

PROFESSIONAL VALUES IN NURSING STUDENTS: A MULTICENTRIC APPROACH

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Abstract: Goal: To establish a comparison of priority professional values for undergraduate nursing students in Brazil and Peru. **Method:** Quantitative, descriptive-exploratory and cross-sectional research, carried out with 340 nursing students from the School of Nursing of the “Universidade de São Paulo” – EEUSP and the Faculty of Nursing of the “Universidade Nacional Pedro Ruiz Gallo”, Peru. Data were collected using the Nursing Professional Value Scale (NPVS-3). **Results:** The mean NPVS-3 score was 122.70 ± 12.56 , which is considered a high score. The Care dimension was highlighted with an average of 45.64 ± 4.27 . Ethics in nursing practice and the humanization of care were identified as extremely important, sustaining and characterizing work processes. **Conclusion:** The values identified as most relevant are linked to respect, dignity and patient protection. The results are similar in students from both countries. The research reflects a guide for the development of professional values in nursing, identifying possibilities for new proposals for nursing schools. **Keywords:** Health Priorities; Nursing Education; Nursing Students; Latin America

INTRODUCTION

Values are the inner strength that allow the configuration of people and their actions, according to the situations in which they live and the people they encounter⁽¹⁾; because they are linked to transcendental and internal aspects, such as your philosophy of life⁽²⁾ or even external aspects, such as the size of the city they live in⁽³⁾. From the values that the person acquires and experiences, positive or negative consequences will be derived⁽⁴⁾, with individual and collective involvement⁽⁵⁾. Therefore, education and training are needed to acquire values.

Values are acquired in the family, at home⁽⁶⁾; however, the university is also the

setting for the moral and ethical training of professionals⁽⁷⁾ from the internalization of values, the previous discovery and their acceptance; however, the pedagogy of accompaniment and witness is necessary⁽⁸⁾. In the professional world, values acquire greater relevance for the service provided to society; However, in the health sciences, they can mean options for life or not, but they can also lead to dehumanizing behaviors due to stigmas towards certain groups of people, for being considered “less human” in different circumstances⁽⁹⁾, resulting in possible ethical-legal implications.

The nursing team is characterized by its practice being based on the philosophy and methodology of care, which allows them to privilege care for the other with attention and dedication; Nursing care theories are based on this philosophy, with important exponents⁽¹⁰⁾. Therefore, its values are focused on respecting the dignity of people, who are its subject of care; from conception to death, enabling the care of those who are considered vulnerable people⁽¹¹⁾. However, it was also demonstrated that the values that nurses identify as the main ones are closely related to direct patient care and, likewise, there are other non-clinical values, which “need to be reinforced in the field of their academic training, such as formulating of policies, consultations, among others”⁽¹²⁾. Therefore, it is necessary to deepen the values that nursing students are consolidating in their professional training and to analyze the values in two Latin American cultures.

The aim of this article is to establish a comparison of nursing priority professional values for undergraduate nursing students from two Latin American universities and to establish similarities and differences.

METHOD

STUDY DESIGN

Quantitative, descriptive-exploratory and cross-sectional research carried out through a survey, with the goal of determining the priority of the professional values of nursing students and comparing the results obtained in two Latin American countries.

LOCALIZATION

Nursing students were from the following universities: "Universidade de São Paulo" (Brazil) and "Universidade Nacional Pedro Ruiz Gallo" (Peru).

DATA COLLECT

Data collection was carried out from January to July 2022, and was applied to 210 nursing students in Brazil and 130 students in Peru and all participants who agreed to participate, electronically signed the Term of Free and Informed Consent, receiving also a copy signed by the responsible author via email, as determined by RDC 466/2012.

Research results were collected through an electronic questionnaire of the Professional Values Scale (NPVS-3), sent to undergraduate nursing students at participating universities. Taking as its main point the comparison between the professional values that must constitute the baseline for decision making by nursing professionals and the development of leadership, the Nursing Professional Values Scale-3 (NPVS-3)⁽¹³⁾, the first version was called Nursing Professional Values Scale (NPVS), later generating 2 more versions, the last and most current being called NPVS-3. Validated by several countries such as China, Iran, Turkey, Spain, among others, it is a scale of professional values developed based on the Code of Ethics of the American Nurses Association (ANA), similar to the Brazilian Code of Ethics in Nursing, and serves to measure professional nursing values. The

use of the NPVS-3 can raise awareness about the importance of professional values and the Nurses' Code of Ethics as instruments of professional conduct. The questionnaire included questions related to the respondent's demographic characterization: age, sex, current semester and was sent together with the Informed Consent Form. Weis and Schank, from Marquette University and authors of the instrument, authorized the use of the instrument for Brazilian and Peruvian use.

DATA ANALYSIS AND PROCESSING

For data analysis, with reference to stage 1, descriptive statistical analysis was used using the Statistical Package for the Social Sciences (SPSS) program, version 15.0 (SPSS Inc., Chicago, IL, USA). In the cross-cultural adaptation and validation stage for Peru, the confirmatory factor analysis model was used for the three-domain model, Weis and Schank for the validation of Weis and Schank, estimated by weighted least squares (robust); to assess reliability, Cronbach's alpha, Student's t test, Wilcoxon-Mann-Whitney test and Kruskal-Wallis sum of rank test (ANOVA) were used for difference in means and comparisons, and the chi-square for agreement of assertions separately, with the significance level adopted at $p < 0.05$.

ETHICAL ASPECTS

All ethical procedures were respected, for Brazil, based on resolution 466/2012 and abroad based on the Board of the Research Ethics Committee (IRB). The study was approved by CEP USP under opinion number: 4.362.018, approved on October 26, 2020 and all participants who agreed to participate, electronically signed the Informed Consent Form, also receiving a copy signed by the responsible author via email, as determined by RDC 466/2012.

RESULTS

The sample consisted of 210 nursing students from Brazil and 130 students from Peru. Of the participants, 97.69% were female and 2.31% male and 91% identified themselves as mestizos, 7.69% as white and less than 1% as afro-descendants. A prior power analysis established sufficient power to distinguish significant relationships between study variables based on sample size.

The results showed similarity in the two countries, where the service scale had a higher score among students, with a difference of less than three points in the Brazilian and Peruvian average. In second place was the field of activism, followed by professionalism, which came in last place for both countries.

It must be noted that in the last two NPVS-3 scales mentioned, the result values in the two countries evaluated were extremely similar, with less than 1 point of difference in the average obtained between students in each country.

DISCUSSION

The cultures of Latin American countries, which have a similar history of colonization,

are similar in many ways. A study showed that health reform in these regions and its impact ended up directing the health systems of the countries studied in a similar way. Make them focus on the universal guarantee of basic services⁽¹⁴⁾.

As both countries have a mark of exploitation by nations considered advanced in their history, the main common characteristic between colonized countries developed: social inequality. The presence of this characteristic among the countries that make up Latin America, as well as Brazil and Peru, have similarities in public policies related to health, since a large part of the population depends on a public health plan system.

In relation to the above, although in Brazil access is universal for all services⁽¹⁵⁾ e no Peru there is Comprehensive Health Insurance from the Ministry of Health for the population with fewer resources⁽¹⁶⁾, the health systems of the countries involved in the study are guaranteed assistance for priority diseases for the most needy population. Analyzing the scores of the field of care and associating it with the concern of the health services mentioned above, it can be considered that

Variable	Location	N	Average	SD	Min	1°Q	median	3°Q	Max	*95%CI.lo	*95%CI.hi
Total	Brazil	210	125	11,58	86	117	128	134	140	123,32	126,45
	Peru	130	121,6	13,8	77	113	123	133	140	119,1	123,83
Caution	Brazil	210	46,83	3,67	25	46	48	49	50	46,28	47,28
	Peru	130	43,88	4,74	27	41	45	48	50	43,02	44,65
Activism	Brazil	210	43,71	5,65	28	40	45	48	50	42,92	44,44
	Peru	130	43,52	4,99	29	40	44	48	50	42,64	44,35
Professionalism	Brazil	210	34,41	3,74	24	32	35	37	40	33,9	34,91
	Peru	130	34,16	4,07	21	32	34	37	40	33,44	34,83

* 95% confidence interval for proportions (The interval is calculated for a statistic and not for a variable, so this interval is for the statistical proportion of individuals in each category). Notes: SD = standard deviation; Minimum = minimum; 1st Q = first quartile; 3rd Q = third quartile; CI.lo = low confidence interval; CI.hi = high confidence interval.

Table 1 - Descriptive measures by location; São Paulo, SP, Brazil, 2022.

the culture of the health plan influences the results obtained.

The studies found show that ethics and values are composed of a person's socialization throughout his life; However, the important basis of these characteristics is born at home⁽⁶⁾ and is reinforced during the professional socialization developed at the university⁽¹⁷⁾.

With the similarity between health systems and history between countries and their respective scores obtained through the NPVS-3, it is noted that there is a possibility that the professional values in nursing evaluated by the instrument are directly influenced by culture, history and, consequently,, by the health system of the country where the student studied and will work, both as a professional and as a patient.

In the two countries analyzed, there is a tendency to prioritize values related to collectivism, probably because universities adapt their teachings according to demand, since both universities are public and, as both Brazil and Peru have public health systems for the population, collective values are prioritized within educational systems.

Cultural similarities are explicit in the results of this study, showing that the values between nursing students in Peru and Brazil are almost symmetrically equal. The fact that activism is representative in both countries can demonstrate the efforts of both students in trying to change the practice scenario in which they live, always seeking the best for the patient and for professional practice, whether through salary improvements or of evidence-based nursing practice.

What is mentioned in the previous paragraph may have a positive association with Latin American culture, since in other countries, such as India, activism was not a factor of high adherence by nursing professionals, due to difficulties in

understanding the research precepts, as well as that Indian professionals are more skilled in nursing care than in scientific research, This may also be due to the fact that these professionals are little involved in formulating policies that benefit the profession⁽¹²⁾.

Studies have revealed that students from the United States did not present the same result in relation to the sphere of activism, since these presented a much lower value than that of Brazilian and Peruvian students in the study in question⁽¹⁸⁾. This may be related to the fact that the US health system is not universal as in Latin American countries, revealing an inherent relationship between activism and the universality of the health system.

The order of values in each country is the same: care, activism and professionalism, respectively. However, it was found that a difference in the appreciation of attention among Brazilian students was greater, which may be proof that, even with similar cultures and being on the same continent, the border can develop a difference between nations, fitting practice to find out whether it is meaningful or not.

Thus, it can be noted that the culture of a country is an extremely influential factor in determining the priority and perspective of nursing values among students⁽¹⁹⁾; therefore, the similarity between the resulting values in the NPVS-3 applied to students cannot be surprising, since the reality of its population and the health needs are similar due to the implementation of public policies and the influence of neoliberal policies.

The human being is the result of his cultural environment, so that there are changes in the environment that surrounds him, the tendency is that there is an influence on the habits of the inhabitants of this country as well, incorporating themselves into the attitudes of the people established through life in society⁽²⁰⁾.

Another similarity found in both countries is the professionalism that obtained the lowest score among the analyzed factors, which may be associated with the students' lack of knowledge about the professional role of the nurse, indicating a factor to be improved by the students, either through implementation of disciplines at universities that teach the professional values of nursing, as well as individual and collective interventions by students.

CONCLUSION

The countries participating in the survey have a similar history from a colonization point of view. This means that some aspects of the culture and health reforms that took place in both countries generate similarities in relation to professional nursing values that are already present in students of this career.

Another similarity in the results of both countries is the care scale that obtained the highest score, and it can be said that this is a reflection of the culture of universal health insurance, since it prioritizes the guarantee of access to health care for priority diseases for the population with fewer resources, demonstrating such influence that culture can have professional values in nursing.

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