THE VALUE OF NURSING: A LITERATURE REVIEW

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Key words: globalization; professional identity; recruitment and retention; value of nursing

This article is part of a wider study entitled Value of Nursing, and contains the literature search from electronic databases. Key words for the search included ‘values of nursing’, ‘values in nursing’, ‘organisational values’ and ‘professional identity’. Thirty-two primary reports published in English between 2000 and 2006 were identified. The findings highlight the importance of understanding values and their relevance in nursing and how values are constructed. The value of nursing is seen to be influenced by cultural change, globalization, and advancement in technology and medicine. These factors are crucial in providing a more structured and measured view of what nursing is, which will result in greater job satisfaction among nurses, better nurse retention and enhanced patient care within a supportive and harmonious organization. The findings of this review have implications for policy makers in recruitment and retention in determining the global value of nursing.

Introduction

Much attention by governments is given to health care. Within nursing, the focus on recruitment and retention has often been on economic and demographic factors, such as terms and conditions of employment. The inadequate attention to the cultural, organizational and professional values that may underlie such factors demonstrates a lack of understanding of these values and their importance. To have a map of various perceptions, whether positive or negative, of the values and meanings of, and in, nursing as a social/work/professional role would assist policy making in health care and health care education. For example, it is well recognized that salary levels are not always critical factors in choice of profession and subsequent job satisfaction.

Demographic developments, especially population ageing and the decline in fertility, as well as a variety of medical and biotechnological developments, have served to accentuate the attention given to care, raising political, financial and ethical issues and dilemmas that seem to reach into every corner of modern life.1 In the UK, values in the National Health Service have received significant attention, culminating
in three major reports. Hewison argued that National Health Service values are ‘not fixed and the predominance of particular values change over time’ (p. 253). Adapting to the dynamic nature of health care is a challenge for nursing and represents a value that is often not recognized by lay people, health professionals and governments. Malone argues that effective patient care requires a valued and rewarded nursing workforce.

With the continuing change in the status and role of nurses, the profession needs to question the direction in which it is heading, decipher its core values and reach some agreement about the moral nursing values of practice. It is of profound interest to the profession as a whole to continue to examine the ways in which values in nursing are portrayed, and whether these are subject to change globally. This article provides background understanding of the current knowledge of the value of nursing. An integrative review has been undertaken to assess the current research available.

As the broadest type of review method, an integrative review allows its findings simultaneously to include experimental and non-experimental research in order to understand a phenomenon of concern, and incorporates a wide range of purposes: to define concepts, to review theories and evidence, and to analyse methodological issues of a particular topic.

**Aims and objectives**

The literature review was part of the second stage of the Value of Nursing study that has been ongoing for some years at the International Centre for Nursing Ethics at the University of Surrey, UK. This is an international study considering aspects of the value of nursing as well as values in nursing.

The aim of the review was to establish whether the global value of nursing had changed in the previous five years, and, if so, in what way. Change(s) in the value of nursing can impact on the social identity of nurses and nursing, as well as on the perceived satisfaction in the occupation chosen and factors that will affect recruitment and retention.

Our review questions were:

- What is the value of nursing?
- How has this changed in the last five years?
- What factors influence the value of nursing?
- What are the implications for nursing in a global context?

**Conceptualizing value**

We wanted to know about the value of nursing, thus we need to know what the word ‘value’ means. Value indicates what is important, worth while and worth striving for. It has often been suggested that individual achievement and materialism are major values in western industrial society. Like norms, values vary from society to society. Haralambos and Holborn give examples of western society’s values placed on human life as expressed in terms of the norms associated with hygiene (in the home), settling arguments or disputes without violence, protecting life and limb, and the
many safety regulations in the work-place. Lawton\(^\text{12}\) suggests that values are also beliefs that are considered to be socially and personally desirable and therefore are recognized as being important in organizations. Hewison\(^\text{5}\) adds that societal, organizational and personal values all influence the way people operate in large institutions.

At an early meeting of the working group of the Value of Nursing research team, group members brainstormed what is meant by ‘value of nursing’. Examples given were the estimation of nursing as a social and/or work and/or professional role in the minds of various stakeholders such as nurses, health care managers, physicians and other professionals, citizens, policy makers, current patients and nurse educators. ‘Value’ could be explicated in terms of degrees between polar opposites such as, for example, socially useful/useless, prestigious/low status, fulfilling/unfulfilling, skilful/unskilful, respected/disrespected, opportunities for advancement/dead-end, requiring certain (named) virtues/not requiring certain (named) virtues, supported/unsupported, autonomous/dependent and so forth.

The research study itself was therefore conducted by interview, in order to decrease the potential for the researchers’ own preconceptions to influence the outcome. The findings will be published in due course.

**Method**

In order to be included in the literature review, studies had to:

- Have a focus on the value(s) of nursing, value in nursing, organizational value or professional identity;
- Be published during the period 2000–2006;
- Be in English;
- Be randomized controlled trials, observational studies, evaluation studies, or inductive studies;
- Be written by nurse authors from all branches, trained or student nurses;
- Be inclusive of any setting (hospital, primary care and care homes);
- Measure or self-report on the value of nursing, organizational value, or professional identity.

**Identification of studies**

We searched for all potentially relevant literature, both published and unpublished, and included relevant evidence regardless of the country of origin. The search was carried out using the research databases MEDLINE, Cumulative Index of Nursing and Allied Health Literature (CINAHL), PsycINFO, Psychological and Behavioural Sciences Collection, Internurse and British Nursing Index. The search was restricted to English language items for pragmatic purposes, and publication during the period 2000–2006 to ensure currency. Key words used to identify relevant sources were:

- Value of nursing;
- Values in nursing;
- Professional identity;
- Organizational values.
In addition, the reference lists of papers, reports and review articles were checked to see if they cited references not identified by the electronic searches, and we contacted researchers and experts in the field to identify unpublished or grey literature. Using these criteria, a total of 121 articles were retrieved. Although titles and abstracts seemed to indicate that the retrieved articles were relevant, after reading it was found that 89 were not pertinent to this study. Appendix 1 details the 32 relevant articles, their design and their methodologies.

**Study selection and data extraction**

All citations identified were downloaded and printed. Two authors independently screened the titles and abstracts of the citations identified by the electronic searches, applied the selection criteria to potentially relevant articles and extracted data from the full articles. Disagreements were resolved by discussion with the third author.

Further work was then undertaken to select items where the title or abstract (where available) indicated that it related to the key terms. Having retrieved the original articles, we scanned the bibliographies for references that also related to the value(s) of nursing. The search was halted when ‘saturation point’ was reached, that is, no new references appeared in the bibliographies of the most recent items. In a number of areas, especially in commentaries, it was evident from the search of bibliographies that a limited number of articles existed relating to our key words. In these cases, a representative sample, judged by the first two authors, was obtained. This review does not therefore claim to be exhaustive. However, the authors felt confident, given the number of times selected articles were cited in bibliographies, that all the key articles in the field were included. Items selected for review included empirical research. No item was excluded for methodological limitations, although these are discussed below.

**Procedure**

Each article was briefly read by one of the authors to identify the main points before assigning key words. As advocated by Cooper, we reviewed, categorized and critiqued each item. To facilitate this process a code sheet was constructed to record pertinent information about each study.

The snowball method was used to identify additional literature by means of the reference lists of research reports accessed through the databases. Relevant articles were then identified using the same process of database searching, first by title, then abstract and conclusion, followed by full text. These methods follow the recommendations of Conn et al.

After this initial review, the articles were read in more detail and assessed by all three authors. This was supplemented by discussion regarding review findings and emerging themes. Our findings are presented below using the main themes. The country of origin of the individual studies cited below is indicated where appropriate.

Information on study design and some comments are given in Appendix 1, and a summary of the findings is shown in Tables 1 and 2.
Summary of results

The articles retrieved highlighted moral values as an integral part of society and of nursing. The literature also showed that this is an area of interest to researchers worldwide.

The research conducted in the 32 reviewed articles was based on data from 14 countries. A range of methods have been identified, including ethnography, phenomenology, qualitative interview, cross-sectional surveys and secondary analysis. The methods chosen to investigate the questions were appropriate to the stated purpose of the research. The studies used a variety of sampling methods, all with a precise definition as to why they were chosen. Most had descriptions of study limitations; these were mainly sample and design issues, including small sample size, convenience sampling, limited collection in one setting and limitations of cross-sectional design.
The main themes that emerged and which have been used here to present the literature were:

- The role of the nurse;
- The concept of ‘care’;
- The concept of value;
- Values and culture;
- Moral values and the impact on nursing;
- Personal value;
- Organizational value;
- Factors influencing the value of nursing.

The role of the nurse

The role of the nurse has always had its roots in moral values, often being considered a vocation. However, in the modern world nursing is no longer a predominantly religious profession. The ‘nurse’ is now defined as ‘a person, often a woman, who is trained to tend the sick and infirm, assist doctors etc.’ and as someone that ‘assists patients under the direct supervision of medical officers’.

Thupayagale and Dithole argued that for many years nursing struggled ‘with an inner hunger; a deep need for professional congruency and effectiveness’ (p. 142). They added that the perception of many people, except those aligned to nursing, is to see nursing too much as an inferior and inadequate undertaking to regard it as a ‘profession’, thus drawing attention to its stagnation or lack of adequate recognition as a profession.

Compared with other health disciplines such as medicine, pharmacy and psychology, nursing is viewed as having a lower status. This demonstrates how the role of nursing is aligned with a particular ‘value’ compared with the other health disciplines.

The role of the nurse also includes having to deal with and adapt to a variety of situations and events, including: caring for people with long-term illnesses and conditions and for those who are at the end of their life, health promotion, and fundamental care such as bathing, comforting and assisting patients and their relatives.

Henderson defined the unique function of the nurse as

to assist the individual, sick or well, in the performance of those activities contributing to the health or its recovery (or peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible (p. 15).

This role seems to have changed little, as illustrated by the UK Royal College of Nursing, which defines nursing as

the use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death (p. 5).

Recent empirical studies on emotions and the therapeutic use of self in nursing observe that, although physical and emotional closeness and intimacy are values promoted by the ‘new nursing’, relationships of ‘emotional intensity’ with their patients have not always been facilitated by nurses.
The concept of ‘care’

Developments in patterns of care delivery have been accompanied by renewed interest in the meaning and importance of care. Not surprisingly, care is increasingly understood as a topic of such fundamental social importance that its neglect or marginalization within sociology and related disciplines can no longer be defended. The concept of care also provides a perspective that cuts across a number of topics and levels of analysis, linking micro interactions and macro structures, drawing together formal and informal aspects of social relationships rather than treating them as distinct or specialized topics. Chamberlayne and King consider that caring offers a doorway to the study of informal systems of welfare by extending comparative social policy while at the same time transcending a purely welfare-regime approach.

In nursing it can be argued that ‘emotions in nurse–patient relationships are managed through a form of knowing the patient, which creates a feeling of closeness but at the same time maintains a distance’ with which both parties are comfortable. The intricate nature of caring in nursing has often been debated given that nursing has historically emphasized the need for nurses to separate their professional life from private emotions.

The concept of value

The literature highlights the integral role that values play in people’s lives. Values determine a person’s beliefs and actions. They can also be seen as being a much more fundamental part of human existence, with values directing the priorities we live by and shape our being in the world. In our literature review we found many aspects and definitions of values but very few articles gave specific definitions of the value of nursing. Many authors defined nursing through story telling, such as the RCN’s publication of The values of nursing. We also found that ‘respect’ and ‘caring’ were often discussed, stating that they are the ‘essence of the profession’. Within caring there is a philosophy of ‘moral commitment towards protecting human dignity and preserving humanity’ (p. 31). Below are listed all the other terms related to values in nursing that we found in the literature used.

- Responsibility;
- Honesty;
- Patient participation;
- Preservation of wholeness and humanity;
- Patient autonomy; deep human connection;
- Dignity; enabling hope; compassion; teamwork;
- Making a difference;
- Versatility;
- Altruism;
- Nurturing;
- Integrity;
- Supporting and empowering individuals;
- Reciprocal trust;
- Sound knowledge;
- Clinical competence;
- Relationship;
- Continuity;
- Homogeneity;
- Harmony;
- Self-sacrifice;
- Hard work;
- Control;
- Diversity;
- Patient choice;
There is an assumption that values are determinants of social behaviour, thus it is important to understand the connection between personal values and job descriptions, especially if good outcomes are to be achieved. Values influence job satisfaction, motivation and commitment, and, consciously or unconsciously, values affect the way people act in their personal and professional lives.

Values and culture

The link between values and culture is not surprising since values are influenced by a range of factors. For example, a person’s culture has great bearing on what value system he or she may adhere to since it shapes the ideas, values and belief systems to which that person is committed. By culture we mean those aspects comprising geographical, historical, societal, linguistic and ethnic dimensions. American culture is linked to individualism and self-reliance, whereby an individual’s rights are more important than those of society. Other cultures practice collectivism, whereby the need of society outweighs that of the individual. Hence, a person’s individual value system emerges from the culture with which he or she associates.

Although the image of a nurse has many common features across cultures, popular portrayals tend to be culture specific. Wros et al. highlight that Japanese and American nurses hold common values that are ‘woven into the fabric of their patient care; they also have many practices that are based on their cultural background and reveal the heterogeneity of nursing across the two cultures’ (p. 138). Williams argues that an organization’s members will hold values that tend to be, on average, synonymous with those of their nation’s culture. However, it is important to highlight that, owing to an increasingly global and multicultural society, the cultural values of individuals already residing within a country may vary substantially. This may also be reflected within work groups and organizations.

All nursing codes have values embodied in them. In the UK, registered nurses are required to follow the Nursing and Midwifery Council’s code of professional conduct. It is interesting that Japan and the USA have similar membership codes for nurses and therefore should subscribe to the same values. However, Japanese nurses value continuity, homogeneity, harmony, self-sacrifice and hard work, whereas USA nurses focus on control, diversity, patient treatment choice and self-protection. In some respects it can be argued that the value of nursing is diverse in a global sense, with geographical, regional and cultural influences. However, it is important to note here that, for many years, Japanese (and Chinese) nurses were nurtured on textbooks of American and British bioethics with little consideration of differences in culture.
Moral values and the impact on nursing

A dictionary definition of moral values is that they are ‘concerned with or relating to human behaviour, especially the distinction between good and bad or right and wrong behaviour’.16 As such, moral values have a great influence on the way nurses think and act and therefore play a major role in patient care.31 Conflict can occur when values differ, resulting in stress, anxiety, burnout and even resignation.49 This can impact on the organization, resulting in poor patient care and failure to meet standards and targets.40 The importance of understanding the moral values in nursing was highlighted in a study by Naden and Eriksson,31 who used a phenomenological-hermeneutic approach, collecting notes taken by four nurses, observation of the four nurses for up to four months, and interviews conducted with these nurses as well as 30 patients on a medical and a surgical ward. Specific values found were: courage, responsibility, respect, obligation and moral attitude. Moral attitude leads to values being realized and can result in patients feeling positive about the care they receive. Nortvedt emphasized the importance of empathy and altruistic feelings in nursing and saw them as moral judgements, stating that: ‘Values can be actualized to a large extent through a moral attitude that is characterized by sensitive and careful communication’ (p. 91).50 Understanding and concordance of moral values are therefore vital for the whole health care environment.

Nurses’ values are linked to factors contributing to job satisfaction or dissatisfaction.39,40,51 When nurses become dissatisfied with their work they often distance themselves from patients, from nursing tasks,52 and from their inner selves.53 A Greek study33 states that, if employees were able to live out their moral values, they would experience job satisfaction and therefore resignation intention would decline. Such information indicates that, if managers focus more on helping employees to attain their moral values, retention figures could rise. Butterworth et al.’s research54 indicated that nurses’ occupational stress levels are increasing in England. The shortage of nurses and high staff turnover are seen to be compromising nurses’ ability to provide the competent and compassionate care that is at the core of their moral value system.30-33 This also reflects the responsibility that nurses have towards patients and why moral values are embedded in codes of conduct.55

Personal value

Research regarding value systems has shown that personal value systems influence professional lifestyle.35,38,39 In essence, when applied to nursing this indicates that nurses’ personal value systems influence the actions they take. This has many implications. If nurses are influenced by a strong value system, they will tend not to conform to conditions with which they disagree.56 This may also change the way in which nurses practice. Wros et al.36 clearly state that professional values differ between American and Japanese nurses. Different practices are apparent with regard to advocacy. Advocacy is a strong American value that is always considered when caring for patients; however, in Japan nurses advocate for their patients only if asked to do so by the patients themselves.36

Begat et al.,30 Fealy,15 McNeese-Smith and Crook,27 and Perry39 all concur with the statement by the World Health Organization that to be able to ‘meet the challenges
of their profession, nurses need to be clear about why they think and act as they do, and they need to perceive themselves as being empowered’ (p. 222). This provides more evidence of the importance for nurses to have a clear understanding of what their values are.

From a nursing management perspective, understanding the values that motivate individual staff is an important tool for managers. In a survey of 412 nurses, McNeese-Smith and Crook reported a number of benefits of understanding these values and state that such knowledge can improve worker production, assist in team performance and cohesion, and aid performance counselling. These are all traits of the nursing profession that require attention. According to Fealy the ‘good nurse ideal was inseparable from the values that constructed nursing practice and defined its boundaries’ (p. 654). Good nursing is defined by its values. It is therefore important for nurses to understand the values with which they practice, so that good nursing practice can be achieved.

**Organizational value**

Another important aspect relating to the value of nursing stems from organizational value. In the work-place, it is argued that an individual’s values are shaped by the positions and responsibilities held, the effect of taking responsibility, achieving results, developing a sense of worth, and recognizing and using skills and abilities. Buffon et al. also looked at the values of an organization and how these are determined. The most influential factors are: ‘Integrity; respect; customer focus; involvement; quality; creativity/innovation; accountability and fairness’ (p. 248). Indeed, health care organizations and systems are prime examples of differing cultures within a working environment, and as such tend to have a variety of individual value systems. This in turn may lead to a range of individual professional goals and targets. Such an environment may have links to the feelings of ‘being lost’ and ‘undervalued’ that many nursing staff have communicated.

**Factors influencing the value of nursing**

When seeking to understand what the global value of nursing is, it becomes evident that the western hemisphere is becoming much more individualistic and materialistic. The development of technology, especially information technology, has contributed to a rapid change in values, such as increasing the turnover rate of patients in hospital, patient focused care and nurses’ job satisfaction. The study undertaken by Rognstad et al. examines how Norwegian society has changed by comparing the values that modern nursing students hold to values evident 100 years ago. Using a quantitative longitudinal survey design, Rognstad et al. surveyed 301 nursing students and discovered that the once highly valued ideals of nursing – humility, solidarity and unity – have now been replaced by diverse ideas regarding life and expectations. They found that the key nursing values in today’s culture were: freedom, individualism, positive acknowledgement and personal achievement. The authors attributed these differences in values to changing culture and society, with particular reference to the developments of information technology.

World-wide migration, changes in demographic patterns, varying fertility rates, increased numbers of multiracial and multiethnic individuals, and advanced technology...
all contribute to changes in cultural diversity and therefore influence values. However, it is important to recognize that cultures that influence values are not unique to geographical areas but are also part of institutions, for example, the culture of a hospital.61-63

Globalization results in people travelling longer distances for business and pleasure, leading to an increased global market and the internationalization of organizations. This in turn leads to increased migration figures across the world,64 which have considerable impact on the daily work of nurses, with such realities as avian flu and international terror now a world-wide issue; such circumstances affect our health, our need for health services and the way in which nurses work.64 At the same time, the health care system is continuing to evolve. Medical advancement is based on developments in pharmacological and physiological research and on the implementation of technology within all aspects of health care.59 In addition, the extension of nurses’ role, including undertaking surgical procedures and performing venepuncture, as well as nurse prescribing, must have an impact on the value of nursing.65

Discussion and implications for nursing

Nurses have experienced great change in the last few decades in both organizational and individual culture, which Begat et al. believe is ‘putting extra pressure on nurses’ (p. 222).30 Such situations encourage nurses to have diverse life views and expectations, which can be truly ambivalent and heterogeneous and therefore greatly influence their value system. In multicultural societies, the cultural values of individuals already residing within a country can be substantial and are reflected within certain work groups.35 These values also impact on the personal lives of nurses, influencing their decision making in family, religious and community environments.

There is currently very little reported research available on the value of modern nursing in a global context. Much of the literature in this review has highlighted the implicit need for understanding values owing to the fact that these underpin society, and, more important to this study, to the way in which nurses interact with each other and with patients, and how satisfied they are with their job. Our study did not aim to consider values and patient outcomes or satisfaction, although this would be a logical sequence when investigating the value of nursing further.

Understanding the moral values in today’s nursing practice will help nurses to work together with a common comprehension of their aims. This should also allow greater appreciation of the practice of nursing, highlighting the equal importance of both fundamental basic nursing care and the advanced clinical roles. However, when these values have been identified, a number of barriers hinder their inclusion in nursing practice. Fundamental or basic nursing care holds less of a position of importance in society compared with more technically advanced clinical nursing roles.

To overcome these many barriers, a shift in thinking will need to take place. Nursing unions are among the few organizations that hold the power and authority to influence such change. If nurses hold shared values, they themselves form a powerful group who can start to influence the thinking about and attitudes towards the nursing profession by policy makers and governments. We can only hypothesize how this may happen. The little research in these areas gives no information on how changes may be
tackled and what the results may be. The only deduction we can make is that a cohesive nursing work-force will lead to greater job satisfaction and ultimately better patient care. This can happen only when nurses have a greater understanding of the role of nursing and what it means. The appeal of nursing as a realistic and successful profession needs to be built, tackling the recruitment problem, and establishing a strong career-focused work-force.

This literature review has highlighted past values in nursing and has also touched on the impact of developing technology in medicine, as well as the impact of culture and globalization. We echo Malone’s appeal that ‘promoting the value of nursing has to come from nurses themselves’ in that we need to utilize the body of evidence to demonstrate the positive impact nurses have on patient care.

Conclusions and implications for research

Limitations of the review

We recognize that the difficulty with using an integrative review strategy is that the methods of analysis, synthesis and drawing of conclusions are poorly planned. This is because it endeavours to review many different types of research and incorporates many purposes. Despite the number of studies in the literature relating to the value of nursing, there are, for instance, many gaps in the scientific base of knowledge related to male nurses. Male nurses have not been studied adequately because of the limitations in sampling design, with too few men in many samples. Many have been convenience samples, limiting the generalizability of the findings. Because of the small sample sizes and the predominantly female presence in nursing, analyses by sex has been limited.

There is also a need for longitudinal studies that analyse the changes that occur in the lives, perceptions and needs of nurses over the duration of their career. Reports of such studies across countries would help to inform global policies in nursing recruitment and retention. Longitudinal studies on the value of nursing could answer questions that are not possible to resolve by cross-sectional designs. Studies that explore differences in the value of nursing by sex and over time are needed.

Our colleagues have made us aware of studies that would have been as relevant as those included in the literature review, but, because of the search carried out by specific key words, they were not included. This is an indicator of the limitations of key words and indeed of search databases. We add details of some of these studies to complement the above text.

Implications for policy makers

The findings of this review have implications for policy makers at many levels. It is becoming increasingly important for governments to see health issues as being related to economic and foreign policies. Issues of national and international security and protection, and abuses of humanitarian law and human rights result in widespread illness and disease. Recruitment and retention of personnel – what
type, how many, for which needs – have long been seen as vital aspects of policies in health care, with ripple effects on basic and secondary education, taxation and the general well-being of a society. For nurses to be involved in policy making at high levels, it is important that they understand clearly what the value of nursing is in terms of the wider global economy and planning for good governance.

Acknowledgements

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## Appendix 1

### Outline of studies

<table>
<thead>
<tr>
<th>Reference</th>
<th>Purpose</th>
<th>Methods</th>
<th>Country of origin</th>
<th>Results</th>
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<tr>
<td><strong>Allan and Barber, 2005²²</strong></td>
<td>To explore the nature of advanced fertility nursing roles and to describe these roles</td>
<td>Ethnographic case study approach, including 4 weeks of participant observation and semistructured interviews with 5 nurses, 1 health care assistant, 1 doctor and 3 infertile couples</td>
<td>England</td>
<td>Nurses justified their new advanced nursing roles to develop a therapeutic use of self.</td>
<td>Emotions are acknowledged and managed in response to perceived patient and nurse needs. The authors suggest that nurses offer and that patients 'sense' something more than instrumental care, even when engaged in routine tasks.</td>
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<td><strong>Barron and West, 2005²²</strong></td>
<td>To investigate factors associated with qualified nurses in Britain moving to different employment statuses</td>
<td>Secondary analysis from British Household Panel Survey data collected between 1991 and 2001; sample size &gt;5000 households</td>
<td>England</td>
<td>Many nurses leave to care for their families. Nurses seem to be vulnerable to leaving early in their careers, but those who survive the first few years are likely to remain in their profession. Job characteristics key to leaving: low pay, managerial responsibility.</td>
<td>There are positive links between job satisfaction and commitment to the organization. Most important elements to dissatisfaction are lack of promotion and training opportunities. Nurses born outside of UK are less likely to leave early. Using initiative is the key to job satisfaction and retention. Now is the time to re-examine the value that is attached to the caring work of nursing.</td>
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<tr>
<td><strong>Begat et al., 2005³⁰</strong></td>
<td>To examine nurses’ satisfaction with their psychosocial work environment, their moral sensitivity and differences in outcomes of clinical nursing supervision in relation to nurses’ well-being</td>
<td>Descriptive–correlational study using questionnaires Sample: n = 71 nurses from 2 hospitals</td>
<td>Norway</td>
<td>Nurses’ satisfaction and job stress is significantly correlated with ethical conflicts in which nurses base their actions on knowledge, principles, other nurses’ knowledge and their feelings. Significant correlation between ‘independence’ and ‘relationship with colleagues’ and ‘collaboration and good communication’ and ‘work demands’.</td>
<td>Main job stress and anxiety factors were to do with ethical conflicts. Gives examples of values. Nurses’ own values and norms influence their actions. The organizational values are part of nurses’ psychosocial work environment. Often these are conflicting, and nurses are forced to compromise their moral integrity.</td>
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<td>Cowin, 2001</td>
<td>To develop a tool to measure self-concept, specifically for nurses</td>
<td>Exploratory and confirmatory, using expert panel to review factors in the subscales</td>
<td>Australia</td>
<td>Final version of the measure contained 36 items in 6 subscales. Both groups rated their self-concept in a positive manner, suggesting that they were comfortable and confident as nurses. However, leadership was scored lowest.</td>
<td>Shows that nurses’ self-concept is multidimensional. This measure is now utilized in a causal study to examine the effects of a positive self-concept on job satisfaction and nurse retention.</td>
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<td>Dombeck, 2003</td>
<td>To explore how nurses construe and understand their professional culture and their professional personhood</td>
<td>Ethnography: sample n = 36 Participant observation employed; individual conversations audio-taped</td>
<td>USA/Japan</td>
<td>All nurses were profoundly affected by the socially accepted ‘feminine’ image of nursing. Implications: raises the need for new models of nursing education and leadership to deal with old images and make nursing attractive to a diverse population.</td>
<td>Nurses are seen as passive and decorative. Some see caring at the heart of nursing, others see it as a perpetuation of subservience. Work cannot be understood outside the context of the sociocultural arena in which it is enacted.</td>
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<tr>
<td>Fagerberg, 2003</td>
<td>To understand the meaning of registered nurses’ narratives of their work experience 5 years after graduation</td>
<td>Phenomenological–hermeneutic method Sample: 16 registered nurses 5 years after graduation</td>
<td>Sweden</td>
<td>3 themes: the meaning of caring and protection of patients; the meaning of work organization in nurses’ work; and the implied meaning of using one’s individual attributes in one’s professional role.</td>
<td>A complex interrelationship between health care organizations, individual attributes and patient care. Therefore it is important to support nurses’ professional and personal development.</td>
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<td>Fagerberg and Kihlgren, 2000</td>
<td>To understand how nurses experience the meaning of their identity as nurses when students and 2 years post-registration</td>
<td>Phenomenological–hermeneutic method involving 20 nursing students</td>
<td>Sweden</td>
<td>4 perspectives: having the patient in focus; being a team leader; preceptorship; and task orientation. Nurses did not change their perspectives, but showed transition over time. The dominating perspective is understood as the professional identity of nurses.</td>
<td>Narratives changed as nurses became more experienced. Does this mean that the value of nursing also changed over time?</td>
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<td>Faithfull and Hunt, 2005</td>
<td>Explores the nature of the role of the nurse in the development of a nurse-led service</td>
<td>Qualitative design; data drawn from field notes and qualitative comments during a pilot study</td>
<td>England</td>
<td>Valuing nursing as a therapy in itself is often overlooked. Analysis highlighted 7 professional values integral to nurse-led care and leadership. These include: therapeutic support, working with uncertainty, timeliness, enhanced professional autonomy, and continuity and trust in care.</td>
<td>Suggests that fundamental values of nurse-led care need to change. Describes meaning of values and values integral to nurse-led care. Highlights that there has been a significant shift in nursing values, therefore the concept of nursing has changed. Co-operation and understanding is often hindered because of a lack of awareness of differing professional/organizational values.</td>
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<tr>
<td>Fealy, 2004</td>
<td>To provide a discourse concerning the good nurse</td>
<td>Using critical discourse analysis within the method of historical research, this study uses documentary primary sources Used theoretical sample of the full range of early Irish nursing journals</td>
<td>Irish Republic/UK</td>
<td>Discusses the identity of nurses throughout time.</td>
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<tr>
<td>Goopy, 2005</td>
<td>To explore the key aspects of social relations and local staff culture in Italian nurses</td>
<td>Ethnography: field work in an intensive care unit of a major public hospital in Rome, Italy: 37 nurses, 46 medical doctors</td>
<td>Australia</td>
<td>Local culture is vital to social relations and the impetus behind work-place management and organization.</td>
<td>All nurses are educated within broad standards that reflect, to varying degrees, the ideals of what it means to be a nurse; however the actions and practices of nurses are embedded in their sociocultural milieu and their value systems. Argues that what a nurse does and what a nurse represents are intelligible only when considered from within the consciousness of his or her cultural identity.</td>
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<tr>
<td>Gregg and Magilvy, 2001</td>
<td>To explore the process of establishing the professional identity of Japanese nurses</td>
<td>Grounded theory approach, with constant comparative analysis Sample: n = 18 nurses Semistructured interviews and participant observation in natural settings</td>
<td>USA/Japan</td>
<td>Recognizing the value of nursing is crucial to the process of establishing professional identity. Establishing one’s own philosophy of nursing and gaining influences from education were valued. Japanese culture values modesty. Many participants expressed their self-confidence.</td>
<td>Very little literature exists about how individual nurses establish their own professional identity. Highlights the importance of work experiences, and that ‘nursing was part of their lives and nursing was representative of their existence’ (p. 53).</td>
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<td>Heung et al., 2004</td>
<td>To determine how the impact of the severe acute respiratory syndrome (SARS) event might have affected nursing students in identifying with the nursing profession</td>
<td>Phenomenological study involving 10 nursing students</td>
<td>Hong Kong</td>
<td>The SARS crisis enhanced a reconstruction of worldview and affirmed the professional identity of nursing students.</td>
<td>Values: commitment to the profession and moral responsiveness to society. Understood the value of health. Recognized the value of nursing as a profession that concerns others’ lives and being altruistic in nature.</td>
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<tr>
<td>Itzhaky et al., 2004</td>
<td>To compare empowerment, skills, and values of social workers and nurses</td>
<td>Cross-sectional questionnaire survey: randomly recruited sample of social workers from 3 social services departments (n = 213) and nurses (n = 152) from 2 randomly selected regional hospitals</td>
<td>Israel</td>
<td>Nurses have higher levels of knowledge, self-concept, critical awareness and propensity to act than social workers. Both groups seem to prefer to work in groups, believing that it contributes to their professional identity.</td>
<td>Suggests that nursing education prepares nurses to feel more capable and competent than social workers to treat patients. This may be related to nurses’ roles and tasks being more defined.</td>
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<tr>
<td>Lemonidou et al., 2004</td>
<td>To explore students’ lived experience of ethics and their perceptions and understanding of encountered ethical conflicts and dilemmas</td>
<td>Phenomenological design based on journal narrative analysis Sample: 75 student nurses</td>
<td>Greece</td>
<td>The process of developing an awareness of personal values through empathizing with patients was identified as the core theme of students’ experience.</td>
<td>Nursing is caring and nurturing in nature. It is focused on supporting and empowering individuals – restoring balance and integrity. Nursing students need to develop their self-awareness as ethical agents.</td>
</tr>
<tr>
<td>MacIntosh, 2003</td>
<td>To explore experienced nurses’ perceptions of how they became professional</td>
<td>Grounded theory approach with substantive and theoretical coding and constant comparative analysis Sample of registered nurses: n = 21</td>
<td>USA/Canada</td>
<td>Three stages – assuming adequacy, realizing practice, and developing a reputation – occur when nurses encounter discrepancies and dissonance. Feeling respected and feeling professional are influenced by how others respond to nurses themselves.</td>
<td>One of the biggest values is that of respect. Has implications for nurse education to help prepare nurses for realities in the work-place and to be active in developing their professional identity.</td>
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**Appendix 1 (Continued)**

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<tr>
<td>Martin <em>et al.</em>, 2003</td>
<td>To determine the congruency in value orientation of graduating nurses</td>
<td>Survey design with a convenience sample of 1450 graduating nursing students in Texas</td>
<td>USA</td>
<td>Key findings relate to sex and ethnicity. Ethnic groups differed on the responses to 3 of the subscales representing nurses’ values: respect for human dignity, safeguarding the client and public; and collaborating to meet public health needs.</td>
<td>This study shows new information about the professional values held by graduating students.</td>
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<td>McNeese-Smith and Crook, 2003</td>
<td>To identify the extent to which values are associated with age and job stage</td>
<td>Random survey, using valid and reliable instruments to measure the variables of interest. Sample: 412 nurses in 3 hospitals</td>
<td>USA</td>
<td>Measured 15 stated values. Nurses in top jobs valued their associates, creativity, aesthetics and management, while those in the bottom third valued economic returns.</td>
<td>Management strategies to meet nurses’ values and increase their satisfaction and retention were also presented. Need to identify the values that influence motivation and job satisfaction.</td>
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<tr>
<td>Nelson and Gordon, 2004</td>
<td>To examine one aspect of the history of nursing’s search for social legitimacy</td>
<td>Historical record observation</td>
<td>Australia</td>
<td>Nurses keep trying to re-invent themselves; this is causing big problems. They need to stop doing it! Must recognize the skills of the past.</td>
<td>Argues that the ‘devaluing of nursing skill and competence that takes place within nursing has led to a flight from the ‘tasks’ of nursing and a denigration of technical competence as mindless, mechanical work’ (p. 260). Nurses rate highly on the public’s scale; especially for being ethical and honest: Is this based on up-to-date knowledge or traditional stereotypes?</td>
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<td>Parkes <em>et al.</em>, 2001</td>
<td>To determine how congruence on individualism–collectivism affect individual outcomes such as commitment, job satisfaction and tenure across national cultures and across organizational cultures within countries</td>
<td>Quantitative. Sample drawn from 2 matched organizations in Australia (n = 160, and 104) and Southeast Asia (n = 122, and 195)</td>
<td>Australia</td>
<td>A collectivist tends to have greater commitment and longer tenure in organizations. Individually, collectivism was positively correlated with organizational commitment and tenure, but not with job satisfaction. No effects were found for predicted 3-way interactions between individual values, organizational values and national cultures.</td>
<td>Explores much about values, especially participants’ original cultures. However, it does not discuss what values are. Is of limited use in how values could influence nursing.</td>
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<td>Pask, 2003&lt;sup&gt;79&lt;/sup&gt;</td>
<td>To determine the nature of moral agency in nursing and why nurses see value in the work they do.</td>
<td>Applied philosophical method using interviews with nurses Sample: 5 nurses</td>
<td>England</td>
<td>Nurses experience value of 2 kinds: value that is recognized as being intrinsic to the moment; and that which is experienced when the self of the nurse achieves that which he or she set out to achieve.</td>
<td>Nurses’ opinion of themselves is dependent on their ability to see the good in what they do.</td>
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<tr>
<td>Pellatt, 2003&lt;sup&gt;80&lt;/sup&gt;</td>
<td>To identify how nurses and patients perceive the nursing role in spinal cord injury rehabilitation</td>
<td>Ethnographic/interpretive field-based approach involving 28 nurses</td>
<td>England</td>
<td>Suggests that patients value the nursing contribution as a means of emotional and physical support but not necessarily as rehabilitation.</td>
<td>Nurses need to develop their bedrock role in a way that empowers patients.</td>
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<tr>
<td>Perry, 2005&lt;sup&gt;79&lt;/sup&gt;</td>
<td>To determine what contributes to the professional fulfilment of registered nurses</td>
<td>Interpretive/phenomenological approach using web-based data collection method Sample: Over a 1-year period, about 200 researcher-participant interactions took place and more than 100 narratives were collected</td>
<td>Canada</td>
<td>Key themes: affirming the value of the person, defending dignity, enabling hope, and helping patients to find meaning. Nurses who thought they provided good quality care and had good relationships with patients were satisfied with their careers.</td>
<td>Nurses who were satisfied with their career choice ‘live out their core values and engage in interdependence’ (p. 41). Nurses really value making a conscious difference to patients’/relatives’ lives.</td>
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<tr>
<td>Rognstad et al., 2004&lt;sup&gt;35&lt;/sup&gt;</td>
<td>To determine what motivates nursing students at the end of their studies to help other human beings; to establish what helping others means to them and what would be the consequences for modern nursing and education of a shift in value</td>
<td>A follow up to an earlier survey about motivation for and beliefs about a degree programme among first-year nursing students (n = 315); 18 students also interviewed</td>
<td>Norway</td>
<td>Response rate of 68.1%. Survey found ambiguity in the helping motive and this was supported by interview data and indicates an emphasis on both self-esteem and other-concern. All 18 student interviewees expressed a wish for acknowledgement and positive feedback when helping others.</td>
<td>Professional practice should be anchored in virtues and values, and the learning and practice of professional caring should give students an opportunity to form and develop virtues such as altruism and courage.</td>
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<td>Shih et al., 2002</td>
<td>To compare the impact of rescue experiences on Taiwanese female and male nurses who worked as rescuers following the earthquake of 21 September, 1999</td>
<td>Purposive sample of 46 nurses; in-depth semistructured interviews</td>
<td>Taiwan</td>
<td>Their rescue experiences further convinced them of the value of nursing and confirmed them as valuable and competent helpers. Male and female nurses valued different things. The experience helped to improve their professional competency, reinforce their commitment to nursing and cause them to aspire to more positive life goals.</td>
<td>Most of the nurses recognized the need to be more considerate, altruistic health care givers. From this study we can learn how clinical situations (i.e. death and dying, emergency and disaster) impact on nurses’ own biopsychosocial–spiritual well-being. The value of nursing was ‘the sum of a lot of routines with no ending points for people with different tasks’ (p. 667).</td>
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<td>Tzeng, 2002</td>
<td>To examine the correlation between nurses’ job satisfaction factors and expectations about their jobs</td>
<td>Descriptive correlational study using a questionnaire Sample: n = 786 registered nurses</td>
<td>Taiwan</td>
<td>A gap between expectation and reality is a source of nurses’ dissatisfaction.</td>
<td>Nurses’ important profiles (i.e. values) may influence levels of job satisfaction, work motivation, organizational commitment and intention to quit. Therefore it is important to match the right person to the right job.</td>
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<tr>
<td>Varcoe et al., 2004</td>
<td>To explore the meaning of ethics and the enhancement of ethical practice in nursing</td>
<td>Interpretive, constructivist paradigm employing focus groups (n = 19); sample included 87 nurses from a wide range of practice settings</td>
<td>Canada</td>
<td>Ethics is a process of enactment. Nurses are ‘moral agents – involving lots of ‘in-betweens’ such as their own values/organization values. Nurses value each other highly – used as a resource.                                                                                                                                 Blasio et al.</td>
<td>Much emphasis on the importance of values and conflicts in different areas, but specific values not mentioned.</td>
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<tr>
<td>Verplanken, 2004</td>
<td>To determine how value congruence relates to job satisfaction</td>
<td>Cross-sectional survey using questionnaire Sample: 56 nurses on 3 surgical wards of a regional hospital</td>
<td>Norway</td>
<td>Organizational values play an important part in employees’ job satisfaction.</td>
<td>The ward/organizational ‘culture’ influences nurses’ job satisfaction. Human relations values refer to the way work is organized, such as degree of autonomy and influence employees have, and the general morale in the work-place.</td>
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<td>Watson et al., 2003</td>
<td>To compare and contrast perceptions of caring in nursing between Spanish and UK nurses</td>
<td>Survey method using Caring Dimensions Inventory</td>
<td>UK/Spain</td>
<td>There are similarities between Spanish and UK nurses’ perceptions of caring</td>
<td>Caring is central to nursing. Culture is comprised of geographical, historical, societal, linguistic and ethnic dimensions. Different cultures express different levels of importance of individual aspects of caring. If we don’t engage with nurses/nurse educationalists in Europe we will have a narrower, limited view of culture and a lack of sensitivity in understanding about our own and others’ culture. Teaching and learning about culture is central to the development of modern and relevant practice in a multicultural world. This will lead to a greater understanding of cultural issues in nursing and health care education. Values about nursing are learnt through primary socialization.</td>
</tr>
<tr>
<td>Wimpenny et al., 2005</td>
<td>To explore the evolving nature of an understanding of culture through attendance at an intensive programme for nurses in Belgium</td>
<td>Serial taped group and individual interviews</td>
<td>Belgium/Scotland</td>
<td>Development of key themes: personal values and culture, engagement and culture, personality and culture, and physicality and culture.</td>
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<tr>
<td>Wong and Lee, 2000</td>
<td>To reveal early lived nursing experiences and explore the impact of such experiences on long-term professional development</td>
<td>Phenomenological approach involving thematic analysis of critical incidents provided by 77 participants</td>
<td>Hong Kong</td>
<td>Clinical learning is essential to professional development: how one learns to be a nurse. Therefore it is important that the clinical setting is a positive one that encourages learning and shows good practice.</td>
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<tr>
<td>Wros et al., 2004&lt;sup&gt;36&lt;/sup&gt;</td>
<td>To build on the knowledge base informing multicultural nursing ethics by examining and comparing the background meanings and values behind the ethical concerns of nurses from Japan and the USA</td>
<td>Secondary analysis of data from two phenomenological studies of nurses in the USA and Japan. Individual interviews and focus group interviews were conducted</td>
<td>USA/Japan</td>
<td>Nurses from the USA and Japan share common values and ethical concerns as professional nurses, including competence, respect for the patient, responsibility, relationship and connection, importance of family, caring, a good death, comfort, truth telling, understanding the patient/situation, and anticipatory care. However, nurses from each country also hold unique values not found in the nursing practice of the other country.</td>
<td>Confirms that there are commonalities and differences in nursing values and ethical concerns. Nurses also have many practices based on their cultural background. Nurses from both cultures felt the need to preserve and protect the trust and relationship between patients and physicians.</td>
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<tr>
<td>Yamaguchi, 2004&lt;sup&gt;37&lt;/sup&gt;</td>
<td>To explore the sociocultural organizational factors that influence the work culture of nurses in an operating theatre in Italy</td>
<td>Cross-sectional ethnographic study using ethnomethodology Sample: n = 25; 4 focus groups</td>
<td>Italy</td>
<td>Nurses were considerably less well educated than doctors and were used to medical power and status. They were directed in nearly all activities by physicians. Little leadership from nursing management led nurses to be defensive towards change.</td>
<td>Sociocultural and organizational factors influence the work culture of nurses. Nurses need to question tradition and seek university education so that they are recognized by doctors, management and the public for their contribution to patient care outcomes and the value of the nursing profession.</td>
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