
Knowledge Sharing and Professional Values among The First Line Nurse Managers

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Abstract

Background: Knowledge sharing allows to the first line nurse managers comprehend the roles and responsibilities, the structure, and the decisions and actions of the top management that resulting in the first line nurse managers enhance their professional values. **Aim:** assessing knowledge sharing and professional values among the first line nurse managers. **Design:** A descriptive correlational research design was utilized. **Setting:** The study was conducted at Beba Central Hospital, Beni-Suef Governorate, Egypt. **Sample:** A convenient sample of (78) first line nurse managers were recruited for the study. **Data collection tools:** Two tools were used; Tool (1): Knowledge sharing questionnaire and Tool (2): professional values questionnaire. **Results:** more than three quarters (75.6%) of first line nurse managers had a high level of total knowledge while more than half (53.8%) of them had a high level of total nursing professional values. **Conclusion:** The current study concluded a moderate positive correlation between First line nurse managers' knowledge sharing and professional values. **Recommendations:** Creating innovative strategies for designing supportive work practice environment for nursing staff and cultivating the sense of sharing among nursing staff.

Keywords: knowledge Sharing, Professional Values, First line Nurse Managers.

Introduction:

In order to improve decision-making, boost productivity, and establish a sustainable competitive advantage, many organizations are always looking for ways to

efficiently gather, store, distribute, and use knowledge in both internal and external contexts (Karamat et al., 2019; Bagais et al., 2020). Insofar as providing healthcare

necessitates ongoing knowledge and skill updating to meet patient demands, healthcare personnel are seen as knowledge workers. Thus, practices of knowledge sharing among healthcare professionals are important for the performance of the organization and have a big impact on the effectiveness and quality of healthcare services (**Maheshwar et al., 2020; Christofi et al., 2021**).

The process of exchanging explicit and tacit knowledge to collaboratively generate new knowledge among staff nurses is known as knowledge sharing. The sharing and exchanging of a staff nurse's individual experiences, knowledge, and abilities is known as implicit knowledge sharing. Conversely, the process of disseminating formal information and codified knowledge within an organization, such as documents, reports, rules, and handbooks, is known as explicit knowledge sharing (**Novitasari et al., 2021**).

Interpersonal communication that involves exchanging and receiving knowledge from others is known as knowledge sharing. Additionally, knowledge sharing is a component of social interaction, whereby staff nurses share their knowledge through meetings, workshops, and conversations. As a result, knowledge sharing necessitates active participation and close collaboration among staff nurses (**Curado and Vieira, 2019; Fahmi et al., 2020**).

Furthermore, information exchange is crucial for both individuals and organizations. Individual knowledge sharing is crucial for improving an individual's ability to carry out their duties, assisting them in maintaining their employment, encouraging professional and personal growth, and fostering a sense of fulfillment among staff nurses. Knowledge sharing is important for organizations because it improves efficiency, lowers training costs, and lowers uncertainty risk (**Al-Saffara and Obeidat, 2020**).

Additionally, information exchange serves as a foundation for enabling staff nurses to exhibit volunteer actions that go above and beyond the call of duty on behalf of the organization; these voluntary actions are examples of organizational citizenship behaviors. Staff nurses are more likely to participate in organizational citizenship behaviors as a result of knowledge exchange, which helps them comprehend the organization, top management's decisions, and their roles and responsibilities (**Ismail et al., 2022**).

A person's beliefs and commitment to their profession as a member of it are reflected in their professional values. These relate to one's own beliefs and serve as a source of inspiration and dedication at work. They include ideals like activism, trust, caring, and justice. Given the many ethical issues surrounding nursing,

including patient rights violations and the tensions between policies and providing high-quality patient care, professional values are crucial. . As a result, nurses go through the professional values learning process from school to employment. **(Mohamed et al., 2021).**

The professional values of nurses are significant because they influence both nurse burnout and the decisions made when providing patient care .Nurses must be able to care for patients with varying values while also being conscious of their own professional values. Understanding cultural norms, professional ideals, and bases helps prevent poor communication under pressure. Many of the coping mechanisms we employ to counteract reactions to stressors and lessen burnout are also necessary to prevent burnout. **(Elsheikh &Naga, 2021).**

Professional values, then, are standards for behavior that are approved by experts and professional bodies. They also offer a framework for assessing the values and beliefs that affect professional performance. A person's beliefs and commitment to their profession as a member are reflected in their professional values. They link to one's own beliefs and serve as a source of inspiration and dedication at work. They include morals such as activism, trust, caring, and justice. Given the many ethical issues surrounding nursing, including patient rights violations and the tensions between policies and

providing high-quality patient care, professional values are crucial. **(Fernández-Feito et al., 2019, Poorchangizi et al, 2019).**

Additionally, higher-quality patient care is linked to first line nurse managers' implementation of professional values in the practice. First line nurse managers' judgment, choices, and actions in providing patient care, as well as their adherence to standards, are positively impacted by their professional values. First line nurse managers must be able to care for patients with varied values while also being conscious of their own professional values. When making judgments, first line nurse supervisors can also find answers to ethical dilemmas with the support of professional values. **(Mohamed et al., 2021).**

Professional nursing values also aid in conflict resolution, medical measure prioritization, improving patient care quality, and raising nurses' job happiness. Since professional values dictate nurses' motivations for handling ethical dilemmas, nurses' perceptions of these values also affect their professional quality of life. When it comes to minimizing occupational burnout and determining whether nurses' efforts result in a sense of fulfillment and pleasure, professional values are crucial. Positive professional values make nurses more willing to work and, as a result of their interactions with and dedication to their

companies, more successful than other nurses. (**Tehrineshat et al., 2020**).

Knowledge sharing will allow to the first line nurse managers comprehend the roles and responsibilities, the structure, and the decisions and actions of the top management that resulting in the first line nurse managers enhance their professional values. So the aim of the study is to identify knowledge sharing and professional values among the first line nurse managers.

Significance of the study

When human actors connect, knowledge serves as the raw material. This is known as knowledge sharing. Employees exchange experience, skills, and both explicit and implicit information through knowledge sharing. Transferring framed experiences, information, and expert insights into practices is another aspect of knowledge sharing. Knowledge sharing can be broadly defined as the process by which organizations gain access to both their own and other organizations' knowledge. The desire of a collaborator in an organization to share their developed or gained information with others is known as knowledge sharing. Making knowledge accessible to others is the act of sharing knowledge. (**Cuellar et al., 2020**).

Many studies done in Egypt about knowledge sharing, one of these studies done by (**Ismail et al., 2022**) in Benha University Hospital that showed that the majority

(89.5%) of staff nurses had high perception levels regarding knowledge sharing while, the lowest percentage (10.0%) of them had moderate perception levels of knowledge sharing. Also (**Elsaid et al., 2020**) reported that Eighty six and five percent of the staff nurses had high level of total knowledge sharing at Ain Shams University Hospital.

Family, culture, environment, religion, and ethnicity all have an impact on personal values, which serve as the foundation for professional values. Additionally, the process of acquiring values is a lifelong one that is slow and evolving. Promoting nurses' ethical abilities in clinical settings and addressing ethical issues in the modern period can be done through professional values (**Mahmoud et al., 2021**).

There are more studies in Egypt about Professional values such as the study that done by (**Mohamed et al., 2021**) in Minia university hospitals noted that the staff nurses had moderate level for all subscales of professional values while other study done by **Abdalla et al., (2016)** in Assuit University hospital showed that the staff nurses had high level for all subscales of professional values.

Since both are considered discretionary behaviors and have a positive relationship with first line nurse managers and organizational performance, knowledge sharing and nurses'

professional values are closely related. Increasing nurses' professional values can be significantly influenced by their emotional commitment to the company and their increased sense of teamwork through knowledge exchange. The researcher observed that there are a little studies done about the topic, so the study aims to identify knowledge sharing and professional values among the first line nurse managers.

Aim of the study:

The study aimed to investigate the relation between knowledge sharing and professional values among the first line nurse managers.

Objectives:

The aim of the current study was achieved through the following objectives:

- Investigating the level of knowledge sharing among the first line nurse managers.
- Identifying the level of professional values among the first line nurse managers.
- Evaluating the relation between knowledge sharing and professional values among the first line nurse managers.

Research questions:

Three research questions were formulated based on the aim of the study:

Q1 -What is the knowledge sharing level among the first line nurse managers?

Q2- What is the first line nurse managers' level of professional values?

Q3 -Is there a relation between knowledge sharing and professional values among the first line nurse managers?

Subjects and Methods

Research Design:

A descriptive correlational research design was utilized for conducting the current study.

Research Setting:

The study was conducted at Beba Central Hospital, Beni-Suef Governorate, Egypt. The hospital is affiliated to the Ministry of Health. The hospital total bed capacity is (80 bed).The hospital consists of two buildings :The first building of internal departments which consists of obstetrics and Gynecology provides delivery and maternity, pediatric department which serves several children's, Medical and Surgical department, Neonate Intensive Care Unit, Operating department provides several operations, Emergency department, Lab and Sterilization. The second building consists of outpatient clinics' buildings have eight outpatient clinics and serve several people and Radiology inside the medical center.

Subjects

A convenient sample of (78) first line nurse managers from the previously mentioned setting who agreed to participate

in the study were recruited for the study. The sample included both male and female first line nurse managers that had at least one year of experience in the study setting.

Inclusion criteria: -

From both gender (Male and Female) from all departments (n=78).

The sample was chosen according to the following criteria: -

- Head nurses working inside the selected hospital.
- Accepted to participate at the study.

Exclusion criteria:

Head nurses who don't meet inclusion criteria were excluded.

Tools of data collection:

Data were collected through the following two tools:

Tool (I): Knowledge sharing questionnaire:

it consists of two parts

Part 1: (socio- demographic characteristics of first line nurse managers which include; age, gender, marital status, educational level..... etc.).

Part 2: Knowledge sharing questionnaire developed by (Nasiima 2017) and adapted by the investigator to assess the knowledge sharing level among the first line nurse managers and it consists of (32 items); attitude toward knowledge sharing (9 items) , Subjective Norms (6 items), Perceived Behavioral Control (6 items) , Intentions (5 items) and Knowledge Sharing Behavior (6 items).

Scoring System : Each item of the scale was scored on a five points Likert scale; strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly agree (5). Negative items were coded reversely. The range of score was (32-160). The overall score of items was summed up and categorized as the following: High level of knowledge sharing (≥ 75), Moderate level of knowledge sharing (50 % - < 75%). And Low level of knowledge sharing (>50%).

Tool (II): Professional values questionnaire:

This questionnaire developed by (Mahmoud 2021) and adapted by the investigator to assess the professional values among the first line nurse managers and it consists of (43 items).

Scoring system:

Each item of the scale was scored on a five points Likert scale; most important (5), very important (4) , important (3) , somewhat important (2), and not important (1) . The range of score was (43-215). The overall score of items was summed up and categorized as the following: High level of the professional values ($\geq 75\%$), Moderate level of the professional values (50% - < 75%) and Low level of the professional values (>50%).

Validity:

Face validity of the study tools was tested by five experts in nursing administration for clarity, applicability, and adequacy of the tools. These included three professors from

Cairo University's faculty of nursing and two assistant professors from Beni-Suef University's faculty of nursing. Minor modifications were done based on their opinions.

Reliability:

Tools were tested for the internal consistency in the current study using Cronbach's alpha coefficient which was (0.78) for the knowledge sharing Questionnaire and (0.84) for Professional values Questionnaire which were good score for reliability.

Pilot Study:

Pilot study was carried out on 8 first line nurse managers (10%) of the sample size selected from nurses at Beba Central hospital. The purposes of the pilot study were to check and ensure the clarity of the translated tools, identify obstacles and problems that might be encountered during data collection, and to estimate the time needed to fill out the questionnaires. Based On the findings of the pilot study, no modifications were done so the sample was included in the study.

Field work:

Official permissions from the medical and nursing managers of Beba Central hospital were obtained. Every first line nurse manager received an invitation to take part in

the research. After explaining the nature and goal of the study to the hospital's medical and nursing directors in order to streamline and manage the data collection process, each participant signed a written informed permission/consent form. They were told that participation was completely voluntary by the investigators. The information's anonymity was guaranteed. The first line nurse managers who completed the data collecting instruments while the investigators awaited their completion evaluated head nurses' opinions of knowledge sharing and professional values. Because the first line nurse managers had a moderate workload and enough time to finish the questionnaires, data collection took place during evening and morning shifts. The questionnaires took about fifteen minutes to complete. Data collections lasted for three months (from January 2024 to March 2024).

Ethical Considerations:

The research ethics committee at faculty of medicine, Beni Suef University revised and approved the study. Participants were assured of the informed consent right and voluntary participation. The data were strictly protected and was used only for academic research purpose.

Statistical Data Analysis:

Data entry was done using SPSS v28 computer software package. Quality control was done at the stages of the coding and data entry. Frequency distribution was conducted as descriptive statistics for all study variables. Mean, standard deviation and mean percent was used for description of totals. Pearson's correlation and regression analysis were used to assess the relationships between the study variables. One way ANOVA was used to assess the relationships between the study variables with personal data.

Results

Table (1) shows that the majority (82.1%) of the study participants were females, more than three quarters (75.6%) of them were 20- < 30 years old, about three quarters (74.4%) of them had Bachelor of nursing, more than three quarters (79.5%) of them were single, more than three fifths (61.5%) of them were working in general departments, more than half (53.8%) of them had <5 years of experience, and more than two thirds (70.5%) of them were living in rural areas.

Figure (1) Concludes that only 2.6% of the study participants had a low level of total

knowledge sharing, while more than three quarters (75.6%) of them had a high level of total knowledge sharing.

Figure (2) concludes that only 11.4% of the study participants had a low level of total nursing professional values, while more than half (53.8%) of them had a high level of total nursing professional values.

Table (3) concludes that there were significant statistical positive correlations ($r=0.32$, $p=0.00$) between total Nursing professional values with total knowledge among the first line nurse managers.

Table (4) indicates that there were significant statistical relationships between total knowledge sharing with gender ($f=4.44$, $p=0.04$), marital status ($f=3.03$, $p=0.05$), and years of experience ($f=7.42$, $p=0.00$) among the first line nurse managers.

Table (5) indicates that there were significant statistical relationships between total professional values with residence place ($f=6.17$, $p=0.02$) among the first line nurse managers.

Table (1): Frequency distribution of the first line nurse managers’ personal data (n=78).

Personal and work-related data		No.	%
Gender:	Male	14	17.9
	Female	64	82.1
Age:	20-< 30 years	59	75.6
	30-< 40 years	12	15.4
	40-< 50 years	3	3.8
	≥50 years	4	5.1
	Mean± SD	30.10± 7.15	
Educational level:	diploma in nursing	5	6.4
	High average diploma	15	19.2
	Bachelor of nursing	58	74.4
Marital status:	Single	15	19.2
	Married	62	79.5
	Divorced	1	1.3
Work Department:	General	48	61.5
	Critical	30	38.5
Years of experience:	< 5 years	42	53.8
	5-< 10 years	24	30.8
	10-< 20 years	4	5.1
	≥20 years	8	10.3
	Mean± SD	7.44± 6.71	
Residence place:	Urban	23	29.5
	Rural	55	70.5

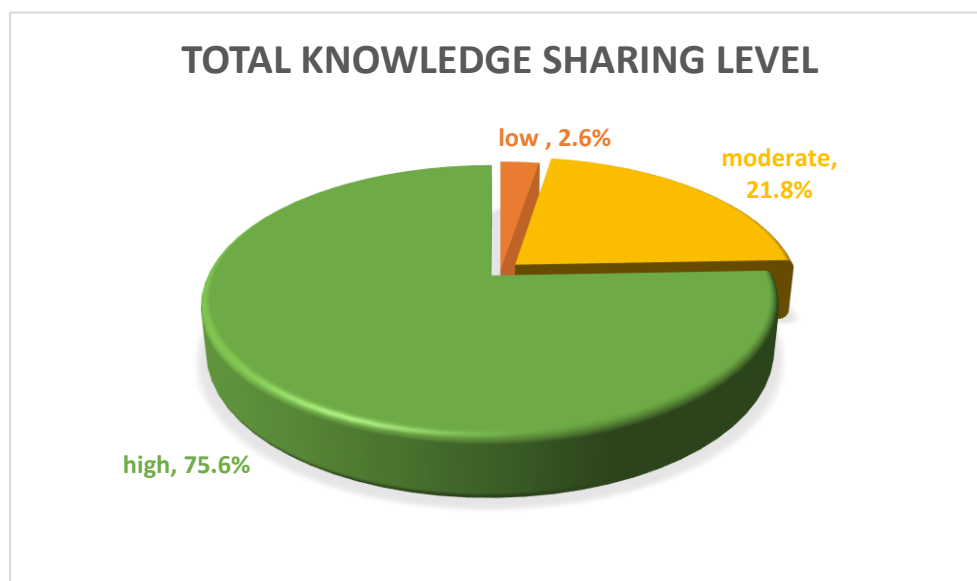


Figure (1): Frequency distribution of the first line nurse managers’ total knowledge sharing level.

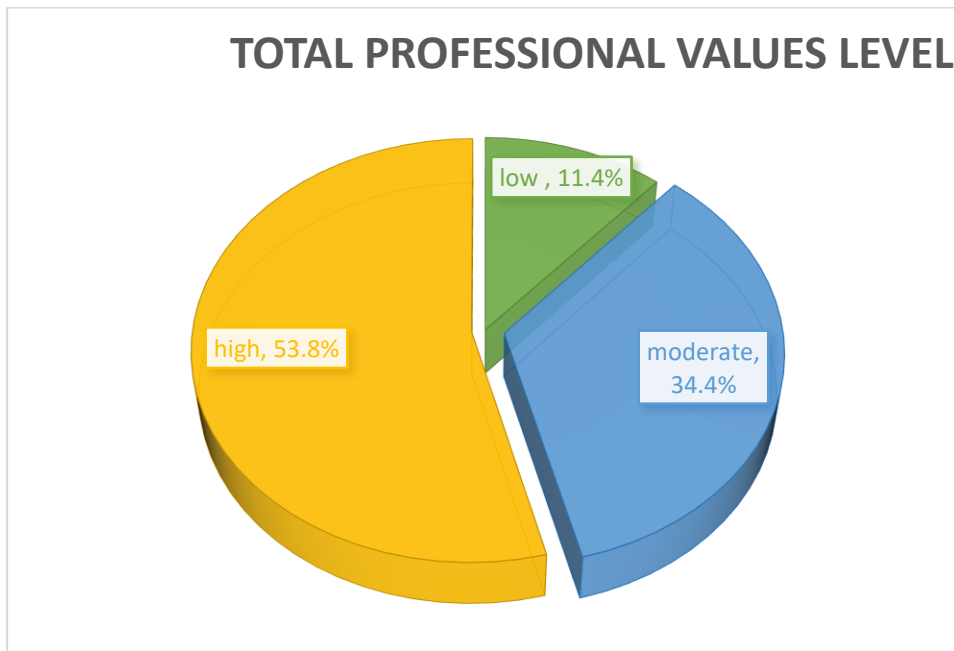


Figure (2): Frequency distribution of the first line nurse managers' total professional values level.

Table (3) Correlation between knowledge sharing and professional values among the first line nurse managers.

Pearson Correlation		Attitude toward knowledge sharing	Subjective Norms	Perceived behavioral Control	Intentions	Knowledge Sharing Behavior	Total knowledge
Subjective Norms	r	0.41					
	p	0.00					
Perceived Behavioral Control	r	0.13	0.44				
	p	0.24	0.00				
Intentions	r	0.32	0.32	0.51			
	p	0.00	0.00	0.00			
Knowledge Sharing Behavior	r	0.15	0.08	0.36	0.42		
	p	0.18	0.48	0.00	0.00		
Total knowledge	r	0.60	0.63	0.73	0.75	0.65	
	p	0.00	0.00	0.00	0.00	0.00	
Total Nursing professional values	r	-0.08	0.18	0.30	0.32	0.34	0.32
	p	0.49	0.11	0.01	0.00	0.00	0.00

*p is significant at ≤ 0.05 , p is insignificant at > 0.05 .

Table (4): Relationships between knowledge sharing among the first line nurse managers with their personal data.

Personal and work-related data	Total knowledge		One-way ANOVA	
	Mean	SD	F	P
Gender: Male	120.50	7.55	4.44	.04
Female	125.38	7.90		
Age: 20-< 30 years	124.73	8.71	.58	.63
30-< 40 years	122.25	6.08		
40-< 50 years	124.33	2.31		
≥50 years	128.00	2.31		
Educational level: diploma in nursing	127.20	1.10	2.23	.12
High average diploma	127.87	7.59		
Bachelor of nursing	123.40	8.22		
Marital status: Single	126.53	6.31	3.03	.05
Married	123.74	8.11		
Divorced	141.00	.		
Work Department: General	124.71	8.77	.08	.77
Critical	124.17	6.75		
Years of experience: < 5 years	127.36	7.66	7.42	.00
5-< 10 years	118.83	7.25		
10-< 20 years	127.00	3.46		
≥20 years	125.25	4.62		
Residence place: Urban	123.91	7.43	.17	.68
Rural	124.75	8.29		

*p is significant at ≤0.05, p is insignificant at >0.05.

Table (5): Relationships between professional values among the first line nurse managers with their personal data.

Personal and work-related data	Total professional values		One-way ANOVA	
	Mean	SD	F	P
Gender: Male	146.29	24.21	1.31	.26
Female	154.06	22.77		
Age: 20-< 30 years	151.61	23.43	.35	.79
30-< 40 years	153.08	23.84		
40-< 50 years	163.33	1.15		
≥50 years	159.00	27.71		

Educational level: diploma in nursing	156.20	27.83	1.42	.25
High average diploma	143.73	23.37		
Bachelor of nursing	154.67	22.45		
Marital status: Single	148.73	23.58	1.49	.23
Married	153.03	22.77		
Divorced	189.00	.		
Work Department: General	151.00	24.58	.65	.42
Critical	155.33	20.54		
Years of experience: < 5 years	151.86	24.56	.62	.61
5-< 10 years	151.13	20.46		
10-< 20 years	149.50	32.14		
≥20 years	163.13	18.98		
Residence place: Urban	142.96	26.81	6.17	.02
Rural	156.73	20.22		

*p is significant at ≤0.05, p is insignificant at >0.05.

Discussion

Organizations need to share knowledge in order to accomplish their objectives, help people do their jobs better, keep them in their positions, foster personal growth and career advancement, and provide first line nurse managers a sense of fulfillment. Professional values, on the other hand, show a person's commitment to and belief in their job. Professional nursing values also aid in conflict resolution, medical measure prioritization, improving patient care quality, and raising nurses' job happiness.

So building a knowledge sharing culture is necessary for nurses to enhance their professional values (Ismail et al., 2022). For organizations to succeed, knowledge sharing is crucial. It improves the working atmosphere and makes it easier for employees to become more aware of general issues and improves their professional values (Elsaid et al., 2020). The

results of the current study are analyzed and contrasted with those of previous studies looking into the same field of study in this chapter. The study's objective was to look at the variables related to nurses' willingness to share their knowledge. In accordance with the stated research topic, the results of the current study will be discussed in the following order.

Section I: First line nurse managers' knowledge sharing.

Section II: First line nurse managers' professional values.

Section III: Relationships between knowledge sharing and professional values among the first line nurse managers.

Section IV: Relationships between knowledge sharing and professional values among the first line nurse managers with their personal data.

Section I: First line nurse managers' knowledge sharing.

Regarding to nurses' perceptions toward knowledge sharing, the results of the present study concluded that first line nurse managers had high perception for knowledge sharing.

From the researcher point of view this result could be related to the nurse managers support and motivate the first line nurse managers to share knowledge. Also, the first line nurse managers as they build ties with their coworkers and want to learn more from them in the future, they share their knowledge with them. Additionally, they are driven to impart knowledge since they believe that assisting others and exchanging knowledge are crucial to raising the standard of care

This result was consisted with study done by Ismail et al.,(2022) Elsaid et al., (2020), Obrenovic et al., (2020) and Zakaria, (2019) who found that the majority of first line nurse managers had high level of total knowledge sharing. While the other side Demsash et al., (2021) and Al-Dalaien et al., (2020) reported a contradictory found first-line nurse managers had a moderate opinion of knowledge sharing

Section II: First line nurse managers' professional values.

The results of the present study concluded that first line nurse managers had high perception for professional values. These findings might be the consequence of nurses' awareness and understanding of the ethics of the nursing profession; the study participants come from a variety of nursing specialties and have advanced bachelors, technical, and diploma degrees that give them a wealth of knowledge on professional ethics, values, and beliefs. Additionally, the study participants come from many cultural backgrounds and environments, which have enriched them with moral principles and values. Their environment may express the principles and objectives of the nursing profession, and they learn from their culture to safeguard their community from harmful health products and practices.

This rationale aligns with the findings of Allari et al. (2017). Additionally, Allari (2018) found that Jordanian nurses have a high degree of professional value . These findings also supported Sands's (2021) study, which involved 171 participants from the payor business in the Midwestern United States and showed that nurses placed a high emphasis on professional values. However, Mahmoud et al. (2021) and Tehranineshat et al. (2020) concurred that personal values influenced by a person's culture, family, environment, religion, and ethnicity form the basis of professional values. These findings are consistent with those of Monroe (2017), who conducted a study to gauge the professional values of registered nurses (RNs) in practice. The study found that nurses' mean professional values

ranged from moderate to high. Also, Akbarilakeh et al. (2019) mentioned that near to two-thirds (58.1%) of the studied sample had moderate professional value level and more than one third (36.5%) of them had high level of professional value.

Section III: Relationships between knowledge sharing and professional values among the first line nurse managers.

The results of the current study showed that there was that there was significant statistical positive relationship from knowledge sharing on professional values among the first line nurse managers. From the perspective of the researcher Since both are regarded as voluntary behaviors and have a good rapport with first line nurse managers, knowledge sharing and nurses' professional values are strongly intertwined regarding organizational performance, nurses' professional values can be strengthened through a stronger sense of camaraderie through knowledge sharing and an emotional connection to the organization. Congruently Ren et al., (2020) who reported that there is a significant correlation between work values and knowledge sharing. And also Chen-Fong Wu (2016) reported that the diffusion of business ethics positively influences knowledge sharing.

Section IV: Relationships between knowledge sharing and professional values

among the first line nurse managers with their personal data.

Regarding to the relationship between first line nurse managers' personal characteristics and their readiness for knowledge sharing and their perception to professional values. The present study revealed that there were significant statistical relationships between total knowledge sharing with gender, marital status, and years of experience among the first line nurse managers. From the researcher point of view first line nurse managers who are in the beginning of nursing experience or their experience in the unit had higher readiness for knowledge sharing because they are more motivated , optimistic and hopeful to success in work and become more willing to put extra effort.

This result supported by; Yang,et al.,(2022) ,Song song,(2017)and Kim & Park, (2015)who reported that nursing specialists who were older, more educated, did not work night hours, and had a lot of experience as specialist nurses were more likely to share their knowledge. And also Yang,et al.,(2022) discovered that male nurses scored lower on the information sharing behavior scale than female nurses, and the final multiple stepwise regression analysis model incorporated sex. Elsaid et al. (2020), who found that the work hospital had a major impact on nurses' knowledge sharing, corroborated these findings. in addition to age,

gender, higher nursing qualification and experience years.

The current study's findings also demonstrated a statistically significant correlation between the first line nurse managers' house location and their overall professional values. Mohamed et al. (2021) found that age was a significant positive predictor of the professional values score, which contradicts this result. Additionally, Gassas et al. (2023) shown that nurses' professional values varied significantly depending on their department, career choice, and experience.

Conclusion

The majority of first line nurse managers had strong perceptions of information sharing, with organizational knowledge sharing having the highest mean score and individual knowledge sharing coming in second. While, the first line nurse managers had moderate perception for professional values. Finally, a statistically significant positive connection was found between first line nurse managers' perceived knowledge sharing and professional values.

Recommendations

The study's conclusions led to the formulation of the following recommendations:

For nurse managers and administrators:

-Developing national policy for improving and enforcing knowledge sharing and professional values among nursing staff.

-Encourage open communication among the first line nurse managers through conferences meetings to share best practices

- Provide all the resources required to enhance knowledge sharing and promote it with a system of rewards.

-Design a continuously training program for the first line nurse managers to improve their professional values perception.

For nurse researchers:

-Conducting further quantitative studies in different settings with larger sample sizes.

-Conducting further qualitative studies investigating deeply the nurses' perception of professional values.

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