

# The Relationship Between Nurses' Professional Values and Their Attitudes Towards Care Giving Roles: A Structural Equation Model

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## ABSTRACT

**Objective:** The study was carried out to examine the relationship between nurses' professional values and caregiver roles.

**Methods:** This study is based on a descriptive correlational research design using a structural equation model. 366 nurses participated in the study. It was gathered using Nurse Promotion Form the Professional Values Scale of Nurses and the Attitude Scale for Their Caregiver Roles.

**Results:** The total mean score of the Nurses' Professional Values Scale was determined as 94.73±17.87. Nurses' Perceptions of Caregiving Roles Attitude Scale total score mean was determined as 62.41±9.22. According to the Structural Equation model, professional values of nurses explain 39% of the change in the value of the attitude towards caregiver roles ( $R^2=0.39$ ).

**Conclusion:** Nurses' professional values and attitudes towards caregiver roles are at a good level and professional values of nurses partially affect the attitude towards caregiver roles.

**Keywords:** Care, care giving role, nursing values, structural equation model

## 1. INTRODUCTION

Values are goals and beliefs that affect a person's decisions, behaviors, choices and the resulting lifestyle (1). Each individual has its own values and these values are gained as a result of education, experience, culture and interpersonal relations (2). Values representing basic beliefs about what is right, good or desired affect both personal and professional behavior (3). Professional values are defined as common beliefs about the value or quality of common concepts and behaviors over a particular discipline. Professional values as common beliefs bring together individuals with different cultural backgrounds and are considered the basis for creating a standard professional identity and ideology (4,5). Professional values that form the basis of nursing practices (6) are one of the most important factors that guide nurses' thoughts, actions, practices and interactions with patients (2,7).

Nurses are guided by professional values in the decision-making process regarding care actions to be implemented and in resolving ethical problems. Nurses who internalize professional values gain competence in resolving conflicts and determining priority actions and so they contribute to

maintaining a quality, safe and ethical care (8). It is extremely important for nurses to be aware of professional values such as accuracy, honesty, altruism, autonomy, and equality in order to offer a qualified and humanistic patient care (9). Studies examining the professional values of nurses have shown that nurses adopt values such as human dignity, social justice, autonomy, honesty, responsibility, professional commitment and trust (4,10,11).

Nursing care is based on a series of universal humane and altruistic values that will bring meaning and satisfaction to people's lives in their relationships with others (5). Conditions such as insufficient or undeveloped nurses' professional values affect nurses' goals, strategies, actions and especially caregiver roles (1). The care giving role emerges as an ancient role that forms the core of the traditional practice of nurses. And other roles of modern nursing are thought to derive from the caregiver role, while nurses are most independent in practicing their caregiver roles, and this role is the role of nursing profession (12). In their study, Pang et al. (13) have determined that nurses' problem solving and critical thinking skills, determining patient care needs and resolving patient and family concerns are affected

by values. In addition, similar studies have reported that nurses' attitudes towards caregiver roles are positive (14,15).

American Nurses Association (ANA) have stated that professional values improve the quality of nursing care (16). The relevant literature reports that nurses' professional values affect nurses' caregiver roles (1). However, no study explaining this relationship has been found. Therefore, in this study, it was aimed to examine the extent to which professional values affect nurses' caregiver roles by using the structural equation model. Nurses' awareness of their values and how these values affect their care behavior are the basis of humanistic nursing care. Therefore, it is important to demonstrate care roles developed by nurses based on their professional values.

### 1.1. Purpose of the Research

This study examines the relationship between the professional values of nurses working in a university hospital in Central Anatolia Region of Turkey and their attitudes towards caregiver roles.

### 1.2. Hypotheses

H<sub>1</sub> hypothesis assumed that providing care positively affects the attitude towards nurses' caregiver roles.

H<sub>2</sub> hypothesis assumes that professionalism positively affects the attitude towards nurses' caregiver roles.

H<sub>3</sub> hypothesis assumes that activism positively affects the attitude towards nurses' caregiver roles.

H<sub>4</sub> hypothesis assumes that justice positively affects the attitude of nurses' caregiver roles.

H<sub>5</sub> hypothesis assumed that the professional values of loyalty positively affect the attitude towards nurses' caregiver roles.

## 2. METHODS

### 2.1. Design

In this study, a model was predicted to examine the relationship between nurses' professional values and attitudes towards caregiver roles. The predicted model based on the literature was tested with a descriptive research design using structural equation modeling. In the predicted model, it was assumed that the professional values of nurses will positively affect their attitudes towards caregiver roles (Figure 1).

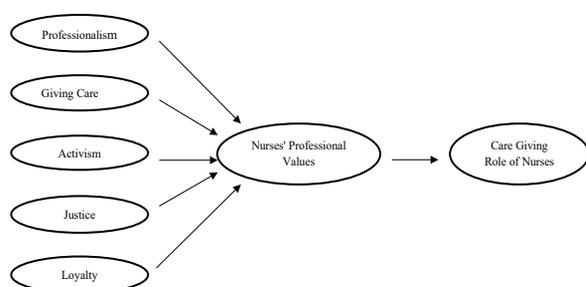


Figure 1. Predicted model.

### 2.2. Sample and Data Collection

The descriptive correlational study was conducted in the second largest university hospital in Konya, between July and September 2018. The hospital, with a total bed capacity of 934, also serves patients from nearby provinces. A total of 501 nurses work in the hospital. Working hours are carried out in two shifts, 08: 00-16: 00, 16: 00-08: 00. Due on the service, a nurse provides care to an average of 15 patients. The hospital does not have an in-service training program on nursing care and nursing values.

The entire population was created without sample selection. All the nurses working in this hospital (N:501) form the universe, the sample of the study consisted of 366 (72%) nurses meeting the inclusion criteria. The inclusion criteria were determined as follows: working as a nurse in internal diseases, surgical and intensive care clinics, providing one-to-one patient care, volunteering to participate in the research and not being on leave/have report between the dates of the research (Figure 2).

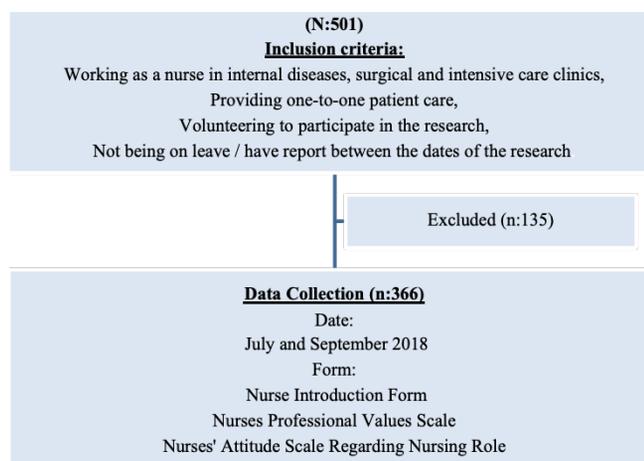


Figure 2. The characteristics of study population.

Nurse Promotion Form, Nurses Professional Values Scale, Nurses' Attitude Scale Regarding Nursing Role were used to collect data. Before starting the study, pilot study was performed with 10 nurses who were not included in the sample. After the pre-application, it was determined that all the questions in the data collection forms were understandable. The nurses included in the pre-application were not sampled. Verbal consent was obtained from the nurses by explaining the purpose of the study, and then a questionnaire was given. The questionnaire forms were taken back from the nurses one day later in order to be filled in during the hours when the workload was low. Forms filled in about 15 minutes.

#### 2.2.1. Nurse Promotion Form

In this form, which was created in line with the literature (4,17,18) by the researchers, there were 14 questions that questioned the socio-demographic and working characteristics of nurses.

### 2.2.2. Nurses' Professional Values Scale

Nurses Professional Values Scale was developed by Weis and Schank, to determine the level of perception of nurses and nursing students' professional values (19). The Professional Values Scale of the Nurses whose Turkish version was made is a 5-point Likert type with 26 items (Not important= 1, Somewhat important= 2, Important= 3, Very Important 4, Very Important 5). The scale includes five factors: caregiving, professionalism, activism, justice and loyalty. The lowest score that can be received from the scale is 26 and the highest score that can be received is 130. The high score indicates that professional values are high. The Turkish version of the scale was considered valid and reliable based on the study by Geçkil et al., (2) (Cronbach's alpha=0.92). In this study, the Cronbach's alpha value for the whole scale was 0.96; for the subscales, it ranged between 0.74 and 0.90.

### 2.2.3. Attitude Scale of Care Giving Role of Nurses

Nurses' Attitude Scale Regarding Caregiving Roles (NARRCR) was developed by (Koçak et al., 2014) to determine the attitudes of nurses towards caregiver roles. And this scale is a 5-point Likert type scale consisting of 16 items whose validity and reliability have been made by the same researchers. NARRCR consists of three sub-dimensions, namely, Elimination of the patient's self-care needs and attitude towards the nurse's counseling role, Attitude towards the nurse's role in protecting the individual and respect for their rights, and Attitude towards the nurse's role in the treatment process. The items of the scale are evaluated by the participants in line with the answers I definitely disagree, I disagree, I partially agree, I agree, I totally agree. And these evaluations are scored between 1-5 points. The lowest score received from the scale is 16, and the highest score is 80. Accordingly, as the score obtained from the scale increases, the attitudes of nurses towards caregiver roles are interpreted positively. As the score received from the scale decreases, it is interpreted as negative. The Cronbach Alpha value found in the work of Koçak et al. 0.91 was found (12). The Cronbach's alpha value for the whole scale was 0.96; for the subscales, it ranged between 0.72 and 0.83.

### 2.3. Ethical Dimension

Ethics committee approval was obtained from a university's Drug and Non-Medical Device Research Ethics Committee (2018/1446), institutional permission was obtained from the hospital where the study was conducted. Participants were informed on the front cover of the questionnaire, and those who gave consent were included in the research. Necessary use permit was reached from author to use the Nurses' Occupational Values Scale and from author to use the Attitude Scale of the Nurses' Care Giving Roles.

### 2.4. Evaluation of the Data

The reliability analysis of the scales used in the study were determined by the Cronbach's Alpha coefficient and the relationship between the scales by Pearson correlation coefficient. Student t test, One-Way Variance Analysis and Kruskal Wallis analysis and structural equation model were used in the statistical evaluation of scale scores according to demographic characteristics.

## 3. RESULTS

### 3.1. Results Related to Participants' Socio-Demographic and Working Characteristics

When the distribution of 366 nurses included in the study according to their socio-demographic and study characteristics is examined the following have been identified: 60.7% of these nurses are women, 60.7% of the nurses were trained at the Health Vocational High School/Associate Degree, and the average age was  $28.66 \pm 6.63$ , 34.2% of the nurses work in internal clinics, 53.8% of them work in the form of day and night shifts. In addition, the average of the nurses' weekly working hours was found to be high ( $43.89 \pm 4.67$ ) and it was found that the nurses had just started the profession ( $7.80 \pm 5.52$ ) (Table 1).

**Table 1.** Distribution of nurses by socio-demographic and working features (n=366)

Socio-demographic Features	Number	%
<b>Gender</b>		
Female	222	60.7
Male	144	39.3
<b>Educational status</b>		
HVS / Associate Degree	222	60.7
License	122	33.3
Postgraduate	22	6.0
<b>Average Age (<math>\bar{x} \pm SS</math>)</b>	<b>(28.66<math>\pm</math>6.63)</b>	<b>(Min= 19 Max= 49)</b>
<b>Clinics</b>		
Internal Clinics	125	34.1
Surgical Clinics	98	26.8
Intensive care	105	28.7
Pediatrics	38	10.4
<b>Working Method</b>		
Permanent Night	47	12.8
Permanent Day	122	33.3
Day and night	197	53.9
<b>Weekly Working Hours Average. (<math>\bar{x} \pm SS</math>)</b>	<b>(43.89<math>\pm</math>4.67)</b>	<b>(Min= 35 Max= 76)</b>
<b>Occupational Work. Year Average (<math>\bar{x} \pm SS</math>)</b>	<b>(7.80<math>\pm</math>5.52)</b>	<b>(Min= 1 Max= 49)</b>

### 3.2. Results Regarding the Relationship between Nurses' Professional Values and Caregiver Roles

The NARRCR score average of the nurses is  $94.73 \pm 17.87$ . The mean scores achieved from the sub-dimensions were  $30.86 \pm 5.89$  in the Giving Care sub-dimension,  $24.78 \pm 5.18$  in the Professionalism sub-dimension,  $17.84 \pm 4.00$  in the Activism sub-dimension,  $11.02 \pm 2.35$  in the Justice sub-dimension and  $10.23 \pm 2.59$  in the Loyalty sub-dimension (Table 2).

**Table 2.** Nurses' professional values scale scores and caregiving role attitude scale scores

Sub Dimensions and Scale	Min.	Max.	$\bar{x}$	SS	Crobach Alfa
<b>Total</b>					
<b>NARRCR (Total Score)</b>	28.00	130	94.73	17.87	0.96
Giving Care	8.00	40.00	30.86	5.89	0.90
Professionalism	7.00	35.00	24.78	5.18	0.90
Activism	5.00	25.00	17.84	4.00	0.88
Justice	3.00	15.00	11.02	2.35	0.77
Loyalty	3.00	15.00	10.23	2.59	0.74
<b>NARRCR (Total Score)</b>	30.00	80.00	62.41	9.22	0.90
OGGDRT <sup>a</sup>	11.00	35.00	26.91	4.51	0.83
BKHSORT <sup>b</sup>	7.00	20.00	16.39	2.48	0.73
TSRT <sup>c</sup>	7.00	25.00	19.10	3.21	0.72

a: Meeting the self-care needs of the patient and attitude towards the counseling role of the nurse

b: Attitude towards the nurse's role to protect the individual and to respect their rights

c: Attitude towards the role of the nurse in the treatment process

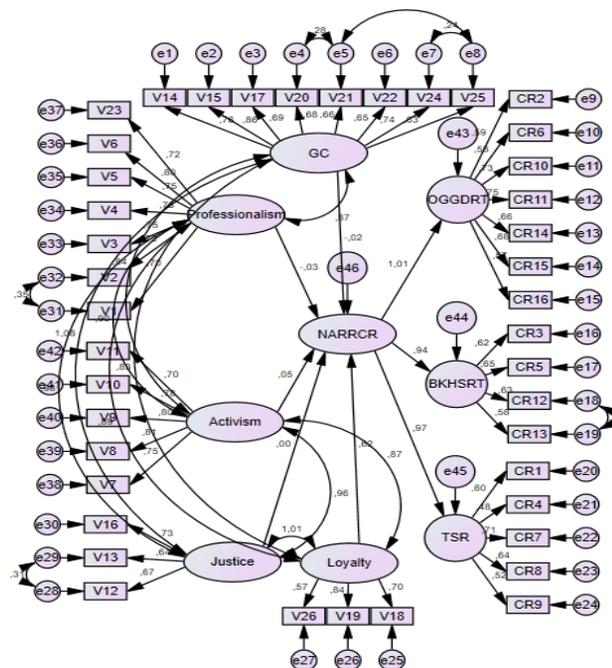
It was determined that the mean item point average of the Nurses' total score was  $62.41 \pm 9.22$ . When the sub-dimensions were analyzed, it was determined that the item score averages were meeting the self-care needs of the patient and attitude towards the counseling role of the nurse (OGGDRT)  $26.91 \pm 4.51$ , attitude towards the role of the nurse in the treatment process (TSRT)  $19.10 \pm 3.21$ , attitude towards the nurse's role to protect the individual and to respect their rights (BKHSORT)  $16.39 \pm 2.48$  respectively (Table 2).

Figure 3 shows the path analysis model drawn with SPSS-AMOS.  $\beta$  values shown in the figure are standardized values. Hypothesis test results are as shown in Table 3.

**Table 3.** Hypothesis test results

Hypothesis Relationships	Standard $\beta$	p	Acceptance / Rejection
H1: Care Giving $\rightarrow$ Attitude Towards Nurses' Care Giving Roles	-0,020	0,901	Rejection
H2: Professionalism $\rightarrow$ Attitude towards Nurses' Care Giving Roles	-0,028	0,897	Rejection
H3: Activism $\rightarrow$ Attitude towards Nurses' Care Giving Roles	0,053	0,764	Rejection
H4: Justice $\rightarrow$ Attitude Towards Nurses' Care Giving Roles	0,004	0,980	Rejection
H5: Loyalty $\rightarrow$ Attitude Towards Nurses' Care Giving Roles	0,617	0,002	Acceptance

$X^2/df = 2,481$  CFI=0,87 NFI= 0,80 IFI= 0,87 RMSEA=0,06



**Figure 3.** Structural equation results regarding the research model.

V: Value, CR: Caregiving Role, GC: Giving Care, NARRCR: Attitude Scale of Care Giving Role of Nurses, OGGDRT: Meeting the self-care needs of the patient and attitude towards the counseling role of the nurse, BKHSRT: Attitude towards the nurse's role to protect the individual and to respect their rights, TSR: Attitude towards the role of the nurse in the treatment process.

Fit indices were used to test the suitability of the established structural equation model. Fit indices  $X^2=2.481$ ; Comparative fit index (CFI) = 0.87, incremental fit index (IFI) =0.87 and the mean square root of the approximate errors (Root Mean Square Error of Approximation, RMSEA) =0.06. These results show that the established model is suitable.

H<sub>1</sub> hypothesis assumed that providing care positively affects the attitude towards nurses' roles. Standard  $\beta$  coefficient obtained as a result of path analysis this hypothesis was rejected at 0.05 significance level with a value of  $-0.020$ .

H<sub>2</sub> hypothesis assumes that professionalism positively affects the attitude towards nurses' caregiver roles. Standard  $\beta$  coefficient obtained as a result of path analysis this hypothesis was rejected at 0.05 significance level with a value of  $-0.028$ .

H<sub>3</sub> hypothesis assumes that activism positively affects the attitude towards nurses' caregiver roles. Standard  $\beta$  coefficient obtained as a result of path analysis this hypothesis was rejected at the 0.05 significance level with a value of 0.053.

H<sub>4</sub> hypothesis assumes that justice positively affects the attitude of nurses' caregiver roles, standard coefficient  $\beta$  obtained as a result of path analysis this hypothesis was rejected at the significance level of 0.004 with 0.05.

H<sub>5</sub> hypothesis assumed that the professional values of loyalty positively affect the attitude towards nurses' caregiver roles.

Standard  $\beta$  coefficient obtained as a result of path analysis this hypothesis was accepted at the level of 0.05 and a significance level of 0.05.

Care giving, professionalism, activism, justice, loyalty variables explain 39% of the change in the value of attitudes towards nurses' caregiver roles ( $R^2 = 0.39$ ) (Figure 3) (Table 3).

#### 4. DISCUSSION

This study was determined nurses' perception of professional value and attitudes towards caregiver roles a good. It was found that the professional values of the nurses explain 39% of the change in the value of attitudes towards nurses' caregiver roles. Hypothesis that professional values of loyalty positively affect the attitude towards nurses' caregiver roles was accepted in the path analysis.

The reason for the existence of nursing is the nursing philosophy, which guides the behaviors and practices towards care. However, the most important building block of this philosophy is nursing values (5). Professional values gained by nurses through their education and practice throughout their lives are essential for professional nursing practices (1,7).

In our study, the mean NARRCR total score of the nurses was  $94.73 \pm 17.87$ . Considering that the highest score that can be obtained from NARRCR is 130, it can be stated that nurses' perception of professional value is at a good level. Similar to our study finding, there are studies showing that nurses' perception of professional value is good (2,4,17,20-22).

NARRCR total score of the nurses was found as  $62.41 \pm 9.22$ . When the highest score that can be obtained from NARRCR is considered to be 80, According to these results, it can be said that nurses' attitudes towards caregiver roles are at a good level (24), it was found that there were similar findings with our research result. It was found that nurses have a good level of caregiver roles. Similar results were obtained in other studies on this subject (25-27).

According to the models developed in this study, we found that care giving, professionalism; activism and justice values do not directly affect the attitude towards the caregiver role. Although care is not specific to nursing, it is unique for nursing and is the main responsibility of nurses all around the world (28). It is a factor which contributes significantly to the relationship between the nurse and the patient and to the treatment and cure of the patient (29). Professionalism is defined as expertise, knowledge, skills and behaviour in a given field (30). Nurses who embrace the role of professional caregivers take more responsibility in care and thus quality of care is improved (31,32). Activism, another value, is an action which is more than awareness, participation and advocacy and refers to a conscious, strong effort to achieve change. Activism is a component of the nursing's social contract and contract with people. Nurses prefer activism as an intervention to address inequalities in healthcare and so nursing transforms from a passive but supportive role to a role that takes action to create change

(33). Justice includes equal treatment and fair distribution of resources in healthcare services (34). Justice which plays a role in developing a professional identity is necessary to protect people's health and survival just like healthcare. For nurses justice includes participating in social actions, taking action for vulnerable people and addressing weaknesses of the healthcare system (35). Values described according to the information found in the literature are estimated to have a positive effect on the attitude towards the caregiver role (24). American Association of Nurses have reported that the professional values of nurses improve the quality of nursing care and are directly related to their caregiver roles (16). Geyer et al. (36) have reported that care behavior and work performance are positively influenced by professional values. Another study have reported that nurses with positive professional values take more responsibility and provide better patient care compared to their colleagues (5). However although nurses received high scores in these set of values, these were not found to have any effect on the caregiver role. In addition, the fact that the explanation rate of all values is 39% also supports this result. The reason for this finding could be that although nurses have professional values at cognitive and emotional level, they have trouble in reflecting these in behaviour and attitude. Because attitude is an emotional, cognitive state which is developed based on education and experience and has the power to orientate and affect one's behaviour. Attitude is for the long term and includes the process of cognitive, emotional and behavioural development (37). We believe that the nurses included in this study did not have sufficient care attitude due to their low education level and work experience.

In the hypothesis direct effect of loyalty on the attitude towards the caregiver role is supported. Loyalty refers to being loyal and keeping promises. Loyalty principle includes the commitment in the patient-nurse relationship and keeping promises based on this principle ensures to maintain an environment of trust (38). This finding can be associated with strong loyalty value which is among the personal values of nurses.

##### 4.1. Strengths and Limitations

This study was conducted on 501 nurses and achieved the desired power to find significant relationships. In addition, this study is the first to examine the relationship between nurses' attitudes towards care giving roles and their professional values. This study has some limitations. First, the results cannot be generalized since the study was carried out only in a single hospital. Secondly, results may have been affected by Turkish healthcare system and cultural characteristics of the nurses. Another limitation is that the study is based on self-reporting. The tendency to respond as expected in such survey studies may affect the results of the study.

## 4.2. Implications for Practice and Research

Professional values ensure improvement of care outcomes and preservation of professional identity. It is important for the professional values to be addressed and improved as the driving force behind the care behaviors of the nurses. Further studies that evaluate how professional values of nurses are reflected in behaviour and on-the-job training about values for nurses who are newly recruited and for nurses with high school/associate degree are recommended.

## 5. CONCLUSION

As a result of these data obtained, it was found that nurses' professional values and attitudes towards caregiver roles are at a good level. It was seen that the professional values of the nurses partially affect the attitude towards the caregiver roles. Care giving, professionalism, activism, justice, loyalty variables were found to explain 39% of the change in the value of attitudes towards care giving roles of nurses.

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## Conflict of interest

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## Author Contributions:

Study design: HB, SS

Data collection: HB, SS

Data analysis: HB, SS

Manuscript writing: HB, SS

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