values that are likely to influence behavior are a legitimate concern of those who educate and employ nurses. As a result of new technologies, scientific advances, and changes in the health care environment, today’s nurses are confronted with uncertainty, unknown boundaries, and new practice questions. Despite our best intentions, we take new graduates, who are full of hope and excitement, and throw them into often-impossible situations. It is imperative that nursing students clearly understand their own values and those of their chosen profession so that they may realize the rewards of nursing as a caring profession (Thorpe & Loo, 2003).

Today’s workforce is made up of individuals from different generational cohorts. Zemke, Raines, and Filipczak tell us that “there is a problem in the workplace…not derived from downsizing, rightsizing, or change. It is a problem of values, views, mindsets, demographics, and generations in conflict” (2000, p. 9). The challenge for both nursing education and practice is to view these differences as potential strengths and maximize the contributions of all nurses.

It takes time to understand the differences between the generations. The successful leader will try various strategies to bridge the generational gap and use the expertise of each group to facilitate patient care. For example, the energy, technoliteracy, and commitment of Generation X and Millennials will complement the wisdom and nursing experience of the Baby Boom generation. Recognizing differences and appreciating the expertise that each nurse brings to the workplace will create an environment that embraces generational diversity (Gibson, 2009).

In discussions with colleagues, we often find ourselves comparing today’s students with ourselves, when we were students and new graduates. We hear comments such as: “Students/new graduates have no sense of professional values or professional behavior.” “Students/new graduates are not aware of nursing traditions, nursing culture, or what it means to be a nurse. Have they not been taught the Code of Ethics?” “New graduates are not committed to the organization but are working to pay for their next vacation.” The authors of this article contend that generational gaps are not new or insurmountable and that recognizing shared values in the workplace is essential to establish commitment to the nursing profession (Laschinger, Finegan, Shamian, & Casier, 2003; Swearingen & Lieberman, 2004).

Translating generational differences into workplace initiatives requires research into what each group sees as important, but little research has been done on whether professional values differ by age, experience, or generation. This research examined the value orientation of students, new graduates, and seasoned practitioners with regard to the fundamental values of professional nursing as delineated in the American Nurses Association (ANA) Code of Ethics (2001). This code is a succinct statement of the ethical obligations and duties of every individual who enters the profession. It serves as an expression of rules, goals, and nonnegotiable ethical standards. Moreover, the code is an expression of nursing’s understanding of its commitment to society. The values that direct the priorities outlined in the code are a reflection of the professional commitment necessary for socialization into our profession.

**ABSTRACT**

Given the significant and widespread changes in the health care system, generational diversity and the resulting differences in values present a challenge for the nursing profession. A three-group comparative design was used to compare the professional nursing values held by nursing students, new graduates, and seasoned practitioners, utilizing the Nursing Professional Values Scale (Weis & Schank, 2000) developed from the American Nurses Association Code of Ethics. Findings revealed greater similarities than differences across the three groups; the notion that experience is necessary to develop professional values was not supported. Significant differences were seen across groups related to their knowledge regarding the code of ethics and its relevance to practice. Strategies to bridge the gap in value orientation between education and practice are offered as a means to strengthen professional commitment and maintain the viability of the profession.
The study explored the values held by nursing students and compared findings with new graduates (practicing less than one year) and seasoned practitioners (practicing at least five years). Three research questions were generated in response to anecdotal concerns by faculty and staff regarding value incongruence at the study institution:
- Are there differences in the values of student nurses, new graduates, and seasoned nurses?
- What is the relationship between professional nursing values and years of nursing experience?
- Are nursing students and staff nurses aware of the professional values outlined in the ANA Code of Ethics?

**Literature Review**  The definitions of three terms guided the literature review: values (attitudes, beliefs, and priorities that bind individuals together around a common theme and guide behavior); generational diversity (differences in attitudes, values, work habits, and expectations); and code of ethics (an explicit statement of the primary goals, values, and obligations of the profession). The existence of a code is considered a hallmark of professionalism and is a benchmark for the profession of nursing (ANA, 2001, p. 26).

In their work on developing a tool to measure professional values as outlined by the ANA Code of Ethics, Schank and Weis reviewed a number of studies measuring values. They found that few generalizations could be drawn from their review because of the diversity of instruments utilized and the types of values studied. They reiterated the importance of incorporating values into education and practice in several articles (Schank & Weis, 1989, 2000, 2001; Schank, Weis, & Ancona, 1996; Weis, Schank, Eddy, & Elfrink, 1993).

Other authors described the current manner of addressing values within nursing curricula and identified gaps leading to inadequate values development (Calhoun, 2005; Daly, 2002; Leners, Roehrs, & Piccone, 2006; McNeese-Smith & Crook, 2003; Secrest, Norwood, & Keatley, 2003; Thorpe & Loo, 2003). Recommendations from these researchers suggest that there is a continuing role for educators, service, and the profession in helping to maintain professional excellence, with professional values a requisite component of this excellence. Alterations in nursing education must recognize the importance of incorporating generational core values as well as professional values into nursing preparation.

The challenge for all faculty and practice settings is to try to engage students in valuable work. Students need to hear about the value in becoming a nurse, despite a current health care system that raises serious concerns about the commitment to values. Faculty and staff need to model professional behaviors and values for students while setting clear expectations and enforcing appropriate consequences for failure to meet those expectations (Anderson, 2000).

In their work on managing generational conflicts in the workplace, Zemke et al. (2000) provide relevant insight into today’s nursing workforce. There is a lack of value congruence that must be addressed in order to meet the demands of the current health care system (Curtin, 2001; McLeod & Spee, 2003). The preservation of the professional value systems held by different generations direct and nurture professional practice and therefore becomes a priority of those who educate and employ nurses.

**Methodology**  **Design/Sample**  A three-group, cross-sectional design was used to describe and compare the professional nursing values held by students, new graduates, and seasoned practitioners. Having obtained institutional review board approval for the study, a convenience sample of junior and senior baccalaureate nursing students from three state university programs were asked to participate, along with two groups of nurses practicing at the affiliated children’s hospital. Practicing nurses were divided into groups based on years of experience: new graduates (practicing up to one year) and seasoned practitioners (practicing five years or more). The students were recruited during their pediatric rotation at the affiliated institution. They represent a homogenous group in terms of curricula, clinical experiences, and educational preparation.

**Procedure**  Students were informed about the nature of the study, that completion of the survey was voluntary, and that participation or nonparticipation would not affect their course evaluation. The co-investigator, who had no formal affiliation with the students, presented the study, answered questions, and requested that students return the completed survey in the envelope provided if they chose to participate. Willingness to complete and return the survey implied consent.

Practicing clinical nurses were randomly selected from a list provided by the human resources department of the hospital. Nurses in advanced practice roles, administration, and management were excluded. Surveys were mailed (via interoffice mail) along with a return envelope and a cover letter requesting participation. A $2.00 spending certificate for the cafeteria was attached to the survey packet for all groups as a “thank you” for participating.

**Data Collection Instrument**  The Nursing Professional Values Scale (NPVS), developed by Weis and Schank (2000), was used for this research. The NPVS is the only standardized instrument that measures professional nursing values based on the ANA Code of Ethics for Nurses (2001), a document used in
all levels of American nursing programs that prepare registered nurses, as well as by agencies that employ RNs. The survey is a 44-item, norm-referenced instrument with a Likert-scale format; responses range from 5 (most important) to 1 (not important). Each item on the NPVS is a short, descriptive phrase reflecting a specific code statement and its interpretive commentary. The 44 items are divided into 11 subscales based on the 11 ANA code value statements. (See Figure.)

**Figure. ANA Code Statements and Corresponding Nursing Professional Values Scale (NPVS) Subscales**

<table>
<thead>
<tr>
<th>ANA CODE STATEMENT</th>
<th>NPVS SUBSCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The nurse provides services with respect for human dignity and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.</td>
<td>1</td>
</tr>
<tr>
<td>The nurse safeguards the client’s right to privacy by judiciously protecting information of a confidential nature.</td>
<td>2</td>
</tr>
<tr>
<td>The nurse acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.</td>
<td>3</td>
</tr>
<tr>
<td>The nurse assumes responsibility and accountability for individual nursing judgments and actions.</td>
<td>4</td>
</tr>
<tr>
<td>The nurse maintains competence in nursing.</td>
<td>5</td>
</tr>
<tr>
<td>The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.</td>
<td>6</td>
</tr>
<tr>
<td>The nurse participates in activities that contribute to the ongoing development of the profession’s body of knowledge.</td>
<td>7</td>
</tr>
<tr>
<td>The nurse participates in the profession’s efforts to implement and improve standards of nursing.</td>
<td>8</td>
</tr>
<tr>
<td>The nurse participates in the profession’s efforts to establish and maintain conditions of employment conducive to high quality nursing care.</td>
<td>9</td>
</tr>
<tr>
<td>The nurse participates in the profession’s efforts to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.</td>
<td>10</td>
</tr>
<tr>
<td>The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.</td>
<td>11</td>
</tr>
</tbody>
</table>

The investigators also constructed a demographic survey. Questions pertained to the subject’s age, length of time as an RN, and length of time at the institution. Other questions were designed to identify variables of interest, including awareness of the ANA code, its assimilation into practice, and course presentations of the code.

**FINDINGS** A total of 384 surveys were distributed among the three groups. Responses were received from 97 students (return rate 96 percent, 97/101); 46 new graduates (return rate 46 percent, 46/100); and 84 seasoned nurses (return rate 46 percent, 84/183). The overall response rate was 59 percent. See Table 1 for sample characteristics.

**Table 1. Sample Characteristics**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Length of time as RN (years)</th>
<th>Length of time at institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>RANGE</td>
<td>MEAN</td>
<td>RANGE</td>
</tr>
<tr>
<td>Students (n = 97)</td>
<td>20-52</td>
<td>26</td>
</tr>
<tr>
<td>New graduates (n = 46)</td>
<td>22-50</td>
<td>26</td>
</tr>
<tr>
<td>Seasoned practitioners (n = 84)</td>
<td>30-57</td>
<td>43</td>
</tr>
</tbody>
</table>

**THE NPVS** No statistically significant differences were found in responses among the three groups on any of the 11 NPVS subscales corresponding to the 11 code statements. All groups thought that each code statement was important, very important, or most important and ranked all statements at least 3.5 or higher; more than half (7/11) of the statements scored as very important or most important. (See Table 2 on the following page for mean subscale scores by group.)

Question 44 on the NPVS, “Use the Code of Ethics as a guide for practice,” was considered by the investigators to be an important overall question in determining the integration of the code into daily practice. Analysis of this item revealed the following mean scores: students, 4.17; new graduates, 3.91; and seasoned nurses, 3.91. The overall average score (4.02) suggested that all participants thought the code was a very important guide for their clinical practice.

**GENERATIONAL RELATIONSHIP: VALUES AND EXPERIENCE** Pearson correlations were done to determine if there was a relationship between years of experience as an RN and scores on
the NPVS. No statistically significant relationship was found between years of experience and any of the individual statements, indicating that nurses who had been practicing for many years viewed the code as important a guide for practice as the nursing students and new graduates. The results confirmed a congruence of values among the three groups.

**Awareness of the Code of Ethics** Statistically significant differences were found among the groups regarding the impact of two variables of interest on two items: awareness of and course presentation of the code. Significantly more new graduates responded that they were aware of the existence of the code than seasoned nurses or students. Significantly, more students than seasoned nurses were aware of the code. The same findings held true for whether the code was presented in a course; that is, there were significant differences across the three groups, with a higher percentage of new graduates answering affirmatively compared to seasoned nurses or students. No significant difference was seen comparing only the seasoned nurses and students. (See Table 3.)

**Limitations of the Study** This study used a convenience sample of nursing students enrolled in three local universities and staff nurses from one institution. Applicability of the findings cannot be generalized to other populations. In addition, faculty from the affiliated universities were not surveyed; their responses might have provided insight into student value orientation.

Another limitation of the study was that no statistically significant differences were found among the three groups on the 11 NPVS subscales. In addition, there was no statistically significant relationship between years of nursing experience and scores on the NPVS.

**Discussion** The findings from this study support the long-held premise that nurses within this organization hold high levels of professional values. There were greater similarities than differences across the three groups studied. The study did not validate the supposition that experience as an RN is necessary to develop professional values. In addition, due to the mean age of the student sample (26 years vs the typical 18 to 22 years), generational incongruence related to value orientation was not found.

It was interesting to note that respondents attached greater importance to the code statements related to professional issues than those addressing societal issues. The first three code statements focus on professional issues pertaining to client rights (patient-focused code statements, mean score = 4.2, SD = 0.12). The code statements 4 to 6 address the boundaries of duty and loyalty (nurse responsibilities, mean score = 4.16, SD = 0.05). The final statements, 7 to 11, address aspects of duties beyond individual patient encounters (societal statements, mean score = 3.78, SD = 0.22). The professional issues identified as most important included competence, collaboration, and peer evaluation. The societal issues identified as important included patient advocacy, health promotion, and client

### Table 2. Nursing Professional Values Subscale (NPVS)

<table>
<thead>
<tr>
<th>Subscale</th>
<th>NEW GRADUATES</th>
<th>SEASONED</th>
<th>STUDENTS</th>
<th>Overall p values</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>1</td>
<td>4.24</td>
<td>0.57</td>
<td>4.16</td>
<td>0.63</td>
</tr>
<tr>
<td>2</td>
<td>4.33</td>
<td>0.61</td>
<td>4.22</td>
<td>0.58</td>
</tr>
<tr>
<td>3</td>
<td>4.09</td>
<td>0.55</td>
<td>4.04</td>
<td>0.54</td>
</tr>
<tr>
<td>4</td>
<td>4.14</td>
<td>0.67</td>
<td>4.13</td>
<td>0.60</td>
</tr>
<tr>
<td>5</td>
<td>4.27</td>
<td>0.52</td>
<td>4.14</td>
<td>0.50</td>
</tr>
<tr>
<td>6</td>
<td>4.13</td>
<td>0.56</td>
<td>4.17</td>
<td>0.54</td>
</tr>
<tr>
<td>7</td>
<td>3.64</td>
<td>0.69</td>
<td>3.54</td>
<td>0.69</td>
</tr>
<tr>
<td>8</td>
<td>3.88</td>
<td>0.69</td>
<td>3.94</td>
<td>0.60</td>
</tr>
<tr>
<td>9</td>
<td>4.08</td>
<td>0.60</td>
<td>4.17</td>
<td>0.54</td>
</tr>
<tr>
<td>10</td>
<td>3.92</td>
<td>0.72</td>
<td>3.90</td>
<td>0.63</td>
</tr>
<tr>
<td>11</td>
<td>3.49</td>
<td>0.76</td>
<td>3.57</td>
<td>0.63</td>
</tr>
</tbody>
</table>

**Variables of Interest / p Values**

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>SEASONED VS NEW GRAD</th>
<th>SEASONED VS STUDENT</th>
<th>NEW GRAD VS STUDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>p = &lt;0.001</td>
<td>p = &lt;0.001</td>
<td>p = &lt;0.001</td>
</tr>
<tr>
<td>Educational</td>
<td>p = &lt;0.001</td>
<td>p = &lt;0.01</td>
<td>p = &lt;0.001</td>
</tr>
<tr>
<td>Instruction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevance</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Framework</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
</tbody>
</table>

Future research could include longitudinal examination of specific curricula that address professional values as outlined in the ANA Code of Ethics for Nurses. To identify changes in value orientation, students could be surveyed as they progress in professional socialization from new graduates to seasoned practitioners.

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safety. These findings differ slightly from the findings reported by the authors of the NPVS, but coincide with the generational characteristics of today’s nursing workforce.

This study provided useful information about the importance of professional values held by students and staff at the study institution. The impact of the high level of value congruence was not unexpected, as one of the objectives of this teaching organization is to help students become socialized into the profession through value acquisition. For example, values are communicated through policies, procedures, job descriptions, competency evaluations, and through unit-based standards of care that reinforce professional role development. Operationalizing professional values through self-assessment exercises, mentoring experiences, skills training, and role modeling by staff has led to an emphasis on how personal and professional values are integrated into organizational values. These strategies have served the purpose of bridging the gap between education and practice, recognizing the importance of relevant clinical experiences that incorporate both professional values and generational core values.

**Implications for Nursing Education** Strategies to enhance value orientation in education and practice will strengthen the interrelationship between organizational commitment and employee retention. Both are critical to sustaining a strong nursing workforce for the future. In assessing each of the generations represented by the current workforce, it is important to create work environments that will attract and retain students and nurses of all ages. Capitalizing on the strengths of each generation, and finding a means of accommodating all individuals in the workplace, is one way of maintaining the viability of the profession and ensuring that an organization has sufficient employees to prosper (McNamara, 2005; Stewart, 2006).

To meet this challenge, educators, administrators, and practitioners must recognize and integrate the ANA Code of Ethics as a framework for value orientation in both the academic and practice arenas. In addition, those who educate and employ nurses need to be aware of the rich diversity of generational perspectives and incorporate this foundation into educational preparation and practice expectations. The result will be a more creative and adaptable work environment where nurse educators and practicing nurses are true partners in the future of the profession (Apostolidis & Polifroni, 2006; Hart, 2006; Iwaisiw, Andrusyszyn, & Goldenberg, 2007; Swearingen & Lieberman, 2004; Weston, 2006). The challenge for nurse educators and practitioners is to review the essence of nursing within the context of current work settings and alter practice expectations so nurses may achieve balance and harmony within their professional development and value orientation.

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**Key Words** Values – Generational Diversity – Nursing Code of Ethics – Nursing Education – Nursing Practice – Nursing Student Values
References

Altun, I. (2002). Burnout and nurses’ personal and professional values. *Nursing Ethics, 9*(3), 269-278.


At the heart of nursing: Stories reflect the professional values of baccalaureate nursing students and graduate nurses from a secular and a nonsecular program. *Journal of Professional Nursing, 15*(1), 17-22.


Nursing values and a changing nurse workforce: Values, age, and job stages. *Journal of Nursing Administration, 35*(3), 260-270.


