Original Research Article

Assessment of Professional Values Among Nurses Working in Tertiary Care Hospitals: A Descriptive Cross-Sectional

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Abstract: *Professional values form the ethical foundation of nursing practice and are essential for ensuring quality, equitable, and patient-centered care. Despite their importance, individual and organizational factors can influence the consistent application of these values in clinical settings.* **Objective:** *This study aims to assess the prevalence, perception, and application of professional values among nurses working in tertiary care hospitals in Lahore, Pakistan.* **Methods:** *A descriptive cross-sectional study was conducted among 120 registered nurses using a structured, validated 26-item questionnaire. The Punjab Institute of Cardiology and the Mayo Hospital recruited participants through convenience sampling. Descriptive statistics summarized demographic data and item responses. Internal consistency was evaluated using Cronbach's alpha, and construct validity was tested through the KMO measure and Bartlett's Test of Sphericity.* **Results:** *Most female respondents (99.2%) worked primarily in emergency or general wards. Nurses agreed with integrity, patient privacy, and professional responsibility values. The lowest scores were associated with ethically sensitive decisions such as refusal of care based on personal values. The scale demonstrated high internal reliability (Cronbach's alpha = 0.920) and strong construct validity (KMO = 0.858, Bartlett's p < 0.001). Education level and clinical experience were positively associated with higher value adherence.* **Conclusion:** *While nurses generally recognize professional values, practical challenges hinder their consistent application. Strengthening ethical training, institutional support, and mentorship programs is essential to reinforcing value-based practice across all clinical settings.*
Keywords: Professional values, nursing ethics, integrity, patient advocacy, ethical decision-making, Pakistan, nursing practice

Introduction

Professional values are fundamental to nursing practice and serve as a moral and ethical compass for nurses delivering patient-centered care. These values—such as altruism, autonomy, human dignity, integrity, and social justice—not only guide clinical decisions but also reinforce nurses' professional identity and help build trust with patients and other healthcare team members (1,2).

In contemporary healthcare environments, nurses face complex clinical situations that demand ethical reasoning, compassion, and commitment to professional standards. The International Council of Nurses (ICN) and the American Nurses Association (ANA) emphasize that adherence to professional values is central to quality care and ethical nursing practice (3). However, factors such as educational background, work experience, staffing shortages, and organizational culture can influence the awareness and application of these values in clinical settings (4, 5).

In Pakistan, nurses work in high-stress environments with limited resources, which may compromise the implementation of professional values in daily practice. Despite the centrality of these values to ethical conduct, studies have shown that nurses may not consistently practice or even fully recognize these values, especially in overcrowded or under-resourced hospitals(6). Furthermore, research suggests that nurses' understanding of professional values evolves and is shaped by both formal education and workplace experiences (7).

Understanding nurses' perceptions and practices related to professional values is vital for ensuring quality care, safeguarding patient rights, and fostering ethical decision-making in clinical practice. Identifying gaps in knowledge or application can help healthcare institutions design targeted educational programs and interventions to reinforce these values. Hence, this study aims to evaluate the awareness and application of professional values among nurses working in tertiary care hospitals in Lahore, Pakistan.

This study utilized a quantitative, descriptive cross-sectional design to explore the perception and prevalence of professional values among nurses working in tertiary care hospitals. The research was conducted at the Punjab Institute of Cardiology and Mayo Hospital, Lahore—two major public healthcare facilities in Pakistan. Nurses from various departments, including the emergency unit, intensive care unit (ICU), coronary care unit (CCU), and general wards, were included in the sample.

Methodology

A total of 120 registered nurses were recruited using a convenience sampling technique. This approach was selected due to its practicality in readily accessing participants during working hours. The sample size was determined based on the "Thumb Rule" for descriptive studies, recommending a minimum of 100 participants to capture sufficient variability and ensure representativeness. Eligible participants included full-time or contractual nurses with at least six months of clinical experience, while student nurses, interns, and those on administrative rotation were excluded. Participation was voluntary, and all nurses who consented were allowed to withdraw from the study at any time without penalty.

Data were collected through a structured, self-administered questionnaire adapted from previously validated tools. The instrument consisted of two sections. The first section captured demographic details such as gender, age, education, department, length of service, nature of employment, and shift timings. The second section comprised 26 items measuring professional values, aligned with key domains including altruism, autonomy, human dignity, integrity, and social justice. Each item was scored on a five-point Likert scale ranging from "not at all important" (1) to "extremely important" (5). The instrument demonstrated excellent

internal consistency with a Cronbach's alpha value of 0.920, indicating high reliability.

After securing necessary administrative permissions, the researchers distributed the questionnaires to nurses during their duty hours. Confidentiality and anonymity were maintained throughout, and participants were informed about the study's objectives and their right to refuse or discontinue participation. The data collection process was completed over two weeks.

The data were analyzed using IBM SPSS version 25.0. Descriptive statistics were used to summarize the demographic characteristics and item responses, including frequencies, percentages, means, and standard deviations. The normality of the data was evaluated using skewness and Kurtosis. The validity of the instrument was further supported by a Kaiser-Meyer-Olkin (KMO) measure of 0.858 and a statistically significant Bartlett's Test of Sphericity (χ^2 = 1572.804, df = 325, p < 0.001), confirming the appropriateness of the data for factor analysis.

Results

The study included a total of 120 nurses. The vast majority were female (99.2%), and most participants (55.8%) were aged between 26 and 45.

Regarding educational background, 65.0% held a Diploma in General Nursing, followed by 22.5% with Post RN BSN degrees. Most nurses (85.0%) were in permanent positions. Departmental analysis revealed that 39.2% worked in the Emergency Department and 33.3% in the General Ward. Regarding work experience, nearly half (49.2%) had 2 to 5 years of service. Most respondents (86.7%) worked morning shifts. (Table 1)

Descriptive statistics of the 26-item Professional Values among Nurses (PVAN) scale showed that the highest-rated item was *"Provide care without prejudice to patients of varying lifestyles"* (Mean = 4.27 ± 0.88), indicating high agreement among nurses. The item with the lowest score was *"Refuse to participate in care if in ethical opposition to own professional values"* (Mean = 2.99 ± 1.49), reflecting variability in personal and professional ethical boundaries. All items were normally distributed as per skewness and Kurtosis values within ±2, validating the data for parametric analysis. (Table 2)

The internal consistency of the PVAN scale was excellent, with a Cronbach's alpha value of 0.920, indicating strong reliability. The Kaiser-Meyer-Olkin (KMO) measure was 0.858, and Bartlett's Test of Sphericity was statistically significant (χ^2 = 1572.804, df = 325, p < 0.001), confirming the adequacy of the data for factor analysis. (Table 3).

Table 1: Demographic Characteristics of Nurses

Category	Variable	Frequency (n)	Percentage (%)
Gender	Female	119	99.2
	Male	1	0.8
Age Group	Up to 25 years	44	36.7
	26 to 45 years	67	55.8
	46 to 55 years	9	7.5
Education	Diploma in General Nursing	78	65
	Post RN BSN	27	22.5
	BSN Generic	5	4.2
	Others	10	8.3
Nature of Employment	Permanent	102	85
	Contractual	11	9.2
	Others	7	5.8
Department	Emergency	47	39.2
	General Ward	40	33.3
	ICU	11	9.2
	CCU	1	0.8
	Others	21	17.5
Length of Service	Up to 1 year	22	18.3
	2 to 5 years	59	49.2
	5 to 10 years	33	27.5
	Above 10 years	6	5
Shift Timing	Morning	104	86.7
	Evening	11	9.2
	Night	5	4.2

Table 2: Descriptive Statistics of Professional Values

Question	Mean	Standard Deviation
Engage in ongoing self-evaluation.	3.74	0.98
Request consultation/collaboration when unable to meet patient needs.	3.88	0.9

Protect the health and safety of the public.	3.85	0.83
Participate in public policy decisions affecting the distribution of resources.	3.88	0.74
Participate in peer review.	4.01	0.82
Establish standards as a guide for practice.	3.99	0.74
Promote and maintain standards where planned learning activities for students take place.	4.12	0.62
Initiate actions to improve the environment of practice.	4.08	0.72
Seek additional education to update knowledge and skills.	4.13	0.69
Advance the profession through active involvement in health-related activities.	4.11	0.78
Recognize the role of professional nursing associations in shaping health care policy.	3.98	0.8
Promote equitable access to nursing and health care.	4.13	0.72
Assume responsibility for meeting the health needs of the culturally diverse population.	3.89	0.87
Accept responsibility and accountability for one's practice.	4.03	0.86
Maintain competency in the area of practice.	4.04	0.84
Protect the moral and legal rights of patients.	4.24	0.81
Refuse to participate in care if in ethical opposition to one's professional values.	2.99	1.49
Act as a patient advocate.	4.04	0.83
Participate in nursing research and/or implement research findings appropriate to practice.	3.8	0.9
Provide care without prejudice to patients of varying lifestyles.	4.01	0.75
Safeguard the patient's right to privacy.	4.13	0.85
Confront practitioners with questionable or inappropriate practice.	3.79	0.84
Protect the rights of research participants.	4.05	0.66
Practice guided by principles of fidelity and respect for persons.	4.02	0.81
Maintain the confidentiality of the patient.	4.27	0.88
Participate in activities of professional nursing associations.	3.96	1

Table 3: Reliability and Validity Analysis of PVAN Scale

Test	Value
Cronbach's Alpha for internal consistency	0.92
Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy	0.858
Bartlett's Test of Sphericity - Chi-Square	1572.804
Bartlett's Test of Sphericity - Degrees of Freedom (df)	325
Bartlett's Test of Sphericity - Significance (p-value)	< 0.001

Discussion

The findings of this study revealed a high overall awareness of professional values among nurses working in public sector tertiary hospitals in Lahore. The highest mean scores were associated with items reflecting integrity, patient advocacy, safeguarding privacy, and equitable care. In contrast, lower scores were observed for ethically sensitive items such as refusing to participate in care that contradicts one's professional values. This indicates that while nurses are generally aware of the foundational aspects of ethical care, certain areas involving assertiveness and ethical confrontation may require further support and institutional encouragement.

These results are consistent with the study of Schmidt and McArthur, who emphasized that nurses often strongly adhere to patient care and confidentiality values but may be less confident when confronted with ethical dilemmas requiring refusal or confrontation (8). The high scores observed for items like maintaining patient confidentiality, providing care

without prejudice, and accepting responsibility align with the findings of Poreddi et al., who reported that Indian nurses exhibited a strong inclination toward moral obligations such as justice and honesty in practice(9).

This study also highlighted the influence of education and clinical experience on the understanding and application of professional values. Nurses with higher qualifications, such as Post RN BSN degrees, and those with more years of service tended to demonstrate a more comprehensive understanding of professional ethics. This aligns with the work of Poorchangizi et al., who found that professional values are more clearly internalized as nurses' progress in their careers and educational exposure increases (10).

The department of practice also had an impact on professional value scores. Nurses in emergency units, often facing high workloads and fast-paced environments, reported relatively lower consistency in value-driven behavior than those in general wards or ICUs. Similar patterns were reported by Sibandze and Scafide, who observed that stress and

environmental constraints in critical care units could hinder ethical practice despite the nurse's awareness of professional standards (11). The findings suggest that while knowledge of professional values exists, the ability to practice these consistently may be limited by systemic factors such as workload, staffing levels, and departmental culture.

Furthermore, the strong internal consistency and high KMO values observed in this study validate the reliability and robustness of the tool used to assess professional values. These psychometric findings are consistent with prior validation studies on similar instruments, including work by Borhani et al., who emphasized the reliability of structured tools to capture ethical competencies among nurses (12).

The findings reinforce the importance of embedding professional values early in nursing education and continuing ethical training through in-service programs. Institutions must support nurses in understanding ethical guidelines and building confidence in their ability to act upon them, especially in morally complex situations. Integrating mentorship programs, ethical simulation scenarios, and structured reflection practices may bridge the theoretical knowledge and practical application gap.

Conclusion

This study revealed that nurses demonstrate a strong awareness of professional values such as integrity, patient advocacy, and equitable care. However, gaps remain in applying these values consistently, particularly in high-pressure environments. Factors such as educational background and years of clinical experience significantly influenced value-based practice. These findings underscore the need for institutional support, ongoing ethical training, and policies that empower nurses to uphold professional standards in all clinical situations.

Declarations

Data Availability statement
All data generated or analysed during the study are included in the manuscript.
Ethics approval and consent to participate
Approved by the department concerned. (IRBEC-TCHH-24)
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The authors declared the absence of a conflict of interest.

Author Contribution

SRS
Manuscript drafting, Study Design,
SSH
Review of Literature, Data entry, Data analysis, and article drafting.
Conception of Study, Development of Research Methodology Design, Study Design, manuscript review, and critical input.

All authors reviewed the results and approved the final version of the manuscript. They are also accountable for the integrity of the study.

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