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Understanding the human value preferences of Croatian nurses through the lens of schwartz's theory

Abstract

Introduction: Human values are fundamental principles that guide individuals' attitudes, behaviors, and decision-making in both personal and professional contexts. They reflect what people consider important in life, influencing ethical choices, social interactions, and overall priorities.

Aim: This study aims to explore the value preferences of Croatian nurses using Schwartz's Theory of Basic Human Values, focusing on self-transcendence, openness to change, conservation, and self-enhancement. It will also examine demographic differences in these values and their implications for nursing practice, teamwork, and leadership in healthcare.

Methods: This cross-sectional study assessed the values of 520 Croatian nurses using the Portrait Value Questionnaire (PVQ-RR).

Results: Participants were primarily female (91.3%) and aged 36 to 45 years (26.2%), with statistical analyses conducted to explore relationships between value preferences and demographic factors, including age, gender, and education level. The results show that self-transcendent values, particularly universalism and benevolence, dominate among nurses in Croatia, reflecting the profession's emphasis on care and social justice. Younger nurses tend to favor openness to change, while older nurses lean toward tradition and security. These findings offer important insights into the alignment of personal values with professional practice and their potential impact on healthcare policy and leadership.

Conclusion: This study demonstrates that Croatian nurses predominantly value self-transcendence, with younger nurses showing a growing preference for openness to change. The findings underscore the need for a value-driven approach to healthcare policy and leadership, particularly as younger generations enter the workforce with a vision for innovation and transformation. Empowering nurses through value-based leadership can ultimately strengthen the healthcare system's capacity to address the challenges of the future.

Keywords: schwartz theory, croatian nurses, human values, self-transcendence, conservation, openness to change

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Introduction

Nurses play a pivotal role in healthcare systems, often being the primary caregivers who maintain constant interaction with patients. Not only their medical and nursing knowledge and skills, but also their personal values deeply influence their professional decisions and actions. Values are essential guiding principles that shape behavior, influence ethical decision-making, and impact interpersonal relationships within professional settings. In nursing, understanding these values can provide critical insights into how nurses approach patient care, collaborate with colleagues, and contribute to healthcare outcomes.[1,2] Despite the vital role that nurses play, there is a lack of research on the value systems that guide their work, particularly in Croatia. This study aims to fill this gap by exploring the value preferences of Croatian nurses through the lens of Schwartz's Theory of Basic Human Values. Schwartz's theory provides a comprehensive framework for understanding human values across cultures. The theory identifies ten basic values, including universalism, benevolence, security, tradition, conformity, power, achivement, hedonism, stimulation, self-direction, and organizes them into four higher-order categories: self-transcendence, openness to change, conservation, and self-enhancement.[3] These values reflect broad motivational goals and can influence how individuals prioritize their actions and decisions in both personal and professional contexts (Figure 1).[4]

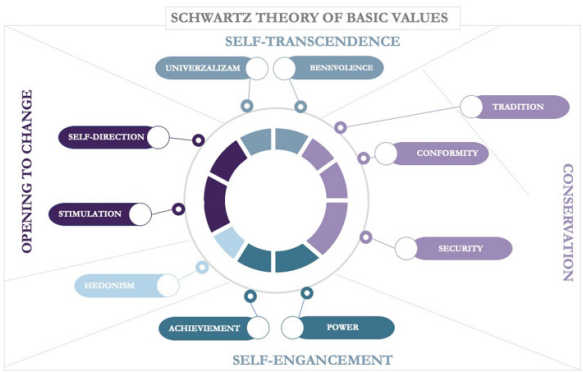

Figure 1 The circular structure of human values by Schwartz Note.

Nursing is a profession that naturally aligns with self-transcendent values, emphasizing the welfare of others, social justice, and

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compassion. However, little is known about how Croatian nurses specifically prioritize these values or how demographic factors like age, gender, and level of education influence value preferences. Understanding these factors is crucial, as value-driven differences can impact teamwork, leadership, and the adaptation of new healthcare strategies.[5] In the context of Croatia, where healthcare is predominantly public and faces numerous systemic challenges, recognizing the values that drive the nursing workforce is vital. By exploring the value preferences of Croatian nurses, this study seeks to provide insights that could inform both nursing education and healthcare policy. Furthermore, by identifying generational and gender differences in value preferences, it may be possible to better tailor strategies that align with the evolving demands of the profession and the healthcare system. This research is timely as the nursing profession worldwide faces increasing pressures due to shortages, evolving healthcare technologies, and shifting patient expectations. By aligning nurses' values with broader healthcare objectives, it is possible to enhance the profession's contribution to patient-centered care, ethical decision-making, and healthcare leadership.[6,7]

Aims

The primary aim of this study is to explore the value preferences of Croatian nurses using Schwartz's Theory of Basic Human Values. Specifically, the study seeks to:

I. Identify the predominant values held by Croatian nurses, focusing on the higher-order values of self-transcendence, openness to change, conservation, and self-enhancement.

II. Examine the differences in value preferences based on demographic factors such as age, gender, and educational level within the nursing population.

III. Assess how these value preferences align with the demands of the nursing profession and how they may influence nursing practice, teamwork, and leadership in healthcare.

By achieving these aims, the study intends to provide insights that could inform healthcare policy, nursing education, and leadership strategies in Croatia.

Methods

Study design

This research is a cross-sectional, descriptive study aimed at exploring the value preferences of Croatian nurses using Schwartz's Theory of Basic Human Values. Data were collected through an online survey, which included the Portrait Value Questionnaire - Revised (PVQ-RR). The PVQ-RR measures individuals' value priorities across 19 values, grouped into four higher-order dimensions: self-transcendence, openness to change, tradition, and self-enhancement.[8]

Participants

The study sample consisted of 520 nurses working in various healthcare institutions in Croatia. Participants were recruited through professional networks on social media platforms (LinkedIn, Facebook) and email lists. Participation was voluntary, and no financial incentives were provided. The inclusion criteria required participants to be licensed nurses currently employed in Croatia.

Data collection

Data were collected over a period of two months (October to November 2021). Participants completed the PVQ-RRusing an online survey tool (Google Forms). The questionnaire consisted of 56 items that assessed the importance of specific values through short, person-centered descriptions. Each participant rated how similar they were to a described person using a six-point Likert scale ranging from "not like me at all"[1] to "very much like me".[6] In addition to the value questionnaire, participants provided demographic information, including age, gender, level of education, years of nursing experience, and the type of institution they worked in public or private healthcare institution.

Instrument

The PVQ-RR is based on Schwartz's refined value theory and measures values through statements reflecting different motivational goals. The instrument assesses values in the following categories:

I. Self-transcendence: Universalism, Benevolence

II. Openness to change: Self-direction, Stimulation

III. Conservation: Security, Conformity, Tradition

IV. Self-enhancement: Achievement, Power, Hedonism

The Croatian version of the PVQ-RR was used with permission from Prof. Shalom Schwartz. The questionnaire has been validated for use in various cultural contexts, including Croatia.

Ethical considerations

Participation in the study was voluntary, and informed consent was obtained from all participants. No personally identifiable information was collected, and confidentiality was maintained throughout the research process. The study was conducted in accordance with the ethical standards of the IIC University of Technology.

Data analysis

Statistical analysis was performed using SPSS (Version 26.0). Descriptive statistics summarized demographic data and value preferences, with means and standard deviations for normally distributed data, and medians with interquartile ranges for non-normal data. Independent t-tests and one-way ANOVA assessed differences across gender, age, and education, while Mann-Whitney U and Kruskal-Wallis tests were used for non-parametric data. Spearman's rank correlation evaluated relationships between values and continuous variables, with significance set at $p < 0.05$.

Results

Participant demographics

A total of 520 nurses participated in the study, with the majority being female (91.3%) and between the ages of 36 and 45 years (26.2%). Most participants held a master's degree in nursing (40.2%), and the average years of nursing experience was 21.55 years (SD = 12.84), ranging from 0 to 50 years. The majority of nurses were employed in public healthcare institutions (86.9%).

Value preferences according to schwartz's theory

The value preferences of Croatian nurses were assessed using the PVQ-RR, with results categorized into Schwartz's four higher-order values: self-transcendence, openness to change, conservation, and self-enhancement.[9]

Self-transcendence

Universalism and Benevolence were the most strongly endorsed values across the entire sample. These values, reflecting concern

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for the welfare of others and nature, had the highest average scores, with benevolence scoring a mean of 4.75 (SD = 0.88) and universalism scoring a mean of 4.68 (SD = 0.92).

Female nurses showed significantly higher self-transcendence values compared to male nurses ($p < 0.05$).

Openness to change

Self-direction was the most prominent value in this category, with a mean score of 4.22 (SD = 1.05). Younger nurses (aged 19-25 years) scored higher in openness to change values, particularly in self-direction and stimulation, compared to their older colleagues ($p < 0.05$). Nurses under 35 years of age were more likely to prioritize values related to innovation, independence, and creativity, reflecting a preference for flexibility and change in their professional roles.

Conservation

Security was the leading value within the tradition dimension, with a mean score of 4.10 (SD = 1.02). Nurses aged 56 and above scored significantly higher in security and conformity compared to younger nurses ($p < 0.05$), reflecting a stronger preference for stability and adherence to traditional practices. There was a significant positive correlation between age and tradition values (Spearman's rho = 0.35, $p < 0.01$), indicating that older nurses tend to value security and tradition more than younger nurses (Figure 2).

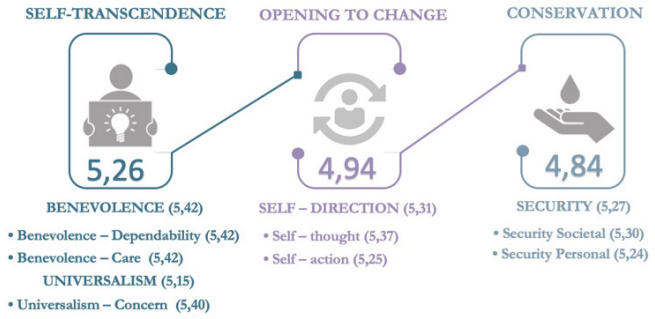

Figure 2 Three higest results: benevolence, self-direction, security.

Self-enhancemen

Achievement was the most important value within the self-enhancement category, with a mean score of 3.85(SD = 1.08). Male nurses scored higher in power and achievement values than female nurses ($p < 0.05$), suggesting that male nurses place greater emphasis on status and influence within the healthcare environment (Figure 3).

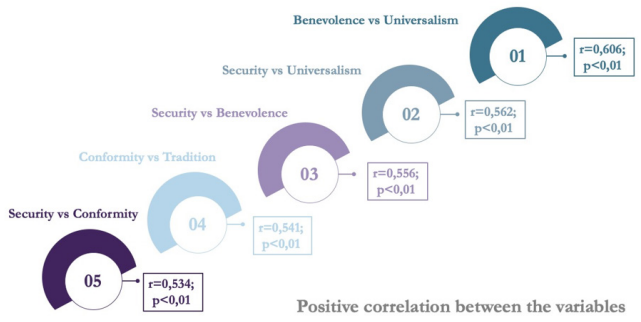

Figure 3 Positive relationship between the variables.

Discussion

This study aimed to explore the value preferences of Croatian nurses using Schwartz's Theory of Basic Human Values and to assess how these values vary based on demographic factors such as age, gender, and education. The results highlight the importance of self-transcendent values, particularly benevolence and universalism, among Croatian nurses, while also revealing distinct generational and gender-based differences in value priorities. These findings provide important insights into the intrinsic motivations that guide nurses in their professional roles and have potential implications for healthcare policy, nursing education, and leadership.[10–12]

Self-transcendence and the core of nursing values

The study's most prominent finding is that self-transcendent values, especially benevolence and universalism, are highly prioritized by Croatian nurses. These values, which emphasize concern for others and the welfare of society, are consistent with the caregiving ethos of the nursing profession. The strong presence of these values suggests that nurses are deeply motivated by the desire to promote the well-being of their patients and to contribute to social justice, aligning with global trends in nursing ethics and professional standards.[13,14] This emphasis on self-transcendence underscores the importance of supporting nurses in roles that allow them to express these values, such as patient advocacy, ethical decision-making, and leadership in community health initiatives. Furthermore, nurses' value preferences could be leveraged to foster patient-centered care models that align with the profession's intrinsic motivations.

Generational differences: openness to change vs. conservation

The study identified notable generational differences in value preferences. Younger nurses (aged 19-25 years) were more likely to endorse openness to change values, such as self-direction and stimulation, reflecting a desire for independence, innovation, and adaptability in their roles. This generational trend suggests that younger nurses may be more open to embracing new technologies, practices, and approaches to patient care. This is consistent with global studies that suggest younger healthcare professionals are more likely to seek autonomy and innovation in their work environments.[9] In contrast, older nurses (aged 56 and above) scored higher on tradition values, such as security and conformity, reflecting a preference for stability, tradition, and adherence to established practices. These differences suggest that, while younger nurses may drive innovation, older nurses play a crucial role in maintaining the integrity and stability of traditional healthcare practices. Balancing these generational differences will be essential for creating cohesive, multi-generational healthcare teams that capitalize on the strengths of both younger and older nurses. The generational gap also highlights the need for tailored leadership and professional development programs. Younger nurses may benefit from training that supports innovation and leadership in changing environments, while older nurses could be engaged through mentorship programs that emphasize the value of experience and tradition in maintaining quality care.[15,16]

Gender differences: self-transcendence vs. self-enhancement

The study also revealed significant gender differences in value preferences. Female nurses scored higher in self-transcendence values, particularly benevolence and universalism, indicating a strong commitment to caring for others and promoting social welfare. This aligns with previous research suggesting that women in caregiving roles often prioritize values associated with empathy, compassion, and communal well-being.[17] In contrast, male nurses showed a stronger preference for self-enhancement values,

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such as achievement and power, suggesting that they may be more motivated by professional success, leadership, and influence within the healthcare environment. These gender differences could have implications for the development of leadership programs, as male nurses may be more inclined to pursue roles that emphasize authority and decision-making power, while female nurses may prioritize leadership in areas that focus on patient advocacy and care coordination. These findings suggest that healthcare organizations should consider gender differences when designing professional development and leadership pathways. By recognizing and supporting the diverse motivations of both male and female nurses, healthcare systems can ensure that leadership opportunities align with the values and strengths of their workforce.

Educational level and value preferences

Nurses with higher levels of education, particularly those with a master's degree or higher, were more likely to prioritize self-transcendence values such as universalism and benevolence, compared to those with lower educational levels. This finding aligns with existing research suggesting that higher education levels often correspond with broader social and ethical perspectives.[18] This trend may reflect the focus on ethics, social justice, and patient-centered care that is often emphasized in advanced nursing education programs. In contrast, nurses with lower levels of education showed a stronger preference for conservation values, such as security and tradition, which may be linked to a more pragmatic approach to nursing, emphasizing stability and adherence to established practices. These findings suggest that continuing education programs could be used to reinforce self-transcendent values across all educational levels, ensuring that all nurses, regardless of their formal education, are equipped to provide compassionate, patient-centered care. Furthermore, leadership programs could emphasize the importance of universal values, encouraging nurses from all educational backgrounds to engage in ethical decision-making and patient advocacy.

Implications for healthcare policy and leadership

The findings of this study have important implications for healthcare policy and nursing leadership in Croatia. The strong presence of self-transcendent values among nurses suggests that policies aimed at enhancing patient-centered care and social justice initiatives will likely resonate with the nursing workforce. Furthermore, given the generational and gender differences observed, leadership and professional development programs should be tailored to address the diverse motivations and value preferences of nurses.[19] Policymakers and healthcare leaders should also recognize the need to involve nurses more actively in decision-making processes, as their value preferences align with broader goals of healthcare reform, particularly in areas such as patient advocacy, ethical care, and community health. Empowering nurses to take on leadership roles that reflect their values could lead to more effective and compassionate healthcare delivery.

Limitations and future research

This study has several limitations. The sample was predominantly female, which may limit the generalizability to male nurses, and self-reported data may introduce bias. Future research should aim for more diverse samples, including more male nurses and varied healthcare settings, and consider longitudinal studies to explore how value preferences evolve over time.[20–26]

Conclusion

This study provides valuable insights into the value preferences of Croatian nurses, revealing that self-transcendent values such as benevolence and universalism are the most prominent, reflecting the core principles for the nursing profession—caring for others and promoting social justice. Generational and gender differences further highlight how younger nurses tend to value openness to change and innovation, while older nurses emphasize tradition and stability. Additionally, female nurses prioritize self-transcendence, while male nurses place greater importance on self-enhancement values like achievement and power. These findings underscore the importance of integrating nurses' value preferences into healthcare policy and leadership development programs. By aligning professional development with these values, healthcare institutions can foster more effective, compassionate, and patient-centered care. Furthermore, acknowledging the diverse motivations of nurses, based on their demographic backgrounds, can help build a more cohesive, adaptive, and ethically driven healthcare system. Future research should aim to explore how these values evolve over time and examine a more diverse range of nurses to further understand the implications of value preferences on healthcare delivery.

Acknowledgments

None.

Conflicts of interest

The author declares that there are no conflicts of interest.

References

1. Elder R, Price J, Williams G. Differences in ethical attitudes between registered nurses and medical students. *Nurs Ethics*. 2003;10(2):149–164.
2. Schwartz SH. Are there universal aspects in the content and structure of values? *Journal of Social Issues*. 1994;50(4):19–45.
3. Schwartz SH, Cieciuch J. Measuring the Refined Theory of Individual Values in 49 Cultural Groups: Psychometrics of the Revised Portrait Value Questionnaire. *Assessment*. 2022;29(5):1005–1019.
4. Parks Leduc L, Feldman G, Bardi A. Personality traits and personal values: a meta-analysis. *Pers Soc Psychol Rev*. 2015;19(1):3–29.
5. Sonia Roccas S, Sagiv L. *Values and behavior: Taking a cross cultural perspective*. Springer International. 2017.
6. Rokeach M. *The Nature of Human Values*. The Free Press. 1973. p. 438.
7. Sagiv L, Roccas S, Cieciuch J, et al. Personal values in human life. *Nat Hum Behav*. 2017;1(9):630–639.
8. Schwartz SH, Melech G, Lehmann A, et al. Extending the Cross-Cultural Validity of the Theory of Basic Human Values with a Different Method of Measurement. *Journal of Cross-Cultural Psychology*. 2001;32(5):519–542.
9. Schwartz, Shalom. An Overview of the Schwartz Theory of Basic Values. *Online Readings in Psychology and Culture*. 2012;2(1).
10. Bilsky W, Janik M, Schwartz S. The structural organization of human values – Evidence from three rounds of the European Social Survey (ESS). *Journal of Cross-Cultural Psychology*. 2011;42(5):759–776.
11. Nicole J Borges, Paul J Hartung. Stability of values during medical school. *Med Teach*. 2010;32(9):779–781.

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12. Becker HS. Problems of inference and proof in participant observation. *American Sociological Review*. 1958;23(6):652–660.
13. Schwartz SH, Sortheix FM. Values and subjective well-being. In: Diener E, Oishi S, Tay L, Editors. *Handbook of well-being*. Salt Lake City, UT: DEF Publishers; 2018.
14. Ardenghi S, Luciani M, Rampoldi G, et al. Personal values among first-year medical and nursing students: A cross-sectional comparative study. *Nurse Educ Today*. 2021;100:104827.
15. Boer D, Fischer R. How and when do personal values guide our attitudes and sociality? Explaining cross-cultural variability in attitude-value linkages. *Psychol Bull*. 2013;139(5):1113–1147.
16. Schwartz SH. Basic human values: Theory, measurement, and applications. *French journal of sociology*. 2007;47(4):929.
17. Schwartz SC. *Cultural and individual, Fundamental questions in cross-cultural psychology*. 2011. S. 463–493.
18. Dirilen Gumus O, Buyuksahin Sunal A. Gender Differences in Turkish Undergraduate Students' Values. *Sex Roles*. 2012;67:559–570.
19. Majers JS, Warshawsky N. Evidence-Based Decision-Making for Nurse Leaders. *Nurse Lead*. 2020;18(5):471–475.
20. Schwartz SH. Universals in the content and structure of values: Theory and empirical tests in 20 countries. *Advances in experimental social psychology*. 1992;251–65.
21. Schwartz SH. Value priorities and behavior: Applying a theory of integrated value systems. In Seligman C, Olson JM, Zanna MP, editors. *The psychology of values: The Ontario Symposium*. 1996;8:1–24.
22. Schwartz SH, Rubel T. Sex differences in value priorities: Cross-cultural and multimethod studies. *Journal of Personality and Social Psychology*. 2005;89(6):1010–1028.
23. Schwartz SH. *Basic human values Theory, measurement, and applications*. 2006a;47:249–288.
24. Schwartz SH. Human Values: An Overview. In *Basic Human Values: Theory, Methods, and Applications*. Jerusalem: The Hebrew University of Jerusalem. 2006.
25. Cieciuch J, Schwartz SH. The number of distinct basic values and their structure assessed by PVQ–40. *J Pers Assess*. 2012;94(3):321–328.
26. Schwartz SH. Value orientations: Measurement, antecedents and consequences across nations. In: Jowell R, Roberts C, Fitzgerald R, editors. *Measuring attitudes cross-nationally: Lessons from the European Social Survey*. Sage. 2007. p. 161–193.

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