Facilitators and inhibitors in developing professional values in nursing students

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Abstract

Background: Values are the basis of nursing practice, especially in making decisions about complicated ethical issues. Despite their key role in nursing, little information exists on the factors affecting their development and manifestation in nursing students.

Objective: This study identifies and describes the facilitators and inhibitors of the development and manifestation of professional values based on the experiences of nursing students and instructors and nurses.

Research design: Data were collected through 29 semi-structured interviews and two focus group interviews in 2013–2015 and were analyzed using the conventional content analysis method of Elo and Kyngäs.

Participants and research context: In total, 18 nursing undergraduates, five nursing instructors, and five nurses from Shiraz University of Medical Sciences and one of the teaching hospitals in Shiraz were selected through purposive sampling.

Ethical considerations: The research was approved by the Ethics Committee of Shiraz University of Medical Sciences and the teaching hospital examined.

Findings: The findings consisted of two categories: personal and environmental factors. Personal factors consisted of the two subcategories of personal stimuli (work experience and past relationships, inner beliefs and acting on values, belief in God and a divine worldview) and personal inhibitors (the lack of professional motivation and enthusiasm, negative emotions). Environmental factors consisted of the two subcategories of environmental stimuli (cooperation, order and discipline) and environmental inhibitors (unfavorable work environment, society's negative attitude toward nursing, the violation of rights).

Discussion and conclusion: Given the impact of personal and environmental factors on the development and manifestation of professional values in nursing students, it is upon the education authorities to take account of them in their planning, and nursing managers are also recommended to

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further address these factors in their development of a proper work environment, provision of standard facilities and removal of barriers.

Introduction

Professional values are standards for action accepted by professionals that provide a framework for evaluating the beliefs and attitudes affecting behavior.[1] They form the basis of nursing practice[2,3] and enable the resolution of conflicts and the prioritization of actions.[2] They also form the basis of a nurse's professional identity[3] and make up an integral part of her professional socialization. They have a key role in nursing and are a guideline for its long-term growth and prosperity[4] and are also essential to a high-quality nursing care.[5] Values promote critical thinking, communication, collaboration,[6] patient care quality, nurses' job satisfaction and retention in the health system and patients' acknowledgment of their nursing care quality.[1,3]

The recent increase in ethical conflicts in healthcare necessitates further addressing of professional values.[7] Developing professional values in nursing students strengthens their capacity for reasoning and ethical decision-making in challenging situations and enables the provision of safe, legal, and ethical care.[7,8] It is also an important aspect of nursing education which is taught through training nursing students and clinical experiences.[1] When first beginning nursing, the students' professional values are a mere combination of their social and personal values rooted in their culture and society.[1,2,9,10] The family, environment (university), age, gender, education, and race have a proven impact on the development of professional values.[10,11] These values develop through education and contact with nurse instructors.[2,12] The challenges to the development of professional values are a key concern for nursing instructors.[13] Evidence suggests that professional nursing values are mostly taught in unofficial contexts of random unplanned discussions.[3] Nursing education programs are currently more focused on cognitive and psychomotor skills although professional values are formed in an emotional context.[1,12] A review of literature reveals the gap in nursing education programs for the development of professional values at national[5,14] and international levels[3,15] and demonstrates the challenges of nursing students in basing their clinical practices on professional values.[14,16] Improving ethical practice in nursing students should thus be prioritized.[5,14]

The factors affecting ethics-based practice include accountability, conscience, communication skills, facilities, a standard workload, a supportive environment, ethics training, and the culture of using values in clinical settings.[17,18] The facilitators of professional ethics-based practice include critical thinking and decision-making skills in challenging ethical situations and the patients' proper behavior with nursing personnel.[19] Studies suggest that the management's support and appreciation of the personnel, the value they ascribe to care and their knowledge-based practice also affect professional commitment in nurses.[17]

Despite their effective role in promoting ethics-based practice, these studies have mostly identified the factors affecting ethical performance or nursing graduates' personal values and do not discuss the factors affecting professional values in nursing education. Few studies identify these factors in Iran's sociocultural context[10,20,21] despite the diversity of beliefs and values that make up this country. About 98% of Iranians are Muslims, who consider nursing an act of worship. Iranian religion and culture are rooted in country's healthcare system and nursing performance. Nursing is regarded as a profession that helps better serve mankind and performs good deeds for God's sake. The present study was conducted to investigate the facilitators and inhibitors of the development and manifestation of professional values through a qualitative

method that enables a clear, comprehensive and in-depth assessment and understanding of this phenomenon.[22]

Objective

This study identifies and describes the facilitators and inhibitors of the development and manifestation of professional values based on the experiences of nursing students and instructors and nurses.

Research design

A conventional qualitative content analysis method was used to achieve the objectives of the study.[23] As naturalistic paradigm and qualitative methods accept that reality is context-based and also agree to the possibility of the existence of multiple realities, such approaches are better suited for investigating less familiar areas of knowledge.[22]

Participants and research context

The study participants were selected from the nursing instructors and undergraduate students of Shiraz University of Medical Sciences through purposive sampling as well as the nurses employed in a teaching hospital in Shiraz. The study inclusion criteria consisted of knowledge about the subject and willingness to share one's experiences about it.

A total of nine women and nine men from different years of their university program aged 19–38 years and with 0–21 years of work experience entered the study. Four of the nursing instructors were females and one was male and all were aged 32–49 years and had a work experience of 8–23 years. Three of the nurses were females and two were males and all were aged 30–40 years and had a work experience of 5–19 years. All the participants were Iranian Muslims.

Data collection

Data collection was conducted through individual in-depth semi-structured interviews and focus group interviews carried out from August 2013 to April 2015. The first author (M.Sh.) arranged and conducted all the interviews with the participants at Shiraz school of nursing and in the hospital. The interviews were recorded and immediately transcribed verbatim. In the individual interviews, data were collected from each participant in one session, although six of the participants were interviewed two to three times for clarification purposes. Overall, 29 individual face-to-face interviews were held with 20 participants, including 10 nursing students, five instructors, and five nurses. The individual interviews lasted 47–173 min. Two focus group interviews were held with eight nursing students, none of whom had been individually interviewed. The homogeneity of the group discussion participants was ensured so as to create an interactive atmosphere of free expression. The focus group interviews lasted 120–160 min. The interview questions included the following: (1) "What professional values have you learned as a nursing student?" (2) "What professional values do you hold as instructor/nurse?" (3) "How have you learned these professional values as a nursing student?" (4) "How do you teach professional values to the students as an instructor/a nurse?" and (5) "What are the facilitators and inhibitors of the development and manifestation of professional values in your own experience as student/instructor/nurse)?" The interviews then continued with probing questions such as "Why?" and "What happened next?" The participants were asked to clarify their experiences with an example. The interviews continued until data saturation occurred and no new data were emerging any longer.

Table 1. Example of the analysis process.

| Category	Subcategory	Sub-subcategory	Code	Meaning unit
Personal Factors	Personal Stimuli	Work experience and past relationships	Experience of aggressive behaviors	I made a mistake when I was a student. The head nurse and instructor started yelling at me. So I learnt to hide my mistakes from then on. Now I try to alert students of their mistakes in a friendly manner just to promote truth-telling.
		Inner beliefs and acting on values	The importance of a role model	As an instructor, I must be a good example for the students. I greet my patients in the presence of the students, introduce myself to them, and so on, so that I can improve their communication skills.
		Belief in God and a divine worldview	Religious beliefs	Believing in people's rights and that God observes His servants' deeds made me accept all the consequences of my truth-telling and so I always informed the patients and personnel about everything.
	Personal Inhibitors	Lack of professional motivation and enthusiasm	Unwilling entry into the profession	I entered nursing just because I had no other choices due to my lower ranking at the entrance exam. This is why I care for my patients only perfunctorily.
		Negative emotions	Physical and mental exhaustion	I cannot focus on developing values when I'm so exhausted from my tight class schedule, the internships, etc.

Data analysis

The entire interviews were selected as the unit of analysis in accordance with Elo and Kyngäs' method (2008) and were reviewed several times to ensure the researcher's in-depth understanding of the data. The primary coding of the data was then performed by reviewing the interviews. The codes were then categorized based on their similarities. This process continued with each new interview as new categories were being added to the list. The initial categories were reduced through comparing and merging. The subcategories with similar events were classified in the same category and similar categories were merged. The abstraction continued as long as possible[23] (Table 1).

Rigor

Several measures were taken to increase the rigor of the data, including prolonged engagement with the research subject (August 2013—April 2015), member check, integrated data collection using individual and focus group interviews, and maximum variation sampling. To confirm the dependability and confirmability of the data, some of the interview texts, codes, and extracted categories were examined by a panel of experts.[22]

Ethical considerations

Permission to carry out the research was obtained from the Ethics Committee of Shiraz University of Medical Sciences and the selected hospital before beginning data collection. The participants were then briefed on the study objectives and methods and the recording of the interviews and were ensured of the
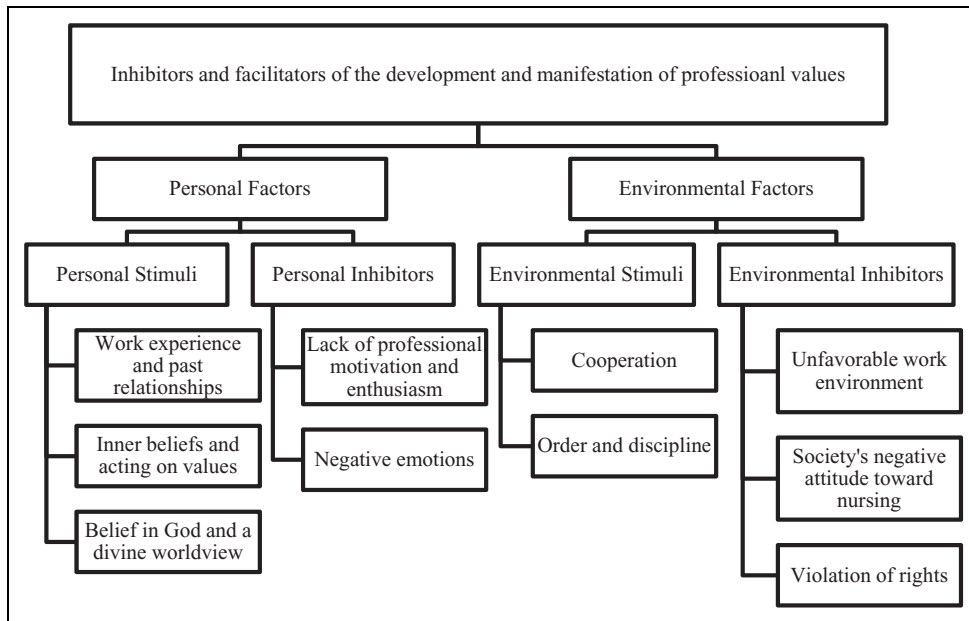
Figure 1. Inhibitors and facilitators of the development and manifestation of professional values.

confidentiality of data and their right to withdraw from the study at any point. The time and place of the interviews were then arranged with them and they were given the researcher's details and a method of access to the research results.

Findings

Two main categories, four subcategories, and ten sub-subcategories of facilitators and inhibitors were extracted from the analysis of the data. The two main categories included personal and environmental factors. Personal factors consisted of two subcategories, including personal stimuli and personal inhibitors. Environmental factors consisted of two subcategories, including environmental stimuli and environmental inhibitors. Each of the subcategories had a set of sub-subcategories (Figure 1).

Personal factors

Participants' experiences revealed the role of personal factors in the development and manifestation of professional values through strengthening the processes or impeding them.

Personal stimuli. Personal stimuli consisted of the sub-subcategories of work experience and past relationships, inner beliefs and acting on values, and belief in God and a divine worldview and were a facilitator of the development of professional values in the students.

   Work experience and past relationships. The students' experiences in areas such as work, clinical practice, and living in crowded environments, and the great diversity and multiplicity of their communication and responsibilities at work and in life contributed to their communication skills and accountability. The experience of unwelcome incidents and the subsequent necessity of practicing patience and witnessing the

personnel's indifference toward the patients' needs also helped develop these values. The instructors' and nurses' own experiences of the poor relationships their old instructors or the hospital personnel had with them when *they* were a student led to their adoption of a friendlier and more respectful behavior toward their students and thus the development of values in them. Student 1 said,

> My management experience at my previous job, the need to establish a special communication with each of my subordinates and the need to pay regular visits to all these different places encouraged my good communication with the patients and increased my sense of accountability toward them, and I regularly evaluate their needs.

Inner beliefs and acting on values. Inner beliefs and acting on values comprised a factor with multiple roles that motivated the instructors and nurses to teach values and the students to learn them. The practical manifestation of values in the role models was a major stimulus for the development of values such as knowledge accumulation, accountability, proper communication, altruism, and respecting the patients' privacy and secrecy in the students. Student 2 said,

> To me, keeping my *hijab* is an inner belief, so if I have a patient, especially a woman, who's just come out of the operating room, I try to cover her hair and all her body parts with the cap and gown.

Belief in God and a divine worldview. The students believed that God watches over them, that they are held accountable to Him for any incompetence and that serving people is a way of getting closer to God and getting reward in the Hereafter. They also believed that revealing others' secrets and exposing one's body to non-*mahrams* is not a godly act. These beliefs, formed in the students through religious teachings at school or in the family, were reinforced by their peers and strengthened their personal conscience and led to values such as accountability, truth-telling, secrecy, and respect for the patients' privacy in them. Student 2 said,

> The emphasis of religious teachings and narratives on the necessity of believers' secrecy made me ensure that I respect my patients' privacy. I bear a saying from Imam Ali that reads, "Do not reveal others" secrets, for revealing secrets is a betrayal.

Personal inhibitors. Some personal factors had negative effects and challenged the development and manifestation of values in the students, including the lack of professional motivation and enthusiasm and negative emotions.

The lack of professional motivation and enthusiasm. The lack of motivation for nursing and feeling disgusted by the profession comprised one of the main factors discussed by both the students and the instructors. According to the participants, these emotions negatively affect their values. The nursing instructors and the nurses also experienced the violation of many values such as proper communication, accountability, and knowledge accumulation by unenthusiastic, unmotivated, and disgusted students. Instructor 4 said,

> One of my male students had entered nursing only to escape conscription, get a degree and quickly find a job. He didn't know the simplest nursing expressions even after six semesters. When I asked him to finish his job with the patient before leaving the hospital, he shrugged off the responsibility by saying that the shuttle bus was leaving.

Negative emotions. Sometimes, physical and mental exhaustion and the sense of self-superiority over others prevented the manifestation of values such as accountability and knowledge accumulation in the students. Physical and mental exhaustion also led the instructors and nurses to neglect the development of these values in the students. Student 1 said,

> I believe that when a nurse promotes her knowledge, she's manifesting a professional value. But since I intern in the mornings and take classes in the afternoon, I'm always dead tired at the end of the day and don't have enough time or energy for studying or doing extra readings.

Environmental factors

The environment is also a significant factor contributing to professional values. Environmental factors can be strengthening or inhibiting.

Environmental stimuli. Cooperation and order and discipline were two of the environmental factors that facilitated the development of professional values in the students.

Cooperation. Cooperation, including personnel–student cooperation, was an effective environmental stimulus for the development and manifestation of values in the students. The nurses noted the provision of facilities for the standard performance of procedures as an example of cooperation targeting the promotion of values such as accountability in the students. Other examples of personnel–student cooperation included helping the less skilled students, accompanying the students in taking care of the patients, answering their questions and having a welcoming attitude when training new students. Student 5 said,

> The personnel offered us seats in ward X, they gave us the patients' nursing report index whenever we asked, they helped us draw the samples whenever we didn't manage, ... This made me develop proper communications with them and perform my nursing duties with precision and thoroughly.

Order and discipline. An orderly environment in which things are kept neatly in their right place, a well-arranged ward, and the presence of clear and consistent procedures and standards, and a disciplined head nurse helped promote the students' accountability and precision in performing clinical tasks. Student 6 said,

> All the cabinets were neat and tidy in ward X and everything was in order. The head nurse always wore clean ironed clothes. This stuff helped me do my part of the job with order and care too.

Environmental inhibitors. Environmental inhibitors challenged the development and manifestation of professional values. Unfavorable work environment, society's negative attitude toward nursing, and the violation of rights were among the environmental inhibitors discussed in the interviews.

Unfavorable work environment. An unfavorable work environment was created by elements such as bad role models, heavy workloads, insufficient income, and poor facilities. These factors resulted in poor interpersonal relationships, lack of altruism in care, insufficient knowledge, neglecting the patients' privacy, delivering one-dimensional care, and weakness in accepting professional responsibility for the students. Heavy workloads comprised one of the reasons for which the instructors and nurses neglected the task of teaching values to the students and were inefficient in this part of their job. Student 6 said,

> One of my patients had intestinal necrosis and was NPO. He was on total parenteral nutrition and taking loads of medications. I couldn't even say hello to him in the morning, or ask him what problems he had or what he might need. I could only prepare and administer his medications in a rush.

Society's negative attitude toward nursing. Society's negative attitude toward nursing, such as not recognizing nursing as a scientific profession and looking down on nursing in comparison to medicine, caused

several negative consequences, such as the students' lack of commitment to values like accountability. Student 4 said,

> The society has a false perception of nursing as a profession. My distant relatives criticize me and ask if I studied so hard all those years just to end up cleaning patients' blood or changing their bed sheets or giving them bedpans. These criticisms discourage me from providing careful and thorough care for the patients.

Violation of rights. A common experience of the participants was the violation of the students' rights, including the right to use the conference room and the nursing station and having access to the patients' medical history, nursing report index, and so on. These factors challenged the development and manifestation of values in the students. Student 5 said in the second group interview,

> We were giving a presentation in the conference room when a doctor entered the room and told us to leave. Our instructor did not object to him either. So we left the room and had to continue the presentation in the corridor. These instances have made me not greet the doctors when I run into them in the ward now and I get upset by the slightest violation of my rights and react aggressively.

Discussion

Two categories emerged from the data, including personal and environmental factors. Personal factors consisted of subcategories including personal stimuli (work experience and past relationships, inner beliefs and acting on values, belief in God and a divine worldview) and personal inhibitors (lack of professional motivation and enthusiasm, negative emotions). Environmental factors consisted of subcategories including environmental stimuli (cooperation, order and discipline) and environmental inhibitors (unfavorable work environment, society's negative attitude toward nursing, violation of rights).

Work experience and past relationships were a personal stimulus for the flourishing of professional values such as proper communication and accountability in the students. A systematic review study showed that in addition to teaching values, gaining clinical experience contributes significantly to the growth and development of values such as respect for human dignity, altruism, and equality in providing services among the students.[10] Another study confirmed this finding and showed that inexperience leads to conscienceless acts in nurses.[24] Nursing instructors can create clinical situations that require making ethical decisions and help develop professional values in their students. Another dimension of work experience and past relationships was the poor communication experienced by the instructors during their student years, which led them toward establishing more friendly and respectful relationships with their students so as to facilitate the development of values in them. In another study, the students emphasized the key role of instructors as role models for teaching communication skills. Respectful behaviors, realistic expectations, truth-telling, encouragement, and helpfulness in clinical issues on the part of the instructors were also found to contribute significantly to the students' acquisition of communication skills.[20] It is therefore necessary for the officials to attempt to institutionalize good communication between the instructors and nurses and the students so as to facilitate the development of professional values in the latter. Inner beliefs and acting on values were among the other personal stimuli discussed in this study. Altun[6] argues that convergence between personal and professional values is the best means of creating successful centers based on ethics. This study also revealed a convergence between the students' inner beliefs and the values inherent to their profession that resulted in the practical manifestation of many of the professional values in them and increased their commitment and motivation for serving people.[25] This study also showed that the instructors' and nurses' own belief in values stimulates their teaching to the students. A review study showed that

instructors' own perspective on professional values and the effort they put into training these values to the students and becoming a role model for their development are effective even in the absence of a specific ethics course in school curricula.[10] The belief in God and having a divine worldview were other personal stimuli that led to the development and manifestation of values. Taylor and Carr's[26] study also confirmed the strong relationship between the belief in God and the development of professional values, as monotheists often use ethical values in their nursing and patient care. Studies have shown that in Iranian nurses, empathy, altruism, and professional commitment are rooted in religious beliefs and spirituality.[17,27] The cultural and religious context of the country appears to have contributed significantly to participants' belief in God. This belief may therefore have led to the instructors' and nurses' efforts to promote values in the students and also led to the students' greater consideration for values and their adoption in nursing practices and relationships. The belief in God can improve the merits of nurses and nursing and contribute to the further progress of nursing.

The lack of professional motivation and enthusiasm was another personal inhibitor of the development and manifestation of values that encouraged the perfunctory performance of duties and the failure to comply with other professional values such as proper communication and knowledge accumulation in the students. This finding was in line with the study by Weaver,[28] who found the lack of motivation for nursing to result in non-standard performances and poor practices in the students. The results of the present study also revealed feelings of disgust and hatred as one of the dimensions of the lack of professional motivation and enthusiasm that led to the violation of values by the students. Students applying to enter the nursing workforce should therefore be evaluated on their personal characteristics and their match with the profession because success in the nursing profession and satisfaction with this job necessitate characteristics such as patience, continence, truth-telling, sociability, cooperation, and altruism;[29] otherwise, professional ethics will be violated. The results obtained in this study on superiority as a dimension of negative emotions and as a personal inhibitor of the development and manifestation of professional values are in line with the results of the study by Abbaszadeh et al., in which superiority caused students to violate values such as responsibility. Mental and physical exhaustion are another aspect of negative emotions that contribute to the students' weakness in accepting professional responsibility and their inability to promote their knowledge as an integral professional value. In line with the present findings, another study also showed that the daily encounter of nurses with patients' pain, suffering, and death causes them emotional and physical exhaustion and leads to their perfunctory performance of their assigned tasks.[17] In this study, emotional and physical exhaustion were found to also affect instructors' and nurses' negligence of their duties with regard to teaching values to students. Instructors' exhaustion is caused by several factors, including expectations beyond their capacity, taking on multiple roles, time constraints, and having to use even their leisure time to finish incomplete tasks, which can cause an unfavorable performance in them.[30] Education authorities and clinical managers should address the needs and problems of nurses and nursing instructors as this group has a fundamental role in the development of professional values in the students.

This study showed that in addition to personal stimuli, environmental stimuli also affect the development and manifestation of values in the students. Cooperation, including personnel–student cooperation, was one of the environmental stimuli that led to the growth and manifestation of values such as accountability and proper communication in the students. According to Jouzi et al., the reasons for nursing students' failure to use communication skills include their being rejected and ignored by clinical nurses, clinical nurses' negligence of teaching the students about establishing effective communication with the patients and their poor communication with students.[20] Learning in clinical situations is an important part of the professional growth of nursing students, and nurses should also be aware of their crucial role in the development of professional values in nursing students. This study also showed that an orderly and disciplined environment along with clear and consistent procedures and standards helps improve accountability in the students and promote their careful performance of clinical tasks. In another study, nursing students believed that rules

form an external control that contributes to ethical sensitivity.[21] Given the importance of the discussed environmental factors in the development and manifestation of professional values in nursing students, it appears necessary for the authorities and managers to create a highly professional environment of cooperation based on rules and discipline.

Unfavorable work environment was an environmental inhibitor of the development and manifestation of professional values. All the participants reported having bad role models as one of the issues that led to their poor interpersonal relationships, negligence about respecting the patients' privacy and weakness in accepting professional responsibilities and providing altruistic care. In another study, nursing students reported physical or emotional misbehavior, the failure to provide accurate information to the patients, neglecting to respect the patients' privacy, poor communication, and discrimination between the patients based on their socioeconomic or educational status as some of the ethical problems they had witnessed being committed by nurses and physicians in clinical settings. The students believed that these bad role models could affect their ability to provide safe and ethical care.[31] In the study conducted by Borhani et al.,[32] nursing students emphasized the role model status of nursing instructors in terms of personal characteristics and beliefs, including truth-telling, patience, agreeableness, kindness, religious beliefs and principles, clinical skills, and accountability and noted their role in the development of professional values in the students. Although it is a proven fact that instructors and nurses can take on a role model status and thus contribute to the development of ethical behaviors in the students, the Iranian nursing education system appears to have neglected this role, as it lacks a coherent and systematic program to guide the role. Heavy workloads, the lack of facilities, and insufficient income were some other dimensions of unfavorable work environment that hindered the development and manifestation of values such as accountability, holistic care, respecting privacy, and proper communication in the students. Some other studies also noted similar factors as effective in the provision of inappropriate care, poor judgment about the patients' status and the performance of unconscionable acts by nurses.[17,18] Managers and authorities thus need to be aware that nurses and students cannot be committed to nursing practice based on professional values unless they provide them with sufficient facilities and meet their basic needs; they should also note that any failure in providing these necessities results in the violation of values and low-quality services and the devaluation of nursing. Heavy workloads did not only affect the students but also resulted in the instructors' and nurses' inefficiency and negligence about teaching values to their students. Pishgooie et al.[30] argued that instructors' heavy workloads, manifested in the form of the multiplicity, conflict, and ambiguity of roles and conflicting expectations, lead to role confusion and subsequently affect their communication with the students, the quality and quantity of their teaching and their endeavors to create educational opportunities for the students. Society's failure to recognize and accept nursing as a scientific profession and the underrated status of nursing compared to medicine comprised another environmental inhibitor noted by the students. In line with the findings of many other studies, this study also found that the majority of people consider nurses as caregivers with a low level of education.[33] This study found that one of the major consequences of society's negative attitude toward nursing is the students' lack of commitment to values such as accountability. A similar study also reported society's negative attitude toward nursing and physicians' feelings of superiority over nurses, whom they often regard as people who merely execute their orders, and which is caused by physicians' dominance in the Iranian healthcare system, lead to the students' violation of many values such as using communications skills to interact with the doctors and patients.[20] Despite the negative attitude of the society toward nursing, it should be noted that nurses contribute to society's negative or positive attitude toward their profession. Providing good nursing services based on values such as altruism, empathy, knowledge, and accountability may greatly affect people's attitude toward nursing. The violation of rights was another environmental inhibitor that challenged the development and manifestation of values in the students. Borhani et al.[32] also showed that combining nursing students' learning experiences with their instructors' support helps foster creativity and ethical problem-solving skills and promote professional

ethics such as respect for the patients' dignity and truth-telling. In another study, nurses argued that a system of support is a major factor affecting ethical performance and professional independence from which they have been deprived.[18] Given that the development and manifestation of professional values is a major concern in nursing education, it appears that supporting nursing students can have a significant impact on the development of professional values in them.

Conclusion

This study found that personal and environmental factors have a significant impact on the development and manifestation of professional values. Identifying these factors can guide nursing instructors to further promote professional values in their students and facilitates future nurses' provision of high-quality nursing care. Such knowledge can also assist nursing managers in the development of a culture of professional values through creating a proper environment, providing standard facilities, and removing the obstacles.

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