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Practice of Professional Values of Hospital Nurses in Bacolod City

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Abstract. This study assesses the extent of the practice of professional values of hospital nurses in Bacolod City using descriptive, comparative and correlational design. Furthermore, it compares the extent of practice of nurses' professional values and the designation of assessors. It also determines whether a significant relationship exists between the respondents' demographic profile and the practice of professional values of hospital nurses. Using a researcher-made survey questionnaire, the data were analyzed using frequency count, percentage distribution, mean, standard deviation, Mann-Whitney U test and Spearman rank correlation. The findings reveal that the practice of professional values of hospital nurses is very great extent with social justice being the highest while altruism being the lowest. No significant difference was found in the extent of practice of professional values when assessors are grouped according to designation. However, a significant relationship was found between sex, age, and practice of professional values of hospital nurses; nevertheless, no significant relationship was found between civil status, years of experience, educational level, and practice professional values. Lastly, the most significant challenge encountered by hospital nurses was prolonged working hours (>8hours/day).

Keywords. Extent of Practice, Professional values, Hospital nurses, Descriptive-Comparative-Correlational, Bacolod City

1. Introduction

The Professional values denote a nurses' duty to promote and restore the health of individuals, families, and communities while upholding fundamental human rights, respect, and dignity for all (International Council of Nurses, 2006). There are five values essential for a professional nurse: altruism, autonomy, human dignity, integrity, and social justice (American Association of Colleges of Nursing, 2008). Furthermore, professional values also motivate a particular profession (Lai & Pek, 2012). Thus, it is necessary to reinforce an individual's professional identity and performance. Several studies have established evidence that nurses' professional values had become an issue and problematic in many healthcare settings, both globally and locally.

Ethics and professional nursing values have been acknowledged as the foundation of nursing care. The study of Kim et al. (2015) among Korean clinical nurses stated that ethical dilemmas and professional nursing values affect the quality of professional life. The rapid changes in societal values system, generational diversity, and the resulting difference in values present a challenge for the nursing profession. Another study by Poorchangizi et al. (2017) in hospitals in Iran stated that nurses' decision-making and patient care are affected by professional values. Hence, Dehghani et al. (2015) agreed that quality of patient care, organizational commitment, and nurses' occupation satisfaction and retention would increase in the utilization of professional values in nursing practice.

In Philippine nursing, changes in the medical environment placed nurses in complex situations. Nurses are susceptible resulting to patients' suffering if nurses are not fully committed to their profession. One instance is a complaint filed against a medical doctor, four nurses, and an administrator in the Davao region for alleged medical negligence and malpractice (Pojas, 2016). The complainant accused the nurse who allegedly injected the wrong medicine and did it without conducting a skin test. The NBI findings stated that such negligence was rooted in and attributable to the nurse's negligent acts for not being predisposed and present to exercise her supervisory functions and address the shorthanded medical complement (Pojas, 2016). Another incident at Cotabato Regional Medical Center in Cotabato City last May 2014 reported the alleged negligence of a nurse who ignored the mother's call for help resulting in a newborn's demise. The mother is a member of an indigenous group, Teduray, and believed it was why she was being ignored (Crisostomo, 2014). In Cebu City's "rectum canister scandal" in January 2008, the incident was a clear violation of the patients' right to privacy and confidentiality (Punay, 2008). Moreover, in another report published by Miasco et al. (2019) about an incident at Tuburan, Cebu District Hospital last February 8, 2019, a drug suspect who was blooded from multiple gunshots howled at a nurse who took a video of his agony. The staff violated the victim's right to confidentiality, respect for human dignity, and social justice.

In Negros Occidental, there were growing medical negligence cases and hospitals refusing emergency medical care to patients. A tertiary hospital denied medical negligence in the death of Mary Joy Geronca, who was pregnant with her twin babies. She was reportedly made to wait in line at the hospital's emergency room on January 16, 2017 (Bajo, 2017). Moreover, another incident happened when innocent twins died due to alleged irresponsible hospital staff and crew of a secondary hospital in Negros Occidental on June 29, 2018 (Nelz, 2018).

Thus, this study was conducted to assess the extent of the practice of professional values such as altruism, autonomy, human dignity, integrity, and social justice of hospital nurses in Bacolod City. It also aimed to enhance and engage nurses in observing professional values in the nursing practice and improving working conditions to promote a healthy working environment to reduce nurses' burnout and staffing turnover. Furthermore, this study provided the researcher with an opportunity to design a program, the Amúma Values Campaign Program, in which Amúma is defined in the cebuano.pinoydictionary.com as a Visayan term that means to take care of someone and guide him or her. Amúma is an awareness and values engagement campaign program in practicing the professional values of nurses.

2. Framework of the Study

Caring means kindness and concern. Caring as the essence of nursing must be manifested by every nurse, whether the nurse is an administrator or not. Nursing is bound to exercise a unique way of expressing concern to others. For many years, since the inception of the nursing profession, the practice of the profession evolved from being the doctor's assistant to a broader role, which approaches man as a holistic being. As nurses stay with the patients for twenty- four

hours, it is the nurses' duty to promote and restore the health of individuals, which draws back again to caring for the well-being of patients. Bedside care nurses are not the only ones who are involved in the care of patients but nurse administrators as well. Nurse leaders are the bearers of culture and are responsible for managing the core of caring to create caring cultures that serve life and health and alleviate human suffering (Salmela et al., 2017). Their ethical attitudes, language, thought patterns, norms, and values of caring and caring tradition create cultural prerequisites passed along to the staff. Through their management, nurse leaders, together with the team, nurture and form a fundamental value base consisting of respect, justice, the excellent meeting of patients and staff, and evidence-based care. Dr. Marilyn Anne Ray's Theory of Bureaucratic Caring (2001) emphasizes an integrated system in organizations to maintain the quality of healthcare. According to Alligood (2018), central to the theory is the awareness of seeing the truth, seeing good, and communicating. The integrated systems of bureaucracy are closely related to the physical, socio-cultural, biological, educational, economic, political, technological, legal, humanistic, spiritual, and ethical aspects of an organization. These include the hierarchy of administration, management processes, and nursing care implementation based on caring behavior (Coffman, 2013; Reed, 2009; Racko, 2017; Clarke et al., 2002).

As bureaucratic caring emphasizes an integral system of caring in an organization, nursing has a hierarchy of administration, management process and exercises implementation of care with an emphasis in caring behavior. Caring is closely associated with spiritual ethical aspects in the organization. The ethical aspects of caring in Ray's theory stresses the desire of the nurse to do good to others, which involves the practice of professional values that shows caring for others. Caring is a complex transcultural and relational process grounded in an ethical, spiritual context. Caring links charity with the right action and love with compassion as opposed to suffering. It also upholds the need for justice or fairness in terms of what ought to be done. According to Turkel and Ray (2000), caring behavior in an organization is generated from the staff's values, norms, and beliefs. Each of the five consequences is a result of a set of caring behavior. Patient satisfaction is a result of communication and respect. The patient's physiological changes caused by a stressful situation will reduce by information, aid, and comfort. Communicating and empathizing with healthcare professionals create trust between patients, and this could be enhanced through self-disclosure. Any act of caring, especially respect, aiding, and communicating, will improve a patient's self-esteem. Some legal actions against health care professionals seem related to the amount of time spent with patients and the quality of communication, including empathy. Transcultural caring encompasses beliefs and values or love and justice or fairness, which has significance in the social realm, where relationships are formed and transformed. Thus, through compassion and justice, nursing strives toward excellence in caring through the dynamics of complex cultural contexts of relationships, organizations, and communities (Ray, 2001). The ethical component embedded in spiritual-ethical caring addresses nurses' moral obligations to others. Ray (2001) emphasizes that transformation can occur even in the business-like atmosphere of today if nurses reintroduce the spiritual and ethical dimensions of caring. The deep values that underlie the choice to do good will be felt both inside and outside organizations. The work environment, with a healthy working atmosphere, also positively impacts nurse competence development. Roles and functions of managers become the leading center in maintaining the performance of nurses' work by organizational goals.

Ray's caring topic is related to nursing since it is the core of nursing practice. Caring is not just providing the physiological needs, but extends to other factors affecting the whole person. Ray's theory believes that caring extends to educational, physical and socio-cultural, biological

and political. These factors, innate in nurses such as designation (political), sex, age and years of practice (physical), civil status, (socio-cultural), and education are infused in caring. These factors may influence the nurses' practice of professional values, as a way of expressing care.

3. Methodology

The research study employed descriptive, comparative, and correlational research design. Descriptive design was used to describe the extent of the practice of nurses' professional values and the challenges encountered in the practice of professional values. Furthermore, comparative design was used to find a significant difference in the extent of the practice of nurses' professional values when the assessors were grouped according to designation. On the other hand, the correlational design was used to measure the relationship between the respondents' demographic profile and the extent of the practice of nurses' professional values. The study respondents were the 187 staff nurses and nurse managers of three level 2 hospitals in Bacolod City. The researcher utilized the stratified random sampling method by settings and fishbowl method for randomization.

The study used a researcher-made survey questionnaire based on The Code of Ethics for Filipino Nurses with interpretative statements as an instrument for measuring the extent of the practice of professional values of nurses and enhancing professional socialization. The instrument is divided into three parts: Part 1 contains the demographic profile of the respondents. Meanwhile, Part 2 is the questionnaire proper, consisting of 25-item Likert type benchmarks for assessing the extent of the practice of professional values of nurses in terms of altruism (5 items), autonomy (5 items), human dignity (5 items), integrity (5 items), and social justice (5 items). Part 3 contains the challenges encountered in the practice of the professional values of nurses.

To determine the researcher-made questionnaire's appropriateness, it underwent validity testing using the Good and Scates criteria with a score of 4.43 interpreted as "Very High Validity". Pilot testing was conducted on 30 hospital nurses for reliability. The researcher-made questionnaire was measured using Cronbach's Alpha with a score of 0.95, considered as reliable.

The researcher asked the approval to conduct the study to the medical directors of three Level 2 hospitals in Bacolod City. Also, documentary sources of evidence were collected to validate the assessment of the respondents. Descriptive, comparative, and correlational data analyses were used to interpret the data. Frequency count, percentage distribution, mean and standard deviation were used for descriptive analysis on the extent of the practice of professional values and the challenges encountered by nurses in the practice of professional values. Mann-Whitney U test was used to find the significant difference in the extent of the practice of professional values of nurses when they were grouped according to designation of assessors. Lastly, Spearman rank correlation was employed to find significant relationships between nurses' demographics in Level 2 hospitals and the practice of professional values.

4. Results and Discussion

Extent of Practice of Professional Values of Hospital Nurses in Bacolod City

As shown in Table 1, the overall mean ($M=4.64$, $SD=0.27$) indicates that hospital nurses in Bacolod City practice professional values to a very great extent regularly. It may mean that hospital nurses have high regard for the practice of professional values in the nursing practice despite various circumstances they have encountered. The result proved Benner et al.'s (2010) claim that professional nursing values are the foundation of nursing practice. Furthermore, the results also supported the claim of Poorchangizi et al. (2017) that the total score of the practice of professional values was high in hospitals of a medical university in Iran.

Moreover, the studies of Clark (2009), Gallegos and Sortedahl (2015), and Weis and Schank (2009) also reported a similarly high score for nurses' professional values. The study of Tadd et al. (2006) claimed that even though most participants were not precisely familiar with the content of their code of ethics, nurses acted in accordance with their values because their professional values had been internalized and become a part of their professional identity. Therefore, it is evident that nursing is highly reliant on one's morals and a sense of responsibility to the client.

Although all professional values appeared to be high interpreted as "very great extent," social justice appeared to be the area with the highest practice of professional value ($M= 4.73$, $SD= 0.36$), while altruism ($M=4.46$, $SD=0.43$) was the lowest. This may indicate that hospital nurses in Bacolod City believe that every person, either patient, colleagues, or other community members, must be treated equally and deserve equal access to quality health care. This may also signify that there is an increasing awareness among nurses towards social justice. Moreover, the study of Walter (2017) revealed that nurses' responses to social injustice have not always been commendable, and the nursing profession's poor performance originates from a variety of factors such as unawareness.

On the other hand, the low score of altruism ($M=4.46$, $SD=0.43$) as a professional value may indicate a shift of prioritization in the practice of professional values among hospital nurses. Furthermore, it may be due to various issues and challenges surrounding the value of altruism in the nursing practice. This supported several studies that reported devaluation of this value among nursing students and nurses. The result affirmed the study of Johnson et al. (2007) that altruism was found to be declining among nursing students and nurses in the face of an economic and pragmatic stimulus.

Table 1. Extent of Practice of Professional Values of Hospital Nurses in Bacolod City

Variable	Practice of Values			Altruism			Autonomy			Human Dignity			Integrity			Social Justice		
	M	SD	Int	M	SD	Int	M	SD	Int	M	SD	Int	M	SD	Int	M	SD	Int
Sex																		
Female	4.67	0.27	VGE	4.52	0.43	VGE	4.75	0.31	VGE	4.70	0.33	VGE	4.62	0.39	VGE	4.75	0.33	VGE
Male	4.56	0.26	VGE	4.33	0.40	VGE	4.66	0.37	VGE	4.61	0.37	VGE	4.53	0.34	VGE	4.66	0.42	VGE
Age																		
Young Adult (20 to 39 years old)	4.62	0.27	VGE	4.46	0.43	VGE	4.72	0.33	VGE	4.66	0.34	VGE	4.57	0.38	VGE	4.71	0.36	VGE
Middle Adult (40 years old and above)	4.85	0.13	VGE	4.56	0.42	VGE	4.84	0.23	VGE	4.96	0.13	VGE	4.92	0.14	VGE	4.98	0.06	VGE
Civil Status																		
Single	4.61	0.28	VGE	4.44	0.45	VGE	4.69	0.35	VGE	4.64	0.35	VGE	4.59	0.37	VGE	4.71	0.38	VGE
Married	4.68	0.24	VGE	4.51	0.41	VGE	4.79	0.27	VGE	4.73	0.32	VGE	4.60	0.39	VGE	4.76	0.33	VGE
Years of Experience																		
Shorter (1 to 4 years)	4.62	0.30	VGE	4.44	0.45	VGE	4.71	0.35	VGE	4.63	0.36	VGE	4.58	0.39	VGE	4.72	0.38	VGE
Longer (5 years and above)	4.66	0.23	VGE	4.49	0.42	VGE	4.74	0.30	VGE	4.72	0.31	VGE	4.61	0.36	VGE	4.73	0.34	VGE
Educational Level																		
Bachelor	4.63	0.27	VGE	4.46	0.43	VGE	4.72	0.33	VGE	4.67	0.34	VGE	4.58	0.38	VGE	4.72	0.37	VGE

Master's	4.71	0.25	VGE	4.54	0.49	VGE	4.73	0.29	VGE	4.73	0.32	VGE	4.74	0.28	VGE	4.79	0.24	VGE
Designation																		
Staff Nurse	4.62	0.27	VGE	4.44	0.44	VGE	4.70	0.34	VGE	4.65	0.35	VGE	4.58	0.39	VGE	4.73	0.37	VGE
Nurse Manager	4.73	0.22	VGE	4.63	0.37	VGE	4.85	0.19	VGE	4.82	0.21	VGE	4.66	0.32	VGE	4.71	0.33	VGE
As a Whole	4.64	0.27	VGE	4.46	0.43	VGE	4.72	0.33	VGE	4.67	0.34	VGE	4.59	0.38	VGE	4.73	0.36	VGE

Note: VGE=Very Great Extent

When compared according to sex, females ($M=4.67$, $SD=0.27$) have a slightly higher practice of professional value than males ($M=4.56$, $SD=0.26$). The result revealed that nursing is historically a female profession, and analysis of professional nursing values from a gender point of view has received little attention (Fernández-Feito et al., 2019). Furthermore, it supported several studies of Caldwell et al. (2016) and Rassin (2008) that revealed no significant difference in the practice of professional values related to sex.

When compared according to age, middle adult nurses aging 40 years old and above have a higher practice of professional values ($M=4.85$, $SD=0.13$) while young adult nurses aging 20-39 years old have a lower practice of professional values ($M=4.62$, $SD=0.27$). The result implies that middle adult nurses perceive the practice of professional values of greater importance as they age. It is also probably said that the increase in age leads to a more stable personality and higher adaptability with problems. This supported the claim of Gallegos and Sortedahl (2015) after examining nurses' professional values in a freestanding pediatric hospital. The scores were lower in the younger generations (Generation Y and Generation X) and higher in the older generations (Baby Boomer and Silent Generation). Furthermore, these results are consistent with the study of Kubsch et al. (2008), while contrary to Shahriari et al. (2012) that nurses who grow older have lower scores of professional values.

When compared according to civil status, married nurses ($M=4.68$, $SD=0.24$) have a slightly higher practice of professional values while single nurses ($M=4.61$, $SD=0.28$) have a lower practice of professional values. The result indicates that married nurses practice professional values constantly because they also value the concept of relationships, work, and parenthood. On the other hand, literature about professional values reported no significant relationship between professional values and civil status (Rassin, 2008).

Nurses with longer than 5 years of experience have a higher practice of professional values ($M=4.66$, $SD=0.23$) than those with shorter or with 1 to 4 years of experience ($M=4.62$, $SD=0.30$). The result revealed that nurses with longer years of experience manifest a stronger orientation toward the practice of professional values. It supported Monroe's (2019) claim that professional values are found to be highest among nurses with longer practice experience. On the contrary, Fernández-Feito et al. (2019), in their study, revealed that as professional experience increases, the importance attributed to professional values decreases. The study of Weis and Schank (2009) also found that years of experience do not change personal and professional values.

In terms of educational level, nurses holding a master's degree ($M=4.71$, $SD=0.25$) have a higher practice of professional values than nurses holding a bachelor's degree ($M=4.63$, $SD=0.27$). The result indicates that nurses' increased educational level appears to play an essential role in developing both awareness and integration of professional values into practice. Therefore, it supported the studies of Sibandze et al. (2018); Monroe (2019) and Martin et al. (2003) that found a relationship between values integration and educational preparation. On

the other hand, the study of LeDuc and Kotzer (2009) did not find any significant differences between educational preparations.

In terms of designation, nurse managers (M=4.73, SD=0.22) have a higher practice of professional values than staff nurses (M=4.62, SD=0.27). This result indicates that head nurses strongly cultivate the practice of professional values throughout their nursing profession as expected of them being in authority. The result also supported the study of Gallegos and Sortedahl (2015) that nurses performing direct patient care scored lower professional values, while managers/directors scored higher.

Among the five domains of professional values, social justice (M=4.73, SD=0.37) scored highest among staff nurses than nurse managers (M=4.71, SD=0.33). The result indicates that staff nurses who do direct bedside care to patients have full awareness and assured patients and community members of equal treatment and equal access to quality health care regardless of their background.

Difference in the Extent of Practice of Professional Values of Hospital Nurses according to Designation

Mann Whitney U test was used to determine the difference in the extent of the practice of professional values of hospital nurses when the assessors are grouped according to the designation. Results show that there is no significant difference in the extent of the practice of professional values of hospital nurses when the assessors are grouped according to designation [U=1540.5, p=0.054]. This means that the practice of professional values of hospital nurses in Bacolod City is not affected by designation being either a staff nurse or a nurse manager. The findings showed that caring attitude and professional values in nurses are innate and consistent during professional practice since they are inculcated during pre-licensure in nursing academes. Moreover, staff nurses who do bedside patient care have an equally high score of professional values to nurse managers who hold managerial functions.

On the contrary, the study of Gallegos and Sortedahl (2015) stated that staff nurses scored lower professional values, while managers/directors scored higher. The lower scores could mean that nurses doing direct patient care face more challenges than those with authority granted by their formal title and position. It could also mean that nurses who seek leadership positions embody higher professional values. Nurses who move into leadership may leave the pool of nurses providing direct care and create lower scores in the bedside sample through attrition.

Table 2. Difference in the Extent of Practice according to Designation

Staff Nurse		U	p
Staff Nurse	Nurse Manager		
4.62 (0.27)	4.73 (0.22)	1540.5	0.054

Note: the difference is significant at $p \leq 0.05$

Relationship between Variables and the Practice of Professional Values

Spearman rank correlation was used to establish a significant relationship between the practice of professional values of hospital nurses and the given variables. Results showed that there is no significant relationship between the practice of hospital nurses' professional values and civil status [$\rho(185)=0.113$, $p=0.123$], years of experience [$\rho(185)=0.080$, $p=0.274$] and educational level [$\rho(185)=0.075$, $p=0.310$]. On the other hand, there is a significant relationship between

the practice of hospital nurses' professional values and sex [$\rho(185) = -0.178$, $p=0.015$] and age [$\rho(185)=0.192$, $p=0.009$]. Among different variables, sex and age are found to influence the practice of hospital nurses' professional values.

On the contrary, Rassin's (2008) study claimed that there is no significant relationship between men and women, and age has a positive and poorly significant relationship in the practice of hospital nurses' professional values.

Table 3. Relationship between Variables and the Practice of Professional Values

Variable	r	df	p
Sex	-0.178*	185	0.015
Age	0.192*	185	0.009
Civil Status	0.113	185	0.123
Years of Experience	0.080	185	0.274
Educational Level	0.075	185	0.310

Note: *the correlation is significant at $p \leq 0.05$

Challenges Encountered in the Practice of Professional Values

The number one challenge encountered in professional values among hospital nurses is prolonged working hours. According to Section 15 of Republic Act 7305, also known as The Magna Carta of Public Health Workers, any public health worker's regular hours of work shall not exceed eight (8) hours a day or forty (40) hours a week. The result supported the study of Hoffman et al. (2003) on shift length, 8-hour versus 12-hour, where nurses working 12-hour shifts reported significantly higher stress levels than nurses working 8-hour shifts. The nurses on 12-hour shifts experienced significantly more chronic fatigue, cognitive anxiety, and emotional exhaustion. Next to prolonged working hours is an unhealthy nurse to patient ratio. Unhealthy nurse to patient ratios may result in burnout and stress called compassion fatigue and harm both the individual's personal and professional life. According to Mathieu (2007), compassion fatigue is characterized by exhaustion, anger, and irritability. Even the most devoted and accountable nursing professionals may lose their dedication to the job. Next to prolonged working hours and unhealthy nurse to patient ratios is insufficient personnel orientation and cases of physical and emotional abuse from patients and significant others. Exposure to both physical and emotional abuse is predictable due to its strenuous and demanding nature. Unjust allocation of resources, communication gap, and role confusion also put the practice of professional values among nurses at stake.

Table 4. Challenges Encountered in the Practice of Professional Values

Challenges	f	%	Rank
Prolonged working hours	144	77.0	1
Unhealthy nurse to patient ratios	142	75.9	2
Insufficient personnel orientation	90	48.1	3
Cases of physical and emotional abuse from patients and significant others	80	42.8	4
Unjust allocation of resources	74	39.6	5
Communication gap	69	36.9	6
Role confusion	59	31.6	7
Providing care to a very important person (VIP)	57	30.5	8
Using offensive or condescending language	55	29.4	9
Discrimination in the delivery of care	44	23.5	10

False claims or false statements for services rendered.	38	20.3	11
Negligence and malpractice	35	18.7	12
Invasion of privacy	25	13.4	13
Breaching patient's confidentiality	21	11.2	14
Stealing from patients and colleagues	6	3.2	15

Ray's theory in bureaucratic caring points to factors that can influence the practice of professional values. In this study, the variables age and sex have a significant relationship with the practice of professional values. The variables age and sex refer to the physical characteristics of the nurse, which could influence the expression of professional values. Although civil status, years of experience, and educational level did not show a relationship with the practice of the professional values, Ray's theory of bureaucratic caring relates to nursing since nursing is an expression of caring. Nurses, as bearers of culture, are responsible for managing the core of caring, serving life, and alleviating human suffering. Nurses have innate characteristics that could influence the practice of professional values.

The extent of the nurses' practice of professional values is high, which shows that nurses manifest what has been discussed in Ray's theory. Respect, justice, and excellent meeting of patients and staff are ingredients to a caring attitude towards patients.

Since the goal of every health care institution is to restore the person to his or her level of functioning, the goal of the institution is to care for the person to maintain, restore, and improve his or her health and well-being. These goals can be achieved when nurses, as the companion of patients throughout the day, practice a caring attitude as the core of nursing practice.

Along with the practice of professional values as a form of caring, there will be challenges that could hamper the practice of professional values. As mentioned in the theory, staff nurses are challenged to integrate knowledge, skills, and care in the clinical setting. The challenges such as prolonged working hours, unhealthy ratios, and insufficient orientation could hinder the delivery of care, so implementing practical bureaucratic caring is important in delivering quality care.

The roles and functions of the nurse managers become the center in maintaining the performance of nurses; thus, caring also starts from them. The bureaucracy of caring should be manifested in the whole system, from the nurse managers to the staff nurses, and as such, both head nurses and staff nurses show caring in the form of practicing professional values.

5. Conclusion

The nursing profession embodies professional values of altruism, autonomy, human dignity, integrity, and social justice. The findings imply that professional values are always being utilized by hospital nurses in nursing practice. Furthermore, hospital nurses highly valued social justice that made them advocates for high quality healthcare delivery for all. Variables such as civil status, years of experience and educational level do not influence the practice of professional values, except for sex and age, where female, middle adult hospital nurses can influence the practice of professional values in nursing. Hospital nurses' professional values remain high and strive to give the best quality health care despite various challenges encountered in nursing practice, such as prolonged working hours and unhealthy nurse to patient ratio.

6. Recommendations

Based on the results of the study, the following recommendations are hereby advanced:

Hospital administrators. It is recommended that hospital administrators establish organizational commitment to support nurses' practice of professional values through investment in ethics education and values formation activities such as team building, retreats, and the like that may produce enduring positive consequences, such as workplace retention and high-quality patient care.

Nurse Managers. Nurse managers are advised to reflect on and be aware of their own and their staff nurses' professional values and create opportunities for enhancement and strengthening.

Future researchers. It is hoped that future researchers utilize the findings of this study to explore and conduct further studies on the extent of the practice of professional values in the nursing profession.

7. Acknowledgement

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9. Authors' Contribution

M. Sosas and N. Gosiengfiao contributed to the research concept and design, data collection, and data analysis. M. Sosas drafted the introduction and conducted the data collection. N. Gosiengfiao analyzed the data and M. Sosas wrote the discussions with N. Gosiengfiao. All authors read and approved the final manuscript.

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10. Disclosure Statement

No potential conflict of interest was reported by the authors.

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