

Literature review: “Are you ok there?” The socialisation of student and graduate nurses: do we have it right?

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KEY WORDS

socialisation, nurses, student nurse, undergraduates, graduate nurse, literature review

ABSTRACT

Objective

To determine the effectiveness of the current socialisation processes for student and graduate nurses, into the clinical practice setting.

Setting

The clinical nursing environment, with underlying links and reference to the academic setting of nurse education.

Subjects

The sole focal subjects of this literature review are student/undergraduate and graduate/new nurses.

Primary argument

Internationally, attrition rates of new graduate nurses in their first year of practice ranges between 30-60%. Undergraduate and new nurses enter the nursing profession with a beginning skill set, reflective of their education, coupled with preceded values and ideas about the profession itself. Recognition of an adjustment period undergraduate and new nurses require, is paramount to meeting the anticipated socialisation of these new professionals. Socialisation in the profession of nursing is an ongoing and complex interactive process by which the professional role, incorporating skills, knowledge, and behaviours, is learned and the individual consciously and subconsciously seeks their sense of occupational identity, and perfecting this process is crucial.

Conclusion

Newcomers to the nursing profession have expressed that learning how to behave appropriately in the workplace is more difficult than bridging the gap between theory and practice. Intentional measures implemented by organisations, is paramount in enabling newcomers to adjust to the workplace, and it is unsafe to assume the process of socialisation is good, and underestimation of this socialisation process, would be negligent.

INTRODUCTION

The Australian Nursing Federation states that the nursing and midwifery workforce, is, a workforce under immense pressure, and over the next seven years, 40% of the workforce will be due to retire (Health Workforce Australia, 2014). Health Workforce Australia (HWA) (2014) identifies the increase in mean age of nurses from 43.8 in 2007, to 44.3 in 2012, with a 4.4% increase of nurses over the age of 50, in this same period. Awareness of such statements highlights the need for the implementation of strategies, aimed at retaining and recruiting nurses at the bedside (Brown et al 2011). Australian nurse education has been solely provided through the tertiary sector for the past 20 years. However, the professional identity, of which nurses are striving for, has become blurred. Cohen (1981, cited in Brown et al 2011) posed the questions: What is missing? What went wrong? Why are graduate nurses not more comfortable with their roles? Why do large numbers of nursing students drop out? and, Why do so many new graduates drop out in their first year? Cohen's (1981, cited in Brown et al 2011) posing of these questions, must encourage members of the industry to attempt identification of causative features, as to why nurses entering and having just entered the profession have limited careers. This hasty exodus from the nursing workforce, will/is having a damaging impact on patient safety in the clinical setting.

DISCUSSION

The socialisation of an individual into a profession and/or professional group has been documented in nursing since the 1950's. Becker and Geer (1958, cited in MacKintosh 2006) express that socialisation in the profession of nursing is an ongoing and complex interactive process by which the professional role, incorporating skills, knowledge, and behaviours, is learned and the individual consciously and subconsciously seeks their sense of occupational identity. There is an abundance of literature which has a heavy focus on the negative effects of overload stress and unsupportive relationships within the workplace, which can be directly related to the failure of well-being, self-efficacy, self-esteem, learning, persistence and success. On the contrary, understanding negative aspects of the socialisation process on student and graduate nurses, is not seen as adequate, resulting in posing the question of: "Are you ok there?" The socialisation of student and graduate nurses: do we have it right? (Del Prato et al 2011).

In order to undertake this literature review, a search of three electronic databases took place: CINAHL (Cumulative Index for Nursing and Allied Health Literature), The Cochrane Library and PubMed. Keywords and phrases utilised when searching each of the three databases were, "socialisation", "nursing socialisation", "socialisation" AND "nursing", and "socialisation" AND "new nurses". CINAHL originally yielded 141 full text articles, from the keyword "socialisation" this was then further defined with the use of keywords "nursing" and "new nurses", which resulted in 51 full text articles, with a time frame between 2004-2014 selected. A secondary search of CINAHL was completed with alterations to key words, consequently relying on "Socialization" and "Social Adjustment" (S1), then "New Graduate/Novice Nurses" (S2). The combination of S1 and S2, resulted in the yielding of 108 articles. Cochrane was only able to yield 2 articles from the use of all of the aforementioned keywords, with PubMed originally yielding 720 articles, of which was narrowed to 163, with the addition of the keywords "socialisation" AND "new nurses". Finding confidence in the amount of literature available, the number of articles which were utilised for this literature review was finalised at 26.

Qualitative data was desired data, for this literature review as gathering of an in-depth understanding of human behaviour and reasons that govern this, were the central focus of the posed question. Knowledge of 'why' and 'how', was required to understand individual's feelings and perceptions. However, quantitative data was not entirely eliminated, as some method of statistical data would be relevant in determining the success of socialisation in this setting. Surveys and Grounded Theories were seen as beneficial, due to their innate

focus on social sciences, discovering a theoretical explanation of actions that resolve the main concerns of participants.

Internationally, attrition rates of new graduate nurses in their first year of practice ranges between 35% and 60%, with 57% of these new professionals leaving their first place of employment by their second year of practice (Odland et al 2014). Undergraduate and new nurses enter the nursing profession with a beginning skill set, reflective of their education, coupled with predated values and ideas about the profession itself. Recognition of an adjustment period undergraduate and new nurses require, is paramount to meeting the anticipated socialisation of these new professionals (Phillips et al 2015; Brown et al 2012; Brown et al 2011). The practice setting component of nurse education is seen as critical and plays a key part in the ideal world versus the real world clash that many undergraduate and new nurses face (Maxwell et al 2015; Phillips et al 2015; Brown et al 2012; Houghton et al 2012). Professional socialisation in nursing extends beyond skills and business activities. Socialisation in nursing is the development of a professional identity, necessary for involving students and graduates in professional practices (Zarshenas et al 2014). Nurses who are newly qualified and newly exposed to the clinical environment have indicated their intention to remain within the nursing profession is linked to their satisfaction with transition into the clinical environment. Both Australian and international studies show that if new nurses are supported and valued in the beginning of their practice, this will result in positive transitional experiences, optimising retention rates within the industry (Phillips et al 2015).

Nursing students of post-modern society have differing motives for choosing nursing as their profession. Common motives of the undergraduate nurse, of today, are to “help others”, “do something useful”, and have a “safe job” (Rongstad et al 2004). Research on the socialisation of student nurses has shown that these individuals experience two versions of nursing, in the classroom and in practice. Socialisations’ processes have been suggested to begin in the undergraduate phase, within this classroom setting (Brown et al 2012) however, it has also been asserted that nursing students don’t initially encounter the socialisation process until they first step in to the clinical setting (Houghton 2014). Student and new nurses are exposed to influences from different social worlds: personal, university and practice, entering the practice environment with a commitment to being kind, respectful and compassionate, yet find the enactment of these characteristics fraught with contests (Curtis et al 2012). Socialisation is a significant issue for newly graduated nurses, and acquisition of knowledge of the socialisation process is pertinent to assist in successful role transition. Research has indicated that professional socialisation is significant in shaping these new nurses, again, influencing retention within the industry. New graduates, who are not appropriately supported in their socialisation process are found to be less satisfied, perform poorly and are not committed to remaining in the profession (Kelly and Ahern 2009).

Socialisation is at its most vulnerable during a nurses’ inception into the profession. In a qualitative study conducted by Zarshenas et al (2014), it was determined that there are two categories in which new nurses hold in high regard when entering the nursing workforce: (1) a sense of belonging and (2) forming of a professional identity. Through the performance of semi-structured interviews, Zarshenas et al (2014) was able to determine a sense of belonging resulted in acceptance of the profession. When a sense of belonging exists, it is indicative of one accepting their profession, leading to respect for the profession and cementing a complete commitment. Furthermore, a sense of belonging evolves from contributing factors such as: theory-practice incongruence, educational experiences and tacit knowledge (Zarshenas et al 2014). Participants in this study highlighted inconsistency with the demands presented in academic, as opposed to demands in the practice setting. Consistent management of two differing methods of learning causes stress and

students often find themselves in situations where they were not able to show themselves as a nurse, leading to feelings of uselessness, consequently leading to a reduction in devotion to the industry (Zarshenas et al 2014). Many students express a preference for learning skills in the clinical environment, rather than a laboratory setting. However, the 'reality of practice' can stir feelings of uncertainty and anxiety, due to the pace of the environment, and being exposed to conflicting ways of practising clinical skills, which in turn forces students and new nurses to replicate these skills seen in practice, aimed at enhancing their probability of being 'accepted' (Houghton et al 2012).

Student and graduate nurses hold great value in their educational experiences, which can influence the formation and development of sense of being a nurse (Zarshenas et al 2014). Student nurses have reported feeling abandoned by their higher education institution, due to the reality shock of the practice environment, and a reported 95% of students perceive themselves as anxious, depressed, and unhappy at the end of their three-year course due to inappropriate socialisation and acceptance into the clinical workforce (Jackson et al 2011). Sources of students' stress can be categorised as academic, clinical and personal/external, although numerous studies show the clinical learning environment to be a primary source of stress in these novice nurses. Apart from the expectation to provide competent patient care in complex and often unpredictable clinical practice settings, juggling shift work fatigue and heavy workloads, student and graduate nurses need to learn the clinical unit's formal and informal norms and locate supportive nursing staff members, at each clinical placement and/or rotation (Zarshenas et al 2014; Del Prato et al 2011; Samaha et al 2007). Stemming from this often unexpected learning objective arises the need for appropriate supervision and support in clinical practice.

Supervision and support are pivotal to a new nurses' experience, a fact supported by a multitude of senior nurses currently in practice. The use of appropriate Preceptors and Clinical Facilitators, promotes a sense of belonging, enabling these novice professionals to identify with a colleague in the clinical environment. Preceptored learning experiences are found to be instrumental in the socialisation of student and graduate nurses in the real world of clinical practice, aiding in dealing with the inevitable shifted perceptions experienced of what the life of a nurse is (Beattie et al 2014; Houghton et al 2012; Crawford et al 2000).

Obtaining a professional identity in nursing has been described as difficult, with nurses historically struggling to define their role (Willets and Clarke 2012). A positive professional identity is critical for nurses to function at an appropriate level, and benefits not only the individual, but patients and other members of the interdisciplinary team. How nurses think and feel about themselves promotes a positive patient care environment, whilst enhancing job satisfaction and retention rates. Nurses' judgements of their own competence and professional self is crucial in achieving an effective standard of performance (Johnson et al 2012; Willets and Clarke 2012). Student and graduate nurses inevitably seek the meaning of being a nurse. Professional identities of nurses are acquired through socialisation, which can begin prior to the commencement of education in nursing (Johnson et al 2012). Exposure to the practice environment faces new nurses with the discovery of nursing cultures that include 'cliques' and common 'languages' associated with the profession. Prior to completion of the undergraduate and new graduate phases, it has been suggested that there was a total absence of awareness of this professional social trend (Zarshenas et al 2014; Kelly and Ahern 2009). Student and graduate nurses have expressed they do not feel they have a purpose until the final stages of their undergraduate journey, eliminating any sense of purpose, up until this point. Social connectedness and cooperation with and amongst nursing staff promotes self-confidence and a sense of being valued, aiding new nurses in forming their identity as a nurse. These novice professionals are not being appropriately socialised until completion of their graduate year, resulting in extended periods of not belonging and absence of a professional identity (Zarshenas et al 2014; McKenna and Newton 2007).

CONCLUSION

The most significant time of stress for student and graduate nurses is when in the clinical practice environment. Newcomers to the nursing profession have expressed that learning how to behave appropriately in the workplace is more difficult than bridging the gap between theory and practice (Feng and Tsai 2012; Del Prato et al 2011). The recruitment and retention of freshly graduated nurses, in the profession, over the next few years will play an essential role in underpinning the long term sustainability of the nursing workforce (Health Workforce Australia 2014). Intentional measures and support implemented by organisations is needed to enable newcomers to adjust to the workplace. It is unsafe to assume the process of socialisation is good, and the value of the socialisation process should not be underestimated (Health Workforce Australia 2014; MacKintosh 2000). MacKintosh (2000) resumes by stating, “care is nursing and nursing is caring” and in order to support nurses’ socialisation into the workforce, those who facilitate clinically based student-learning, need to understand the discord between effective care and the socialisation process, and well planned graduate programs are fundamental in assisting the evolution of these novice professionals (Health Workforce Australia 2014). Success of this will enable realignment with practice reality and professional ideals, development of resilience and enable the next generation of nurses to enact their professional ideals (Curtis et al 2012; Del Prato 2012).

RECOMMENDATIONS

The following recommendations have arisen from this literature review:

More intense and intimate relationships between academic and clinical facilitates, promoting and facilitating consistency of practice. Involvement of clinical staff, who are still practising, in the teaching processes held within the academic setting. Enabling student nurses to meet actual nurses, from an actual hospital, prior to entering the practice setting, will enable them to obtain a first-hand view of what to expect when learning in the real environment of nursing;

A more detailed focus on education of those who facilitate nursing education, in both academic and clinical arenas. Incorporation of Preceptor and Facilitator education for nursing staff will equip staff with optimal preparedness, ensuring optimal advantage is taken when learning in the clinical practice environment;

Production and execution of extensive orientation programs, with a direct focus on the professional environment. Socialisation into the clinical setting should begin in the academic arena, allowing the largest timeframe of preparation possible. Again, incorporation of nurses’ currently practising, in these orientation activities, in the academic setting, will allow new nurses to relate to a component of the clinical environment prior to entering it;

Individual focus at each level of learning should take place, as the needs of novice nurses differ in each phase of learning. Student and graduate nurses’ needs differ at different stages of their learning. It is vital that catering for each of these stages of learning take place, as to avoid overwhelming these newcomers, and to ensure their learning occurs at an appropriately gradual pace; and

More regular updating of educational institution curriculums. The nursing profession is one that changes constantly, with new knowledge and innovations ever-present. It is important for academic institutions to keep up with the ever-changing clinical environment, further ensuring currency of knowledge and practices, and preparing newcomers to become change-agents, an often, unknown requirement of a nurse.

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