To meet the predicted deficit of more than 1 million nurses by 2020, traditional nursing recruitment must target previously un-recruited populations, as well as a culturally diversified workforce to include variations in age, ethnicity, gender, lifestyle, national origin, and sexual orientations. As diversity increases, differences must be bridged to acculturate new nurses to recognize and identify with a shared nursing ideology and culture. The core professional nursing values (CPNVs) impart a common foundation that unites students and nurses in a meaningful, collective culture. Baccalaureate nursing programs actively promulgate these professional nursing values, however, methods to incorporate them into curricula are often absent from the literature. Following an intervention integrating the CPNVs into academic education, students affirmed the usefulness of this approach describing that the integration of the core values created a shared culture of professional nursing and deepened their commitment to the profession. Incorporating the CPNVs provided a promising approach that bridged the cultural chasm of a highly diverse student population and the profession of nursing by creating a shared professional culture across the myriad differences.

**Key Words:** Nursing, Minority Nurses, Core Professional; Values of Nursing

**Integrating the Core Professional Values of Nursing:**

It is predicted that by the year 2020, an aging and retiring US workforce and high nursing turnover, will result in a deficit of more than 1 million nurses, leading to a higher rate of job growth than any other health profession (HRSA, 2004). As the current enrollments in baccalaureate nursing programs are not increasing at a pace sufficient to meet this projected demand, efforts must be expanded to recruit potential nurses from previously un-recruited populations to enroll in these nursing programs. This expanded recruitment of nursing students will yield an added benefit of enriching diversity, which in turn will increase the percentage of nurses who reflect the cultural backgrounds of their patients and improve patient care (Smedley, Butler, & Bristlow, 2004). This is particularly critical in the US, where the population is highly multicultural but the RN population is over 88% white (HRSA, 2004).

This unprecedented diversified nursing workforce would represent not only cultural and racial differences, but includes variation among many parameters, such as age, ethnicity, gender, national origin, lifestyle, and sexual orientations. It is necessary to bridge these differences among nurses of varied backgrounds so that they can identify with a common nursing ideology and mission. This process may involve modifying old personal and professional values and internalizing new ones (Farenwald et al., 2005). One key approach to this professionalization process is learning to integrate into clinical practice the core professional nursing values (CPNVs) adopted by the American Association of Colleges of Nursing (AACN, 1998). These core professional values impart a shared foundation that gives meaning to the professional practice of nursing and unites students and nurses in a collective culture.

Although findings suggest the importance of nursing curricula that include content focused on the CPNVs, few faculty incorporate them into the
curriculum, but rather teach them informally (Boudain, 2005; Eddy, Elfrink, Weis, & Schank, 1994; Elfrink & Lutz, 1991; Farenwald et al., 2005). In fact, to meet the rapidly increased demand for nurses, many contemporary programs offer accelerated educational options with an increased emphasis on core competencies involving psychomotor skills and basic nursing science. Clearly, such competencies are essential to nursing practice, but the CPNVs of human dignity, integrity, altruism, autonomy, and social justice (AACN, 1998), although challenging to teach, are equally essential (Farenwald et al; Boudain; Eddy et al.). Incorporating these values into baccalaureate nursing programs can enhance the process of professional development and acculturation. Consequently, it is imperative to design methods to teach the CPNVs, and include them within curricula so that students learn to incorporate these key dimensions of nursing in creating a shared professional culture across the myriad differences (Perry, 2005). The purpose of this paper is to describe an intervention to bridge the cultural chasm of a highly diverse student population and the profession of nursing by integrating CPNVs into the students' experience.

OVERVIEW OF THE INTERVENTION
At the Hunter-Bellevue School of Nursing (HBSON), Hunter College of the City University of New York, the CPNVs were integrated in the curriculum of the Becoming Excellent Students in Transition to Nursing (BEST) program. This program supports underrepresented, first generation, disadvantaged, minority nursing students by addressing the challenge of recruiting and sustaining a diversified nursing workforce. BEST provides students with resources and services to ensure their retention in the baccalaureate program and subsequently, their professional success.

During the second program year, feedback from former students enlightened BEST faculty about some of the difficulties graduates experienced as they transitioned into professional settings. They suggested that the undergraduate emphasis on mastering technical skills and basic nursing science made it necessary for the employing institutions to socialize new nurses and facilitate their acculturation into the nursing profession. However, many students reported a void in this process and described significant and challenging struggles to assimilate and fit in with the professional nursing culture, suggesting that the current health care settings cannot adequately accommodate the acculturation needs of recent graduates. In response, during the summer 2006, the third year of the program, BEST faculty incorporated the CPNVs as a framework for a mandatory 4-week, full-time intensive program to acculturate their 25 students more readily into the profession.

The professor facilitating the summer workshop was a doctoral prepared clinical nurse specialist in psychiatric/mental health nursing who is an expert in training and staff development. The emphasis throughout the workshops was to explore the CPNVs, help to apply them to the students' academic "practice", and to integrate them into future clinical practice. The format for the workshops was multidimensional and included didactic presentations, group discussion, reflective writing, and experiential learning.

Integrating CPNVs
Altruism. Altruism has long been assumed to be a primary motivation for individuals entering the nursing profession (see Table 1). However, many contemporary students are attracted more by the financial incentives and the career mobility and stability. Therefore, altruism as a CPNV must be taught, learned and integrated into practice. A presentation about the concept and practice of caring for others initiated a discussion of altruism. Following the didactic presentation, the facilitator shared her own anecdotal experience as a patient herself, mother of a critically ill hospitalized child, and as a nurse. The students were encouraged to share their own experiences of caring for, and being cared for by others. In reflecting the learning that had taken place one student commented: "I learned that accomplishment in life is not only based on material things such as money or owning a house. But accomplishment is giving to others and helping

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<th>Table 1 Definitions of Core Professional Nursing Values</th>
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Data from: AACN (1998); Gormley (1996); Farenwald, et al. (2006); Boudain (2000).
others to get better. A nurse helps people and accomplishment is achieved when the patient feels better. To be successful in life is not just making lots of money but making a difference and changing peoples’ lives.” Another student stated that “I came to nursing because my parents thought it would be a good career for me: stable and lucrative. They thought I would be smart enough to do it, so I tried. Now I see that it involves great caring for people and putting their needs before my own.” I like that idea and I think the professors here can help me to do that and become a really good nurse.”

Attitudes towards offering help and accepting help, essential aspects of altruistic behavior, are shaped by an individual’s cultural experiences, attitudes, and background. When viewed from a cultural perspective, variations must be identified and explored before applying this value to students’ experience. Students were encouraged to consider altruism in their own life experiences and to reflect on how it might inform their future behaviors. They responded to this exploration with curiosity and enthusiasm, and described feeling inspired by the examples of their faculty as well as current and past nursing leaders. The varied and rich opportunities for altruism in nursing, not necessarily apparent previously, emerged as important, newly recognized sources of meaning and satisfaction. For many, this concept of a concern for others as a motivation in nursing was a new one. Many students were aware that nursing was a “helping profession”, but most had not viewed themselves, their peers, or the faculty as altruistic. However, after the presentation and discussion, many students determined that their considerations for entering nursing could be compatible with altruistic motivation. One student expressed the following reflection: “I always knew that caring for people is important in nursing. But that’s not why I made this choice. I need to make money and know that I will have a job. Nursing salaries are really good. But now I understand I can combine that with helping others. This workshop has helped me to learn how to give of my heart, not just my time and intellect. I can understand now why that is so important in nursing.” Another student commented, “In my culture, family comes first and that is the primary consideration and responsibility. Giving to others, strangers, is not valued as much as caring for the self and the family. So I entered nursing as a way of caring for my family. Now I understand that a fundamental, essential part of nursing is giving to others and I think I can learn to do that and maybe that will be an added benefit to help me get real satisfaction from being a nurse.”

Faculty members role model this CPNV of altruism for students by providing support and accessibility. They encouraged students to be supportive of, and caring for each other, faculty, and staff, and to develop positive, generous collegial relationships. Experiencing the spectrum of altruism has facilitated student growth and development. Students who had been the recipients of tutoring and counseling services became eager to “give back” and generously shared with others, which they experienced and described as richly rewarding. All students participated in fundraising, service learning, and direct service to the school and community as a means of actualizing the abstract value of altruism, applying it directly in “real-life”, and experiencing the difference it can make. Thus, despite the many differences among the students, the commitment to altruism and the co-creation of a culture of caring served as a bridge connecting the culture of origin with the professional nursing culture. “I am learning to care about people in a different way. I can see beyond the differences between us that at first seemed to be so significant. I understand how much it matters when we are treated and treat others with care and generosity. Learning about this part of nursing brings out the best in all of us and helps us feel united and capable of caring for others. I know I will work with patients and nurses very different from myself but now I feel prepared as a nurse to bring those differences together in caring and altruism”

Autonomy. This value was familiar to many students who had encountered formidable personal, family, cultural, socioeconomic, and academic challenges. Self-determination and a self-directed approach to their learning had been crucial to their success. However, from another perspective, the notion of self-direction regarding important and difficult life decisions might be antithetical to their own cultural views. The notion of encouraging, or even supporting a client to make independent, self-directed decisions, which may conflict with family members, health care professionals, or traditional dictates, were threatening and considered imprudent and even disrespectful. Therefore, it is imperative to explore with students the meaning and value of autonomy as a core professional value of nursing. The importance of autonomy as a professional value was highlighted in a film, “Soft Fire” (1984), which focused on community nurses caring for a very elderly, lucid client facing death. Her wishes for autonomy were depicted through discussions between nurses and patient regarding implementing her choices for end-of-life, death, and funeral plans. The support the nurses offered at that critical time enhanced the patient’s sense of well being as she reflected on a dignified life and death. The poignancy of these discussions elucidated the complexities of clinical practice, and the importance of self-determination for both nurse and patient.

Students were then engaged in a discussion of the challenges of supporting patients in their decision-making, especially when different from nurses’ own values. The nurse’s ability to collaborate with patients, families, and colleagues about sensitive topics, particularly end of life care are often shaped by cultural beliefs which can affirm or diverge from the concepts of autonomy and self-determination (Robichaux, Dittmar, & Clark, 2005). Many dilemmas encountered in professional practice emerge from conflicting views about critical, value-laden issues. Cultural values may prescribe or prohibit discussions regarding truth telling, self-determination, individual options, the role of the family, and religious considerations. One student shared, “I never thought about autonomy and self-determination because in my culture it is not appropriate or respectful to discuss harsh truths about one’s illness and prognosis. Families, not the individual decide what’s best. That doesn’t really seem fair now, to leave the patient completely out in the cold. Now I think I will know how to include individuals in decisions about their own life.” Another student affirmed that, “Speaking out is not something I have been comfortable with. I can understand how it
might be very important to do so for oneself or a patient. I don't ask questions, not even of teachers, because in my culture it is not permissible to inquire, especially about delicate topics, and it is disrespectful to question an authority figure. So I could not even imagine talking with a patient about personal issues or questioning or disagreeing with a physician or patient's relative. But now I see that to be an effective nurse I must inquire, discuss, and even disagree if it is necessary to assist patients in making their own decisions.

A writing exercise helped students reflect on how they would integrate this CPNV during the student's academic experience, such as test taking, study habits, and collaboration. Role-playing helped to clarify diverse values and views and to identify barriers to self-direction and autonomy. In such an environment, which is a microcosm of the larger environment, students learned to problem solve and generate creative solutions to dilemmas and challenges. Many highlighted the importance of developing an individual approach to personal strategies that would lead to academic success, and thus achieving a sense of self-direction and autonomy as a student and as a future nurse.

Often, diverse beliefs, values, and experiences lead to misunderstanding and conflict. However, as students learned to respectfully explore the many differences within their own peer group, they began to perceive these differences, not as threatening, but as unique personal preferences that facilitated self-direction and determination. When autonomy is viewed as a CPNV, self-centered and ethnocentric perspectives expand to perceived differences as the expression of someone else's will and choice. Furthermore, as they learned to respect self-direction among peers, students reported feeling better able to support a future client's autonomy and self-direction, despite possible limitations imposed by their environment, ability, or health challenges. Students observed that "I realized that we do not need too much technology to soothe patients just by simply sitting by their side and comforting them. We have to treat all patients with dignity, and respect their views and beliefs about what will happen. We need to be guided by the patient's needs, not the nurse's, and then follow through with tough decisions." "I didn't realize how much we rely on our beliefs as if they are facts, instead of being respectful to differences. I will practice respecting different opinions and values as a student, and I will be better prepared as a nurse to help patients make their own decision."

Human Dignity. Human dignity provides the foundation for the other CPNVs by prescribing the perspective for professional relationships and experiences. It is the basis for the respectful treatment of all students, faculty, and staff. It diminishes issues of prejudice, judgments, and competition among students by raising awareness and providing exploration of the importance of this value in nursing. While intellectually this may appear to be a clear and obvious value of nursing, students are often not aware of the extent to which the view of the unique individual is obscured in the service of subtle, presupposed assumptions and stereotypes about others. This applies not only to patients, but also to peers and colleagues, with whom respectful and dignified regard is equally essential.

In the workshop, activities to increase student aware-ness of human dignity began with a dyadic group exercise, "The Refrigerator," which the facilitator has developed to illuminate the subtle and covert ways people often make incorrect assumptions and judgments about others. Students were paired with someone with whom they were not familiar. Without speaking, they wrote for three to five minutes specific details of the (assumed) contents of their partner's home refrigerator. As the lists were shared, and each student clarified the accuracy of the partner's list, it became apparent that these assumptions were often based on stereotypes notions of the other's culture, ethnicity, or life style. Each dyad then presented to the larger group the content and nature of its assumptions, correct and erroneous, with an open discussion of their origin and appropriateness. Students were surprised to learn the extent to which they made assumptions based on automatic stereotypical, unchallenged false beliefs rather than on thoughtful, reflective assessments. While such an activity could raise strong emotions among those mischaracterized, the facilitator used a nonjudgmental approach and humor to elucidate students' awareness and understanding about their assumptions. This led to a discussion of the role assumptions may play in their personal and professional endeavors. Biases about age, ethnicity, gender, national origin, life style, sexual orientations, and other issues were explored as students became aware of the extent to which they might not interact with the individual, but instead with their assumptions about that individual. "I am so surprised that we all make assumptions about others that are based on false ideas or prejudices. I don't think of myself as prejudiced but without realizing it we are. I guess I was raised to be a little suspicious and uncomfortable with people who were different than those in my culture. Nurses need to be above that and to pay attention to what is true, not what is assumed. I'm proud to be part of a profession that values treating all with dignity, not narrow-mindedness."

Next, a videotape program, "The Detour" (1977), was presented to stimulate awareness of the meaning of human dignity in clinical practice. The film illustrated the experience of a bedridden client who was reflecting on her youthful (and romantic) past as she prepared herself for death. As she was unable to speak, every professional who entered her room was unaware of what she was thinking. It was obvious that they interacted with her based on stereotypes regarding elderly, non-verbal patients. They did not respond to her as a unique and valued individual, they ignored her attempts to communicate with them, and they communicated to her with condescending, inappropriate, or degrading remarks. Students recognized this type of unprofessional interaction from their own observations in hospitals as employees, volunteers, patients, or family members. They discussed how nurses using a valued-approach centered on human dignity would have been more likely to interact in a more therapeutic, productive, and professional manner. This exercise was then related to "The Refrigerator" by having students discuss the ways that casual assumptions may adversely affect a nurse's interaction with patients. Students were encouraged to reflect on their own experiences regarding the way their sense of dignity had been respected or disrespected, particularly as
a student. This reflection, followed by writing about an exemplar experience when their dignity was offended, helped to personalize this abstract concept. Students identified how they would integrate this value into their academic and future professional practices. After this discussion they described a heightened respect for themselves and for other students, an enhanced ability to tolerate differences, and to communicate respectfully and effectively. One student wrote: I learned that human dignity is treating each person as an individual, not just a "patient" is crucial to nursing care. It means looking beyond the obvious or superficial. I also learned that sometimes it is hard to do the right thing. It is not all black and white. Another student wrote: "Maybe I made too many judgments about people... sometimes I let society dictate my thoughts about individuals, or at least my first impression of them. I need to work on that a bit...."

BEST faculty utilized every opportunity, formal and casual, to integrate dignity into all experiences in academic clinical areas both in content and process. With faculty and staff as role models, students learned how to be supportive mentors to their peers, despite differences among them in beliefs, attitudes, and behaviors. Students shared with faculty that experiencing this sense of dignity, especially during times of school-related or personal distress would avoid familiar shameful and embarrassing feelings and provided them with a personal template for interacting with future clients and colleagues.

Integrity. The American Nurses Association's Code of Ethics with Interpretive Statements (ANA, 2001) and The Essentials of Baccalaureate Nursing Education (AACN, 1998) formed the foundation for teaching this core value. The Code of Ethics outlines a set of principles of non-maleficence, beneficence, fidelity, veracity, social justice, and respect for the autonomy of the patient and the nurse. The Essentials of Baccalaureate Education underscores the standard of practice and professional behavior expected while in the BEST program, at HBSON, and in the profession. Therefore, students' responsibility for preparation, learning, and attaining academic and clinical proficiency is included in this CPNV.

Integrity appears to be easily identifiable within the professional practice of nursing. However, contemporary students are exposed to myriad lapses of ethical standards and integrity that are entangled into every aspect of life. Government officials, community leaders, politicians, business executives, school professionals, and even clergy have been found to be guilty of inappropriate judgment and behavior with regard to the adherence to ethical standards worthy of the public trust. According to national studies, 70% of US college students had reported that in the previous year, they engaged in serious acts of academic dishonesty (cheating) (McCabe, 2005). It is imperative to facilitate critical thinking and explore with students the meaning and practice of integrity in nursing so they can share within the professional community this CPNV.

Workshop activities focused on many aspects of integrity and the degree to which nurses are held to the standards of practice which merit the public trust. A film, “Code Gray” (1983), described scenarios from varied clinical settings that illustrated the complexity of the decision-making processes in which nursing professionals engage when they uphold the high standards of professional integrity. Actual nursing care dilemmas were presented and explored from multiple perspectives, including cultural and individual values. The structured group discussion and reflective writing exercises focused on the relevance of ethical codes and standards of practice as guides in addressing complex issues. Exploring diverse perspectives regarding integrity enlightened the students as to the different views they have adapted based on their varied cultural backgrounds. While some expressed a firm and absolute view of integrity, others explained that surviving in their country of origin, and arranging the complex immigration process to the US involved bending of rules and regulations for what they considered to be a higher purpose. One student explained: "I wouldn't be here now if my family (and I) didn't find a way to bend the rules and make things happen the way we needed to." Another student indicate that "In my country the standard for right and wrong changed based on who was in power and what their personal goals were. It is a confusing way to grow up. Now I realize that it is possible, and advisable to have some clear standards. Nursing has no motive other than service, so this is a sound path to follow." And another: "I was taught to obey and accept, not to think for myself and solve problems creatively. I was raised in culture of absolutes. I can see that in nursing it is important to do the right thing, but that may vary depending on the situation." Abstract concepts were related to clinical practice, as students were encouraged to identify how they anticipated integrating the value of integrity into their upcoming academic and clinical experiences and future nursing practice. Students disclosed their awareness of the value of having an ethical code and a standard of practice as a framework from which to discuss and make decisions surrounding the myriad, and often antithetical, needs of patients and families.

Relating the CPNV of integrity to their student experience, these discussions clarified that rather than simply meeting basic academic requirements, developing high academic standards is a prelude to attaining high standards of practice as a professional. The HBSON Student Code of Conduct (2006) and the National Student Nurses Code of Conduct (2001) were reviewed as standards of practice for academic and clinical activities. While typically perceiving rules and regulations as arbitrary and rigid, discussing these codes within the context of integrity changed the students' perspectives, and helped them to understand and respect this CPNV. One student observed "The more we fulfill our code of professional standards, the more quality care we will give to our patients and in turn we will be given higher respect and recognition by colleagues and the public." As students made this conceptual transition, they reported feeling more accountable for their own actions and began to perceive their deficits in academic or organizational success as opportunities for growth and mastery, rather than as weakness or failure. This increased sense of accountability and integrity helped them to avoid ascribing blame or self-criticism, and to provide motivation to

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accomplish goals for which they could feel pride and self-respect, beyond meeting academic requirements and expectations. A student expressed the group’s consensus regarding the value of integrity in this way: “Understanding the significance of having a standard of practice helped me to be motivated to be a better student. I understand that it’s not about doing well enough to get by, just to get through, but being excellent because excellence is the standard of care in nursing.”

Further exploration, in reflective writing and group discussion focused on practical methods to integrate this value into their academic and clinical endeavors. For example, some students planned to attend workshops and individual sessions with the writing specialist to help achieve professional standards for written work. Some planned to seek assistance for term papers, assignments, and other types of communication skills required in the baccalaureate and professional settings, important to attaining high standards of achievement. They intended to keep scheduled appointments and complete all assignments in a timely manner.

At first, some students resisted what they perceived as remedial measures, which seemed reminiscent of previous negative, sometimes even stigmatizing, school experiences. But after discussing this CPNV of integrity, they saw them as opportunities that could be instrumental in attaining academic and professional standards. Collaborating with counselors and faculty provided an opportunity for ongoing self-examination and exploration. In articulating the importance of personal responsibility as a component of integrity, two students expressed the following statements: “Sometimes people blame others or are scared to speak out. As a nurse I have to be able to speak up if I think something is not right and not just go by what everyone else is thinking.” “Integrity is important because every day you are challenged in a different way and you have to have a standard of beliefs in order to make those difficult decisions.”

Social Justice. Social justice was the final CPNV integrated in the program. Social justice underlies the moral and ethical imperative to respect the basic rights of others. Collective action enhances the power of individuals to achieve progress in promoting these rights for individuals, families, and communities. Social justice reflects fairness in sharing both benefits and burdens in a society. As nurses provide respectful, individual, humanistic care, it is also imperative to recognize the impact of social policy and the power and responsibility of nurses to promote these values within the community at large. Workshop activities began with the students viewing the film “Nursing in America: A History of Social Reform” (1990), which portrays American nurses’ rich legacy of activism, their efforts to improve fairness in social and health care opportunities and outcomes, and the importance of social justice regarding equal access to health care resources. Students recognized the importance of developing sensitivity to issues of social justice and to expanding their awareness of human needs in their communities and worldwide.

Students were stimulated by learning about a diverse group of nursing experts who address issues of health care disparities, social policy in health and health care, cultural competence, and others issues critical to contemporary nursing. They recognized that participation in minority nurses associations, such as the National Association of Hispanic Nurses and National Black Nurses Association, and at local health conferences and events, can provide them with a deeper perspective for understanding these social justice issues.

Humanistic and service-oriented social action projects provided additional opportunities for students to reach out to those less fortunate. Concern for community and global health issues were viewed as an expression of this primary professional nursing value. The diversity of the HBSON community leads to an enhanced awareness of significant issues and encourages students to articulate beliefs and goals, and to support the activities of others in the pursuit of social justice. Along with benefits and opportunities of enhanced access which can lead to their own educational development, students also became committed to making a difference for others. Students reflected their learning in the following comments: “Nurses need to do what is right for people, get involved, and lend their expertise to develop good programs that benefit the health care system.” “I had not thought about this concept in nursing but now I see why it’s a core value of nursing. We must advocate for all people and strive to achieve fairness and equality of services and resources.” “It really helps to explore our many differences and to come together now as students and soon as nurses. Using the core professional values to guide decisions and solve dilemmas will make me feel like responsible member of a professional community. As nurses it seems we are more alike than different!”

This innovative intervention has provided promising preliminary outcomes regarding the value of integrating the CPNVs in baccalaureate nursing curriculum. During follow-up interviews, the diverse student group described the usefulness and relevance of this approach. In describing their experiences, students affirmed that the integration of the CPNVs had created a shared culture of professional nursing and they had developed a deepened understanding, identification, and commitment to the profession. Students reported strong empathic connections with other students and faculty which have led to developing their own support and mentoring groups. Participation in professional organizations and events have elevated their leadership potential and further consolidated their connection with professional nursing.

The following statements reflect some of their responses: “My views of nursing have changed because I learned the values that will help me to become a better nurse...” “Since taking this journey, my whole idea of nursing continues to change and evolve. I learn so much. Now I am even more excited than ever to become a nurse...” “This has given me more encouragement towards being a nurse. I learned that there are a lot of ways I can make a difference. I also learned that although at times situations are difficult, there are many ways to show compassion for the patient.” “I always thought the higher one goes in education, the better. So I planned on nursing as a step to becoming an MD. Now I realize they are really different and it is nursing that I want. There is more respect and integrity than I thought. Now I know I won’t leave this profession for another.” “I intend to take with me the five core nursing values wherever I will end up. If I will instill
these values in my everyday life, I will become one heck of a nurse! I will not only apply these core value professionally but also in my personal life.”

Preliminary findings suggest there is a need for a more structured long-term evaluation mechanism to obtain and evaluate data. It is necessary to assess students’ acculturation in the profession and their comfort to engage in problem-solving challenges, self governance organizational styles, and to deliver culturally competent care to individuals, families, and communities. Our experience suggests that developing an innovative method to teach the CPNVs is effective as a bridge of common understanding and commitment among highly diverse professionals practicing the science and art of nursing. Additionally, the CPNVs can promote an enduring sense of autonomy, satisfaction, group cohesion, and enhanced leadership styles; potentially reducing the high turnover rates and burnout phenomenon, thus leading to increased long-term retention.

REFERENCES

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