the documents will be shredded by the researcher. All electronic data will be deleted from any technological devices once the study is complete. These devices are password protected and are only available to the researcher. Consent forms and completed questionnaires were kept apart and unlinked.

#### **3.13.5 Beneficence**

Beneficence ensures that the researcher minimises harm and maximize benefits for the participants (Polit and Beck 2012:152). Participants did not directly benefit from the study but the nursing profession will benefit greatly by contributing to the body of knowledge concerning professional nursing values. The recommendations from this study will benefit nursing education in terms of any addition in the curriculum related to ethics education. The public will further benefit from this study after the recommendations have been implemented with the results of professional nurses displaying proper professional values while giving quality nursing care to the patients. The Department of Health will also benefit by the reduction of litigation due to poor and missed nursing care from the nurses.

#### **3.13.6 Non-maleficence**

Polit and Beck (2012: 152) defines non-maleficence as the obligation of the researcher to avoid, prevent or minimize harm to the participants. Questions in the questionnaire were not expected to cause any distress or harm to the participants.



### **3.14 Conclusion**

This study involved six campuses, five college campuses and one university campus in KZN. Data about professional nursing values including demographic information was collected from final year student nurses during their last six months of training using the NPVS-R tool. All the data collection was done by the researcher adhering to all ethical principles throughout the data collection process.

## **CHAPTER 4: PRESENTATION OF RESULTS**

### **4.1 Introduction**

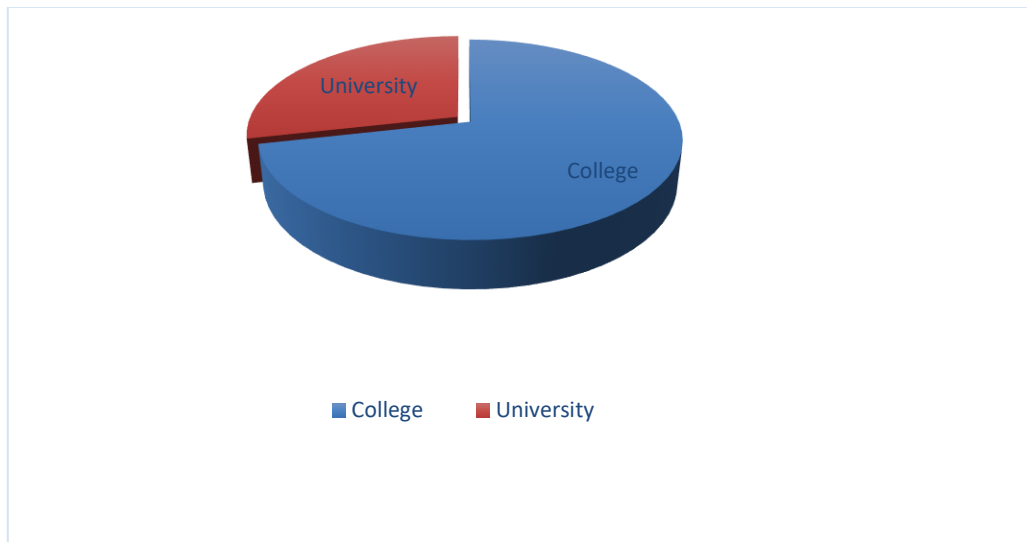
The results of the analysis of the data collected from the participants in this study will be reported in this chapter. Some of the results from this study will be illustrated using tables and figures. The following tests were used to analyse the data collected through the Nurses Professional Value Scale – Revised (NVPS-R) questionnaire. The Kruskal Wallis test which is a non-parametric equivalent of the ANOVA was used to test the independent samples that compared two or more groups of cases in one variable, the Mann Whitney U test, a non-parametric equivalent to the independent samples t-test and the Binomial test was used to test whether a significant proportion of participants selected one of the possible responses. Pearson's and/or Spearman's correlation were also used to measure how variables or rank orders were related.

### **4.2 Sample realisation**

Sample realisation will be looking at the total number of the participants and participant's distribution.

#### **4.2.1 Total number of participants**

The sample in this study was comprised of 208 final year student nurses, of which one hundred and twenty-five (125) students were from the college of nursing and eighty-three (83) students from the Department of Nursing at the participating university as shown in figure 4.1. This sample was 89% of the total population available for this study.

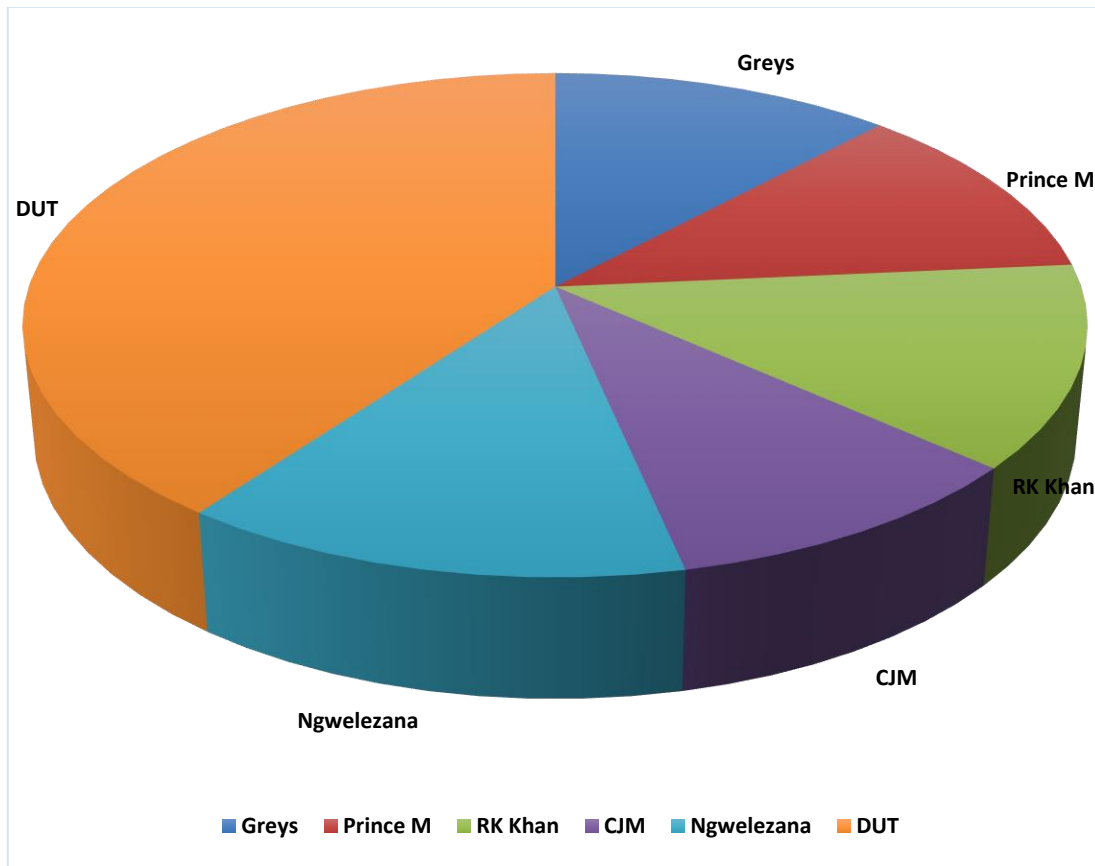


**Figure 4.1: Percentage of the sample from each site, n=208**

#### **4.2.2 Participant distribution**

Data was obtained from final year student nurses during the last six months of their training in the six-sampled campuses.

The campus numbers were distributed as follows: 1. Greys – n = 25, 2. Prince Mshiyeni – n = 24, 3. RK Khan – n = 27, 4. Charles Johnson Memorial (CJM) – n = 21, 5. Ngwelezana – n = 28, 6. Indumiso – n = 108. This distribution of participants across campuses is illustrated in Figure 4.2. Just under 40% (39.9% n = 83) of the sample were from DUT and 60.1% (n = 125) were from the five KZN CN campuses sampled.



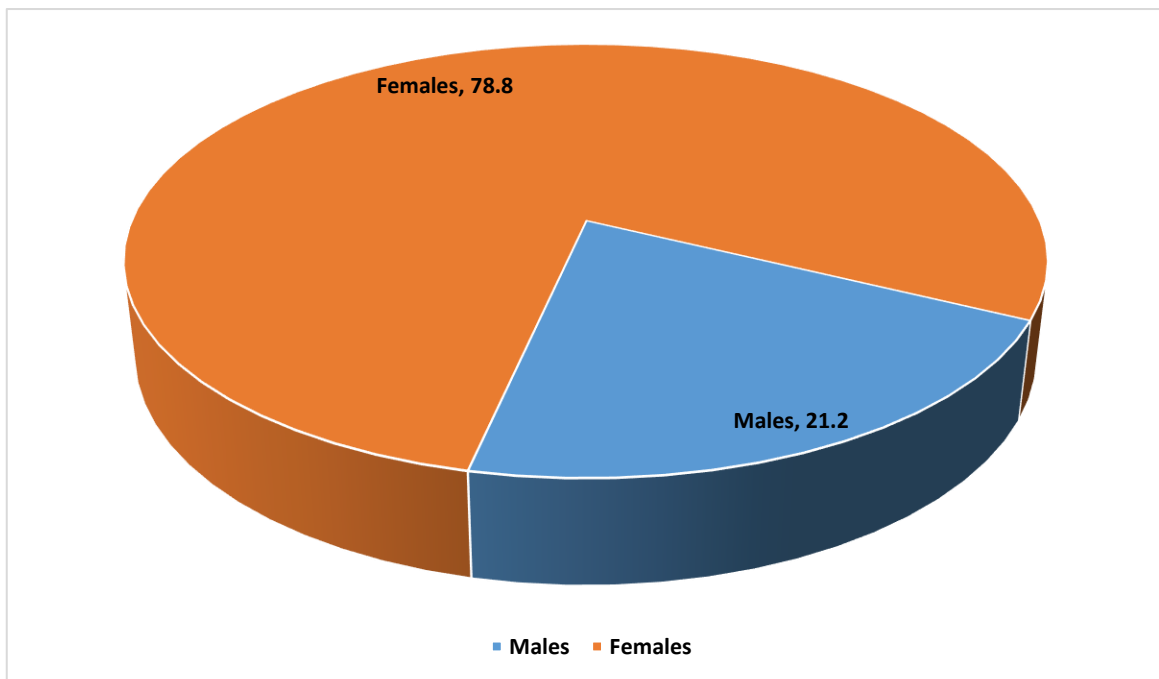
**Figure 4.2: Participant distribution at the different campuses, n=208**

### 4.3 Demographic characteristics

The demographic characteristics is gender, race and age.

#### 4.3.1 Gender

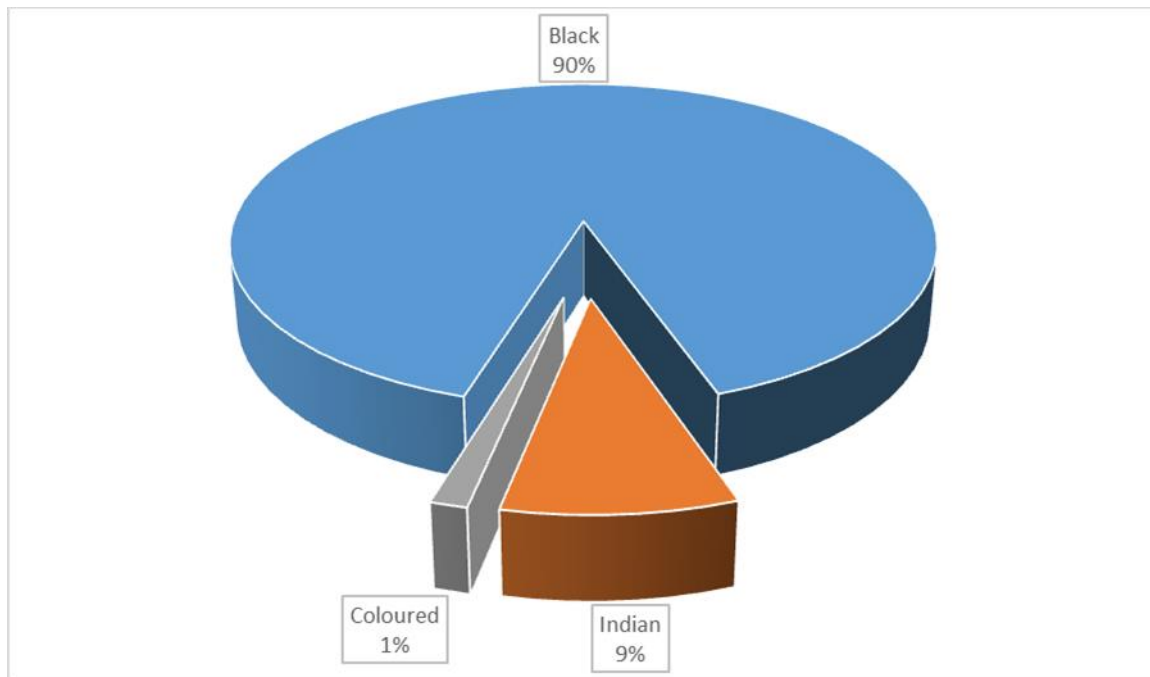
The majority of the 208 participants were female  $n=164$  (78.8%) and only 44 (21.2%) were male participants. See Figure 4.3.



**Figure 4.3: Gender,  $n=208$**

#### 4.3.2 Race

The majority (89.9%,  $n=187$ ) of students sampled were Black, Indians made up 8.7 % ( $n=18$ ) and Coloureds 1.4% ( $n=8$ ). There were no White students in the sample as illustrated in Figure 4.4.



**Figure 4.4: Race of participants, n=208**

#### 4.3.3 Age

The minimum age of the participants was 21 years and the maximum age was 46 years. The students sampled at the campuses showed little variation in mean age ( $X = 25.66$   $SD = 4.54$ ). The differences in mean and standard deviation between the campuses, is illustrated in table 4.1.

**Table 4.1: Age range by campus, n=208**

Campus	n =	Minimum	Maximum	Mean	Standard deviation
Greys	25	23	39	27.16	4.89
Prince Mshiyeni	24	21	42	26.54	5.24
RK Khan	27	23	36	28.07	4.42
CJM	20	21	42	26.45	5.26
Ngwelezana	28	22	40	26.36	4.99
DUT	82	21	46	23.72	3.05

The mean age ( $X = 23.72$   $SD = 3.05$ ) of the university students was slightly younger than that of the students from the KZNCN. There were no significant differences in mean age between males and females, males ( $X = 25.36$   $SD = 3.94$ ) and female ( $X = 25.74$   $SD = 4.70$ ). The minimum age for both males and females was 21 and maximum age for males was 38 years and for females 46 years as shown in table 4.2 below.

**Table 4.2: Age and gender differences on mean and standard deviation, n=208**

Gender	N	Minimum	Maximum	Mean	Standard deviation
Male	44	21	38	25.36	3.94
Female	162	21	46	25.74	4.70

#### **4.4 Results per objectives**

The results will be reported on as per the two objectives

##### **4.4.1 Objective 1: Identify the professional values of final year student nurses in a nursing college and in a university's nursing department.**

Binomial tests were undertaken on each of the 26 statements of the NPVS-R, average scores were ordered from the largest (most important) to the smallest (least important). Binomial tests revealed that a significant proportion of respondents gave a rating of 5 (extremely important) to the following items: maintain confidentiality of patients (79%,  $p < .0005$ ); safeguard patients' rights to privacy (79%,  $p < .0005$ ); protect moral and legal rights of patients (68%,  $p < .0005$ ); act as a patient advocate (69%,  $p < .0005$ ); accept responsibility and accountability for own practice (68%,  $p < .0005$ ); maintain competency in area of practice (61%,  $p < .0005$ ); provide care without prejudice to patients of varying lifestyles (63%,  $p < .0005$ ) and seek additional education to update knowledge (58%,  $p = .031$ ).

It was significant that 76% ( $n = 158$ ) of the respondents rated "participate in public policy decisions affecting distribution of resources" below 3 (less important),  $p < .0005$ .

#### 4.4.2 Reliability

Reliability of the subscales was tested in the current sample using Cronbach's Alpha and the five subscales in the NPVS-R questionnaire were found to have a reliability of less 0.7 and only caring had a score of 0.705 as shown in table 4.3. Therefore, factor analysis was undertaken to come up with factors relevant to this current sample.

**Table 4.3: Reliability of the subscales from the NPVS-R questionnaire**

Construct	Items included	Items excluded to ensure reliability	Cronbach's alpha
Caring	16; 18; 20; 21; 22; 24; 25	17; 23	0.705
Activism	4; 10; 11; 26	19	0.59
Trust	1; 2; 9; 14; 15		0.646
Professionalism	6; 7; 8	5	0.596
Justice	3; 12; 13		0.569

#### 4.3.3 Factor analysis

Factor analysis was applied to the responses to extract the factors important to the sample that was used in the South African context and the factors and questions including the Cronbach's Alpha to measure reliability and internal consistency as shown in table 4.4 below. The five factors identified as reliable measures of professional values in this sample of South African final year student nurses are activism, ethical practice, patient privacy, leadership and research.



**Table 4.4: Five factors with the questions relevant to each factor including the reliability**

Factor	Questions	% contribution to variance after rotation	Cronbach's alpha (measure of reliability)	Construct 'Name'
F1	10. Advance the profession through active involvement in health-related activities	11.808	.711	Activism
	11. Recognize role of professional nursing associations in shaping health care policy			
	12. Promote equitable access to nursing and health care			
F2	14. Accept responsibility and accountability for own practice	11.522	.681	Ethical practice
	15. Maintain competency in area of practice			
	16. Protect moral and legal rights of patients			
F3	21. Safeguard patient's right to privacy	10.214	.701	Patient privacy
	25. Maintain confidentiality of patient			
F4	4. Participate in public policy decisions affecting distribution of resources	9.038	.608	Leadership
	5. Participate in peer review			
	6. Establish standards as a guide for practice			
F5	23. Protect rights of participants in research	7.986	.664	Research
	19. Participate in nursing research and/or implement research findings			

When considering these combined constructs, application of the binomial test shows that a significant proportion of the sample rate ethical practice (76%,  $p < .0005$ ) and patient privacy (85%,  $p < .0005$ ) greater than 4 on the 5-point likert scale.

**Table 4.5: Mean, standard deviation and standard error of the mean for the five factors, n=208**

Factor	N	Mean	Std Deviation	Std Error Mean
Activism	208	3.886	.832	.058
Ethical practice	208	4.573	.530	.037
Patient privacy	208	4.740	.484	.033
Leadership	208	3.192	.919	.064
Research	208	3.850	1.057	.073

#### **4.4.4 Activism**

Most respondents (72%,  $n = 150$ ) considered advancing the profession through active involvement in health-related activities as not important and only 28% ( $n = 59$ ) thought it was important.

Two thirds of those sampled (66%,  $n = 137$ ) did not recognise professional nursing associations as important in shaping health care policy and only 34% ( $n=71$ ) of the respondents recognised them as important.

Promoting equitable access to nursing and healthcare was considered important by 39% ( $n=81$ ) of the students and 61% ( $n=127$ ) thought it was not important as shown in table 4.6 below.

**Table 4.6: Activism construct, n=208**

Question	Not important	Important	Significance
Advance the profession through active involvement in health-related activities	72%	28%	<.005
Recognise role of professional nursing associations in shaping health care policy	66%	34%	<.005
Promote equitable access to nursing and health care	61%	39%	<.005

#### 4.4.5 Ethical practice

Accepting responsibility and accountability for their own practice was considered by 68 % (n=141) of the respondents to be important while 32% (n=67) viewed it as not important.

Maintaining competency in their area of practice was considered by 61% (n=127) of the respondents as important and 39% (n=81) not important.

Sixty eight percent (n=140) of the respondents viewed protecting moral and legal rights of patients as important and 32% (n=67) thought it was not important.

The ethical practice construct was considered as important by the respondents as shown in table 4.7.

**Table 4.7: Ethical practice construct, n=208**

Question	Not important	Important	Significance
Accept responsibility and accountability for own practice	32%	68%	<.005
Maintain competency in area of practice	39%	61%	<.005
Protect moral and legal rights of patients	32%	68%	<.005

#### 4.4.6 Patient privacy

Both safeguarding patient's right to privacy and maintaining the confidentiality of the patient was seen as important by 79% (n=164) of respondents and not important by 21% (n=44) of those sampled as shown in table 4.8 below.

**Table 4.8: Patient privacy construct, n=208**

Question	Not important	Important	Significance
Safeguard patient's right to privacy	21%	79%	<.005
Maintain confidentiality of patient	21%	79%	<.005

#### 4.4.7 Leadership

Participating in public policy decisions affecting distribution of resources was considered not important by 92% (n=191) of respondents and only 8% (n=17) of those sampled viewed it as important.

Participating in peer review was seen as not important by 75% (n=) of the respondents and 25% thought it was important.

Establishing standards as a guide for practice was viewed by 77% (n=160) of those sampled as not important and 23% (n=48) considered it important.

The majority of the sample did not consider leadership as an important professional value as shown in table 4.9 below.

**Table 4.9: Leadership construct, n=208**

Question	Not important	Important	Significance
Participate in public policy decisions affecting distribution of resources	92%	8%	<.005
Participate in peer review	75%	25%	<.005
Establish standards as a guide for practice	77%	23%	<.005

#### 4.4.8 Research

Protecting the rights of participants in research was seen as important by 53% (n=110) of the respondents and 47% (n=98) viewed it as not important.

Participating in nursing research and implementing research findings appropriate to practice was viewed as not important by 71% (n=148) of those sampled while only 29% (n=60) viewed it as important as shown in table 4.10 below.

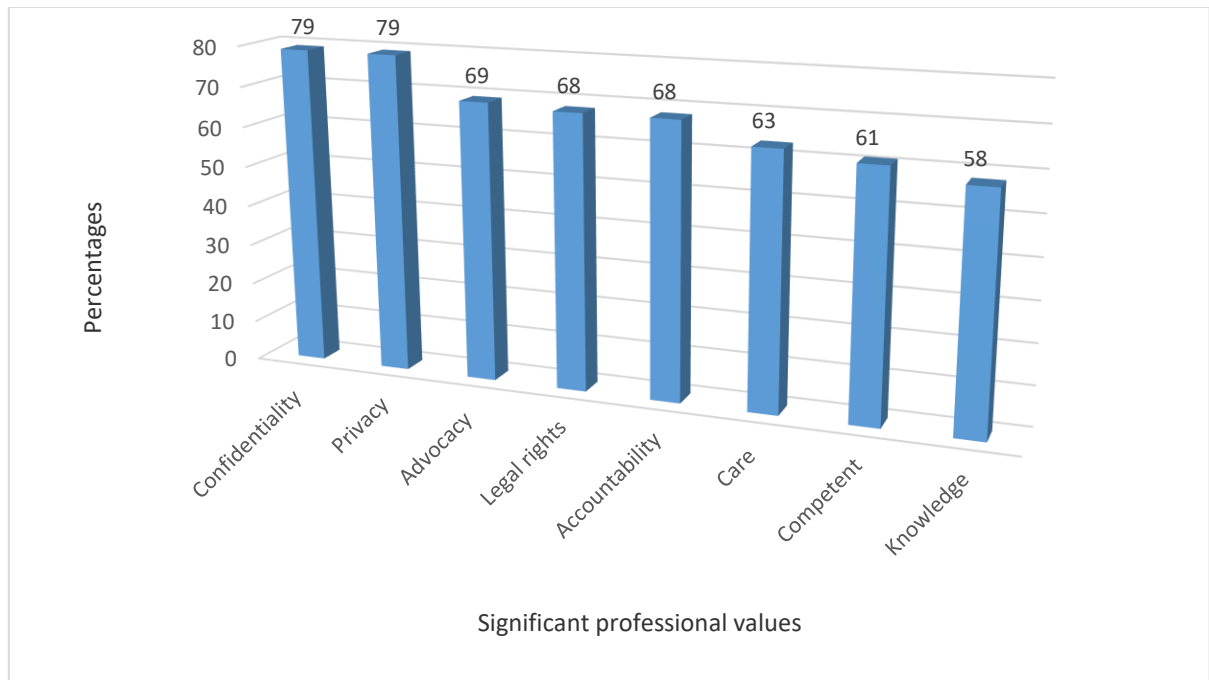
**Table 4.10: Research construct, n=208**

Question	Not important	Important	Significance
Protect rights of participants in research	47%	53%	<.367
Participate in nursing research and/or implement research findings appropriate to practice	71%	29%	<.005

#### 4.4.9 Important professional values

A significant proportion of the sample gave a rating of 5 (extremely important) to items: maintain confidentiality of patients (79%,  $p<.0005$ ); safeguard patient's right to privacy (79%,  $p<.0005$ ); protect moral and legal rights of patients (68%,  $p<.0005$ ); act as a patient advocate (69%,  $p<.0005$ ); accept responsibility and accountability for own practice (68%,  $p<.0005$ ); maintain competency in area of practice (61%,  $p<.0005$ ); provide care without prejudice to patients of varying lifestyles (63%,  $p<.0005$ ) and seek additional education to update knowledge (58%,  $p<.0005$ ).

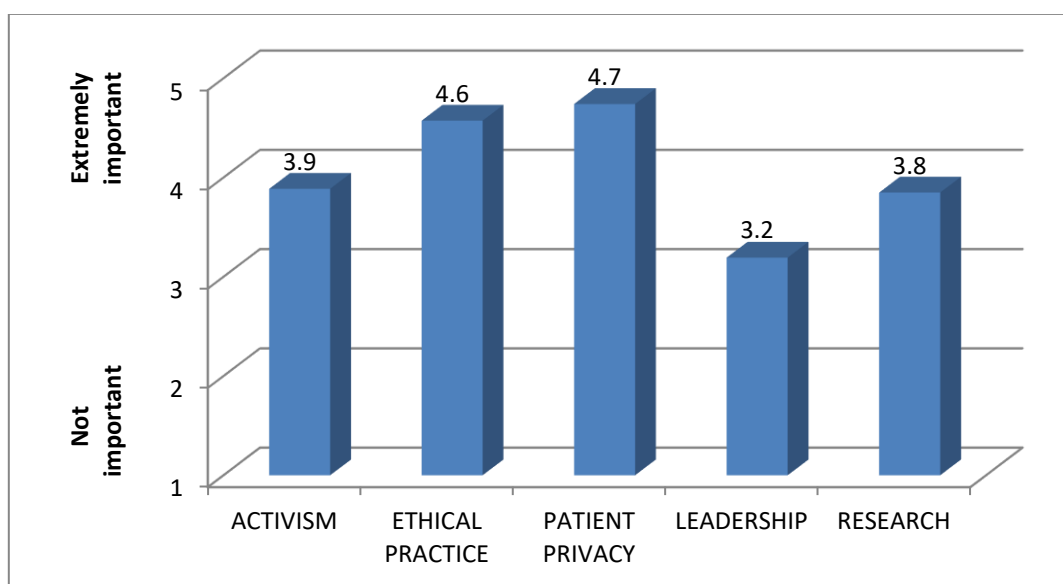
A significant percentage of respondents 92% (n=192) rated "participate in public policy decisions affecting distribution of resources" below 3,  $p <.0005$  which is not important. These results are illustrated in Figure 4.5.



**Figure 4.5: Significant professional values**

#### **4.4.10 The mean score on the factor analysis constructs**

Figure 4.6 shows the five constructs identified from factor analysis with the mean scores according to their importance, which are: patient privacy with a mean score of 4.7; ethical practice with a mean score of 4.6; activism with a mean score of 3.9; research's mean score is 3.8 and leadership with a mean score of 3.2



**Figure 4.6: Professional values in final year student nurses in a nursing college and a university**

#### 4.4.11 Spearman's correlation

Spearman's correlation tests were run on a number of variables to test for any correlation.

There was a significant positive correlation between age and the importance of patient privacy ( $\rho = .154$ ,  $p = .027$ ). Higher age was correlated with greater importance of patient privacy – which consisted of safeguarding the patient's right to privacy and maintaining the confidentiality of patient. Higher age is significantly correlated with lower importance of the research factor ( $\rho = -.206$ ,  $p = .003$ ). The research factor consisted of the protection of the rights of participants in research and the importance of participating in nursing research and/or implementing research findings appropriate to practice. Seventy one percent ( $n = 148$ ) of the respondents scored this item as less important which could be related to the larger number of college students ( $n = 125$ ) than university students ( $n = 83$ ).

The analysis of data indicated that the professional values in this sample of student nurses at a college and a university were activism, ethical practice, patient privacy, leadership and research.

## **4.5 Objective 2: Compare the professional values of final year student nurses in a nursing college and in a university's nursing department.**

These results will be presented as differences and similarities between respondents at the two institutions using the five factors identified in this sample.

### **4.5.1 Activism**

The college respondents had a high mean rank of 106.33 on advancing the profession through active involvement in health-related activities and the university had a mean rank of 101.75.

On recognising the role of professional nursing associations in shaping health care policy, the university scored higher at 108.82 and the college had a score of 101.63. The university scored higher as well on promoting equitable access to nursing and healthcare with a mean rank of 110.86 and the college scored 99.50.

On the activism construct, the University scored a higher mean rank on two questions as shown in table 4.11 below.

**Table 4.11: Activism construct**

<b>Question</b>	<b>College mean rank</b>	<b>University mean rank</b>
Advance the profession through active involvement in health-related activities	106.33	101.75
Recognise role of professional nursing associations in shaping health care policy	101.63	108.82
Promote equitable access to nursing and health care	99.50	110.86

### **4.5.2 Ethical practice**

The university sample scored a high mean rank of 105.81 on accepting responsibility and accountability for their own practice and the college had a mean rank of 102.81 which is lower than the university score.



To the question of the importance to maintain competency in the area of practice, a mean score of 105.45 was computed for the respondents from the university and 103.87 by those from the college.

The university students scored higher on protecting moral and legal rights of patients with a mean rank of 104.92 and the college students slightly lower with a mean rank of 104.22.

The university sample scored higher on the ethical practice factor as shown in table 4.12 below.

**Table 4.12: Ethical practice construct**

<b>Question</b>	<b>College mean rank</b>	<b>University mean rank</b>
Accept responsibility and accountability for own practice	102.81	105.81
Maintain competency in area of practice	103.87	105.45
Protect moral and legal rights of patients	104.22	104.92

#### **4.5.3 Patient privacy**

The college respondents scored higher on safeguarding patient's right to privacy with a mean rank score of 108.24 and the university respondents scored 98.87. On maintaining confidentiality of patients, the college sample scored 102.51 and the university sample had a higher mean rank score of 107.50 as shown in table 4.13 below.

**Table 4.13: Patient privacy construct**

<b>Question</b>	<b>College mean rank</b>	<b>University mean rank</b>
Safeguard patient's right to privacy	108.24	98.87
Maintain confidentiality of patient	102.51	107.50

#### 4.5.4 Leadership

The university respondents scored a high mean rank of 116.93 on participating in public policy decisions affecting distribution of resources and the college sample had a mean rank of 96.24.

On participation in peer review, the college respondents scored a high mean rank of 107.27 as opposed to the university sample who scored 100.33.

The college respondents had a low mean rank score on establishing standards as a guide for practice with a mean rank score of 97.27 and the university respondents scored higher with a mean rank score of 115.39.

The university sample scored higher than the college sample on the leadership factor as shown in table 4.14 below.

**Table 4.14: Leadership factor**

Question	College mean rank	University mean rank
Participate in public policy decisions affecting distribution of resources	96.24	116.93
Participate in peer review	107.27	100.33
Establish standards as a guide for practice	97.27	115.39

#### 4.5.5 Research

The college respondents scored a low mean rank score on protecting rights of participants in research with a mean rank score of 88.76 and the university respondents scored 128.20.

In the item on participating in nursing research and or implement research findings appropriate to practice, the college sample again scored lower with a mean rank of 86.14 and the university sample had a higher mean rank score of 132.16 as shown in table 4.15 below.

**Table 4.15: Research factor**

Question	College mean rank	University mean rank
Protect rights of participants in research	88.76	128.20
Participate in nursing research and/or implement research findings appropriate to practice	86.14	132.16

#### **4.6 Significant differences in professional values by type of institution**

Significant differences were identified between the college and the university sample on various professional values which are reported below.

There was a significant difference in the item “refuse to participate in care if in ethical opposition to own professional values” with the score for college respondents showing higher values than those for the university sample (( $Z = -1.964$ ,  $p < .050$ ) which reflects that the college student take their own professional values as important in ethical opposition.

The university respondents showed significant results for the following items: “participate in public policy decisions affecting distribution of resources” ( $Z = -2.501$ ,  $p = .012$ ); “establish standards as a guide for practice” ( $Z = -2.204$ ,  $p = .028$ ); “participate in nursing research and/or implement research findings appropriate to practice” ( $Z = -5.597$ ,  $p = < .0005$ ) and “protect rights of participants in research” ( $Z = -5.056$ ,  $p = < .0005$ ).

There is a statistically significant difference between college and university students on professional values. The university students scored higher than the college students. The university had a total mean score of 103.59 and the college’s mean was 100.04.

#### **4.7 Conclusion**

The majority of the respondents sampled were black females with a few Indians and Coloureds; there were no white students in the sample. The five professional values, identified as relevant in this sample of final year student nurses in a nursing college and a university, are, activism, ethical practice, patient privacy, leadership and research. Confidentiality and privacy were the most important professional values for the student nurses and participating in policy development was considered by those sampled as not important. There was a statistically significant difference in professional values between the college and the university with the university scoring higher than the college.

## **CHAPTER 5: DISCUSSION OF RESULTS**

### **5.1 Introduction**

This chapter presents the discussion of the findings that were reported in the previous chapter. The aim of the study was to describe and compare the professional values of final year student nurses in a nursing college and a university's nursing department in KwaZulu Natal. A quantitative approach using a comparative descriptive design was used for this study. The target group consisted of student nurses in the R425 programme from KZNCN and DUT. Data were collected from student nurses using a questionnaire and conclusions were drawn. Six campuses took part in this study; one university campus and five college campuses. All these campuses were a mix of both rural and semi-urban campuses.

### **5.2 Discussion of findings**

The discussion focuses on the following aspects:

- A description of the demographic characteristics of the respondents.
- A description of the professional values and the differences between the college and the university students

### **5.3 Demographic characteristics**

The findings of this study indicate a larger percentage of female student nurses than male student nurses. These findings support nursing as a female dominated profession. According to the South African Nursing Council statistics there are larger numbers of female students being registered for the R425 programme than males. The SANC statistics show that there are 723 females and 202 male student nurses at universities (South African Nursing Council 2016b) and 1979 females and 624 males at nursing colleges (South African Nursing Council 2016c). In a study by Van den Berg, Okeyo, Dannhausser and Nel (2012:3) in the Eastern Cape, it was also found that two thirds of the student nurses were female. This is supported by Donmez and Ozsoy (2016: 3) who reported that in Turkey there was also a majority of female students (81%) and only 19% were male student nurses. These findings support Mahnaz, Fatemeh, Reza, Hooman, Behzad, Shiva, Rezaei, ALI and Farshid (2016:4) study on professional values

of nurses who worked at Tehran University in Iran, where the majority of the nursing population were female (82.91%). Similar findings were reported in Greece, where 95% of the nursing staff are women (Kolovos, Kaitelidou, Lemanidouy, Sachlas, Zyga and Sourtzi 2014: 3).

In the current study, the majority of the students were between the ages of 21 and 46 years of age, which is close to the national statistics as outlined by the South African Nursing Council (SANC). The SANC reported that the average age of student nurses who commenced the R425 four-year course in 2016, was 23 with 15 as the minimum age and 56 as the maximum (SANC 2017). These findings confirm the South African Nursing Council's statistics which reports that the average age of student nurses who completed training in 2016 was 29 with a minimum age of 20 and maximum of 60 years old (SANC 2017). In a study reported by Van den Berg, Okeyo, Dannhausser and Nel (2012:3) they had a population of student nurses between the ages of 18 and 42 years.

Most of the students in the study sample were Black with a small sample of Indian and Coloured students. There were no White students in the sample; which is not representative of the country's population with estimates of 80.8% Black; 8.8% Coloured; 2.5 Indian and 8% White (Statistics South Africa 2017: 2). The Employment Equity Act No 55 of 1988 ensures equity in the work place and universities promote equal opportunities and fair treatment by implementing affirmative action measures to redress the disadvantages experienced by designated groups in the past. This might explain the reason for no White students in the college and university since Black students are prioritised to redress the injustices of the past in South Africa. The Department of Higher Education and Training and Universities agreed on enrolment targets to include a proportion of students from working class and poor backgrounds which are mostly Black students (DHET 2015: 20- Annexure 5).

#### **5.4 The professional values**

The professional values identified in this sample were activism, ethical practice, patient privacy, leadership and research.

#### 5.4.1 Activism

Activism deals with advancing the profession through active involvement in health-related activities, recognizing the role of professional nursing associations in shaping health care policy, and promoting equitable access to nursing and healthcare. The majority of the population did not consider the factor of activism as important. This finding was supported by Iranian nurses, who did not consider activism as an important factor in nursing (Boozaripour, Abbaszadeh, Shahriari, Hashiani and Borhani 2017: 678). Boozaripour *et al.* (2017:678) found that student nurses are not interested in being involved in healthcare related activities and in recognizing the role of professional nursing associations in shaping healthcare policy. The student nurses were also not interested in promoting equitable access to nursing and healthcare which are important aspects of healthcare (Boozaripour *et al.* 2017:678).

On advancing the profession through active involvement in health-related issues, the results suggest that both the university and college students do not feel strongly about advancing the profession and being involved in health-related issues. Poel, Poel, Berings and Cate (2015:954) discovered that daily work in the ward, performing extra or new tasks, and learning experiences in the nurse's private lives were incentives for continuing professional development and being involved in health-related issue to balance work and life, and keep work interesting. These findings suggest that advancing the profession through being involved in health-related issues is an important aspect for nurses as long as they are involved in nursing practice (Poel *et al.* 2015:954). Saudi Arabian nursing students did not consider participating in professional nursing activities as important and they valued caring and trust over activism (Allari, Ismaile and Househ 2017: 233).

Mentoring was identified as a factor that encourage nurses to be involved in health-related issues and it becomes more effective if both the mentor and mentee have a high degree of motivation and commitment to the profession, organisation, and professional growth (Green & Jackson 2014: 85). These findings were supported by Aston and Hallam (2013: 13) who pointed out that successful mentoring pays appropriate attention to learning experiences and ensures professional development, thus leading to advancing the profession.

In recognizing the role of professional nursing associations in shaping health care policy, the majority of those sampled from the university and the college did not consider it an important aspect in nursing. Mahlin (2010: 253) suggested that nurses need to turn to their professional nursing associations to adopt a politically active stance for patient advocacy. The author emphasised the issue of patient advocacy is to care and support the patients and systemic problems need to be addressed collectively (Mahlin 2010: 253). It is suggested that for professional associations to advocate for their members, they depend on the members to report instances of inadequacy and substandard care.

Advocacy is an important aspect in nursing practice where the nurse acts as the patient's advocate to protect the patients from exploitation. Patient advocacy is an act of protecting or making an appeal for someone and it is also known as patient mediation (Geyer *et al.* 2016: 76). Jones and Smith (2014:2) recommended that it is vital for nursing student to develop awareness of social issues that have an impact the health of individuals, families and populations and critical reflection regarding the needs of vulnerable patients because it can provide opportunities to enhance awareness and compassion for those who are disadvantaged. Nigerian authors Agom, Agom, Nweze and Onwe (2015:1) identified three attributes of patient's advocacy: acting on behalf of the patient; safeguarding patients, and championing social justice and in the provision of healthcare. Acting on behalf of patients implies that nurses represent the patients that are not able to talk for themselves. Haidrani (2016:35) suggested that activism can broaden the understanding of patients and increases confidence. This author further encouraged nurses to participate in decision making, influence policy and advocate for change in nursing (Haidrani 2016:35).

Promoting equitable access to nursing and health care was not considered important by participants from both the university and the college. The South African post-apartheid government that came to power in 1994, had many challenges which included transforming a fragmented health system into a comprehensive, equitable, non-racial and integrated national health system (Geyer *et al.* 2016: 24). This new system ensures equal access to healthcare for all in South Africa and the student nurses need to be encouraged to promote access to healthcare for the community of South Africa. According to the Constitution of the Republic of South Africa, Act Number 108 of 1996, the National Department of Health according to the patient rights charter, is committed



to ensuring that everyone has a right to access healthcare services. According to the South African patient's rights charter, access to healthcare services includes receiving timely emergency care, treatment and rehabilitation, provision of special needs for infants, children, pregnant women, the aged, disabled, HIV patients and patients in pain, counselling without discrimination, affordable palliative care; a positive disposition by healthcare providers and healthcare information that includes the availability of healthcare services.

The student nurses are required to promote equitable access to nursing and healthcare by being familiar with the patients' rights charter and putting it into practice. Vlok (2005: 34) suggested that to access healthcare, comprehensive community health centres need to be within a 5km radius of each patient's home in South Africa, but the government is still working towards building more healthcare facilities to achieve this. There are still considerable disparities in access to healthcare in South Africa between the rich and the poor, with the richest covered by health insurance and they have access to quality health care because of affordability while the rest of the population is dependent on the poorly resourced public sector services with shortage of healthcare workers and uneven distribution between sectors and geographical areas (Marten, McIntyre, Travassos, Sheshkin, Longde, Reddy and Vega 2014: 2167-2168). The disparities are not unique to South Africa with the United States of America also facing challenges in terms of accessing healthcare. This is due to the continued demand for the provision of healthcare services, and the number of people who can afford to pay for the most basic care has declined (Stanhope and Lancaster 2014:46). Marten *et al.* (2015:2164) stated that access to healthcare in Brazil has increased and has become more equitable across regions and income groups, while India's mixed healthcare system has been declining progressively and a growing dominance of unregulated private providers. In Canada, there are also inequalities in accessing healthcare for the Aboriginal people and there have been reports of bullying, fear, intimidation and lack of cultural understanding by healthcare workers (Cameron, Plazas, Salas, Bearskin and Hungler 2014: E13). Cameron *et al.* (2014: E13) described how previous negative experiences with healthcare workers discouraged the Aboriginal people from developing a trustworthy relationship with the healthcare workers.

Even though there were a few experiences of compassion and understanding, the negative experiences were dominant. The findings from the above study suggests that nurses need to be more understanding with patients and offer culturally relevant nursing care to a diverse population in need of healthcare and also to act as patient's advocates to ensure access to healthcare.

#### **5.4.2 Ethical practice**

The ethical practice factor is made up of accepting responsibility and accountability for ones` own practice, maintaining competency in an area of practice and protecting the moral and legal rights of patients. Geyer *et al.* (2016:67) stated that an ethos is indicative of the moral attitude, ideals, and customs of human kind, and in nursing, it refers to the nature and characteristics of nursing. Both the college and university participants considered ethical practice as important for them as its encouraged by the South African Nursing Council Code of Ethics (SANC 2015: 3). Responsibility is when, a nurse is being accountable or obligated to promote health, prevent illness, restore health and alleviate suffering (Geyer *et al.* 2016: 71). Geyer *et al.* (2016) also explained the concept of accountability as being answerable and responsible, having to account or answer for every duty completed or not completed. A study that was undertaken on ethics, culture, and nursing practice in Ghana revealed that there are ethical problems in Ghana and the nurses` approaches to ethical problems do not always meet the expectations of the International Council of Nurses (ICN) code (Donkor and Andrews 2011: 111). The nurses in Ghana further stated that when dealing with ethical problems they are informed by local ethical practices related to the institutional setting and cultural environment in the country (Donkor and Andrews 2011: 111).

Accepting responsibility and accountability for ones` own practice was seen as an important aspect in nursing by the majority of the participants in this study. Accountability forms an important part of the nurses` professional practice and it is built into nurses` everyday professional conduct (Pera and van Tonder 2012:87) These findings were supported by a Taiwanese study that explored the perceptions of core values of nursing students at the Baccalaureate level. The students` viewed accountability as the way of observing standards within the role given in a position.

Nurses are responsible for their own acts and omissions while providing nursing care to the patients. Pera and Van Tonder (2012: 88) stated that nurses are required to have professional, moral, legal and administrative accountability.

Maintaining competency in an area of practice is another aspect of the ethical practice factor that was considered as important by the participants. Geyer *et al.* (2016: 81) stated that the nurse is responsible and accountable for nursing practice, and for maintaining competence by continuing professional development and learning. This suggests that nurses need to take responsibility for their own professional growth and development, so that they can offer patient care that is relevant and updated. The South African Nursing Council is implementing a programme of Continuous Professional Development (CPD) and nurses are willing to invest in their professional growth by complying with the requirements. Brekelmas, Poel and Wyk (2013: 318) did a study on the factors influencing continuing professional development activities and the study revealed that the nurses viewed it as an opportunity to learn in the workplace and enhancing the attractiveness of the nursing profession. Brekelmas, Poel and Wyk (2013:318) concluded that there was an understanding on the need for participation in CPD activities as it improves the quality of care provided by nurses and it can increase competency in practice. Ethics education is an important aspect in nursing that contributes to the development of ethical competence (Cannaerts, Gastmans and De Casterle 2014: 5). These findings suggest that ethical competence in nursing plays a major role in ethical practice, hence nurses are encouraged to maintain competency so that patients can receive competent nursing care.

Protection of moral and legal rights of patients is another aspect of ethical practice. According to Pera and van Tonder (2012:6), the term 'moral' refers to norms of conduct which individuals and groups uphold and to which they adhere. This is in line with what Geyer *et al.* (2016: 65) meant that morality refers to the rules of conduct that control social interaction and includes personal values and rules of behaviour.

Protection of patients' rights in South Africa is an important aspect in nursing as patients need to receive knowledgeable, competent, and legally and ethically safe nursing care that ensures the rights of patients (Searle, Human and Mogotlane 2009:124).

Just over two thirds of those sampled in this current study, regarded the protection of moral and legal rights of the patients as important to them. Health care users also have the right to access quality nursing care irrespective of their race, gender and social standing as outlined in the nurse's pledge. Saudi Arabian female nurses perceive the professional values relating to confidentiality, privacy, moral and legal rights, health and safety, and the work environment as an important aspect in nursing care (Allari, Ismaile and Househ 2017: 233). These findings suggest that nurses view moral and legal rights of patients as important in nursing.

#### **5.4.3 Patient privacy**

The factor of patient privacy includes safeguarding patient's right to privacy and maintaining confidentiality. The majority of the population in the current study considered patient privacy as important. Berman and Snyder (2012:71), highlighted that the right to privacy is the right of the individuals to withhold themselves and their lives from public scrutiny and invasion of privacy. Privacy can be interpreted as respecting the personal space of others; restricting access to the information about an individual; respecting the right of a patient to make decisions autonomously, and maintaining respect for the patient's ownership of genetic material (Pera and van Tonder 2012: 62). Privacy is an important aspect on offering nursing care to patients which includes privacy of personal information and also treating the patient ensuring privacy during the clinical procedures (SANC 2013:5). These findings suggest that the student nurses take privacy of patients very seriously and of great importance to ensure the well-being of the patients during their stay in the hospital. Ozturk, Bahcecik and Ozcelik (2014:14) concluded that nurses in Turkey generally observe and pay attention to patient privacy in all hospitals especially in private hospitals.

Maintaining confidentiality of the patient was seen as important by the sample in this study. This is a positive response which is in line with the South African Nursing Council Code of Ethics which requires the nurses to maintain confidentiality and privacy of personal information and belongings of healthcare users (SANC 2013: 5). This suggests that there is information about healthcare users that needs to be kept confidential by the nurses looking after patients. Maintaining privacy is associated with caring and maintaining confidentiality of the patient.

These results are not unique to South African nurses as Iranian nurses also perceived caring as an important professional value (Boozaripour, *et al.* 2017: 678).

Two important aspects of confidentiality in a hospital setting includes limiting access to information and making provision for the communication of sensitive, personal matters, especially for vulnerable patients. The sample in this study saw this aspect as important which suggests that vulnerable patients will be protected. (Pera and van Tonder 2012: 80). The National Health Act 61 of 2003 stipulates in section 14 that all information related to a user, should be kept confidential. According to section 15 of the Act, any healthcare provider that has access to health records of patients may not disclose any personal information to any other person even if it is a healthcare provider. Berman and Snyder (2012:71) confirmed that if the nurse breaches the confidentiality of the client's information, it can result to liability because it intrudes into patient privacy. This factor is important to this sample which suggests that nurses will keep matters about a patient's care confidential and reduce litigation cases related to breaching confidentiality. Privacy and confidentiality is important during clinical handover. This is supported by a literature review that was conducted on 45 articles to understand bedside clinical handover and confidentiality was identified as one of the important aspects that provide structure to the clinical handover (Anderson *et al.* 2014:5).

#### **5.4.4 Leadership**

The factor of leadership comprised of participating in public policy decisions affecting distribution of resources, participating in peer reviews and establishing standards as a guide for practice. The majority of the respondents in this study did not consider leadership as important in nursing. This is contrary to what Berman and Snyder (2012: 519) state regarding leadership, where they view leadership as an important aspect of nursing since a professional nurse frequently assumes the role of being a leader and manager which requires leadership abilities and characteristics. Bimray and Jooste (2014: 197) discovered that for the young nurse entering the profession, professional values are not so clear which prevents nurses from recognising their own leadership qualities. Health policy impacts on how decisions are made and allocation of resources, hence, nurses need to embrace their responsibility to engage in policy participation and shaping policy (Catrambone 2016: 3). The findings of the above study suggest that

nurses needs to be involved in policy decision making, especially on issues affecting nursing.

Transformational leadership practices were viewed as important in nursing as they enabled leaders to act and encourage them to reach shared values, objectives and outcomes (Ross, Fitzpatrick, and Click 2014: 201). Mannix, Wilkes and Daly (2015:1603) found that a strong moral compass shaped and guided nurse's clinical leadership activities which suggest that good ethics and moral standing is essential in nursing for good leadership skills.

Participating in peer review was not considered important by those sampled. Peer review can be defined as an organized effort to make judgements about the quality and appropriateness of care and services provided by someone of equal rank (American Nurses Association 1988). Nurses have the responsibility and accountability to ensure quality nursing care for their patients and peer review can improve that standard of care given by nurses. Benefits of peer review include gaining critical appraisal skills, becoming a reflective practitioner; further ensuring professional growth and development, and gaining competency which are skills every nurse needs to have (Boehm and Bonnel 2010:). George and Haag-Hetman (2011: 254) concluded that peer review is an essential aspect of nursing practice and it is an often missed element of practice that is needed for quality nursing care.

Establishing standards as a guide for practice was not seen as important by the majority of the respondents. Berman and Snyder (2012: 57) define standards of care as the skills and learning commonly possessed by members of a profession and used to protect the consumer. All nursing councils expect the nurse to uphold standards of care and the council prescribes standards that are in the scope of practice, which it judges against normally accepted standards for safe practice by the profession (Searle, Human and Mogotlane 2009:56). Rutherford-Hemming, Liocel and Durham (2015:96) applied standards for best practice in simulation and states that standards for practice are important to ensure quality and improvement of simulation programs. Establishing standards and implementing them is vital for nurses to ensure quality care.

#### **5.4.5 Research**

The research factor covered protecting rights of participants in research and participating in nursing research and/or implementing the research findings appropriate to practice. Research is a term used when a systematic and scientific investigation into an aspect or a problem-solving process is undertaken (Geyer *et al.* 2015: 153). Nursing is a profession that has problems of its own and nursing research is required so that those problems can have evidence based solutions. In research, the rights of the participants need to be protected to prevent exploitation of the patients. The university students valued research more than the college students.

Pera and van Tonder (2012: 328) state that each nursing professional is obligated to contribute to the advancement of nursing's body of knowledge through research. The authors further advocate for the protection of rights of vulnerable participants from exploitation by researchers (Pera and van Tonder 2012: 328). Pera and van Tonder (2012: 328) suggest that nurses are responsible to protect the rights of the patients under their care from other researchers within the profession. Implementing research findings in practice is another important aspect of research which nurses need to know how to communicate the research findings and put them into practice. In the United States of America, the nurses trained at a baccalaureate level or higher, had no significant problems relating to evidence based practice as opposed to other nurses who are trained at a lower level (Wilson, Sleutel, Newcomb, Behan, Walsh, Wells and Baldwin 2015: 14). These results support the findings in this study that university students that are trained at a degree level did not have a problem with research when compared with college trained students who are at a diploma level (Wilson *et al.* 2015: 14). Wilson *et al.* (2015:19) concluded that using current research in clinical care is an essential skill for healthcare professionals.

#### **5.5 Limitations of the study**

This research was conducted on final year student nurses in only one college and one university in KwaZulu Natal who were in their last semester of their final year training. They are expected to have these professional values, so they might answer the questions according to what is expected of them not according to whether they had them or not.

Only the R425 students participated in this study and excluded the R683 who also after completion, register as professional nurses and are expected to practice according to the South African Nursing Council Code of Ethics for nurses, and they also need to be familiar with these professional values. Even though the researcher's campus was not included in the study, other campuses were aware that the researcher is a lecturer in the college which may lead to socially desirable responses from the student nurses. The results of this study only reflect the views of those students who agreed to participate in the study and might not be the views of the student nurses from the other campuses that were not included in this study.

## **5.6 Recommendations**

The following recommendations were made with special reference to teaching and assessment of professional values; ethical practice in clinical placement; leadership training; self-directed learning to update knowledge and research, and further research.

### **5.6.1 Teaching and assessment of professional values**

It is recommended that the curriculum of any nursing course should include the teaching of all the professional values in the Ethos and Professional Practice modules as follows:

- Professional values related to patient care which was found to be lacking from this study such as activism, ethical practice, patient privacy, leadership, research, and adhering to the code of ethics should form part of the curriculum.
- Assessment of the professional values in nursing should be made a core module and should be done by both the professional nurses working with the students in the clinical area and be as a practical examination with the lecturers from the institutions so that the nursing profession can have people with appropriate professional values.
- Student nurses should be required to attend at least one South African Nursing Council disciplinary hearing as a promotive requirement so that they can learn the consequences of practicing poor nursing care.



### **5.6.2 Ethical practice in clinical placement.**

Ethical practice in the clinical area is of vital importance for the student nurses in training since that is where they learn proper implementation of what they are taught and it can be ensured through the following strategies:

- The professional nurses working with the student nurses during clinical placement have an obligation to teach the students which includes proper role modelling of professional values and ethical practice during the placement of student nurses in their department.
- The use of clinical observation during a clinical placement can be used by professional nurses where they critically observe the student nurses under their supervision who are attending to patients daily and correct mistakes as they happen.
- Student nurses need to be given more support and protection in reporting professional nurses whose nursing practice is poor during their clinical placement.
- The South African Nursing Council needs to implement stricter consequences of poor nursing care to serve as a teaching strategy to all nurses in practice. It is suggested that student nurses should attend at least one disciplinary hearing with the South African Nursing Council so that they can learn from that experience.

### **5.6.3 Leadership training**

There is a lack of leadership qualities in both the university and the college trained nurses and it is recommended that:

- Student nurses be included during policy development, even if it is ward policies so that they can see the importance of participating in public policy decisions and see how that those policies can affect nursing care.
- Leadership seminars should be conducted for the student nurses during their training so that they can learn to develop their leadership skills and know that it is a requirement.

- Participating in peer review should be encouraged by allowing student nurses to critique the peer's work so that they can learn to take positive and negative criticism as a learning strategy thus improving public speaking and leadership roles.

#### **5.6.4 Self-directed learning to update knowledge and research**

Student nurses tend to concentrate only on the work that they need to do to write the exams and be promoted to the next level. The following recommendations were made so that the student nurses can learn to seek more information even if it is not related to their academic work:

- Student nurses should be given projects in between their academic work to promote self-directed learning that will require them to search for more updated information related to nursing. The purpose of this exercise is to show them that they should continue with lifelong learning to improve the body of knowledge in the nursing profession and to develop themselves professionally.
- Encourage student nurses to participate in nursing research and know that nursing research is needed to develop nursing solutions to nursing problems.
- Peer review should be made an important aspect in nursing education during training and after the course to ensure lifelong learning in the nursing profession.

#### **5.6.5 Further research**

Further studies in professional values in nursing are recommended in order to improve the caring culture of nurses towards patients and bring back the dignity the nursing profession used to have in the past. These studies could be:

- The experiences of student nurses regarding the practice of professional values by professional nurses in the clinical area.
- The professional values of newly qualified professional nurses doing community service in the health care facilities.

- The impact of poor professional values and practices on patient care and healthcare systems in the country.

## **5.7 Conclusion**

The study has shown that caring, trust and professionalism were not part of the professional values student nurses found important. However, the study identified poor leadership amongst students, an important value in nursing. Most student nurses viewed patient privacy as the most important aspect of nursing care followed by ethical practice. It would be beneficial to do more studies in nursing in different contexts to see if they also have similar professional values as the students who made up the sample in this study.

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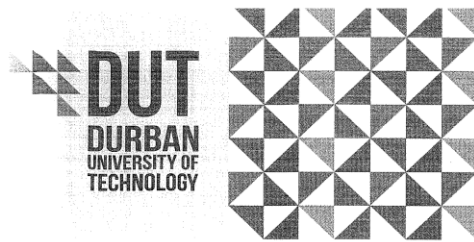
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## ANNEXURE 1



Institutional Research Ethics Committee  
Faculty of Health Sciences  
Room MS 49, Mansfield School Site  
Gate 8, Ritson Campus  
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2900  
Fax: 031 373 2407  
Email: lavishad@dut.ac.za  
[http://www.dut.ac.za/research/institutional\\_research\\_ethics](http://www.dut.ac.za/research/institutional_research_ethics)  
[www.dut.ac.za](http://www.dut.ac.za)

29 August 2016

IREC Reference Number: **REC 49/16**

Ms M Z Malambe  
P O Box 59027  
Munster  
4287

Dear Ms Malambe

**A comparative descriptive survey of the professional values of final year student nurses in a College and a University in KwaZulu-Natal**

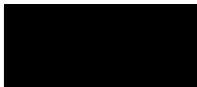
The Institutional Research Ethics Committee acknowledges receipt of your final data collection tool for review.

We are pleased to inform you that the questionnaire has been approved. Kindly ensure that participants used for the pilot study are not part of the main study.

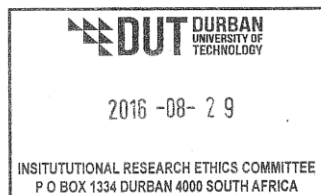
In addition, the IREC acknowledges receipt of your gatekeeper permission letters.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Yours Sincerely,



Professor J K Adam  
Chairperson: IREC





## ANNEXURE 2



Reference: HRKM161/16  
KZ\_2016RP17\_993

10 June 2016

Dear Ms M M Malambe  
(Durban University of Technology)

**Subject: Approval of a Research Proposal**

1. The research proposal titled 'A comparative descriptive survey of the professional values of final year student nurses in a College and a University in KwaZulu-Natal' was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

The proposal is hereby **approved** for research to be undertaken at the selected KwaZulu-Natal Nursing Campuses according to your research protocol.

2. You are requested to take note of the following:
  - a. Make the necessary arrangement with the identified facility before commencing with your research project.
  - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to [hrkm@kznhealth.gov.za](mailto:hrkm@kznhealth.gov.za)

For any additional information please contact Ms G Khumalo on 033-395 3189.

Yours Sincerely

**Dr E Lutge**  
Chairperson, Health Research Committee

Date: 13/06/16.

## ANNEXURE 3



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Physical Address : 211 Pietermaritzburg Street , Pietermaritzburg 3200  
Postal Address: Private Bag X 9089 Pietermaritzburg 3200  
Tel: 033 264 7800 Fax: 033 394 7238 Email: sindizama.mthembu@kznhealth.gov.za  
www.kznhealth.gov.za

### DIRECTORATE:

KwaZulu-Natal College of Nursing

Reference: Dr. S.Z. Mthembu  
Date: 07 June 2016

Principal Investigator: Ms M Z Malambe  
Student No: 19905227  
Durban University of Technology

**RE: Gate Keeper Permission to conduct research at the KZN College of Nursing.**

**TITLE: A comparative descriptive survey of the professional values of final student nurses in a College and a University in KwaZulu-Natal**

Dear Ms M Malambe

I have the pleasure in informing you that permission has been granted to you as per the above request by the Principal of the KZN College of Nursing.

**Data Collection site(s): Prince Mshiyeni Memorial Nursing Campus,  
Ngwelezane Campus  
RKKhan Campus  
Greys Campus  
CJM Campus  
Port Shepstone Campus (Pilot Study)**

Please note the following:

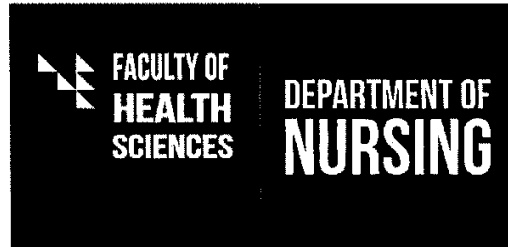
1. Please ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has confirmation of approval from the Provincial Health Research Committee in the KZN Department of Health.
3. Gatekeeper permission is therefore granted for you to conduct this research at the above identified campuses after consultation with the Campus Principal.
4. The KwaZulu-Natal College and its NEI's will not be providing you with any resources for this research.
5. You will be expected to provide feedback on your findings to the Principal of the KwaZulu-Natal College of Nursing.

Thank You



**Dr. S.Z Mthembu**  
**Principal: KZN College of Nursing**

Fighting Disease, Fighting Poverty, Giving Hope



Ms M.Z. Malambe  
P O Box 421  
Shelly Beach  
4265

1 September 2016

Dear Ms Malambe

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE  
UNDERGRADUATE NURSING PROGRAMME**

Your letter dated 30 August 2016 is acknowledged. I am pleased to inform you that permission to conduct a study in the Department of Nursing is granted. On completion of your study, please provide the Department of Nursing with the copy of your dissertation. The Department of Nursing wishes you the best of luck with your studies.

Sincerely,

A black rectangular box redacting the signature of Prof M.N. Sibiya.

Prof M.N. Sibiya

Head of Department of Nursing



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Postal Address: Private Bag X 5031, Pietermaritzburg, 3200  
Physical Address: 201 Townush Road, Northam Park, Pietermaritzburg, 3200  
Tel: 033 897 3503 Fax: 033 397 3500 Email: [dudd.malla@kznhealth.gov.za](mailto:dudd.malla@kznhealth.gov.za)  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

Kwazulu Natal College of  
Nursing:  
Grey's Campus

14<sup>th</sup> November 2018

Ms. M.Z. Malambe

Dear Ms. Malambe

**Re: Request for permission to conduct study at Grey's Campus**

Permission is granted for you to conduct research at this Campus.

Kindly liaise with Mrs. M.S. Sublian-H.O.D. Community Nursing Science at Grey's Campus to make the necessary arrangements for you to conduct research at this Campus.

You are wished all the best with your studies.

Yours Faithfully

J.D. Mzila (Mrs)  
Acting Campus Principal



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

KWAZULU-NATAL COLLEGE OF NURSING  
PRINCE MSHIYENI MEMORIAL CAMPUS

Physical Address: Mangosuthu Highway, Durban, 4000

Physical Address: Private Bag X10, Moleni, 4060

Tel: +27(031) 907 8313/ 8314 Fax: +27(031) 906 7772 Email: Rozano.Bridgemohan@kznhealth.gov.za

[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

Directorate: PRINCIPAL OFFICE

Date : 01/09/2016

Ms M. Malambe  
P O Box 59027  
Munster  
4278

Dear Ms M. Malambe

RE: Request for permission to conduct a study

**Title of the study:** A comparative and descriptive survey of the professional values of final year student nurses in a College and a University in KwaZulu-Natal.

**Researcher:** Ms M. Malambe

**Supervisor:** Dr P. Orton

In response to your request dated 31 August 2016, I am pleased to inform you that you are granted permission to conduct your study at Prince Mshiyeni Nursing Campus.

I note with appreciation that you have full approval from the research ethics committee of DUT.

Please abide by the stipulations of Kwa – Zulu Natal College of Nursing.

Please communicate the outcome of your study by submitting a written report to the Campus principal.

Yours faithfully,



Mrs. R. Bridgemohan  
Campus Principal

## ANNEXURE 7



Department:  
Health  
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Physical Address: R. K. Khan Circle, Giza, Muz, 4030  
Postal Address: R. K. Khan Campus Private Docks 004, Giza, Muz, 4030  
Telephone: (051) 594167 Fax: (051) 451224 E-mail: [info@rky.edu.eg](mailto:info@rky.edu.eg) [hr@rky.edu.eg](mailto:hr@rky.edu.eg) [admission@rky.edu.eg](mailto:admission@rky.edu.eg)  
[www.rky.edu.eg](http://www.rky.edu.eg)

22 September 2016

Attenzione: Ms. M. Malambo

**Re: Permission to Conduct a Study at our Campus**

I have received your letter requesting permission to conduct a study at R.K. Khan Campus, would like to inform you that permission is granted for you to collect data from Group I/1/2013.

Thank You.

Mrs. J. Reddy  
Campus Principal

## ANNEXURE 8

From:

To: 0388 156325

06/09/2016 16:45

Page 06 P.002/002



**health**

**Department:  
Health**

**PROVINCE OF KWAZULU-NATAL**

Private Bag 3135, Ngqutu, 3135  
Lot 8, Trade Street, Ngqutu, 3135  
Tel: (036) 571 8826 Fax: (036) 571 8896  
E-mail: [masempho@kznhealth.gov.za](mailto:masempho@kznhealth.gov.za)

KwaZulu-Natal College of Nursing  
Charles Johnson Memorial Nursing Campus

Enquiries: B.S. Simelane  
05.09.2016

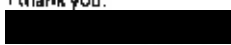
Ms. MZ Malambo  
P.O. Box 59027  
Munster  
4278

Dear Madam,

### PERMISSION TO CONDUCT THE STUDY

You are hereby granted permission to conduct the study at CJM Campus. You are expected to comply with the ethical principles whilst conducting the study.

I thank you.

  
B.S. Simelane CJM Campus Principal



## Appendix B



### LETTER OF INFORMATION

**Title of the Research Study:** A comparative descriptive survey of the professional values of final year student nurses in a College and a University in KwaZulu-Natal

**Principal Investigator/s/researcher:**  
Ms Mumcy Malambe , BCur ed et admin

**Co-Investigator/s/supervisor/s:** Supervisor:  
Dr P.Orton and Co-Supervisor: Dr A. Razak

#### **Brief Introduction and Purpose of the Study:**

Dear participant

Warm greetings to you. You have been selected and invited to take part in a research study. It is important for you to take part in this study but also it is important for you to know why this study is conducted and what it will involve. Please take your time and carefully read the following information and you are welcome to ask the researcher if there is anything you need more information about.

Nursing is a caring and compassionate profession and there are nursing values that student nurses learn from the theoretical component of nursing and also in the clinical areas during their clinical placements. Nurses are expected to behave in a certain way as outlined by the code of ethics of the South African Nursing Council. It is important for the future of nursing that we understand what the professional values of final year student nurses are in order that we as educators can address any challenges that might be identified through this research. Therefore the aim of this study is to compare and describe the professional values of final year student nurses in a College and a university in KwaZulu Natal.



**Outline of the Procedures:** A validated questionnaire with 26 items will be distributed to you and you are requested to fill it in completely. Please do not put your name on the questionnaire. This questionnaire will be handed out to 4<sup>th</sup> year student nurses at 5 College campuses randomly selected and one University campus by the researcher. Once you have completed the questionnaire please place it in the box in the classroom.

**Risks or Discomforts to the Participant:** There will be no risks involved while participating in this study.

**Benefits:** Recommendations based on the findings from this study will help in improving the education of professional values in nursing.

**Reason/s why the Participant May Be Withdrawn from the Study:** Participation is voluntary and by consent only. You may withdraw at any time and you will not be penalized should you wish to withdraw.

**Remuneration:** None

**Costs of the Study:** None

**Confidentiality:** No names are to be written on the questionnaires and as soon as you finish filling them in, they will be kept by the researcher in a secure locked cupboard and will only be seen by the researcher and the supervisors.

**Research-related Injury:** None

**Persons to Contact in the Event of Any Problems or Queries:**

Researcher: Ms M. Malambe Port Shepstone Nursing Campus Tel - 039 315 5322  
Supervisor: Dr P. Orton Durban University of Technology Tel - 031 373 2537  
Co – supervisor: Dr A. Razak Durban University of Technology Tel – 031 373 2537  
Or the Institutional Research Ethics Administrator on 031 373 2900. Complaints can be reported to the Director: Research and Postgraduate Support, Prof S Moyo on 031 373 2577  
[moyos@dut.ac.za](mailto:moyos@dut.ac.za)



## CONSENT

### Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, \_\_\_\_\_ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance  
Number: \_\_\_\_\_,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may  
relate to my participation will be made available to me.

_____	_____	_____	_____
<b>Full Name of Participant Thumbprint</b>	<b>Date</b>	<b>Time</b>	<b>Signature / Right</b>

I, \_\_\_\_\_ (name of researcher) herewith confirm that the above participant has been  
fully  
Informed about the nature, conduct and risks of the above study.

_____	_____	_____
<b>Full Name of Researcher</b>	<b>Date</b>	<b>Signature</b>

_____	_____	_____
<b>Full Name of Witness (If applicable)</b>	<b>Date</b>	<b>Signature</b>

_____	_____	_____
<b>Full Name of Legal Guardian (If applicable)</b>	<b>Date</b>	

**ANNEXURE 10**

NAME OF EDUCATIONAL INSTITUTION: \_\_\_\_\_

NAME OF CAMPUS: \_\_\_\_\_

AGE: \_\_\_\_\_years

**GENDER**

Male	
Female	

**RACE:**

Black	
Coloured	
Indian	
White	

**Nurses Professional Values Scale-R ©**

Rate from 1 to 5, the importance of the following value statements relative to nursing practice, where

**1 = Not important and 5 = extremely important**

	Rating score from 1 to 5
1. Engage in on-going self-evaluation.	
2. Request consultation/collaboration when unable to meet patient needs.	
3. Protect health and safety of the public.	
4. Participate in public policy decisions affecting distribution of resources.	
5. Participate in peer review.	
6. Establish standards as a guide for practice.	
7. Promote and maintain standards where planned learning activities for students take place.	
8. Initiate actions to improve environment of practice.	
9. Seek additional education to update knowledge	
10. Advance the profession through active involvement in health related activities.	

	<b>Rating score from 1 to 5</b>
11. Recognize role of professional nursing associations in shaping health care policy.	
12. Promote equitable access to nursing and health care.	
13. Assume responsibility for meeting health needs of the culturally diverse population.	
14. Accept responsibility and accountability for own practice.	
15. Maintain competency in area of practice.	
16. Protect moral and legal rights of patients.	
17. Refuse to participate in care if in ethical opposition to own professional values.	
18. Act as a patient advocate.	
19. Participate in nursing research and/or implement research findings appropriate to practice.	
20. Provide care without prejudice to patients of varying lifestyles.	
21. Safeguard patient's right to privacy.	
22. Confront practitioners with questionable or inappropriate practice.	
23. Protect rights of participants in research.	
24. Practice guided by principles of fidelity and respect for person.	
25. Maintain confidentiality of patient.	
26. Participate in activities of professional nursing associations.	

**Please feel free to make comments:** \_\_\_\_\_

\_\_\_\_\_

## ANNEXURE 11

10/19/2015

Dear Ms. Malambe,

Thank you for your interest in our work on professional values.

An abstract, as well as The Nurses Professional Values Scale (NPVS-R) are enclosed. You have our permission to use the NPVS-R in your proposed research. We are requesting persons who use the NPVS-R to provide the following at the completion of the research:

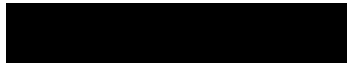
An abstract of your research findings using the NPVS-R which includes a description of the sample.

Our most recent publication regarding the NPVS-R can be found in the *Journal of Nursing Measurement*:

Weis, D., & Schank, M.J. (2009). Development and Psychometric Evaluation of the Nurses Professional Values Scale—Revised. *Journal of Nursing Measurement*, 17(3), 221-231.

Best wishes for success with your research.

Sincerely,



Darlene Weis, PhD, RN  
Associate Professor  
414-288-3819  
414-288-1597 (fax)  
darlene.weis@marquette.edu



Mary Jane Schank, PhD, RN  
Professor Emeritus  
414-288-3858  
414-288-1597 (fax)  
maryjane.schank@marquette.edu

DW/MJS:bj

Enclosures (3)

ANNEXURE 12

P O Box 59027  
Munster  
4278  
24 May 2017

The Head of Programme  
Durban University of Technology  
Private Bag X 9077  
Pietermaritzburg  
3200

Dear Professor Sibiya

REQUESTING INFORMATION ABOUT THE ETHOS AND PROFESSIONAL MODULE FOR  
THE R425 PROGRAM FOR MY STUDY

I, Mumcy Zandile Malambe work as a Lecturer at Port Shepstone nursing campus and I am also a Master of Health Sciences (Nursing) student at the Durban University of Technology, in the Department of Nursing. Thank you for the data collected at Indumiso Campus, I received such excellent welcome and assistance from my colleagues that side. Now, I am requesting information about the Ethos and professional practice module for the R425 program, my supervisor advised me to introduce that information in my chapter one about when is it done during their training including their evaluation please.

My topic is "A comparative descriptive survey of the professional values of final year student nurses in a College and a University in KwaZulu-Natal".

I will be most appreciative if you can consider my request favorably.  
Thank you

Yours Sincerely

Ms M. Malambe (Researcher)  
Tel: 039 315 5322

## ANNEXURE 13

P O Box 421  
Shelly Beach  
4265  
23 May 2016

The Principal  
KwaZulu Natal College of Nursing  
Private Bag X 9089  
Pietermaritzburg  
3200

Dear Madam

REQUEST TO CONDUCT A STUDY USING THE FINAL YEAR STUDENT NURSES AT 5  
CAMPUSES OFFERING THE 4 YEAR PROGRAM

I, Mumcy Zandile Malambe work as a Lecturer at Port Shepstone nursing campus and I am also a Master of Health Sciences (Nursing) student at the Durban University of Technology, in the Department of Nursing. I am requesting permission to conduct a study on the final year student nurses in the R425 programme in 5 campuses of KwaZulu Natal College. My topic is: A comparative descriptive survey of the professional values of final year student nurses in a College and a University in KwaZulu-Natal

All student nurses participating in the study will be given an information letter about the research study and a consent form to sign before participating in the study. I will personally go to the different campuses to disseminate the questionnaires and I will collect them back on the same day for safe keeping until all the data is collected. The questionnaires will be analyzed by the researcher together with a statistician.

I will be most appreciative if you can consider my request favorably.  
Thank you

Yours Sincerely

Ms M. Malambe (Researcher)  
Tel: 039 315 5322



P O Box 59027  
Munster  
4278  
31/08/2016

The Principal  
Ngwelezane Nursing Campus  
Private Bag X20016  
Empangeni  
3880

Dear Sir/Madam

REQUEST TO CONDUCT A STUDY FROM YOUR NURSING CAMPUS

I, Mumcy Zandile Malambe work as a Lecturer at Port Shepstone nursing campus and I am also a Master of Health Sciences (Nursing) student at the Durban University of Technology, in the Department of Nursing. I am requesting permission to conduct a study on the final year student nurses in the 4 year program at your campus. My topic is "A comparative and descriptive survey of the professional values of final year student nurses in a College and a University in KwaZulu-Natal".

All student nurses participating in the study will be given an information letter about the research study and a consent form to sign before participating in the study. I will personally go to the different campuses to disseminate the questionnaires and I will collect them back on the same day for safe keeping until all the data is collected. The questionnaires will be analyzed by the researcher together with a statistician.

I will be most appreciative if you can consider my request favorably.  
Thank you

Yours Sincerely

Ms M. Malambe (Researcher)  
Tel:039 3155322

