Research

Validity and reliability assessment: Nursing Professional Values Scale-Three (NPVS-3) for Brazil

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ABSTRACT

Aim: To perform the translation and cross-cultural adaptation of the Nurses Professional Values Scale-Three (NPVS-3) and to verify the psychometric properties of the translated and adapted instrument.
Methods: The study was divided into three stages: (1) cultural and linguistic validation; (2) content and face validity; and (3) construct validity. The translation was performed in stages, including translation, reverse translation, and committee review. The translated scale was applied to 337 nursing students and 123 nurses. The Cronbach coefficient was used to analyze internal consistency and confirmatory factor analysis was performed to assess the construct validity of the three-domain model of the NPVS-3.
Results: The Cronbach's alpha values for Caring (0.795), Activism (0.882), and Professionalism (0.699) were adequate. The construct validity was confirmed by confirmatory factor analysis, which identified the three-factor model as the original NPVS-3.
Conclusions: The Brazilian version of the NPVS-3 has adequate validity and is effective in assessing the professional values of nurses and nursing students in Brazil.

Introduction

Nursing's professional heterogeneity, as the largest workforce in the health sector, encompasses a diverse range of professionals with varied personal values which, in the context of professional practice, prompted the need to acquire professional values. Professional values are created through the political and social systems, including professional nursing unions and educational institutions. They serve as a standardization mechanism for the exercise and development of the profession that, through nursing education, teaches, reaffirms, or modifies values (Poorchangizi et al., 2019).

The measurement of the professional values of nursing students and professionals provides the foundation for the development and implementation of interventions to improve professional practice. In this sense, the Nurses Professional Values Scale-Three (NPVS-3) is the scale that was developed due to the American Nurses Association Code of Ethics (Weis & Schank, 2009, 2017). The American Nurses Association code of ethics is similar to the Brazilian nursing code of ethics. The Nursing Ethics Committee of Brazil approved a code of international ethics considering the differences between the United States and Brazil, such as legislation, ways of life, traditions, religion, cultures, customs, among other factors; in these aspects, both codes are anchored in universal principles and concepts, such as respect for life, dignity, and human rights, without any form of discrimination. Furthermore, the two codes are similar in clarifying doubts about the fundamental responsibilities of professionals, which cover the person, society, professional practice, the healthcare team and the profession itself, all of which are items included in the NPVS-3. The measurement of these values serves as a mechanism for monitoring the effectiveness of the processes and tools used to provide safe care based on high-quality decision-making.

The validation of the NPVS-3 for Brazil will enable the assessment of the professional values of Brazilian nurses, exploring their correlation with patient care outcomes, identifying gaps in the practice of professional values among different regions and countries, and allowing the comparison of collected data with international studies, contributing for the identification of best practices and successful strategies in healthcare delivery (Poorchangizi et al., 2019). This study provides a standardized tool to assess and reinforce professional values in the context of advancing technologies. Equally important, nurses' educational level can influence the importance they place on professional values (Hampton et al., 2022); thus, incorporating nursing professional values into higher education can

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further strengthen the profession. Validating the NPVS-3 for Brazil enables the development of interventions to assess and enhance these values among nursing students, fostering a culture of ethics and professionalism in nursing in the country.

In order to analyze the professional values of nurses, with a focus on their influence and development in the profession's daily work, due to constant changes in social and clinical scenarios, and for its application in the Brazilian context, the objectives of this study are to perform the translation and cross-cultural adaptation of the NPVS-3 and to verify the psychometric properties of the translated and adapted instrument.

Methods

Study Design and Settings

This methodological study aimed to adapt the NPVS-3 for use in Brazil. This cross-sectional study is guided by the STROBE checklist (Cuschieri, 2019). The sample was made up by convenience, being composed of nurses who attended or are attending a master's or PhD program, linked to the Graduate Program in Nursing Management of the School of Nursing of the University of São Paulo. The inclusion criteria for this sample were: being a nurse occupying positions of care, direction, department head, management, coordination or supervision of area units, directorships and/or departments, in public or private hospitals in any region of Brazil during the period of data collection. For undergraduate students, the sample was made up of convenience, being composed of students enrolled in all semesters of the undergraduate nursing course at the University of Sao Paulo between August 2020 and March 2021. The data collection instrument NPVS-3 was prepared in the Google Forms tool. The study was approved by the Brazilian Research Ethics Committee, according to protocol number CAAE 35407720.5.0000.5392. Permission to use the original English version of the NPVS-3 was obtained from the developers, Professor Darlene Weis and Mary Jane Schank.

Procedure

The first stage is the translation and cross-cultural adaptation of the instrument, this stage was performed considering cultural and linguistic validity; content validity. The literal translation of the items can result in incoherent and incomprehensible phrases (Hambleton, 1994, 2005), therefore, this study used the translation and reverse translation method (Beaton et al., 2002), followed by a review by an experts committee (Fig. 1).

The NPVS-3 was applied to 169 nursing students. Culturally and semantically equivalent to the original English version was appropriate. The internal consistency values of each factor represented by Cronbach's alpha were adequate: Caring (0.790), Activism (0.898), and Professionalism (0.763) (Rached et al., 2022). Considering that the sample size in that study was much smaller and did not have nurses, and the scale validation process usually involves carrying out multiple analyses to establish reliability and validity and increase the robustness and generalizability of the findings, this is a justified objective/purpose of the study.

The second step was the assessment of the psychometric properties of the instrument for the new context: scale reliability the study used Cronbach's Alpha coefficient to verify internal consistency.

The confirmatory factor analysis (CFA), estimated by weighted least squares, was used to assess the construct validity of the NPVS-3 model, in the three domains, analyzing its validity in the Brazilian context: caring, the professional's relationship with patients, families, and the community, ensuring the humanization of care; professionalism, mastery of good professional practices, making and obeying decisions and assuming responsibility for practice and work environment, and activism, the use of their efforts in front of public policies
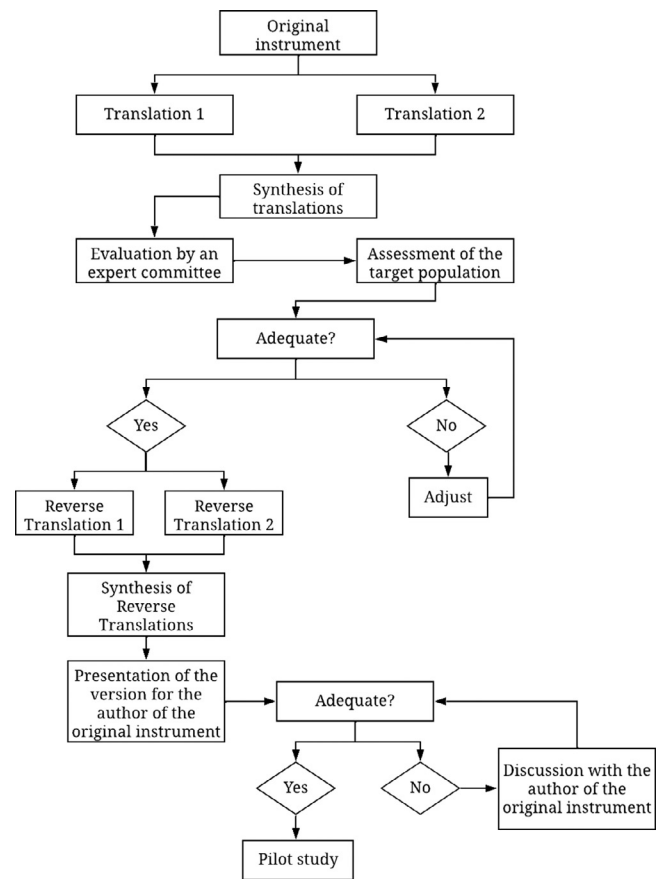

Fig. 1. Stages of translation and cross-cultural adaptation of the NPVS-3.

to promote integral and universal access to healthcare. The adjustment indices calculated in the CFA were: comparative fit index (CFI), root mean square error of approximation (RMSEA), and its standardized version standardized root mean square residual (SRMR), Tucker−Lewis index (TLI).

Statistical analyses were performed in the R Statistical Software®, version 4.3.0 (R Core Team, Vienna, Austria).

Results

Demographics

The instrument was applied on 460 individuals for this assessment, including 123 (26.7%) nurses and 337 (73.3%) nursing students; of which 238 (51.7%) were female and 222 (48.3%) were male.

Scale Content Validity

The translated instrument was sent to eight judges from mixed positions (three nursing lecturers, four nurses, and one master nursing students), all of whom were experts in the field of the construct. We sent them documents with background, a cover letter, information about the construct and participants' sample, instructions, and a questionnaire soliciting their opinion (Polit & Beck, 2006, 2021).

The selection of 8 judges was based on the number of judges recommended according to the theoretical framework adopted (Pasquali, 2010). The choice was made through a search on the lattes platform of the National Council for Scientific and Technological Development, using the following inclusion criteria: having a doctor's and/or master's degree, acting as a professor in a higher education institution and having works published in the area, and at least one

Table 1
Content Validation of the Nurses Professional Values Scale-Three

Item	Not relevant	Somehow relevant	Quite relevant	Relevant	Experts in agreement	Item CVI (I-CVI)
1	0	0	4	4	7	0.94
2	0	0	0	8	8	1
3	0	0	2	6	8	1
4	0	1	2	5	7	0.94
5	1	1	2	4	4	0.77
6	0	1	3	4	6	0.88
7	0	1	2	5	7	0.94
8	0	0	1	7	8	1
9	0	1	3	4	5	0.83
10	0	0	2	6	8	1
11	0	0	3	5	6	0.88
12	0	0	2	6	8	1
13	0	1	1	6	7	0.94
14	1	1	1	5	6	0.88
15	0	0	1	7	8	1
16	0	1	2	5	5	0.83
17	0	1	1	6	7	0.94
18	0	0	1	7	8	1
19	0	0	1	7	8	1
20	0	1	2	5	6	0.88
21	0	1	4	3	7	0.94
22	0	0	2	6	8	1
23	0	0	2	6	8	1
24	0	0	2	6	7	0.94
25	0	0	3	5	7	0.94
26	0	0	1	7	8	1
27	0	0	1	7	8	1
28	0	0	0	8	8	1
Total=28 Items	Content validation of the scale-average S-CVI/Ave 26.47/28= 0.94					

of the members must have experience in psychometrics and/or validation and construction of a research instrument. Contact with the evaluators was made via email, through an invitation letter, explaining the purpose and process of building and validating the tool.

The Determine the Content Validity Index (CVI), Experts Calculated Each Item Content

Validity index individually (I-CVI) by evaluating the item's relevance, simplicity and clarity on a 4-point scale, ranging from 1 (non-relevant), 2 (somewhat relevant), 3 (relevant), and 4 (highly relevant). The acceptable results are 3 or 4, divided by the number of experts. The recommended I-CVIs must be .78 or higher according to Polit and Beck (2006). Using the 28-item NPVS-3 scale, eight experts provided fictitious relevance ratings from each item (see Table 1). The I-CVIs were computed and subsequently used to calculate the scale content validity index (S-CVI) using the averaging approach suggested by Polit and Beck (2006). They recommend a minimum S-CVI/Ave value of .90. Applying this method to the NPVS-3 Brazilian version, the average of the 28 I-CVIs resulted in an S-CVI/Ave value of .94 (see Table 1).

Table 2 presents the original NPVS-3 and the translated and adapted version for Brazil.

Data Analysis

The model fit indices used to assess the scale construct validity are found in Table 3. The following adjustment indices were calculated in the CFA: CFI [values ≥0.90 indicate reasonable adjustment]; RMSEA, and its standardized version−SRMR [values ≤0.06 indicate adjustment, with an acceptable maximum limit of 0.08] (Hair et al., 2010; Kline, 2011), in addition to the TLI. The internal consistency reliability of the scale was evaluated using Cronbach's alpha coefficient for each construct. Measures of central tendency (means and standard deviations) were used to analyze descriptive data.

The adapted model representing the CFA results is depicted below, along with the estimated values for factor loadings and domain correlations (Fig. 2). The Cronbach's alpha values for Caring (0.795), Activism (0.882), and Professionalism (0.699) were adequate. The results support the three-factor model of the scale divided into the domains of Caring, Activism, and Professionalism.

Discussion

Internal consistency coefficients for the three factors were satisfactory and comparable to indices found in studies using different versions of the instrument. The number of respondents was adequate to test the scale because samples larger than 200 participants can be adequately estimated, whereas samples smaller than 200 produce unstable estimates (Nunes & Primi, 2005). The Cronbach's Alpha values were similar to the original model by Weis and Schank (2017), which indicated Factor 1: Caring (variance of 39.9%, Cronbach's Alpha 0.885); Factor 2: Activism (variance of 7.8%, Cronbach's Alpha 0.912); and Factor 3: Professionalism (variance of 3.9%, Cronbach's Alpha 0.799) and total 0.944. Other countries that performed cross-cultural adaptation of the scale obtained similar results, such as: in the Arabic version, the Cronbach's Alpha was 0.967 (Factor 1: 0.960, Factor 2: 0.964, and Factor 3: 0.886) (Alabdulaziz et al., 2021); in the Indonesian version, the Cronbach's Alpha was 0.97 (Factor 1: 0.94, Factor 2: 0.95, and Factor 3: 0.89) (Asiandi et al., 2021); in the Turkish version, the Cronbach's Alpha was 0.92 (Factor 1: 0.85, Factor 2: 0.73, and Factor 3: 0.86) (Özsoy & Donmez, 2015); in the Chinese version, the Cronbach's Alpha was 0.90 (Factor 1: 0.90, Factor 2: 0.81, and Factor 3: 0.88) (Lin & Wang, 2010); in the Italian version, the Cronbach's Alpha was 0.915 (factors 1, 2, and 3 were between 0.909 and 0.922) (Nocerino et al., 2020); in the Brazilian version, the Cronbach's Alpha was 0.944 (Factor 1: 0.790, Factor 2: 0.898, and Factor 3: 0.763) (Rached et al., 2022); in the Albanian version the Cronbach's Alpha was 0.92 (Factor 1: 0.866, Factor 2: 0.894, and Factor 3: 0.782) (Podgorica et al., 2023).

Table 2
Comparison Between the Original and the Validated Scales

NPVS-3 original	NPVS-3 Brazil-adapted and validated
1. Engage in ongoing self-evaluation.	1. Fazer uma auto-avaliação contínua.
2. Respect the inherent dignity, values, and human rights of all individuals.	2. Respeitar a dignidade, os valores e os direitos humanos de todos os indivíduos.
3. Protect health and safety of the patient/public.	3. Proteger a saúde e a segurança do paciente/público.
4. Assume responsibility for personal well-being.	4. Assumir a responsabilidade pelo seu próprio bem-estar.
5. Participate in peer review.	5. Participar de avaliações por pares.
6. Establish standards as a guide for practice.	6. Estabelecer padrões como um guia para a prática.
7. Promote and maintain standards where planned learning activities for students take place.	7. Promover e manter padrões onde há atividades de aprendizado para os alunos de forma planejada
8. Initiate actions to improve environments of practice.	8. Tomar iniciativas para melhorar os ambientes de prática.
9. Seek additional education to update knowledge and skills to maintain competency.	9. Procurar fazer cursos para atualizar conhecimentos e habilidades e, assim, manter a competência.
10. Advance the profession through active involvement in health-related activities.	10. Promover o avanço da profissão por meio do conhecimento atualizado das ações relacionadas à saúde
11. Recognize the role of professional nursing associations in shaping health policy.	11. Reconhecer o papel das associações profissionais de enfermagem na definição de políticas de saúde.
12. Establish collaborative partnerships to reduce healthcare disparities.	12. Estabelecer parcerias de colaboração para reduzir as disparidades no acesso ao cuidado em saúde
13. Assume responsibility for meeting health needs of diverse populations.	13. Assumir a responsabilidade de atender às necessidades de saúde de diversas populações.
14. Accept responsibility and accountability for own practice.	14. Assumir a responsabilidade pela própria prática.
15. Protect moral and legal rights of patients.	15. Proteger os direitos morais e legais dos pacientes.
16. Act as a patient advocate.	16. Defender o paciente
17. Participate in nursing research and/or implement research findings appropriate to practice.	17. Participar da pesquisa de enfermagem e/ou implementar resultados de pesquisa apropriados à prática.
18. Provide care without bias or prejudice to patients and populations.	18. Prestar atendimento sem preconceito ou parcialidade aos pacientes e populações.
19. Safeguard patient's right to confidentiality and privacy.	19. Garantir o direito do paciente à confidencialidade e privacidade.
20. Confront practitioners with questionable or inappropriate practice.	20. Confrontar os profissionais com práticas questionáveis ou inadequadas.
21. Protect rights of participants in research.	21. Proteger os direitos dos participantes da pesquisa.
22. Practice guided by principles of fidelity and respect for person.	22. Estabelecer práticas guiadas por princípios de fidelidade e respeito pela pessoa.
23. Actively promote health of populations.	23. Promover ativamente a saúde das populações.
24. Participate in professional efforts and collegial interactions to ensure quality care and professional satisfaction.	24. Participar de esforços profissionais e interações acadêmicas para garantir um atendimento de qualidade
25. Promote mutual peer support and collegial interactions to ensure quality care and professional satisfaction.	25. Promover apoio mútuo entre pares e interações acadêmicas para garantir atendimento de qualidade e satisfação profissional.
26. Take action to influence legislators and other policy makers to improve health care.	26. Atuar para influenciar os legisladores e outros formuladores de políticas, a fim de melhorar os cuidados de saúde
27. Engage in consultation/collaboration to provide optimal care.	27. Engajar-se em consultorias/colaborações para oferecer o melhor atendimento à saúde.
28. Recognize professional boundaries.	28. Reconhecer limites profissionais.
Demographics: fill in the circle next to the appropriate descriptor	Dados demográficos: Preencha o círculo ao lado da descrição mais apropriada.
29. O Undergraduate student O Graduate student　O Practicing nurse	29. O Graduado O Pós-Graduado　O Estudante de Enfermagem − Semestre _____
30. O Female O Male	30. O Sexo Feminino O Sexo Masculino
31. O African American O Asian/Pacific Islander　O White O Hispanic O Native American	31. O Branco O Preto O Pardo O Amarelo O Indígena.

The NPVS-3 is derived from the Code of Ethics for Nurses, which was based on the 2015 Code of Ethics for Nurses (American Nurses Association, 2015), and reflects the global concerns of nursing care regarding patient safety, commitment to the individual, family, and society, personal health, as well as universal principles and concepts such as respect for life, dignity, and human rights, without discrimination of any kind; resulting in the three factors (Caring, Activism, and Professionalism). The structure of these three a priori factors developed from the conceptual model was supported by CFA. The adjustment indices approached adequate levels. Caring, the first factor of the NPVS-3, was responsible for the greatest variation in values (39.9%). The concept of care is central to nursing practice and is embodied in the first three provisions of the Brazilian code of ethics (Conselho Federal de Enfermagem—COFEN, 2017). Factor 1 also includes the principles of fidelity and respect for the individual, responsibility, and responsibility for practice.

Activism, the second factor, accounted for 7.8% of the variance. The code's final three provisions address aspects of the nursing professional's attributions, reflecting their activist role. These provisions focus on the social nature of the profession and its responsibility to society. Although the world faces different health challenges, there are health issues shared by people worldwide. Nursing is concerned with the protection and promotion of people's health, regardless of location. Civil and human rights, as well as the right to healthcare, are protected. In the Activism factor, there is also an emphasis on fundamental freedoms, global awareness of the human condition, including concerns with environmental and social justice, health promotion, in addition to the role of nurses in the formulation of public policies, professional efforts in the advancement of global health, reducing health disparities, participating in nursing associations, and contributing to academic research and investigation.

The Professionalism factor was responsible for 3.9% of the variance. This factor addresses the provisions of duty and loyalty to the profession, which include nurses' responsibility for nursing practice,

Table 3
Adjustment Indices

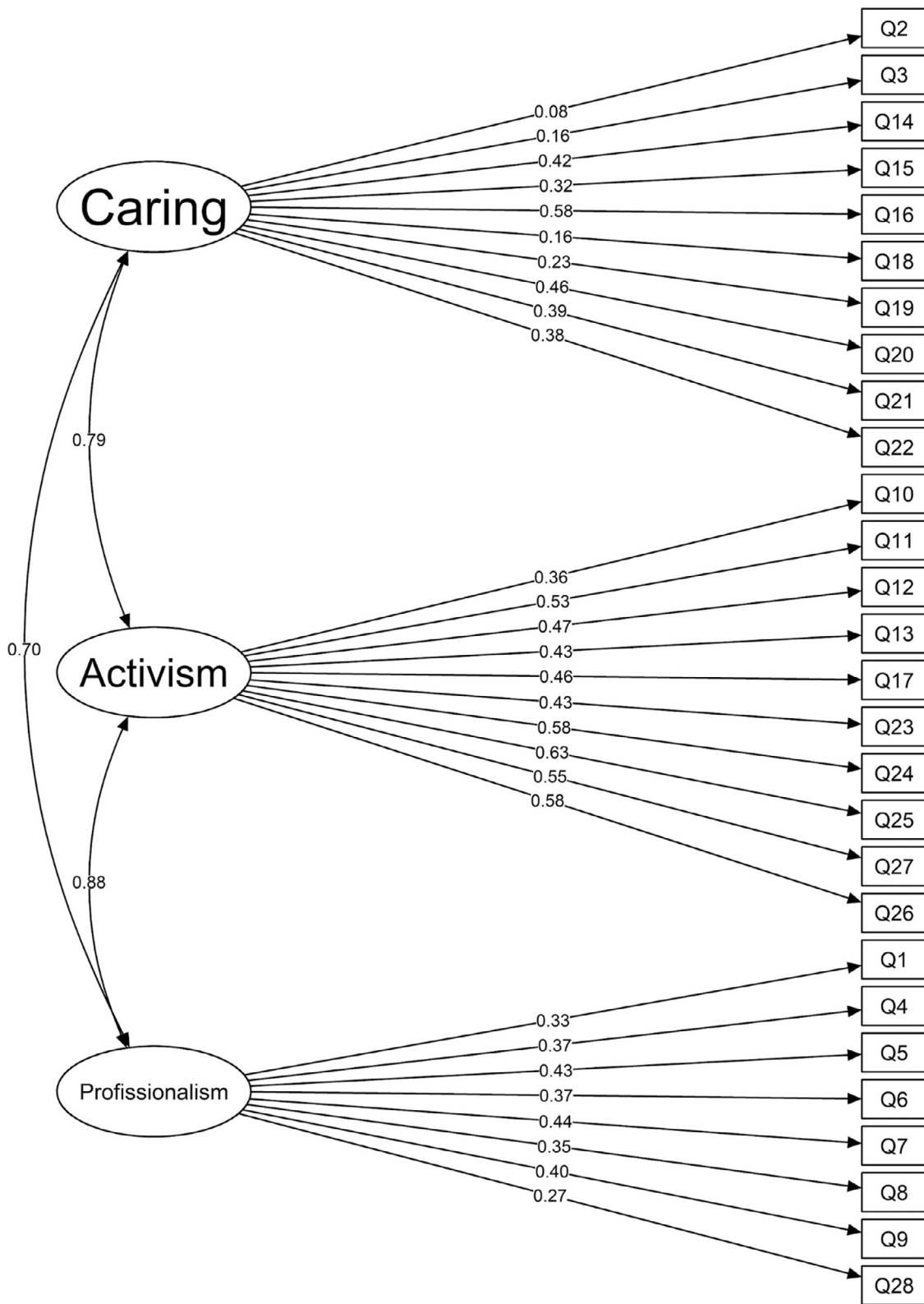| Index	Statistics	IC 90% inf	IC 90% sup	p-value
Comparative fit index (CFI)	996			
Tucker−Lewis Index (TLI)	995			
Root mean square error of approximation (RMSEA)	17	0	25	1.000
Standardized root mean square residual (SRMR)	63			

Fig. 2. Adjusted model: estimated values for factor loadings and domain correlations.

health promotion leadership, and the duty to provide ethical and quality care in a safe environment.

Professional nursing often requires adapting cultural values to ensure effective and respectful care. Nurses interact with individuals from diverse cultural backgrounds, and it is essential to understand and respect their cultural values and beliefs. Here are some ways cultural values can be adapted in nursing: cultural awareness and sensitivity: nurses should strive to develop cultural awareness and sensitivity. This involves recognizing and respecting the diversity of cultural practices, beliefs, and values among their patients. It is

essential to avoid making assumptions based on one's cultural background and to approach each patient with an open mind; communication: effective communication is crucial in nursing, especially when dealing with patients from different cultural backgrounds. Nurses should adapt their communication style to accommodate cultural differences. This may involve using interpreters, learning key phrases in other languages, or utilizing nonverbal communication techniques when language barriers exist; respect for autonomy: cultural values often influence an individual's autonomy and decision-making process. Nurses must respect their patient's cultural beliefs and values when providing care. This includes involving patients and their families in the decision-making process, understanding their preferences for treatment options, and considering their cultural values when developing care plans; holistic approach: cultural values play a significant role in a person's overall well-being. Nurses should adopt a holistic approach to care, considering their patient's health's physical, emotional, spiritual, and social aspects. By incorporating cultural values into the care plan, nurses can support the patient's overall well-being more effectively; education and training: nursing professionals should continuously seek education and training to enhance their cultural competence. This includes learning about different cultural practices, beliefs, and values relevant to the populations they serve. Professional development opportunities, workshops, and cultural sensitivity training can help nurses develop the necessary skills to adapt to diverse cultural contexts; collaboration: nurses should collaborate with other healthcare professionals, including interpreters, cultural liaisons, and community leaders, to better understand and adapt to cultural values. Working with individuals with a deeper understanding of specific cultures can enhance patient-centered care and improve health outcomes. Ethical considerations: cultural values sometimes conflict with established healthcare practices or moral standards. Nurses should be prepared to address such situations with cultural sensitivity and ethical awareness. Ethical dilemmas arising from cultural differences should be approached through respectful dialogue and shared decision-making (Kaihlanen et al., 2019; Shepherd et al., 2019; Tonia et al., 2017).

By adapting cultural values in their profession, nurses can provide culturally competent care that respects the uniqueness and diversity of each patient. This approach contributes to better patient outcomes, improved patient satisfaction, and enhanced trust between healthcare providers and patients (Tonia et al., 2017).

Conclusion

This study concludes that the NPVS-3 is a valid and reliable instrument for measuring the values of nursing students and professionals in the Brazilian context. Construct validity, internal consistency criteria obtained were similar to those obtained on validations in various cultures, and, most importantly, the original version of the scale. According to confirmatory factor analysis, the NPVS-3 factors have adequate reliability and validation, yielding results that are similar to those of the original instrument. Internal consistency and construct validity criteria were met.

Studying nursing values is essential for several reasons: ethical practice: understanding and learning these values helps nurses develop a robust ethical framework that guides their decision-making and actions in patient care; professional identity: nursing values contribute to creating a professional identity among nurses. These values reflect the fundamental beliefs and principles that define the nursing profession. By studying nursing values, nurses gain a deeper understanding of their roles, responsibilities, and the ethical standards that govern their practice. This knowledge helps foster a sense of professional identity and pride in their work; patient-centered care: by studying nursing values, nurses learn to approach patient care with compassion, empathy, and respect for the patient's

autonomy and dignity. Understanding and incorporating these values into practice ensures that the care provided is centered around the patient's preferences, beliefs, and values; cultural competence: by studying nursing values, nurses develop cultural competence, which enables them to deliver care that is sensitive to cultural differences and promotes positive patient outcomes; professional growth and development: by studying nursing values, nurses engage in self-reflection, enhance their critical thinking skills, and encourage continuous learning and improvement in their professional practice and ethical decision-making: by understanding their values, nurses can make informed decisions that align with their ethical obligations and ensure the best possible outcomes for their patients.

In summary, studying nursing values is crucial for ethical practice, professional identity formation, patient-centered care, cultural competence, professional growth, and practical, ethical decision-making. It provides a framework for nursing practice and helps nurses deliver care grounded in integrity, respect, and compassion.

Limitations of the Study

Several factors may be considered as limitations in this study. First, for easily recruited participants, the use of a convenient sample, and a relatively small limit the ability to generalize the study. Second, data were collected in only one University of Sao Paulo, thus limiting the study's generalizability. Continued research is needed to accrue evidence of NPVS-3 Brazilian version reliability and validity.

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References

Alabdulaziz, H., Cruz, J. P., Alasmee, N. A., & Almazan, J. U. (2021). Psychometric analysis of the Nurses' Professional Values Scale-3 Arabic version among student nurses. *International Nursing Review, 69*(2), 221–228. doi:10.1111/inr.12677.

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. American Nurses Publishing. http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html.

Asiandi, A., Erlina, M., Lin, Y.-H., & Huang, M.-C. (2021). Psychometric evaluation of the Nurses Professional Values Scale-3: Indonesian version. *International Journal of Environmental Research and Public Health, 18*(16), 1–13. doi:10.3390/ijerph18168810.

Beaton, D., Bombardier, C., Guillemin, F., & Ferraz, M. (2002). Recommendations for the crosscultural adaptation of health status measures. *Rosemont (IL): Am Acad Orthop Surg Revised, 12*(2), 1–9.

Conselho Federal de Enfermagem—COFEN (2017). *Código de Ética dos Profissionais de Enfermagem. Normative Resolution N° 564/2017.* http://www.cofen.gov.br/resolucao-cofen-no-5642017_59145.html

Cuschieri, S. (2019). The STROBE guidelines. *Saudi Journal of Anaesthesia, 13*(5), 31. doi:10.4103/sja.sja_543_18.

Hair, J. F., Jr, Black, W. C., Babin, B. J., & Anderson, R. E. (2010). *Multivariate data analysis: A global perspective* (7th ed.). Edinburg: Pearson Education.

Hambleton, R. K. (1994). Guidelines for adapting educational and psychological tests: A progress report. *European Journal of Psychological Assessment, 10*(3), 229–244.

Hambleton, R. K., Merenda, P. F., & Spielberger, C. D. (2005). Issues, designs, and technical guidelines for adapting tests into multiple languages and cultures. *Adapting educational and psychological tests for cross-cultural assessment* (pp. 3−38). Psychology Press.

Hampton, D., Heath, J., & Rayens, M. K. (2022). Strengthening Professional Values of Doctoral-Level Nursing Students. *SAGE Open Nursing, 8*, 1–9. doi:10.1177/23779608221126359.

Kaihlanen, A. M., Hietapakka, L., & Heponiemi, T. (2019). Increasing cultural awareness: Qualitative study of nurses' perceptions about cultural competence training. *BMC Nurs, 18*, 38. doi:10.1186/s12912-019-0363-x.

Kline, R. B. (2011). *Principles and practice of structural equation modeling* (3th ed.). The Guilford Press.

Lin, Y.-H., & Wang, L. S. (2010). A Chinese version of the revised Nurses Professional Values Scale: Reliability and validity assessment. *Nurse Education Today, 30*(6), 492–498. doi:10.1016/j.nedt.2009.10.016.

Nocerino, R., Chiarini, M., & Marina, M. (2020). Nurse professional identity: Validation of the Italian version of the questionnaire nurse professional values scale-revised. *La Clinica terapeutica, 171*(2), e114–e119. doi:10.7417/CT.2020.2200.

Nunes, C. H. S.da S., & Primi, R. (2005). Impacto do tamanho da amostra na calibração de itens e estimativa de escores por teoria de resposta ao item. *Avaliação Psicológica, 4*(2), 141–153. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-04712005000200006&lng=pt.

Özsoy, S., & Donmez, R.Ö. (2015). Nurses Professional Values Scale-revised: Psychometric properties of the Turkish version. *Nursing Practice Today, 2*(1), 16–24. https://npt.tums.ac.ir/index.php/npt/article/view/36.

Pasquali, L. (2010). *Instrumentação Psicológica: Fundamentos e práticas.* Artmed Editora.

Podgorica, N., Shabani, Z., Gjinaj, V., Rached, C. D. A., Crescente, N. Y., & Vieira, G. S. (2023). Validity and reliability of the albanian version of the nursing professional values scale (NPVS-3). *Teaching and Learning in Nursing, 18*(1), 122–128. doi:10.1016/j.teln.2022.08.007.

Polit, D. F., & Beck, C. T. (2006). The content validity index: Are you sure you know what's being reported? Critique and recommendations. *Research in Nursing & Health, 29*(5), 489–497. doi:10.1002/nur.20147.

Polit, D. F., & Beck, C. T. (2021). *Nursing research: Generating and assessing evidence for nursing practice.* Lippincott Williams & Wilkins.

Poorchangizi, B., Borhani, F., Abbaszadeh, A., Mirzaee, M., & Farokhzadian, J. (2019). The importance of professional values from nursing students' perspective. *BMC Nursing, 18*(1), 1–7. doi:10.1186/s12912-019-0351-1.

Rached, C. D. A., Ferreira, V. C. G., & Santos, J.do N. (2022). Brazilian version of the nursing professional values scale (NPVS-3): Validity and reliability assessment. *Journal of Nursing Measurement,* 163–172. doi:10.1891/JNM-2021-0032.

Shepherd, S. M., Willis-Esqueda, C., Newton, D., Sivasubramaniam, D., & Paradies, Y. (2019). The challenge of cultural competence in the workplace: Perspectives of healthcare providers. *BMC Health Services Research, 19*(135), 1–11. doi:10.1186/s12913-019-3959-7.

Tonia, C., Sally, C., & Peter, R. (2017). New perspectives on understanding cultural diversity in nurse−patient communication. *Collegian, 24*(1), 63–69. doi:10.1016/j.colegn.2015.09.001.

Weis, D., & Schank, M. J. (2009). Development and psychometric evaluation of the Nurses Professional Values Scale—revised. *Journal of nursing measurement, 17*(3), 221–231. doi:10.1891/1061-3749.17.3.221.

Weis, D., & Schank, M. J. (2017). Development and psychometric evaluation of the nurses professional values scale-3. *Journal of Nursing Measurement, 25*(3), 400–410. doi:10.1891/1061-3749.25.3.400.

Escala de Valores Profissionais para Enfermeiros – 3 (NPVS-3) © Validada para o Brasil

Indique a importância das seguintes declarações de valor em relação à prática de enfermagem.
Preencha o círculo ao lado do grau de importância.

(sendo A = não é importante até E = mais importante) para cada declaração.

	Não é importante	Pouco importante	Importante	Muito Importante	Importantíssimo
	A	B	C	D	E
1. Fazer uma auto-avaliação contínua.	O A	O B	O C	O D	O E
2. Respeitar a dignidade, os valores e os direitos humanos de todos os indivíduos.	O A	O B	O C	O D	O E
3. Proteger a saúde e a segurança do paciente/público.	O A	O B	O C	O D	O E
4. Assumir a responsabilidade pelo seu próprio bem-estar.	O A	O B	O C	O D	O E
5. Participar de avaliações por pares.	O A	O B	O C	O D	O E
6. Estabelecer padrões como um guia para a prática.	O A	O B	O C	O D	O E
7. Promover e manter padrões onde há atividades de aprendizado para os alunos de forma planejada	O A	O B	O C	O D	O E
8. Tomar iniciativas para melhorar os ambientes de prática.	O A	O B	O C	O D	O E
9. Procurar fazer cursos para atualizar conhecimentos e habilidades e, assim, manter a competência.	O A	O B	O C	O D	O E
10. Promover o avanço da profissão por meio do conhecimento atualizado das ações relacionadas à saúde	O A	O B	O C	O D	O E
11. Reconhecer o papel das associações profissionais de enfermagem na definição de políticas de saúde.	O A	O B	O C	O D	O E
12. Estabelecer parcerias de colaboração para reduzir as disparidades no acesso ao cuidado em saúde	O A	O B	O C	O D	O E
13. Assumir a responsabilidade de atender às necessidades de saúde de diversas populações.	O A	O B	O C	O D	O E
14. Assumir a responsabilidade pela própria prática.	O A	O B	O C	O D	O E
15. Proteger os direitos morais e legais dos pacientes.	O A	O B	O C	O D	O E
16. Defender o paciente	O A	O B	O C	O D	O E

Escala de Valores Profissionais para Enfermeiros – Três (NPVS-3) ©

	Não é importante	De certa forma é importante	Importante	É muito Importante	É o mais importante
	A	B	C	D	E

17. Participar da pesquisa de enfermagem e/ou implementar resultados de pesquisa apropriados à prática.

    O A   O B   O C   O D   O E

18. Prestar atendimento sem preconceito ou parcialidade aos pacientes e populações.

    O A   O B   O C   O D   O E

19. Garantir o direito do paciente à confidencialidade e privacidade.

    O A   O B   O C   O D   O E

20. Confrontar os profissionais com práticas questionáveis ou inadequadas.

    O A   O B   O C   O D   O E

21. Proteger os direitos dos participantes da pesquisa.

    O A   O B   O C   O D   O E

22. Estabelecer práticas guiadas por princípios de fidelidade e respeito pela pessoa.

    O A   O B   O C   O D   O E

23. Promover ativamente a saúde das populações.

    O A   O B   O C   O D   O E

24. Participar de esforços profissionais e interações entre colegas de trabalho para garantir um atendimento de qualidade

    O A   O B   O C   O D   O E

25. Promover apoio mútuo entre pares e interações entre colegas de trabalho para garantir atendimento de qualidade e satisfação profissional.

    O A   O B   O C   O D   O E

26. Atuar para influenciar os legisladores e outros formuladores de políticas, a fim de melhorar os cuidados de saúde.

    O A   O B   O C   O D   O E

27. Engajar-se em consultorias/colaborações para oferecer o melhor atendimento à saúde.

    O A   O B   O C   O D   O E

28. Reconhecer limites profissionais.

    O A   O B   O C   O D   O E

Informações demográficas: preencha o círculo ao lado da opção apropriada

* Adaptado conforme nomenclatura do Censo Demográfico do IBGE: https://sidra.ibge.gov.br/tabela/2094

Dados demográficos: Preencha o círculo ao lado da descrição mais apropriada.

29. **O** Graduado   **O** Pós-Graduado   **O** Estudante de Enfermagem – Semestre _____
30. **O** Sexo Feminino   **O** Sexo Masculino
31. *O Branco **O** Preto **O** Pardo **O** Amarelo **O** Indígena.