

Ethical Values in the Nursing Profession as Perceived by Head Nurses and Staff Nurses in Public Hospitals, Banda Aceh, Indonesia

Yullyzar

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Nursing Science (International Program)

Prince of Songkla University

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Thesis Title Ethical Values in the Nursing profession as Perceived by

Head Nurses and Staff Nurses in Public Hospitals, Banda Aceh,

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ABSTRACT

Ethical values in the nursing profession are very important as fundamental values provide direction for nurses in nursing practice. The aims of this comparative study were (1) to identify the level of importance of ethical values in the nursing profession as perceived by head nurses in public hospitals, Banda Aceh, Indonesia, (2) to identify the level of importance of ethical values in the nursing profession as perceived by staff nurses in public hospitals, Banda Aceh, Indonesia, and (3) to compare the levels of importance of ethical values in the nursing profession between the perception of head nurses and the perception of staff nurses in public hospitals, Banda Aceh, Indonesia.

Participants in this study included 79 head nurses and 280 staff nurses who were working in their position for at least 1 year. Proportionate sampling was used to recruit staff nurses from public hospitals in Banda Aceh, Indonesia. For head nurses, all head nurses who met the inclusion criteria were included in this study. The instrument used for measurement was the Ethical Values Questionnaire. The validity and reliability of the questionnaire were .89 and .96 respectively. Data collected from 79 head nurses and 280 staff nurses were analyzed by using descriptive statistics and Mann-Whitney U test.

The total mean score of the importance of ethical values in the nursing profession by head nurses and staff nurses are at a high level. The top 3 mean scores of importance of ethical values in the nursing profession perceived by head nurses included caring (M = 4.51, SD = .56), autonomy (M = 4.50, S = .40), and confidentiality (M = 4.50, SD = .44). Meanwhile, the top 3 mean scores of the importance of ethical values in the nursing profession perceived by staff nurses

included caring (M = 4.47, SD = .56), confidentiality (M = 4.47, SD = .48), and nonmaleficence (M = 4.45, SD = .51). The Mann-Whitney U test showed that head nurses perceived accountability as significantly statistically different from staff nurses (Z = -2.04, p = .04).

Although head nurses and staff nurses mostly perceived the importance of ethical values in the nursing profession at high levels, there is a need to promote some ethical values of head nurses and staff nurses.

Keywords: Ethical Values, Nursing Profession, Head Nurses, Staff Nurses.

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CHAPTER 1

INTRODUCTION

Background and Significance of the Problem

A value is a personal belief about the worth of a given idea, attitude, custom, or object that sets standards and influences behavior (Potter & Perry, 2005). Values are ideals, beliefs, customs, modes of conduct, qualities, or goals that are highly prized or preferred by individuals, groups, and societies (Burkhardt & Nathaniel, 2002). According to Fry and Johnstone (2002), some values relate to ethics but some values do not relate to ethics. Values that relate to ethics or ethical values are the backbone to guide nurses to act, behave and deal with different moral situations (Jonasson, Liss, Westerlind, & Berterö, 2010). Ethical values in the nursing profession are very important for the patients, nurses, organizations, and the nursing profession itself. Moral and ethical values affect the decisions and actions of individuals (Berman, Burke, Erb, & Kozier, 2000).

Ethical values as fundamental values, provide direction for the practice of nursing (Jormsri, Kunaviktikul, Ketefian, & Chaowalit, 2005). If nurses understand how to articulate ethical values in nursing, they can provide good nursing care, have great job satisfaction, help improve nurse retention, and develop a harmonious organization (Horton, Tschudin, & Forget, 2007). On the other hand, if nurses have limitations in understanding the ethical values, it will impact in their problem solving, critical thinking, prioritization of care needs, and the attention paid to patients and families. All of these are important, influencing the quality of care (Altun, 2003;

Leners, Roehrs, & Piccone, 2006). Johnstone et al. (2010) interviewed 14 next of kin of geriatric patients who had interaction with nurses working at a geriatric clinic. They found that the nurses were accommodating and respectful, facilitated participation and showed professionalism. All four of these categories form the theme of 'being amenable' indicating that nurses are guided by ethical values. Another study by Carney (2006) described ethical values as individual concepts or beliefs that serve to guide the selection or evaluation of behavior and gave additional meaning of ethical values as part of delivery of care. She found negative and positive outcomes of ethical values and beliefs between health care clinicians and non-clinician managers.

According to Beauchamp and Childress (2001) and Fry and Johnstone (2002), ethical values are commonly applied to nursing ethics and are related to ethical principles, ethical concepts, and a code of ethics which guide the professional actions and behaviors of ethical conduct in the practice of nursing including autonomy, beneficence, nonmaleficence, justice, confidentiality, veracity, advocacy, accountability, cooperation, and caring. A previous study in Thailand by Jormsri et al. (2005), found eight ethical values that provided guidelines for nursing practice: faithfulness, politeness, kindness, and respect for human dignity, discipline, unity, responsibility, and devotion. In addition, there are seven essential ethical values in China: altruism, caring, trustworthiness, dignity, responsibility toward professional development, autonomy and justice (Pang, Senaratana, Kunaviktikul, Klunklin, & McElmurry, 2009).

There is a link between values and culture. Differences in cultures, geographical areas, and societies may influence ethical values. Horton et al. (2007) conducted a literature review to establish whether global values of nursing had

changed in the previous five years. They revealed some similarities and differences in ethical values between western and eastern countries. For instance, the similarities between ethical values in China and Iran can be defined as social-cultural aspects in the region. Ethical values in Iran were influenced by Islam while in China ethical values were based on Buddhist concepts and principles. The culture in Banda Aceh, Indonesia may have an effect on the ethical values of people in Banda Aceh, Indonesia. For example ethical values in Banda Aceh are influenced by Islam because the majority of the people are Muslim. Life is based on the rules of Islam providing guidance in everyday life for people in Banda Aceh. Regarding ethical issues, male nurses in Banda Aceh take care of male patients. Similarly, female nurses in Banda Aceh take care of female patients. However, in some situations, when there is a shortage of nursing professionals, a nurse may have to take care of patients who are not the same gender as the nurse.

In another context the society holds a deep conviction cooperation, which is called *gotong royong* in the Indonesian language or communal self-help. Indonesian tradition holds that at every moment ethical values can be integrated into such events, as a wedding party, a moment of passing away, housework, or whatever the boss wants to set as a the goal in the workplace. All these things can be done by working together.

The applications of ethical values are important among head nurses and staff nurses. As a head nurse, she/he should be able to be a role model for the staff nurses. Head nurses must be aware of their important roles in taking the lead to face the challenges in a modern health care service. Head nurses face different changes and challenges and they need to implement an effective leadership style in a complex

health care environment (Jooste, 2004). Head nurses and staff nurses have different roles and responsibilities. Both of them, however, are the patient's advocate and need to practice good nursing ethics. Therefore, head nurses and staff nurses have to understand the patient's values, the family values and his/her own value in order to provide good quality nursing care (Perry, 2005). That is, this study analyses the importance of ethical values and differences in the perception of head nurses and staff nurses in public hospitals, Banda Aceh, Indonesia.

In a literature review from 2000 to 2012 (CINAHL, PubMed, Wiley Inter Science, Proquest, Science Direct, Google Scholar), it was found that few studies were related to the perceived ethical values of nurses especially a comparison between head nurses and staff nurses. Shahriari, Mohammadi, Abbaszadeh, Bahrami, and Fooladi (2012) conducted a qualitative study in Muslim Culture about the ethical values perceived by Iranian nurses. The findings showed seven major themes of ethical values: respect for dignity, professional dignity, professional commitment, developing human relationships, justice, honesty, and promoting the individual. Moreover, there are some similarities and unique differences with other studies. Iranian nurses observed ethical values as essential to patient care.

According to the above information, it is extremely important to understand and analyze ethical values in the nursing profession. Worldwide, only some countries have conducted research studies on ethical values. However, in Indonesia the study of ethical values in the nursing profession is limited. There are four public hospitals in Banda Aceh, Indonesia. They are a referral hospital and an educational hospital, where the total number of nurses in each hospital, outnumber those in private and district hospitals. Therefore, the researcher was interested in

conducting research in the area of ethical values in the nursing profession as perceived by head nurses and staff nurses in the public hospitals, Banda Aceh, Indonesia. This study will provide a view point in ethical values for conducting activities such as seminars/workshops/conferences related to ethics.

Objectives of the Study

The objectives of the study are as follows:

- Identify the level of importance of ethical values in the nursing profession as perceived by the head nurses in the public hospitals, Banda Aceh,
 Indonesia.
- Identify the level of importance of ethical values in the nursing profession as perceived by the staff nurses in the public hospitals, Banda Aceh, Indonesia.
- 3. Compare the levels of importance of ethical values in the nursing profession between the perception of head nurses and of staff nurses in the public hospitals, Banda Aceh, Indonesia.

Research Questions of the Study

The research questions are as follows:

- 1. What is the level of importance of ethical values in the nursing profession as perceived by head nurses in the public hospitals, Banda Aceh, Indonesia?
- 2. What is the level of importance of ethical values in the nursing profession as perceived by staff nurses in the public hospitals, Banda Aceh, Indonesia?
- 3. Are there any differences between the levels of importance of ethical values in the nursing profession between the perception of head nurses and of staff nurses in the public hospitals, Banda Aceh, Indonesia?

Conceptual Framework of the Study

The conceptual framework of this study composed of six ethical principles proposed by Beauchamp and Childress (2001) and four ethical concepts proposed by Fry and Johnstone (2002) as follows:

Ethical Principles

There are six ethical principles composed of autonomy, beneficence, nonmaleficence, justice, confidentiality, and veracity (Beauchamp & Childress, 2001). The six ethical principles can be described as follows:

Autonomy. The principle of autonomy refers to the right to make one's own decisions when given independent and personal choices, the right to privacy, individual rights, liberty, freedom of will, controlling one's own behavior and having a sense of being one's own person. As a standard in ethics, autonomy is an agreement to respect another's right to determine their course of action. Under this principle of autonomy, the head nurses and staff nurses need to acknowledge that the patients and nurses have the right to hold their own views, to make their own decisions, and to take action based on their personal beliefs and values. Therefore, they have to be a role model as advocates in maintaining this principle and respect for the patients.

Beneficence. Beneficence is a principle of obligation that helps provide benefits and avoid harm. Beneficence means helping others gain what is beneficial for them which promotes well-being, prevents harm and reduces risk of harm which could cause physical or psychological injury. The practice of beneficence encourages the urge to do good and doing well for others. Within this principle of beneficence, nurses should express their willingness to help and take the right actions that are beneficial for others.

Nonmaleficence. The principle of nonmaleficence asserts an obligation not to inflict harm on others. Nonmaleficence means that an individual should have an obligation not to inflict harm on others as well as an obligation not to bring about the risk of causing harm. Nonmaleficience is the requirement that health care providers especially head nurses and staff nurses, do no harm to their patients who cannot protect themselves such as children, the unconscious, mentally incompetent, and those who are too weak or debilitated to protect themselves. With

this principle, head nurses and staff nurses have a moral duty to identify possible risk and harm to patients. Nurses should be able to provide support to avoid or reduce harm or hurt and prevent harm.

Justice. Justice is an ethical principle that refers to fair, equitable, and taking proper care of individuals based on their needs. This principle is divided into two principles including formal and material. The formal principle of justice means equals, should be treated equally. Whereas the material principle denotes an allocation of resources in a fair manner based on patient needs. Under this principle nurses have to provide equal treatment for all with due reward and honor, treat people in a non-prejudicial manner, and be non-discriminatory in regards to age, sex, social condition, culture, and resources in a fair manner.

Confidentiality. The principle of confidentiality means an agreement to keep promises and to hold information that is given by other person; for example, information that is both private and provided on a voluntary basis in confidence and with trust. According to this principle, nurses are responsible for maintaining private and confidential information of both the nurses and patients in order to help build trust with them.

Veracity. Veracity is the principle of truthfulness, and is widely viewed as the foundation of ethics. Veracity refers to telling the truth and not deceiving others. In general, veracity means accuracy or conformity to the truth. It includes the transmission of information in a comprehensive, objective and accurate manner. The principle of telling the truth is vital for a strong patient-professional relationship. In the nursing practice, nurses have a significant role in providing accurate information to both the patients and nurses.

Ethical concepts

There are four ethical concepts composed of advocacy, accountability, cooperation, and caring (Fry & Johnstone, 2002). The ethical concepts can be described as follows:

Advocacy. Advocacy is defined as the active support of an important cause. The term 'advocacy' refers to the defense of basic human rights on behalf of those who cannot speak for themselves. The word 'advocacy' is used to describe the nature of the nurse-patient relationship. The role of the advocate is to speak on the patient's behalf. Moreover, the nurses have a role in terms of advocacy as such informing patients of their rights, validating their understanding of their rights, identifying any violation if it happens and preventing any more violations. As nurses they have to consider the patient's choices, needs and their interests based on their lifestyle and values.

Accountability. The ethical concept of accountability is divided into two major attributes: answerability and responsibility. Accountability can be defined as being answerable for one's actions or how one has carried out one's responsibilities. To be accountable or responsible in nursing means to be able to work independently and honestly within the scope of practice. According to Fry and Johnstone (2002), to be justified as a nurse is to be accountable when she/he explains how responsibilities have has been carried out. Justifying the choices and actions based on the accepted norm or moral standard. Accountability refers to being answerable for one's actions, and entails giving satisfactory reasons and explanations for one's actions or how one has carried out one's responsibility. The term

responsibility includes not only one's intentional conduct, but anything with which one is seen to have a causal relationship.

Cooperation. The concept of cooperation refers to the action of keeping a promise, working with other personnel to reach a purpose or goal, and encouraging mutual relationships focus on priorities and sacrificing personal goals toward the continuing build-up of professional relationships. Nurses always require cooperation with other colleagues in order to build up and maintain good relationships and enhance the quality of patient care.

Caring. Definition of caring is valued in the nurse-patient relationship and a caring behavior is often considered fundamental to the role of nursing. Caring behavior is essential in the nursing profession. According to Forrest (as cited in Fry & Johnstone, 2002), there are four types of caring that involve being there for the patient, respecting the patient, feeling with and for the patient, and trying to be close with the patient. Nurses should express their caring behavior to the patient when caring improves to the patient's well being.

Hypothesis

There are significant differences of importance of ethical values in the nursing profession between the perception of head nurses and staff nurses.

Definition of Terms

Ethical values in the nursing profession are concepts, thoughts, feelings, or the beliefs of head nurses and staff nurses regarding the action of nurses that are good and important for the nursing profession. Ethical values in the nursing profession can be measured by the questionnaire developed by a researcher based on ethical principles (Beauchamp & Childress, 2001) and ethical concepts (Fry & Johnstone, 2002).

Scope of the Study

This study was conducted to identify the level of importance of ethical values in the nursing profession as perceived by head nurses and by staff nurses who are working in four public hospitals in Banda Aceh, Indonesia. Data were collected from those who have experience working in their current position for at least one year.

Significance of the Study

The findings from this study can be used as information or as a guide for further study related to ethical values in the nursing profession. This research study can be applied to develop strategies to promote ethical values of head nurses and staff nurses in public hospitals in Banda Aceh, Indonesia.

CHAPTER 2

LITERATURE REVIEW

This study aimed to explore importance of ethical values in the nursing profession as perceived by head nurses and staff nurses in public hospitals in Banda Aceh, Indonesia. Related literature were reviewed and grouped under six aspects as follows:

- 1. Concept of values
 - 1.1. Definitions of values
 - 1.2. Significance of values
 - 1.3. Types of values
 - 1.4. Value formation
- 2. Ethical values in the nursing profession
 - 2.1. Concept of ethics
 - 2.2. Definition of ethical values
 - 2.3. Significance of ethical values
- 3. Ethical values based on ethical principles
 - 3.1. Ethical values in the nursing profession related to autonomy
 - 3.2. Ethical values in the nursing profession related to beneficence
 - 3.3. Ethical values in the nursing profession related to nonmaleficence
 - 3.4. Ethical values in the nursing profession related to justice
 - 3.5. Ethical values in the nursing profession related to confidentiality
 - 3.6. Ethical values in the nursing profession related to telling the truth
- 4. Ethical values based on ethical concepts

- 4.1. Ethical values in the nursing profession related to advocacy
- 4.2. Ethical values in the nursing profession related to accountability
- 4.3. Ethical values in the nursing profession related to cooperation
- 4.4. Ethical values in the nursing profession related to caring
- 5. Ethical values based on the Indonesian code of ethics for nurses
- 6. Factors influencing ethical values in the nursing profession
 - 6.1. Culture
 - 6.2. Development of technology
 - 6.3. Globalization and the health care system
 - 6.4. Professional experience
 - 6.5. Education
 - 6.6. Nursing education curriculum in Indonesia
- 7. Summary of literature review

Concept of Values

Definitions of Values

Values are personal beliefs about the worth of ideas or attitudes of a person that influence behavior (Berman et al., 2000; Burkhardt & Nathaniel, 2002; Pang et al., 2009; Perry, 2005). Values influence decision making and actions (Berman et al., 2000; Shahriari et al., 2012). Faithfull and Hunt (2005) defined values as guiding principles, often implicit, that establish perceptions and standards of what is right or wrong, appropriate or inappropriate, worthy or unworthy, acceptable or unacceptable, and important or less important in our behavior. Values may be individual or collective or both (Burkhardt & Nathaniel, 2002; King as cited inCraven & Hirnle, 2000; Verplanken, 2004).

In conclusion, values are beliefs of an individual, ideas, behaviors, and their level of importance.

Significance of Values

Values give life and identity to an individual, profession, organization, and society (Potter & Perry, 1997; Verplanken, 2004). Values are very important because they may influence decisions and actions (Berman et al., 2000; Shahriari et al., 2012). According to Hall (as cited in Craven & Hirnle, 2000), values are standards for making a decision that endure for a significant period of time in one's life. Furthermore, values are important to determine a nurse's beliefs and actions (Shahriari et al., 2012). On the other hand, values are standards for action that are good for practitioners and profession groups (Weis & Schank, 2002). Values provide

a guideline and direction for nursing practice which guide a nurse's action and performance, as well in making decisions (Jormsri et al., 2005; Pang et al., 2009; Weis & Schank, 2002).

Additionally, values are important because values may influence decision making when caring for patients (Butts & Rich, 2008; Weis & Schank, 2000). Values are then important for nurses to clearly understand their ideologies and professional values when working with other nurses and working for those institutions that depend on nurses for their existence (Weis & Schank, 2002). Therefore, values in the nursing profession are significant because they affect a nurse's problem solving capacity, critical thinking, prioritization of care needs, and attention given to patients and the concerns of the families, all of which have an important influence on the quality of care (Pang et al., 2009). In general, values can influence ethical decision making in three ways; 1) values frame a problem and people view a problem on the basis of the values they bring to the situation, 2) values supply alternatives that humans consider as possible problem resolutions and determine the basis of the values they apply to their potential actions, and 3) values are reasons to resolve a problem that are framed by what they wish to uphold and promote (Jormsri et al., 2005).

In conclusion, values determine a nurse's beliefs and actions, and serve as guiding practice or standard for action, performance, and decision making.

Types of Values

There are two types of values: 1) personal values (Altun, 2002; Fry & Johnstone, 2002; Hendel & Steinman, 2002; Horton et al., 2007; Jormsri et al., 2005; McNeese-Smith & Crook, 2003; Rassin, 2008; Tadd et al., 2006); and 2) professional

values (Altun, 2002; Fry & Johnstone, 2002; Hendel & Steinman, 2002; Horton et al., 2007; Jormsri et al., 2005; Weis & Schank, 2002). The types of values can be explained as follows:

Personal values. Personal values are the individual beliefs and norms that guide behavior and how a person experiences life (Fry & Johnstone, 2002; Thorgersen as cited in Verplanken, 2004). In another opinion, personal values are individual attitudes that influence behavior (Fry & Johnstone, 2002; Maio & Olson as cited in Verplanken, 2004). Moreover, personal values as they represent a nurse's concepts, means to be and to act as good nurses (Jormsri et al., 2005). A literature review by Horton et al. (2007) showed that personal values can influence a professional lifestyle. For instance when nurses apply personal values to nursing, the nurse's personal value system may influence the action they take. It means that if the nurses are influenced by a strong value system, the nurses will tend not to conform to a condition with which they are in disagreement. Therefore, this condition may also change the way nurses work in nursing practice. According to McNeese-Smith and Crook (2003), the benefits of understanding personal values can improve worker production, assist in team performance, cohesion, and performance counselling.

Personal values may determine an individual's preferences (Feather as cited in Verplanken, 2004), or choices and behavior (Verplanken & Holland as cited in Verplanken, 2004). At the individual level, particular values characterize an individual, have self-defining properties, and have important consequences as well. Moreover, individual values may be part of a person's self-concept. Thus, they may be used by people to describe themselves.

Professional values. Professional values are standards for actions that are good for practitioners and professional groups and provide a framework for evaluating a nurse's behavior (Jormsri et al., 2005; Kobra, Vahid, & Alsadat, 2012; Weis & Schank, 2002). Therefore, professional values become fundamental values by providing a direction for nursing practice. Moreover, professional values are outlined in professional codes. The American Association Colleges of Nursing (AACN) stated that professional values are the foundation to practice interaction with patients, colleagues, other professionals, and the public (AACN as cited in Weis & Schank, 2002).

Many studies have found that most types of values are professional values. In general professional values are attributes that are prized by a professional group. It is the ultimate standard that has been agreed upon and it is expected to be upheld by professional groups. Professional values are made explicit in a code of ethics or a code of conduct or any other formal statement that establishes and makes the standards of professional groups (Johnstone as cited in Fry & Johnstone, 2002).

According to Weis and Schank (2002), the development of professional values starts in a formal education program when students enter into a nursing program with values that are modified and expanded during the educational process. Nursing educators exhibit a commitment to values through their behavior as well as providing a chance to facilitate nursing student's socialization into the profession. Because both groups perform behaviors that may reflect values, this condition only occurs in a clinical setting (Weis & Schank, 2002). For example, when students graduate from a formal educational setting they have to start incorporating

professional values into their practice, particularly values that are reflected in the nurse-patient relationship.

In summary, professional values are important because they may influence decision making when caring for patients. Moreover professional values can develop through resultant professional socialization and need to be part of an ongoing process and life-long learning.

According to Berman et al. (2000), there are 3 components of values: cognitive, affective and behavioral. First is cognitive (choosing): beliefs are chosen freely, without outside pressure, from alternatives, after reflecting and considering consequences. Second is affective (prizing): chosen beliefs are prized and cherished. Third is behavioral (acting): a chosen belief is affirmed to another, incorporated into one's behavior and repeated consistently in one's life.

Value Formation

According to Berman et al. (2000), a value is a set of small groups of values which are held by an individual. People organize their set of values internally along a continuum from the most important to the least important. The formation of a value system is basic to a way of life. It gives direction to life and forms the basis of behavior especially behavior that is based on decisions or choices. Moreover, values arise from personal experiences that form a basis for behavior and are evident in consistent patterns of action (Raths, Harmin, and Simon as cited in Weis & Schank., 2000). Meanwhile, value formation has cognitive and affective components which include both the intellect and feelings (Weis & Schank, 2000). Another thought says that values are formed and maintained by an individual and also groups of people

(Potter & Perry, 1997). Values are rooted in the condition of human existence, intrinsic in the structure of human nature, both genetically and culturally (Form as cited in Craven & Hirnle, 2000).

Furthermore, Berman et al. (2000) found a value process includes thinking, feeling, choosing, and prizing. Values can be learned through observation, reasoning, and experience (Potter & Perry, 2001). The values discerned by professional groups can be formed through reasoning, observation and experience. For instance, when one understands that young people join a gang because of the human need for family, belonging, and support, empathy for the young gang members' needs might develop. Thus, the young adult can also observe the powerful effects of emphatic care giving; thus people form values by interacting with others. Very often people transmit values to others as in the simple sharing of our daily lives. At other times, values are formed through deliberate transmission when people attempt to influence another's attitudes and behavior.

Ethical Values in the Nursing Profession

Concept of Ethics

Ethics is a branch of philosophy concerned with determining right and wrong in relation to a person's decisions and actions (Chaloner, 2007). An understanding of ethics is essential to the delivery of skilled professional care. It is vital for nurses to appreciate the values of ethics in their work. Ethics is relevant to clinical practice and affects all areas of the professional nursing role.

The concept of ethos is indicative of the moral attitude, ideals and customs of humankind. Ethos is a Greek ward that refers to the nature or characteristic of something. In nursing, "ethos" refers to the nature and characteristic of nursing. It encompasses the origin, development and extension of nursing. On the other hand, ethics includes values, codes, and principles which govern decision, making, conduct, and relationships (Kobra et al., 2012).

Definition of Ethical Values

Ethical values are related to ethics that are liked or disliked, worthy or unworthy of the individual, groups, and society in our behavior (Burkhardt & Nathaniel, 2002). Ethical values reflect the concepts of nurses, how they think, and what they believe. They are important in the nursing profession and can serve as a guiding practice in the nursing career. Moreover, ethical values are individual concepts or beliefs that serve to guide the selection or evaluation of behavior (Carney, 2006). Jonasson et al. (2010) stated that ethical values have become the backbone of how we act, behave and deal with different moral situations. Jonasson and colleagues have given additional meaning to ethical values stating that they are fundamental in making decisions that affect practice.

Furthermore, ethical values are basic aspects of nursing. They are integrated into two types of values and are fundamental to decision making that affects practice, whereas understanding one's values is the first step in preparing oneself to make an ethical decision. Value underpins society and more importantly how nurses interact with each other and with the patient and whether they are satisfied with their job or not (Allan, Tschudin, & Horton, 2008).

Significance of Ethical Values

Horton et al. (2007) asserted that if nurses understand how to articulate ethical values in nursing practice, they can provide good nursing care, have a high level of job satisfaction, help improve nurse retention, and develop a harmonious organization. In addition, ethical values in the nursing profession are very important for the patients, nurses, organization, and the nursing profession itself. Ethical values as fundamental values provide direction for nursing practice (Jormsri et al., 2005). However, it is important to note in the nursing profession that if nurses have limitations in the understanding of ethical values, it will impact their problem solving, critical thinking, prioritization of care needs, and the attention paid to patients and families. All of these are important in influencing the quality of care (Altun, 2003; Leners et al., 2006).

Several studies give additional information about the importance of ethical values. For example, effective patient care requires ethical values and rewards for the nursing workforce (Malone as cited in Horton et al., 2007). According to Jormsri et al. (2005), there are eight ethical values: faithfulness, politeness, kindness and respect for human dignity, discipline, unity, responsibility and devotion.

According to Pang et al. (2009) there are seven essential ethical values in China that include altruism, care reliability, dignity, responsibility toward professional development, autonomy, and justice. Jonasson et al. (2010) showed that ethical values in caring include four categories: receiving, showing respect, inviting to participant, and showing professionalism. It is good manners that can provide quality care.

In addition, ethical values can be perceived as goals that serve personal, social, or societal interests (Schwartz & Bilsky as cited in Weis and Schank, 2002). Nurses' awareness of their own values and how these values influence behavior is an essential component of humanistic nursing care (Alfrink & and Lutz as cited in Weis, 2002). In conclusion, ethical values refer to individual concepts, beliefs, attitudes, and their influence on action, performance, or decision making based on the expected right values.

Ethical Values Based on Ethical Principles

Ethical Values in the Nursing Profession Related to Autonomy

The word autonomy originates from the Greek word *auto* which means self and *nomos* which means governance. Autonomy refers to an individual's self-governance, privacy, right to liberty, and freedom of choice. All of the theories of autonomy agree on two essential conditions of autonomy; 1) liberty, which indicates independence in controlling stimulation, and 2) agency, which indicates the ability to plan an action. Health care workers have the primary responsibility to make sure that the patient has the right to decide and the right to accept or refuse information (Beauchamp & Childress, 2001). There are four essential elements in the concept of autonomy proposed by Burkhardt and Nathaniel (2002) that include 1) the autonomous person has to be given respect, 2) the autonomous person must have the capability of making decisions on his or her own goals, 3) the individual should understand and have the ability to make decisions on his or her plan, and 4) the person should have independence to take action. In addition, in a study conducted by Shaw

and Degazon (2008), autonomy can be defined as "the right to self-determination and self-direction, even amid challenges, obstacles, and disadvantages". Thus, nurses should honor the patient's right to make decisions about their health care (Pang et al., 2009).

Ethical values are guided by the ethical principles of autonomy that include 1) acknowledging the patient's right to hold his or her view, 2) assessing the patients' competence, 3) providing adequate information, 4) evaluating the patient's understanding, 5) allowing the patient to make his or her choice, and 6) respecting individual values and beliefs (Beauchamp & Childress, 2001; Fry & Johnstone, 2002). Moreover, under this principle significant ethical values in the nursing profession based on autonomy include respect for a person's decisions and culture, avoiding deceiving each other, being punctual for appointments made with patients, and building up good communication (Burkhardt & Nathaniel, 2002). A philosophy of nursing that is patient-centered with individualized care is vital for the principle of autonomy. This role of nurses should emphasize the patients' desires, preferences, views, and accept the patients' unique experiences. In addition, the individual has the right to make a personal decision about her/his own body and property (Grady as cited in Dugas, 2007).

In summary, autonomy involves ethical values like respect for others ideas, needs, choices, values, beliefs, attitudes, customs, knowledge and experiences while providing adequate information to help them make independent decisions.

Fullbrook (2007) argued that nurses should be responsive to the patients' rights and needs and provide care based on their best interests. For satisfactory outcomes of a patient's care, nurses need to be sure of their advanced knowledge and skills and

respect the patient's dignity whether or not. The patient has the ability to convey their ideas.

Ethical Values in the Nursing Profession Related to Beneficence

The ethical principle of beneficence is very important in nursing care. Therefore, a nurse should understand this principle clearly and consider this as an ethical value. Beneficence refers to performing mercy, kindness, and charity. Moreover, beneficence is usually brought about by selflessness, love, and humanity. Beneficence is divided into two principles: positive beneficence and utility. In positive beneficence, a moral agent should provide benefit to others. In utility a moral agent should maintain the balance between benefits and negative aspects to achieve the best overall outcome. In terms of medical and healthcare professionals and their organizations, beneficence involves not only avoiding harm but also promoting the well being of the patients (Beauchamp & Childress, 2001; Fry & Johnstone, 2002). According to Beauchamp and Childress (2001), ethical values guided by the principles of beneficence include: 1) providing shelter and preserving the rights of others, 2) eliminating situation that may cause harm to others, 3) avoiding the occurrence of harm to others, 4) assisting an individual with a problem, and 5) saving a person from risk. These principles are also considered to be the basic values of caring in ethics to be accordingly in the best interests of patients and for the benefit of others. Moreover, nurses need to understand the limitations of their responsibilities when providing benefits and avoiding harm in patient care (Fry & Johnstone, 2002).

Under this principle, nurses should hold value to providing information about treatment options, related benefits and risks to the patient and be aware of her or

his responsibilities in order to respect a patient's decision (Zeigler, 2003). Another thought is this, beneficence occurs when the nurse-person relationship is based on politeness and kindness and as nurses they should honor the commitment to do their best for the patient in order to enhance their health and quality of life (Milton, 2007).

In summary, ethical values based on beneficence can be applied in nursing as values of love and kindness in order to help and give benefit to others. And it also must protect the rights of others based on the patient's interests and the nurse's good intentions.

Ethical Values in the Nursing Profession Related to Nonmaleficence

Nonmaleficence is an ethical principle reflecting the belief that health care providers do no harm to their patients, either intentionally or unintentionally. It also involves deliberately refraining from acts that cause harm to persons (Beauchamp & Childress, 2001). In nursing care, a benefit is provided to the patient at a satisfactory level which is recognized by standards of nursing practice and the code of ethics in order to balance the avoidance of harm. However a nurse's performance in avoiding intentional harm and injury to clients depends on their personal ability and the availability of resources for the patients (Fry & Johnstone, 2002).

The principle of nonmaleficence reflects ethical or moral values. Ethical values guided by the principle of nonmaleficence include: 1) not being the reason for the pain or suffering of other, 2) avoiding the destruction of important belongings, 3) keeping away from injury, 4) avoiding causes of offence, and 5) avoiding the removal of others from their life possessions (Gert as cited in Beauchamp & Childress, 2001). Moreover, nurses should know this principle clearly

and hold it in their ethical values to stop or lessen the risk of harm to the patients (Fry & Johnstone, 2002). Nurses need the skill to assess the net benefit and net harm in providing care along with the ability to perform their empowerment.

In summary, ethical values based on nonmaleficence denote the way to prevent or minimize the harm or suffering of others through knowledge and skills in nursing care.

Ethical Values in the Nursing Profession Related to Justice

The principle of justice refers to fairness, or means "sufficient" or fairness in the treatment of people. For instance in a health care setting, sufficient can be defined as the principle of fair and equal treatment for all, due reward and honor, or treating people in a non-prejudicial manner, or being non-discriminatory. In addition justice refers to being equitable and fair and taking proper care of people based on their needs. It consists of two principles: formal and material. The formal principle of justice was found by Aristotle as equals meaning *should be treated equally*. The material principle denotes distribution of resources in a fair manner according to the client's needs (Beauchamp & Childress, 2001). In a health care organization, nurses should ensure at fair contribution of health care supplies, as well as nursing care, reach the patients (Fry & Johnstone, 2002). According to (Stanley, 1998) equality is the heart of justice that involves the values of moral responsibility for action based on fair negotiation between competing claims. The principle of justice for nurses is to acknowledge that everyone has a right to get high quality care regardless of his or her economic or social position.

Ethical values are guided or held by the principle of justice (Beauchamp & Childress, 2001) which includes: 1) every individual should be treated equally, 2) allocating resources based on individuals' needs, 3) providing benefits to people according to their contribution, 4) facilitating support fairly, and 5) allowing every person to participate. Under this principle of justice, ethical values are based on fairness or equality.

In summary, justice refers to fairness in providing facilities, care and resources to all patients based on their needs.

Ethical Values in the Nursing Profession Related to Confidentiality

Confidentiality means responsibility to stay faithful to one's commitments (Fry & Johnstone, 2002). Keeping a promise and maintaining confidentiality is very important in building trust between the nurse and a patient. The nature of confidentiality is to protect the confidentiality of both individual and willingly communicate information in good faith and confidence (Beauchamp & Childress, 2001; Fry & Johnstone, 2002). Moreover, the principle of confidentiality means that anything said by a patient to a nurse should be held in strict confidence. In some conditions where nurses need to inform others regarding a patient, they need to obtain permission from the patient. At that moment, nurses have the highest responsibility in keeping a patient's personal information confidential using computers in a way to prevent illegal access by others.

Ethical values are based on the principle of confidentiality in nursing as follows: do not disclose information to others without the permission of the confider and protect the computer information system of patients (Beauchamp &

Childress, 2001). A nurse has a duty to maintain confidentiality. The ANA Code of Ethics for Nurse (as cited in Dugas, 2005) stated that the nurse safeguards the patient's right to privacy. Nurses should be able to maintain trust with each other by protecting privacy and preventing exposure of information.

In summary, confidentiality means to build up trust with others by protecting privacy and preventing exposure of information.

Ethical Values in the Nursing Profession Related to Telling the Truth

Veracity or telling the truth is well-recognized in the health care setting, since it is important for a powerful patient-professional relationship. The principle contains providing accurate, complete, purposeful and understandable information to the patients (Beauchamp & Childress, 2001). Based on Fry and Johnstone (2002), the principle of veracity is the commitment to tell the truth and not to mislead others. Telling the truth is generally seen as a global virtue. In the literature of nursing, honesty as a virtue and telling the truth are essential to the role of nurses. The practice of telling the truth promotes respect, opens communication, and shares responsibility and trust which are very important in the nursing profession (Burkhardt & Nathaniel, 2002). Telling the truth is one of the most important linking issues in a beneficial environment between nurses and patients and it is a vital notion in the nursing profession. Nurses must constantly communicate with superior authorities, colleagues, medical doctors, patients, their relatives and co-workers. Moreover, sometimes they need to disclose information in order to make decisions related to patient care or personnel management, which is not always easy. In another opinions, telling the truth is an effective approach to making the right decision in any situation

(Hodkinson, 2008). Telling the truth is related to honesty and it has the meaning of not hiding or manipulating any information. Even getting bad news becomes tolerable to people, when it is known to be the truth (Robbins & Coulter, 2005).

Furthermore, telling the truth in the process of informing and allowing free choice are especially important to ensure this right in healthcare (Dugas, 2005). A very important part of the nurse's role is participation in the informed consent process, especially related to genetic testing (American Association of Colleges of Nursing as cited in Dugas, 2005). Nurses need to be completely honest about the information given as well as confirming that the patient fully comprehends the information because most patients are unfamiliar with some new interventions as in genetic terminologies, etc. Additionally, ethical values based on telling the truth include talking truthfully, owing respect to others, not deceiving the listener by exactly disclosing distressing information to patients in a timely and proper way (Beauchamp & Childress, 2001). After that, nurses should provide information about all intervention options available to their patients in an easy to understand way. This practice promotes rational decision making by the patients and their family (Zeigler, 2003).

In conclusion, telling the truth involves the avoidance of misleading others and providing accurate information.

Ethical Values Based on Ethical Concepts

Ethical Values in the Nursing Profession Related to Advocacy

Advocacy refers to the defense of basic human rights on behalf of those who cannot speak for themselves. The term advocacy is also used to describe the nature of the nurse-patient relationship (Berman et al., 2000). Furthermore the nurse's role in terms of advocacy is to inform the patients of their rights, ensure they understand their rights, expose any violations if they occur and prevent any more violations. Moreover, nurses should consider the patients' choices, needs and interests based on their lifestyle and their values (Fry & Johnstone, 2002). A study conducted byWros, Doutrich, and Izumi (2004) reported that various practices are used among different cultures in terms of advocacy. American nurses strongly consider advocacy for the patients when caring for them: however, Japanese nurses only provide advocacy when the patient asks for it themselves.

Additionally, in 2001 it was stated that nurses should support and advocate protection of the patient's health, rights and safety (American Nurses Association., 2001). Additionally, the American Nurses Association (as cited in Dugas, 2005) asserted that health care will continue to advocate for non-discrimination toward persons and families with health conditions that have a genetic component. Therefore, nurses should perform the advocate's role for patients to provide better nursing care to include their values, needs, and for the preservation of their rights.

As a result, the concept of advocacy is particular, it indicates the principle of giving support to others, if important, looking after or intervening on behalf of a patient's interests.

Ethical Values in the Nursing Profession Related to Accountability

Accountability refers to being answerable for one's actions and entails giving satisfactory reasons and explanations for one's actions or how one has carried out one's responsibilities. The term responsibility includes not only one's intentional conduct, but also anything with which one is seen to have a causal relationship (Potter & Perry, 2001).

Based on the International Council of Nurses (2006), there are four basic responsibilities of nurses that include preventing disease, promoting wellbeing, restoring health and alleviating the suffering of the patients. Nurses are responsible and accountable for individual nursing performance and establish the appropriate delegation of duties that come with a nurse's obligations to provide the greatest possible patient care (American Nurses Association., 2001). Nurses are accountable for how they carry out their responsibilities, justify their choices, and their belief actions regarding the accepted norms or morals. Nurses are perhaps also accountable to the profession, the patients, to colleagues, to the head nurse and to society for their thoughts and beliefs while providing nursing care (Fry & Johnstone, 2002). In the clinical setting, nurses are responsible for their decision making and accountable for the decisions taken (Berggren, Silva, & Severinsson, 2005). The head nurse has a responsibility to preserve high professional care values between their staff and the person in authority.

In summary, the concept of accountability is especially important in the nursing profession to provide better nursing services to the patients.

Ethical Values in the Nursing Profession Related to Cooperation

The term cooperation is a concept that includes active participation with others to obtain quality care for the patient (Potter & Perry, 2001). The concept of cooperation refers to things, thoughts, beliefs, and whatever the nurses think that is important in nursing. Examples of cooperation are: the nurse's beliefs in nursing actions, working with others to achieve a universal goal, keeping promises, making mutual concerns a priority and sacrificing their own interests toward the continuing maintenance of a professional relationship. The key point of Nightingale's inspiration of human collaboration is the cooperation that maintains and strengthens a community of nurses working toward universal goals (Fry & Johnstone, 2002). The ICN Code of Ethics for Nurses (2006) state that the cooperation of nurses sustains cooperative relationships with co-workers in nursing and in other fields.

Collaboration is not just cooperation, but it is the concerted effort of individuals and the group to attain shared goals (The ANA Code of Ethics for Nurses as cited in Dugas, 2005). Therefore, nurses should actively promote collaboration among nurses with other nurses, to deliver holistic care to the patients and enhance the collaborative multidisciplinary planning required to ensure the availability and accessibility of quality health service to all persons who have needs for health care.

In summary, this concept requires nurses' cooperation with others to maintain good relationships and increase the quality of patient care.

Ethical Values in the Nursing Profession Related to Caring

Caring is the essence of the nursing profession (Horton et al., 2007). In addition, in terms of caring, there is a philosophy of moral commitment toward protecting human dignity and preserving humanity (Watson as cited in Horton et al., 2007). Furthermore, caring is often regarded as essential in the nursing profession whereby the moral concept of caring is the values in the nurse-patient relationship (Fry & Johnstone, 2002). Nurses must express their thoughts and beliefs about ethical values that reflect caring behavior to the patients since caring improves a patient's well-being. Forrest as cited in Fry & Johnstone (2002), classified caring as: respecting patients, feeling and touching the patient, and having closeness with the patient. In addition, caring is an interpersonal system generated by professional nurses that involves interpersonal, close relationships among nurses and the patient that includes compassion. Tarlier (2004) states that in the nursing profession, the meaning of caring is different and nurses can make a difference to patients by providing care. For instance, nurses should integrate their moral values and ethical knowledge, ethical principles and code of nursing ethics.

In summary, all of these concepts are related to ethical principles. The target outcome perceived by head nurses and staff nurses is to implement the ethical concepts that reflect the ethical principles related to ethical values by providing for the wellbeing of the patients and protecting the rights of patients. Then nurses should recognize every ethical concept and develop a realization in their daily nursing practice to assist with holistic nursing care for patients and thus empower the nursepatient relationships.

Ethical Values Based on a Code of Ethics for Nurses

The Indonesian National Nurses Association (2000) has an Indonesian Code of Ethics. The code is used by nurses as a framework in providing care for patients in nursing practice. The code was developed at the national congress on nursing, widely known as the "The Indonesian National Nurses Association". There are five major headings in the Indonesian Code of Ethics for Nurses that include 1) Nurse and patients, 2) Nurse and practice, 3) Nurse and society, 4) Nurse and colleagues, and 5) Nurse and profession. These five major headings can be described further as follows:

Nurse and patient

- (1) Nurses provide nursing service with respect to human dignity. This regards the uniquenesses of the patient regardless of nationality, ethnicity, race, age, gender, religion, political affiliation and social status.
- (2) In providing nursing care, nurses have to maintain a good atmosphere with respect to the cultural values, customs and religion of the patient.
- (3) Nurses assume the main responsibility for persons who require nursing care.
- (4) Nurses hold in confidence all information except as needed by an authorized party and in accordance with applicable laws.

Nurse and practice

(1) Nurses improve and maintain nursing competence through continual education

- (2) Nurses always maintain a high quality standard of nursing care with professional truthfulness in applying nursing knowledge and skills based on the patient's needs.
- (3) Nurses make the right decisions based on accurate information and consider the capability and qualifications of the individual when consulting, accepting delegated duties, and delegating to others.
- (4) Nurses maintain the integrity of the nursing profession through professional conduct.

Nurse and society

Nurses and citizens share the responsibility for initiating and supporting action to meet the health care needs of the public.

Nurse and colleagues/co-workers

- (1) Nurses always maintain cooperative and good relationships with other nurses and the health care team and maintain a harmonized working environment to meet health care goals.
- (2) Nurses act to protect patients from incompetent, unethical, or illegal health care provided by others.

Nurse and profession

(1) Nurses play a major role in determining standards of nursing practice and nursing education and implementing it in activities of nursing practice and education.

- (2) Nurses should be knowledgeable to actively participate in developing a core of the nursing profession.
- (3) Nurses participate actively in establishing and maintaining a conducive working environment in order to achieve high quality nursing care.

In Indonesia, following national conferences, the Indonesian National Nurses Association has developed a nurses' code of ethics. It is related to ethical principles and ethical concepts because the nurses' code of ethics sets the guideline or acts as framework for acceptable nursing practice for the profession including all those major headings congruent with ethical principles and ethical concepts in nursing ethics.

Factors Influencing Ethical Values in the Nursing Profession

The factor that influence ethical values the most in nursing is culture, which is different in different places (Horton et al., 2007; Rassin, 2008). In addition, Horton et al. (2007) stated additional factors that contribute to the values of nursing based on a Westerner's point of view: the development of technology, world-wide migration, globalization, and the health care system. Other factors can affect values in nursing such as professional experience and educational and professional training (Rassin, 2008). These factors that contribute further to values are described as follows:

Culture

Many aspects can influence values by culture such as geographical, historical, societal, linguistic and ethnic dimensions (Horton et al., 2007). A culture contains a set of values, beliefs, and habits that are formed during socialization (Rassin, 2008). For example a person's culture refers to a person's commitment to what he/she thinks since it shapes their ideas, values, and belief system (Goopy & Chen as cited in Horton et al., 2007). A study by Hence (as cited in Horton et al., 2007) argued that a person's individual value system comes from their culture along with her/his associations. Culture can affect values because culture functions in conjunction with a belief system and serves to give meaning and worth to the existence and experience of the group (Fry & Johnstone, 2002). In addition, all cultures have a moral system and moral values and also beliefs about what constitutes 'right' and "wrong'. All cultures have rules and principles which can be applied for moral guidance. Every culture has values and beliefs about health and illness regarding what is acceptable behavior in the profession of promoting health care.

An example is the American culture where they are concerned about the connection between individualism and self-reliance which means that an individual's rights are more important than society as a whole. Another culture like collectivism is concerned with the important needs of society rather than the individual (Parkes as cited in Horton et al., 2007). Based on both American and Japanese cultural backgrounds, there is heterogeneity of nursing between the two cultures. Both of them hold common values within each society such as the values of Japanese nurses focus on homogeneity, harmony, self-sacrifice, and hard work,

whereas American nurses focus on diversity, patient treatment choices and selfprotection (Wros et al., 2004).

A study conducted by Wros et al. (2004) gave an example in the nursing profession. They described the comparison of values between the two cultures of America (USA) and Japan. Each group provided different ideas about the value of telling the truth. Even though telling the truth is theoretically a value in Japan, the practical approach taken there is quite different. For example, a patient suffering from a serious disease is not told of their condition and when the truth is told it will be presented in a metaphoric manner allowing patients to interpret their feelings. In contrast, American nurses considered telling the truth to be of high value believing it is their obligation to inform the patient of their condition. According to William (as cited in Horton et al., 2007), organization members will hold values that tend to become average and similar with those in the culture of another nation. This is seen as important to highlight to improve global and multicultural society. Yamaguchi (2004) gives additional information about the unique nursing culture of Italian nurses at work in a hospital and how their culture may have an effect on health care. The research finding showed that Italian nurses need to look back to their university education to find some factors that may affect their decisions. The importance of these results is regarding the wide differential in medical-nursing power.

Muslim culture

Focus on the culture in Banda Aceh, may have an effect on the ethical values of the people in Banda Aceh, Indonesia. To illustrate this, ethical values in Banda Aceh are influenced by Islam because the majority of the people are Muslim. The rules are based on Syariah Islam as a way of life to guide people in Banda Aceh.

Regarding this ethical issue, male nurses in Banda Aceh will take care of male patients. Similarly, female nurses in Banda Aceh will take care of female patients. However, in some situations, when there is shortage of nursing professionals, a nurse may have to take care of patients who are not the same gender as the nurse.

In another context the society holds a deep conviction of cooperation, which is called *gotong royong* in the Indonesian language or *communal self-help*. Indonesian tradition holds that at every moment ethical values can be integrated into such things, as a wedding party, a moment of passing away, cleaning the housing environment, or goals set by the boss wants in the workplace. All these things can be done by working together. Moreover, in society every person holds a deep ideology of "family kinship".

The Development Technology

One factor influencing rapidly changing values is information technology that can enhance the turnover rate of patients in a hospital, focus on patient care, and the nurses' satisfaction with their job (Nortverd & Rognstad, as cited in Horton et al., 2007). All advanced technology may affect change in cultural diversity since it influences values.

Globalization and Health Care System

A research finding by Hirschfeld (as cited in Horton et al., 2007) reported that there are factors that lead to enhanced migration figures across the world. People who travel longer distances for business and enjoyment will bring about a bigger global market. This condition may impact nurses in daily work; for

instance, diseases such as avian flu, terrorism, conditions that affect our health and the need for health care as well the way nurses work. In addition, all aspects of the health care system need to be developed in areas such as medical equipment advancement and research and development in the pharmacological industry in order to provide good health care (Fagerberg as cited in Horton et al., 2007).

The Indonesian health care system refers to the Document *Sistem Kesehatan National* (National Health System) that outline planning methods to promote health in Indonesia. The foundation health development in Indonesia, as stated in Law No. 17 year 2007 in the Long Term National Plan Year 2005-2025, aims to increase awareness, willingness and the ability of sustaining life for every person to ensure the improvement of health high can be maximized (Ministry of Health Republic of Indonesia., 2009).

Education Background

Every person has a different level of education that includes vocational nurses, academic nurses, and registered nurses. A finding in a literature review conducted by (Horton et al., 2007) found that the better persons are educated ones. Whoever has a high level of education may show more value independence and less conformity to values because the individual relies on their ability to perform many tasks based on their initiative and independent thinking or knowledge, whereas a person who has a lower level of education has limited independence. This condition expects them to behave obediently and perform in a conformist manner.

The development of values begins in a formal education program with values that are modified and expanded through the educational process (Weis &

Schank, 2002). There are two ways a nursing educator can perform during the process; 1) exhibit their commitment to professional values through role-modeling behavior of the values; 2) systematically provide other value development experiences both in the classroom and clinical settings which promotes socialization of the nursing students to the profession.

Nursing Curriculum in Indonesia

The nursing education curriculum is foundation for nursing students that includes a course ethics and law. This ethics and law course is composed of ethics and moral subjects for nursing students. The aim of the course is to prepare students to be good nurses. The competency of nursing students after taking the ethics and moral course will develop professional skills to carry out tasks to a professional level (Association of Indonesia Nurse Education Center [AINEC]. 2009).

Professional Experience

Schank and Weis as cited in Rassin (2008) showed that experience does not change personal and professional values even though professional experience among students and nurses may increase. However, in 2007, based on length of working experience, the results reported that nurses who had up to two years of working experience had lower values of human dignity than the nurses who had more working experience (Horton et al., 2007). The application of values needs a long process starting after a person has had some working experience. According Lindsey and Klener as cited in Horton et al. (2007), 35-60% of novice nurses were shown to leave nursing in the first year of working. It is possible that adaptation of the values of human dignity took place just after one decided to stay in the profession.

Head nurses and staff nurses are different in role, responsibility, and professional experience. Therefore, it could be that they perceived the importance of ethical values in the nursing profession differently.

Summary of Literature Review

Values are individual beliefs, behavior, and ideas of significance that give meaning to the nursing profession and our lives. Ethical values can be basic aspects in the nursing profession. They are integral to professional socialization, nursing care, and fundamental to decisions that affect practice. Ethical values serve as a guiding practice. Only a few studies focus on the Muslim conditions. Ethical values in nursing profession benefit nurses, the organization, and patients. Moral and ethical values are very important because both of them influence the decisions and actions of individuals. Many factors effect ethical values in the nursing profession including: culture, development of technology, globalization and the health care system, education background, and professional experience.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter describes the research design, setting, population, and sample, sampling procedure, instrumentation, validity and reliability of the instruments, data collection procedure, ethical considerations and data analysis.

Research Design

This descriptive comparative study aims to (1) identify the level of importance of ethical values in the nursing profession as perceived by head nurses in public hospitals, Banda Aceh, Indonesia, (2) identify the level of importance of ethical values in the nursing profession as perceived by staff nurses in public hospitals, Banda Aceh, Indonesia, and (3) compare the levels of importance of ethical values in the nursing profession as perceived by head nurses and staff nurses in public hospitals, Banda Aceh, Indonesia.

Setting

The study was conducted in four public hospitals located in Banda Aceh, Indonesia. They were Dr. Zainoel Abidin Hospital, Meuraxa Hospital, Ibu dan Anak Hospital, and Iskandar Muda Hospital. Dr. Zainoel Abidin Hospital is the largest in Aceh Province which provides tertiary level of care and is a central referral hospital. Meuraxa Hospital is a district hospital. Ibu dan Anak Hospital provides care

to the public especially for mothers and children. Iskandar Muda Hospitals belongs to the Ministry of Defence. These four public hospitals are located in urban areas.

Population and Sample

Population

The population of this study was: 82 head nurses and 926 staff nurses who were working in the public hospitals, Banda Aceh, Indonesia. Dr. Zainoel Abidin Hospital had 24 head nurses and 543 staff nurses. Meuraxa Hospital consisted of 23 head nurses and 138 staff nurses. Ibu dan Anak Hospital consisted of 19 head nurses and 95 staff nurses, whereas Iskandar Muda Hospital consisted of 16 head nurses and 150 staff nurses.

Sample and Sample Size

In this study, the researcher recruited head nurses who met the inclusion criteria of at least 1 year of working experience. Total numbers of head nurses in four hospitals was 79 people. From a literature review the sample size for comparative study was not always equal (Munro, 2001). Since, the sample size for staff nurses was calculated by Yamane's formula (Israel, 1992) with an alpha of .05, the number of samples were 280 staff nurses from a total of 926 staff nurses.

A sample size of staff nurses in each hospital was calculated by proportional sampling as follows:

- Dr. Zainoel Abidin hospital = 543 staff nurses, thus the proportional sample = 164 subjects.
- 2. Meuraxa Hospital = 138 staff nurses, thus the proportional sample = 42 subjects.
- 3. Ibu dan Anak Hospital = 95 staff nurses, thus the proportional sample = 29 subjects.
- 4. Iskandar Muda Hospital = 150 staff nurses, thus the proportional sample = 45 subjects.

For assigning the subjects to this study, the researcher requested the name list of head nurses and staff nurses from four hospitals. For head nurses, the researcher determined the potential subject using the inclusion criteria. For staff nurses, a sample who met inclusion criteria were selected by using simple random sampling.

Inclusion Criteria

The subjects of this study were selected using the inclusion criteria as follows: head nurses had minimum working experience of 1 year as a head nurse. For staff nurses, the inclusion criteria was minimum working experience at least 1 year as staff nurse.

Instrumentation

The instrument questionnaire developed by the researcher consisted of two parts: (1) The Demographic Data Form, and (2) Ethical Values Questionnaire.

Part 1: Demographic Data Form

The Demographic Data Form consisted of six items including age, gender, level of education, current job position, length of time of working experience as head nurse or staff nurse, and experience in conferences/seminars/workshop related to nursing ethics (Appendix B).

Part II: Ethical Values Ouestionnaire

This questionnaire was developed by the researcher based on the ethical principles proposed by Beauchamp and Childress (2001), ethical concepts proposed by Fry and Johnstone (2002), and the literature reviewed that consisted of 10 components with 60 items as follows:

- 1. Ethical values related to autonomy (10 items: number 1-10)
- 2. Ethical values related to beneficence (12 items: number 11-22)
- 3. Ethical values related to nonmaleficence (3 items: number 23-25)
- 4. Ethical values related to justice (5 items: number 26-30)
- 5. Ethical values related to telling the truth (3 items: number 31-33)
- 6. Ethical values related to confidentiality (4 items: number 34-37)
- 7. Ethical values related to advocacy (6 items: number 38-43)
- 8. Ethical values related to accountability (10 items: number 44-53)
- 9. Ethical values related to cooperation (4 items: number 54-57)
- 10. Ethical values related to caring (3 items: number 58-60)

Additionally, a rating scale was used to determine perceived importance of ethical values for each item by using 5 items on a Likert scale that were

scored from 1-5, namely; very low = 1; low = 2; moderate = 3; high = 4; and very high = 5.

The score was acquired from each item and the mean total score was classified into three levels of the following criteria: score 1 to 2.33 = importance of ethical values in the nursing profession are at a low level, score 2.34 to 3.67 = importance of ethical values in the nursing profession are at a moderate level, and score 3.68 to 5 = importance of ethical values in the nursing profession are at a high level.

Translation of the Instrument

Since this study was conducted in Banda Aceh, Indonesia the original instruments of this study were developed in English language. The instruments were examined for content validity by three experts, and translated into Indonesian language by a bilingual expert and then to translated back from Indonesian to English language. The instrument was checked for any discrepancies and whether the meaning of each item was different.

Validity and Reliability of the Instrument

The Validity of the Instrument

The ethical values questionnaire was tested for content validity by four experts. Two experts were from the Faculty of Nursing who had experience of teaching ethics in a master's degree course at Prince of Songkla University, Thailand.

One expert worked as head nurse in a Surgical Intensive Care Unit (SICU) and

another head nurse worked in the recovery ward at Songklanagarind Hospital, Hat Yai, Thailand. The experts were asked to check the relevancy and whether the items represented ethical values in the nursing profession. The content validity index (CVI) was .89. The questionnaire was modified by the researcher based on experts' recommendations.

The Reliability of the Instrument

The reliability of the Ethical Values Questionnaire was tested on 20 head nurses and 20 staff nurses who were working in private hospitals, Banda Aceh, Indonesia yielding Cronbach's alpha of .89 and .96, respectively.

Data Collection Procedures

The procedure of data collection was divided into two phases as follows:

Preparation Phase

For preparation phase, the researcher started with the following steps: (1) obtained official approval from the Faculty of Nursing, Prince of Songkla University; (2) attained official permission for data collection from hospital directors in the public hospitals, Banda Aceh, Indonesia; (3) the researcher met the nursing director of nursing of each hospital to ask for permission and informed them of the purposes of the study; (4) asked for and received the name lists of nurses; and (5) selected subjects who met inclusion criteria.

Implementation Phase

This phase consisted of (1) informing both head nurses and nurses of the objectives of the study, data collection and benefits; (2) obtained the informed consent form from each subject after she/he agreed to participate in this study; (3) distributed questionnaire including the Demographic Data Form and Ethical Values

Questionnaire directly to the subjects; (4) allowed a duration of two weeks; and (5) collected the completed questionnaires after two weeks and checked for completion of the questionnaires.

Ethical Considerations

In this study, the ethical considerations were as follows:

- 1. This study was conducted with intention of protecting the human rights of all subjects.
- 2. The researcher attained approval of the thesis proposal from the Research Ethics Committee of the Faculty of Nursing, Prince of Songkla University.
- 3. Permission for data collection for the study was obtained from the hospital directors of the targeted hospitals.
- 4. The researcher advised each subject who was willing to participate in this study they had the option to participate or to withdraw from the study at any time for any reason without negative consequences to the subjects.
- 5. The researcher talked with each subject prior to their participation to explain the purpose and details of the study and assured them that all data were kept confidential.

- 6. A covering letter was provided with the demographic data form and ethical values questionnaire. A coding system was used for each subject to assure anonymity and confidentiality of all information.
- 7. In addition, the phone number and email address of the researcher were provided to subject to reassure them that they could contact the researcher any time as needed.

Data Analysis

In this study, the data were analysed by the following statistical techniques. (1) Demographic data were analysed by using frequency distribution; (2) The level of importance of ethical values as perceived by head nurses and staff nurses were analyzed by using descriptive statistics: mean and standard deviation; (3) Data on the importance of the ethical values perceived by head nurses and staff nurses were tested for normality as the assumptions for parametric testing found that data distribution was not normal; (4) The Mann-Whitney U test was used to test the difference of the importance of ethical values in the nursing profession as perceived by head nurses and staff nurses.

CHAPTER 4

RESULTS AND DISCUSSION

Results

The findings of this study are presented as follows: (1) the demographic data of the subjects, (2) the level of importance of ethical values in the nursing profession as perceived by head nurses and staff nurses, and (3) the comparison of importance of ethical values in the nursing profession perceived by head nurses and staff nurses.

Demographic Data of the Subjects

Subjects in this study were composed of 79 head nurses and 280 staff nurses. Most of head nurses were female (72.2%); the age of head nurses ranged from 30 to 56 years old (M = 41.86, SD = 7.22). Nearly half of head nurses (43.0%) were between 35 to 44 years old. The majority held a bachelor degree (44.3%), followed by diploma three (35.4%), and diploma four (20.3%). Length of working in the present position for head nurses ranged from 1 to 30 years (M = 7.52, SD = 6.25). Only 39.2 % of head nurses had attended a seminar/workshop/conference on the following topic: ethics in nursing (80.6%), ethical decision making (9.7%), ethical dilemma (3.2%), and others (6.5%).

Most of the staff nurses were female (78.2%); their age ranged from 22 to 57 years old (M = 32.88, SD = 6.85). More than half of staff nurses (63.2%) were 25- to 44 years old. The majority of them held diploma three (63.9%), followed by

bachelor degree (26.4%), and diploma four (9.6%). The length of working in the present position ranged from 1 to 27 years (M=7.09, SD=5.36). More than half of them (59.6%) had never attended a seminar/workshop/conference related to ethics on the following topics: ethics in nursing (76.1%), ethical and law (11.5%), ethical decision making (1.8%), ethical dilemma (0.9%) and others (9.7%) (Table 1).

Table 1

Frequency, Percentage, Mean, Standard Deviation of Head Nurses and Staff Nurses

Demographic Characteristics (N = 359)

| Characteristics | | l nurses | Staff nurses $(n_2 = 280)$ | | |
|-----------------------------|---------------|------------|----------------------------|------------|--|
| | | = 79) | ` = | | |
| | n | % | n | % | |
| Gender | | | | | |
| Male | 22 | 27.8 | 61 | 21.8 | |
| Female | 57 | 72.2 | 219 | 78.2 | |
| Age (year) | | | | | |
| 25 - 34 | 12 | 15.2 | 177 | 63.2 | |
| 35 - 44 | 34 | 43.0 | 80 | 28.6 | |
| 45 - 54 | 31 | 39.2 | 21 | 7.5 | |
| > 54 | 2 | 2.5 | 2 | 0.7 | |
| | (M = 41.86, | SD = 7.22) | (M = 32.88, | SD = 6.85) | |
| | Min-Max = | 30-56) | Min-Max = | 22-57) | |
| Level of education | | | | | |
| Diploma three | 28 | 35.4 | 179 | 63.9 | |
| Bachelor degree | 35 | 44.3 | 74 | 26.4 | |
| Diploma four | 16 | 20.3 | 27 | 9.6 | |
| Length of working in | (M = 7.52, S) | SD = 6.25) | (M = 7.09, S) | 5D = 5.36) | |
| present position | Min-Max = | 1.0-30.0) | Min-Max = | 1.0-27.0) | |
| 1-5 years | 38 | 48.1 | 136 | 48.6 | |
| 6-10 years | 27 | 34.2 | 105 | 37.5 | |
| 11-15 years | 6 | 7.6 | 15 | 5.4 | |
| 16-20 years | 3 | 3.8 | 9 | 3.2 | |
| > 20 years | 5 | 6.3 | 15 | 9.4 | |
| Experience in | | | | | |
| seminar/workshop/conference | | | | | |
| No | 48 | 60.8 | 167 | 59.6 | |
| Yes | 31 | 39.2 | 113 | 40.4 | |
| The specify topic seminar | | | | | |
| Ethics in nursing | 25 | 80.6 | 86 | 76.1 | |

| Characteristics | Head nurses $(n_1 = 79)$ | | Staff nurses $(n_2 = 280)$ | | |
|-------------------------|--------------------------|-----|----------------------------|------|--|
| - - | n | % | n | % | |
| Ethics and law | 0 | 0 | 13 | 11.5 | |
| Ethical decision making | 3 | 9.7 | 2 | 1.8 | |
| Ethical dilemma | 1 | 3.2 | 1 | 0.9 | |
| Others | 2 | 6.5 | 11 | 9.7 | |

The Level of Importance of Ethical Values in the Nursing Profession, as Perceived by Head Nurses and Staff Nurses.

The findings showed that the total mean score of importance of ethical values in the nursing profession, as perceived by head nurses and staff nurses, are at a high level. The top 3 highest mean scores of ethical values perceived by head nurses included caring (M = 4.51, SD = .56), autonomy (M = 4.50, SD = .40), and confidentiality (M = 4.50, SD = .44) whereas the lowest mean score was justice (M = 4.30, SD = .52).

The top 3 highest mean scores of importance of ethical values perceived by staff nurses included caring (M = 4.47, SD = .56,), confidentiality (M = 4.47, SD = .48), and nomaleficence (M = 4.45, SD = .51) whereas the lowest mean score was accountability (M = 4.17, SD = .55) as presented in Table 2.

Table 2

Mean, Standard Deviation and Level of importance of Ethical Values in the nursing profession Perceived by Head Nurses and Staff Nurses (N = 359)

| | | He | Head Nurses $(n_1 = 79)$ | | Staff Nurses | | |
|-----|---------------------------------------|------|--------------------------|-------|---------------|-----|-------|
| No | Ethical values | (| | | $(n_2 = 280)$ | | 80) |
| | | M | SD | Level | M | SD | Level |
| 1. | Ethical values related to autonomy | 4.50 | .40 | High | 4.44 | .40 | High |
| 2. | Ethical values related to beneficence | 4.45 | .46 | High | 4.41 | .46 | High |
| 3. | Ethical values related to | 4.48 | .55 | High | 4.45 | .51 | High |
| | nonmaleficence | | | | | | |
| 4. | Ethical values related to justice | 4.30 | .52 | High | 4.22 | .51 | High |
| 5. | Ethical values related to telling the | 4.33 | .53 | High | 4.22 | .54 | High |
| | truth | | | | | | |
| 6. | Ethical values related to | 4.50 | .44 | High | 4.47 | .48 | High |
| | confidentiality | | | | | | |
| 7. | Ethical values related to advocacy | 4.40 | .52 | High | 4.39 | .48 | High |
| 8. | Ethical values related to | 4.33 | .50 | High | 4.17 | .55 | High |
| | accountability | | | | | | |
| 9. | Ethical values related to cooperation | 4.48 | .47 | High | 4.35 | .60 | High |
| 10. | Ethical values related to caring | 4.51 | .56 | High | 4.47 | .56 | High |
| | Total scores | 4.43 | .35 | High | 4.36 | .39 | High |

Ethical values related to autonomy as perceived by Head Nurses and Staff Nurses.

The results showed 10 sub components, there was one sub question "preserving the patient's dignity" that had the highest mean scores (head nurses: M = 4.75, SD = .43, staff nurses: M = 4.73, SD = .49) as presented in Table 3.

Table 3

Mean, Standard Deviation and Level of importance of Ethical Values Related to Autonomy Perceived by Head Nurses and Staff Nurses (N = 359)

| | Head Nurses | | | Staff Nurses | | | |
|---|-------------|------------|-------|--------------|------------|-------|--|
| Ethical values | | $n_1 = 7$ | | | 80) | | |
| | M | SD | Level | M | SD | Level | |
| Ethical values related to autonomy | 4.50 | .40 | High | 4.44 | .40 | High | |
| 1. Preserving the patient's dignity | 4.75 | .43 | High | 4.73 | .49 | High | |
| 2. Respecting the patient's values, | 4.61 | .49 | High | 4.59 | .61 | High | |
| status, condition and beliefs and | | | | | | | |
| honor of them | | | | | | | |
| 3. acceptance and respect of religious | 4.48 | .59 | High | 4.49 | .62 | High | |
| beliefs and allowing the patient to | | | | | | | |
| do activities related to their religion | | | | | | | |
| 4. Explaining the pros and cons of | 4.51 | .59 | High | 4.47 | .62 | High | |
| each alternative plan in order to | | | | | | | |
| enable patients/ families to make | | | | | | | |
| decisions | | | | | | | |
| 5. Providing care with considerations | 4.63 | .53 | High | 4.68 | .54 | High | |
| of privacy by not exposing a | | | | | | | |
| patient's body | | 0.7 | *** 1 | 405 | | *** 1 | |
| 6. Allowing patient/families to | 4.34 | .87 | High | 4.25 | .68 | High | |
| participate in the patient's treatment | | | *** 1 | 405 | | *** 1 | |
| 7. Willingly listening to the patient's | 4.52 | .57 | High | 4.35 | .77 | High | |
| needs | 4.00 | 0.0 | *** 1 | | 00 | *** 1 | |
| 8. Helping patients to perform | 4.33 | .82 | High | 4.17 | .88 | High | |
| activities related to their values, | | | | | | | |
| belief, culture and religion | 4.2.4 | 0.6 | TT' 1 | 4.20 | 0.1 | TT' 1 | |
| 9. Respecting the decisions of | 4.34 | .86 | High | 4.30 | .81 | High | |
| colleagues related to the patient's | | | | | | | |
| benefit | 1.56 | <i>C</i> 1 | TT' 1 | 4 45 | <i>(</i> 2 | TT' 1 | |
| 10. Providing care independently | 4.56 | .61 | High | 4.45 | .62 | High | |
| according to the nurse's role and | | | | | | | |
| responsibility | | | | | | | |

Ethical values related to beneficence as perceived by Head Nurses and Staff Nurses.

The findings showed 12 sub components, for head nurses, there was one question "performing excellence behavior service (EBS)" that had the highest

mean scores (M = 4.59, SD = .61). For staff nurses, there was one dimension "giving the treatment" that had the highest mean scores (M= 4.64, SD = .58) as presented in Table 4.

Table 4

Mean, Standard Deviation and Level of importance of Ethical Values Related to Beneficence Perceived by Head Nurses and Staff Nurses (N=359)

| | Не | Head Nurses | | | Staff Nurses | | | |
|---|------|-------------|-------|------|--------------|-------|--|--|
| Ethical values | (| $(n_1 = 7)$ | 9) | (| $(n_2=28)$ | 80) | | |
| | M | SD | Level | M | SD | Level | | |
| Ethical values related to beneficence | 4.45 | .46 | High | 4.41 | .46 | High | | |
| 1. Building trust with the patient | 4.48 | .56 | High | 4.59 | .61 | High | | |
| 2. Encouraging the patient to call if there are problems | 4.37 | .60 | High | 4.33 | .54 | High | | |
| 3. Responding quickly to the patient's needs | 4.44 | .72 | High | 4.50 | .69 | High | | |
| 4. Reducing the patient's pain and suffering | 4.48 | .67 | High | 4.44 | .17 | High | | |
| 5. Giving the patient treatments | 4.58 | .61 | High | 4.64 | .58 | High | | |
| 6. Performing excellent behavior service (EBS) | 4.59 | .61 | High | 4.53 | .16 | High | | |
| 7. Providing care for the patient and family with professional skills | 4.34 | .84 | High | 4.28 | .78 | High | | |
| 8. Preventing risks and hazards that may occur with some patients and awareness of the patient's safety | 4.54 | .76 | High | 4.53 | .76 | High | | |
| 9. Providing nursing care with evidence practice | 4.25 | .72 | High | 4.04 | .87 | High | | |
| 10. Helping and supporting colleagues in the right and appropriate ways | 4.43 | .67 | High | 4.32 | .75 | High | | |
| 11. Providing nursing care focus on patient-centered and quality | 4.52 | .69 | High | 4.55 | .67 | High | | |
| 12. Providing health promotion and rehabilitation | 4.37 | .66 | High | 4.28 | .78 | High | | |

Ethical values related to non-maleficence as perceived by Head Nurses and Staff Nurses.

The findings showed that among the 3 sub components there was one sub dimension "providing risk management and safety awareness" with the highest mean scores (head nurses: M = 4.59, SD = .61, staff nurses: M = 4.59, SD = .63) as presented in Table 5.

Table 5

Mean, Standard Deviation and Level of importance of Ethical Values Related to Nonmaleficence Perceived by Head Nurses and Staff Nurses (N = 359)

| | Head Nurses | | Staff Nurses | | | |
|--|-------------|--------------|--------------|---------------|-----|-------|
| Ethical values | (| $(n_1 = 79)$ | | $(n_2 = 280)$ | | 80) |
| | M | SD | Level | M | SD | Level |
| Ethical values related to non- | 4.48 | .55 | High | 4.45 | .51 | High |
| maleficence | | | | | | |
| 1. Providing standardized nursing care | 4.56 | .57 | High | 4.47 | .69 | High |
| 2. Providing risk management and safety awareness | 4.59 | .61 | High | 4.59 | .63 | High |
| 3. Not providing unethical behavior by speech and action to treat patients without blame when they did not | 4.29 | .78 | High | 4.32 | .79 | High |
| cooperate | | | | | | |

Ethical values related to justice as perceived by Head Nurses and Staff Nurses.

The findings showed that there were 5 questions and one sub component "establish criteria to use equipment according to the patient's condition" that had the highest mean scores (head nurses: M = 4.59, SD =). Meanwhile, for staff nurses there were 2 questions: 1) "providing nursing care regardless of nationality, ethnicity, race, gender, religion, political affiliation and social status", and 2)

"providing nursing care according to the state or symptoms of the patient" that had the same mean score.

Table 6

Mean, Standard Deviation and Level of importance of Ethical Values Related to

Justice Perceived by Head Nurses and Staff Nurses (N = 359)

| Ethical values | | Head Nurses | | | Staff Nurses | | | |
|---|------|--------------|-------|------|---------------|-------|--|--|
| | | $(n_1 = 79)$ | | | $(n_2 = 280)$ | | | |
| | M | SD | Level | M | SD | Level | | |
| Ethical values related to justice | 4.30 | .52 | High | 4.22 | .51 | High | | |
| 1. Managing limited materials fairly | 3.97 | .87 | High | 3.81 | .78 | High | | |
| based on the patient conditions | | | | | | | | |
| 2. Having justice and equality in | 4.24 | .66 | High | 4.09 | .84 | High | | |
| promoting career paths of | | | | | | | | |
| colleagues | | | | | | | | |
| 3. Providing nursing care according to | 4.39 | .79 | High | 4.48 | .64 | High | | |
| the state or symptoms of the patient | | | | | | | | |
| 4. Establish criteria to use equipment | 4.47 | .59 | High | 4.28 | .71 | High | | |
| according to the patient's condition | | | | | | | | |
| 5. Providing nursing care regardless of | 4.43 | .76 | High | 4.48 | .68 | High | | |
| nationality, ethnicity, race, age, | | | | | | | | |
| gender, religion, political affiliation | | | | | | | | |
| and social status | | | | | | | | |

Ethical values related to telling the truth as perceived by Head Nurses and Staff Nurses.

The results showed that there were 3 sub components. One sub component "evaluate the patient's perception before providing accurate information with regard to the impact on patients" had the highest mean scores (head nurses: M = 4.42, SD = .67, staff nurses: M = 4.31, SD = .59).

Table 7

Mean, Standard Deviation and Level of importance of Ethical Values Related to Telling the Truth Perceived by Head Nurses and Staff Nurses (N=359)

| | | ad Nu | rses | Staff Nurses | | | |
|--|------|-----------|-------|---------------|-----|-------|--|
| Ethical values | (| $n_1 = 7$ | 9) | $(n_2 = 280)$ | | | |
| | M | SD | Level | M | SD | Level | |
| Ethical values related to telling the | 4.33 | .53 | High | 4.22 | .54 | High | |
| truth | | | | | | | |
| 1. Evaluate the patient's perception | 4.42 | .67 | High | 4.31 | .59 | High | |
| before providing accurate | | | | | | | |
| information with regard to the | | | | | | | |
| impact on patients | | | | | | | |
| 2. Admitting mistakes made at work | 4.39 | .70 | High | 4.17 | .78 | High | |
| instead of hiding them | | | | | | _ | |
| 3. Reporting the results of a diagnosis | 4.20 | .85 | High | 4.19 | .70 | High | |
| to patients for the benefits of self- | | | | | | 9 | |
| care | | | | | | | |

Ethical values related to confidentiality as perceived by Head Nurses and Staff Nurses.

The findings showed that there was one sub component "safeguarding the patient's right to privacy" that had the highest mean scores (head nurses: M = 4.65, SD = .53, staff nurses: M = 4.60, SD = .60).

Table 8

Mean, Standard Deviation and Level of importance of Ethical Values Related to

Confidentiality Perceived by Head Nurses and Staff Nurses (N = 359)

| | | ad Nu | rses | Staff Nurses | | | |
|---|------|-------------|-------|---------------|-----|-------|--|
| Ethical values | (| $(n_1 = 7)$ | 9) | $(n_2 = 280)$ | | | |
| | M | SD | Level | M | SD | Level | |
| Ethical values related to | 4.50 | .44 | High | 4.47 | .48 | High | |
| confidentiality | | | | | | | |
| 1. Reporting the results of | 4.49 | .79 | High | 4.48 | .74 | High | |
| performance according to the actual | | | | | | | |
| implementation | | | | | | | |
| 2. Keeping promises to patients or | 4.32 | .72 | High | 4.29 | .72 | High | |
| families | | | | | | | |
| 3. Maintaining a patient's confidential | 4.56 | .57 | High | 4.55 | .65 | High | |
| information according to | | | | | | | |
| confidentiality guideline | | | | | | | |
| 4. Safeguarding the patient's right to | 4.65 | .53 | High | 4.60 | .60 | High | |
| privacy | | | | | | | |

Ethical values related to advocacy as perceived by Head Nurses and Staff Nurses.

The top mean score of ethical values related to advocacy perceived by head nurses and staff nurses was provided by "providing right information to the patients" with (M = 4.52, SD = .63) and (M = 4.58, SD = .59) respectively.

Table 9

Mean, Standard Deviation and Level of importance of Ethical Values Related to

Advocacy Perceived by Head Nurses and Staff Nurses (N = 359)

| | | Не | ad Nu | rses | S | taff Nu | irses | |
|----|---------------------------------------|--------------|-------|-------|---------------|---------|-------|--|
| | Ethical values | $(n_1 = 79)$ | | | $(n_2 = 280)$ | | | |
| | | M | SD | Level | M | SD | Level | |
| Et | hical values related to advocacy | 4.40 | .52 | High | 4.39 | .48 | High | |
| 1. | Protect the moral and legal rights of | 4.46 | .67 | High | 4.48 | .59 | High | |
| | the patients | | | | | | | |
| 2. | Protecting patients from | 4.39 | .78 | High | 4.34 | .70 | High | |
| | incompetent, unethical, or illegal | | | | | | _ | |
| | health care provided by others | | | | | | | |
| 3. | Providing information to patients in | 4.33 | .72 | High | 4.48 | .65 | High | |
| | order to benefit the medical | | | | | | | |
| | treatments | | | | | | | |
| 4. | Protecting the patient's rights in | 4.44 | .69 | High | 4.45 | .65 | High | |
| | nursing care services | | | C | | | C | |
| 5. | Providing right information to the | 4.52 | .63 | High | 4.58 | .59 | High | |
| | patients | | | C | | | C | |
| 6. | Protecting the rights of participants | 4.30 | .75 | High | 4.18 | .75 | High | |
| | in research | | | υ | | | C | |

Ethical values related to accountability as perceived by Head Nurses and Staff Nurses.

The top mean score of ethical values related to accountability perceived by head nurses and staff nurses was from "continuously improving nursing skill and knowledge" (head nurse: M = 4.52, SD = .63, staff nurses: M = 4.45, SD = .64).

Table 10

Mean, Standard Deviation and Level of importance of Ethical Values Related to Accountability Perceived by Head Nurses and Staff Nurses (N = 359)

| | | Не | ad Nu | rses | Staff Nurses | | | |
|----|--|------|-----------|-------|--------------|-----------|-------|--|
| | Ethical values | (| $n_1 = 7$ | 9) | | $(n_2=28$ | 30) | |
| | | M | SD | Level | M | SD | Level | |
| Et | hical values related to | 4.33 | .50 | High | 4.17 | .55 | High | |
| | countability | | | | | | | |
| 1. | Providing nursing care to the benefit of all mankind | 4.35 | .78 | High | 4.21 | .88 | High | |
| 2. | Being a role model in practice for other professionals | 4.39 | .79 | High | 4.33 | .83 | High | |
| 3. | Having social responsibility in protecting the public properties | 4.22 | .92 | High | 4.15 | 1.01 | High | |
| 4. | Being ready to devote time to work on a necessity or emergency beyond normal working hours | 4.16 | .77 | High | 3.78 | 1.03 | High | |
| 5. | Helping the community with problems such as a tsunami disaster or flooding | 4.30 | .77 | High | 4.05 | .85 | High | |
| 6. | Continuously improving nursing skills and knowledge | 4.59 | .67 | High | 4.45 | .64 | High | |
| 7. | Following the policy and be responsible if unable to comply | 4.27 | .81 | High | 4.15 | .83 | High | |
| 8. | Refusing to participant in unethical care | 4.27 | .90 | High | 4.17 | .94 | High | |
| 9. | Promoting and maintaining standard nursing guidelines | 4.52 | .65 | High | 4.38 | .74 | High | |
| 10 | Assuming responsibility for meeting the health needs of a culturally diverse population | 4.29 | .78 | High | 4.13 | .89 | High | |

Ethical values related to cooperation as perceived by Head Nurses and Staff Nurses.

The top mean score of ethical values related to cooperation perceived by head nurses and staff nurses came from "preserving and improving relationships with other colleagues" (head nurse: M = 4.57, SD = .63, staff nurses: M = 4.38, SD = .66).

Table 11

Mean, Standard Deviation and Level of importance of Ethical Values Related to

Cooperation Perceived by Head Nurses and Staff Nurses (N = 359)

| | | ad Nu | rses | Staff Nurses | | | |
|--|------|-------------|-------|---------------|-----|-------|--|
| Ethical values | (| $(n_1 = 7)$ | 9) | $(n_2 = 280)$ | | | |
| | M | SD | Level | M | SD | Level | |
| Ethical values related to cooperation | 4.48 | .47 | High | 4.35 | .60 | High | |
| 1. Continuously coordinating with | 4.43 | .74 | High | 4.35 | .75 | High | |
| colleagues and stakeholders to | | | | | | | |
| provide effective policies and | | | | | | | |
| practice | | | | | | | |
| 2. Preserving and improving | 4.56 | .57 | High | 4.38 | .76 | High | |
| relationships with other colleagues | | | | | | | |
| 3. Setting goals and outcomes for the | 4.49 | .52 | High | 4.36 | .69 | High | |
| patient's benefit with colleagues and | l | | _ | | | • | |
| the health care team | | | | | | | |
| 4. Health promotion and illness | 4.46 | .59 | High | 4.33 | .68 | High | |
| prevention in public health | | | | | | | |

Ethical values related to caring as perceived by Head nurses and Staff Nurses.

The findings showed that there are 3 sub components and one sub component "close care of patients without neglecting them" that had the highest mean scores (head nurses: M = 4.56, SD = .63, staff nurses: M = 4.51, SD = .60)

Table 12

Mean, Standard Deviation and Level of importance of Ethical Values Related to

Caring Perceived by Head Nurses and Staff Nurses (N = 359)

| Ethical values | | ead Nu $(n_1 = 7)$ | | Staff Nurses $(n_2 = 280)$ | | |
|--|------|--------------------|-------|----------------------------|-----|-------|
| | | SD | Level | M | SD | Level |
| Ethical values related to caring | | .56 | High | 4.47 | .56 | High |
| a. Providing holistic care | 4.48 | .63 | High | 4.42 | .77 | High |
| b. Close care of patients without | 4.56 | .63 | High | 4.51 | .60 | High |
| neglecting them | | | | | | |
| c. Giving and having compassionate | 4.49 | .63 | High | 4.49 | .65 | High |
| feelings for the patients | | | | | | |

Importance of Ethical Values as Perceived by Head Nurses Compared with Staff Nurses.

The result showed that there was only one component (accountability) of importance of ethical values which head nurses perceived higher than staff nurses. The difference is statistically significant (p = .04). For the other components, were not statistically significant different at p = .05.

Table 13

The Importance of Ethical Values between the Perception of Head Nurses and Staff

Nurses using Mann-Whitney U Test

| No | Ethical values | Head nurses $(n_1 = 79)$ | Staff Nurses $(n_2 = 280)$ | | |
|-----|---------------------------|--------------------------|----------------------------|-------|-----------|
| 110 | Edifical values | Mean Rank | Mean Rank | Z | p |
| 1. | Ethical values related to | | | | |
| | autonomy | 192.36 | 176.51 | -1.20 | .22 |
| 2. | Ethical values related to | | | | |
| | beneficence | 187.72 | 177.82 | -0.75 | .45 |
| 3. | Ethical values related to | | | | |
| | nonmaleficence | 185.47 | 178.46 | -0.54 | .58 |
| 4. | Ethical values related to | | | | |
| | related to justice | 194.11 | 176.02 | -1.38 | .16 |
| 5. | Ethical values related to | | | | |
| _ | telling the truth | 196.08 | 175.46 | -1.60 | .10 |
| 6. | Ethical values related to | 100.05 | 150.04 | 0.00 | 0.0 |
| _ | confidentiality | 182.27 | 179.36 | -0.22 | .82 |
| 7. | Ethical values related to | 104.02 | 150 61 | 0.40 | 60 |
| 0 | advocacy | 184.93 | 178.61 | -0.48 | .62 |
| 8 | Ethical values related to | 201.05 | 174.06 | 2.04 | 0.4 |
| 0 | accountability | 201.05 | 174.06 | -2.04 | .04 |
| 9. | Ethical values related to | 102.10 | 176.00 | 1 22 | 1.0 |
| 10 | cooperation | 193.19 | 176.28 | -1.32 | .18 |
| 10. | Ethical values related to | 105.00 | 170.26 | 0.55 | |
| | caring | 185.80 | 178.36 | -0.55 | .55 |

P = < .05

Discussion

The findings are discussed and presented in three parts including demographic characteristics of the subjects, the level of importance of ethical values in the nursing profession as perceived by the head nurses and the staff nurses, and comparing the levels of importance of ethical values in the nursing profession perceived by head nurses and those perceived by staff nurses.

Demographic Characteristic of the Subjects

The findings showed that head nurses were older than staff nurses, because the head nurses had been working as longer than staff nurses. This finding is congruent with the regulation of position of head nurses in Indonesia. The requirement of this position included graduated from bachelor degree, have working experience or position and a field of expertise (Rassin, 2008).

In addition, head nurses have a higher level of education than staff nurses. In contrast, the majority of staff nurses graduated from diploma three. The Indonesian Government have changed healthcare regulations by allowing the minimum standard for nursing entry to practice in the healthcare system in Indonesia. The staff nurses are recruited to complete at least diploma level, a three year nursing course which is conducted at nursing school after students graduate from senior high school.

In a comparison of graduates of each qualification, the bachelor degree graduate had a more systematic learning approach to information skiing and higher quality nursing performance (Girot, 2000). Baccalaureate degree graduates are more knowledgeable, adaptable and respond cognitively rather than those at diploma three level. It also acknowledged that graduates bring a variety of knowledge and some skills to nursing practice. Moreover, Papathanassoglou et al. (2005) found that bachelor degree graduates have better decision making and basic nursing skills than diploma three graduates.

The majority of subjects in this study (head nurses and staff nurses) took on their position within 5 years. According to hospital policies that advocated changing staff position every 5 years. Interestingly, a number of head nurses and staff

nurses in this study had no experience of participating in seminars/workshops/conferences. It is possible local institutions have limited human resources, especially in the areas of ethics and budget. In addition, national policies for human development might not set ethical issues as the primary priority for conferences/workshops. However, 39.2% of head nurses and 40.4% of staff nurses have experience of participation in seminars/workshops/conferences, especially in topics of ethics including ethics in nursing, ethical decision making, and ethical dilemmas. It is possible these subjects are concerned about the importance of ethical issues in the nursing profession.

Interestingly, head nurses and staff nurses perceived "caring" as the first priority of ethical values in the nursing profession. It is possible that caring is the essence of nursing (Watson, 2008). Caring action involves a balance of the hand (skill) the head (protocol and evidence) with the heart (ethical and human dimensions) (Galvin, 2010).

There are many factors that may influence these findings and the most prominent was religion and culture. This study was conducted in Aceh where the majority of nurses are Muslims. The concepts Islam teach that everyone is one family. They believe every person must help each other, otherwise, the nurses hold caring depth. Furthermore, Aceh culture is Eastern Culture or namely an Asian Culture. Moreover, ethics is natural and comes from natural law, in which human beings, and share common values in their lives. However differences in culture, geography, and society may influence ethical values. Focus on the culture in Banda Aceh, may have an effect on the ethical values of people. To illustrate this, ethical values in Banda

Aceh are influenced by Islam because the majority of the people are Muslim. The rules based on Syariah Islam as a way of life guide everybody.

The head nurses perceived "autonomy" as the second priority and "confidentiality" as the third priority. In contrast, staff nurses perceived "confidentiality" as the second priority and "nonmaleficence" as the third priority. It possible that the reason why head nurses were concerned more about autonomy is that the head nurses always have to take the role of decision maker. Autonomy was defined as the right to self-determination and self-direction, even amid challenges, obstacles, and disadvantages (Shaw & Degazon, 2008). The characteristics of autonomy allow a person to make decision by oneself based on the evidence she/he has. In addition, the person should be ready to accept any outcomes of his/her decision. Autonomy is an important characteristic of administrative personnel (Beauchamp & Childress, 2001). Staff nurses are concerned about "autonomy" less than head nurses; it is possible that staff nurses have to deal with decision making less than head nurses. Thus, the head nurses should honor the patient's right to make decisions about their health care (Pang et al., 2009).

Both head nurses and staff nurses in this study perceived "confidentiality" as a important primary component of ethical values. It is possible that participants in this study understood that "confidentiality" is very important for the nursing profession. Confidentiality is one of the most fundamental ethics for health care professionals (Fry & Johnstone, 2002). As nurses care for patients, a nurses' responsibility to keep promises and hold information that is given by patients and other persons is very important for the nursing profession (Beauchamp & Childress, 2001). In addition, confidentiality was also stated as one of the most

important ethical or moral values in supervision (Berggren, Begat, & Severinnson, 2002).

Interestingly "nonmaleficence" was included in the top 3 of ethical values as perceived by staff nurses, but was not included in the top 3 of ethical values as perceived by head nurses. "Nonmaleficence" refers to the way nurses are mostly responsible providing nursing care for patients; patient safety or providing care with no harm, which is important for staff nurses.

Surprisingly, head nurses in this study perceived "justice" as the least important ethical variable whereas staff nurses perceived "accountability" as the least important ethical variable. The reason for the lowest level of importance of ethical value perceived by head nurses is ethical values being related to justice (M = 4.30, SD = .52). This can be explained as the principle of justice can acknowledge that everybody has a right to get high quality nursing care regardless of her/his social or economic status (Tappen, Weiss, & Whitehead, 2001). A previous study by Stanley (1998) found that equality is the heart of justice that involves the moral responsibility for the actions of nurses based on fair negotiation between competing claims.

Moreover, justice is one of 7 major themes perceived by Iranian nurses (Shahriari et al., 2012). The findings reported that justice and fairness are themes which highlighted ethical values for nursing care. For instance, the nurse should give equal treatment and care without prejudice, regard to the patients cultural beliefs, socioeconomic status, and nondiscrimination care service in term gender, age, or nationality (origin).

According to Beauchamp and Childress (2001), a minimal formal requirement traditionally common to all principles of justice that may be attributed to

Aristotle is that: the equal must be treated equally, and the unequal must be treated unequally. This principle is formal because it identifies no particular respect in which equals ought to be treated equally and provides no criteria for establishing whether two or more individuals are in fact equal.

As head nurses do not find it easy to perform ethical values based on justice. The reason for this is when the head nurses articulate ethical values concerning justice, it is so hard for them to perform these values. Although, the head nurses know the principles of justice, their mature of age cannot guarantee the head nurses are able to become good decision makers, make a good priority of care, and show proper leadership. An example of this is during work sometimes the head nurses have to bargain to get a win-win solution. There are some head nurses who are still medium of age (min = 30 years) that have the responsibility of a head nursing role. As we know, for head nurses who are 30 years and up, in some situations they still are not consistent in their behavior, lack experience as head nurses and find it difficult to set priorities as a head nurse, if they have never improved their skill and capability in their nursing career.

Under this principle, head nurses have to pay attention to giving equal treatment for all, ensuring due reward and honor, and treating patients in a nondiscriminatory manner concerning age, sex, social condition, culture, and resources. Consenting to this, head nurses should consider all of things they do can make unequal action and behavior. In healthcare, nurses should ensure the fair distribution of healthcare supplies as well as nursing care to the patient (Fry & Johnstone, 2002). According to the above information, it is can be concluded that

ethical values related to the justice of head nurses were at a lowest mean score, however still at high level.

Staff nurses have a different role and responsibilities to head nurses. This can be explained as staff nurses are accountable for how they carry out their responsibilities, justify the choices, and their belief actions regarding the accepted norms or morals. Nurses are perhaps also accountable to the profession, the patients, to colleagues, to the head nurse and to society for their thoughts and beliefs while providing nursing care (Fry & Johnstone, 2002). In a clinical setting, nurses are responsible for their decision making and accountable for the decisions taken (Berggren et al., 2005). Responsibility is an ethical value and an indicator of moral competence (Jormsri et al., 2005)

However, the Mann-Whitney U test revealed that there was only one component of ethical values "accountability" which head nurses perceived statistically significant different from staff nurses (Z = -2.04, p = .04). The findings of this study indicate that most head nurses and staff nurses perceived importance of ethical variables in nursing profession to the same high level. It was only "accountability" which head nurses perceived as statistically significant higher than staff nurses.

Accountability is considered an ethical value, as staff nurses are accountable or responsible in nursing means to be able to work independently and honestly based on the scope of nursing practice. In general, the responsibility of staff nurses are taking care the patients, while the responsibility of head nurses are managing subordinates and also taking of care the patients. As a result accountability

is very important in the nursing profession to provide better nursing care to the patients.

CHAPTER 5

CONCLUSION AND RECOMMENDATION

This chapter presents the conclusions of the researh study, the strengths of this study, and the implications and recommendations for nursing education, nursing research, and nursing administration.

Conclusions

This descriptive comparative study aimed to identify the level of importance of ethical values in the nursing profession as perceived by head nurses and staff nurses, and compare the levels of importance of ethical values in the nursing profession as perceived by head nurses and those as perceived by staff nurses in public hospitals, Banda Aceh, Indonesia. The samples in this study included 79 head nurses and 280 staff nurses who were working in their positions for at least 1 year. Proportionate sampling was used to recruit staff nurses from public hospitals in Banda Aceh, Indonesia. For head nurses, all head nurses who met the inclusion criteria were included in this study.

The instrument used in this study consisted of 2 parts: a demographic data form and an Ethical Values Questionnaire. The demographic data form assessed the following items: age, gender, level of education, current job position, length of time of working experience as head nurse or staff nurse, and experience in conferences/seminars/workshop related to nursing ethics. The Ethical Values Questionnaire was developed by the researcher based on six ethical principles

(Beauchamp & Childress, 2001) and four ethical concepts (Fry & Johnstone, 2002). The Ethical Values Questionnaire was composed of 60 items based on 10 components including autonomy, beneficence, nonmaleficence, justice, telling the truth, confidentiality, advocacy, accountability, cooperation, and caring. Each item assessed the importance of ethical value components perceived by the subjects. The answers were based on 5 Likert scales that ranged from 1 to 5 (very low = 1; low = 2; moderate = 3; high = 4; and very high = 5). The reliability of the Ethical Values Questionnaire was tested with 20 head nurses and 20 staff nurses in private hospitals yielding a Cronbach alpha of .89 and .96, respectively.

The findings of the present study are summarized as follows:

Most of the head nurses were female (72.2%); the ages of the head nurses ranged from 30 to 56 years old (M = 41.86, SD = 7.22). Nearly half of the head nurses (43.0%) were between 35 to 44 years old. Nearly half of them earned a bachelor degree (44.3%), followed by diploma three (35.4%), and diploma four (20.3%). The length of time working in their present position as head nurses ranged from 1 to 30 years (M = 7.52, SD = 6.25). Only 39.2% of head nurses had attended a seminar/workshop/conference on the following topics: ethics in nursing (80.6%), ethical decision making (9.7%), ethical dilemma (3.2%), and others (6.5%).

Most of the staff nurses were female (78.2%) and their ages ranged from 22 to 57 years old (M = 32.88, SD = 6.85). More than half of the staff nurses (63.2%) were 25 to 44 years old. The majority of them graduated with a diploma three (63.9%), followed by a bachelor degree (26.4%), and diploma four (9.6%). The length of time working in their present position ranged from 1 to 27 years (M = 7.09, SD = 5.36). More than half of them (59.6%) had never attended a

seminar/workshop/conference related to ethics on the following topics: ethics in nursing (76.1%), ethics and law (11.5%), ethical decision making (1.8%), ethical dilemma (0.9%) and others (9.7%)

The total mean score of the importance of ethical values in the nursing profession perceived by head nurses and staff nurses are at a high level. The top 3 mean scores of the importance of ethical values in the nursing profession perceived by head nurses included caring (M = 4.51, SD = .56), autonomy (M = 4.50, SD = .40), and confidentiality (M = 4.50, SD = .44). Meanwhile, the top 3 mean scores of the importance of ethical values in the nursing profession perceived by staff nurses included caring (M = 4.47, SD = .56), confidentiality (M = 4.47, SD = .48), and nonmaleficence (M = 4.45, SD = .51). The Mann-Whitney U test showed that head nurses perceived accountability statistically significantly different from staff nurses (Z = -2.04, D = .04).

Strengths of the Study

The study was conducted in four public hospitals located in Banda Aceh, Indonesia. The strenghts of this study are related to Muslim Culture. the majority of people are Muslim. The nurses provide ethical values based on Syariah Islam as a way of life guide people in Banda Aceh.

Implications and Recommendations

There are 3 implications from this study: nursing education, nursing research, and nursing administration. The first is Nursing Education: as evidence to develop a curriculum for moral and ethics courses in nursing school. The second is Nursing Research: it can be as evidence based nursing, that is concerned about nursing ethics related to ethical values. Thirdly, Nursing Administration: the present study is provides new perspectives in nursing ethics for conducting activities (seminars/workshops/conferences).

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APPENDICES

APPENDIX A

INFORMED CONSENT FORM

Dear Head Nurses/Nurses:

My name is Yullyzar. I am a master student at the Faculty of Nursing, Prince of Songkla University, Thailand. I also work as a lecturer in the Nursing Science Program at Syiah Kuala University, Banda Aceh, Indonesia. I am now conducting research entitled "Ethical Values in the Nursing Profession as Perceived by Head Nurses and Staff Nurses at Public Hospitals in Banda Aceh, Indonesia". This study will be valuable for development of the nursing profession particularly in the area of nursing administration. You are asked to be a voluntary participant of this study. Your personal identity and all information will be kept confidential and will only be used for the purpose of this research project. If you disagree or feel uncomfortable, you can withdraw from this study at any time without negative consequences.

Lastly, if you still have anything unclear regarding the completion the questionnaire or need more information related to this study, please do not hesitate contacting by calling me at +62-8216-047-7700 or sending an email to yullizar_makam@yahoo.com.

Thank you very much for your cooperation.

| | | Date |
|---|----|------|
| / | /. | |
| | | |

Yullyzar

APPENDIX B

DEMOGRAPHIC DATA FORM

| Co | de : T |
|-----|---|
| Da | te :// |
| Ins | tructions: Please fill in the form by a check mark " $$ " and short answer. |
| 1. | Age : years old |
| 2. | Gender : 1.Male 2. Female |
| 3. | Level of Education |
| | 1. Diploma three |
| | 2. Bachelor degree |
| | 3. Master, major: |
| 4. | Current job position |
| | 1. Head nurse |
| | 2. Staff nurse |
| 5. | How long have you worked in that position (No. 4): years |
| 6. | Have you ever attended any seminar/workshop/conference related to nursing |
| | ethics |
| | ☐ 1. Yes ☐ 2. No |
| 7. | If yes, please specify the topics of the seminar/workshop/conference |
| | 1. Ethics in nursing |
| | 2. Ethics and law |
| | 3. Ethical decision making |
| | 4. Ethical dilemma |
| | 5. Other |

APPENDIX C

ETHICAL VALUES QUESTIONNAIRE

Instruction: The following statements represent how much you think of the importance of ethical values in the nursing profession and how much all nurses should abide. Please read each statement and answer by marking with " $\sqrt{}$ " in the appropriate column that best represents your thought.

| | | Po | erceptio | on of in | nportanc | ce |
|-----|--|--------------|----------|----------|----------|----------|
| | Ethical values | Very high | high | Moderate | Low | Very low |
| | 1. Ethical values related | to autor | nomy | | | |
| 1. | Preserving the patient's dignity | | | | | |
| 2. | Respecting the patient's values, status, condition and beliefs and honor of them | | | | | |
| 3. | Acceptance and respecting of religious beliefs and allowing the patient to do activities related to their religion | | | | | |
| 4. | Explaining the pros and cons of each alternative plan in order to enable patients/families to make decisions | | | | | |
| 5. | Providing care with considerations of privacy by not exposing a patient's body | | | | | |
| 6. | Allowing patient/families to participate in the patient's treatment | | | | | |
| 7. | Willing listening to the patient's needs | | | | | |
| 8. | Helping the patients perform activities related to their values, belief, culture and religion | | | | | |
| 9. | Respecting the decisions of colleagues related to the patient's benefit | | | | | |
| 10. | Providing care independently according to the nurse's role and responsibility | | | | | |
| | 2. Ethical values related t | o benefi | icence | | | |
| 11. | Building trust with the patient | | | | | |
| 12. | Encouraging the patient to call if there are problems | | | | | |

| | | Pe | erceptio | on of in | nportanc | ee |
|-----|---|--------------|--------------|----------|----------|----------|
| | Ethical values | Very high | high | Moderate | Low | Very low |
| 13. | Responding quickly to the patient's needs | | | | | |
| 14. | | | | | | |
| 15. | Giving the patient treatments | | | | | |
| 16. | Performing excellence behaviour service (EBS) | | | | | |
| 17. | Providing care for the patient and family with professional skills | | | | | |
| 18. | occur with some patients and awareness of the patient's safety | | | | | |
| 19. | Providing nursing care with evidence practice | | | | | |
| 20. | Helping and supporting colleagues in the right and appropriate ways | | | | | |
| 21. | Providing nursing care focus on patient- centered and quality | | | | | |
| 22. | Providing health promotion and rehabilitation | | | | | |
| | 3. Ethical values related to | nonmal | eficenc | e | <u> </u> | I |
| 23. | Providing standardized nursing care | | | | | |
| 24. | Providing risk management and safety | | | | | |
| | awareness | | | | | |
| 25. | Not providing unethical behaviour by | | | | | |
| | speech and action to treat patients without | | | | | |
| | blaming when they do not cooperate | | | | | |
| 2.5 | 4. Ethical values related to | o justice |) | | 1 | ı |
| 26. | Managing limited materials fairly based | | | | | |
| 27 | on the patient conditions | | | | | |
| 27. | Having justice and equality in promoting career paths of colleagues | | | | | |
| 28. | Providing nursing care according the state | | | | | |
| 20. | or symptoms of the patient | | | | | |
| 29. | Establish criteria to use equipment | | | | | |
| 2). | according to the patient's condition | | | | | |
| 30. | Providing nursing care regardless of | | | | | |
| | nationality, ethnicity, race, age, gender, | | | | | |
| | religion, political affiliation and social | | | | | |
| | status | | | | | |
| | | | | | | |
| | | | | | | |

| | | P | ercepti | on of in | nportan | ce |
|-----|--|-----------|----------|----------|---------|----------|
| | Ethical values | | high | Moderate | Low | Very low |
| | 5. Ethical Values related to | telling t | he tru | th | | |
| 31. | Evaluate the patient's perception before | | | | | |
| | providing accurate information with regard | | | | | |
| | to the impact on patients | | | | | |
| 32. | Admitting mistakes made at work instead | | | | | |
| | of hiding them | | | | | |
| 33. | Reporting the results of a diagnosis to | | | | | |
| | patients for the benefits of self-care | | | | | |
| | 6. Ethical values related to | confide | ntialit | y | 1 | 1 |
| 34. | Reporting the results of performance | | | | | |
| | according to the actual implementation | | | | | |
| | Keeping promises to patients or families | | | | | |
| 36. | Maintaining a patient's confidential | | | | | |
| | information according to the | | | | | |
| | confidentiality guideline | | | | | |
| 37. | Safeguarding the patient's right to privacy | | | | | |
| | 7. Ethical values related | to advo | ocacy | | 1 | |
| 38. | Protect the moral and legal rights of the | | | | | |
| | patients | | | | | |
| 39. | | | | | | |
| | unethical, or illegal health care provided | | | | | |
| | by others | | | | | |
| 40. | | | | | | |
| | to benefit the medical treatments | | | | | |
| 41. | Protecting the patient's rights in nursing | | | | | |
| | care services | | | | | |
| 42. | Providing right information to the patients | | | | | |
| 43. | Protecting the rights of participants in | | | | | |
| | research | | | | | |
| | 8. Ethical values related to | accoun | tability | y | 1 | 1 |
| 44. | Providing nursing care to the benefit of all | | | | | |
| | mankind | | | | | ļ |
| 45. | Being a role model in practice for other | | | | | |
| | professionals | | | | | ļ |
| 46. | Having social responsibility in protecting | | | | | |
| | the public properties | | | | | |
| 47. | Being ready to devote time to work on a | | | | | |
| | necessity or emergency beyond normal | | | | | |
| | working hours | | | | | 1 |
| 48. | Helping the community with problems | | | | | 1 |

| | | | Perception of importance | | | | |
|--|---|--------------|--------------------------|----------|-----|----------|--|
| Ethical values | | Very high | high | Moderate | Low | Very low | |
| | such as a tsunami disaster or flooding | | | | | | |
| 49. | Continuously improving nursing skills and knowledge | | | | | | |
| 50. | Following the policy and be responsible if unable comply | | | | | | |
| 51. | Refusing to participant in unethical care | | | | | | |
| 52. | Promoting and maintaining standard nursing guidelines | | | | | | |
| 53. | Assuming responsibility for meeting the health needs of a culturally diverse population | | | | | | |
| 9. Ethical values related to cooperation | | | | | | | |
| 54. | Continuously coordinating with colleagues and stakeholders to provide effective policies and practice | | | | | | |
| 55. | Preserving and improving relationships with other colleagues | | | | | | |
| 56. | Setting goals and outcomes for the patient's benefit with colleagues and the health care team | | | | | | |
| 57. | Health promotion and illness prevention in public health | | | | | | |
| 10. Ethical values related to caring | | | | | | | |
| 58. | Providing holistic care | | | | | | |
| 59. | Close care of patients without neglecting them | | | | | | |
| 60. | Giving and having compassionate feelings for the patients | | | | | | |

APPENDIX D

LIST OF EXPERTS

Four experts had validated the content validity (CVI) of the Demographic Data Questionnaire and Ethical Values Questionnaire they were:

- Assoc. Prof. Dr. Wandee Suttharangsee
 Nursing lecturer, Faculty of Nursing, Prince of Songkla University,
 Thailand.
- Assist. Prof. Dr. Jaruwan Manasurakarn
 Nursing lecturer, Faculty of Nursing, Prince of Songkla University,
 Thailand.
- Mrs. Pamorn Chamraksa
 Head nurse at Surgical Intensive Care Unit (SICU) Songklanagarind
 Hospital, Hat Yai, Thailand.
- Miss. Thatsana Hiransai
 Head nurse at the Recovery Ward Songklanagarind Hospital, Hat Yai,
 Thailand.

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