

Perspectives on professional values among nurses in Taiwan

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Aim. The purpose of this study was to identify the most important contemporary professional nursing values for nursing clinicians and educators in Taiwan.

Background. Nursing values are constructed by members of political and social systems, including professional nursing organisations and educational institutions. Nurses' personal value systems shape the development of these professional values. An understanding of nurses' perceptions of professional values will enable the profession to examine consistencies with those reflected in existing and emerging educational and practice environments.

Design. A qualitative descriptive study was conducted using the focus-group discussion method.

Methods. A purposive sample of 300 registered nurses in Taiwan, consisting of 270 nursing clinicians and 30 faculty members, participated in 22 focus-group interviews. Data were analysed using a systematic process of content analysis.

Results. Six prominent values related to professional nursing were identified: (a) caring for clients with a humanistic spirit; (b) providing professionally competent and holistic care; (c) fostering growth and discovering the meaning of life; (d) experiencing the 'give-and-take' of caring for others; (e) receiving fair compensation; and (f) raising the public's awareness of health promotion. Four background contexts framed the way participants viewed the appropriation of these values: (a) appraising nursing values through multiple perspectives; (b) acquiring nursing values through self-realisation; (c) recognising nursing values through professional competency and humanistic concerns and (d) fulfilling nursing values through coexisting self-actualisation. A conceptual framework was developed to represent this phenomenon.

Conclusion. The most important professional nursing values according to the perspectives of nurses in Taiwan were identified. These values reflect benefits to society, to nurses themselves and to the interdisciplinary team.

Relevance to clinical practice. Nurses' awareness of their own values and of how these values influence their behaviour is an essential component of humanistic nursing care. Nursing educators need to develop better strategies for reflection and integration of both personal and professional philosophies and values.

Key words: attitudes, nursing, nurses, qualitative, Taiwan, values

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Introduction

Professional nursing values can no longer be represented from Western perspectives alone. With more than half the world's population living in Asian countries, nurses from these countries must be more active in shaping global professional nursing values. In the past, nursing leaders from Eastern Asia travelled to Western countries to obtain advanced knowledge and clinical skills (Percival & Gendek 2001). Because of this, professional nursing values in these Asian countries mirrored those of nurses in Western countries. With the growth of graduate educational programmes in Asia, professional nursing values within Eastern Asian countries may now be aligned more closely with native cultural values, signifying the uniqueness of professional nursing in these countries. This turn will enrich our understanding of the professional values that exist in all countries and will contribute to an appreciation of the commonalities and diversity of global professional nursing.

Nurses in Taiwan have struggled with the conflict between traditional values and the dominant professional values adopted by modern nursing. Nurses in other countries (Wrońska & Mariański 2002) have described how fundamental nursing values have changed due to the transformation from traditional to postmodern perspectives of pluralism in all spheres of daily life. Taiwanese and Chinese people share traditional cultural roots and beliefs about good health and the origins of illness are influenced strongly by these traditional philosophies (Shih 1996). Health and illness may be interpreted in terms of individual experiences as patients rely upon their own particular background knowledge about health promotion, the meaning of illness and healing processes (Ryan 1985, Spector 1991). As a result, medical and nursing therapies may precipitate conflict if they do not sensitively reflect personal and cultural values. Treatment and care plans should reflect these day-to-day priorities that reflect these values (Anderson 1990).

In the larger medical community in Taiwan, the deeply internalised influence of the traditional culture has inhibited individualised reflection on the lack of cohesion between medical regimens and cultural norms. Until now, the context of this phenomenon has not been systematically investigated within the health professionals' or clients' cultural framework. Because of this largely unacknowledged rift, it is important for nurses to examine and clearly articulate their values through self-reflection (Shih 2007). The purpose of this study is to identify important contemporary values in professional nursing from the perspective of Taiwanese nursing clinicians and educators.

Methods

This qualitative descriptive study was conducted in 2004 using the focus-group discussion (FGD) method to explore professional nursing values related to nursing practice and education in Taiwan. A purposive sample was obtained from three hospitals and one college of nursing in northern Taiwan. Each participant met the following criteria for inclusion: (a) at least 18 years old; (b) licensed as a registered nurse (RN); (c) currently employed in a hospital as a nurse clinician (NC) or nurse administrator, or having worked as faculty member (FM) for at least six months and (d) no history of alcoholism, drug abuse or mental illness.

Focus-group discussions have the capacity to generate explanatory and descriptive information (McDaniel & Bach 1996) by facilitating the data generation through group interaction (Kitzinger 1994, Parahoo 2006). This method permits freedom of expression (Tilford & Delaney 1992) which might be more difficult to encourage in an individual interview (Stewart & Shamdasani 1990). Owing to the large sample used in this project, 22 FGDs with 12–15 persons in each group were conducted. These FGDs were guided by the following question: What do you perceive are the most important professional values of contemporary nursing and why? Groups were comprised of members with the same job title (i.e. NC, nurse administrator and educator) to achieve mutual understanding among members and to allay their anxieties. To facilitate sharing of perspectives, the interviewer also invited participants to comment on each other's experiences and points of view. The FGD all took place in a comfortable environment and lasted between 90–120 minutes.

Each discussion was audiotaped, with the participants' permission; the discussions were then transcribed verbatim and subjected to systematic content analysis (Parahoo 2006). Further measures to ensure rigour included participant checks (Sandelowski 1993), reflexive analysis done by the researchers (Parahoo 2006) and assurance of data saturation using the final focus group (DePoy & Gitlin 1994).

To ensure that the emerging codes, categories, themes and concepts remained firmly grounded in the participants' actual experiences, a unique process incorporating nine levels of analysis was used (Shih *et al.* 2002). This process also allowed important dimensions to emerge from patterns found across the stories, without the presupposition to remain grounded within a specific context. In this way, the emerging themes are guaranteed to reflect real-world patterns (van Manen 1990).

The nine levels of analysis are the following: (a) accurate transcription and translation; (b) acquisition of an holistic

understanding of participants' responses; (c) highlighting data related to the research question: What do you perceive are the most important professional values of contemporary nursing and why?; (d) creation of an action/interaction strategy-examination worksheet; (e) implementation of action/interaction strategy-examination tasks on the basis of the worksheet; (f) use of axial coding strategies to reexamine related conditions, context, action/interaction strategies and consequences; (g) constant comparison of data from three angles (i.e. different informants' personal accounts, the same informant at different times or under different conditions and properties found in the expressions of different informants or the same informant); (h) use of domain analytical strategies to determine possible semantic relationships and structure additional questions; and (i) application of linking data strategies to clarify relationships between codes concerning the most important values and rationales with regard to persons (i.e. nurses, their clients, other health professionals) and the nursing profession.

Several strategies were used to enhance the rigour of the findings, including: (a) careful use of multiple interview techniques, such as watching, listening, noting chronology, gathering additional information, clarifying and explaining; (b) accurate transcriptions and translations; (c) managing participants' difficulties describing their perceptions of cultural and language issues; (d) detailed description of the discussions and use of reflexive journals; (e) confirmation with participants, their colleagues or friends when necessary; and (f) search for negative cases (Strauss & Corbin 1990, Streubert & Carpenter 1990, Guba & Lincoln 1994, Shih *et al.* 2002, in press).

Once the project had been approved by the institutional ethics committees, researchers carefully explained to participants their rights, the purpose of the study and the procedures it would involve. Written and verbal consent were then obtained. We maintained participant anonymity and confidentiality by ensuring that data could not be directly linked to any specific participant when the study was published.

Results

Three hundred RNs consisting of 270 NCs (90%) and 30 FMs (10%) participated in this study. Most of the participants were female (95%), 62% were single and 46% had a Bachelor of Science degree in Nursing. The mean age of the participants was 30.0 years old. The duration of participants' nursing careers ranged from six months to 36 years and 66% were senior RNs (≥ 5 years of nursing experience) (Table 1).

The analysis revealed seven professional nursing values that participants identified as important: (a) caring for clients with a humanistic spirit ($n = 225$; 75%); (b) providing professionally competent and holistic care ($n = 213$; 71%); (c) fostering growth and discovering the meaning of life ($n = 180$; 60%); (d) experiencing the 'give-and-take' of caring for others ($n = 141$; 47%); (e) receiving fair compensation ($n = 54$; 18%); and (f) raising public awareness of health promotion ($n = 30$, 10%).

Caring for clients with a humanistic spirit

Caring for patients and their significant others with a humanistic spirit was the most frequently cited nursing value, as identified by 75% of participants ($n = 225$) (NCs, $n = 195$, 72%; FMs, $n = 30$, 100%). Participants stated that being patient-centred rather than disease-centred was the behaviour most appreciated by patients and family members, followed by having a friendly communicative way of being that embodied respect, sincerity and tenderness. Some participants reported having shared with patients their personal life stories and their search for the meaning of life to inspire grieving patients. They noted that, because of the nurses' enduring presence at the patients' bedside, patients and their families gained a new appreciation for nurses.

Participants revealed that patients often expected caregivers to be more demonstrative in showing respect and deference toward them, such that they expressed intolerance of any perceived lack of responsiveness to their needs. Among all health professionals, nurses are a more visible and constant presence at the patient's bedside. Thus, many patients come to expect and value empathetic and respectful caring attitudes from nurses. One participant stated, 'From my years of clinical teaching experience, I've learned that if I take care of patients with respect, sincerity and mercy, they will appreciate me. It's very rewarding when they tell me I can be proud that I am a good nurse'. Another said, 'Many patients need nurses' encouragement and empathetic support to be comfortable and to survive'. Yet another related that 'Not many health professions stress the importance of empathy towards clients. I believe it is a unique value inherent in the nursing profession'.

Providing professionally competent and holistic care

Seventy-one per cent of participants ($n = 213$) (NCs, $n = 189$, 70%; FMs, $n = 24$, 80%) reported that another important value in nursing is to provide professionally competent and holistic care that addresses disease prevention and health promotion and fosters a sense of safety and comfort. These

Table 1 Sample demographics ($n = 300$)

Demographics	Mean (SD)	Range	<i>n</i>	%
Age (year)	30.0 (5.1)	21~24	41	14
		25~30	74	25
		31~34	79	26
		35~40	64	22
		41~44	24	8
		45~50	12	4
		> 0.50	6	1
Gender		Female	285	95
		Male	15	5
Highest nursing educational degree		PhD	14	5
		Master's Degree	45	15
		Bachelor's Degree	132	44
		Associate's Degree	109	36
Marital status		Single	185	62
		Married	115	38
Job title		Nursing clinician at a hospital	270	90
		Staff nurse	180	60
		Nurse administrator	90	30
		Faculty member	30	10
		Professor	3	1
		Associate/assistant professor	11	4
		Lecturer	16	5
Working site at hospital for nursing clinicians		Intensive care units	190	63
		Floor units	64	21
		Special units (i.e., ambulatory department, emergency room, hemo/peritoneal dialysis room)	26	9
		Nursing administrative office	20	7
Duration of nursing career (year)	9.2 (5.2)	< 1	21	7
		1~2	35	12
		3~5	46	15
		6~9	74	25
		10~14	52	17
		15~19	40	13
		20~24	28	10
> 24	4	1		

participants also stated that the demonstration of professional competence may result in a greater appreciation by clients and the public of the depth of knowledge and skill required to practice nursing. The following quotations from the participants illustrate this theme: 'The most important aspects of nursing are to identify our patients' healthcare needs and provide them with excellent care'; 'Sometimes, nurses complain that they have done their best to take care of patients but that some patients still do not appreciate their efforts. There must be something wrong with this. I think the values of a profession should not only be accepted by insiders, such as nurses themselves, but also need to be accepted by outsiders, such as other health professionals and the public.' Some participants stated that nurses are expected to facilitate collaboration with physicians and suggested that nurses should be sufficiently knowledgeable about nursing,

medicine and the social sciences to meet patients' complex biophysical, psycho-spiritual and cognitive needs. They also listed several goals of nursing care.

Goals relating to patients' physical well-being comprised: (a) improving physical comfort; (b) promoting physical and functional well-being; and (c) helping physicians stabilise the critically-ill. The goal relating to patients' psycho-spiritual well-being was identified as providing psychological and spiritual care to help patients cope with disease-related stress and enjoy a sense of security. Participants mentioned that families become very anxious about the health condition of their loved ones; many ask nurses to stay at the bedside and provide additional help, particularly psychological support. The goal relating to patients' cognitive well-being was: helping patients and family members clarify health-related questions and coaching them in self care.

The participants identified emergency room (ER) and intensive care unit (ICU) nurses as having a particularly important role as role models, teachers and leaders. They felt that gaining basic knowledge and skills represented crucial first steps, but that the complexity of health care calls for the higher-level skills often demonstrated by these nurses. They further noted that first responders were held in high esteem as they took the initiative in decision-making and could alert others to hard-to-detect symptoms or abnormalities. Furthermore, by uncovering the underlying social context of a patient's illness, nurses could recommend significant changes for the patient's treatment using newly-learned techniques which could speed the patient's recovery and save time and effort. With their rich body of experience, younger nursing professionals actively seek out ER and ICU nurses as coaches to gain a better sense of how to deal with complex situations. For instance, 'The ICU where I worked is the busiest in this hospital. New nurses are often nervous and frustrated during the first 6–12 months; they are confused by the prioritisation of the many nursing tasks'; 'My care plans are often interrupted unexpectedly, for example when patients make requests or a crisis arises. When I am under stress, I seek help from senior nurses. First, they try to calm me down; then they help me set the priorities, since the underlying pathological and pharmacological cascade of patient treatment protocols are too complex for me'.

Fostering growth and discovering the meaning of life

Sixty per cent of participants ($n = 180$) (NCs, $n = 154$, 57%; FMs, $n = 26$, 87%) stated that nursing is valuable to their personal and professional growth. Professionally, they reported better interpersonal communication skills that facilitated the establishment of trusting relationships among health team members and their clients and heightened critical thinking skills that enabled them to achieve a higher level of independence. With more clinical experience, their understanding of theoretical rationales framing complex health phenomena improved and they were able to make better decisions. This positive feedback demonstrated that the participants felt more confident setting priorities for managing complex clinical care phenomena. As supervisors and staff gained more confidence in their competence, greater professional responsibilities followed; this led, in turn to a sense of self-achievement along with an enhanced sense of self-confidence in the ability to take on still more responsibilities. For example, 'Since there was a lack of available staff, particularly for the evening shift, I was trained to take effective and efficient care of more patients than ever. I think I've grown up a lot this year'; 'Although

I'm still a junior RN, to make good decisions, I need to acquire a lot of professional knowledge and skills relating to physical assessment, intrusive examinations and critical care-specific disease management, as well as nursing care plans. The nursing profession has helped me mature and it's very valuable to me'.

Nursing clinicians with BSN or MSN degrees, nursing administrators and senior FMs reported that they had matured. Maturation came through taking on challenges that led to reflective thinking about the meaning of their lives, in addition to taking more responsibility for patient recovery: 'I obtained a sense of satisfaction through the care I provided. If they don't help others out of the goodness of their heart, nurses won't be happy with their profession' and 'As an ER nurse, I didn't do well enough, but my colleagues kept encouraging me to do my best. My efforts were appreciated by many critically-ill or terminal patients and their family members. What is invaluable is that my colleagues told me that I've grown and my friends told me that I've changed. I've gained more courage and confidence'.

Experiencing the give-and-take of caring for others

Forty-seven per cent of participants ($n = 141$) (NCs, $n = 130$, 48%; FMs, $n = 11$, 37%) expressed that they experienced the rewards of a rhythmic process of give-and-take through their intimate interactions with clients.

In relation to the positive implications of give-and-take for patients and their significant others, participants reported that they were afforded unique opportunities to view the effects of distressing experiences from multiple perspectives. Participants remarked that treating patients challenged them to give their all. On the other hand, the same participants stated that they also got something back from their patients. This something could be found in the tangible empowerment they experienced through being able to alleviate pain and suffering. In addition, the nurses noted the strong sense of satisfaction they felt in performing their duties, successfully. It is apparent that such give-and-take serves as a continuing source of energy for the nurses; for instance, 'I encouraged patients' significant others to express their love for the patients and helped them offer forgiveness to each other. I feel so good to be a nurse: this sense of satisfaction is more significant for me than anything else in the world'; 'Nursing is a beautiful profession because it is more about voluntary giving than taking. It's full of positive exchanges in interpersonal relationships. My motivation to be a better nurse has been reinforced by positive encouragement from others. It's a blessing to have a vocation that is full of the fruits of give-and-take'.

The merits of give-and-take extend to relationships with other health team members. Some participants stressed that nurses are the key facilitators helping health team members reach agreement during problem-solving. For instance, 'I tend to panic whenever I do CPR or caring for the body of an expired patient. The assistance I had from other nurses made me feel less anxious. I've also learned a lot from their kindness towards those who have passed away. So I believe helping other colleagues is an important part of the nursing profession'.

Receiving fair compensation

Financial advancement was important for 18% of participants ($n = 54$) (all NCs) because 'respect' is so often linked to income. In this way, with a stable and rewarding income, nurses could achieve the socioeconomic recognition they deserve which would free them to concentrate on their professional advancement without the necessity to work overtime for extra pay. They noted, 'Nowadays, pay for nurses is a sign of respect for my profession'; 'If I don't have to worry about my financial condition, I'm able to concentrate on learning new things for my personal interests and in order to serve my clients'.

Raising public awareness of health promotion

Ten per cent of participants ($n = 30$) (NCs, $n = 20$, 7.4%; FMs, $n = 10$, 33.3%) believed that raising public awareness of health promotion is a significant aspect of the nursing profession: 'Nurses spend a lot of time educating their clients and the public about health'; 'We have done a lot to help them learn about disease prevention and health promotion'; and 'Nurses are helping to raise public awareness of one's health status and needs'.

Discussion

Four ways of appropriating professional nursing values emerged as secondary findings: (a) Appraising nursing values from multiple perspectives; (b) acquiring nursing values through self-realisation; (c) recognising nursing values through professional competency and a humanistic attitude; and (d) fulfilling nursing values through coexisting self-actualisation. Each of these will be elaborated below.

Appraising nursing values from multiple perspectives

Participants remarked that the nursing profession is known for meeting both personal and professional development

needs. Their comments did not arise exclusively from their insider points of view. The participants mentioned four groups that provide some perspectives of these values including the nurses themselves, clients and their families, other health team members and global perspectives of the nursing profession.

Participants stated that the nursing profession is personally beneficial to them because it teaches them empathy and respect, enhances their personal competency, fosters discovery related to the meaning of life, constructs examples of give-and-take in caring for others and provides financial security. Caring is grounded in a set of universal humanistic and altruistic values that bring meaning and satisfaction to their lives through relationships with others (Watson 1990). On the other hand, as has been pointed out by Western scholars (Watson 1990, Johnson 1991, Goodell & Coeling 1994), financial security is important; and 18% of the participants in this study held this view.

Relationships between nurses and those around them emerged as another important sub-theme. Participants identified as important, nursing values that provide holistic care to support comfort and safety, focusing on disease prevention and health promotion. To be effective, nurses need a broad range of abilities to better serve their clients. Thus, the nurses interviewed believe that interpersonal skills, an holistic approach and an in-depth knowledge of medicine, nursing, foundational sciences and the complexity of human functioning are essential.

Some participants referred to the importance of collaboration with other co-workers in care delivery, indicating that nurses are the key initiators in facilitating communication and agreement among team members and often serve as role models. This finding is consistent with Cherry and Jacob's (2004) concept of transdisciplinary health care in which multidisciplinary and interdisciplinary health care are redefined to account for the uniquely separate and shared roles of healthcare providers. Nurses are the only team members who stay with the patient around the clock, therefore this 'relationship-centred approach' transcends that of other team members (Watson 1996). In many cases, nurses often assume responsibility for coordination of the transdisciplinary healthcare team (Cherry & Jacob 2004).

These findings show that Taiwanese nurses perceive global professional development as one of the most important benefits of the nursing profession. It is warned that also comments that full professional status cannot be reached without social recognition (Schwirian 1998). However, in Taiwan, as in other countries, the nursing profession is perceived as gender-bound and task-oriented. The public perception of the nurse is of someone who performs

unpleasant technical jobs and functions as assistant to the physician (Cherry & Jacob 2004). Thus, the public needs to be educated about the unique contributions nurses make to healthcare so that they will appreciate nursing as a distinctive discipline.

Acquiring nursing values through self-realisation

Many scholars agree that possession of a unique body of knowledge is a necessary condition for a profession and needed to attain respect, recognition and power (Schwirian 1998). Cooper (2001) argues that an expert nurse should acquire two types of nursing knowledge: general and particular. Nursing values are no different and reflect knowledge of multidimensional health needs and an understanding of various epistemological paradigms related to the nursing profession. Holistic nursing care may encompass both vertical and horizontal domains of nursing knowledge systems. The vertical domain of holistic care is reflected in epistemological systems comprised of (a) medical science-related knowledge and understanding of pathophysiology, pharmacology and the diagnostic and treatment protocols used to treat disease; (b) social science-related knowledge that explain human responses to health and illness and social processes for change; and (c) the unique knowledge and skills which nurses learn through experience for the purpose of maintaining or promoting the well-being of the whole person, biopsychospiritual and cognitive dimensions (Shih *et al.* 2002, in press, Shih 2007).

The 'horizontal domain' of holistic care is indicative of the range of knowledge systems that are synthesised within relationships to facilitate the client's recovery. Nurses rely heavily on general knowledge from many disciplines, including the social sciences as well as nursing and medicine. In contrast, particular knowledge is specialised knowledge not generally known or applied, but particular to the nurse, patient and circumstances (Gadow 1995, Cooper 2001). Nurses must undoubtedly learn and implement nursing knowledge systems from both vertical and horizontal domains to achieve self-realisation, which is the key to tailoring their responses to patients' needs (Cooper 2001).

Recognising nursing values by professional competency and humanistic attitudes

Two important visible outcomes arose from this project. Participants were well aware of their being externally oriented in their caring attitudes towards their clients, as well as being self-oriented in terms of problem-solving, learning and participation. Attaining professional compe-

tency is essential. Furthermore, in Taiwan there is a cultural expectation regarding health professionals, particularly nurses, that mandates care for patients as if they were one's own relatives (Shih 1996). All of the nurses in this project spoke of how they had opportunities to fulfill this cultural expectation. The following six strategies suggested by senior nurses are worth highlighting: (a) inclusion of patients and family in care; (b) communication with patients and family members regarding therapies, goals and plans; (c) practicing patient-centred rather than disease-centred nursing care; (d) valuing the patient's perceptions of life; (e) sharing patient feelings of joy and frustration to comfort their patients; and (f) conveying attitudes of respect, sincerity and mercy. The participants in this study believe that the nursing profession provides opportunities to appreciate the altruistic merits of human beings and 60% acknowledged that they felt privileged to have witnessed people's responses to the challenges of living with the impact of disease and the recovery process.

Fulfilling nursing values through coexisting self-actualisation

For many participants, personal growth came with additional responsibilities and nursing values took on renewed meaning. Nurses with a BSN or graduate degree appreciated the self-growth fostered by the role of nursing clinicians more than those with a vocational degree. The former were more ready to take the initiative in exploring theoretical rationales for complex human phenomena. When sophisticated background contexts were uncovered and integrated, nurses were able to make better decisions when carrying out medical and nursing protocols. During this positive feedback cycle, others (such as colleagues and supervisors) gained more confidence in their competency and were more willing to encourage them to take on additional professional responsibilities, leading to a still greater sense of self-achievement and recognition.

In summary, through using FGDs with NCs, administrators and FMs researchers explored the most important contemporary nursing values for Taiwanese nurses. A conceptual framework was developed to synthesise the findings of the study (Fig. 1). The background context for the formulation of values (which gave rise to the six values discussed above) has been elaborated and appears in the framework. Additionally, a tentative definition was developed to reflect contemporary nursing values: the nursing profession has proven itself an essential member of the health professions by providing diverse contributions across the field. Nursing professionals provide holistic care to meet the unique health needs of their clients and their clients' significant others and to promote health and prevent or

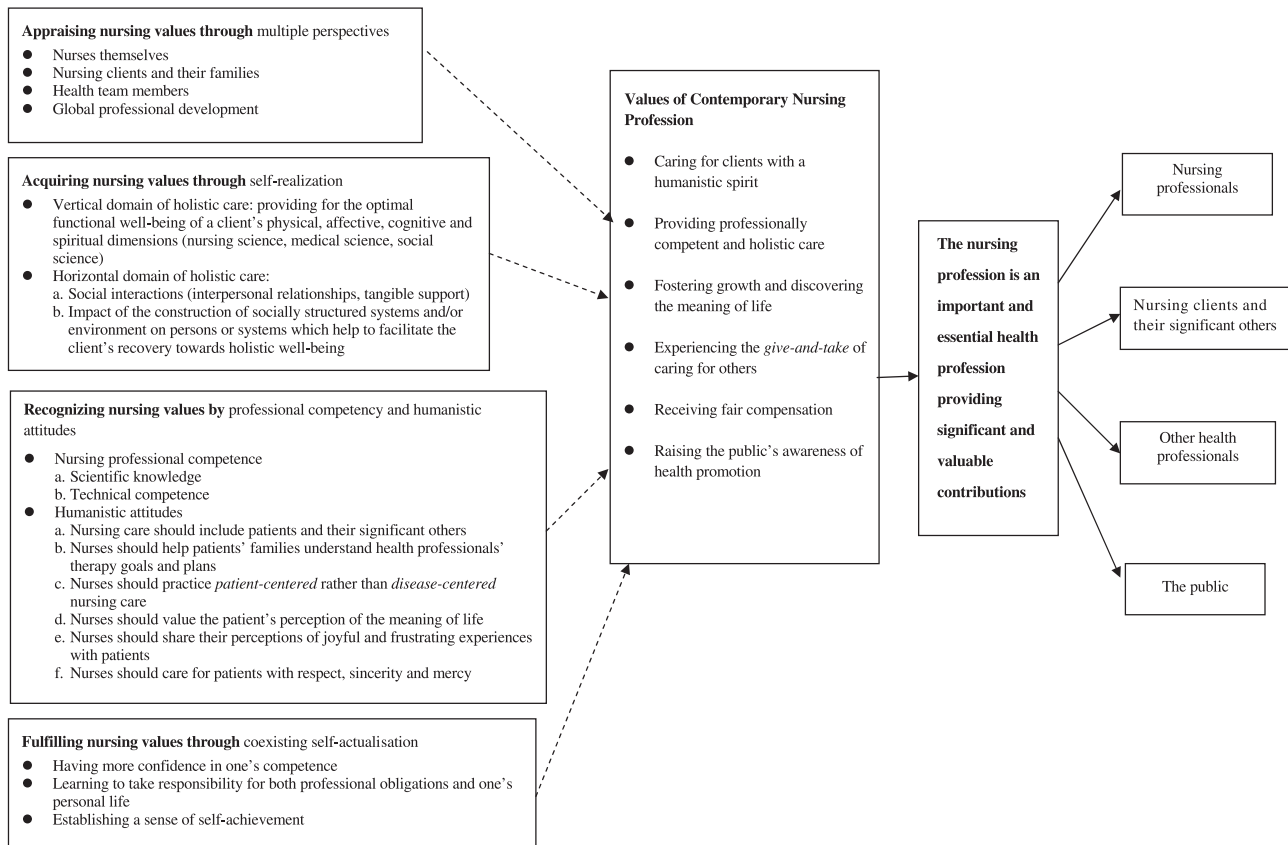


Figure 1 Background context for perceptions of professional nursing values among nurses in Taiwan.

alleviate illness. These nursing values have gained recognition for fostering transdisciplinary cooperation, providing successful role models and obtaining reasonable socioeconomic recognition and support for nurses' competence. These values influence those in the right column of the model. Finally, these interparticipative dialogues are forms of reflective practice for improving nursing education and services and generating new knowledge about nursing values.

Study limitations

Some limitations are inherent in this project. First, because of the large sample, a face-to-face focus-group format rather than individual interviews was used as the primary data collection method. Although confidentiality of the data was ensured by the investigators, this avenue may have not addressed (a) a participant's private concerns; (b) issues which may have offended persons with administrative power to influence the participant's professional career development; (c) more-abstract issues related to health institutes, professional associations, or a vision or future direction of the nursing profession not directly related to first responders; and

(d) issues which may have required more time for in-depth discussion. Second, there were not enough male informants (5%) to draw any comparative conclusions in this project, and this deserves further investigation. Third, the main population of this project consisted of nursing clinicians (90%) and FMs of one single school (10%). Last, this project applied a cross-sectional method to collect data, rather than observing a person's perceptions of value changes across a period of time.

Implications and Suggestions

Several suggestions for nursing educators, clinicians and researchers arise from these results. First, Weis *et al.* (1993) have already indicated the importance of understanding the values of nursing, for value systems are the building blocks of every profession. Elfrink and Lutz (1991) have stated that nurses' awareness of their own values and of how these values influence their behaviour is an essential component of humanistic nursing care. Nursing educators need to develop better strategies for reflection and development of personal philosophies and values.

Second, the participants' own interpretations of the experiences and values of the nursing profession can be shaped by the value systems of individual healthcare team members (nursing colleagues in particular), nursing leaders and the institutional culture, as well as by the demographics of gender, age, marital status, education, financial income and cultural belief systems. Sadala (1999) has analysed nursing students' meanings of caring for patients in isolation, focusing particularly on aspects of communication and interpersonal relationships. She found that grasping the meaning of their experiences of caring for patients was foundational to the learning of skills. In this context, the act of experiencing practice is of prime importance for the whole reflective process, for it enables students to perceive patients as persons and to relate to them in the humanised manner of nursing. Further research is needed to study the influence of these factors on nursing values.

Third, this study has shown that most participants have a positive view of their professional role, which is a byproduct of nursing values (Schwirian 1998). Such views substantiate the claim that nursing is a profession and may lead to an enhanced view of the discipline of nursing. White (2002) argues that nursing may be understood as a vocation, in that a vocation focuses on providing people with what is best for them. Those who work in a vocation are often taken for granted or devalued and should receive appropriate rewards and recognition from their community. From this point of view, it is nursing work and it is moral and social meaning that gives nursing its vocational status (White 2002).

Last, this study affirms the importance of transdisciplinary health care, as revealed in the themes of 'give-and-take' and nurses' attitudes of 'empathy and respect'. A transdisciplinary approach supports an effective collaborative model. Another surprising discovery is that most Taiwan's nurses take a positive view of their professional roles, even though they do not all appreciate or embody every nursing value considered here. It would be worthwhile comparing similarities and differences of nursing values among a broader range of nursing groups (staff nurses, nurse midwives, clinical nurse specialists, nurse practitioners, nurse managers, and nurse educators) and different cultural groups. Meanwhile, a longitudinal study might help reflect changes in the perceived values of nursing across different professional developmental stages. By doing so, future researchers would be empowered to explore how certain nurses or groups of nurses find particular nursing values more difficult to appropriate, what actual and potential difficulties they anticipate or experience when doing so and what kinds of strategies are helpful for promoting the integration of these values.

Conclusions

Flynn and Aiken (2002) report that, to use the talents and skills of all nurses fully in maximising positive outcomes, administrators should seriously consider promoting a professional practice environment. In this practice environment, nurses exercise autonomy, have control over their work and practice and enjoy collegiality with physicians. The findings of the present study underline how the regulation of the practice environment is modified by professional nursing values.

The socialisation process involved in nursing education entails both the modification of personal values and the internalisation of professional nursing values (Martin *et al.* 2003). The current health care environment requires that professional nurses have the ability to manage complex ethical dilemmas (Shih *et al.* 2009). Awareness among faculty and students of the need for strong professional values is important for preparing nurses who are capable of managing patient care in an ethical and professional manner (Martin *et al.* 2003).

With worldwide challenges to traditional health care systems and uncertainties relating to socioeconomic and political resources for health care in the 21st century, there is increasing interest in searching for the core values that give meaning and direction to the nursing profession. The impact of nursing values as interpreted by nurses in this new age will affect the complex relationships among nurses, their clients and health team members, as well as the future direction of the nursing profession.

Relevance to Clinical Practice

Nurses' awareness of their own values and of how these values influence their behaviour is an essential component of humanistic nursing care. Nursing educators need to develop better strategies for reflection and integration of both personal and professional philosophies and values.

Contributions

Study design: FJS; data collection and analysis: FJS, MLG, YSL, YML, HHC, SHL and manuscript preparation: FJS, MLG, YSL, MCS.

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