

Professional Values: The Case for RN-BSN Completion Education

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abstract

Background: Differences exist in the perception and enactment of professional values among practicing registered nurses (RNs). Hall's Care, Cure, and Core model was used as a framework for this study.

Methods: This study compared perceptions of professional values of 198 RNs according to their level of nursing education and other potentially influential factors. An online survey developed by the researchers tested perceived professional values.

Results: A significant difference was found in perceived professional values according to level of nursing education, position or title, and professional organization membership. The highest level of perceived professional values was found among RN-BSN students.

Conclusion: RN-BSN education should be promoted and a supportive infrastructure provided for the continuation of professional values.

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Despite nursing's gains in the process of professionalization, it continues to struggle with some aspects of professional status. To support the title of "profession," the members of the nursing field must embody and enact a set of professional values. Professional values are standards for actions accepted by the practitioner and professional group that provide a framework influencing the behavior of the group. Professional values are demonstrated in personal nursing practices that have altruism as the motivating force and are learned in institutions of higher education that use skills and interventions emanating from nursing's unique and scientific body of knowledge. Professional

nurses take responsibility for the conduct of their own activities, work to make policy decisions that support professional nursing, and practice according to nursing's code of ethics (Bixler & Bixler, 1945; Flexner, 1915; Joel & Kelly, 2002).

Professional values incorporate personal and societal values, are learned through nursing education, and are developed in clinical settings, from personal experiences (Krathwohl, Bloom, & Masia, 1964; Raths, Harmin, & Simon, 1966; Weis & Schank, 2000). The educational preparation of the registered nurse (RN) may make a difference in professional values. All three types of nursing education programs (associate degree programs, hospital-based diploma programs, and baccalaureate nursing programs) instill in their students the notion that they are professionals and members of the profession of nursing. However, the curriculums of these programs differ to the extent to which professional values are emphasized. Associate degree in nursing (ADN) programs, as a rule, emphasize psychomotor learning and technical skills necessary to carry out basic nursing tasks and medically related functions, and provide experiences in basic bedside nursing. Hospital-based diploma programs place value on substantial clinical experiences. Baccalaureate nursing programs emphasize liberal education based on the humanities and arts, philosophical and theoretical approaches, and scholarship and include basic to complex nursing skills (Clark, 2004). Baccalaureate students are provided with education that supports the American Association of

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Colleges of Nursing (AACN) (2005) core nursing values of human dignity, integrity, autonomy, altruism, and social justice.

In practice, the professional nurse fills a variety of roles, including health promoter and care provider, learner and teacher, leader and manager, research consumer, political advocate, colleague, and collaborator (Blais, Hayes, Kozier, & Erb, 2006). In these roles, professional nurses assume accountability and responsibility for enacting the full scope of nursing within the legal and ethical boundaries of the profession. However, each nurse's professional values can influence the extent to which and the way these roles are enacted. For example, in the health promoter and care provider role, the professional nurse carries out the entire nursing process holistically, with individuals, families, and communities (Blais et al.). If the nurse does not value the concept of holism, the way the nursing process is carried out will not likely be holistic. If the nurse does not value nursing's unique body of knowledge, the interventions used will most likely not emanate from this.

Professional values newly learned in nursing education programs are especially vulnerable because they are not yet clarified. Key components necessary for the enactment of a practice based on professional values would be the process by which and the length of time that the values are acquired. First, values need to be taught in nursing education programs. In the values clarification process, nurses need to know what values the profession of nursing holds and these values need to be freely chosen, prized, and cherished. This process takes time. Values acquired in nursing education programs may change or be discarded after the nurse graduates and is employed. Reasons for this include that values may have been imposed on the student rather than freely chosen, they may not have been prized and cherished, sufficient time or emphasis may not have been given to them in the program, or work pressures and organizational cultures that do not support nursing's professional values may have challenged them.

Despite the claim that baccalaureate programs produce professional nurses and associate programs produce technical nurses (American Nurses Association [ANA], 1965), Kubsch (1996) found, in a qualitative study on the use of independent therapeutic nursing interventions, that all RNs, regardless of educational preparation, believe they are professionals and members of the profession of nursing. However, do all nurses practice as professionals? Different professional levels of behavior are easily observed on any nursing unit and in any setting. Some nurses display professional values, whereas others do not. The purpose of this research study was to an-

swer several questions. Do differences in the perception of professional values exist among practicing RNs? If so, is the difference related to educational background or is it due to other factors?

LITERATURE REVIEW

In the literature, studies were found that compared professional values of various groups. Eddy, Elfink, Weis, and Schank (1994) found that professional value scores of faculty were significantly higher than those of senior baccalaureate nursing students ($p < .045$). Martin, Yarbrough, and Alfred (2003) did not find a significant difference in professional values in general between graduating ADN students and graduating bachelor of science in nursing (BSN) students ($t = 1.6, p = .10$), but did find that graduating ADN students scored higher than graduating BSN students in the key value areas of implementing and improving the standards of nursing ($t = 2.23, p = .03$), responsibility and accountability ($t = 2.66, p = .01$), informed judgment ($t = 2.56, p = .01$), and right to privacy ($t = 2.61, p = .01$). Nesler, Hanner, Melburg, and McGowan (2001) found that nursing students in distance learning programs had higher professional socialization scores than those in comparable campus-based programs, who, in turn, had higher scores than non-nursing students. Thorpe and Loo (2003) found that undergraduate nursing students had a significantly higher mean score on the value of altruism ($t = 9.25, p < .01$) when compared to management undergraduate students, but significantly lower mean scores on the values of lifestyle ($t = -7.94, p < .01$), advancement ($t = -6.62, p < .01$), autonomy ($t = -0.47, p < .01$), authority ($t = -5.03, p < 0.01$), creativity ($t = -4.19, p < .01$), economics ($t = -3.78, p < .01$), and risk ($t = -2.77, p < .01$).

Fetzer's (2003) research supported the notion that self-actualization is related to professionalism in ADN nurses and that professionalism develops after an individual occupies a role. Scores based on Hall's Professionalism Scale and the Short Index of Self-Actualization were correlated. A significant positive correlation ($r = 0.25, p = .001$) supported the hypothesis of a positive relationship between self-actualization and professionalism among ADN nurses (Fetzer). Clark (2004) found no significant difference in professional socialization between graduating students of a "two-plus-two" baccalaureate completion nursing program and those of the usual BSN programs ($t = 0.076, p > .05$). Further, no statistical difference ($t = -0.201, p = .841$) was found in the level of professional socialization between diploma and associate degree graduating students of two-plus-two baccalaureate completion nursing programs. Clark found that those whose nursing experience was in a

nonhospital setting had higher (but insignificant) mean professionalism scores than those whose nursing experience was based in a hospital ($t = 0.568, p = .572$). Hillery (1991) found that nurses with higher professional role socialization scores were more likely to engage in professional development activities, practice in nonhospital settings, be older, be graduates of RN-BSN programs, regularly read nursing journals, or be enrolled in formal academic programs.

When comparing ethical reasoning abilities between senior baccalaureate nursing students and experienced RNs, Ham (2004) reported a significant difference in the level of nursing principled thinking (ethical reasoning ability) between the two groups ($F = 7.395, p = .007$). There was a significant correlation between years of experience and nursing principled thinking level ($r = 0.153, p = .019$) as well. The level of nursing education, including ADN, diploma, BSN, master's degree, or doctorate, did not have a significant effect on nursing principled thinking (Ham).

In summary, the literature reported some differences in professional values between nursing students and nursing faculty and between graduating baccalaureate and graduating associate degree students; professional socialization between campus-based students and distance students and between usual graduating students and two-plus-two baccalaureate completion nursing program students; and value profiles between undergraduate nursing and management students. However, little was found in the literature about the differences that exist in the perception of professional values carried out in the workplace based on the educational level of the nurse.

THEORETICAL FRAMEWORK

Hall's Care, Cure, and Core theory served as a framework for this study. According to Hall (1963), nursing can and should be professional. Hall stipulated that patients be cared for only by professional RNs with responsibility for caring and teaching. According to the model (Hall, 1969), nursing can be visualized as three interlocking circles, each representing one aspect of nursing: care, cure, and core. In the care circle, the nurse provides intimate bodily care (bathing, feeding, toileting, positioning, moving, dressing, undressing, and maintaining a healthful environment). In the cure circle, the nurse functions collaboratively with the physician and other health care team members. Both the care and cure circles are emphasized in ADN programs. The core circle calls attention to the social, emotional, spiritual, and intellectual needs of the family, community, and world and the therapeutic use of self (Hall, 1964). Ac-

ording to Hall (1963, 1964, 1969), in the core circle the nurse works with the patient professionally, rather than technically, and this is the essence of professional nursing practiced by the educated nurse. Although the care and cure circles are also taught in baccalaureate programs, the core circle and the professional values that support it are emphasized more.

METHODS

Operational Definitions and Survey

The dependent variable of professional values was tested using the Professional Values Survey, developed by the researchers. Although a valid and reliable instrument to measure professional nursing values exists in the literature (Weis & Schank, 2000), the focus of values tested by Weis and Schank's tool is narrow, based solely on the ANA code of ethics. The items represented on this survey address a broader circumference of thought about professional values and include aspects of Hall's core circle (Hall, 1964), characteristics of professions (Bixler & Bixler, 1945; Flexner, 1915), the ANA code of ethics (ANA, 2001), the ANA standards of professional performance (ANA, 1998), the ANA social policy statement (ANA, 1995), and the AACN essentials of baccalaureate nursing education (AACN, 1998) (Figure). The independent variable, level of nursing education, and other factors thought to influence the perception of professional values were tested using a demographic questionnaire.

The survey consisted of 50 statements testing specific professional values directly based on the policies, codes, and standards represented in the Figure. Each item had five possible responses ranging from not important to most important with scores ranging from 1 to 5. The total score for the entire tool ranged from 50 to 250, with higher scores indicating strong professional values. Content validity of the instrument was determined with a panel of experts consisting of nursing faculty with master's and doctoral degrees who were originally graduates from baccalaureate, associate degree, and diploma schools of nursing. Based on the panel's evaluation, necessary changes were made to the tool. Internal consistency of the survey instrument (all 50 statements) was determined using a Cronbach coefficient alpha of 0.946.

Informed Consent

Permission to conduct the study was first obtained from the institutional review boards of the university and hospital where the data were collected. Once permission to conduct the study was secured, subjects were invited to participate in the study via e-mail. Informed

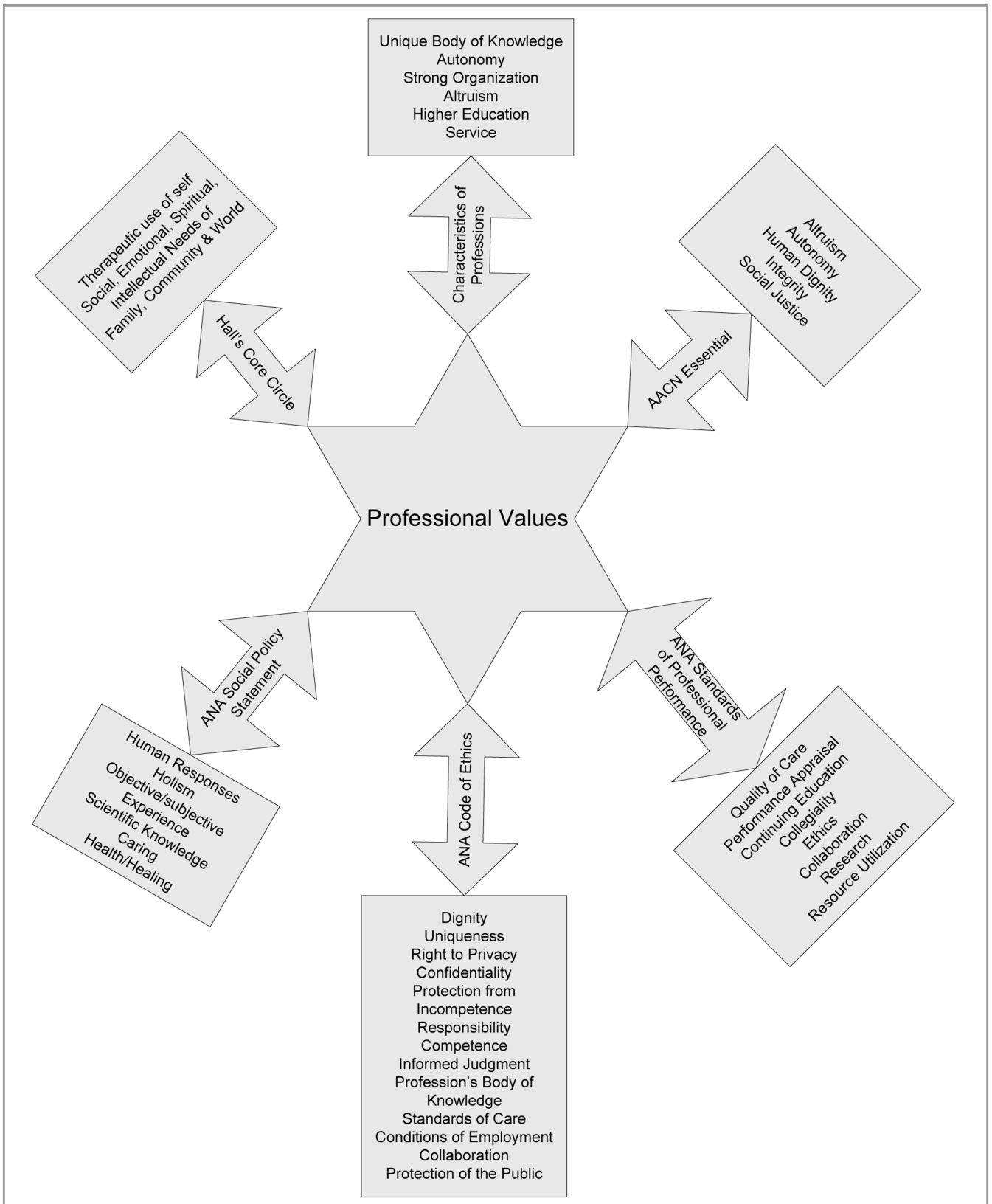


Figure. Concept map of the Professional Values Survey. ANA = American Nurses Association; AACN = American Association of Colleges of Nursing.

consent was accessed through a link provided in the e-mail invitation and read by each subject prior to agreeing to participate in the study. Subjects' completion of the online survey indicated consent.

Procedure

A total of 590 RNs employed at a mid-sized Midwestern hospital and 130 nurses enrolled in an RN-BSN completion program were invited by e-mail to participate in the study. The convenience method of sampling was selected because an exact quota of nurses representing various settings of employment was not required; rather, a sample representing different educational levels was desired. The hospital provided a convenient setting to secure subjects of various educational levels. The RN-BSN program provided a sample of RN-BSN students in progress whose values were of interest to this research.

The survey was completed online and was accessed by opening a URL provided in the invitation e-mail. All data generated went immediately into an Access data file and were converted into SPSS for analysis.

RESULTS

Sample

A total of 198 surveys (31% response rate) were returned electronically. An analysis of participant demographics is provided in Table 1. According to level of education, subjects were equally distributed at 19.7% for ADN, RN-BSN graduated, and RN-BSN in progress. Of the remainder of the sample, 11.6% were diploma nurses, 16.2% were typical BSN nurses, and 12.6% held master's degrees. Master's degree in progress was not a separate category and this is a limitation of this study. The largest percentage of nurses were 41 to 50 years old. Regarding gender, 94.4% were female and 5.1% were male. The majority of the sample was White (96.5%). More than three fourths of the sample worked in the hospital setting. The predominance of hospital nurses is a function of the convenience sampling method used. More than half of the participants categorized themselves as staff nurses.

Descriptive Statistics

The findings of this study revealed a respectable level of perception of professional values among all practicing nurses who participated. The overall mean scores ranged from 3.98 to 4.68; high mean scores indicated high perception of professional values. According to level of education, the highest mean was found in the RN-BSN in progress group and the lowest mean was found in the ADN group. Higher means were also found for nurses

who had 0 to 2 years of experience, were older than 60 years, were in administrative positions, worked in home health, were members of professional organizations, were female, and were American Indian, although only 2 of the participants were American Indian and 1 was Hispanic (Table 1).

Inferential Statistics

Data were analyzed using analysis of variance to determine the differences in perceived professional values according to level of nursing education and other independent variables. Results revealed a significant difference in perception of professional values according to level of nursing education ($F = 3.42, p = .006$). Tukey HSD post hoc analysis and mean scores revealed that the most significant difference was in the RN-BSN in progress group. A significant difference based on title or position ($F = 2.80, p = .027$) was found. Post hoc analysis and mean scores showed that the nursing administrator group had the most significant difference. Results also revealed a significant difference in perception of professional values according to membership in a professional organization ($F = 4.64, p = .032$). Differences in perception of professional values were insignificant according to age, years of experience, department, gender, or ethnicity (Table 2).

DISCUSSION

The categories of RN-BSN in progress, 0 to 2 years of experience, older than 60 years, home health nurse, nursing administrator, and member of a professional organization had higher mean scores of perceived professional values. These findings are consistent with those of Hillery (1991), who found professional role to be associated with age, nursing education, practice setting, and professional development activities. The findings are also consistent with those of Clark (2004), who found higher mean scores, but not statistically significant ones, in professional socialization among both typical BSN and RN-BSN graduates (RN-BSN students in progress were not tested in Clark's study). However, the findings contrast with those of Martin et al. (2003), who found graduating ADN students scored higher than BSN students on professional values. Gender and ethnicity could not be considered due to the small number of male nurses and lack of cultural diversity.

The findings of this study support Hall's Care, Cure, and Core model in that those nurses with higher levels of education scored higher on perceived professional values. The higher mean scores of the RN-BSN in progress, master's degree, diploma, RN-BSN graduated, and typical BSN nurses compared with that of the ADN nurses

TABLE 1
DEMOGRAPHICS AND MEASURES OF CENTRAL TENDENCY

	<i>N</i>	Percent	<i>M</i>	<i>SD</i>
Level of education				
ADN	39	19.7	4.0056	.43694
Diploma	23	11.6	4.1281	.47989
BSN	32	16.2	4.0183	.43389
RN-BSN graduated	39	19.7	4.0374	.38617
RN-BSN in progress	39	19.7	4.3220	.45715
Master's	25	12.6	4.2592	.39950
Missing	1	0.5		
Age (years)				
20–30	33	16.7	4.0457	.44664
31–40	37	18.7	4.0896	.42722
41–50	82	41.4	4.0651	.44487
51–60	40	20.2	4.2797	.39290
> 60	3	1.5	4.4147	.70905
Missing	3	1.5		
Gender				
Female	187	94.4	4.1254	.45276
Male	10	5.1	4.0798	.26465
Missing	1	0.5		
Ethnicity				
American Indian	2	1.0	4.6800	.08485
White	191	96.5	4.1134	.44466
Hispanic	1	0.5	4.3400	
Missing	4	2.0		
Department				
Hospital	155	78.3	4.0904	.44433
Home health	8	4.0	4.3582	.35607
Administration	8	4.0	4.0818	.57351
Nursing education	2	1.0	3.9921	.54860
Clinic nursing	3	1.5	4.1333	.39311
Other setting	20	10.1	4.2779	.39868
Missing	2	1.0		
Title or position				
Staff nurse	101	51.0	4.1072	.45697
Charge nurse	14	7.1	3.9131	.36113
Supervisor	19	9.6	4.0695	.42116
Administrator	21	10.6	4.3847	.42075
Other	41	20.7	4.1155	.42391
Missing	2	1.0		

Years of experience				
0–2	15	7.6	4.1975	.51655
2–5	24	12.1	4.0789	.47088
5–10	23	11.6	3.9825	.38931
10–15	30	15.2	4.1097	.47592
> 15	105	53.0	4.1571	.43111
Missing	1	0.5		
Professional organization				
Yes	84	42.4	4.1994	.43780
No	112	56.6	4.0623	.44326
Missing	2	1.0		
<i>Note.</i> ADN = associate degree in nursing; BSN = bachelor of science in nursing; RN = registered nurse.				

suggest that higher education in nursing embraces values that are fundamental to the core circle.

These results support the idea that students enrolled in RN-BSN completion programs are adopting professional values emphasized in completion programs. In RN-BSN educational programs, returning students are challenged to replace values of the medical high-tech model taught in technical schools and reinforced in the workplace with theory and research-based holistic values (Blais et al., 2006).

The RN-BSN completion curriculum, as compared to usual BSN and ADN curricula, has the flexibility to teach outside the medical high-tech model. Because all students in RN-BSN programs are already licensed RNs, the curriculum does not need to address the typical knowledge and skills necessary to prepare nurses for licensure examinations that focus on areas such as medical/surgical, maternal/newborn, pediatrics, neurology, orthopedics, and psychosocial nursing. Rather, RN-BSN programs emphasize practice based on the arts and humanities as well as the sciences. RN-BSN programs concentrate on topics such as health promotion, disease prevention, nursing taxonomies, humanistic caring, independent therapeutic nursing interventions, spirituality, global health care, and ethics. Because of the above-described curricular emphasis, it is not surprising that this study showed higher mean scores on perceived professional values among RN-BSN subjects pursuing their degree. However, data were not gathered regarding how many courses RN-BSN subjects completed, which is viewed as a limitation of this study.

This study found that, once they had graduated, the RN-BSN students' mean perceived professionalism scores dropped. This could mean that the current method of instilling professional values within the nurs-

ing curricula might not be adequate to ensure continued enactment of professional values. It could also mean that workplaces lack infrastructures that support the continued enactment of professional values by RN-BSN graduates as well as others.

In addition to the higher mean scores for perceived professional values among RN-BSN students, the study found higher mean scores among nurses with less than 2 years of experience and more than 15 years of experience, nurses older than 60 years, home health nurses, and nursing administrators. Older age coupled with long-term nursing experience may have provided repeated nursing experiences that reinforce professional nursing values. However, nurses with less than 2 years of experience also had higher perceptions of professional values. Contemporary curricula, even at the ADN level, are becoming more holistic and not solely focused on the medical high-tech model. Although not tested in this study, many newly graduated ADN nurses are young and may embrace the concept of holism that is rapidly gaining acceptance in today's society.

The finding that home health nurses scored higher in perceived professional values was anticipated. Because of the autonomy that the home practice setting affords, home health nurses are able to function independently. They use independent judgment and therapeutic nursing interventions autonomously, which augments and reinforces the development of professional values. Kubsch (1996) also found that home health nurses use more independent nursing interventions in everyday practice than nurses employed in other settings. Finally, nursing administrators as organizational leaders had higher scores for perception of professional values. As a rule, professional values are a goal organizations aspire to and something those in leadership roles embody.

TABLE 2
ANALYSIS OF VARIANCE

Variable	Sum of Squares	df	Mean Square	F	p
Level of education					
Between groups	3.183	5	0.637	3.415	.006
Within groups	35.596	191	0.186		
Years of experience					
Between groups	0.711	4	0.178	0.897	.467
Within groups	38.068	192	0.198		
Age					
Between groups	1.741	4	0.435	2.296	.061
Within groups	36.011	190	0.190		
Position					
Between groups	2.137	4	0.534	2.795	.027
Within groups	36.499	191	0.191		
Department					
Between groups	1.134	5	0.227	1.157	.332
Within groups	37.224	190	0.196		
Professional organization					
Between groups	0.903	1	0.903	4.644	.032
Within groups	37.718	194	0.194		
Gender					
Between groups	0.020	1	0.020	0.099	.753
Within groups	38.759	195	0.199		
Ethnicity					
Between groups	0.684	2	0.342	1.738	.179
Within groups	37.574	191	0.197		

CONCLUSION

There are factors other than education that could help explain the results of this study. Personal experience in nursing (subjects with more than 15 years of experience and older than 60 years) was shown to contribute to the perception of professional values. Although 53% of the sample had more than 15 years of experience, only three subjects were older than 60 years. In health care settings, it is easy to differentiate those “seasoned” nurses by the way they interact with patients and colleagues. These nurses generally show a strong commitment to service, believe in the dignity of their patients, and are more autonomous in their practice. The professional values embodied by the more experienced and older nurses have been acquired through years of work, insight, and rewards of nursing care that is empathetic, altruistic, holistic, ethical, nutritive, generative, and protective in nature.

Professional value scores were higher for those who work in the clinical settings of home health and administration. As there is more autonomy in home health, home health nurses are freer to implement professional values that focus on health promotion and disease prevention, promote patient participation in the plan of care, and use nursing interventions based on nursing’s unique body of knowledge. Nursing administrators are expected to possess high levels of professional values. This expectation is operationalized in the roles administrators enact that infuse high values into nursing supporting the professional image of nursing. As one of the central purposes of nursing organizations is to enhance professional growth of their members, it is not surprising that subjects who were members of professional nursing organizations reported a significantly higher level of professional values.

Although many RN programs begin with a “profes-

sional nursing” course in which values are addressed, such entry courses in ADN programs tend to focus more on nursing skills that must be learned than on values and beliefs of the profession. Further, beginning nursing students in either associate degree or baccalaureate degree programs do not have the background or time to comprehend or assimilate the meaning of professional nursing values. Clarification of values takes a long time. Therefore, content that addresses professional values should occur close to graduation. In this study, RN-BSN students had the highest perceived professional value scores. This demonstrates that the adult learner with background, experience, and time spent in clinical nursing is ready to assimilate these values.

With mounting evidence in the literature and this study in support of the baccalaureate-prepared nurse, it is a fundamental recommendation of this study that employers support RNs returning to school in increasing numbers to earn the BSN degree. In addition to supporting RN-BSN education, employers must provide an infrastructure that supports the continued growth and enactment of professional values (Hart, 2005). Although independent groups were represented in this study (which negates substantial comparison), it can be seen from the data that once out of school, RN-BSN nurses no longer reported the high perceived professional values scores of those who were still in the process of earning their degree. Of concern is the resocialization process. It is likely that the RN-BSN graduate is quickly resocialized into the medical high-tech model of the workplace. It is difficult to maintain and enact professional values and professional practice based on nursing theory and research that uses independent therapeutic nursing interventions, focuses on health promotion and disease prevention, provides humanistic caring interventions, and uses a nursing taxonomy in such workplaces. Managed care has also taken its toll on the enactment of professional values. Nurses complain that they do not have time to enact a practice based on professional values. Without infrastructure that supports professional practice, documentation systems that prompt nurses to record caring holistic interventions, time to read and conduct research, and use of nursing taxonomies, the professional values learned in RN-BSN programs are quickly lost.

The role that continuing education could play in teaching and instilling professional values is obvious. Currently, most continuing education emphasizes improvement of technical skills, procedures, disease pathology, and treatment. Just as important would be offering continuing education on professionalism, nursing theory, and professional values. This would likely be of interest to staff nurses and would provide an opportu-

key points

Professional Values

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- 1 To support recognition as a profession, nursing must embody and enact values of the American Nurses Association and the American Association of Colleges of Nursing.
 - 2 Educational preparation of the registered nurse may make a difference in the development of professional values.
 - 3 Associate degree programs emphasize technical skills, hospital-based diploma programs emphasize clinical experience, and baccalaureate programs emphasize liberal education.
 - 4 Because RN-BSN completion programs do not have to focus on technical skills and clinical experiences, they have the time and flexibility to emphasize professional values.
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nity for them to acquire and embody values critical to the profession. As a result, these values would enhance patient outcomes.

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CNE QUIZ ANSWERS			
1. B	2. A	3. D	4. C
5. A	6. D	7. C	8. A
9. D	10. B		

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