

Psychometric validation of the nursing professional values scale-revised: Vietnamese version

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ABSTRACT

Introduction: The Nursing Professional Values Scale has been widely used to assess the professional values of practicing nurses, nursing students, and faculty members across different countries. With the global evolution of nursing education and practice standards, researchers have shown increasing interest in understanding nurses' professional values within developing nations. This study seeks to validate the psychometric properties of the Vietnamese version of the Nursing Professional Values Scale-Revised (NPVS-R).

Methods: A quantitative survey was conducted with the questionnaire of NPVS-R version which was converted from English to Vietnamese by three expert translators, followed by a back-translation by three bilingual experts, then three nursing scholars from different regions of Vietnam assessed the language and content validity. Data were collected from 669 nurses through the Vietnamese Nursing Association network and analyzed by using SPSS and AMOS software. The scale was evaluated based on validity of content and construct, and internal consistency.

Results: The Vietnamese NPVS-R scale comprises 25 items across four subscales: Caring, Activism, Trust, Professional, and Justice. Confirmatory factor analysis revealed factor loadings between 0.595 and 0.929, with a chi-square value of 955.303. Fit indices (CFI = 0.935, CMIN/DF = 3.605, RMSEA = 0.062) were satisfactory. Cronbach's alpha was good, ranging from 0.861 and 0.877, and item-to-total correlations spanned 0.501 to 0.775. There exist significant differences of nurses' perception on the subscales based on their gender, age, and working experience.

Conclusions: NPVS-R is a reliable instrument to measure the professional values of nurses in the distinct Vietnamese context and language. It can serve as a valuable tool for nursing care development and competency assessment across various care units in Vietnam and benefit international comparisons.

Keywords: nurse professional value, psychometric properties, scale assessment, vietnam

Introduction

Core humanistic values remain central to nursing globally, though they manifest differently across contexts. Fostering values-practice alignment via supportive environments and education is key to advancing ethical nursing care worldwide. Nurses' professional values guide nursing practice and conduct. As nursing has evolved as a profession worldwide, there is growing research interest in delineating nurses' values

priorities and how they shape ethical practice. Nurses' professional values are shaped by diverse factors. Nursing education stresses values such as compassion and integrity (Bang et al., [2011](#)). Exposure to role models and a supportive ethical climate reinforce values priorities (Sibandze & Scafide, [2018](#)). Workplace pressures can alter value expression, highlighting the need for continued support (Babamohamadi et al., [2021](#)). Experience level also impacts values, with novice

nurses focused more on competence while veterans emphasize holistic care (Weis & Schank, [2009](#)).

Research consistently shows caring as the preeminent value endorsed by nurses globally (Kangasniemi et al., [2015](#); Lin et al., [2010](#)). The ability to express empathy, compassion, and respect for human dignity are viewed as essential. Accountability, trustworthiness, and ethical integrity also emerge as critical values (Kulju et al., [2016](#)). In 2000, Weis and Schank introduced a nurse professional value scale as a quantitative instrument to assess professional nursing values. Initially developed and tested in the United States, it comprised 44 Likert-scale items across five subscales: 'caring, activism, trust, professionalism, and justice.' In 2009, they revised that scale into NPVS-R version, reducing it to 26 items and updating terminology. The NPVS and its revised version remain prominent tools for measuring professional nursing values quantitatively. However, the emphasis on certain values, such as patient advocacy, can vary across cultures (Alfred et al., [2013](#)). While the NPVS/NPVS-R provides a widely used method for quantifying and comparing nursing values, it may benefit from a mixed-methods adaptation and more culturally-specific development to enhance its global applicability.

The NPVS-R is grounded in the Professional Values Development Theory, which emphasizes the dynamic process of value internalization during nursing education and practice (Weis & Schank, [2009](#)). This theoretical foundation recognizes that professional values are developed through formal education, clinical experiences, and ongoing professional socialization. The instrument's structure reflects the multidimensional nature of nursing values, incorporating cognitive understanding, affective commitment, and behavioral manifestation of professional ethics (Habeeb, [2022](#)). The developmental trajectory captured by the NPVS-R reflects the process of professional identity formation, from initial nursing education through continued practice (Duchscher, [2008](#)). This trajectory acknowledges the influence of educational preparation, clinical experience, and ongoing professional development on nurses' value systems. The instrument's methodological robustness, demonstrated through rigorous psychometric validation and careful translation processes, ensures reliable measurement across cultural contexts (Polit, D. F & Beck, C. T., [2017](#)).

The NPVS/NPVS-R has been utilized internationally to survey practicing nurses, nursing students, and faculty regarding their professional values. For instance, studies have examined how NPVS scores correlate with

ethics education (Kangasniemi et al., [2015](#)) and differ across generations (LeDuc & Kotzer, [2009](#)). The tool provides standardized quantitative data on values priorities. While deemed useful, critiques include that the scale was developed in the U.S., which limits its applicability to other cultures (Lin et al., [2010](#)). As nursing education and practice standards evolve globally, there has been growing interest in exploring nurses' professional values in developing countries using the NPVS-R. Much of the previous research has focused on translating and validating this NPVS-R for use in specific developing countries. Versions of the NPVS-R have been adapted for languages including Turkish (Hosseini et al., [2020](#)), Persian (Joolaei et al., [2011](#)), Italian (Gasperini et al., [2023](#)), Mandarin Chinese (Lin et al., [2010](#)), and Indonesian (Asiandi et al., [2021](#)). These studies assess the tool's reliability and construct validity and typically find strong psychometric properties are retained. Validated NPVS-R versions have been applied to compare nurses' professional values across developing nations. Some multi-country studies reinforce that some NPVS-R items like activism and patient advocacy may resonate differently based on the healthcare context (Alfred et al., [2013](#)).

In Vietnam, nursing education follows a structured pathway of 3-4 year diploma and bachelor's programs designed to develop comprehensive clinical competence and professional values (V. N. B. Nguyen et al., [2022](#)). The curriculum integrates theoretical learning with extensive practical training, emphasizing clinical skills, cultural sensitivity, and professional ethics. Educational institutions focus on preparing nurses who can provide holistic care while adhering to national healthcare standards. Meanwhile, Vietnamese hospital practice is characterized by a hierarchical healthcare system with centralized training. Public hospitals dominate healthcare infrastructure, with nurse-to-patient ratios typically ranging from 1:8 to 1:15, and there is an increasing emphasis on evidence-based practice (Dang et al., [2021](#)). Despite significant progress, Vietnamese nursing continues to face challenges, including limited advanced training opportunities, resource constraints, and the ongoing process of professionalization. The healthcare system is actively working to enhance nursing roles, improve clinical skills, and develop professional autonomy. This includes expanding specialized nursing roles and aligning educational standards with global best practices (V. N. B. Nguyen et al., [2022](#)). The overall purpose of this study is to evaluate the psychometric properties of the Vietnamese version of the Nurses Professional Values

Scale-Revised (NPVS-R). Specifically, the study will evaluate the construct validity of the Vietnamese NPVS-R by examining the factor structure of the five-concept model (caring, activism, trust, professionalism, and justice), conducting confirmatory factor analysis to verify the theoretical framework, and assessing convergent and discriminant validity. The study also assesses the reliability of the Vietnamese NPVS-R by analyzing internal consistency and reliability, and examine measurement invariance across key demographic and professional characteristics, including gender, age, working experience and hospital practice roles (staff nurse, nurse manager). This assessment aims to ensure the scale's effectiveness in measuring professional values among Vietnamese nurses throughout their caregiving careers.

Materials and Methods

Research design and sampling

The research followed a quantitative approach using a questionnaire survey. A strategic sampling plan was developed to ensure the inclusion of diverse respondent types. The study utilized purposive convenience sampling to select participants, encompassing both staff nurses and nurse supervisors employed in hospital settings. The questionnaire was distributed directly to respondents through the network of Vietnamese Nursing Association in Vietnam from May to September 2023 for both the pilot test (first stage) and final survey (final stage). An online platform for self-administered questionnaire was designed, and the links were sent out with a description of the research information to ensure that respondents understood and agreed to fill out the questionnaires. The target hospitals were level I and II, based on the classification of the Vietnam Ministry of Health. For the final survey, about one thousand respondents were reached, a total of 700 returned their answers, but 31 were invalid. Finally, 669 questionnaires were collected for the data analysis.

Data collection measurement

Nurse Demographic Information

This questionnaire asked respondents to fill in their socio-demographic information, including age, gender, education, working position, etc.

Nurse Professional Value Scale

This study utilized the NPVS-R questionnaire developed by Weis and Schank (Weis & Schank, 2009) to access nurses' professional values. The NPVS-R version was upgraded from the original NPVS, aligning with the

American Nurses Association Code of Ethics, reflecting fundamental ethical commitments in nursing, and expanding roles. Twenty-six statements are included in this questionnaire measured by 5-point Likert scale, with each statement representing a specific code provision.

Translation and Adaptation

After obtaining permission from the original authors, the NPVS-R was adapted for Vietnamese society. Three expert translators independently converted the scale from English to Vietnamese, followed by a back-translation by three bilingual experts who worked together to ensure clarity and accuracy in translation. Three nursing scholars from different regions of Vietnam (North, Middle and South due to some different of culture and language speaking pronunciation), proficient in English and experienced in nursing research, assessed the language and content validity. A pilot survey with ten eligible nurses confirmed the comprehensibility of each item, with no further modifications required.

Data Collection

Nurses were approached via email, provided with explanations about this study, and then asked to complete the questionnaire independently after providing their consent.

Data Analysis

This study used SPSS and AMOS to analyze the collected data (Ullman & Bentler, 2012). The mean and standard deviation of each item are illustrated in the descriptive statistics. The reliability of research factors was tested through factor analysis, item-to-total correlation, and internal consistency analysis.

Ethical considerations

The study was approved by the research ethics committee of Hanoi University of Public Health (No.68/2023/YTCC-HD3). Informed consent was obtained from each participant before starting the survey.

Table 1. Demographic information of nurses

Nurse information		Frequency	Percent
Gender	Female	578	86.4
	Male	91	13.6
Age	20-30	141	21.1
	31-40	348	52.0
	41-50	157	23.5
	over 50	22	3.3
Working years	1-5 year	106	15.8
	6-10 year	151	22.6
	11-15 year	231	34.5
	16-20 year	101	15.1
Working Position	over 20 years	80	12.0
	Nurse	518	77.4
	Director of nursing	151	22.6

Table 2. Item means, validity and reliability test

Subscales	Items	Means	Standard Deviation	Corrected Item-to-total Correction	Factor loading	Cronbach alpha
Caring	CAR1	4.58	0.54	0.59	0.69	0.877
	CAR2	4.44	0.57	0.63	0.73	
	CAR3	4.12	0.67	0.63	0.72	
	CAR4	4.54	0.53	0.63	0.73	
	CAR5	4.26	0.61	0.64	0.74	
	CAR6	4.44	0.58	0.75	0.83	
	CAR7	3.97	0.69	0.58	0.67	
	CAR8	4.33	0.59	0.59	0.68	
	CAR9	4.26	0.66	0.50	0.59	
Activism	ACT1	4.20	0.67	0.72	0.83	0.871
	ACT2	4.07	0.66	0.73	0.84	
	ACT3	4.44	0.62	0.63	0.76	
	ACT4	4.24	0.68	0.77	0.87	
	ACT5	4.01	0.72	0.63	0.76	
Trust	TRU1	4.48	0.59	0.68	0.79	0.877
	TRU2	4.33	0.60	0.74	0.85	
	TRU3	4.26	0.60	0.76	0.86	
	TRU4	4.10	0.61	0.68	0.80	
	TRU5	4.24	0.63	0.67	0.79	
Professional	PRO1	4.24	0.65	0.71	0.84	0.862
	PRO2	4.17	0.63	0.71	0.84	
	PRO3	3.88	0.72	0.68	0.82	
	PRO4	4.16	0.67	0.74	0.86	
Justice	JUS1	4.20	0.64	0.77	0.91	0.861
	JUS1	4.33	0.62	0.74	0.91	

Results

Sample characteristics

The respondents of this study are nurses in Level I and II national hospitals in Vietnam. Based on the classification by the Vietnam Ministry of Health, Provincial-level hospitals (Level I hospitals) feature more complex nursing roles with advanced clinical

responsibilities. Nurses here engage in specialized patient care, comprehensive treatment management, and sophisticated clinical interventions. Their duties expand to include surgical support, intensive care nursing, complex diagnostic procedures, advanced chronic disease management, and patient counseling. These nurses demonstrate greater clinical autonomy, utilize more advanced medical technologies, and

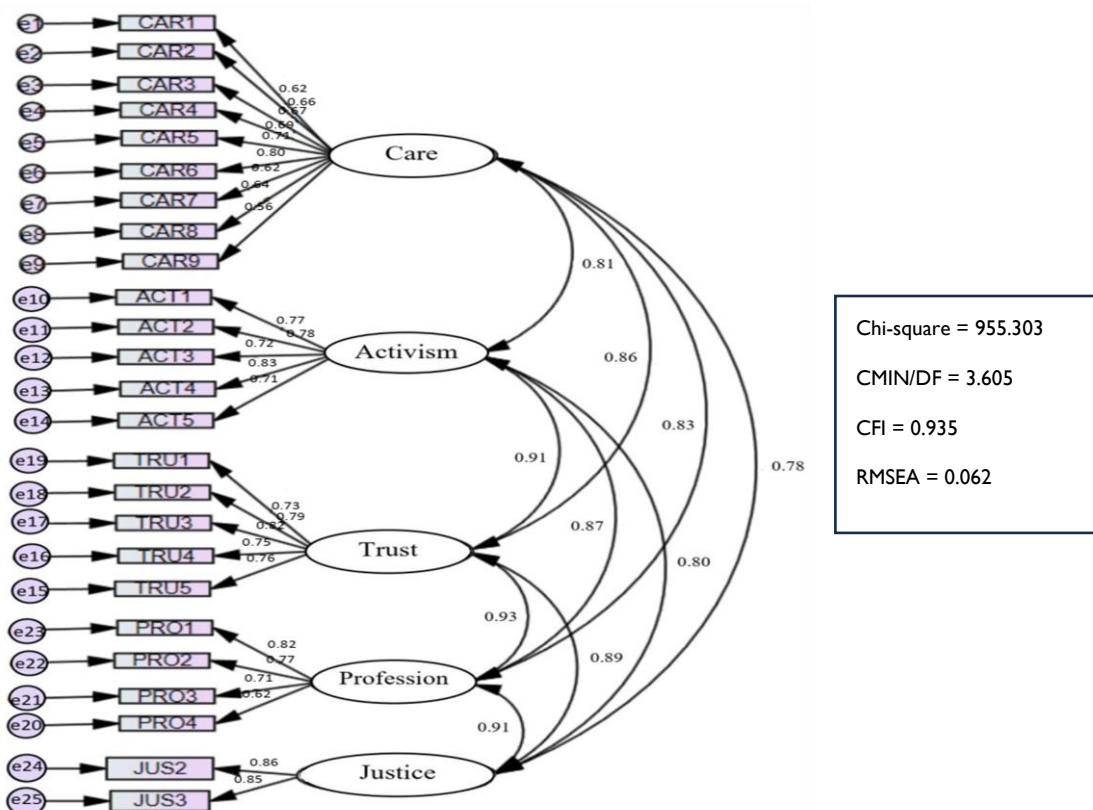


Figure 1. Confirmative Factor Analysis results

Table 3. Demographic and scale factors

Demographic Factor	N	Subscales				
		Caring	Activitism	Trust	Professional	Justice
Gender						
Male	91	4.331	4.187	4.281	4.165	4.216
Female	578	4.327	4.195	4.281	4.104	4.220
F-value		4.383	3.045	0.630	0.027	2.021
P-value		0.037	0.810	0.438	0.871	0.156
Age (year old)						
20-30	141	4.266	4.113	4.238	4.055	4.144
31-40	348	4.307	4.164	4.250	4.084	4.195
41-50	157	4.394	4.286	4.371	4.197	4.323
over 50	22	4.535	4.463	4.382	4.295	4.318
F-value		4.227	6.778	2.818	2.779	3.033
P-value		0.006	0.003	0.038	0.040	0.029
Working experience (years)						
1-5	106	4.266	4.111	4.258	4.064	4.151
6-10	151	4.291	4.198	4.253	4.117	4.218
11-15	231	4.280	4.106	4.214	4.046	4.164
16-20	101	4.453	4.299	4.400	4.193	4.323
over 20	80	4.454	4.410	4.410	4.259	4.342
F-value		5.546	6.402	4.077	2.913	2.742
P-value		0.000	0.000	0.003	0.021	0.028
Working position						
Nurse	518	4.292	4.157	4.253	4.084	4.197
Director of nursing	151	4.450	4.319	4.379	4.210	4.298
F-value		1.387	0.546	2.949	0.000	0.828
P-value		0.239	0.460	0.086	0.987	0.363

provide more specialized healthcare services (Tran et al., 2018).. At the commune and district levels (Level II Hospitals), nurses serve as primary healthcare providers with broad responsibilities. Their roles focus on fundamental patient care, preventive health services, and community health education. Nurses perform basic clinical interventions, including wound care, medication administration, patient screening, and initial triage. They are critical in delivering primary healthcare services, managing basic chronic conditions, and providing essential health screenings. The primary distinction between Level I and Level II nursing roles lies in the complexity of care, technological resources, and clinical intervention depth. Level II nurses focus on foundational healthcare delivery, while Level I nurses provide more specialized, technology-supported, and comprehensive healthcare services. Both levels emphasize patient-centered care, professional ethics, and community health improvement (A. T. H. Nguyen et al., 2022)

Most of the respondents are female (86%), and half of them are aged from 31 to 40 years (52%), following by those in the age range of 41-50 years (23.5%). The majority have been working as nurses more than 10 years (34.5% of 11-15 years, and 15.1% of 16-20 years), 151 nurses have worked for 6-10 years, 106 nurses have worked less than 5 years, and 80% more than 20 years working in clinical nursing field. These categories were determined by the data distribution with the purpose of allowing for balanced representation across different age and experience groups, providing a sufficient

sample size within each category, and facilitating comparative statistical analysis.

Content Validity and Reliability Assessment

The validity and reliability of the NPVS-R were assessed by conducting frequency and descriptive statistical analyses, calculating mean values and standard deviations. Subsequently, factor loading and reliability tests were performed to determine item-to-total correlations and internal consistency. Table 2 presents these findings, demonstrating that all items in the adapted NPVS-R questionnaire are reliable for measuring nurse professional values in the Vietnamese context.

In general, the mean scores for all items were quite high, ranging from 3.88 to 4.58 on a 5-point scale. This indicates that respondents rated the values as highly important overall. The standard deviations were moderate, showing there was a reasonable spread of scores. The corrected item-total correlations were strong, with all coefficients from 0.51 to 0.77. This suggests each item correlated strongly with the subscale it was designed to measure. Values above 0.30 are considered acceptable, so these item-total correlations confirm that each item was assessing its intended construct. The factor loadings were strong (0.59-0.91), which indicates that the items were strongly associated with the underlying factor (subscale) constructs. Factor loadings above 0.5 are considered good. This means each set of items accounted for a large portion of the variance in its respective scale. High values show the

items effectively measured the subscale content. Reliability was examined using Cronbach's alpha. Alphas for all subscales were between 0.861 and 0.877, indicating excellent internal consistency (Hooper et al., 2008).

In detail, the CARING factor has a high Cronbach alpha (0.877) with all variables' factor loading ranges from 0.595 to 0.832. The item-to-total correlation value range from 0.50 to 0.75, which proves the relevant content of all variables of the Caring factor. Better results were found for ACTIVISM (Cronbach alpha 0.871, factor loading 0.76 to 0.87, item-to-total correlation 0.63 to 0.77), TRUST (Cronbach alpha 0.877, factor loading 0.79 to 0.86, item-to-total correlation 0.67 to 0.77), PROFESSIONAL (Cronbach alpha 0.862, factor loading 0.83 to 0.86, item-to-total correlation 0.68 to 0.74) and JUSTICE (Cronbach alpha 0.861, factor loading 0.93, item-to-total correlation 0.74 to 0.77). One item of JUSTICE (JUS1 - Assume responsibility for meeting health needs of the culturally diverse population) was deleted due to the outlier and below the standard factor loading.

To confirm the validity of the variables in the completed model, a confirmatory factor analysis (CFA) was conducted with the support of AMOS software. All items were added to the completed model, and all unobserved variables were treated as exogenous or independent variables. Therefore, it is required to draw a covariance double-headed arrow between each unobservable construct in the model. [Figure 1](#) shows that the model fits with the current data (with the JUS1 item omitted). The results show that all the index values approximately fulfill the required criteria for absolute fitness, i.e. Chi-square = 955.303, CMIN/Df is 3.605 < 5, RMSEA is 0.062 < 0.10 (Hooper et al., 2008). Furthermore, for incremental fitness, CFI is 0.935 > 0.9. This also confirms that all variables (except JUS1) are valid in Vietnamese version and context.

Demographic and Scale factors

To explore further the assessment on NPVS-R among Vietnamese nurses, demographic factors were also tested to see if there were differences in their perceptions of the subscales of NPVS-R. After checking the data of demographic variables, the gender and working position were tested using an independent-sample t-test. Other variables were tested by ANOVA. The combined results are presented in [Table 3](#). It is evident that there are some significant differences of perceptions of CARING, ACTIVISTISM, TRUST, PROFESIONAL, JUSTICE based on different demographic variables. In details, firstly, male and female Vietnamese nurses showed a slight different perception on CARING

(F value = 4.383, P value = 0.037) in which male nurses show slight higher perception on CARING value. Age and working experience expressed different results on Vietnamese nurses' perception on all five subscales of NPVS-R. And interestingly, nurses with older ages and working experience have higher perception on all Caring, Activism, Trust, Professional, and Justice. However, nurses' working position does not result differences in their perception on their work value.

Discussions

The study evaluates the validity of adopted NPVS-R in an Asian developing country, Vietnam. The results show a good clue that NPVS-R is a reliable measurement tool to apply in the Vietnamese language and context. Currently, nursing in Vietnam is still in the process of developing and recognition by people with more requirements on learning and practice. Nursing ethical standard was created and revised, which is still required to upgrade. The NPVS-R Vietnamese version could be a valuable reference for that work.

One interesting point in this study is about the exemption of one item of Justice subscale ('Assume responsibility for meeting health needs of the culturally diverse population.'). This could be explained based on the current context of Vietnam, where there is not much cultural diversity. Although there are slight cultural differences among groups of the Vietnamese (North and South, Vietnamese and other ethnics), all healthcare units have the national standard in taking care and treating patients (Dang et al., 2021). Moreover, the participants in this study mostly work in Level I and II national hospitals, which are located in urban centers. As such, they may encounter fewer diverse groups of patients comparing to those working in rural or mountainous areas.

The NPVS-R has demonstrated strong psychometric properties of reliability and validity across multiple translated versions (Asiandi et al., 2021; Gasperini et al., 2023; Hosseini et al., 2020; Joolae et al., 2011; Lin et al., 2010). This indicates the universal nursing values measured translate effectively. The NPVS-R measures professional nursing values that align with the standards promoted in Vietnamese nursing education and practice. Vietnam emphasizes the development of compassion, integrity, clinical competence, and commitment to care in nursing students (Bang et al., 2011; V. N. B. Nguyen et al., 2022), which aligns with NPVS-R values like caring, activism, trust, and professionalism. Adaptation of imported nursing education models in Vietnam has proven effective when

aligned with cultural context. Vietnam has successfully adopted nursing educational frameworks, such as concept-based curricula from the US and Canada by integrating cultural relevance (A. T. H. Nguyen et al., 2022). This demonstrates Vietnamese nursing can adapt appropriately. Use of the NPVS-R allows comparison to international research on nursing values. Applying a widely used tool like the NPVS-R allows for the analysis of how Vietnamese nurses' values compare with regional and global data, giving international context. This benefits knowledge development. Therefore, given its strong psychometrics across translations, alignment with Vietnamese nursing values and benefits for international comparison. The evidence indicates that NPVS-R is a reliable instrument to measure professional values of nurses in the distinct Vietnamese context and language. Thoughtful translation and validation will help ensure local relevance and applicability.

This study expands the work of translating and testing NPVS-R to Vietnam. Thus, it is important not only to the psychometric development of the NPVS-R, but also to the Vietnamese nursing profession. The NPVS-R has demonstrated strong reliability and validity across multiple translated versions and indicates universal applicability of nursing values measurement. The NPVS-R is in alignment with the Vietnamese nursing context, measuring professional nursing values that match Vietnamese nursing education and practice standards. It is also consistent with Vietnam's emphasis on developing core nursing attributes like compassion, integrity, clinical competence, and commitment to care, aligning with specific values such as caring, activism, trust, and professionalism.

Understanding professional values in Vietnamese nursing represents a critical pathway for advancing healthcare quality and professional development. By systematically documenting the theoretical foundations of nursing identity, this research provides empirical insights into the cultural nuances of nursing practice in Vietnam (Bang et al., 2011). The knowledge generated offers a comprehensive framework for understanding how professional values shape patient care, clinical decision-making, and overall healthcare delivery. The strategic implications of this research extend beyond theoretical documentation. By identifying core values that drive compassionate patient care, the study supports targeted educational interventions and curriculum development (V. N. B. Nguyen et al., 2022). These insights enable nursing educators and healthcare administrators to align professional preparation with both international standards and local cultural contexts,

thereby enhancing the quality and relevance of nursing education.

Moreover, the research contributes to systemic improvements in healthcare by promoting evidence-based nursing practices and supporting professional autonomy. Understanding professional values facilitates more nuanced nurse-patient interactions, encourages critical reflection on care practices, and provides a mechanism for comparing Vietnamese nursing standards with international benchmarks. This comparative perspective is crucial for continuous professional development and quality improvement in the Vietnamese healthcare system. Ultimately, the comprehensive examination of nursing professional values serves as a strategic tool for transforming healthcare delivery. By illuminating the complex interplay between cultural values, professional identity, and clinical practice, this research advances the nursing profession's capacity to provide high-quality, patient-centered care that is both culturally sensitive and globally competitive.

This results also enable the comparison of Vietnamese nurses' values with regional and global data, supporting knowledge development through standardized measurement, and providing international context for understanding nursing professional values. However, the study only used quantitative survey for data collection to confirm the findings. Other factors that may relate to nurse professional value due to local cultural context or nursing practice, as well as national policy could be explored by qualitative method.

Conclusion

The study findings demonstrated that the Vietnamese version of Nurse Professional Value Scale-Revised has good validity and reliability as a measurement tool. The scale can help nurses working in all healthcare unites in determining their competency in providing care to patients. The scale can identify specific areas of value care where health professionals may lack competency, allowing them to plan necessary training for improvement. The NPVS-R Vietnamese version is the first instrument scale to be psychometrically validated for measuring nurse professional value in Vietnam, contributing to the expanding usage of NPVS-R to developing countries.

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Conflict of Interest

The authors have no conflict of interest.

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