PROFESSIONAL VALUES OF LICENSED PRACTICAL NURSES

AND TIME POST INITIAL LICENSURE: A CORRELATIONAL STUDY

by

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PROFESSIONAL VALUES OF LICENSED PRACTICAL NURSES AND TIME

POST INITIAL LICENSURE: A CORRELATIONAL STUDY

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ABSTRACT

The purpose of this dissertation was to explore the correlation between professional values of licensed practical nurses working in long term care settings and time post initial licensure. A quantitative non-experimental correlational research design was used to capture self-reports of professional values of licensed practical nurses then determine if and to what extent a relationship exists between professional values and time post initial licensure. The Nurses Professional Values Scale- Revised (NPVS-R) instrument was used to capture the professional values of 101 LPNs in Vermont and correlate the results with time post initial licensure. The results indicate that LPNs who have been licensed 5-10 years have the highest professional values when compared to LPNs employed 1-4 years and greater than 10 years. The results also indicate, a negative correlation exists between all professional values of LPNs and time post initial licensure if the LPN is employed in a long- term care setting. Four of the twenty-six professional values statements were noted to be negatively correlated and statistically significant ($p<0.05$). This is the first study to use the NPVS-R to collect and measure the professional values of LPNs. This study's findings may have significance for nursing education, nursing regulation and licensure, and employment of the LPN in long term care.

ACKNOWLEDGEMENTS

DEDICATION

This dissertation is dedicated to my parents and my husband. My parents instilled in me the love of words, faith, and hard work. My husband Tom provided endless support and never once doubted I would reach this goal.

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Introduction

Nursing is recognized as an honest and ethical profession (Swift, 2015). The profession is grounded in ethical principles outlined in the American Nurses Association (ANA) Code of Ethics (ANA, 2016). Every individual entering the profession is expected to be competent in nursing knowledge and skills. In addition to knowledge and skills, the nurse is expected to adopt affective behaviors reflective of professional values (Bastable, 2008; Gallagher, 2013;) regardless of the type of nursing license or degree.

A nurse's professional values develop along a continuum, yet they are not immune to social or political influences (Gallagher, 2013; Rassin, 2008) or ethical judgments faced daily in practice (Benner, Tanner, & Chesla, 2009). Professional values include concepts such as: (1) caring, (2) trust, (3) professionalism, (4) justice, and (5) activism (Fisher, 2014; Weis & Schank, 2009). Professional values integrate with personal values in an ongoing maturation process. *Knowing that* blends with *knowing how* in the action of putting theory to practice through experiential learning from novice to expert (Benner, Tanner, & Chesla, 2009). Professional values are influenced by personal demographics such as age, culture and marital status in combination with personal values, education and experiential learning (Iacobucci, Daly, Lindell, & Griffin, 2012). Professional values may change in response to biopsychosocial factors (Vandenhouten, Kubsch, Peterson, Murdoch, & Lehrer, 2012) or because personal demographics such as age, education, or marital status change. A change in professional values in the context of social and organizational factors may impact patient safety.

Chapter 1 provides background information of the discipline of nursing, education and employment of the LPN, and professional values with a brief look at the physical and emotional impact for Vermont LPNs working in long term care. The relationship of the problem and purpose of the research is evident in the theoretical framework. The nature and significance of the study tie into the research question and hypothesis. In addition, the chapter provides definition of terms, limitations, and delimitations along with a summary.

Background of the Problem

Historically, Florence Nightingale did not believe nursing should be licensed since she believed the quality of nurses could not be determined through registration (Dorsey, 2007). Since 1903 when initial licensure began in some states, state boards of nursing are responsible for monitoring and evaluating whether or not nurses are delivering safe, high quality and ethical care (Dorsey, 2007). A study by Corrazani et al., (2011) recognizes the role of state boards of nursing in detailing scope of practices that improve the quality of health care. In states like Vermont, the LPN can delegate and supervise nursing assistants. The lack of regulation and increase permissiveness of the LPN role negatively impacts quality of care to residents in long term care settings (Corrazani et al., 2011) and blurs the scope of practice.

The problem of unsafe nursing practice extends beyond local states as it has become a national problem. The Institute of Medicine (IOM) publishes reports on health care. The first three published reports: (1) "To Err is Human", 1999 (2)"Crossing the Quality Chasm", 2002, and (3) " Keeping Patients Safe", 2004 shared with the public how health care culture was not always safe and new improvements need to be

made to keep the public safer (Thompson et al., 2007). The topics of preventable errors, work place culture, and patient safety were the focus of these reports. The fourth 2010 IOM report, "The Future of Nursing: Leading Change, Advancing Health" recognized the role and employment of the majority of LPNs employed in long term care settings (IOM, 2010).

The Robert Wood Johnson Foundation report of 2002 highlighted the nursing shortage and the challenges nurses face in the work place (Thompson et al., 2007). There are a significant number of research articles about job satisfaction and the correlation with work environments (Engstrom, Skytt, & Nilsson, 2011; Palumbo, McLaughlin, McIntosh, & Rambur, 2011; Simpson 2010; Torsney, 2011; Tourangeau, Cranley, Laschinger, & Pachis, 2010). Palumbo, McLaughlin, McIntosh, & Rambur (2011) provide an in depth statistical analysis of the Vermont LPN and work force issues specific to nursing homes. In addition, their recent research provides statistical data of physical and emotional health as perceived by the LPNs. Vermont LPNs in long -term care settings report a decrease in physical and emotional health. The problem of unsafe nursing practice may be an outcome or a result of extended employment in long term care coupled with a change in physical and emotional health leading to a change in professional values.

Fundamentally, health care workers need to be responsible and accountable for their knowledge, skills, and behaviors affecting patient outcomes. The metaparadigm of nursing recognizes the relationships among human beings, environment, health, and nursing (Fawcett, 2005) which acknowledges the complex interactions in the roles and responsibilities of the nurse and the impact environment can have on the health and

well-being of patients and caregivers. Carper expanded on knowledge obtained through

the science of nursing by identifying three other patterns of knowing: esthetics (art of

nursing), personal knowledge, and ethics (Carper, 2006).

Personal knowledge is another way of knowing involving relationships and

interactions with new emphasis on the quality of those relationships with the goal of self-

actualization despite being impacted by the environment and behaviors by others (Carper,

2006). Caring is embedded in the art of nursing and science of nursing demonstrated

through professional behaviors underpinned by knowledge and skill. Ethical ways of

knowing are impacted by the moral obligation and responsibilities of the nurse (Carper,

2006). The codes of ethics in nursing are the standards of the profession and should

guide professional behavior. Every individual entering the profession of nursing is

obligated to follow the 2015 American Nurses Association (ANA) Code of Ethics in

caring out the duties within the profession (LeDuc & Kotzer, 2009). The National

Federation of Licensed Practical Nurses, Inc. (NFLPN) establishes practice standards for

the LPN similar in language to the American Nurses Association (ANA) Code of Ethics

for professional nurses.

<center>Problem Statement</center>

A population of LPNs face disciplinary action for unethical and illegal

behaviors while working as nurses in long term care settings. In 2010, data from the

Vermont State Board of Nursing (VSBN) revealed 64 of the 292 (22%) complaints

against nursing licenses were related to the LPN (Vermont State Board of Nursing,

2012). Interestingly, the LPNs disciplined in 2010 had a statistical tendency to be

licensed seven and nine years post licensure and not as new graduates with the national

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tendency for nurses to be disciplined on average 12 years post licensure (Kenward, 2009). The number of violations has exponentially increased by 72% over the past 11 years (Kenward, 2009). Some nurses are practicing illegally and unethically causing harm or potentially causing harm by withholding medications, administering wrong medications, drug abuse, and practicing unsafely (Clevette, Erbin-Roesemann, & Kelly, 2007). Over 76% of all nurses disciplined have been licensed for five years or longer (Kenward, 2009). Kenward (2009) found most of the nurses disciplined have been licensed for 10-24 years with 12 years being the average. According to Zhong and Thomas (2012), national data collected in 2008-2011 from 20 boards of nursing and 861 disciplinary cases determined 32% or practice breakdowns occurred in long term care settings and assisted living facilities and the majority of cases involved LPNs.

The National Council of State Boards of Nursing collects data from participating state boards of nursing (NCSBN, 2014). In 2013, state boards of nursing disciplined a total of 11,551 RN and LPN/LVN licenses (NCSBN, 2014). Of those disciplined, 4,517 were LPN/LVN licenses. In comparison, the number of LPN/LVN licenses was four times the number of RN licenses disciplined. As illustrated in Table 1, the problem of license complaints is not exclusive to Vermont. In 2013, 23 LPN's and 23 RN's with active Vermont licenses were disciplined (NCSBN, 2014). In isolation these numbers look insignificant. However in 2014, there were 17, 330 Vermont RN's versus 1807 Vermont LPN's with active licenses (NCSBN, 2014). There were almost *10 times* as many complaints against the Vermont LPN. Most of the complaints reported to the Vermont State Board of Nursing by employers demonstrated a strong relationship in the affective domain as demonstrated by unethical and unprofessional behaviors.

Table 1

2013 Comparative National RN and LPN Discipline Rates and Active Licenses

License Type	Total Number of Discipline (probation, suspensions, revocations)	Active Licenses	Percentage Discipline Rates
RN	7,598	4,191,081	0.18%
LPN	4,517	939,904	0.48%

The nature of 29 complaints against the LPN license from 2011-2012, the initial

licensure date of the LPN, the setting of the complaint and the relationship of the

complaint and NCLEX test plan is depicted in Table 2 below. Nineteen of twenty-nine

(65.5%) complaints are associated with LPNs initially licensed 5 years or greater and

occur in long term care settings. This is twice the national average for discipline in long

term care settings. The discipline issues are aligned with the NCLEX-PN test plan.

Initial licensure signifies the practical nursing student has the knowledge, skills, and

abilities to practice nursing safely in the four client needs categories: (1) Safe and

Effective Care Environment, (2) Health Promotion and Maintenance, (3) Psychosocial

Integrity, and (4) Physiological Integrity (NCSBN, 2014).

Table 2

2011-2012 Vermont State Board of Nursing LPN Complaints

2011-2012 VSBN LPN Complaints	Years Post	Work Setting	NCLEX Test Plan Content Areas
Medication Knowledge and Practice	3, 5, 26, 29, 2, 23	4-Long Term Care 1-Doctor's Office 1-Acute care	Physiological Integrity
No Active License	3, 4	Not Disclosed	Safe and Effective Care Environment
Drug Diversion	1, 11, 5, 4	3-Long Term Care 1- Acute Care	Safe and Effective Care Environment
Inappropriate Relationship	3	1-Long Term Care	Safe and Effective

	1	1-Correctional	Care Environment
Assessment Documentation	12, 1, 20, 2	3-Long Term Care 1-Not disclosed	Safe and Effective Care Environment
Alcohol	8	Long Term Care	Safe and Effective Care Environment
HIPPA	4, 33	Acute Care	Safe and Effective Care Environment
Failure to Act/Report	32, 6, 7	Long Term Care	Safe and Effective Care Environment
Pillow Over Head/Left Patient Shower Room/Restraint	8, 46, 6	Long Term Care	Safe and Effective Care Environment Physiological Integrity Psychosocial Integrity
Operating Out of Scope of Practice	23, 6	Doctor's Office	Safe and Effective Care Environment
Poor Infection Control Practice	7	Long Term Care	Safe and Effective Care Environment

Twenty-three of the complaints were associated with content under the category of Safe and Effective Care Environment in the NCLEX Test Plan. Safe and Effective Care Environment includes subcategories of coordination of care and safety and infection control. Coordination of care includes activities that protect the client by following legal and ethical guidelines, advocating for the client, coordinating referrals and using a collaborative approach to effective patient care (NCSBN, 2016). Safety and infection control refers to nursing behavior to protect the client, self, and others from unhealthy behaviors or environmental hazards (NCSBN, 2016). The ability to provide a safe and effective care environment requires devotion by the nurse in maintaining knowledge, skills, and behaviors from initial licensure to present-day practice.

The sample for research purposes included the LPNs currently working in long term care settings since the majority of LPNs in Vermont work in long term care and the majority of complaints are from long term care settings. These statistics will not

improve unless we have a better understanding of the professional values of licensed practical nurses working in long term care settings and commit to proactively addressing the problems (Pugh, 2011). A correlational approach explaining the relationship of professional values and the element of time will add to the discourse of competency in nursing practice.

Purpose

The purpose of the research was to describe and explain the phenomenon of professional values of LPNs working in long term care settings. In addition, the variable of time may predict at what point professional values are most vulnerable to change. Phenomenon can be described, explained, or predicted using research (Carper,2006; Tomey & Alligood, 2002;). The study provided a description of the self- reported professional values of the LPN. In addition, the length of time post initial licensure and professional values was correlated to help explain the phenomenon. According to Peters (2008), a non-experimental descriptive correlational design can be used to explain the similarities and differences in the relationships among the variables. The aim of the research lended itself to quantitative research.

Significance of Study

The significance of the study has implications for the education of the LPN, employment of the LPN in long term care, State Boards of Nursing regulation and licensing processes, and overall safety of the public. As mentioned, the 2010 IOM report, "The Future of Nursing: Leading Change and Advancing Health" recognized the role and employment of most LPNs in long term care (IOM, 2010). The LPN has the education, license, and scope of practice to provide nursing care to long term care

residents. There is a national trend to increase the education of nurses to a minimum of

a BSN level 10 years post initial licensure (IOM, 2010). However, the focus has been

on enacting mandatory continuing education of the diploma and associate degree nurse

and discourse regarding the mandatory continuing education of the licensed practical

nurse is absent from the conversation.

Significance of the Study: LPN Education

Regardless of the nursing certificate or degree completed, exposure to the

practice of nursing, nursing education and lifelong learning in nursing are dependent on

practical and propositional knowledge and start once enrolled in some type of nursing

education. In practical nursing education, students are exposed to science courses,

liberal arts, biological, physical, and psychological courses to prepare them to integrate

theoretical knowledge to practice issues (NCSBN, 2013). In addition to formal

education, the hidden curriculum of nursing education is for students to adopt the values

of the nursing profession evaluated by words and actions in the classroom and in

clinical settings (Bastable & Doody, 2008).

Nursing instructors use learning theories to guide the formal and informal

educational process recognizing learning theories may be influenced by physiological,

psychological, and social factors that impact individual's learning and behaviors

(Braungart & Braungart, 2008). As explained by Braungart and Braungart (2008),

humanistic learning theory acknowledges the uniqueness of persons and the emotional

and psychological influence on motivation. Moreover, humanistic learning theory

recognizes societal values and expectations may cause negative or positive

psychological impact and motivate people to change behaviors.

Clinical experiences afford nursing students an opportunity to apply theoretical knowledge while maintaining or improving patient's physical and psychosocial integrity, promoting and educating on health issues, and providing a safe and effective environment (NCSBN, 2013). In the process of establishing interpersonal relationships with a variety of patients in acute care and long term care settings, the student learns ethical principles guiding the profession. The NCLEX-PN test plan integrates the patient (client) needs into a comprehensive written test a student will take after completing a nursing program (NCSBN, 2014).

Nursing instructors evaluate the cognitive, psychomotor, and affective domain of the student during clinical experiences. The cognitive domain refers to knowledge, psychomotor refers to the ability to perform skills, and affective refers to beliefs, values, and attitudes. Learning can occur in one or more of the domains at the same time (Bastable, 2008; Goulet & Owen-Smith, 2005). The internalization of this learning helps establish the values of the profession and promotes professional behavior. As explained by Altun (2002), knowledge of one's personal and professional values are motivating factors that influence attitudes and behaviors. Rassin (2008) shares this idea and adds another layer to the importance of values by recognizing decisions we make and actions we take are outcomes of the values we accept as our own.

Significance of the Study: Licensing and Regulation

Licensure is achieved in Vermont once a practical nurse completes a nursing education program approved by the state board of nursing and achieves a passing score on The National Council Licensure Exam- PN (NCLEX-PN) (Benefiel, 2011). Successful completion of the NCLEX-PN signifies the practical nurse is competent to

practice nursing under RN supervision. The issuance of the nursing license by the Board of Nursing confirms the practical nurse has met the minimum standard for licensure. The license symbolizes competency in knowledge, skills, and behaviors has been achieved by formative and summative measurements and evaluations during the educational journey. The license is personal property and regulated by the state board of nursing (SBON). If the LPN adheres to the Vermont nurse practice act and follows the regulatory requirements and legal privileges afforded by the license, competency is considered maintained post licensure. Every two years, license renewal procedures in many states, including Vermont, only require completion of a renewal form with questions of tax and child care obligations, practice hours, and a fee to maintain a license (VSBN, 2014). This research provides the VSBN with empirical data that has the potential to impact policy and procedures related to the continuing competency of the LPN to maintain licensure or curriculum change to better prepare the LPN for employment in long term care. In addition, this research is timely. The National Council of State Boards of Nursing (NCSBN) recently announced plans to conduct research into the topic of continued competency admitting there is a discrepancy between states evaluation of ongoing competency and a lack of empirical data to support the best measurement and evaluation method (Johnson, 2014).

Significance of the Study: Administrative leadership long term care

Licensed practical nurses bring their knowledge, skills and behaviors to health care settings after their formal education. A nurse attains and maintains practical and propositional knowledge though an iterative process in the personal and cultural environment of education and employment (Braungart & Braungart, 2008). McKenna

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and Slevin (2008) describe practical knowledge as knowing how to perform a skill or task because of cognitive knowledge and practical wisdom. Propositional knowledge or knowing that refers to knowledge derived with (a posteriori) or without (a priori) the benefit or need for experience (McKenna & Slevin, 2008). Accordingly, competence in performing a skill evolves over time from practical as well as propositional knowledge. The affective domain underpins the cognitive and psychomotor domain and guides professional behaviors (Goulet & Owen-Smith, 2005). Gregg and Magilvy (2001) phrased the process of building professional identity as bonding into nursing. After licensure is obtained, the nurses' personal and professional role and identity evolves from a new graduate perspective to a licensed nursing employee in a lifelong process of interaction and reflection. As identified by Dinmohammadi, Peyrovi, and Mehrdad (2013), professional socialization is an iterative process of learning, interaction, development and adaptation.

Nature of the Study

A non-experimental descriptive quantitative design correlational approach was used to collect and measure professional values of the LPN working in long term care settings and the relationship of time post initial licensure. A non-experimental research design was chosen because professional values are not something a researcher can manipulate. Professional values can be made explicit by observing professional behaviors or implicit, but measured through a self-reported professional values survey instrument or interview. Surveys are used to collect participant's behaviors, attitudes, or opinions (Marczyk, DeMatteo, & Festinger, 2005). Professional values and time post initial licensure can be correlated to determine the relationship and strength of

relationship between variables. As explained by Marczyk, DeMatteo, and Festinger, (2005), a correlational study seeks to determine if a relationship exists.

A phenomenological research design could have been chosen to develop an understanding of the experience of LPNs working in long term care settings (Schram, 2006). Observations and in-depth interviews are methods employed in phenomenological studies with the researcher engaged in critical reflection to understand the meaning of the experience from the perspective of the participant (Bogdan & Biklen, 2007; Schram, 2006). Professional values could be explicitly observed in this research design and captured during interviews while conducted in the long-term care setting. This research topic lends itself to a phenomenological design. However, this researcher was limited in funds to conduct and complete the research in a timely manner. Since a population of LPNs tend to exhibit unprofessional behaviors five years post licensure, a study using a survey to capture a self- report of professional values and correlated with time post initial licensure describes and explains this phenomenon.

Methodology

The research will be conducted using a positivist, reductionist, philosophical approach. According to Banfield (2008), the philosophy of moderate realism comes from the philosophy of Catholic St. Thomas Aquinas. Realism as defined by Boersema (2009) is the viewpoint that the real world exists. Wilson, an entomologist stated, "…there is just one world "out there," which is incredibly complex and varied, but, still, it is still one world. We might think about it in a variety of ways and those ways may change over time (and indeed, they have), but nevertheless, the world is what it is and

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the phenomenon is what they are" (Boersema, 2008, p. 210). The moderate realism

philosophical approach lends itself to experimentation and empirical data collection and

analysis (Zander, 2007). Measurement of the variables is possible with the goal of

approaching the truth (Donaldson, Christie, & Mark, 2009).

Reductionism as explained in Boersema (2009), is "the notion that higher-level

entities can be explained (i.e. reduced) in terms of lower-level entities" (p. 563). Within

reductionism there can be ontological, epistemological, and axiological unity that can

provide a better knowledge, comprehension, and application of phenomenon (Boersema,

2009). Scientific models and theories answer the question of what is the reality of

physical things (metaphysics or study of reality while procedures and techniques are

used to answer the how we come to know something (a priori, propositional, practical)

or epistemiological. Purposes and goals of research answer the why or axiology (study

of values).

<div align="center">Research Design</div>

A quantitative non- experimental descriptive correlational research design using a

professional values instrument was used to capture self-report of professional values in

this research. In addition, professional values and time since initial licensure was

correlated. "The Nurses Professional Values Scale- Revised (NPVS-R) is a

psychometrically sound instrument for measuring professional nurses' values and

enhancing professional socialization" (Weis & Shank, 2009, p.221). The NPVS-R

instrument has content and construct validity. The instrument measures professional

values. The survey is constructed from standards of the American Nurses Association

(ANA) Code of Ethics Interpretative Statements. Past studies used the NPVS-R with

RN, BSN, graduate students, and practicing RN participants. No study measuring

professional values of the LPN using the NPVS or NPVS-R has been performed.

Participants were asked to identify the importance of 26 interpretative

statements relevant to professional values. The 26 items pare down to five professional

values identified by the scale ranging from (1) not important to (5) most important. The

higher scores correlate with higher professional values. Since all nurses have

professional values and LPNs are considered nurses, it necessarily follows that LPNs

have professional values. All Vermont LPNs with an active license were sent a Survey

Monkey link with the opportunity to participate in the electronic survey to decrease the

risk of a low response rate and capture responses from nurses working in long term care

having varying lengths of employment post initial licensure. As noted by Vogt (2007)

and Burns et.al., (2008), the external validity can be threatened if the sample cannot be

generalized.

Thirteen hundred and twenty- three LPNs were mailed a postcard to their home

address with an invitation to provide responses to a survey about professional values.

On the postcard was a Survey Monkey link. The first page of the survey included the

informed consent with an opportunity for the participant to agree or disagree to the

Informed Consent then exit or participate in the survey. Study participants were

informed from the time of initial contact on the first page of Survey Monkey how to

contact the researcher. The subjects were given the researcher's phone number, mailing

address and email address and encouraged to call, email or write with any questions or

concerns. In addition, the researcher explained, participants could write to the

University of Phoenix Institutional Review Board (IRB) for any complaints or

concerns.

Survey Monkey was used to collect the survey responses. Survey Monkey is an online survey tool used for many purposes including research (Survey Monkey, 2016). The NPVS-R was integrated into Survey Monkey. The IP addresses were turned off to assure anonymity. Demographic information including a question regarding time post initial licensure was collected. After completing the survey the study participant could decide to withdraw their responses. The thumb drive with the survey responses would then be retrieved from a locked safety deposit box. Once the study participant's demographic information and responses were identified, their information would be secured, withdrawn from the collected data, and deleted off the thumb drive. After 3 years, the thumb drive will be smashed. The participant's names and addresses are locked in a separate location for three years and then shredded. Data collected was quantified, analyzed, and correlated using SPSS-24 software. According to Vogt (2007) descriptive statistics and associations can be measured and analyzed.

<div align="center">Research Question</div>

According to McKenna and Slevin (2008), the theoretical concepts are evident in the research question or hypothesis. The nature of the research question(s) and the variables determine the research instrument (Marczyk, DeMatteo, & Festinger, 2005). One research question was formulated with the aim of collecting empirical data for the purpose of exploring the professional values of licensed practical nurses. The research question inquires about the relationship between professional values and time post initial licensure; and the strength of the correlation between professional values and time post initial licensure. Once it was determined a relationship existed between the

variables, a correlation was performed summarizing the strength of the association. The research question for this study:

RQ1: Does a relationship exist between professional values and time post licensure?

Hypothesis

The aim of the research question was to explore to what extent the LPN integrates professional values into practice issues and the strength and significance of the relationship among the variables. Empirical data regarding professional values of LPNS is lacking; therefore, establishing professional values: (1) exist, (2) can be collected and (3) quantified with the LPN population was foundational to this study.

A null hypothesis states there is no relationship between the variables (Polit, 2010). Alternate nondirectional hypothesis states there is a relationship between the variables and it results in either a positive or negative association (Polit, 2010). The alternate hypotheses captured professional values decrease over time post licensure. The strength of the relationship was established using statistical methods.

The following null and alternative hypotheses were associated with the research question:

H°: There is no relationship between professional values and time post initial licensure.

H1A: There is a negative relationship between professional values and time post initial licensure.

H2A: There is a positive relationship between professional values and time post initial licensure.

The independent variable was professional values and the time post initial

licensure was the dependent variable. The dependent variable of time is defined as the

number of years the nurse has been licensed as a LPN regardless of employment setting.

Professional values are defined as "…standards for action that are preferred by

practitioners and a professional group and provide a framework for evaluating behavior"

(Weiss & Schank, 2000, p. 201). Professional values measured in the survey include:

(1) caring, (2) activism, (3) trust, (4) justice, and (5) professionalism. The concepts

used by Weis and Schank (2009) are explained below.

Caring refers to roles and responsibilities of the nurse including concern for duty

to others and self in providing respectful, compassionate care regardless of

socioeconomic status or disease. Activism refers to participation in enacting change

and affecting social policy by becoming a member of a professional nursing

organization and participating in research. Generally trust is about duty and loyalty in

the profession by maintaining competency in practice, accepting responsibility and

being accountable for actions as well as reflecting on own practices and seeking help as

needed. Professionalism encompasses conduct reflective of standards of the profession,

participation in peer review and actions focused on improving work environments.

Lastly, justice is about promoting accessible and equal care regardless of culture with

the goal of protecting the public.

Professional values are adopted into a nurse's personal and professional identity

and operationalized through affective behaviors. The Taxonomy of the Affective

Domain was developed in 1964 by Krathwohl, Bloom, and Masia in which there are

five levels based in a hierarchy that include: (1) receiving, (2) responding, (3) valuing,

(4) organization, and (5) characterization (Boyd, Dooley, & Felton, 2006). Table 3

below operationalizes professional values using affective behaviors.

Table 3

Affective domain and professional values operationalized

Affective Domain (Bastable & Doody, 2008)	Receiving Accept Attend Listen Observe	Responding Agree Answer Discuss Express Participate	Valuing Choose Disagree Assist Assert Complete	Organization Alter Integrate Explain Integrate Resolve	Characterization Commit Display Influence Propose
Caring	Observes and supervises the care provided by others.	Discusses how to achieve best outcomes.	Practices according to ethical and legal guidelines.	Advocate for the patient.	Commits to taking care of the person according to guidelines of profession.
Activism	Attends conferences related to patient care.	Participates in allocation of resources.	Chooses to participate professional nursing activities.	Expresses interest in participating in nursing research.	Influences policy and procedures within health care
Trust	Responsible and accountable for own practice.	Participates in delivering care.	Asserts self as a professional to provide health	Helps resolve conflict.	Displays competency in area of practice.
Profession-alism	Role models professional behavior.	Participate in the peer review process.	Chooses to practice professional standards.	Integrates knowledge, skills, and attitudes into role.	Promotes and maintains standards of health

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Justice	Accepts concept of fair and equal treatment.	Participates in providing culturally diverse care.	Responds to unfair nonjudg-mental care delivered by others.	Integrates the concept of equality by delivering care regardless of cultural diversity.	Commits to protecting health and safety of public.

Watson's Theory of Transpersonal Caring

The research was framed using Watson's Theory of Transpersonal Caring and the Caritas Processes. The theory has been categorized as a middle-range explanatory theory (Fawcett, 2005). Watson's theory recognizes the process and development of caring behaviors through shared transpersonal relationships situated in caring moments and with intentional caring consciousness (Watson, 2006). Caring is demonstrated through nurse's behaviors toward another person and reciprocated from the person receiving the focus of the caring. Caring can be thought of as a nursing process resulting in improved patient outcomes worthy of qualitative and quantitative inquiry. Her theory identifies 10 Caritas (caring) processes underpinning a therapeutic relationship between nurse and patient and framed within a moral imperative (Fawcett, 2005; Tomey & Alligood, 2002, p. 149).

1. Formation of a Humanistic- Altruistic system of values.

   Values are learned. They can be influenced by others during the education process. Satisfaction is achieved by giving of oneself to help others.

2. Instillation of Faith-Hope

   The nurse promotes a holistic and positive approach to providing care by

integrating humanistic and altruistic values. In addition, the nurse establishes

a helping relationship with the patient.

3.   Cultivation of Sensitivity to Self and Others

The ability to recognize own feelings to accept self and realize self-

actualization. Goulet and Owen-Smith (2005) used the term "knowing of

oneself" (p. 67). Once self-actualized, the nurse is able to be more

responsive to the needs of others in establishing a genuine and sensitive

relationship.

4.   Development of a Helping-Trust Relationship

This caring factor was inspired by the work of Carl Rogers, a humanist

psychologist. The development of a helping –trusting relationship helps

establish transpersonal caring and achieve outcomes. Transpersonal caring

is achieved through congruence, empathy, non-possessive warmth, and

effective communication.

5. Promotion and Acceptance of the Expression of Positive and Negative

Feelings

The nurse provides opportunity for patient to share feelings and recognizes

people's perceptions of situations will depend on their emotional and

cognitive level of understanding.

6. Systematic Use of the Scientific Problem- Solving Method for Decision

Making

The use of the nursing process in systematically and organizing patient care.

7. Promotion of Interpersonal Teaching-Learning

The nurse empowers patients by teaching about self- care, health

promotion, and wellness. The focus is on caring and not curing.

8. Provision for Supportive, Protective, and Corrective Mental, Physical,

Sociocultural, and Spiritual Environment

This caring factor recognizes the internal and external forces impacting a

person's state of holistic wellness. The internal environment encompasses

the mental, spiritual and sociocultural beliefs. The external environment

includes comfort, privacy, safety, and cleanliness.

9. Assistance with Gratification of Human Needs

This factor incorporates Maslow's hierarchy of needs. Before self-

actualization can be achieved the lower level needs should be met first.

These needs include biopsychosocial and intrapersonal needs of patient and

nurse.

10. Allowance for Existential-Phenomenological Forces

This factor recognizes our understanding and response to

phenomenon and situations requires an understanding of self and

others.

Watson's theory recognizes a nurse's knowledge and skills are necessary in

providing care, but caring is the tacit knowledge that is internalized, nurtured and then

externalized through behaviors toward others. Her theory recognizes the holistic nature

of humans and the powerful element of caring in promoting or maintaining health

(Fawcett, 2005). A caring environment or culture promulgates caring behaviors. Caring

is the most important personal and professional value a nurse should possess and

express to develop in oneself and share with others. According to Fawcett (2005),

research is lacking in empirical data using Watson's theory in establishing how the

clinical caritas processes translate to transpersonal caring in nursing practice. Watson

and Browning (2012) recognize caring theory translates to nursing practice evident in

hospitals designated as Magnet organizations. Empirical knowledge of professional

values can explicate the caring processes evident in clinical nursing practice. Residents

in long- term care settings require caregivers who can attend to their physical,

psychological, social, and spiritual needs. Moreover, these residents and caregivers

share a relationship that may negatively or positively be reflected in their sense of self.

Other theories have been used to frame research studies on the topic of

professional values. A nonexperimental correlational study, exploring relationship of

professional values, self-esteem, and ethical confidence used Theory of Self-Esteem and

Values Theory (Iacobucci, Daly, Lindell, & Griffin, 2012). Both theories were used to

explain how self-esteem and values are an integral part to developing professional

identity and illustrate the relationship among the variables. This study concluded there

is a positive relationship between self-esteem and professional values of a convenience

sample of senior Bachelor of Science nursing students. However, there was no

significant relationship with confidence in ethical decision making, self-esteem and

professional values.

Hinshaw's theory of socialization and Krathwohl's learning theory have been

used in past studies exploring the phenomenon of professional values using a sample of

BSN student nurses graduate student nurse, and practicing RN's. The nature of the

study focuses on how learning impacts socialization. These theories in combination

integrate the theory of self-concept in that professional values are learned through formal and informal processes and shaped by experiences. These theories focus on the process of developing a self-concept, but stop short of explaining self-concept as a product made explicit through behaviors.

<div align="center">Definition of Terms</div>

The literature was reviewed for definitions of the terms most congruent with this study. Some of the terms are meant to clarify the role of licensed practical nurse and scope of practice, identify what constitutes a long-term care setting, and difference between personal and professional values. The definitions helped clarify the concepts of the study.

Long- term care setting: a health care setting that provides health care at different levels of service including maintenance and custodial care for a population of chronically ill, physically or mentally handicapped persons (Carroll, 2011). Long-term care setting is typically associated with a nursing home setting providing 24 hours a day nursing care, but also includes residential care at assisted living facilities.

Licensed practical nurse (LPN): a nurse defined by the VSBN (2016) as licensed to practice under the direction of registered nurse, advanced practice nurse, physician, or dentist. The scope of practice for the LPN includes the use of the nursing process in providing safe and effective nursing care directly or indirectly through delegation. The LPN contributes to the plan of care implementing and evaluating the individual's response to nursing care.

According to current VSBN statutes (2016) the LPN responsibilities include, but is not limited to:

(a) contributing to the assessment of the health status of individuals and groups, (b) Participating in the development and modification of the strategy of care, (c) Implementing the appropriate aspects of the strategy of care as defined by the board, (d) Maintaining safe and effective nursing care rendered directly or indirectly, (e) Participating in the evaluation of responses to interventions and (f) Delegating nursing interventions that may be performed by others.

Values: *Values* are defined as "personal beliefs about the truth, beauty, or worth of a thought, object, or behavior that influence an individual's actions" (Townsend, 2009, p. 863). Professional values in nursing include concepts such as: (1) caring, (2) trust, (3) professionalism, (4) justice, and (5) activism (Fisher, 2014; Weis & Schank, 2009). Tappen, Weiss, and Whitehead (2004) further explain decisions are based on a value system. Moreover, our actions reflect what is valued.

Assumptions

There were three assumptions for this study taking into consideration human nature and agency, social relations and effects of power and ethics. First, personal and professional values guide behaviors and actions. However, these values may be compromised if external conditions are negatively impacting their physical, psychological, psychosocial, or spiritual health. Second, quantitative research can be used to collect and quantify professional values and answer the research question. Third, participants objectively and truthfully answered the professional value statements through an anonymous survey without fear of retribution.

Limitations and Delimitations

This study was distributed to a population of Vermont LPNs. There were 1,666 active Vermont LPNs listed on the Vermont State Board of Nursing website (VSBN, 2015). Thirteen hundred and twenty-three LPNs with active Vermont licenses and a Vermont mailing address were included in the study. LPNs excluded from the study were those with a non-Vermont mailing address who may or may not be employed in the state. This study required participants with different time intervals of licensure 0-4, 5-10, and greater than 10 years since initial licensure. The LPNs were sent a postcard with a Survey Monkey link. If they chose to participate, they accessed a Survey Monkey link with an informed consent on the first page, 26 professional value statements and demographic questions.

The research was conducted protecting the participant's right to anonymity and confidentiality requesting permission from them to voluntarily participate, with the ability to withdraw at any time without recourse. The nature of the research study and my role as researcher was explained on the first page of the survey. Because the survey was administered online and it was not possible to obtain participant signature for informed consent, a waiver for informed consent was requested and approved. On the first page of the survey, the participant had the option to agree or disagree to the extent they understood the nature of the research, risks and benefits. If they disagreed, and one LPN who accessed the survey did, they exited the survey by clicking on the disagree radio button. This researcher is not biased and attempted to include all LPNs with active Vermont licenses who lived in the state. The participants had the opportunity to skip questions if they chose. Participant's information was collected anonymously. The IP settings and email settings were turned off during data collection. The survey responses

without any identifiers are stored on a thumb drive in a locked safe deposit box for 3years then will be destroyed. Even though the names and addresses of the actual participants were not known, the list of LPN names and addresses are stored safely under lock for three years in a separate location from the thumb drive. At the end of three years, the list of LPN names and addresses will be shredded.

Summary

Chapter 1 introduced the problem of discipline issues in nursing with a focus on the LPN working in long term care. In addition, this chapter provided a background on the state of health care and the need to improve processes within health care to make it safer for the public. When public trust is lost, the nursing professional image is tarnished and poor patient outcomes result. A non-experimental descriptive quantitative method correlational design provided meaningful data from participant's willing to share their professional values as a health care worker. Survey Monkey collected the data and this researcher analyzed and synthesized the data. Watson's Theory of Human Caring provided the theoretical framework. The theoretical framework helps frame the study providing a focus to study the problem using a deductive stance from conceptualization to study results. As suggested by Tomey and Alligood (2002), this researcher used a theoretical lens to study and interpret the empirical data.

Chapter 2 provides historical information regarding the history of nursing and current status of the profession. The focus is on the long-term care setting and the LPN. The literature was reviewed for studies pertaining to professional values of the LPN and gaps in knowledge. Lastly, the literature review was framed using a biopsychosocial approach.

Chapter 2

Literature Review

Chapter 2 addresses the literature of relevance to the research question, historical and current knowledge of professions and professional practice of the LPN and gaps in the literature regarding what is known about professional values of the LPN working in long term care. Vermont LPN discipline issues, long term care setting work environments, biological, psychological, sociological and spiritual impacts on LPNS as well as the social nature of work relationships were topics searched to better understand the context of the problem. Research studies were synthesized and gaps of knowledge were identified providing significance to this study. A literature review helped identify the state of the science as it pertains to LPNs working in long term care.

Title Searches

Literature was retrieved through the University of Phoenix Library online databases, EBSCOhost, Proquest, and Sage, Journals @ OVID, CINAHL Plus with full text, Academic Search Complete, peer-reviewed journal articles and dissertations. Initially, publication limits were set at less than five years from current year. Because research of the LPN working in any setting was minimal the search limits were removed. The Vermont State Board of Nursing, National League of Nursing, American Nurses Association, National Councils of State Boards of Nursing (NCSBN), Vermont State Nurses Association (VSNA), and Vermont Technical College internet sites, and Gale Virtual Reference library provided historical and current information regarding the profession of nursing. The literature search focused on the biological, psychological, sociological and spiritual factors impacting licensed practical nurses working in long

term care settings. Search terms included: LPN, long term care, LPN responsibility, self-concept, professional identity, personal identity, physical and mental health, relationships, ethics, spirituality, and job satisfaction. In addition, professional values and measurement of professional values using a research instrument was explored.

<div align="center">Historical Overview</div>

An occupation is required to meet two criteria to be considered a profession. The criteria include: (1) institutionalized goal or social mission and (2) scientific knowledge to advance and improve professional practice (Schlotfeldt, 2006). It was not until the 18th century that professions were beginning to be recognized. At this time separation from religious influences provided an opportunity for professional organizations to develop and achieve independent status (Roos, 2001). Medicine, law, clergy, and university teaching were recognized as the first professions dominated by male professionals and separated from nonprofessionals because of their intellectual knowledge (Roos, 2001). Schlotfeldt (2006) emphasizes the specialized knowledge of these traditional professionals led physicians to use science to improve health of society, clergy provided spiritual comfort and lawyers helped achieve social justice.

There is theoretical debate of how professions are differentiated from professional to semiprofessional. Power theory recognizes professions as being powerful entities controlling and establishing boundaries but not necessarily being altruistic if they seek to retain their status (Catalano, 2003; Roos, 2001). Trait theory recognizes the expert knowledge and skills of professionals, the autonomy with the ability to control unethical behaviors from within the profession, the authoritarian and altruistic nature, and view by the public as being a profession with the requisite

<div align="center">29</div>

knowledge and skills (Catalano, 2003; Roos, 2001). Despite training and education, nursing in the 20th century was viewed as semiprofessional and female dominated which meant lower pay, lower status, lower job satisfaction, and less autonomy in comparison to occupations deemed professional (Roos, 2001; Wolf, 2006). Through most of the 19th century nursing was not a desirable occupation and attracted women of ill repute with no training, low wages, and poor working conditions (Hill & Howlett, 2009). In 1860, Florence Nightingale established the first nursing training school in England which provided an opportunity for women to gain nursing knowledge and technical skills to work outside the home (Lewenson, 2007). In the United States, the first hospital to train nurses was in 1878 at the New England Hospital for Women and Children (Andrist, 2006). In 1907, Thompson School of Practical Nursing was established in Brattleboro, Vermont (Hill & Howlett, 2009) and still exists today as one of the campuses of Vermont Technical College. According to Lewenson (2007), the American Society of Superintendents for Training Schools was the first nursing organization established in 1893 and eventually renamed the National League of Nursing (NLN) in 1952. In the early days, this organization successfully fought to change and standardize nursing curriculum and practice standards despite heavy political pressure from hospitals and the medical profession.

As explained by Speakman (2006), the associate degree for nursing evolved as a direct result of a nursing shortage after World War II. The associate degree was established as a technical degree with education occurring in higher education and not hospital settings. In 1965, the American Nurses Association (ANA) advocated for increasing the education of nurses to a professional or BSN level. Associate degree,

diploma, and practical nurses were labeled as technical nurses (Mooney, 2007).

The NLN supports nursing education at all levels including the LPN, but also advocates for the BSN as the professional entry level for nursing (NLN, 2014). The American Nurses Association (ANA) and the Vermont State Nurses Association (VSNA) do not advocate for the LPN as evidence by their membership and mission statements (ANA, 2014; VSNA, 2014). The Vermont LPN has no state-wide non-regulatory association to advocate for their continued existence or establish policies and procedures to maintain safe practice.

Within the profession there is no consensus on what should be the professional entry level of nurses and this debate directly impacts the education of nurses. This internal debate may be hindering or helping the profession maintain the traits of the profession. However, this nursing discord of what constitutes professional knowledge may in essence be demoting the LPN to a semiprofessional level while elevating the BSN nurse to professional status reflective of the power theory of professions. Regardless of whether the BSN should be considered entry level into the profession, the LPN working in long term care may need ongoing education and training. Clark (2004) explicates the need for holism and reductionism in nursing and nursing education despite the tensions between the two paradigms. The BSN courses in social and natural sciences along with a liberal arts and humanities courses assist the nurse in providing a holistic and reductionist approach to providing care. This approach then helps the nurse integrate mind-body-soul into their own personal and professional growth and how they care for others (Clark, 2004).

Current Findings

Vermont is a rural state. There is one practical nursing program offered by Vermont Technical College (VSBN, 2014). Students are educated in basic scientific principles of nutrition, anatomy and physiology, foundational nursing, medical surgical nursing, maternity, pediatrics, mental health, and pharmacology. In addition, students are educated in how to establish a nurse client relationship across the lifespan integrating cultural and behavioral principles. The program includes 35 credits for didactic and 12 credits of clinical experiences providing hands on nursing care to assigned patients under the supervision of an instructor (VTC, 2014). Upon successful completion of the 10 ½ month program, the practical nursing student receives a certificate. The graduate is then eligible to sit for the NCLEX-PN exam (VTC, 2014). The VSBN is the regulatory and licensing agency for all nurses practicing in the state and once the student passes the NCLEX-PN licensure is attained (VSBN, 2014).

The LPN is expected to adhere to the code of ethics of the nursing profession outlined in the national federation of nursing practice standards for the licensed/vocational nurse (NFLPN, 2013). The language of the National Federation of Licensed/Vocational Nurses Code of Ethics is similar to the ANA code of ethics for registered nurses. In addition, the NFLPN and National Association of Practical Nurses and Education Services, INC (NAPNES) recognize the scope of practice of the LPN as an entry point into the nursing profession (NAPNES, 2014; NFLPN, 2014).

The 2012 Vermont Blue Ribbon Commission nursing report identified 36% of Vermont's nursing workforce is practicing at the LPN level (Vermont Blue Ribbon Commission, 2012). Palumbo (2012) reports approximately 38% of LPNS work in

nursing homes or assisted living facilities. However, data were incomplete since only

14% of active LPN licensees responded to this question on the survey. The mean age of

the LPN who participated in the survey was 52 years old (Palumbo, 2012). A review of

the 2010 VSBN conduct decisions identified a statistically significant finding.

Discipline issues of the LPN occurred seven and nine years post licensure. A data

analysis of the 29 complaints against Vermont LPNS in 2011-2012 did not show the

same pattern of timing at seven and nine years post licensure. However, the majority of

complaints did occur five years after initial licensure, in long term care settings, and are

double the national average.

New Hampshire is a state in the Northeast bordering Vermont. According to

the NCSBN (2014), Vermont had 22 LPN disciplinary issues while New Hampshire

had 8 LPN disciplinary issues from January 1, 2013 until December 31, 2013. New

Hampshire requires 30 contact hours of education in the two years following

licensure with well-defined explanation of what would constitute as education in

knowledge, judgment and skills. Vermont does not require any additional contact

hours of education post licensure. The other factor to consider in the number of

discipline issues per state may be how the Boards of Nursing regulate and hold nurses

accountable. Hudson and Droppers V (2010) found a difference in the type of conduct

decisions based on licensure. An Oregon registered nurse is more apt to be

reprimanded than suspended and the LPN is more likely to be suspended. The

Oregon RN is more likely to be disciplined for substance abuse; whereas, the LPN is

more likely to be disciplined for unprofessional conduct. As illustrated in the table

below, Vermont has 4.5 times the number of discipline issues than New Hampshire.

Is this an outcome of regulatory issues or competency?

Table 4

2013 Discipline Statistics New Hampshire and Vermont

States	Active LPN	Probation	Suspended	Revoked	Total	Percent
Vermont	2373	14	7	1	22	0.9
New Hampshire	3364	1	7	0	8	0.2

The Vermont LPN working in long term care is required to pass medications, use the nursing process to maintain or regain a resident's health, delegate and supervise licensed nursing assistants (LNAs), perform nursing skills such as dressing changes and administer tube feedings. In addition, the LPN contributes to the nursing care plan with the RN and collaborates with residents and families. The scope of practice of the LPN is technical in nature. The application of their specialized knowledge is based in tenets of caring exhibited through establishment of trusting relationships achieved through valuing and responding to any individual needs with altruistic motives. However, the LPN practicing in the long-term care environment faces physical, mental, social, and spiritual factors threatening to challenge the professional values they learned and captured in the license.

Physiological Impact

Palumbo, McLaughlin, McIntosh, and Rambur (2011) provide an in depth statistical analysis of the physical and emotional health of Vermont LPNs employed in nursing homes. A survey collected data from 813 practical nurses with a response rate of 71%. Thirty-four percent of the nurses were employed in long term care with the mean length of tenure 2.7 years (SD 1.6) and time since initial licensure 4.5 years (SD

2.6). Vermont LPNs working in long term care self -report a decrease in physical and

emotional health compared to LPNs working in other settings. A significant finding

was 24% of LPNs working in other settings rated their general health as excellent and

19% rated their emotional health as excellent. In comparison, 16% of LPNs working in

long term care rated their general health as excellent and 9% rated their emotional

health as excellent (p<0.001). In addition, the study found LPNs working in long term

care rated the health and safety practices of their employment setting significantly

lower than other employment settings in promoting general health and safety (p<0.001

health; p<0.001 safety). In this study long term care did not include assisted living

facilities.

A descriptive or longitudinal study examining general and mental health prior to

employment in long term care would be helpful in identifying if this is a change related

to employment or if the LPN would rate their general and physical health lower anyway.

Another factor to consider while interpreting the general and mental health percentages

is the distribution and timing of this survey with license renewal. The survey was

included with license renewal information and distributed in January. Generally

speaking, January can be a stressful month after the holidays which can impact how a

person perceives their physical and emotional health during the winter season in

Vermont.

Psychological Impact

According to psychologist John Locke, people's minds are tabula rasa or an

empty slate waiting to be filled with experiences, sensations, and reflections (Nimbalkar,

2011). Locke believed a person's consciousness is part of identity and identity is part of

the psychological aspect of life on a continuum. Perry (2009) recognizes compassionate care fulfills physical and psychological needs of the resident and consequently the nurse providing the care satisfies their own psychological needs of how they are perceived as a person and a nurse. Licensed practical nurses bring their personal identity to the employment setting while establishing caring relationships foundational to their professional identity.

Personal Identity

Carl Rogers, a humanist psychologist believed (1) there was a real self (self-concept) which includes all those aspects of one's identity that are perceived in awareness, and (2) the ideal self, or our view of our self as we would like to be (Rogers,1963) using a positivist approach to reach self-actualization. His theory asserts people need nurturing and positive social environments and relationships to reach self-actualization. In addition, Roger's theory of self- concept recognizes totality of experiences is central to a person's self –concept and personality. According to Huitt as cited in Townsend (2009) "self-concept is the cognitive or thinking component of the self, and generally refers to the totality of a complex, organized, and dynamic system of learned beliefs, attitudes, and opinions that each person holds to be true about his or her personal existence" (p.242). Rogers (1963) self-concept theory recognizes external factors can influence how people feel about themselves. Self-concept tends to be stable. However, past or present experiences can change self-concept over time by challenge one's perception of self, causing internal conflict. Roger's self- concept theory is foundational to the profession of nursing and focuses on the helping role. Caring professional behaviors arise from one's self-concept.

Palumbo, McLaughlin, McIntosh, and Rambur (2011) found 15% of the LPNs

working in nursing homes enrolled in nursing education compared to 8% in other

settings. Reasons for continuing their nursing education are unknown; however, this

may signify dissatisfaction with their role as a LPN employed in a long-term care setting

impacting their self-concept. Early enrollment of the LPN in nursing education coupled

with short length of tenure in long term care setting may signify negative physical and

psychological effects start to occur within a few years of employment. A change in

personal identity may lead to a change in professional identity.

Included below are studies using a grounded theory approach to understand how

the personal and professional "self" responds to discipline, how a nurse develops a

professional identity, and how time can erode ethical values of law enforcement officers.

Qualitative research seeks to uncover meanings of a phenomenon as told by the

participants and interpreted by the researcher through interaction (Polit & Beck, 2004). A

qualitative researcher wants meanings to unfold naturally and not be subject to

manipulation (Schram, 2006). These new meanings provide a better understanding of

the multiple realities which exist in the context of the situation. In qualitative research,

the focus is on process and how our social interactions affect the meaning we ascribe to

our own life (Bogdan & Biklen, (2007).

Glaser and Strauss first introduced the grounded theory approach in 1967 in their

book titled, The Discovery of Grounded Theory: Strategies for Qualitative Research

(Bogdan & Biklen, 2007; Chen & Boore, 2009). As explained by Aldiabet and

LeNavenec (2011) grounded theory and symbolic interactionism have the same goals

with symbolic interactionism operating from a philosophical viewpoint. Grounded

theory seeks to understand human behavior embedded in social processes. Symbolic interactionism seeks to uncover the meaning behind the attitudes and behaviors (Aldiabet & LeNavenec, 2011). Anthropologist Mead introduced symbolic interactionism in her book titled, Mind, Self, and Society (1934) which uses interpretation and the construct of the "self" to explain and predict behavior (Bogdan & Biklen, 2007).

In a study by Pugh (2009), the phoenix process was generated from the data analysis of nurses who had been disciplined. The grounded theory study included 21 registered and enrolled (equivalent to LPN/LVN) nurse participants in Australia. The participants were alerted to the study through advertisement and snow ball technique. The participants' health care employment setting varied with five participants working in aged care. The Phoenix process proposes nurses undergo a transformation of personal and professional deconstruction and reconstruction after allegations of professional misconduct. Personal deconstruction includes negative physical, psychological, and social impacts. In addition, deconstruction of the professional self occurs resulting in "interruption" of being a nurse, nurse identity, and punishment. When the self seeks preservation, personal and professional reconstruction occurs, and the person learns to live with the reality of this experience then reconstruction (Pugh, 2009). Using this theory coupled with Roger's self- concept theory, LPNs who experience physical, psychological, and social challenges working in long term care may disengage from their personal self which in turn diminishes their capacity to see themselves in a professional role.

Professional Identity

In a grounded theory research study, Gregg and Magilvy (2001) identified bonding in nursing as a process for establishing professional identity. This study explored how professional identity is formed in Japanese nurses with various roles and responsibilities. Purposive and theoretical sampling was used in this study with participants from various nursing roles and education. The length of tenure in nursing was 3-41 years with a mean of 15.6 years. Interviews and observations were used to collect the data from the participants. The bonding in nursing theory identified six stages. These stages include: (1) learning from work experiences, (2) recognizing the value of nursing, (3) establishing one's own philosophy of nursing, (4) gaining influence from education, (5) commitment to nursing, and the last stage of (6) integrating nurse into self. The depiction of bonding in nursing is a funnel with spiraling toward a professional identity. The process recognizes nursing education provides support both in the initial education and ongoing education to maintain one's professional identity. The concept of caring is central to the profession of nursing and part of one's professional identity demonstrated by behaviors toward self and others. The researchers recognize bonding in nursing may not be generalized to all work environments and further research is needed to test the operationalization of theory to practice behaviors.

Stanfield (2011) explored the phenomenon of ethical drifting of law enforcement officers in a grounded theory qualitative study. The phenomenon of ethical drifting has been described as a "gradual erosion of ethical behaviors and practices by individuals which they view as acceptable and who believe themselves to be maintaining their ethical boundaries" (Stanfield, 2011, p.1). The reference to gradual erosion incorporates

the element of time and a weakening of supports to maintain acceptable practice

standards. Does this phenomenon exist in nursing exhibited by unprofessional conduct?

Kleinman (2006) discusses ethical drift in health care as a result of the work

environment. Her assertion is this phenomenon can be prevented if there is a

heightened awareness that it exists. Workforce pressures can challenge employees to

deliver substandard or unethical care. The tenets of law enforcement and nursing are

likely more similar than different. Both professions have underpinnings in the helping

profession and incorporate professional values of justice, caring, trust, activism, and

professionalism exhibited in attitudes and behaviors fulfilling their professed oaths.

Clevette, Erbin-Roeseman, and Kelly (2007) examined the relationship between

criminal convictions and disciplinary action and found 11 years post licensure to be the

time when registered and licensed nurses from Nebraska were disciplined. Nurses with a

prior conviction were disciplined six years post licensure. There is no literature

establishing a link between six years and nurse's behaviors. The literature suggests

experienced nurses break the rules for a variety of reasons once they know how to

evaluate the risk (Collins, 2012).

In a study, the normative developmental phenomenon of marriage was examined

and the predictive change calculated over a 10 year period. A rapid decline in quality of

marriage satisfaction occurred over the first four years, stabilized and declined again

after eight years of marriage (Kudek, 1999). There may be similarities in how the

perceived quality of a marriage changes over time and how the LPN perceives their

relationship with long term care employment and professional identity.

In an exploratory descriptive study by Collins (2012), the nature of rule bending influenced by environmental and personal influences provides knowledge of the existence of rule bending, patterns of behavior, and reasons to break the rules. In some instances nurses may intentionally change professional behaviors leading to poor patient outcomes.

Sociological Impact

There are a significant number of research articles on the topic of job satisfaction and the correlation with work environments (Engstrom, Skytt, & Nilsson, 2011; Palumbo, McLaughlin, McIntosh, & Rambur, 2011; Simpson 2010; Torsney, 2011; Tourangeau, Cranley, Laschinger, & Pachis, 2010). Long term care facilities (LTC) have challenges exclusive to that health care setting. The caregivers recognize the residents will live the rest of their biological lives in long term care. Residents are rarely there by choice; instead, they have physical or cognitive changes necessitating 24 hour skilled nursing care. Employment in a long term care setting may not be the choice of employment for the LPN either. However, they may not have other employment options unless they enroll in a RN program.

A cross sectional correlational study on skilled nursing facilities in the Midwest examined the registered and practical nurses perception of organizational support, ethical climates and intention to leave (Filipova, 2011). Six hundred and fifty-six nurses responded (21.4% return rate) from one hundred skilled nursing facilities. The practical nurses had a central tendency to be employed in the facility greater than five years (52%) with only 3% of the practical nurses employed in the facility less than five years. Ethical climates include five areas: (1) caring, (2) rules, (3) laws and codes, (4)

independence, and (5) instrumental. The study found an instrumental ethical climate was positively associated with licensed nurses' intent to leave (r=.46, p <0.001). Instrumental climate reflects a person or organizations direct actions to achieve organizational goals or personally benefit without deference or caring about how the actions would affect others.

In another quantitative study by Filipova (2009) LPNs and registered nurses (RNs) differed in their responses to ethical climates. LPNs had less independence participating in morality decisions and viewed the climate of the organization as being egoistic. In several articles lack of organizational support affected job satisfaction of LPNs in long term care (Desai, 2010; Filipova, 2009; Filipova, 2011).

Haggstrom, Skovdahl, Flackman, Kihlgren, and Kihlgren (2005) performed a longitudinal phenomenological study exploring work satisfaction and dissatisfaction of caregivers' experiences after two-year intervention in newly opened nursing home. The participants, including enrolled nurses (LPNs), responded positively to education, support, and supervision interventions. The positive work environment instilled trust, caring, knowledge, self- reflection, activism (creativity and stimulation in work environment), motivation and overall greater valuing of their role in the profession.

Wilson and Davies (2009) used a constructivist design and hermeneutic approach to explore how relationships were developed and experiences of family, residents and staff in developing these relationships at three care homes. Three different types of relationships among participants were discovered and initiated depending on the caregiver's approach. The first relationship and interactions were limited to a practical approach to providing care and conversation geared toward achieving the task at hand.

The second type of relationship added an element of respect with social conversation triangulated among participants. The third type of relationship was mutually shared among participants with elements of negotiation, compromise and trust.

Registered nurses, licensed practical nurses and health care aides in another qualitative study situated in long term care called this connection "knowing the resident" and "reciprocity" (McGilton & Boscart, 2008). A resident centered approach to providing care tended to create positive experiences for staff, residents, and family members. Residents in nursing homes require socialization and the opportunity to establish meaningful relationships with others. These relationships may develop into a close almost familial relationship due to the nature and purpose of nursing homes. The nurse who takes a practical or task oriented approach to providing care may be limiting the social interaction beneficial to residents and themselves. However, the nurse may also be protecting themselves from a future inevitable loss related to death. McGilton and Boscart (2007) found the lack of adequate staffing and workload issues were barriers to establishing close relationships. Family members and residents reported some nurses did not exhibit caring. They were seen as technically incompetent, untrustworthy, or unreliable in meeting resident's needs.

Spiritual Impact

Carr, Hicks-Moore, and Montgomery (2011) performed a qualitative study using hermeneutic phenomenological methods. The focus of the study was spirituality care of dementia patients. The 29 participants included patients with diagnosed dementia, family members of those patients with dementia, RNs, LPNs, and hospital chaplains. The central theme emerging from this study was intentional caring is reflected in the

"little things" or acts of caring. The study also found personhood and connectedness to self and others are outcomes of caring behaviors mutually beneficial for the provider and recipient.

Kazemipour, Amin, and Pourseidi (2012) used a correlational study to describe and explain workplace spirituality in four hospitals in Iran. Participants included 305 registered nurses with a minimum of one year experience to over 20 years of experience. The component of workplace spirituality positively influenced organizational citizenship behavior (16%) and affective organizational behaviors (35%). Workplace spirituality was measured as (1) meaningful work, (2) sense of community, and (3) congruence with organization's values. Despite this study being situated in hospital settings, workplace spirituality is a factor in any brick and mortar employment setting where caring involves direct contact with others.

An increase in well-being and meaningful work translated into decrease turnover and increase job satisfaction with organizational commitment (Kinjerski & Skrypnek, 2008; Tournageau, Cranley, Lashinger, & Pachis, 2010). A correlational study performed by Tournageau, Cranley, Lashinger, and Pachis (2010) situated in long term care settings found registered nurses, registered practical nurses and other support staff (n=675) had higher job satisfaction if there was lower emotional burnout, higher global and psychological empowerment, perceived organizational support, sense of personal accomplishment, and cohesive working relationships (F-value 136, P<.01). Registered practical nurses had lower job satisfaction (63.6 SD 18.7) compared to registered nurses (67.8 SD 18.1). The previous study by Kazemipour, Amin, and Pourseidi (2012) defines workplace spirituality using the same elements used as

variables in this study. We can extrapolate workplace spirituality in long term care settings exist and influence job satisfaction. Health care staff may not associate caring behaviors and spirituality. However, they bring their attitudes and beliefs or value system to the patient's bedside.

<div align="center">Professional Values</div>

Research has been done measuring professional values of practicing RNs and LPNs working in hospital settings (Altun, 2002; Rassin, 2008).   In a study using International Council of Nurses (ICN) code of ethics for professional values, the licensed vocational nurses ranked equality and esthetics higher than nurses with BSN or MSN degrees (Rassin, 2008). Equality among patients had a mean rating of 2.90 for licensed vocational nurses compared to registered nurses mean value of 4.57, BSN 6.57 and MSN 6.82 respectively significant at $p < .0003$ level. Esthetics for licensed practical nurses had a mean rating of 12.76 compared to RN 14.15, nurses with BSN degree 14.80, and for nurses with MSN significant at $p < 03$. Interestingly, the participants for this study had an average professional experience of 14.7 years (Rassin, 2008).

Altun (2002) explored relationships of personal and professional values and burnout in a study conducted in Turkey. The participants in this sample had one to five years of professional experience and were employed at two different hospitals. Sixty-six percent of the nurses worked overtime in one of the hospitals. Seven professional values from the American Association of Colleges of Nursing (AACN) were scored by participants using a questionnaire. The professional values included: (1) altruism, (2) human dignity, (3) equality, (4) truth, (5) aesthetics, (6) justice, and (7) freedom.

Diploma registered nurses and practical nurses who valued equality, altruism, and aesthetics had a higher level of emotional exhaustion. The results were significant when comparing professional values with burnout scores (F= 17.142, p < .0000). The study does not differentiate the results from RN to LPN. Emotional exhaustion may lead to burnout for any professional nurse. The personal and professional values of the nurse may initially be a strength or reason for entering the profession, but over time these values have the potential to negatively impact the nurse.

LeDuc and Kotzer (2009) administered the Nurses Professional Values Scale (NPVS) to a sample of junior and senior BSN students, new graduate RNs (licensed less than 1 year) and seasoned RNs (1-5 years licensed) working in a children's hospital and found no statistical difference in professional values over time. The study did find seasoned nurses were not as aware of the code of ethics compared to graduates and students significant at p < 0.001. The implication for this finding supports ongoing ethics education for all practicing nurses.

To date, the focus of research on professional values has been primarily focused on acute care settings and the RN student (BSN, MSN) or the practicing RN. The literature on professional values of the LPN working in long term care settings is limited and no study has measured the professional values of the LPN in the long term care setting or using the NPVS or NPVS-R. Empirical data are missing to describe and explain the professional values and subsequent self-concept of the LPN. This study provided LPNs who work in long term care an opportunity to reveal if and to what extent they identify with professional values, how they translate these values into their practice, and if the element of time post initial licensure changes these values.

Conclusion

The individual nurse is impacted by biopsychosocial factors in any health care setting. Rogerian theory of self-concept recognizes our identity as a person and a nurse that despite being learned can be positively or negatively influenced by the environment. Our awareness of internal and external factors influencing nursing practice heightens our awareness and brings a sense of urgency to change conditions negatively impacting the ability to care for self and others. As illustrated in several studies, most LPNs are loyal employees, maintaining employment for over five years despite the challenges of the organizational culture and population served. The variable of time coexists with present day professional values. For a better understanding of professional values across a continuum of employment, the variable of time and professional values were correlated.

Summary

Chapter 2 provides an overview of previous research on topics including the biopsychosocial and spiritual impact on caregivers working in long term care settings. While there is past research on individual aspects of working in long term care, there was a need to perform a quantitative study using a correlational approach to describe and explain the relationship of professional values and time post licensure. A correlational approach to exploring professional values of LPNs in long term care settings and their relationship to the nursing license over time provides better insight into the timing of unprofessional behaviors. In addition, this study generates new knowledge impacting the license renewal process, competency requirements, and nursing education of the LPN employed in long term care settings.

Chapter 3 provides details of the research methodology, methods, and

appropriateness of the design. The Nurses Professional Values Scale-Revised is

explained in detail. The components of performing ethical research are identified with

responsibilities of the researcher clearly communicated.

Chapter 3

Research Methodology and Appropriateness of Design

A quantitative non-experimental correlational approach was used to describe and explain the professional values of LPNs working in long term care settings. As explained in Cody (2006), quantitative research is theory testing of causal relationships. Quantitative researchers test theory based on an etic view (Denzin & Lincoln, 2008). In addition, quantitative research generalizes the findings (Denzin & Lincoln, 2008).

Since the license is considered individual property, the value of a having a license over time may be thought to depreciate as well as the meaning a person ascribes to themselves as being the licensee. As a matter of fact, the National Council of State Boards of Nursing (NCSBN) refers to the license as being disciplined and not the licensee (NCSBN, 2014). In addition, the value a nurse places on the license is individual and may change over time influenced by social situations. A correlational design will help elicit the professional values of the LPN employed in long term care settings and how this can influence professional behavior over time.

Research Question Restated

The research question for this study:

RQ1: Does a relationship exist between professional values and time post licensure?

Hypothesis Restated

The aim of the research question was to describe and explain the relationship between professional values and time post initial licensure. Empirical data regarding professional values of LPNs is lacking; therefore, establishing professional values: (1)

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exist, (2) can be collected and (3) quantified with the LPN population was foundational to this study. The study identifies the relationship between professional values and time post licensure and the strength of that relationship using statistical methods. A null hypothesis states there is no relationship between the variables (Polit, 2010). Alternate nondirectional hypothesis states there is a relationship between the variables and it results in either a positive or negative association (Polit, 2010). The alternate hypotheses captures professional values decrease or increase over time post licensure. The null hypothesis and alternate hypothesis follow below:

H0: There is no relationship between professional values and time post initial licensure.

H1A: There is a negative relationship between professional values and time post initial licensure.

H2A: There is a positive relationship between professional values and time post initial licensure.

There is congruency with the research question, design and methodology (Chenail, 2011) and the design and methodology allowed inferences to the general population of licensed practical nurses working in long term care settings. In addition, this study accomplished the goal of learning more about professional values of the LPN working in long term care settings and the relationship between professional values and the element of time.

Population

The population of interest includes licensed practical nurses (LPNs) with active Vermont licenses working in long term care settings. According to the Vermont State

Board of Nursing (VSBN), there are more disciplinary issues with LPNs each year than Registered Nurses (RNs) which is the reason why LPNs will be the selected population (VSBN, 2012). In 2010, most Vermont LPNs facing disciplinary action worked in long term care and 31% of those facing disciplinary action have been licensed seven and nine years (VSBN, 2012). Statistics from 2011-2012 suggest disciplinary action is more prevalent five years post initial licensure (65.5%).

The research was conducted in the state of Vermont. The accessible population included all LPN participants regardless of employment setting. All participants were asked to complete the professional values survey. These data provided empirical data regarding the professional values of LPNs collectively using the NPVS-R instrument. The target population was LPN participants who identified their primary employment setting as long term care. Approximately 38% of LPNs employed in Vermont work in nursing homes and assisted living settings (Palumbo, 2012).

In this descriptive correlational study, demographic information about the LPN participants was collected and included on the bottom of the NPVS-R survey. The demographic information provided the descriptive statistics of the population before results could be inferred (Polit, 2010). Demographic data included race, gender, primary employment setting, and years licensed as a LPN. As explained by Vogt (2007), levels of measurement may include nominal, ordinal, interval and ratio data. Central tendency measures were used on the demographic data. Interval levels of measurement were used for professional value responses and years licensed. According to Steinberg (2011), correlations using Pearson r should measure both variables on an interval level due to the linear relationship of the variables.

This study used purposive samples. Purposive samples are a type of non-probability sample that is commonly used in surveys (Vogt, 2007). In this study, Vermont LPNs were chosen to participate and represent the larger population of all LPNs nationally. To conclude, the advantages and disadvantages of purposive sampling method were considered and addressed to decrease potential sampling errors and increase internal and external validity. According to Polit (2010), in a correlational study estimated population size should be 85 for a power of 0.80 and significance 0.05 (two-tailed) with an r = .30.

In order to obtain a sufficient sample size, thirteen hundred and twenty-three postcards were mailed to all LPNs with active Vermont licenses and mailing addresses. The LPN names and addresses were abstracted from the Vermont Board of Nursing (BON) website. The participants were directed to a Survey Monkey link to complete the survey. Since the employment setting of the LPNs was unknown prior to the mailing of postcards, all participants were invited to complete the survey regardless of employment setting. Professional values of the LPN sample was collected and analyzed. The professional values of the LPNs employed in long term care settings was correlated with time post initial licensure.

<center>Instrumentation</center>

A quantitative non-experimental correlational research design using a professional values instrument was used to capture self-report of professional values in this research. The Nurses Professional Values Scale-Revised (NPVS-R) is a psychometrically sound instrument for measuring professional nurses' values and enhancing professional socialization (Weis & Shank, 2009). Weis and Shank

developed the NPVS survey in 2000 using 1985 ANA Code for nurses and later revised it in 2009 after the 2001standards of Codes of Ethics were revised. Past studies have used the NPVS and NPVS-R with RNs, BSN and graduate students, and practicing RNs'. Professional values of LPNs had not been measured using the NPVS or the NPVS-R instrument. A pilot study could be used to explore the ability of the NPVS-R to measure professional values of the LPN. Since this study measured professional values and not scope of practice issues a pilot study was not necessary for the purposes of the study.

According to Weis and Schank (2009), the survey includes professional values and is constructed from standards obtained from the ANA Code of Ethics. There are 26 items in the Nurses Professional Value Scale: (1) Caring -9 items, (2) Activism-5 items, (3) Trust- 5 items, (4) Justice-3 items, and (5) Professsionalism-4 items. The NPVS-R includes a descriptive phrase reflecting a specific code statement and interpretive commentary from the ANA Code of Ethics and a Likert scale ranging from 1-5 (1) not important to (5) most important. Composite scores range from 26-130 with higher scores reflecting higher professional values.

<center>Informed Consent</center>

This study received University of Phoenix Institutional Review Board (IRB) approval prior to implementation adhering to all ethical guidelines. In addition, an informed consent waiver was obtained since the informed consent was embedded in the first page of Survey Monkey. The Belmont Report of 1976 is a document that specifically addresses ethical guidelines for human subjects in research (NIH, 1979). The study maintained the confidentiality and privacy of participants and did not expose

them to any harm. The participant consented by selecting the agree radio button on the

survey. The participant agreed to the facts: (1) they read the nature and purpose of the

study, (2) are 18 years of age or older, and they volunteer to participate.

Ethical principles in research as outlined by the National Institutes of Health (1979)

include:

- Beneficence or do not cause physical, psychological, social or economic
  harm. Minimize potential harm by balancing benefits and risks. Do not
  exploit relationship researcher and participant. Maximize benefits and
  communicate potential benefits.

- Respect for Human Dignity- Right to Self-Determination- Allow voluntary
  participation without coercion. Explain informed consent with full
  disclosure of the nature of the study, right to refuse, researcher's
  responsibilities, and likely risks and benefits.

- Justice refers to the right to fair treatment and the right to privacy (Polit &
  Beck, 2004). The right to fair treatment of subjects or study participants
  refers to who is selected for the study and the treatment of the participants
  during the study. Some questions to ask when designing a research study
  may include: Did all the participants have an equal chance of being
  selected? Was everyone treated fairly or was special consideration given to
  some and not all? Another aspect of justice is the right to privacy. Privacy
  refers to keeping information about the participant confidential. Will
  identifying information be kept confidential?

The research was conducted protecting the participant sample by informing them

of research procedures, requesting permission for them to voluntarily participate, and

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ability to withdraw at any time without recourse. The nature of the research study and my role as researcher was explained in the informed consent document. Informed consent was obtained prior to the participant completing the online survey. The participant had the opportunity to skip questions if they chose. Participant's demographic information and responses were anonymous. The IP settings were turned off during the data collection. There are no identifiers other than the fact the participants are LPNs with active Vermont licenses. The survey responses without any identifiers are stored on a thumb drive in a locked safe deposit box for 3years then they will be destroyed. Study participants were informed on how to contact the researcher. The participants were given the researcher's phone number, mail address and email address and encouraged to call, email or write with any questions or concerns. No compensation was offered for participating in the study. The study can be replicated with the content provided using alternate research methods and researchers. The content of the study will be shared with professionals at the Vermont State Board of Nursing.

Research Question

As reported in Chapter One, the research question for this study is:

RQ1: Does a relationship exist between professional values and time post

licensure?

Hypothesis

The aim of the research question was to explore to what extent the LPN integrates professional values into practice issues and the strength and significance of the relationship among the variables. Empirical data regarding professional values of LPNs was lacking; therefore, establishing professional values: (1) exist, (2) can be collected and (3) quantified with the LPN population was foundational to this study.

A null hypothesis states there is no relationship between the variables (Polit,2010). Alternate nondirectional hypothesis states there is a relationship between the variables and it results in either a positive or negative association (Polit, 2010). The alternate hypotheses will capture either professional values decrease or increase over time post licensure. The strength of the relationship was established using statistical methods.

$H°$: There is no relationship between professional values and time post initial licensure.

H1A: There is a negative relationship between professional values and time post initial licensure.

H2A: There is a positive relationship between professional values and time post initial licensure.

Analysis

Statistical analysis was performed using IBM SPSS-24 software. The central tendency measures were used on the data collected from the responses to the professional nursing survey. The data collected from the survey minimally included the means and standard deviations of the professional values and the demographic information of the participants.

In a previous study using the NPVS, Leduc and Kotzer (2009) reported out the mean subscale scores among the three groups of participants. This study did the same using the time post licensure to organize the participants into three groups: (a) 1-4 years, 5-10 years, and >10 years since licensed. Composite scores and mean subscale scores among the groups of participants were analyzed and reported. Statistical analysis of the LPNs employed in long term care and professional values results was correlated.

Pearson's product moment of correlation and two-tailed tests with statistical significance was run on the independent and dependent variables. Pearson's product moment correlation coefficient or Pearson r is an appropriate statistical test to measure the linear relationship among two variables as long as the variables are at the interval or higher level (Steinberg, 2011; Polit, 2010). The professional values survey responses are an interval and ordinal level of measurement. An ordinal level of measurement designates an order or ranking according to an amount of variable, but a Likert scale of numbers allows for an interval measurement of data. A two-tailed test is appropriate if the hypotheses are nondirectional (Steinberg, 2011) as is the case in this study. There are no studies using the variable of time post licensure, so the direction of the hypotheses was not known. A two-tailed test would decrease the risk of committing a Type 1 error and rejecting the null hypothesis.

Pearson's product moment of correlation was used to analyze the strength of the linear relationship among the variables. A correlation coefficient should fall between -1 and +1. No correlation is found if the coefficient is 0. A positive association is determined if the coefficient is 0.01 to 1 and a negative association is represented by a coefficient of -.01 to -1 (Polit, 2010). As suggested by Polit (2010), the magnitude of the correlation can be summarized as: (1) small, (2) medium, or (3) large effect.

The data from the NPSV-R professional values scale was integrated from Survey Monkey into SPSS-24 for analysis. The NPVS-R uses a Likert scale so the results could be quantified by assigning numbers 1-5 for the responses. Central tendency measures and correlation of the data including Pearson R for correlation and two-tailed test for statistical significance will be performed.

Validity and Reliability

The NPVS-R is an established valid and reliable tool established by integrating

the American Nurses Association Code of Ethics for Nurses (Weiss & Schank, 2009).

Weis and Schank (2009) outline the psychometric properties of the NPVS-R instrument

for collecting professional values. Using a sample (n =782) 404 BSN, 80 graduate, and

298 practicing RNS, the NPVS-R demonstrated internal consistent reliability with high

test/retest scores of 0.96 and Chronbach's alpha 0.92. In addition, sampling adequacy

was confirmed using Kaiser- Meyer- Olkin and Bartlett's test of sphericity (.93 and

p<.0001 respectively).

Construct validity was evaluated using exploratory and confirmatory factor

analysis. Principal Component Analysis with Varimax rotation and Kaiser

Normalization including Eigenvalues 1.0 or greater were retained with a minimum factor

loading of .40. A difference of 0.15 or greater between primary and any secondary

loading items that did not meet criteria were eliminated. Twenty-six of the forty-four

original items were retained from the original NPVS. Five factors accounted for 56.7%

of the extracted common variance. Confirmatory Factor Analysis with maximum

likelihood estimation determined 5 factor model was supported. The average inter-item

correlation to total=0.56. The inter-item correlations ranged from 0.27-0.65, only 1

item<0.30.

The five factors include: (1) Caring, (2) Activism, (3) Trust,

(4) Professionalism, and (5) Justice. Caring includes 35% of the variance with

Cronbach's alpha = .92. Within the factor of caring there are 9 items. Activism

accounted for 8.4% of the variance with Cronbach's alpha=.82. Five items relate to

activism in professional practice. The third factor is trust which includes 4.9% of the variance and Cronbach's alpha = .75. Trust has five items. Professionalism includes four items, 4.3% of the variance and Cronbach's alpha =.77. Justice includes three items, 4.1% of the variance and Cronbach's alpha=.70.

The NPVS-R has not been used in research measuring the professional values of LPNs. The instrument has only been used to measure the professional values of practicing registered nurses, bachelors and graduate level nurses. Weis and Schank (2009) propose further testing of this tool with practicing nurses. In addition, they suggest this tool can be used in research to measure professional values over time.

Summary

The quantitative design and non-experimental correlational methodology was suitable for this study of Vermont licensed practical nurses. The population and setting of the study were congruent with the research aims. As a former educator of licensed practical nursing students, knowledge of the professional values of the LPN, the impact of time on professional values and how working in long term care can impact the behaviors of a nurse was important to explore. Chapter 4 provides a presentation and analysis of the data with a summary of the results and conclusion.

Chapter 4

Presentation and Analysis of Data

The purpose of the research was to describe and explain the phenomenon of professional values of LPNs working in long term care settings and discover if a relationship existed between their professional values and time since initial licensure. The assumption was that the longer an LPN was licensed the more likely their professional values would decline if they were employed in a long- term care setting regardless of length of employment at that facility. This decline in professional values may lead to disciplinary action by the health care facility or BON when the LPN exhibits unprofessional behaviors affecting safe and effective patient care.

Using the NPVS-R, the current study measured the professional values of the LPN. The NPVS-R has 26 professional value statements that encompass five professional values including: (1) caring, (2) activism, (3) trust, (4) justice, and (5) professionalism (Weis & Schank, 2009). This study is framed within Watson's Theory of Caring in which caring is fundamental to the practice of nursing in establishing and maintaining therapeutic caring relationship exhibited through professional nursing behaviors (Clark, Watson, & Brewer, 2009).

This study used the variable of time to predict at what point professional values are most vulnerable to change. Kenward (2009) found over 76% of all nurses disciplined have been licensed for five years or longer and most of the nurses disciplined had been licensed for 10-24 years with 12 years being the average. National data collected in 2008-2011 from 20 boards of nursing and 861 disciplinary cases determined 32% or practice breakdowns occurred in long term care settings and

assisted living facilities and the majority of cases involved LPNs (Zhong & Thomas, 2012).

Another previous study, explored the concept of ethical drift which occurs in another similar profession: law enforcement. The phenomenon of ethical drifting has been described as a "gradual erosion of ethical behaviors and practices by individuals which they view as acceptable and who believe themselves to be maintaining their ethical boundaries" (Stanfield, 2011, p.1). The reference to gradual erosion incorporates the element of time and a weakening of supports to maintain acceptable practice standards. This study was based on results from previous research to determine if in fact, the LPN licensed in Vermont, working in long term care or assisted living settings, had a decline in professional values over time.

Phenomenon can be described, explained, or predicted using research (Carper, 2006;Tomey & Alligood, 2002;). This study provided a description of the self- reported professional values of LPNs. In addition, the length of time post initial licensure and professional values was correlated to help explain the phenomenon. According to Peters (2008), a non-experimental descriptive correlational design can be used to explain the similarities and differences in the relationships among the variables. The aim of the research lended itself to quantitative research.

Organization of Chapter

The chapter is organized beginning with the research question and details the process of how the research was conducted through design, measurement, and analysis. As explained in Vogt (2007), these three essential elements do not necessarily follow this order and the process tends to be iterative, but for this research the design of the research

started the process followed by measurement and then analysis. First, all LPNs regardless of employment setting were included in the analysis and then the responses of the LPNs employed in long term care were analyzed separately. A description of the study results and conclusions ending with a summary will complete the chapter.
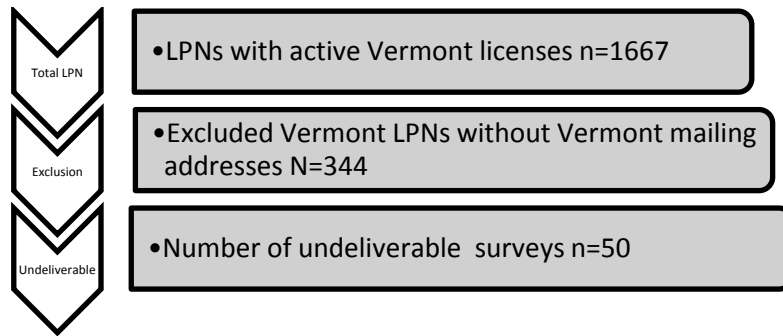
Review of Data Collection Procedures

Does a relationship exist between professional values and time post licensure was the research question. In an attempt to answer this question, and collect evidence, the NPVS-R instrument was identified as a tool to collect and measure professional nursing values. The tool is valid and reliable and allowed participants to complete a survey independent of the researcher. The NPVS-R instrument was integrated into a survey hosted by Survey Monkey. For practical reasons, it was decided to send a postcard to participants with a link to the survey hosted on Survey Monkey. The NPVS-R 26 item instrument could have been mailed to LPNs with a self- addressed envelope for the completed survey to be returned, but this researcher wanted to keep the responses anonymous and confidential adhering to research guidelines. In addition, Survey Monkey had the ability to export the results directly into SPSS-24 without manipulation or risk of errors from manual SPSS-24 entry. Moreover, the expense of sending a letter and a prepaid return envelope to all LPNs was cost prohibitive.

The variable of time was captured at the end of the survey in the demographic section. One question was asked of the participants. *How long have you been licensed as a LPN?* A drop down box with choices of 1-4 years, 5-10 years, or more than 10 years were given as options.

The Vermont State Board of Nursing website publicly lists the names and mailing addresses of LPNs. As of February 2016, there were 1667 LPNS with Vermont licenses. Using this list, any LPN with a mailing address in a state other than Vermont were excluded (n=344). The rationale for excluding a LPN from another state was to focus on long term care setting employment in one state and not multiple states. While it is not known how many LPNs are educated in the state, there is only one BON approved LPN program operating in the state with multiple campus locations throughout the state.

Thirteen hundred and twenty-three Vermont LPNs with an active license and a Vermont mailing address were sent a postcard inviting them to participate. To attempt to decrease the risk of a low response rate and capture responses from nurses working in long term care having varying lengths of employment post initial licensure all LPNs were invited to participate. As noted by Vogt (2007) and Burns et.al, (2008), the external validity can be threatened if the sample cannot be generalized, so having an adequate sampling size was important. As mentioned previously, the postcard included a Survey Monkey link with the opportunity to provide responses to a survey about professional values. Of the postcards sent, fifty were returned with no follow-up addresses.

The diagram below illustrates the exclusion criteria and number of undeliverable survey responses.

Total LPN	•LPNs with active Vermont licenses n=1667
Exclusion	•Excluded Vermont LPNs without Vermont mailing addresses N=344
Undeliverable	•Number of undeliverable surveys n=50

The first page of the survey included the informed consent with an opportunity for the participant to use the radio button to agree or disagree. The survey was set up to direct any person who disagreed or did not want to participate to the final exit page. One LPN, out of the 101 who accessed the survey, chose the disagree radio button and exited the survey. One LPN sent me a note stating she did not have computer access; therefore, she could not participate. The overall survey response rate was 8%. According to Lozar Manfreda, Bosnjak, Berzelak, Haas, and Vehovar (2006), web based surveys have a 6-15% response rate.

Study participants were informed from the time of initial contact on the first page of Survey Monkey how to contact the researcher. The subjects were given the researcher's phone number, mail address and email address and encouraged to call, email or write with any questions or concerns or decision to withdraw responses. In addition, the participants were informed they could write to the University of Phoenix Institutional Review Board (IRB) for any complaints or concerns.

Design

A quantitative non- experimental descriptive correlational research design using a professional values instrument was used to capture a self-report of professional values.

"The Nurses Professional Values Scale- Revised (NPVS-R) is a psychometrically sound instrument for measuring professional nurses' values and enhancing professional socialization" (Weis & Shank, 2009, p.221). The NPVS-R instrument has content and construct validity. The instrument measures professional values and the survey is constructed from standards of the ANA Code of Ethics Interpretative Statements.

Survey Monkey was used to collect the survey responses. Survey Monkey is an online survey tool used for many purposes including research (Survey Monkey, 2016). The IP addresses were turned off to assure anonymity and the survey did not ask for names or email addresses. Demographic information (race and gender), type of employment setting and a question regarding time post initial licensure was collected. Participants were asked to identify the importance of 26 interpretative statements relevant to professional values. The 26 items pare down to five professional values identified by the scale ranging from (1) not important to (5) most important. The higher scores correlate with higher professional values.

After completing the survey if the study participant decided to withdraw their responses, they can mail, email, or call the researcher. The thumb drive with the survey responses will be retrieved from a locked safety deposit box. Once the study participant's demographic information and responses are identified, their information will be secured, withdrawn from the data deleted off thumb drive. After 3 years, the thumb drive will be smashed. The participant's names and addresses are locked in a separate location for three years and then will be shredded.

Measurement

The survey was left open for four months (May through August) after the postcards were mailed. With the understanding, descriptive statistics and associations can be measured and analyzed (Vogt, 2007), survey responses were quantified with basic statistics run on Survey Monkey. Then responses from LPNs were exported into SPSS-24 for determining if a correlation existed between professional values and time since initial licensure. Of the 100 responses, thirty-four could not be analyzed because the question of years licensed *how many years have you been an LPN*, was not answered leaving sixty-six for analysis. The sixty-six responses included all LPNs regardless of employment setting. The data collected was filtered into three groups comparing professional values from those licensed 1-4 years, 5-10 years, and over 10 years. After the professional values of all LPNs was collected and mean values with standard deviations obtained, the sixty-six participant responses were exported into SPSS-24 for correlation then further filtered to just include the 21 LPNs working in long term care.

As explained in Chapter one, professional values measured in the survey integrated from the Nurses Professional Value Scale- Revised from Weis & Schank, (2009) include: (1) caring, (2) activism, (3) trust, (4) justice, and (5) professionalism.   There are 26 statements in the Nurses Professional Value Scale: (1) Caring-9 items, (2) Activism-5 items, (3) Trust-5 items, (4) Justice-3 items, and (5) Professsionalism-4 items (Weis & Schank, 2009).   For clarity, the statements are categorized below.

TABLE 5

NPVS-R Professional Value Statements

Caring	Protect moral and legal rights of patients. Refuse to participate in care if in ethical opposition to own professional values. Act as a patient advocate. Provide care without prejudice to patients of varying lifestyles. Safeguard patient's right to privacy. Confront practitioners with questionable or inappropriate practice. Protect rights of participants in research. Practice guided by principles of fidelity and respect for person. Maintain confidentiality of patient.
Activism	Participate in peer review. Advance the profession through active involvement in health-related activities. Recognize role of professional nursing organizations in shaping health care policy. Participate in nursing research and/or implement research findings Participate in activities of professional nursing associations.
Trust	Engage in on-going self-evaluation. Request consultation/collaboration when unable to meet patient needs. Seek additional education to update knowledge and skills. Accept responsibility and accountability for own practice. Maintain competency in area of practice.
Justice	Protect Health and Safety of the Public. Promote equitable access to nursing and health care. Assume responsibility for meeting the health care needs of the culturally diverse population.
Professionalism	Participate in public policy decisions affecting distribution of resources. Establish standards as a guide for practice. Promote and maintain standards when planned learning activities of students take place. Initiate actions to improve environments of practice.

The NPVS-R includes a descriptive phrase reflecting a specific code statement

and interpretive commentary from the ANA Code of Ethics and a Likert scale ranging

from 1-5 with 1) not important 2) somewhat important 3) important 4) very important

and (5) most important (Weis & Schank, 2009). Composite scores may range from 26-

130 with higher scores reflecting higher professional values. While it is possible to calculate each individual participant's composite score, for the purposes of this study it was not necessary. Mean subscale scores were collected and measured for the responses not unlike the study conducted by Leduc and Kotzer (2009).

Data Analysis

Demographic information was limited to gender and ethnicity. As expected most of the participants were female (86.2%) and White/Caucasian (90.9%). The other participants describe themselves as Hispanic American or Asian/Pacific Islander. Twenty-two of the White/Caucasian participants have been LPNs 1-10 years while thirty-eight have been LPNs for more than 10 years.

Sixty- six participants responded to the question, *how many years have you been an LPN?* Most participants (60.61%) have been an LPN greater than 10 years. Fifteen have been an LPN for 1-4 years; 11 have been an LPN for 5-10 years and 40 have been an LPN for more than 10 years. Participants were asked to respond to the question regarding their primary employment setting. The choices included long term care, acute care, assisted living, mental health, school nurse, doctor or dentist office, and other category. Of the 66 participants, 21 LPNS (31.8%) work in long term care and assisted living. Of those 21 LPNs, four have been an LPN for 1-4 years; six have been an LPN for 5-10 years, and eleven have been an LPN more than 10 years. Most of the LPNS (37.9%) responded they work in the other category. Responses in the other category included: (a) rehab, (b) home health, (c) adult day care, (d) outpatient, (e) correctional setting, (f) student, (g) pediatrics, (h) hospital ER, (i). high tech pediatric nurse coordinator, (j) ambulatory care, (k) home care and (l) outpatient orthopedics.

The professional values of all the LPNs (n=66) regardless of employment setting was collected and analyzed using basic statistics on Survey Monkey (mean, standard deviation, minimum, maximum, and mode). A mean for each of the 26 items was calculated for each group based on length of time since initial licensure. As illustrated below, the total mean was 103.93 for Group A (1-4 years) (n=11); 106.04 for Group B (5-10 years) (n=15); and 103.11 Group C (more than 10-year group) (n=40). Regardless of practice setting, the LPNs with more than 10 years in practice had the lowest mean across all groups on 10 items. In addition, this group had a lower mean on 15 items compared to LPNs practicing for 5-10 years. Of the nine missing values, LPNs in Group C were responsible for all of them and this was not attributed to one participant except for four items *Confront practitioners with questionable or inappropriate practice, Promote and maintain standards when planned learning activities of students takes place, Seek additional education to update knowledge and skills,* and *Initiate actions to improve environments of practice.* The LPN who skipped all four of these questions works in a doctor's office and has been in practice for more than 10 years.
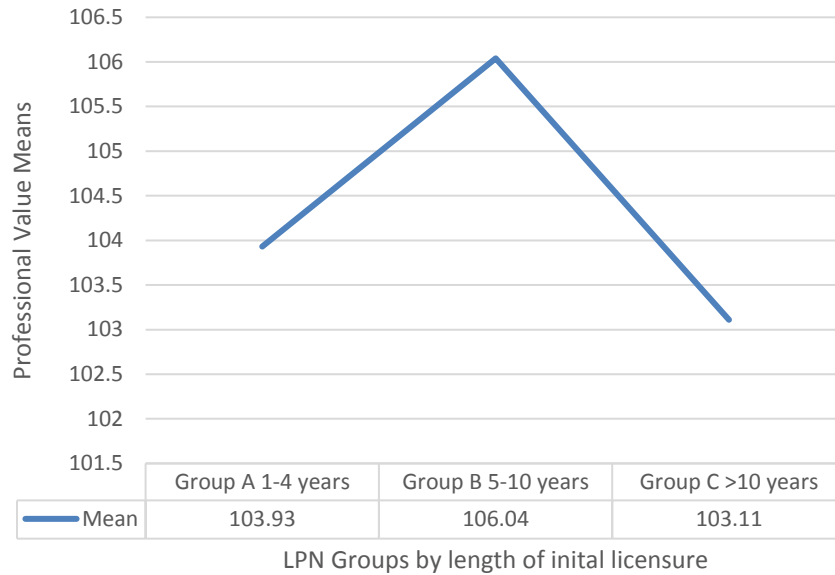
Figure 1. Mean professional values of LPNs per group (n=66).

The table below includes the professional value mean sub scores, and standard deviations for all participating LPNs in all settings. One value statement may have been interpreted as a positive or negative statement *Refuse to participate in care if in ethical opposition to own professional values.* The median score was 3.00 and a standard deviation 1.40 with a mean of 3.18. While most agreed this was important, the responses ranged from *not important* (16.67%), *somewhat important* (16.67%), *important* (21.67%), *very important* (21.67%) and *most important* (23.33%). One's moral compass tends to dictate employment options that are in alignment with ethical beliefs therefore, responding to this statement may have been difficult for the LPN knowing the professional does not discriminate and nursing is a caring profession.

It is not surprising that the LPNs responded to *Participate in activities of professional nursing associations* with a median score of 3 (important) with a low mean of 2.90. In fact, this was the lowest scored item that falls in the category of activism. Vermont has a state nurse association; however, LPNs are excluded from this group. In

addition, the LPN is educated and mandated by the BON to perform in their scope of

practice under the supervision of registered nurses, doctors, and dentists.

Table 6

Mean and Standard Deviation Results of LPN Professional Values of ALL LPNs

Regardless of Employment Setting Note: n=66

Professional Value Statements	SD	Mean
Engage in on-going self-evaluation.	0.81	3.89
Request consultation/collaboration when unable to meet patient needs.	0.76	4.21
Protect Health and Safety of the Public.	0.75	4.37
Participate in peer review.	0.89	3.39
Participate in public policy decisions affecting distribution of resources.	0.98	3.32
Establish standards as a guide for practice.	0.91	4.05
Promote and maintain standards when planned learning activities of students take place.	0.70	3.93
Initiate actions to improve environments of practice.	0.80	4.05
Seek additional education to update knowledge and skills.	0.78	4.30
Advance the profession through active involvement in health related activities.	0.98	3.7
Recognize role of professional nursing organizations in shaping health care policy.	1.00	3.66
Promote equitable access to nursing and health care.	0.85	4.02
Assume responsibility for meeting the health care needs of the culturally diverse population.	0.84	3.94
Accept responsibility and accountability for own practice.	0.66	4.56
Maintain competency in area of practice.	0.65	4.63
Protect moral and legal rights of patients.	0.64	4.59
Refuse to participate in care if in ethical opposition to own professional values.	1.40	3.18
Act as a patient advocate.	0.75	4.60
Participate in nursing research and/or implement research findings	0.98	3.23
Provide care without prejudice to patients of varying lifestyles.	0.71	4.48
Safeguard patient's right to privacy.	0.75	4.44
Confront practitioners with questionable or inappropriate practice.	0.83	4.16
Protect rights of participants in research.	0.89	3.98
Practice guided by principles of fidelity and respect for person.	0.84	4.11
Maintain confidentiality of patient.	0.76	4.55
Participate in activities of professional nursing associations.	1.24	2.90

Prior to this study, the NPVS-R had not been administered to the LPN population. Professional values of the LPN population was determined using the Nurses Professional Values Scale -Revised which assesses professional values. It consists of 26 self-rated interpretive statements. The score ranges from 26- 130 with higher scores equating to higher professional values. In this study of LPNs, the global scores had an overall reliability coefficient (Cronbach's alpha) of .95 indicating a high degree of reliability. Professional value responses were collected and reflect how more similarly than different the Licensed Practical Nurse Code of Conduct is to the Registered Nurse Code of Conduct. The LPN with the longest practice experience (more than 10 years) scored lowest in all 5 categories on ten out of twenty-six (38.4%) statements. The items they specifically scored lowest are displayed in bold.

Table 7

Professional Value Statements and Professional Values of LPNs all employment settings (n=66)

Caring	Protect moral and legal rights of patients.
	Refuse to participate in care if in ethical opposition to own professional values.
	Act as a patient advocate.
	Provide care without prejudice to patients of varying lifestyles.
	Safeguard patient's right to privacy.
	Confront practitioners with questionable or inappropriate practice.
	Protect rights of participants in research.
	Practice guided by principles of fidelity and respect for person.
	Maintain confidentiality of patient.
Activism	Participate in peer review.
	Advance the profession through active involvement in health-related activities.
	Recognize role of professional nursing organizations in shaping health care policy.
	Participate in nursing research and/or implement research findings
	Participate in activities of professional nursing associations.
Trust	Engage in on-going self-evaluation.
	Request consultation/collaboration when unable to meet patient needs.
	Seek additional education to update knowledge and skills.
	Accept responsibility and accountability for own practice.
	Maintain competency in area of practice.
Justice	**Protect Health and Safety of the Public.**
	Promote equitable access to nursing and health care.

	Assume responsibility for meeting the health care needs of the culturally diverse population.
Professionalism	**Participate in public policy decisions affecting distribution of resources.** **Establish standards as a guide for practice.** **Promote and maintain standards when planned learning activities of students take place.** Initiate actions to improve environments of practice.

Because there were missing responses, SPSS was programmed to recognize the missing values and exclude cases on a pairwise basis. As Field (2009) notes, a pairwise analysis allows calculations for the other variables that were answered to be included. Using SPSS-24, data were entered for Pearson's product -moment correlational (*Pearson's r*) analysis and 2-tailed *t*-test. *Pearson's r* can be used when the data are interval. A two-tailed *t*-test was chosen because the direction of the relationship between the variables was not known.

Even though a negative relationship existed between sixteen of the twenty-six professional value statements of the LPN regardless of practice setting and time post initial licensure, none of the relationships were significant at the $p < 0.05$. This could be directly related to the fact the sample size was too small to demonstrate an effect. According to Polit (2010), in a correlational study estimated population size should be 85 for a power of 0.80 and significance 0.05 (two-tailed) with an r = .30.

This study was designed to correlate the professional values of LPNs employed in long term care settings. While it was important to run a correlation between the professional value scores all LPNs regardless of employment setting, the following section reports the data analysis of the LPN employed in long term care.

Description of Results and Conclusions

Descriptive Statistics

Twenty-one of the sixty-six (31.8%) LPNs work in either long term care or assisted living settings. Fourteen are females and six are males with one person skipping this question. The majority (19) of the LPNs are White/Caucasian and two are Asian/Pacific Islander. Four out of twenty-one (19%) LPNs have been licensed for 1- 4 years, six of the twenty-one (28.6%) have been licensed for 5-10 years, and eleven out of twenty-one (52.4%) LPNs have been licensed over 10 years.

As displayed in the table below, the twenty-one LPNs who work in long term care settings have lower professional values mean sub score of 102.01 compared to LPNs employed in other health care settings. However, five of the professional value statements were not answered by all twenty-one of the LPNs which may account for the lower mean sub score.

Table 8

Professional Values Mean Sub Scores of LPNs working in long term care settings.

Professional Value Statements	Mean	SD	N
Engage in on-going self-evaluation.	3.95	0.66	21
Request consultation/collaboration when unable to meet patient needs.	4.14	0.79	21
Protect Health and Safety of the Public.	4.04	0.97	21
Participate in peer review.	3.45	0.88	20
Participate in public policy decisions affecting distribution of resources.	3.09	1.26	21
Establish standards as a guide for practice.	4.00	1.04	21
Promote and maintain standards when planned learning activities of students take place.	3.85	0.79	21
Initiate actions to improve environments of practice.	4.04	0.74	21
Seek additional education to update knowledge and skills.	4.14	0.85	21
Advance the profession through active involvement in health related activities.	3.40	1.09	20
Recognize role of professional nursing organizations in shaping health care policy.	3.66	1.06	21

Promote equitable access to nursing and health care.	4.09	0.99	21
Assume responsibility for meeting the health care needs of the culturally diverse population.	3.95	0.74	21
Accept responsibility and accountability for own practice.	4.47	0.81	21
Maintain competency in area of practice.	4.42	0.87	21
Protect moral and legal rights of patients.	4.40	0.82	20
Refuse to participate in care if in ethical opposition to own professional values.	2.95	1.46	20
Act as a patient advocate.	4.57	0.87	21
Participate in nursing research and/or implement research findings	3.05	1.14	20
Provide care without prejudice to patients of varying lifestyles.	4.42	0.81	21
Safeguard patient's right to privacy.	4.38	0.80	21
Confront practitioners with questionable or inappropriate practice.	4.23	0.70	21
Protect rights of participants in research.	3.90	1.04	21
Practice guided by principles of fidelity and respect for person.	4.00	0.94	21
Maintain confidentiality of patient.	4.52	0.81	21
Participate in activities of professional nursing associations.	2.80	1.20	21
Total Mean	**102.0**		

Table 9

Professional Values Mean Sub Scores of LPNs working in long term care setting

Professional Value Statements	Group A 1-4 years N=4	Group B 5-10 years N=6	Group C more than 10 years N=11
Engage in on-going self-evaluation.	4.00	4.33	3.73
Request consultation/collaboration when unable to meet patient needs.	4.25	4.33	4.00
Protect Health and Safety of the Public.	4.00	4.50	3.82
Participate in peer review.	3.75	3.83	3.10
Participate in public policy decisions affecting distribution of resources.	3.75	3.83	2.45
Establish standards as a guide for practice.	4.50	4.67	3.45
Promote and maintain standards when planned learning activities of students take place.	4.00	4.33	3.55
Initiate actions to improve environments of practice.	4.25	4.50	3.73
Seek additional education to update knowledge and skills.	4.25	4.17	4.09
Advance the profession through active involvement in health related activities.	3.75	3.67	3.10
Recognize role of professional nursing organizations in shaping health care policy.	3.75	4.17	3.36
Promote equitable access to nursing and health care.	4.00	4.57	3.82

Assume responsibility for meeting the health care needs of the culturally diverse population.	4.25	4.50	3.55
Accept responsibility and accountability for own practice.	4.75	4.83	4.18
Maintain competency in area of practice.	4.75	4.83	4.09
Protect moral and legal rights of patients.	4.50	4.83	4.10
Refuse to participate in care if in ethical opposition to own professional values.	3.25	3.80	2.45
Act as a patient advocate.	5.00	4.83	4.27
Participate in nursing research and/or implement research findings	3.00	3.83	2.60
Provide care without prejudice to patients of varying lifestyles.	4.50	4.83	4.18
Safeguard patient's right to privacy.	4.50	4.83	4.09
Confront practitioners with questionable or inappropriate practice.	4.25	4.50	4.09
Protect rights of participants in research.	4.00	4.67	3.45
Practice guided by principles of fidelity and respect for person.	4.50	4.17	3.73
Maintain confidentiality of patient.	5.00	4.83	4.18
Participate in activities of professional nursing associations.	2.75	3.00	2.73
Total Mean	**106.25**	**113.18**	**93.90**

Using Pearson Product Moment Correlation, a negative correlation was determined to exist for all twenty-six professional value statements and years licensed as a LPN. Four of the twenty-six professional value statements and years licensed as a LPN are correlated as significant at the r = -.438, r = -.479, r = -.481, r = -.482 (p <0.05). The strength of the relationship means that a medium portion of the variance in professional values can be explained by variations in time post licensure. As suggested by Gray, Grove, & Sutherland (2017), degrees of freedom (*df*) was calculated for the critical r value two-tailed test. The critical r value at alpha =0.05, *df* = 19 is 0.4329. There is a significant correlation between years licensed and a decrease in the importance of professional values in the areas: (1) participate in public policy decisions affecting distribution of resources, (2) maintain confidentiality of patient, (3) establish standards as a guide for practice, and (4) assume responsibility for meeting the health care needs of the culturally diverse population.

Table 10

Results of Professional Value Statements and Correlation: LPNs long term care (n=21)

	Participate in public policy decisions affecting distribution of resources.	Maintain confidentiality of patient.	Establish standards as a guide for practice.	Assume responsibility for meeting the health care needs of the culturally diverse population.
Pearson r	-.482	-.438	-.479	-.481
Sig 2- tailed	.027	.047	.028	.027

When r is squared for each of the professional values, 66-69% of the variance is

due to years licensed as a LPN. Three of the five professional values are represented

above and include caring, justice, and professionalism. Professionalism includes two of

the professional value statements, *participate in public policy decisions affecting*

distribution of resources, and establish standards as a guide for practice. Caring

includes the professional value statement, *maintain confidentiality of patient.* Justice is

reflected in the professional statement of *assume responsibility for meeting the health*

care needs of the culturally diverse population. Professional values of trust and activism

were negatively correlated but not at a significant level. Based on the results of this

study, the null hypothesis is rejected. Null hypothesis (H0): There is no relationship

between professional values and time post initial licensure. The alternate hypothesis

(H₁): There is a negative relationship between professional values and time post initial

licensure is retained.

Summary

Chapter 4 presented and analyzed the professional values collected from

101 licensed practical nurses in one state using the NPVS-R tool. This study

identified the relationship between professional values and time post licensure and

the strength of that relationship using Pearson *r*. In this study of a population of LPNs, the

global scores using the NPVS-R had an overall reliability coefficient (Cronbach's alpha)

of .95 indicating a high degree of reliability. In this study, time post initial licensure

explained a moderate portion of the variance in professional values of 21 LPNs working in

long term care settings. Chapter 5 provides conclusions, implications of the results of this

study and recommendations for future research.

Chapter 5

Conclusions, Implications, and Recommendations

The National Council of State Boards of Nursing (NCSBN) aggregate the number

of registered and licensed nurses by state. Nationally, the number of licensed practical

nurses is 968, 681 with 1,986 of them currently holding active licenses in Vermont.

Vermont is one of eleven states that has 1000-4000 LPNs (NCSBN, 2016). Vermont has

a relatively small number of LPNs in relation to other states; however, the establishment

of the first licensed practical nursing program over 100 years ago in the state of Vermont

and still educating LPNs today recognizes the value of the LPN in providing nursing

care.

As members of the health care team, LPNs are educated to provide safe and

effective nursing care. In order to provide such care, the LPN must adhere to a Code of

Ethics and moral obligation that underpin the profession. The actions and behaviors of

the nurse stem from their professional values. These professional values include caring,

trust, activism, professionalism, and justice. Licensure as a nurse denotes the nurse will

uphold the professional standards regardless of employment setting and years licensed.

Watson's Theory of Transpersonal Caring provided the framework for this study

because her theory is relevant for the nursing profession and research regarding

professional values. Watson's theory recognizes a nurse's knowledge and skills are

necessary in providing holistic care, but caring is the tacit knowledge that is internalized,

nurtured and then externalized through behaviors toward others. A caring environment or

culture promulgates caring behaviors. Caring is the most important personal and

professional value a nurse should possess and express to develop in oneself and share

with others.

The purpose of the research was to describe and explain the phenomenon of professional values of LPNs working in long term care settings. The variable of time may be able to predict at what point professional values are most vulnerable to change. Unlike qualitative research, quantitative research collects numerical data. The study provides a description of the self- reported professional values of the LPN. In addition, the length of time post initial licensure and professional values of the LPN employed in long term care was correlated to help explain the phenomenon.

The results indicate that LPNs who have been licensed 5-10 years have the highest professional values when compared to LPNs 1-4 years and greater than 10 years since initial licensure. The LPN employed in long term care has the lowest professional value mean sub score, even lower than the nurse with 1-4 years of experience as a nurse. Even more significant to note is the professional values total mean of the LPNs employed in long term care with over ten years since initial licensure is 19.28 points lower than the LPN with 5-10 years since initial licensure.

The results also indicate, a negative correlation exists between all professional values of LPNs and time post initial licensure if the LPN is employed in a long- term care setting. However, only four of the twenty-six professional values statements representing three professional values: (a) caring, (b) justice, and (c) professionalism were noted to be negatively correlated and statistically significant ($p < 0.05$). The results recognize 66-69% of the variance is due to years licensed as a LPN. So, while the LPN working in long term care may role model professional behavior, they may not participate in public policy decisions or establish standards as a guide for practice or maintain the confidentiality of

the patient or assume responsibility for meeting the health care needs of the culturally diverse population. Even though only four of the professional value statements were significant, they include three of the five professional values. Trust and activism are the two values not affected by time since initial licensure. Activism will not necessarily affect safe and effective care, but a lack of trust would demonstrate a lack of accountability by the nurse which could lead to patient harm. Stanfield (2011) noted the phenomenon of ethical drift that occurs over a period of time in law enforcement officers. Based on the results of this study, this phenomenon may also exist for LPNs and highlight the importance of ongoing education and training to maintain the standard of practice.

Fisher (2014) conducted a descriptive non-experimental study using a convenience sample of students enrolled in associate degree, diploma, and baccalaureate nursing program to identify and compare the professional values of students within and among programs. The study identified there is variability in the mean scores across nursing programs for senior level students using the NPVS-R. The diploma students scored the highest followed by the BSN student. The ADN student scored lowest, so the length of the nursing program did not translate to higher professional values at least for this study.

The ADN students mean professional values scores were comparable to the LPNs in practice 1 to 4 years and over 10 years. LPNs practicing 5 to 10 years have mean professional value scores that are lower than the BSN student and the diploma student despite working in the nursing profession for an extended period of time. LPNs working in long term care setting with over 10 years since licensure had the lowest score.

Roger's (1963) self-concept theory recognizes external factors can influence how people feel about themselves. Self-concept tends to be stable. However, past or present

experiences can change self-concept over time by challenge one's perception of self, causing internal conflict. Roger's self- concept theory is foundational to the profession of nursing and focuses on the helping role. Caring professional behaviors arise from one's self-concept.

Working in a long- term care environment, may negatively affect the LPN's concept of themselves as discovered in the study conducted by Palumbo, McLaughlin, McIntosh, & Rambur (2011). They noted Vermont LPNs working in long term care self -report a decrease in physical and emotional health compared to LPNs working in other settings. In addition, the study found LPNs working in long term care rated the health and safety practices of their employment setting significantly lower than other employment settings in promoting general health and safety.

<center>Validity and Reliability</center>

The Nurses Professional Values Scale- Revised (NPVS-R) was found to have internal consistency reliability and construct validity for five of the professional values including caring, activism, trust, professionalism, and justice (Weis & Schank, 2009). The NPVS-R has not been used in research measuring the professional values of LPNs. The instrument has only been used in other studies to measure the professional values of practicing registered nurses, associate degree students, diploma students, BSN students, bachelors and graduate level nurses (Fisher, 2014). A significant finding was the NPVS-R demonstrated high reliability (Cronbach's alpha) of .95 on the LPN population of this study. Weis and Schank (2009) propose further testing of this tool with practicing nurses. In addition, they suggest this tool can be used in research to measure professional values over time.

The study was limited by the number of responses from LPNs. The LPNs who participated in the study represent only 6% of the total LPNs with Vermont licenses. The external validity was limited. Therefore, this study's results cannot be generalized. In a correlational study, the estimated population size should be 85 for a power of 0.80 and significance 0.05 (two-tailed) with an r = .30 (Polit, 2010). Even though four of the professional statements were statistically significant when correlated with time post licensure using the 21 LPNs employed in long term care, a larger sample size may have resulted in more professional statements with statistical significance.

Conclusions

Empirical data regarding professional values of LPNs was lacking; therefore, this study established professional values: (1) exist, (2) can be collected and (3) quantified. The NPVS-R instrument can be utilized to collect the professional values of the LPN. A relationship does exist between professional values and time post licensure. In this study, LPNs working in long term care settings had a lower mean professional value sub score in three professional values: caring, justice, and professionalism.

Implications for Employers

Professional values may decrease for the LPN population regardless of practice setting, but this cannot be evaluated in isolation of other factors that may contribute to the nurse's value of themselves. Leadership in long term care settings may want to provide ongoing education or in- services to all nursing employees regarding professional values. An assessment of the culture of the organization may be beneficial in identifying if the culture supports caring behaviors. The National League for Nursing (2010) acknowledges

the nurse and the organization should create a culture of caring that is mutually beneficial to all stakeholders.   Employers may want to involve LPNs in quality improvement initiatives at place of employment to promulgate a culture of safety and improvement.

<center>Implication for Nursing Regulation and Licensure</center>

The Vermont State Board of Nursing (VSBN) may want to consider requiring continuing education for all nurses on the topic of ethics for licensure renewal. A change in policy has the potential to protect the public and provide a quality of health care the public expects from the most trusted profession. For a better understanding of the professional values of the LPN or RN, the VSBN could administer the professional values survey during the license renewal period. Currently, the Vermont State Board of Nursing does not participate in reporting nursing adverse events to the national nursing database (National Council of State Boards of Nursing, Inc., 2017). By not participating, the root causes of adverse practice issues cannot be fully understood or compared to other states or other jurisdictions.

<center>Implications for Nursing Education</center>

Watson's Theory of Caring and implications for nursing practice could be integrated into course content to raise awareness of caring behaviors. Nursing students would benefit from teaching and learning that exposes them to theoretical knowledge that can be applied in any practice setting. Values are learned. They can be influenced by others during the education process. In nursing programs, there tends to be a substantial amount of emphasis on the cognitive and psychomotor domains of learning, but the affective domain is equally important in the utilization of the nursing process. Professional values should be an integral part of nursing education at every level and

implemented in every practice setting as part of lifelong learning.

Recommendations

The Nurses Professional Value Scale- Revised instrument (NPVS-R) was administered to a population of LPNs in this landmark study. While the NPVS-R was able to capture the professional values of the LPN and the LPN practices under the ethical guidelines of nursing represented in the tool, it might be beneficial to develop a valid and reliable instrument based on the National Association for Practical Nurse Education and Service (NAPNES) standards of practice and competencies. Future research could replicate this study inviting a larger sample of LPNs to participate to be able to generalize the results. This study did not obtain the length of employment in long term care or the age of the nurse which may also be contributing factors to lower professional values.

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Development & Psychometric Evaluation of the Revised Nurses Professional Values Scale (NPVS-R)

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Purpose: To describe the Nursing Professional Values Scale (NPVS-R), its development, reliability and validity, and its derivation from the Code of Ethics for Nurses with Interpretive Statements.

Design: The NPVS-R was tested on 632 subjects, including baccalaureate and masters' students and practicing nurses. The students were enrolled in one of 19 programs selected at random from all NLN and CCNE accredited programs in the United States. Practicing nurses were randomly selected from a State Board of Nursing list of registered nurses.

Method: A 37-item instrument with a Likert-scale format was tested.   The responses of participants to this instrument were subjected to principal components analysis (PCA) with   varimax rotation and Kaiser normalization, and internal consistency reliability using   Cronbach's alpha coefficient.

Findings: Seven factors were identified, accounting for 56.5% of the explained variance   resulting in a 26-item instrument. Cronbach's alpha coefficieints for the factors ranged from
.73 to .87. The two major factors were Caring and Activism.

Conclusions: Initial results showed a high level of reliability and validity for the NPVS-R. The NPVS-R is a useful instrument for measuring professional nursing values and enhancing   professional socialization.

[Key words: professional values, instrument development & Code of Ethics for Nurses]

Nurses Professional Values Scale-R ©

Indicate the importance of the following value statements relative to nursing practice. Please circle the degree of importance.

(A = not important to E = most important) for each statement.

		Not Important A	Somewhat Important B	Important C	Very Important D	Most Important E
1.	Engage in on-going self-evaluation.	A	B	C	D	E
2.	Request consultation/collaboration when unable to meet patient needs.	A	B C		D	E
3.	Protect health and safety of the public.	A	B C		D	E
4.	Participate in public policy decisions affecting distribution of resources.	A	B C		D	E
5.	Participate in peer review.	A	B C		D	E
6.	Establish standards as a guide for practice.	A	B C		D	E
7.	Promote and maintain standards where planned learning activities for students take place.	A	B C		D	E
8.	Initiate actions to improve environments of practice.	A	B C		D	E
9.	Seek additional education to update knowledge and skills.	A	B C		D	E
10.	Advance the profession through active involvement in health related activities.	A	B C		D	E
11.	Recognize role of professional nursing associations in shaping health care policy.	A	B C		D	E
12.	Promote equitable access to nursing and health care.	A	B C		D	E
13.	Assume responsibility for meeting health needs of the culturally diverse population.	A	B C		D	E
14.	Accept responsibility and accountability for own practice.	A	B C		D	E
15.	Maintain competency in area of practice.	A	B C		D	E
16.	Protect moral and legal rights of patients.	A	B C		D	E
17.	Refuse to participate in care if in ethical opposition to own professional values.	A	B C		D	E

OVER ⊐

	Not Important A	Somewhat Important B	Important C	Very Important D	Most Important E
18. Act as a patient advocate.	A	B	C	D	E
19. Participate in nursing research and/or implement research findings appropriate to practice.	A	B	C	D	E
20. Provide care without prejudice to patients of varying lifestyles.	A	B	C	D	E
21. Safeguard patient's right to privacy.	A	B	C	D	E
22. Confront practitioners with questionable or inappropriate practice.	A	B	C	D	E
23. Protect rights of participants in research.	A	B	C	D	E
24. Practice guided by principles of fidelity and respect for person.	A	B	C	D	E
25. Maintain confidentiality of patient.	A	B	C	D	E
26. Participate in activities of professional nursing associations.	A	B	C	D	E

Demographics: Circle the appropriate descriptor

27.   A.   Undergraduate Student   B.   Graduate Student   C.   Practicing nurse

28.   A.   Female   B.   Male

29.   A.   African American   B.   Asian/Pacific Islander   C.   White   D.   Hispanic   E.   Native American

Please feel free to make comments:

Appendix B NPVS-R on Survey Monkey

1. You may decide not to be part of this study or you may want to withdraw from the study at any time. If you want to withdraw, you can do so without any problems. Notify me by phone, mail, or email.

2. Your identity will be kept anonymous.

3. Linda Otero, researcher, has fully explained the nature of the research study and has answered all of your questions and concerns.

4. Data will be kept in a secure and locked area. The data will be kept for three years, and then destroyed.

5. The results of this study may be published.

* 1. "By completing the survey, you agree that you understand the nature of the study, the possible risks to you as a participant, and how your identity will be anonymous. When you complete the survey, this means that you are 18 years old or older and that you give your permission to volunteer as a participant in the study that is described here."

◯ Agree

◯ Disagree

Copy of Nurses Professional Values Scale-Revised

2. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Engage in on-going self-evaluation.	◯	◯	◯	◯	◯

3. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Request consultation/collaboration when unable to meet patient needs.	○	○	○	○	○

4. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Protect Health and Safety of the Public.	○	○	○	○	○

Copy of Nurses Professional Values Scale-Revised

5. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Participate in peer review.	○	○	○	○	○

6. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Participate in public policy decisions affecting distribution of resources.	○	○	○	○	○

7. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Establish standards as a guide for practice.	○	○	○	○	○

8. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Promote and maintain standards when planned learning activities of students take place.	○	○	○	○	○

9. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Initiate actions to improve environments of practice.	○	○	○	○	○

10. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Seek additional education to update knowledge and skills.	○	○	○	○	○

11. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Advance the profession through active involvement in health related activities.	○	○	○	○	○

12. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Recognize role of professional nursing organizations in shaping health care policy.	○	○	○	○	○

13. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Promote equitable access to nursing and health care.	○	○	○	○	○

Copy of Nurses Professional Values Scale-Revised

14. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Assume responsibility for meeting the health care needs of the culturally diverse population.	○	○	○	○	○

15. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Accept responsibility and accountability for own practice.	○	○	○	○	○

16. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Maintain competency in area of practice.	○	○	○	○	○

Copy of Nurses Professional Values Scale-Revised

17. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Protect moral and legal rights of patients.	○	○	○	○	○

18. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Refuse to participate in care if in ethical opposition to own professional values.	○	○	○	○	○

19. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Act as a patient advocate.	○	○	○	○	○

Copy of Nurses Professional Values Scale-Revised

20. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Participate in nursing research and/or implement research findings appropriate to practice.	○	○	○	○	○

21. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Provide care without prejudice to patients of varying lifestyles.	○	○	○	○	○

22. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Safeguard patient's right to privacy.	○	○	○	○	○

Copy of Nurses Professional Values Scale-Revised

23. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Confront practitioners with questionable or inappropriate practice.	○	○	○	○	○

24. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Protect rights of participants in research.	○	○	○	○	○

25. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Practice guided by principles of fidelity and respect for person.	○	○	○	○	○

Copy of Nurses Professional Values Scale-Revised

26. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Maintain confidentiality of patient.	○	○	○	○	○

27. Indicate the importance of the following value statements relative to nursing practice. Please click on the degree of importance.

	Not Important	Somewhat Important	Important	Very Important	Most Important
Participate in activities of professional nursing associations.	○	○	○	○	○

Copy of Nurses Professional Values Scale-Revised

Demographic Information

28. What is your gender?

○ Female

○ Male

29. Which race/ethnicity best describes you? (Please choose only one.)

○ American Indian or Alaskan Native

○ Asian / Pacific Islander

○ Black or African American

○ Hispanic American

○ White / Caucasian

○ Multiple ethnicity / Other (please specify)

[_____]

30. What is your primary employment setting?

○ Long term care

○ Acute Care

○ Assisted Living

○ Mental Health

○ School Nurse

○ Doctor or Dentist Office

○ Other (please specify)

[_____]

31. How many years have you been a LPN?

[_____ ▲▼]

Copy of Nurses Professional Values Scale-Revised
Thank you!

Thank you for participating in this research study. Your survey responses are valuable and will contribute to nursing science.

Copy of Nurses Professional Values Scale-Revised
Goodbye.