BECOMING A NURSE: THE ROLE OF COMMUNICATION IN

PROFESSIONAL SOCIALIZATION

BY

C2008
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B.S., University of Nebraska-Kearney, 2001
M.A., University of Kansas, 2005

Submitted to the Department of Communication Studies and the Graduate Faculty of the University of Kansas in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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BECOMING A NURSE: THE ROLE OF COMMUNICATION IN PROFESSIONAL SOCIALIZATION

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ABSTRACT

The nursing industry faces tremendous growth in the coming years, as over one million new nurses will be needed to combat the current shortage and enable the healthcare industry to function at an acceptable level. To investigate how nursing students are socialized into the nursing profession in order to meet this demand, data were gathered from baccalaureate students, faculty members, and recent graduates of one Midwestern nursing school using an interpretive, mixed method approach with a longitudinal panel design.

This study found nursing faculty members to be primary agents of socialization, familiarizing students with the profession through messages regarding professional responsibility, inherent challenges, and required commitment. A revised model of the socialization process for nursing students is contrasted with the traditional three-phase model of anticipatory socialization, encounter, and metamorphosis. Also discussed are nursing students' communication skills, as well as what they are taught about professional nurse communication.

ACKNOWLEDGMENTS

Although my name appears on the title page, there are many others who have played a significant role in seeing it to completion. Many have lended their support, their expertise, their ideas, and their enthusiasm; I am appreciative of you all. An even greater number of individuals have seen *me* through this entire process. You have a very special place in my heart.

A special thanks to the co-chairs of my dissertation committee, Dr. Joann Keyton and Dr. Tracy Russo. Joann, I thank you for your unwavering commitment to helping me finish my degree and the many forms that commitment took. Even up until the end, you were responsive and provided remarkably quick and helpful feedback! I have learned a great deal from you about what it means to be a scholar and am confident those lessons will serve to influence me throughout my career. Tracy, thank you for your willingness to help chair my committee and for providing encouragement and guidance at just the right time. I feel fortunate to have had the opportunity to learn so much from you, both about academia and about life.

I am also indebted to my other committee members, Dr. Amy Schmisseur, Dr. Deb Ford, and Dr. Rita Clifford. Amy, I appreciate the many things I have learned from you in class, but you have also revealed to me countless insights about living as a Godly woman. Deb, you have been such an encouragement to me personally and professionally. Thank you for all of your help in making this project a reality. I hope we can continue to work together, albeit long distance. Dr. Clifford, thank you for

allowing me to enter the School of Nursing to conduct this study. You were supportive from the very beginning and because of you, this project came to fruition.

I want to thank the other members of the School of Nursing who contributed toward this project as well. Cyndie Schudel provided a great deal of information and intangible assistance that moved this project along. Thank you also to all of the faculty members, current students, and SON alumni who participated in various aspects of my study. Your time is appreciated and I hope that my work will in some way benefit your teaching or nursing practice.

Graduate school has been a life-changing experience. One constant I could rely upon was the unwavering support of my friends at KU. There are three in particular that have had a tremendous influence on my experience: Katie Fischer, Leilani Carver, and Ryan Bisel. Katie and Leilani, I am so glad that you both came to KU. My graduate school experience became far more enjoyable once you both were a part of it! You two have more confidence in me than I often have in myself and you always pick me up. I will miss you—and our many chats over bottles of wine—terribly. Ryan, who knew we would end up as officemates, research partners, and co-instructors? I have learned a great deal from you but we've also had a lot of fun! I am very thankful for the friendship we have with you and Adele. Your prayers and genuine concern for whatever we were facing in life were always appreciated. We've all waited a long time for this new season of life . . . enjoy! A number of other KU colleagues have provided both wisdom and friendship. A special thank you to Mary Beth Asbury, Andrew Ledbetter, LeAnne Coder, Pam Kennedy, and Mary Pilgram.

I feel so blessed to have many friends outside of school who have helped me realize there was a lot of life to be experienced off campus too. These individuals have truly blessed us with their friendship: Brian and Amy Reeves, Chad and Kim Luce, James and Beth Mildren, and Shane and Corinna Moser. I have fantastic memories of trips, concerts, crazy and/or insightful conversations, and of course, plenty of laughter. Our future friends out East have a lot to live up to! A special thank you goes to Amy. You know that I can't imagine my life without you in it. Countless times you helped me gain perspective through your wise words and genuine friendship. Your emails always provided a needed break from the demands of school, your prayers and concern always helped me through difficult times. You have enriched my life in more ways than I can ever express. Another special thank you goes to Kim. My stint at KUEA was no coincidence; it was through that experience that God led me back to school, but He also planted the seeds of our beautiful friendship. I admire you for so many reasons, but your thoughtfulness stands above the rest. I could always count on you (and Chad) to show genuine interest in the events of our lives. Thank you for your prayers and support throughout this process.

We are truly blessed by our family members as well. Thank you to my parents, Jerry and Joyce Gloystein, for being supportive of our lengthy educational careers. Thank you for your prayers and Mom, for always putting my important dates on your calendar! Thank you also to my in-laws, Ken and Donaleen Messersmith, who have supported our efforts during graduate school in so many ways; you've always believed in us and celebrated our successes. I also want to thank my sister,

Aimee Berndt. Aimee, your experiences in nursing continue to fuel my interest in this research and I will never be able to explain how helpful you have been to this project. I'll still be calling you to simply run ideas by you. Thanks to my brother-in-law, Lucas Berndt and my niece Mallory as well—having you in my life constantly reminded me of the importance of family.

Although I have already thanked a long list of important individuals, my incredible husband Jake deserves the most thanks. Even though you were busy with your own coursework, teaching, and research throughout school, I could always count on you to help, listen, encourage, and make me smile. God truly blesses me every single day through you. We have had such an enjoyable time together in Lawrence, and I will always cherish these years of our marriage. I certainly would have not completed my degree without you by my side, showing me unconditional love. You complement me so perfectly and I will always thank God for bringing me a husband beyond my dreams. Thank you for being *you*. I love you.

Most of all, I praise God for providing me the opportunity to attend graduate school and for strengthening and guiding me until the end. Lord, I know that You expect much from those You have entrusted with much. It is the desire of my heart to glorify and honor You with the gifts You have given me. I pray that You will continue to guide my path as I begin my career, in order that I may do Your will. I have indeed been blessed beyond measure. I thank You for the experiences, the lessons, the insights, and the very special people listed here that You have placed in my life.

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CHAPTER ONE

Introduction and Review of Literature

Over one million new and replacement nurses are projected to be needed by the year 2020, the largest demand of any occupation in the United States (Bureau of Labor Statistics (BLS), 2008a). However, nursing schools across the country struggle to educate enough nurses to meet the demand; results from a survey of entry-level baccalaureate nursing programs in the United States estimate a total of 155,607 qualified applicants were turned away between 2002 and 2007 (AACN, 2007). While these numbers have negative implications for the nursing shortage facing this country, attention must also be given to current nursing school students and recent nursing school graduates. Of those students who are admitted, complete nursing school, and enter the workforce, many are quickly suffering job dissatisfaction and burnout.

The most common reason for a nurse to leave the job within the first year is the feeling of not fitting in (Baltimore, 2004). Other reasons can include the stress of patient care, a dissatisfying work environment, and employment factors such as salary and scheduling issues (Bowles & Candela, 2005). A study suggesting that many new nurses do not seem to adjust to their new environments after nursing school reports as many as one out of three hospital nurses under the age of 30 intends to leave his or her job within a year (Aiken et al., 2001). Within the state of Nevada alone, nearly one third (30%) of recent RN (Registered Nurse) graduates left their first jobs within a year and well over half (57%) left within two years (Bowles & Candela).

The costs of nurse turnover are tremendous; the cost of hiring a new nurse is estimated as high as a nurse's yearly salary (Halfer, 2007; annual salaries nationwide average nearly $60,000; BLS, 2007). While these financial obligations are considerable, the number of additional nurses needed in the next decade is even more alarming. As a result, the health care industry cannot afford to lose even a small percentage of its nurses.

Certainly a portion of the socialization process is the responsibility of the organization a new nurse enters, and many hospitals are finding considerable success in retaining new nurses by providing an extensive orientation program (e.g., Halfer, 2007). However, nursing schools serve to provide initial socialization to the profession. Effective socialization of students during nursing education should produce nurses who are prepared to enter and contribute to the nursing industry, benefiting health care as a whole.

Integrating job socialization with nursing education is complicated in a number of ways. First, nursing students are placed in both professional and student roles simultaneously. Students enter the professional role during clinical experiences beginning their first semester of nursing school. Making the matter more complex is the continuous transitioning between roles. For example, nursing students may start their day in clinical settings where they take patient histories and help administer medications. By the afternoon, they may be sitting in a classroom listening to a nursing professor discuss in detail the components of body's circulatory system.

While their peers at traditional colleges and universities likely anticipate what a profession *will be* like before entering an organization, nursing students are concurrently learning what nursing will be like as well as experiencing what nursing is like through interacting with patients and working alongside other healthcare professionals in the field. Such activities would seem to blur the boundaries between the socialization phases (Jablin, 2001; Van Maanen, 1976), thereby complicating preparation for and entry into the profession.

Finally, as students learn about and prepare for a career in nursing, it is essential that the development of communication competence is part of their socialization process. This element of nursing education has been shown to be essential to success in the profession, yet ironically it is not always included or treated as a significant component of the socialization process (see Chant, Jenkinson, Randle, & Russell, 2002 for an example). Students without effective communication skills face a more difficult time assimilating into the profession and may suffer dissatisfaction and burnout even earlier.

Nursing schools are responsible for communicating to students the necessary knowledge and skills to practice nursing, thereby helping to form their expectations of the career and helping them transition into the nursing workplace (Kupperschmidt, 2002; Porter & Steers, 1973). Specifically, this study will focus on the socialization experiences of students enrolled in the Bachelor of Science in Nursing (BSN) program at a Midwestern university's School of Nursing (SON). The investigation will take a closer look at (a) how students experience role transition, (b) how the

traditional phases of socialization compare to the experiences of nursing students, (c) the messages that constitute the socialization process, and (d) what is taught regarding professional nurse communication as well as how that material is communicated.

Overview of Nursing Education

Though some prerequisite coursework and career-relevant activities and conversations may take place earlier, nursing students' first significant introduction to the field is generally through nursing school. All nursing education programs include both didactic (classroom lecture) and clinical components (BLS, 2008a). Spending time in courses and clinical rotations located at hospitals and community healthcare facilities exposes and helps socialize students into the profession.

Regardless of the demand noted previously, the training process and socialization for student nurses contains a number of inherent challenges. Baccalaureate nursing programs generally require students to complete approximately two years of study in general education and nursing prerequisites at a liberal arts institution before entering a two-year nursing program (Amos, 2005). The latter two years bear little resemblance to students' previous college experiences, as the nursing curriculum is focused specifically on career-related information and specialized, hands-on training in a professional environment (BLS, 2008a). As such, nursing students face significant transitions when entering nursing school. Not only is their environment new, the educational expectations are often markedly different from those with which they have been accustomed in undergraduate coursework. The workload increases in both quantity and quality. Reading assignments are longer and

information more complex. Students are required not just to passively take in new information, but to process it and apply it to real-life situations, which, in clinical settings, can have high-stakes circumstances. A common course assignment is a careplan, an intensive report outlining both the background and condition of a specific patient as well as a detailed course of action for treatment and care. Careplans require critical thinking, research, and application of material covered in class and clinical settings. Further, students' weekly schedules are now filled with clinical and didactic hours.

Additionally, on some medical center campuses such as the one where this study was conducted, the baccalaureate nursing program is the only or one of few undergraduate programs offered. In addition to nursing students having and encountering few peers across campus, they are in a comparative environment with graduate and professional education. Given these factors, it is of little surprise that nursing students report increasing levels of stress across their educational experience (Deary, Watson, & Hogston, 2003; Lindop, 1999) and particularly in clinical settings that simulate the actual job (Mahat, 1998). Given the stress of school combined with potential occupational stressors, effective socialization is critical for new nurses.

Role Development and Role Transition

Inherent to nursing education is the challenge of managing individual roles. Roles are sets of expected behaviors essential to accomplishing work (Graen, 1976); these expectations are negotiated and coordinated through communicative activity (Ashforth, 2001). Nursing students' role development during socialization is two-

fold, first to the student role at the school and then to the nursing (professional) role (Reutter, Field, Campbell, & Day, 1997). While BSN students clearly hold the student role, it is a different student role from that which they are accustomed. Since the SON program is located on a medical center campus, every student is new to the school; this affiliation alone can prompt a change—and subsequent development of a new identity as a student. No longer only college students, nursing students have professional responsibilities and obligations that may change the way they view themselves and their roles (Secrest, Norwood, & Keatley, 2003). Scholars have proposed this process as informal and unstructured (Dienesch & Liden, 1986); however, official policies and procedures of the nursing school (e.g., an orientation program) appear to help facilitate role-making. Donning the official nursing student uniform and interacting with patients and clients at clinical sites are two activities that can potentially alter nursing students' self-perceptions and help define their roles.

While developing the role of *nursing student*, students are simultaneously orienting to the role of *nurse* (Duncan, 1997); the latter is characteristic of an applied, professional program. Certainly the duality of holding both student and healthcare professional roles has the potential to create role ambiguity and role conflict (Melia, 1987; Smith, 1992; Startup & Wilson, 1992). The transition from student to nurse involves more than simply a mindset. Knowledge, perceptions, and actions change as a student changes into a nurse, a process referred to as moving from novice to expert (Benner, 1984).

Despite two years of education, students report feeling extremely stressed, anxious, and unprepared to take on the nurse role upon graduation (e.g., Delaney, 2003; Halfer & Graf, 2006). While many studies investigate the transition of graduate nurses during initial weeks and months on the job (e.g., Amos, 2001; Butler & Hardin-Pierce, 2005; Etheridge, 2007; Whitehead, 2001), very few studies examine the process of role transition as it occurs during nursing school. Role transition during the senior year capstone clinical experience was examined (Wieland, Altmiller, Dorr, & Wolf, 2007), but researchers have yet to track the orientation toward and transition into the nurse role across the entire nursing program.

Questions remain as to how these roles are developed through communication from others as well as how students communicatively negotiate their entry to and experience in the nursing school and the nursing profession. An understanding of these roles and their development may allow nurse educators to help students anticipate, adjust to, and manage these new roles.

RQ 1: How do baccalaureate students experience role transition as they progress in their nursing education?

The Socialization Process

It is important to note that although *assimilation* is also used by scholars as a descriptor of the process, in keeping true to the original texts, the term *socialization* is used here in a fashion synonymous with the majority of the literature. Though scholars across several disciplines study socialization, most do not take a communicative view of the process. Socialization is based in communication, as it is

accomplished through the exchange of messages between the socializer(s) and the socialized. Psychology and management scholars tend to assess only behavioral or cognitive outcomes as indicators of socialization, such as performance proficiency, organizational knowledge, and self-efficacy (see for example Ashforth & Saks, 1996; Chao, O'Leary-Kelly, Wolf, Klein, & Gardner, 1994). As such, the means through which these outcomes were produced—the process of communication—are overlooked. Rather than assessing knowledge level or skill of nursing students after finishing the BSN program, this study will examine the communicative messages used to facilitate their socialization into the profession.

Within the literature, socialization is generally conceptualized as being comprised of three phases: anticipatory socialization, encounter, and metamorphosis (Van Maanen, 1976). Anticipatory socialization includes experiences in which an individual learns about a profession or organization through family, peers, educational and cultural influences prior to organizational entry. Encounter consists of a newly recruited individual's entry into an organization and the multitude of events she experiences for the first time. Metamorphosis marks the newcomer's transition from outsider to insider; he has successfully adjusted to his new surroundings and worked out any problems or uncertainties.

While the phases logically flow in this order, scholars have argued socialization may not occur linearly or as neatly as has been implied through the three-phase approach (Jablin, 2001). In fact, a number of scholars have found adaptations to the model necessary in order to more accurately describe the

socialization process. In a study examining the socialization of preservice teachers, Staton-Spicer and Darling (1986) suggested that trainees simultaneously experience anticipatory socialization and entry to both the profession and the organization, calling into question the linearity of the three-phase approach. Hess (1993) also took issue with the linear nature of the traditional model and presented the three phases within a Venn diagram format. This allows for socialization phases to be represented more than once during an individual's socialization and for more than one phase to describe a singular socializing event. While retaining similar definitions, the phases have also been renamed by other scholars. Kramer and Noland (1999) renamed the three phases pre-promotion, shifting, and adjustment to better fit socialization occurring with job promotions. The present study will investigate the phases of socialization within nursing education and compare them with the traditional model.

Regardless of its visual depiction or labels, socialization is developmental, or unfolds over time (Myers & Oetzel, 2003) and thus should be studied longitudinally rather than with a single snapshot. This *process* of change allows newcomers to learn important organizational norms and values (Wanous, 1992) rather than attempting to absorb this information during one particular event (Ashforth & Saks, 1996; Hess, 1993). Not surprisingly then, socialization takes place throughout an individual's membership in an organization (Chao et al., 1994; Myers & Oetzel; Schein, 1971). By its very nature socialization requires longitudinal investigation in order to capture changes over time.

Socialization is necessarily complex and personalized. It is highly likely a newcomer can feel assimilated into or established within the organization in one area but still very much a neophyte in another. Thus, examination of socialization must be sensitive and strategic in order to take these potentially discrepant levels into account (Myers & Oetzel, 2003). However, within nursing education, collective socialization, or introducing a cohort of students to the profession simultaneously also complicates the process (Ashforth, 2001). Examining socialization from the perspective of newcomers like nursing students is worthy of attention as it may help organizations to refine socialization processes in order to maximize the success of future members.

RQ 2: In what ways does the socialization process within nursing school support or challenge the traditional phases of socialization: anticipatory socialization, encounter, and metamorphosis?

At its core, socialization is communication. It is the "internalization of interpreted reality" which is created through communication (Hess, 1993, p. 190). Further, interpersonal relationships play a key role in socialization. In fact, socialization has been referred to as "social learning"—individuals "learn(ing) the ropes" from those around them through careful listening and observation (Wanous, 1992, p. 198). Likewise, nursing scholars suggest socialization takes place through interaction and it is in these interactions that meaning about the nursing profession is created (Melia, 1984; Reutter et al., 1997). The experiences nursing students have with other students, with faculty and staff members, and with healthcare professionals, including the messages exchanged within such interactions, have the

potential to aid students in interpreting and internalizing the reality of the nursing profession. The communicative messages and interactions that serve to assimilate students into the nursing profession, those which take them from outsiders to insiders, have yet to be articulated and thus, will be explored in this study.

The agent of socialization is a point of contention within socialization literature. While some refer to socialization as the organization's efforts or tactics to integrate a newcomer (e.g., Ashforth & Saks, 1996), others locate the agency primarily within the individual to facilitate her own socialization (e.g., Miller & Jablin, 1991; Ostroff & Kozlowski, 1992). Still others acknowledge both the organization and the individual facilitate the socialization process (Bullis, 1993; Hess, 1993; Jablin, 2001; Myers & Oetzel, 2003). Specifically, Jones (1986) conceptualizes socialization as a continuum, with institutionalized socialization on one end and individualized socialization on the other. In still other cases, the agent of socialization is not explicitly identified. Definitions are often vague and nondescript, purporting that newcomers experience a process of socialization into an organization but do not identify who or what is responsible for facilitating that process (see Reising, 2002 for an example). To gain a fuller picture of who socialization involves, the perspectives of the *socializers* (i.e., nursing school faculty and staff) and the *socialized* (i.e., nursing students) must be captured.

Socialization via Educational Institutions

Van Maanen (1976) cites systematic teaching, particularly professional schools—of which a nursing school is an exemplar—as major socializing institutions;

these entities prepare students to enter organizations of various types. Applied to nursing education, students are prepared more generally for a career in healthcare (first-wave of socialization) than for entry into a particular organization such as a hospital or clinic (second-wave). However, investigating professional socialization within educational contexts is not new, as socialization during the "educational preparation period is one of the hallmarks of any profession" (Clark, 2004, p. 348).

A variety of professional health-related schools have been examined, including osteopathy (Harter & Krone, 2001) and traditional medicine (Hafferty, 1988; Smith & Kleinman, 1989). When the nursing profession is examined, study participants are most often graduates rather than students (see Clark, 2004, MacIntosh, 2003, Philpin, 1999, Thomka, 2001 for examples of these trends; Zeitlin-Ophir, Melitz, Miller, Podoshin, & Mesh, 2004 provides an exception). Previous nursing studies investigating the socialization process have suggested problems of disparity in the socialization approaches used in the classroom and clinical settings (Startup & Wilson, 1992). For example, students may be instructed on a procedure in the classroom, only to see it performed quite differently in the clinical setting. Additionally, there appears to be a lack of consistency and effectiveness in the ways student nurses are prepared to transition to full-time nursing careers (Kelly, 1996; Pigott, 2001; Thomka, 2001).

A unique component of nursing education with regard to professional socialization is the mentoring relationship provided for nursing students by nursing faculty and clinical nurses (all of whom are licensed nurses). Mentoring has been

identified as critical to successful socialization to organizational life and a process inherently involving communication (Buell, 2004). Particularly in the clinical setting, the association between licensed nurse and student can take the form of a superior-subordinate relationship where the nurse (i.e., mentor) closely oversees the behavior of the student (i.e., mentee), providing additional information, feedback, correction, and encouragement. The nurse also administers directions and assignments for the student to complete. These interpersonal exchanges between subordinate and immediate supervisor serve as mechanisms by which the subordinate's role is modified (Graen, 1976). Scholars have warned organizations not to overlook or discount the importance of supervisors to subordinates during organizational entry, and that supervisors be aware of the critical role they play in the subordinate's role development (Ostroff & Kozlowski, 1992).

The clinical experience in nursing school can also be compared to an apprenticeship where the student gains hands-on experience, practicing the skills he/she will one day perform unsupervised on the job. Apprenticeships are common programs for learning in the United States, particularly when high levels of knowledge and skill are demanded (Lave & Wenger, 1991). Additionally, the clinical experience involves a realistic job preview (RJP), where relevant information pertaining to the job is presented prior to organizational entry. In addition to job-related information, RJPs help potential employees form realistic expectations of the profession (Buckley, Fedor, Carraher, Frink, & Marvin, 1997; Wanous, 1992). The more accurate these expectations are, the less surprise, or *reality shock* (Kramer,

1974) students will experience once working full-time (Major, Kozlowski, Chao, & Gardner, 1995). Since nursing students scrutinize faculty members and clinical nurses in order to make decisions about how similarly they themselves will practice nursing once licensed, the superior has the responsibility to provide a strong example. Additionally, the superior must communicate to the subordinate a sense of belonging and acceptance in order to facilitate his/her learning and, subsequently, his/her socialization (Jackson & Mannix, 2001).

RQ 3: What messages do nursing faculty report using and what messages do current nursing students report faculty using to provide realistic expectations of the profession to students?

RQ 4: To what extent do current baccalaureate students' perceptions of the nursing profession match those espoused by the School of Nursing faculty?

RQ 5: How do graduates of the baccalaureate program assess the value of the messages shared by School of Nursing faculty in providing realistic expectations of the nursing profession?

Communication Within the Nursing Profession

Communication has been shown to be a key element of nursing, as it can contribute to patient safety, satisfaction, compliance, and recovery (Chant et al., 2002; Edwards, 2007) and helps to convey compassion, a hallmark of the nursing profession (Henderson, 2001; Smith, 1992; Wilkes & Wallis, 1998). As nursing students progress through nursing education, they begin building a sophisticated repertoire of social and task-related skills and proficiencies, presumably as they become more

familiar with and integrated into the profession (Kotecki, 2002; Reutter et al., 1997). Given that nurses (and nursing students) regularly encounter new and unpredictable situations with both patients and health care team members (Adubato, 2004; Finch, 2005; Ford, Propp, & Apker, 2006; Kotecki, 2002), it is imperative that nursing socialization include learning fundamental communication competence.

Relational communication between nurse and patient, the "shared process whereby both . . . are involved in constructing, interpreting, and defining the actions of one another" has been documented as an integral component of nursing practice (Finch, 2005, p. 14). Though developing communication skills with patients can be a challenging process for nursing students, it is essential students begin developing these competencies early in their educational careers to gain practice and experience engaging in effective communication (Kotecki, 2002). It is through nurses' communication that compassion for patients is actualized and caring actions are expressed (Wilkes & Wallis, 1998).

RQ 6: To what degree do baccalaureate nursing students' relational communication skills with patients change as they progress in their nursing education?

In addition to communicating with patients in an effort to achieve positive health outcomes, nurses must also communicate effectively with members of interdisciplinary healthcare teams. Nursing students have the opportunity to practice their nurse-team communication, as teams are often used to help train students (Ellingson, 2003). First-hand experience communicating with various members of the

team is obtained during the practicum semester when nursing students work alongside preceptor nurses on a regular basis. The purpose of a healthcare team is to collectively provide optimal care for the patient (Ellingson), although other outcomes such as cross-training, participation in decision making, and work rotation can result (Denison & Sutton, 1990). Interdisciplinary teams can include allied health personnel (e.g., physical therapists), assistant personnel (e.g., nursing aides), hospital staff members (e.g., housekeepers), medical residents, physicians, pharmacists, and other specialists (e.g., x-ray technicians). Nurses are often the central, unifying members of the healthcare team, and as a result, serve as liaisons between team members (Ford et al., 2006; Miller & Apker, 2002). Therefore, nurses are expected to be skilled communicators and play a pivotal role within the interdisciplinary team (Apker, Propp, & Ford, 2005).

RQ 7: To what degree do baccalaureate nursing students' communication skills with other members of the healthcare team change as they progress in their nursing education?

However, scholars contend that nursing schools do not emphasize communication skills with patients or healthcare team members enough, nor do they effectively educate students in this area (Bowles, Mackintosh, & Torn, 2001; Chant et al., 2002; Hartrick, 1999; Omdahl & O'Donnell, 1999; Pigott, 2001). While this study will investigate the socialization process as a whole, it will take an in-depth look at how students are socialized to effectively communicate as nurses. Specifically, the study will examine what and how communication skills are taught in nursing school,

as well as the development of students' communication competence across nursing education. Since ineffective communication in the nursing work environment has been linked to perceived stress (Hanlon, 1996) and intent to leave one's employing organization (Rosenstein, 2002), communication education should be an integral component of professional socialization if the healthcare industry is to combat current and future nursing shortages.

RQ 8: What and how do School of Nursing faculty teach baccalaureate students about professional nursing communication?

Effective socialization of students into the profession will enable schools to produce nurses who are prepared to enter, contribute to, and remain in the nursing industry, thereby benefiting health care as a whole. This study will examine the socialization process facilitated by nursing education, including the development of the nurse role, how students experience the phases of socialization, and the messages that introduce and communicate expectations of the nursing profession, looking particularly at the instruction of communication within the nursing profession.

CHAPTER TWO

Method

This case study used an interpretive, mixed method approach with a longitudinal panel design. Quantitative data were collected using questionnaires and qualitative data were gathered through focus groups, individual interviews, and field observation.

Using Mixed Methods in a Case Study

The case study approach is used to study a phenomenon longitudinally and in depth within a selected context. A case study should provide detail sufficient for others to judge the transferability of findings (Lincoln & Guba, 1985). This approach was selected to enable an in-depth examination of the socialization process within one educational institution. While findings from this project may not be generalized to all nursing education programs, the results are specific enough for comparison and potential application to other programs.

Recognizing the exploratory nature of this project, the researcher wanted to gather data from participants in a variety of ways. She began the project through field observation, including data from a pilot study on the school's organizational culture three years prior. Observation of formal and informal activities within the school, as well as informal interactions with students and staff members helped provide context for subsequent data collection and interpretation.

Quantitative data were gathered through two existing instruments. Both the Nurse-Patient Relationship-Communication Assessment Tool (NPR-CAT) and the Nurse-Team Communication Inventory (NTCI) were developed with licensed nurses as the intended population, warranting examination of their applicability to student nurses. Both instruments were adapted and used with author permission.

The NPR-CAT was used to assess nursing students' communication skills with patients (dependent variable) as they progressed through their nursing education (independent variable). The scale consists of three items for each of six communication dimensions--*composure, dominance, formality, immediacy, receptivity,* and *similarity*—and has reported adequate reliability (.89; Finch, 2005). Respondents answer 18 items on a scale ranging from *strongly disagree* (1) to *strongly agree* (5) to assess their own communication with a patient in a recent interaction. Sample items include, "I showed that I cared during the conversation" and "I did not have the upper hand of the interaction."

Students' communication skills within the health care team (dependent variable) were assessed with the NTCI at several points across the nursing program. All 12 behavior sets within the NTCI were found to have adequate reliability (.88 to .97; Ford et al., 2006). The inventory contains 65 items comprising nine behavior sets: *advocating on patients' behalf, collaborating in decision making, coordinating the patient care team, empowering lower-level team members, fostering a positive climate, individualizing communication with doctors, listening actively to team members, managing workplace stress, mentoring peers, pinch hitting for team*

members, *processing information for doctors*, and *speaking assertively to doctors*. Respondents answer all items on a scale ranging from *never* (1) to *always* (10) to assess their communication with the health care team. Sample items include, "I communicate differently with each doctor depending on the relationship I have developed," "I make the workplace more pleasant by being cheerful," and "I help team members in lower-level positions without being asked."

To triangulate findings on these instruments, as well as to gain a more holistic picture, qualitative data were also gathered. Since the socialization process involves many individuals—those who are being socialized as well as those responsible for socializing—it was imperative to collect various perspectives of the process, including clinical and didactic faculty members, current students, and recent graduates of the BSN program. She chose to interview faculty members as they are highly involved in the process of socializing nursing students to the profession. Faculty members also provided a tremendous amount of logistical and technical information about the program that served to ground study findings.

The perspectives of current students were also sought in order to compare their perspectives with those of faculty. These students were able to aptly describe their experiences and the institution because they were currently in the midst of the educational process. However, individuals often do not fully benefit from or thoroughly understand information until they have had a chance to apply it. Thus, data were also collected from recent graduates. These individuals had gained work

experience in nursing since graduating within the last four years and were in a position to critically evaluate the socialization process facilitated by the SON.

All student focus groups, student interviews, recent graduate interviews, and faculty interviews were digitally recorded and transcribed by the researcher. Qualitative data were analyzed using the grounded theory approach (Charmaz, 2000, 2002; Glaser, 1992). NVivo 7 software was used in the initial stages of data analysis.

Setting

The project was conducted within a nursing school (referred to as the School of Nursing or SON) affiliated with a large, Midwestern university. The SON is located on the university's medical center campus in a major metropolitan city. Nearly 3,000 students are trained in various undergraduate and graduate healthcare programs on the campus. The primary clinical site for these programs is the on-site 410-bed hospital with Magnet designation granted by the American Nurses Credentialing Center. This designation is considered the nursing profession's highest honor and recognizes nursing excellence, as less than 3% of all U.S. hospitals are recognized with this status.

The 100-year old school has a rich and successful history of providing nursing education and socialization. The BSN program is accredited by the Commission on Collegiate Nursing Education and approved by the state's Board of Nursing. Additionally, the School of Nursing ranks in the top 25 public nursing schools funded by the National Institutes of Health. Between 650 and 700 students are enrolled in the School at any given time, with approximately 45% of those students comprising the

baccalaureate program. School administrators report that three-fifths of SON graduates have chosen to stay in the state to practice nursing.

The baccalaureate nursing program is a two-year program. Students traditionally enter the program after they have completed two years (62 credit hours) of prequisite coursework at an accredited liberal arts college. The program is highly competitive, with approximately 500 applications received annually for 128 spots. A majority of students enter the program with some healthcare experience, having held positions such as volunteers, certified nursing assistants (CNA), or nurse's aides.

First-year nursing students are referred to as juniors and second-year students as seniors. The program consists of 62 credit hours, including both didactic and associated clinical courses at 3 levels: Level I consists of 16 credit hours during the fall semester, Level II is comprised of 21 credit hours over the spring and summer semesters, Level III is 25 credit hours and lasts the entire senior year. In the final spring semester, BSN students complete 320 hours of professional practicum, a for-credit capstone experience in which students work alongside a supervising registered nurse, or preceptor, within an assigned healthcare setting. Students are able to preference both the location and the nursing specialty; practicum assignments are made using a lottery system. The student is required to work 24 hours per week at the same time as their preceptor; this often means the student is working weekend or night shifts.

Participants

Current students, faculty, and recent graduates of the School of Nursing BSN program comprised the sample for this study. A total of 490 anonymous questionnaires were collected from current students representing six different points in BSN education; approximately 56% of these students completed a questionnaire during at least two data collection points. In order to track students with varying levels of degree completion, questionnaires were made available to the current juniors (first year students) and seniors (second year students) at three points: early in the academic year (August/September), in the middle of the academic year (November/December), and late in the academic year (April/May).

To represent students at these different points during the junior and senior years, the following terms will be used: early junior (N = 124), middle junior (N = 95), late junior (N = 77), early senior (N = 70), middle senior (N = 57), and late senior (N = 67). The average age of respondent was 22.89 (SD = 4.84); the sample was predominantly female (95.51%). Sixteen female students participated in one of three focus groups and two current students participated in individual interviews. Nearly all (94%) of these students were currently in between their junior and senior years.

Additionally, ten faculty and professional staff members (nine female, one male) teaching didactic or clinical courses participated in individual interviews. The label of *faculty* is often used to refer to tenure track instructors and *professional staff* to refer to non-tenure track instructors. However, some participants interviewed held responsibilities in both didactic and clinical arenas; these individuals did not regularly

identify their answers as relevant to didactic or clinical contexts. For this reason, SON faculty and professional staff are all described here as faculty members.

Finally, nine recent graduates (seven female, two male, ranging from two months to four years since graduating from nursing school; M = 23 months since graduation) participated in individual interviews.

The study was approved by IRB and all faculty and student participants consented to participate in the study. Recruitment of participants took place via the researcher's in-class announcements (current students) and through the researcher's emails to faculty members and recent graduates. Contact information for the latter two groups was provided by SON administration.

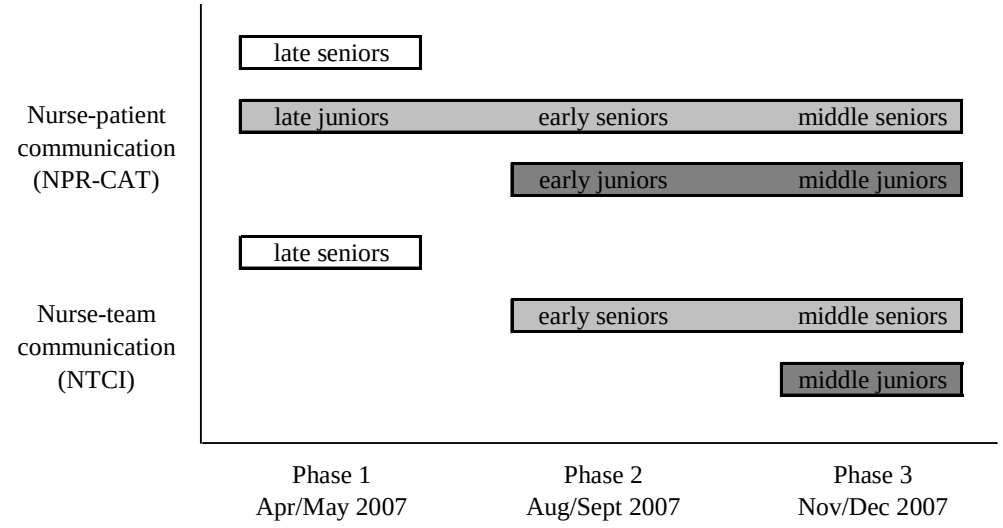
Data Collection

Data collection occurred over nine months within 2007. This spanned the end of the 2006-2007 academic year, the 2007 summer semester, and finished with the first half of the 2007-2008 academic year. Due to natural progression of students within the educational program over this time period, three different groups of nursing students were surveyed, those who had started the program in August 2005 (i.e., late seniors), August 2006 (i.e., late juniors, early seniors, and middle seniors), and August 2007 (i.e., early juniors, middle juniors). The three levels of SON education (Level I, Level II, and Level III) described above do not correspond directly to the sequence of data collection.

Data collection using questionnaires took in three separate phases (see Figure 1 for a visual depiction of the data collection process). In order to simulate the two

year program, cohorts (i.e., juniors and seniors) were sampled during each phase. As they progressed in their education, some participants provided data during more than one phase.

Figure 1. Data collection process including variables measured



Phase 1 took place at the end of the 16-week spring semester, April and May 2007. Questionnaires were made available to all consenting late junior and late senior students. The juniors' questionnaire consisted of demographic items and the nurse-patient communication inventory. The seniors' questionnaire consisted of demographic items, the nurse-patient communication inventory, and the nurse-team communication inventory. The senior questionnaire also included open-ended questions about influential messages about the roles and responsibilities of a nurse, as well as characteristics of effective communication with patients and other members of the healthcare team (see Figure 1 for variables measured during each phase; see

Appendix A for copies of the NPR-CAT and NTCI inventories and a list of all open-ended questions appearing on the questionnaires). Soon after the spring semester was over, three focus groups of five to seven each were conducted with students currently in between the junior and senior years, resulting in 32 pages of single-spaced interview transcripts (see Appendix B for focus group interview schedule). One incoming junior and one incoming senior were individually interviewed using the focus group questions, resulting in 12 pages of single-spaced interview transcripts. Additionally, the researcher conducted interviews with ten faculty members during the early summer months, resulting in 41 pages of single-spaced interview transcripts (see Appendix C for interview schedule). The researcher also interviewed program graduates currently working as nurses during summer months, resulting in 30 pages of single-spaced interview transcripts (see Appendix D for interview schedule).

Data collection Phase 2 took place at the beginning of the subsequent 16-week fall semester with early juniors and early seniors. The junior students surveyed in Phase 1 were now seniors, and a new junior class had just entered the program. Both questionnaires included demographic items and the nurse-patient communication inventory. The seniors also received the nurse-team communication inventory. Open-ended questions for seniors addressed their reports of personal changes during nursing school, contrasts between the junior and senior year, and realities of the nursing career. Open-ended questions for juniors captured their reports of influential messages about the roles and responsibilities of a nurse, as well as characteristics of effective communication with patients and other members of the healthcare team.

The final data collection point, Phase 3, was conducted at the end of the same fall semester for middle juniors and middle seniors. Both junior and senior questionnaires consisted of demographic items, the nurse-patient communication inventory, and the nurse-team communication inventory. Open-ended questions for seniors addressed anticipated communication challenges in nursing, level of preparedness for nursing, past and current perceptions of the nursing profession, balancing student and professional roles, and evaluation of career-related messages from faculty. Open-ended questions for juniors addressed anticipated communication challenges in nursing, assessment of nursing education, balancing student and professional roles, evaluation of career-related messages from faculty, and information not yet learned about nursing.

The participant-observation component of this project involved over fifty hours of field observation across nine months. The researcher participated in the monthly open house (school and hospital tour) for prospective students and new student orientation week. Additionally, she observed portions of classes and spent time on school grounds. Her formal and informal observations were made from the classrooms, the student lounge, and other common areas within the SON building. Throughout the project, the researcher collected 111 pages of field notes and official documents from tour and orientation activities.

CHAPTER THREE

Results and Interpretation

The goal of this project was to investigate the role of communication in socializing baccalaureate nursing students into the profession of nursing. Drawing upon data obtained through various research methods, this chapter will provide answers the to the eight research questions posed in Chapter One. Although data gathered and research methods utilized for this particular project will be the primary focus, it is important to note that field observation and a pilot study (focus groups, interviews, and observations) conducted within the school three years prior also served to provide the researcher with contextual and background information.

Role Transition for Nursing Students

The first research question investigated how students transition from the student role into the nursing role as they progress through the BSN program. Field observations, focus groups, and recent graduate interviews provided anecdotal evidence that students begin identifying less with the student role and more with the nurse role throughout the educational process, but individuals did not address these changes explicitly.

Faculty interviews provided insight as to how students transition into the nurse role across the two-year baccalaureate nursing program. Not surprisingly, faculty reported that students new to the program identify primarily with the college student role. Students are familiar and comfortable with this role from past

educational experiences (e.g., two years of prerequisite coursework at a four-year university). Faculty comments suggested that students bring attitudes, demeanor, and habits of their previous undergraduate education to the nursing program. For example, one faculty member reported students were very casual (rather than formal) in their interactions with others as well as in their classroom behavior.

Given these established habits, faculty report seeing new nursing students surprised and even overwhelmed, as nursing school differs significantly from the traditional college experience. Soon after the first semester begins, students begin working in healthcare contexts (clinicals) while taking courses in the traditional classroom setting. While students are still supervised in the clinical setting, the healthcare environment is a constant reminder they are in a state of transition, moving from the student role into that of healthcare provider.

Faculty reported multiple ways in which they observe students' role identities change from student-centered to nurse-centered. These transformations concern three main areas: *communication competence*, *professionalism*, and *understanding of the nursing profession*. Each theme will be discussed and illustrated.

Developing Communication Competence

Faculty reported students' developing communication skills as central to the transition from the student role into the nurse role. From the faculty's perspective, students still view themselves as students and not as healthcare professionals in training during the early stages of nursing education. Faculty members overwhelmingly reported intense communication anxiety, hesitation, and

unfamiliarity with appropriate communication practices as major barriers for new nursing students. When describing many of her new nursing students in their initial patient interactions, one faculty member described them as terrified. She continued,

> I can see the anxiety level is way up there. We try to do everything we can, saying it's not that much different communicating with a patient as communicating in general. Use respect, kindness, and sincerity that you use in other situations.

However, once nursing students obtain knowledge of and develop a comfort level with the appropriate communication techniques used by nurses, they begin to demonstrate that competence in the clinical setting. Faculty reported a variety of communication interactions as valuable in helping students identify with and transform into capable, contributing care providers on healthcare teams. Examples of these situations include: interacting with patients' family members, asking thorough and appropriate questions when assessing patients, and contributing information in meetings with healthcare team members.

According to faculty members, once students gain confidence in their communication skills, they begin to feel less like an unfamiliar novice and more like an authentic, capable healthcare team member. Although students do not yet possess all of the technical skills needed for nursing, faculty reported that students feel they are fitting into the profession when they can confidently interact with patients and other healthcare providers.

Understanding Professionalism in Nursing

Faculty also reported nursing students experiencing role transition as students learn the expectations others have for them as nursing students and future nurses. Many of these expectations focus on professionalism. What it means to be a professional takes on new meaning as students' role identities adjust from student to nurse. As faculty communicate these expectations and students internalize them, nursing students begin to acknowledge they no longer possess only student responsibilities, but professional responsibilities as well. Following healthcare setting policies such as keeping health information confidential and providing direct care to patients are examples of new, professional requirements for the nursing student.

When students enter the School of Nursing, they are quickly educated about appropriate appearance for the clinical setting. First, students are required to wear a school-mandated uniform to clinicals. Additionally, they are to remove multiple piercings and conceal any tattoos. The rationale for the latter requirements, as explained by faculty, is that piercings and tattoos can be interpreted by patients as a willingness to engage in risk behaviors. Not only is this characteristic unbecoming of a healthcare professional, faculty report that these nonverbal symbols can be disconcerting to patients. However, as students learn these appearance requirements are similar to most healthcare workplaces, acceptance generally occurs. This early exposure to the expectations of professionalism helps them begin identifying as nurses and not solely as students.

Professional expectations extend beyond appearance to other visible behaviors. Whereas the typical student does not need to notify an instructor if missing a lecture, nursing students are expected to contact their clinical faculty member ahead of time if they will be so much as tardy to a clinical experience. One faculty member explained that this is a professional courtesy to prepare students for the actual healthcare environment, helping them realize the importance of their role. She explained that when working full-time, it is not wise to leave co-workers waiting.

Unlike the passive behavior exhibited by students in classroom lectures, nursing students in clinicals are expected to contribute to the work waiting to be done on the floor. As one faculty member explained,

> I try to get them [the students] to . . . not sit there. If you're done with your patient, go help your team member, go help a nurse, go find a new learning experience. If the trays come up for lunch, go help pass out the trays.

By seeking out and experiencing these other opportunities, students begin to learn that nursing is a team effort.

Increasing Knowledge of the Nursing Profession

Faculty reported that students begin identifying more closely with the nurse role as they gain accurate knowledge about the nursing profession. Faculty shared that many students enter nursing school with a very limited view of nursing, a view which is often strongly influenced by the inaccurate portrayal of nurses on television. For a student to identify less with the student role and more with the nurse role, he

must often develop understanding and knowledge regarding the actual opportunities and limitations within the career.

Faculty reported students often focus their attention solely on anticipation of hospital nursing, thereby effectively limiting themselves from considering other nursing positions. In part, this may be due to the students' clinical experiences taking place primarily within a traditional hospital setting. However, completing clinical rotations in mental health and community health facilities allows students to begin envisioning themselves in alternate types of nursing settings. A number of faculty members reported encouraging students to recognize the other healthcare positions a nurse can hold beyond hospital nursing, including nurse educator, flight nurse, or school nurse. As they learn about various ways to use a nursing degree, students' views of nursing grow to be broader and more complete.

In addition to becoming knowledgeable about nursing careers, students also gain a more accurate sense for the daily work of a nurse. Again, students often enter nursing school with a distorted view of what and how much nurses do during a shift. They learn more accurate information through faculty members' stories, clinical faculty and nurses' professional behaviors, as well as through participating in patient care themselves. Students' previously limited views of nursing are often challenged and expanded. For example, one significant responsibility of some nurses is to care for patients who are critically ill or on their deathbeds. This is often frightening and uncomfortable for students who have never witnessed poor health so closely. As one faculty member related,

> You’re not always dealing with people who are ill . . . some may not get well, but you're trying to make their last days comfortable. Sometimes you can't always get patients better but you're making their death dignified. [Students] are so used to thinking that nurses are going to make people feel better and that doesn't always happen.

Having experiences in which patients die exposes students to this reality of the nursing profession and prepares them for both the rewards and challenges in nursing.

According to faculty members, it is through changes in communication competence, understanding of professionalism, and gaining knowledge about the profession that students begin identifying more strongly with the nurse role. These results indicate that a significant transformation takes place across the two years of nursing school. New nursing students, with only their past educational experiences as a guide, find themselves in an applied educational program considerably different than anything they have experienced. Not only does their knowledge base change, but also their appearance, their behavior, and their views of their future profession. From the faculty’s standpoint, the graduate nurse bears little resemblance to the new nursing student just two years prior, due much in part to the letting go of the student role and subsequent adoption of the nurse role.

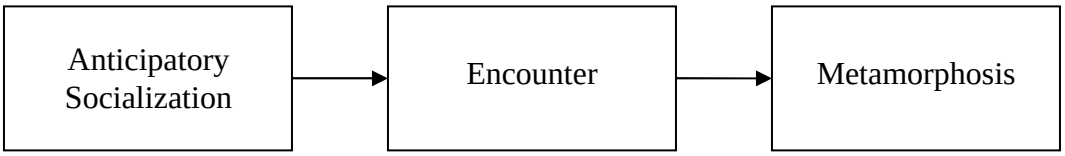
Nursing Socialization Process

The second research question investigated the socialization process as it takes place within the SON. Specifically, SON socialization was compared to the traditional phases of socialization—anticipatory socialization, encounter, and

metamorphosis—in an effort to determine whether socializing activities within the school served to support or challenge these phases. Interviews with faculty and recent graduates, interviews and focus groups with current students, and field observation provided the researcher insight into the socialization process taking place within the SON.

The fact that education is a means of socialization is not disputed. Previous research on education as a source of socialization has suggested that educational institutions can serve as agents during the anticipatory socialization phase (Jablin, 2001; Van Maanen, 1976). However, data collected in this study suggest that nursing students experience socialization in a manner inconsistent with the traditional, chronological three-phase model of anticipatory socialization, encounter, and metamorphosis (Van Maanen) depicted in Figure 2.

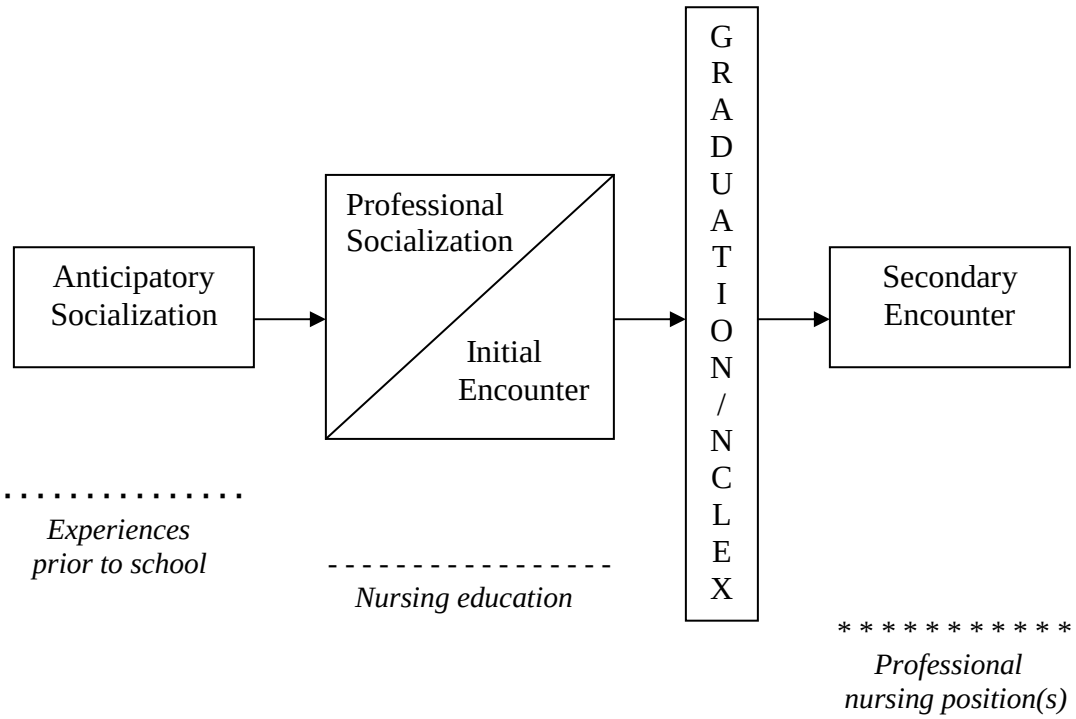
Figure 2. Traditional model of socialization



First, students appear to experience *forms* of the anticipatory socialization and encounter phases simultaneously throughout nursing education. This differs from previous approaches to the socialization process that suggest encounter does not occur until an individual begins working full-time. Second, nursing students will

again experience anticipatory socialization and encounter phases when they enter into their first full-time job. Thus, the phases resembling anticipatory socialization and encounter as experienced during school must be made distinct from those experienced on the job. These ideas will be explicated and addressed through the provision of a new model of socialization that better reflects a nursing student's preparation for the profession. This model appears in Figure 3 and will be discussed in the subsequent paragraphs.

Figure 3. A new model of nursing socialization



Anticipatory Socialization

According to faculty and students interviewed, messages from friends, family, healthcare experiences, and the media constitute the traditional notion of anticipatory socialization for nursing students. Faculty and students alike reported these messages as influencing students' decisions to pursue a nursing career. Prior to their entering school, prospective students also have the opportunity to obtain information about the school and to some extent, the profession, through school websites, brochures, and campus tours. Some students choose to take advantage of these resources, though most reported seeking out little profession-related information via school resources prior to admission. Any of these messages prior to entering school would constitute the anticipatory socialization phase.

Likewise, approximately half of each entering nursing class has healthcare work experience in roles such as an aide or volunteer. Not only do these experiences have the potential to facilitate messages of anticipatory socialization, they immerse students in a healthcare environment, enabling them to begin experiencing the initial encounter phase discussed below. Although students do not likely understand everything they see and hear while working, it is important to note this preliminary exposure and their potential head start on becoming socialized into the profession. Although all of these experiences are important, this study focused primarily on how the School of Nursing socializes students to the nursing profession during the baccalaureate nursing program.

Phases of Socialization Unique to Nursing Education

Following the anticipatory socialization phase, the established socialization model (see Figure 2) posits transition into the encounter phase. This model would likely consider all of nursing education to be anticipatory socialization. However, the experiences afforded by nursing education are far more applied and task-driven than the traditional model's conception of anticipatory socialization and much more limited than the traditional model's notion of encounter. In fact, nursing school appears to combine aspects of both the anticipatory socialization and encounter phases without fully encompassing either. This suggests that in order to accurately describe nursing socialization, two new liminal phases should be added to the model (see Figure 3): professional socialization and initial encounter.

Professional socialization. It is the formal classroom education component that separates nursing education from an apprenticeship or realistic job preview (RJP). It is through various nursing coursework that students gain in-depth knowledge of topics related to physiology, disease, and medication—all concepts they will need in clinical settings. While nursing students are familiar with learning concepts in a classroom setting, the material in nursing school is considerably more job-relevant and has greater direct consequences for their patients and themselves.

These messages help to prepare students for their careers, likely in a more applied and complex manner than anything they received during the anticipatory socialization phase. This socialization is professional, or precisely related to the career students have chosen. Rather than focusing on what benefits a career can

provide (e.g., flexible schedules, signing bonuses), as might be shared during anticipatory socialization, professional socialization messages consist of concrete knowledge and research-based ideas necessary to function within the profession as well as a broader understanding of the trends and news within the profession. Certainly this phase demands considerable time and effort to learn extensive career-related information.

Professional socialization commences on the first day of orientation to the BSN program. As well as providing school-specific information, a number of individuals representing the nursing school and the medical center attend the orientation to discuss the importance of nurses, job prospects, and nurse roles. On the first day of class, students are shown a film sponsored by Johnson & Johnson™ entitled "Dare to Care," which promotes the nursing profession. A recent graduate summarized the film and expressed expectations about her career choice saying, "it's going to be wonderful and great to be a nurse." These activities help students gain an understanding of what the nursing profession will be like, as well as reaffirm their decision to pursue the career. Further, alongside course content across the two-year program, faculty share stories from their own nursing practice to give students a better understanding of the profession and roles of a nurse.

Initial encounter. In the first semester, students begin having experiences that suggest the encounter phase of socialization. They experience for the first time multiple aspects of nursing though without the responsibilities and need for technical competence that will be demanded of them later in their careers. These experiences

include: entering various healthcare settings and actively participating in the care of patients, interacting with a variety of healthcare professionals to achieve patient care goals, and looking and acting the part of a nurse through nonverbal (uniforms) and verbal (terminology) communication. Students are authorized to participate in these activities despite the fact that they are not yet licensed nurses. Given their lack of credentials, they work in a provisional role under supervision by a clinical instructor or preceptor. While they are not given the autonomy and decision-making latitude of registered nurses, students are still expected to engage in nursing work, practicing both their relational and technical skills. For these reasons, this experiential phase is termed initial encounter. It is distinct from entering the workplace as a licensed professional, yet the phase provides ample opportunity to both learn and practice skills consistent with the nurse role.

Interviews with faculty members and students revealed that students are highly concerned with their clinical experiences (i.e., initial encounter experiences) and in particular, their technical skills during nursing school; such activities *feel* like nursing to them. Faculty shared that students enjoy practicing and refining clearly nursing-related skills such as inserting an IV; these are novel experiences for them that demand their newly acquired training. Although recent graduates recalled similar sentiments of being more excited about learning technical skills during school, several later regretted their emphasis. One recent graduate shared the following:

> People [nursing students] didn't realize at the time how important lectures were. When you're going through [school], you think those clinical

> experiences are most important . . . You're going to get that and at a more specialized, more focused area wherever you go [to work] . . . You don't get the lectures later.

Although faculty emphasize the importance of both lecture material (i.e., aspects of professional socialization) and the clinical skills, students regularly are most concerned with their skill abilities rather than their nursing knowledge.

Simultaneous Professional Socialization and Initial Encounter

Neither traditional classroom instruction nor apprenticeships or realistic job previews are typically marked by a continual switching back and forth between education and hands-on practice. Nursing students regularly fluctuate between these activities throughout the two-year program (and even on a daily basis as will soon be illustrated). This causes the phases of professional socialization and initial encounter to become inherently integrated. In fact, at many points, the phases are not even distinct from one another.

One instance of the simultaneity with which students experience the phases is evident in conference meetings. Immediately following their clinical experience, clinical groups (approximately eight students) regularly meet with their clinical instructor for an hour-long meeting called a conference. At the invitation of the instructor, the researcher had the opportunity to observe a meeting. During the conference, students reported the various procedures they had performed in the eight-hour clinical, the challenges they had in communicating, as well as the variety of emotions resulting from their interactions with patients. These experiences were

indicators of the initial encounter phase, suggesting students had made entry into the organization and legitimately worked in healthcare roles. Still, students were in a training role, as each student's report was followed by the clinical instructor asking questions of the rest of the group to confirm knowledge of nursing practice, thereby switching to the professional socialization phase. The conference format was used to allow students to learn from each others' experiences, preparing other group members for what to expect should they encounter a similar situation.

Turning Points Prior to Remaining Socialization Phases

Though this study focused primarily on socialization as it occurs during nursing education, faculty and recent graduate interviews suggested the trajectory of the remaining phases follow two important turning points. Immediately following BSN students' completion of their educational program, they participate in a formal graduation ceremony. This marks the end of the professional socialization/initial encounter phases, as students anticipate entry into the healthcare field as legitimate members. However, before official entry can take place, another event must be completed--licensure. Nursing students are required to take the NCLEX exam. The NCLEX-RN is the licensing exam developed and managed by the National Council Licensure Examination for Registered Nurses. The exam assesses the competencies needed for an entry-level registered nurse to function in a healthcare setting safely and efficiently (NCSBN, 2008). SON students typically take the NCLEX exam within weeks of graduation; a few even take it prior to graduation. This event is

anticipated throughout nursing school, with courses including NCLEX-style questions on exams and NCLEX review sessions provided by a faculty member.

Subsequent Phases of Socialization

Interviews with faculty and recent graduates suggest the encounter phase of socialization individuals experience once working full-time is more consistent with those traditionally defined in the literature--entry into a new profession and organization, and experiencing a variety of events for the first time. However, the proposed model terms the encounter phase secondary encounter for distinction.

While the process of entering an organization in the secondary encounter phase varies somewhat depending on employing organization, most new graduates must participate in a formal orientation program, learn specific policies and procedures (e.g., how to properly record patient information in the chart), become acquainted with co-workers, and begin providing patient care.

No responses from the recent graduates interviewed implicitly suggested they had reached the metamorphosis phase of socialization; thus metamorphosis is not included in the proposed model. Although many reported growing more at ease with their present roles, they repeatedly referred to aspects of nursing they still found challenging. They also expressed their anticipation to learn and practice nursing knowledge and skills in the future.

Limits to Phases of Socialization

As helpful as the professional socialization and initial encounter phases can be, several recent graduates related that there were some aspects of the profession that

they truly did not or could not learn until they were actually working full-time. One recent graduate did not feel unappreciated in his role during his clinical experiences, but was surprised by the manner in which he was less respected by patients and other healthcare professionals once he began working full-time. His regular exposure to and involvement in the interactions of healthcare professionals gave him a fuller view of the culture within his unit, something he did not notice during his limited clinical experiences. Mandatory new employee orientations and recent graduate residency programs offered by employing hospitals serve to further educate recent graduates about their new workplaces and the role of a nurse.

Recent graduates also suggested that while the nursing school did its best to prepare them, some aspects of the profession simply had to be experienced, or encountered. For example, one recent graduate shared the following:

> In my first 6 months [on the job], I learned more about nursing profession than during two years of school. From talking to other people, I think that's common. You have to get into it and get hands-on experience. You continue to grow and learn . . . I look at it as a continuous learning process.

Other recent graduates shared how nervous they were to enter the workplace once they were registered nurses, despite the fact that several of them had significant familiarity with the environment from their clinical rotation and practicum (i.e., the intensive clinical during the final semester of nursing school) experiences. Many of their feelings of nervousness stemmed from working independently and no longer

being supervised by an experienced nurse. As a result, they felt more responsibility and knew they were fully accountable for the decisions they made.

In sum, a student preparing to be a registered nurse could anticipate the following phases and events in order: anticipatory socialization, professional socialization and initial encounter, graduation and licensure, secondary encounter, and metamorphosis. The addition of the liminal phases of professional socialization and initial encounter contribute a more detailed view of the socialization process. The need for these phases suggest that the socialization process, particularly for nurses, is far more complex than conceptualized by the traditional model. Nursing students have valuable opportunities to gain entry to and preview the profession; these experiences are not afforded by all professions. Likewise, nursing students have requisite tasks and responsibilities that are not required by all educational and career training programs. Indeed, the benefits and the demands of nursing socialization are considerable.

Socializing Messages from Faculty

The third research question investigated the messages faculty use to socialize students into the nursing profession. Such messages were communicated in various settings such as the classroom, the clinical setting, or during other school- or nursing-related activities. Messages varied in specificity, ranging from general ideas about the profession to clearly defined industry regulations. Additionally, messages varied in their formality; while some were issued as part of a classroom lecture, others were conveyed more casually, such as during a hospital hallway conversation. Faculty

interviews, student interviews, and student focus groups provided insight into these messages that faculty members use to help students form realistic expectations of the nursing profession.

Faculty Messages

Faculty members shared the messages they consciously convey to help their students form expectations of the profession. Often they began their responses to the interview questions with phrases such as "I try to emphasize" or "We tell them." These messages can be categorized as addressing (a) the *professional responsibility of a nurse*, (b) the *challenges inherent in nursing*, or (c) the *commitment necessary for nursing*.

Professional responsibility. Faculty members reported sharing messages with students about various job tasks required of professional nurses. Examples include thoroughly familiarizing oneself with the patient's medical chart (e.g., the patient's diagnosis and medications) and reporting any mistakes made using the appropriate paperwork. However, a greater number of the messages they reported conveying concerned the broader responsibilities accompanying the role of a professional nurse. These messages moved beyond task information and appeared to be aimed at helping students recognize the significance of their nursing practice. Additionally, these messages were to give students a professional mindset from which to approach their work. One faculty member discussed how she conveys to her students the importance of consulting various sources in order to make decisions about patient care, a standard in nursing known as evidence-based practice.

> Evidence-based practice means you look at the literature, you look at research independently and evaluate what's happening in your care setting to make sure that it is research-based. What I tell them is that it's really important not to just take someone's word. Maybe someone has taught you a skill and says “this is how we do it” and you've read something else in the literature that it should be done a different way . . . [don’t] just take someone's word because they've been there longer. [You] should take the information and evaluate all of it. And that is the responsibility of every nurse. I tell them this is how they can become a leader; they can teach the people on their unit and become a leader in the profession, on the unit.

Faculty members also reported telling students not to underestimate their role in the lives of patients and patients’ families. One faculty member said, “I tell them. . . what [a] difference they can make, hopefully [that is] a big difference.”

Challenges in nursing. In addition to the responsibility inherent in the nursing profession, faculty members also recalled messages shared with students about the challenges that accompany a career in nursing. They discussed not only the emotional demands of caring for the sick and dying but the physical risks and potential injuries that can accompany patient care. As one faculty member described, “We also talk about safety. Some people [patients] are confused, on medications. You're not protected from getting hit [struck].”

Faculty reported focusing their messages to students on the intellectual challenge in nursing, in particular given the serious implications nurses’ decisions can

have on the health of the patient. Faculty members acknowledged that nursing is not easy and a nurse must be able to anticipate and deal with the unexpected. One faculty member referred to the vast knowledge a nurse must possess. Specifically, she discusses with students the importance of having a thorough knowledge of medication. She shared,

> To help students understand the background and how important it is to take seriously issues of medication administration . . . we require that they score 100% on a medication administration test. That's that way because making an error is not acceptable. [We want to help] students capture the essence of this profession, that mistakes can cost people's lives. While we don't want to scare our nurse[s], we want them to appreciate the importance of that.

While it can be difficult to strike a balance between paralyzing fear and healthy respect, faculty want to communicate the seriousness with which nurses must approach their careers.

Commitment required in nursing. The final category of messages faculty use to establish students' expectations for nursing addresses commitment to nursing. Faculty members stress that nurses must be committed to their profession, and they urge students to become contributing members in their workplaces and in the nursing industry. A message several faculty shared with students to illustrate commitment was encouragement to continue their education after receiving BSN degrees. This could be done through completing classes offered through their workplace or by pursuing a graduate degree.

Another way faculty members encouraged commitment to nursing was through reiterating the necessity of a nurse's own good health in order to practice nursing. One faculty member explained her message to students in the following way, "We try to emphasize taking care of themselves because if they're not healthy, they're not going to be able to focus on the patient. They will burn out if they don't take care of themselves."

Student Reports of Faculty Messages

When asked about the messages they recalled faculty members sharing in order to help them learn about the nursing profession, current students often could not point to specific messages immediately. Overwhelmingly, students reported observations from their clinical and work experiences in the healthcare setting as most beneficial in helping them to learn what nursing would be like. Students often characterized the faculty messages they did receive as idealized. They felt faculty described and prescribed approaches to nursing that were perhaps the most effective or most consistent with the textbook, yet students could provide numerous examples of current practice not following these ideas.

For example, students mentioned they are taught the importance of shift reports between nurses. They are taught that these are reports designed to convey patient information to the next nurse caring for the patient during the next shift. The outgoing nurse is to update the incoming nurse with information that will assist him in providing the best care. However, students reported witnessing relatively useless shift reports. One student recalled being frustrated with a shift report she received that

consisted of simple behaviors and personality characteristics rather than information about the patient's condition or disease. Another student likened the shift reports she had received to gossip. Further comparison between faculty and student perceptions of nursing will be discussed in a subsequent section.

Although students recalled observations and personal experiences helping them learn about nursing the most, they could recall verbal messages from faculty effective in helping them learn about the profession. These can be categorized as addressing: (a) *caring as the primary role of a nurse*, (b) *fundamental nursing knowledge*, and (c) the *challenges of nursing.*

Caring as the primary role. Many students reported learning from faculty members that the main functions of the nurse are to provide and manage patient care. As a result, students were explicit about nurses being integral to the healthcare of patients. They regularly contrasted the role of a nurse with the role of a doctor. One student related,

> Our faculty is [sic] really good about instilling confidence in us. They emphasize that nurses are the ones giving the care. Doctors may be the "big-wigs" who write orders and tell people what to do, but they [faculty] emphasize that you see the patient all the time, have the most contact, you're an integral part of the healthcare of the patient. You're the advocate, you're with them [patients] all day, not five minutes during rounds.

As mentioned by this student, the notion of patient advocacy was embraced by nursing students. They reported learning that it was their responsibility as caregivers

to stand up to the doctors if they disagreed with the plan of care and to ensure every patient received equal and quality care.

Fundamental nursing knowledge. Nursing students recalled learning from faculty the basic facts needed for nursing. The majority of these faculty messages were communicated in a classroom lecture setting. Students described information about risks for diseases and medications used to treat particular conditions as messages they had received from faculty. In addition to medical information, students also described faculty messages about nursing procedures. How to properly make an assessment, how to do a shift report, and how to wash one's hands were among the topics of procedural messages students received from faculty. Additionally, students recalled faculty sharing personal stories about patients when relevant to the factual or procedural knowledge they were teaching. Students reported these stories as helping them understand the information being shared, and that these real-life scenarios helped make the information more concrete and memorable.

Challenges of nursing. The final category of messages students reported hearing from faculty members involved the challenges of nursing. While faculty also reported using messages focused on this topic, students reported faculty including strategies for dealing with these challenges. For example, one student recalled hearing from a faculty member that the demands of patient care would likely cause her frustration and stress. However, the faculty member also encouraged her not to keep her emotions bottled up inside. Her faculty member said to talk to a friend or family

member about her feelings without revealing the identity (e.g., name, address, phone number) of the patients and situations that generated the stress.

Students repeatedly talked about the difficulty of competently performing the technical skills required in nursing and that faculty members formally critique students' clinical strengths and weaknesses. However, students reported that faculty members accompanied their critiques of students' skills with encouragement and empowerment. A student described her faculty members in the clinical setting as, "really the ones that build the confidence in us by telling us, 'hey, maybe you did this wrong, but this is how you fix it and then the rest of the stuff you're doing right.'"

In summary, faculty share messages covering a variety of nursing topics with the goal of providing appropriate expectations for the profession. Taken as a whole, these messages convey the intensity, significance, and responsibility of the nursing career. Nursing is not a career that is easy, nor can it be taken lightly. Faculty likely know the implications and consequences of too cavalier an attitude toward nursing education, and appear to be preventing that through their messages of preparation. Students' responses suggest they are grasping the critical nature of their upcoming career and are approaching it with a relatively serious attitude and considerable level of effort.

Comparing Perceptions of Nursing

The fourth research question sought to determine the extent to which current students' perceptions of nursing matched the perceptions of nursing held and espoused by nursing faculty. To answer this question, the researcher used data from

faculty interviews, student focus groups, and student interviews. Perceptions can be defined as the views or perceptions participants hold about the nursing profession, including the industry as well as the career. The extent to which these perceptions matched can be described in one of three ways*: consistent, overlapping,* and *unique.*

Before discussing these matching and non-matching perceptions, a rationale for these differences is offered. Social Judgment Theory (Sherif & Hovland, 1961) suggests that individuals attend to and make different judgments about messages depending on a variety of factors. As the following results suggest, both faculty and students attended to (and reported) certain messages about the profession and not others. Social Judgment Theory holds that individuals make judgments based upon anchors or reference points; these anchors are based upon past experience and therefore affect one's response to a message. Judgments are also made based upon ego involvement, or personal relevance of the message topic. Certainly faculty and students possess different levels of experience in the nursing profession. Faculty likely perceive greater ego involvement as they have spent more time as members of the nursing profession. Anchors and ego involvement likely affected both faculty members' judgments about which profession-related messages to convey (they likely only reported messages centering on aspects of the profession they believed or accepted to be true) and students' judgments about which profession-related messages they should retain. Certainly the messages that students attend to are those they see affecting them and their future careers.

Also influencing an individual's judgment about a profession-related message according to Social Judgment Theory is one's latitude of acceptance. Students likely accepted messages that were consistent with their other beliefs about the nursing profession. Messages that fall within the latitude of acceptance help facilitate attitude change. If a student agrees with a message she hears about nursing, it will likely contribute toward a perception she holds about the profession. Messages she hears but disagrees with or is unsure about have less effect on her attitudes. These messages, if even in her awareness, were probably not shared with the researcher during data collection.

Consistent Perceptions

Not surprisingly, faculty and students shared a number of consistent perceptions of nursing, meaning they raised the same issues and topics when describing the profession. The demands of the nursing profession were frequently cited in interviews and focus groups. This similarity suggests faculty are emphasizing and students are retaining messages about the obligations and challenges inherent in nursing. Both groups cited the physical and emotional effort required by nursing. As one student explained, "No matter what kind of nurse you are, you're going to see death, patients that you've cared for go through hard times, suffering."

Additionally, both faculty and students reported nursing practice demanding a firm knowledge base and the ability to think critically in a variety of situations. Both groups discussed how much work a nurse does in a single shift. One workday combines physical, emotional, and intellectual demands. Finally, faculty and students

each acknowledged the demands nursing places on a person's time and that holidays off and vacations are not guaranteed when practicing. Again, that these basic perceptions are similar among students who are preparing to enter the profession and faculty who are already members of the profession suggests that students are being well-prepared for this aspect of nursing.

Overlapping Perceptions

Although nearly identical perceptions of the demands of nursing profession existed between faculty and students, on other topics the two groups reported different perceptions. In many cases, their perceptions *overlapped* in that the content of their reports centered on the same broad topic. However, student perceptions generally contained a greater level of detail based upon their own observations (i.e., ego involvement) and emphasized specifics while faculty reported a broader perspective. The areas of the profession reported by both groups of participants included: (a) *what nurses do on a daily basis,* (b) *realities of nursing work,* and (c) the *importance of the nursing profession.* Each of these will be discussed in further detail.

Daily work of a nurse. Faculty explained that nurses' responsibilities include for caring for patients as well as teaching patients and their families about health promotion and available resources. Students reported very similar information, but also provided examples of specific activities that comprise patient and family care and education. For example, a student explained that a nurse can help a newly-diagnosed cancer patient by providing him with resources such as the phone numbers for cancer information service lines. Students also mentioned performing skills and

continually learning as necessary components of a nurse's daily work, as these will facilitate excellent patient care. Given their high concern with nursing skill competence, as well as the fact that they are currently in the education process, it is not surprising that they also focused on these elements.

Realities of nursing work. Faculty and students both reported discouraging aspects of the profession that are not always well known to outsiders. Again, the scope of their perceptions differed. Faculty focused on realities of the healthcare system in which a nurse operates, while students focused on realities of practice among individual nurses they have observed.

Faculty emphasized the flaws of the healthcare system and the fact that nursing is not always uplifting or glamorous work, particularly when dealing with illness, disease, and very sick and vulnerable individuals. A faculty member explained how new students' perceptions of nursing are often incorrect, "They just don't know the whole picture. They think nursing is all . . . helping and rosy. There are patients who don't want you there, [who] don't like you. They [new students] don't know the humanness of it yet."

On the other hand, the realities of nursing work recognized and reported by students involved the variance with which nursing is practiced. Not only are procedures and skills performed differently than they have learned in school, there is often great variance among the nurses on the same unit. More significantly, students reported perceiving that nursing is performed poorly by some nurses. They often acknowledged the shock of observing nurses they deemed angry, burned out, or lazy.

Several students recalled their discouraging experiences in mental health clinicals. As one student shared,

> Everything we learned a nurse should do in the mental health setting was not done in clinical. They sat there at the desk, they didn't even interact with the patient. An LPN gave out the meds. Nurses just sat there and chart[ed] or talk[ed] to each other, not . . . the patients. In class, we were told to interact with the patients, pick up on their emotions and feelings and stressors to help reduce that. It makes perfect sense, but not a bit of that was done.

Certainly all professions have strong and poor representatives; these nursing students were exposed to that reality and as a result formed perceptions of nursing. As one stated, "It's easy to pick out the kind of nurses you identify with, how you want to be, and the kind of nurse you don't want to be like. I've learned a lot just from observing."

Importance of nursing profession. Both faculty and students emphasized that nurses play an important role in healthcare. Both groups also acknowledged that nurses do not work autonomously, but instead as a key part of the healthcare team. Faculty perceptions were also focused broadly on a nurse's importance as an integral part of society. They discussed nurses as being members of a profession, not just of a particular healthcare setting, and as such, those nurses represent the profession wherever they are. Another faculty member described nursing as "important in the human experience," suggesting that nursing can affect the lives of everyone. Given

faculty members' background and experience in the profession, it is not unexpected that they possess a broader, more holistic perspective.

Though students acknowledged that nurses are respected and trusted by society, they most emphasized the importance of nurses to the healthcare context. They described the critical role nurses play on the healthcare team as well as the difference nurses can make in the lives of their patients and their patients' families. Students also acknowledged to a greater extent the high stakes and tremendous responsibilities of nurses.

Unique Perceptions

Finally, both faculty and students conveyed unique perceptions about nursing that were not mentioned by the other group. Faculty related a number of characteristics of effective nurses; these comprised their views of the ideal nurse. Students shared their views on the structure of nursing and the threats they see to the quality of nursing.

Faculty perceptions of nurse characteristics. Nearly every faculty member described characteristics of an ideal nurse, one who is a good representative of the profession and contributes to elevating the excellence of nursing practice. While nearly twenty different characteristics were listed by faculty, they can be grouped into six categories: open-minded, client-centered, organized, ethical, realistic, and confident. For example, one faculty member described the need for a nurse to be "willing to make decisions, not waver." This would exude confidence in one's skills and experience.

Student perceptions of structure in nursing. Students viewed structure in the workplace as a component of nursing. They reported two main areas where structure plays a significant role: the nurse manager and floor procedures. First, students pointed to the nurse manager (the individual supervising nurses on the hospital floor) as someone they respected and relied upon. One student shared her experience with a nurse manager who effectively communicated goals, achievements, encouragement, and news to each nurse on the floor, which she felt created a very comfortable setting and positive attitude for all employees. She said the manager "has a direct effect on the [employee] relationships on the floor." She continued to describe the healthy relationships individuals had with one another, crediting the nurse manager with establishing that environment.

Students also reported various protocols, rules, and paperwork as part of the profession of nursing. While at times they believed these were tedious and unnecessary, at other times, they viewed these structural elements as helpful to nursing practice.

Student perceptions of threats to nursing. Finally, students perceived two major aspects of nursing as threatening the future of the profession. First, they reported feeling that the workload (i.e., administration's expectations for patient load and task accomplishment) threatens the quality of care patients receive. Certainly this is part of the larger issue of the current nursing shortage. One student pointed to the difficult decision between treating fewer patients but giving each more quality care or

treating more patients each less effectively due to time constraints. Students saw this not only as an issue in their own practice, but nationwide.

The second threat to nursing profession that students perceive is that of nurse health. Students recognized the irony in nurses communicating health-promotion messages to their patients when they themselves are not healthy. Several students pointed out that nurses are unable to provide quality care if they are themselves unhealthy. Making matters worse, the work schedule of a nurse makes it difficult for a nurse to maintain a healthy lifestyle. As one student explained, "The 12-hour shifts . . . [don't] exactly give a person time to rest and take care of themselves."

In summary, the perceptions of the nursing profession reported by faculty and current students exhibited both similarities and differences. Neither perspective should be dismissed nor privileged, as both contain important insights. Aspects of the profession reported by each group were those that they judged to be important (i.e., fell within their latitude of acceptance) and were particularly relevant to students' anticipated entry into the profession (i.e., ego involvement). The messages about the profession reported here likely served to facilitate changes in students' attitudes about what the nursing profession entails. The perceptions held by students should be telling to nursing faculty and administration, as they represent what students are more concerned about and fearful of encountering in the profession. Overall, where faculty and student perceptions differ is in scope; the perceptions held by the two groups are not generally contradictory.

Value of Socialization Messages

The fifth research question examined the value of the socializing messages shared by faculty. In interviews, recent graduates of the School of Nursing were asked to evaluate the messages from School of Nursing faculty and staff which they believed were intended to expose them to the nursing profession. Overwhelmingly, the graduates assessed these messages as very valuable in helping them form realistic expectations for the profession. Each of the graduates interviewed could point to a number of helpful messages from faculty or staff, and many of the graduates could provide examples of these messages that resonated with them as they began working full-time.

Several graduates acknowledged limitations in these messages, yet felt that School of Nursing faculty and staff did the best that they could in sharing these important messages. Graduates shared that no individual nor school can prepare a student fully; rather, they felt certain aspects of the nursing profession simply must be experienced personally once working full-time. When comparing their nursing education to that of their co-workers, graduates repeatedly evaluated their own as superior as a result of the messages shared by SON faculty and staff.

It is important to recognize that while none of those interviewed felt there were significant missing messages that prevented them from being successful, most recent graduates could point to topics around which they would have appreciated more education. They also could identify messages that were short-sighted or unhelpful in preparing them for the nursing profession; these messages actually

served to provide them unrealistic expectations for the profession. The following paragraphs summarize graduates' assessments of the value of faculty and staff messages in the following ways: (a) how their *education compared to that of current co-workers* as a result of faculty messages, (b) those messages which served to prepare them for the nursing profession *(helpful messages),* (c) those messages that would have been helpful in establishing their expectations but were not shared during nursing school *(missing messages),* and (d) those messages that were unhelpful or contradictory about the nursing profession *(unhelpful messages).*

Comparing Education with Co-workers

Recent graduates were asked to compare their education at the School of Nursing to that of their co-workers. Many of their co-workers had received an Associate's Degree in Nursing (ADN) as opposed to the graduates' Bachelor's degrees. Recent graduates reported ADN colleagues tended to have a shorter, narrower, and less theory-based education. While many were quick to add that the skills of ADN nurses were strong, they felt these nurses lacked the holistic view of healthcare organizations as well as the understanding of the nursing profession that BSN-prepared individuals from the School of Nursing are more likely to develop during their education. Recent graduates also pointed to their own curriculum and as a result, their knowledge base, as well as the time spent in clinical experiences as superior to those same aspects of ADN programs and other BSN nursing programs. Several graduates emphasized that the SON program requires more clinical and practicum hours than any other nursing program in the area; they saw this as a distinct

advantage of their program over others. Finally, regardless of a colleague's educational program, recent graduates reported feeling more professional than they perceived their co-workers. They cited the School of Nursing communicating messages about the importance of being a professional in the healthcare setting. One recent graduate described her experience attending new employee classes at her hospital along with new nurses from several area nursing programs.

> There are times I feel [SON] grads are more professional and take it more seriously and have a more holistic view of the profession. I think [the school] empowers its grads to say "we have control over the profession and control that image [of nursing]."

Helpful and Missing Messages

While recent graduates reported receiving helpful messages from faculty during nursing school, often these messages provided only a fraction of the information recent graduates felt would have been helpful. Thus, these two categories of faculty messages, helpful and missing, are presented simultaneously to demonstrate these contrasts. While graduates reported receiving a very solid foundation as a result of their nursing education in all areas, they wished more detail had been provided. It was when working full-time that recent graduates had to learn the missing details. These helpful and missing messages can be seen in four different areas: *aspects of the nursing profession as a whole, communication skills, teamwork,* and *foundational physiological and nursing care knowledge.*

Nursing profession. Graduates reported faculty messages regarding the stressors of the nursing profession as a result of high patient ratios and the nursing shortage nationwide. However, graduates wished they had received more information about how to personally cope with these same stressors and demands of the profession. While they knew to expect these things, they did not know how to best respond.

Communication skills. Recent graduates could recall learning general communication skills to use with patients (e.g., active listening) in many of their nursing courses, yet once working they realized how few situation-specific communication skills they possessed. A recent graduate explained that while she had learned about organizing information according to a procedure when talking to doctors in person, those guidelines were not thorough enough to assist her in unfamiliar situations once out of school and on the job.

> I got comfortable talking to the doctors face-to-face. We worked together in the plan of care and [I had] a relationship with them. Now I talk to doctors mostly over the phone. It's a different ballgame because you can't read body language. It's easier for them to be rude . . . it's been hard to learn how to stand up for myself over the phone.

Teamwork. Most of the recent graduates reported feeling prepared to work as part of a team once working full-time. Many recalled faculty members' reminding them of the teamwork aspects of healthcare, and that group assignments in school were designed to help them get used to working with others interdependently. While

recent graduates all recalled disliking the group course projects because of the reliance on others, they could later see value in the experiences. One graduate reflected on her group projects during nursing school, connecting them to her nursing practice:

> It was always hard . . . but it [did] make you realize there are multiple personalities, behaviors that you have to work with on a daily basis. You can't take care of your patients by yourself, you can't fly solo.

At the same time, these group projects were limited in the opportunities they provided. Recent graduates felt unprepared for specific challenges in working with healthcare team members, such as confronting a team member who is not doing a job well, coping with individuals who disrespect one another, and managing conflict within the group.

Foundational knowledge. Recent graduates reported receiving adequate levels of foundational physiological and nursing care knowledge from faculty members as a result of messages conveyed in lectures and clinicals. Specifically, they felt confident upon graduating about their knowledge of basic disease processes, physiological functions of the human body, and how to perform assessments. Still, they could point to more specific aspects of these elements, such as an understanding of various forms of cancer and learning how to interpret lab values as lacking in their education. With regard to serum lab values, many were disappointed that this information was only offered in an elective course which did not correspond with their schedules.

Unhelpful Messages

Finally, recent graduates reported a number of messages received from faculty they deemed unnecessary or, in many cases, incorrect. Recent graduates reported these messages increased their fears. Several graduates recall being warned by faculty that nurses "eat their young" or in other words, older and more experienced nurses prey on new graduates, interacting with them only in unhelpful, hostile, or critical ways, thereby diminishing new graduates' enthusiasm and career success. This is a common saying within the nursing industry; a host of articles, books, blog entries, and online forums discuss the issue (e.g., Bartholomew, 2006; Cardillo, 2005). While new graduates did not feel they had experienced this phenomenon to the degree they believe it would happen after graduating, they did admit that this message served to discourage rather than encourage them about their career choice. One graduate shared, "I was surprised that was largely a myth and not a fact."

Other messages graduates recalled dealt with the potential litigation aspect of nursing when mistakes are made. While graduates acknowledged the importance of learning about the legal implications of nursing practice, they felt they received excessive messages about the potential outcomes of litigation. "Nursing isn't as scary of a world as I think it's portrayed," according to a recent graduate.

The majority of the unhelpful messages recent graduates reported dealt with messages that were contradictory. Graduates regularly cited vast differences between what they were taught in school about nursing practice (e.g., specific technical skills) and the manner in which they observed on the floor. Similarly, they recounted

learning the correct answers licensing exam (NCLEX)-type questions, but did not feel those answers reflected what most often happens in nursing. As one graduate explained, “The NCLEX is not real life. NCLEX . . . doesn’t equal the real world.” She advised, “Study hard for it, what they want you to study, but it [actual nursing practice] is different.”

Another theme of messages recent graduates deemed contradictory dealt with cultural diversity. A recent graduate recalled learning from faculty members how to appropriately interact with patients from other cultures. However, she felt this was incorrect because many individuals she has since interacted with may have a particular cultural or ethnic background, yet they have assimilated into American culture.

A final theme of messages recent graduates found contradictory were metamessages conveyed by faculty through clinical and lecture assignments. Recent graduates pointed to short, six-hour clinical experiences that did not fully give a realistic preview of what nursing is like. They believed that these experiences, complete with conference times and lunch breaks, sent the message to students that nursing would not be hard work. Graduates recalled faculty members’ examples and references during lectures used hospital nursing as a frame of reference or context. Recent graduates said this conveyed a presumption that all students would be interested in or planning to pursue hospital nursing. Finally, graduates reported the lack of information shared about pharmacology and other “hard science” aspects of nursing conveyed that these were not integral components of nursing. Recent

graduates felt this was erroneous and that more attention should be given to these topics in order to prepare students for their nursing careers.

Drawing on these assessments by recent graduates, it is evident that the messages shared by SON faculty have implications for nursing career success. However, there are also areas for improvement as graduates shared a variety of message topics that did not match reality. The topics of these messages warrant revisiting by faculty and administration to identify discrepancies and find ways to provide better clarification. That said, the sense of pride graduates possess in their nursing education suggests they view their education as valuable.

Nursing Students' Communication Skills with Patients

The sixth research question sought to assess students' relational communication skills with patients and possible changes in those skills throughout the students' education. In order to answer this question, the Nurse-Patient Relationship-Communication Assessment Tool (NPR-CAT) was administered to each cohort of baccalaureate students representing various points during their educational program ($N = 490$). A longitudinal design was used to track changes in scores across time. While change was anticipated as an increase, a direction was not formally hypothesized. It could be possible that scores would decrease as students gained more experience and were able to make more accurate assessments of their strengths and areas for improvement.

Due to low reliabilities, three of the six NPR-CAT subscales (*dominance, formality*, and *receptivity,* $\alpha = .25$, $\alpha = .39$, and $\alpha = .43$, respectively) were dropped.

After reviewing the questions comprising these subscales, it appeared students were confused as to how to answer these questions because of their unfamiliarity with the nurse role. For example, items such as “I did not try to control the conversation” and “I made the interaction very informal” could be interpreted as both desirable and negative ways to approach nurse-patient communication. The remaining three subscales had reliabilities as follows: *composure*, $\alpha = .67$, $M = 12.43$, $SD = 1.89$; *immediacy*, $\alpha = .72$, $M = 13.61$, $SD = 1.36$; and *similarity*, $\alpha = .73$, $M = 13.85$, $SD = 1.26$. Each subscale consisted of three items, all answered using a scale of 1 to 5 (*strongly disagree* to *strongly agree*); subscales had a range 5 to 15.

An omnibus test was conducted using multivariate analysis of variance (MANOVA) to determine if there were differences between groups on each of the four subscales, $F(5, 484) = 1.22$, $p = .23$. There were no significant differences among the six educational levels (early junior, middle junior, late junior, early senior, middle senior, and late senior) for subscale scores of the NPR-CAT instrument. ANOVA analyses for each subscale also revealed no significant differences: *composure*, $F(5, 484) = 1.50$, $p = .19$, early juniors $M = 12.58$, $SD = 1.72$, middle juniors $M = 12.19$, $SD = 1.82$, late juniors $M = 12.08$, $SD = 2.01$, early seniors $M = 12.44$, $SD = 2.24$, middle seniors $M = 12.81$, $SD = 1.85$, late seniors $M = 12.54$, $SD = 1.78$; *immediacy*, $F(5, 484) = .71$, $p = .61$, early juniors $M = 13.71$, $SD = 1.41$, middle juniors $M = 13.52$, $SD = 1.41$, late juniors $M = 13.42$, $SD = 1.25$, early seniors $M = 13.74$, $SD = 1.38$, middle seniors $M = 13.56$, $SD = 1.39$, late seniors $M = 13.70$, $SD = 1.27$; and *similarity*, $F(5, 484) = 1.66$, $p = .14$, early juniors $M = 14.07$, $SD = 1.20$,

middle juniors *M* = 13.74, *SD* = 1.39, late juniors *M* = 13.60, *SD* = 1.25, early seniors *M* = 13.86, *SD* = 1.24, middle seniors *M* = 13.96, *SD* = 1.22, late seniors *M* = 13.81, *SD* = 1.23. These statistics can also be found in Table 1 at the end of this chapter. A correlation table of subscales appears in Table 2 at the end of this chapter.

The averages on all subscales except composure are higher than averages from previous usage of the NPR-CAT (Finch, 2005), indicating that students evaluate their communication with patients higher than do full-time registered nurses. Standard deviations reported here are all lower than those in previous use of the NPR-CAT, suggesting less variability in the way students responded to the questions than the practicing nurses for whom the scale was developed.

These results suggest that nursing students have not yet gained a thorough understanding of appropriate nurse-patient communication. The relative low reliability of three subscales cautions interpretation. Students viewed themselves as strong communicators from the outset of their education; this view did not change, regardless of the education they received about nurse-patient communication or the interactions they experienced across the two-year nursing program.

Nursing Students' Communication Skills with Members of the Healthcare Team

The seventh research question sought to assess students' communication skills with healthcare team members and possible changes in those skills throughout the students' education. To assess these communication skills, the Nurse-Team Communication Inventory (NTCI) was administered to cohorts at four different points across the baccalaureate educational program (*N* = 289).

The researcher used the NTCI in an attempt to determine whether and to what extent students' communication skills with healthcare team members (i.e., physicians, therapists, nurses) change as they progress in their program and have more interaction with healthcare team members in clinical settings. While this proposed change was anticipated as an increase, a direction was not formally hypothesized. However, it would also be feasible that students' scores would decrease as they gained more experience and were able to make more accurate assessments of their strengths and areas for improvement.

Given that the NTCI was designed to be completed by licensed nurses, not all of the items were relevant to nursing students who possess limited roles in the clinical setting. With the consultation of nursing school administration, three subscales (*mentoring peers, empowering lower-level team members, and coordinating the patient care team*) were dropped. Remaining subscales consisted of four to seven items each (*fostering a positive climate*, six items; *managing workplace stress*, five items; *listening actively to team members*, six items; *pinch hitting for team members*, five items; *advocating on patients' behalf*, five items; *processing information for doctors*, seven items; *collaborating in decision making*, five items; *speaking assertively to doctors*, four items; and *individualizing communication with doctors*, four items). All items were ranked using a scale of 1 to 10 (*never* to *always*, with a midpoint of *sometimes* between 5 and 6).

Subscale item results were as follows: *fostering a positive climate*, $\alpha = .75$, $M = 8.96$, $SD = .71$; *managing workplace stress*, $\alpha = .68$, $M = 7.70$, $SD = 1.12$; *listening*

actively to team members, α = .72, *M* = 8.76, *SD* = .76; *pinch hitting for team members*, α = .80, *M* = 8.69, *SD* = .95; *advocating on patients' behalf*, α = .77, *M* = 8.73, *SD* = .88; *processing information for doctors*, α = .79, *M* = 8.52, *SD* = .83; *collaborating in decision making*, α = .72, *M* = 8.86, *SD* = .72; *speaking assertively to doctors*, α = .75, *M* = 7.59, *SD* = 1.26; and *individualizing communication with doctors*, α = .75, *M* = 7.76, *SD* = 1.35.

An omnibus test was conducted using multivariate analysis of variance (MANOVA) to determine if there were differences between groups on each of the nine subscales, $F(3, 285) = 1.59$, $p = .03$ (see Table 3). This analysis revealed two significant differences between educational level and scores on the NTCI subscales, *managing workplace stress*, $F(3, 285) = 2.74$, $p = .04$; and *listening actively to team members*, $F(3, 285) = 2.40$, $p = .07$. Tukey post hoc tests revealed a significant difference between mean scores on the *managing workplace stress* subscale for middle juniors ($M = 39.72$, $SD = 5.08$) and late seniors ($M = 37.25$, $SD = 6.15$). Post hoc tests also revealed a significant difference between mean scores on the *listening actively to team members* subscale for middle seniors ($M = 53.56$, $SD = 3.78$) and late seniors ($M = 51.42$, $SD = 5.42$). In both instances, the group with less education possessed a higher mean on the subscale than the late seniors.

ANOVA analyses of the additional subscales were as follows: fostering a positive climate, $F(3, 285) = .68$, $p = .58$; pinch hitting for team members, $F(3, 285) = .51$, $p = .68$; advocating on patients' behalf, $F(3, 285) = .42$, $p = .74$; processing information for doctors, $F(3, 285) = .14$, $p = .94$; collaborating in decision making,

$F(3, 285) = 2.10$, $p = .10$; speaking assertively to doctors, $F(3, 285) = 2.12$, $p = .10$; and individualizing communication with doctors, $F(3, 285) = .15$, $p = .93$. Subscale means, standard deviations, and correlations for the NTCI can be found in Table 4.

Reliabilities were all lower than those reported in prior uses of the NTCI. With the exception of one subscale, *individualizing communication with doctors*, the average response on each subscale was consistently higher than the average responses gathered from practicing nurses in previous usage of the NTCI (Ford et al., 2006); the majority of the 47 items answered by nursing students had a mean of 8 or higher on a 10-point scale. Additionally, standard deviations obtained in this study (range 3.21 to 6.55) are lower than those gathered by the authors' use of the NTCI, representing less variability in the way students answered the items.

As with the NPR-CAT, these results suggest nursing students view themselves quite favorably with regard to their communication abilities. It appears that this view may be inflated given faculty members' reports that students do not have considerable experience communicating with healthcare team members such as physicians, therapists, and pharmacists. While differences between groups of students were statistically significant in two instances, these differences represent no practical significance. Two factors that may have influenced students' inflated responses on the NTCI are the positive wording of all items and a wide range (one through ten) of response options, Additional factors that may have contributed to high self-assessments on both scales may include the participants' relative lack of experience, including the fact that they are not deeply embedded in the healthcare context, their

inability to fully experience the nurse role due to working in a protected environment, feelings of self-efficacy which convince them they should be effective communicators, as well as social desirability.

Professional Nursing Communication

The eighth and final research question investigated both what is taught in nursing education about professional nursing communication, as well as how this information is conveyed. Effective communication skills are an imperative part of a nurse's daily tasks and responsibilities, as providing appropriate health care depends on communicating with patients as well as other members of the healthcare team. Current nursing students, recent graduates of the program, and nursing faculty were asked a series of interview questions to discover what students learn from faculty about how to communicate as a nurse and what faculty believe they teach students with regard to professional nurse communication. Interview questions focused on what skills were taught as well as how they were taught in nursing school. Results from current students, recent graduates, and faculty members will be presented separately.

Current nursing students

Baccalaureate students primarily reported communication skills they have learned from faculty members to use when caring for patients. A phrase students often used to describe the role of a nurse was that of patient advocate. This phrase was used frequently by faculty across classes and clinicals to describe a primary communication responsibility of nurses. Since the nurse spends the most time with

the patient and is most informed about the patient's status, it is the nurse's role to stand up for the patient, even if that means disagreeing or confronting the physician who gives orders for patient care. While advocating for the patient can also mean standing up to the patient's family if they do not agree with the plan of care, most often students talked about advocating, or communicating their opinions about what was in the best interest of the patient, to the physician. While students did not identify this as a form of nurse communication with the healthcare team, they regularly identified with this inherently communicative role.

The information students reported receiving from faculty members about professional nurse communication with patients falls into two categories: (a) communication *demonstrating respect for the patient*, and (b) communication as a means of *providing the most effective patient care.*

Show respect for the patient. Many of the characteristics and strategies nurses use when communicating are motivated by a desire to respect the patient. Often the students labeled these communication behaviors as *therapeutic communication*, a specific concept taught by faculty in a number of nursing courses. Students reported a wide range of communication characteristics and strategies they have learned to use while caring for patients. Being a good listener is one example of how a nurse can demonstrate respect for the patient. Several students said that nurses must be extremely attentive to what the patient says and what the patient needs in order to communicate professionally.

Another example of nurse communication that shows respect for the patient is to provide him or her encouragement in light of a negative diagnosis without giving false hope. One student explained what she had learned from faculty members about communicating in such a situation. She said,

> You'd have to say, 'I'm sorry, I know this must be so difficult for you to go through right now. Your doctor is going to talk to you through the options.' You really can't say 'it's going to be all right, you're going to be okay' because that may not happen.

By presenting the facts of what is currently taking place and being encouraging, the nurse shows the patient concern and care, but does not promise that the patient will heal or overcome the disease. This realistic outlook is more respectful of the patient's situation than comments that are overly idealistic.

A final example of what students have learned from their faculty members about professional nurse communication that demonstrates respect for the patient involves treating all patients with dignity. Students reported that many seriously ill patients are non-responsive or non-communicative. Such patients may be in a coma or hooked up to a machine, such as a ventilator that prohibits them from talking. A nurse who is demonstrating respect for the patient will still speak to the patient and explain the procedures she is performing, even if the patient will not or cannot respond.

Communication as a means of effective care. In addition to showing respect for the patient through communication, the exchange of messages also serves to

facilitate the provision of competent nursing care. Current nursing students related a number of communication strategies that enable nurses to better care for the patient. For example, asking open-ended questions of the patient can help the nurse gather more thorough information about the patient's history, circumstances, and current condition than will closed-ended questions. Students reported learning this technique from their faculty members and that it yielded more complete information they could use to better care for the patient.

Students also reported learning from faculty members that communication must be responsible and well thought-out, as it can have legal ramifications. Having to "put your foot in your mouth" or regretting something uttered to a patient was a concern of several students. Current students recognized that they are responsible for their own communication as nurses and that careless statements would not only interfere with patient care, but may have enduring effects on the profession in general if taken to court.

Finally, students reported learning from faculty that nurses educate patients as part of their care for them. This instructional communication can take many forms, from using familiar words when explaining an illness to teaching a patient how to properly care for herself once she leaves the hospital. In some instances, nurses help clarify what physicians have communicated directly to the patient. One student explained the nurse's responsibility to ask and answer questions of the patient to ensure the patient understands a diagnosis, procedure, or plan of care.

> [The nurse has to] say, "I know the doctor told you this and the surgeon told you this, but I want to know what you got out of it." They [the patient] will sit there and listen to the doctor or surgeon's spiel and then the doctor or surgeon will leave and they'll have tons of questions. I don't know if they're intimidated to ask questions . . . I see a lot of people act like they understand stuff and they don't.

In addition to what current nursing students reported learning about professional nurse communication, they also shared three mechanisms through which they learned this information. The first, and perhaps least effective way they learned about communicating as a nurse was through the assignment to role play in which they interview another student acting in the role of a patient.

Second, students reported many class lectures incorporating the topic of communication in some way. Students were encouraged to think of communication as a tool necessary for nursing practice. While no single course focused solely on nursing communication, the mental health nursing course curriculum included a substantial communication component; in the associated mental health clinical, communicating with patients was students' primary means of providing care. In fact, much of what students reported learning about communication came from the mental health course.

The final method by which students reported learning about professional nurse communication from faculty members was through vicarious learning. By observing their faculty members or other nurses interacting with patients in the clinical setting,

students learned what and how to professionally communicate with patients Students reported that watching role models as the most effective way faculty taught them communication skills.

Still, students could point to communication skills they had not yet learned and knew they would need to possess to be a successful nurse. Many mentioned not knowing how to communicate effectively with other members of the healthcare team. They repeatedly stated they have not learned skills that would enable them to interact with team members such as physicians, therapists, and social workers, though they acknowledge that nurses operate within an interdisciplinary team. Students also reported not knowing how to overcome specific communication barriers such as language. Many students were concerned about how to effectively communicate with patients who do not speak English. Although some healthcare facilities employ interpreters, students did not see this as sufficient, as interpreters were not regularly available in their experiences.

Recent graduates

Recent graduates recalled a number of topics they learned from faculty with regard to professional nurse communication. However, the majority of graduates admitted they had learned far more about communicating as a nurse through their work experience since graduating from the BSN program rather than during nursing education. Many related that nursing school had provided basic information about communication and they realized its relevance and application to a greater extent after beginning full-time nursing practice. Like current students, recent graduates related

specific communication skills or strategies they had learned from faculty members during nursing school (e.g., asking open-ended questions, active listening). Obviously, recent graduates differ from current students in level of work experience; the former have had more opportunities to use these tactics and think more critically about their communication with patients. This experience appeared to help them recall broader salient communication concepts they had learned during nursing education, including the rationale for the concepts. These can be categorized as: (a) *acknowledging emotion through communication*, or (b) the *responsibility of communicating.*

Acknowledging emotion through communication. Recent graduates reported the emotion inherent in their jobs. They regularly experience stressful, emotion-laden situations such as when patients have received an unsettling diagnosis or are dying. In these instances, nurses have to communicate with the patients and patients' families, and they work to empathize through their communication rather than sympathize. Recent graduates recalled learning this approach from faculty and then using it in their full-time nursing practice. Additionally, graduates reported learning about anticipating the emotions of patients and communicating appropriately. For example, patients often interpret a nurse asking the question "Why?" as threatening. As a result, faculty members discouraged the use of this question as not to upset patients, thereby increasing the chances of an informative patient assessment.

Not only do nurses have to communicate accordingly in consideration of patients' and family members' emotions, they also must know how to communicate

their own emotions during stressful circumstances. Emotions such as anger, fear, joy, sadness, and surprise are among those reported by recent graduates. These feelings are not surprising given how they described growing close to their patients after days and even weeks of providing care. One recent graduate described,

> One thing I did get from lots of instructors was that it's okay to cry, to show emotion around patients and families and show that you cared for their loved ones. Share that emotion with the family and that you did care . . . that's okay.

Responsibility of communicating. One considerable difference between current students' views of communicating with patients and the views of recent graduates concerns who the nurse communicates with specifically. Recent graduates regularly reported learning from faculty the importance of communicating not just with the patient, but with the patient's family as well; interacting with family members was considered part of caring for the patient. Several graduates mentioned how much the family relies on the nurse for explanations of the patient's condition as well as progress the patient is making.

In addition to the patient's family, graduates also reported learning from faculty the responsibility of communicating with members of the healthcare team (e.g., physicians, therapists, pharmacists). According to one recent graduate,

> We learned that communication [among team members] is very important. If you don't have communication, everything falls apart. The doctors rely on you to be the communication between them and the patient because you're

there with the patient. [To tell them] what's going on, changes you see, what you think is best for the patient.

Other recent graduates related learning that communication (specifically ineffective communication or the lack of communication altogether) is the primary reason mistake and problems occur, and can potentially result in lawsuits. They recalled learning the need to be prompt and proactive in communicating with other members of the healthcare team.

Although recent graduates reported learning these broader ideas about communication from faculty members, they did not often report how these messages were presented. Some graduates could recall the specific faculty member who shared a particular message about nurse communication. These messages were conveyed in both lecture and clinical settings.

Having worked full-time in the healthcare field, recent graduates could point to communication skills that were not covered in their education and they have since had to learn. A theme representing these skills is flexibility in one's communication. Recent graduates provided examples of having to learn to adjust or tailor their communication to individual patients and reading the situation to determine what style of communication is appropriate. Graduates reported learning these strategies on the job often by making mistakes and correcting them in future interactions. For example, one recent graduate discussed the need to take her time when giving pertinent information to a patient or the patient's family. Another graduate learned to talk directly to co-workers when she had questions or problems with their work.

These two lessons were learned through making mistakes and wanting to prevent similar ineffective interactions in the future.

Faculty members

Certainly faculty members reported professional nurse communication as an integral part of nurse education, citing that nearly every undergraduate class incorporates the topic to some extent. The messages they report using to teach professional nurse communication to undergraduate students fall into one of the following three categories: (a) *nonverbal elements of communication*, (b) *communication that demonstrates initiative*, and (c) *communication as a tool for patient care.*

Nonverbal elements of communication. Faculty emphasized professional nurse communication as being comprised of more than just the words a nurse uses. In addition, faculty stress the importance of professional appearance as a nurse. This encompasses dress, but also body decoration such as tattoos and piercings. As two faculty members mentioned, patients are not always eager for a nurse with multiple piercings and tattoos to care for them, as piercings and tattoos can be interpreted as the nurse's willingness to engage in risk behaviors. In fact, many nursing schools and hospitals require tattoos to be concealed under clothing and piercings to be removed.

Nonverbal communication also extends to proxemics. Faculty members recalled teaching students to be conscious of personal space and that individuals vary in their preferences for personal space. Along with this, faculty teach students about the power of the nurse's presence with a patient. Beyond physical presence, simply

being *there* for the patient and providing what he or she needs communicates a sense of caring even without words. Faculty recalled telling this to students, particularly those who were concerned about their abilities to say the appropriate thing in difficult situations.

Communication demonstrating initiative. According to faculty members, many nursing students struggle with having confidence to fully engage in healthcare team meetings or in one-on-one interactions with doctors. Because of students' hesitancy, faculty members repeatedly tell students they must communicate with their professional colleagues. When asked what she tells her students about communicating as a professional, one faculty member explained,

> I always want them to contribute to a discussion about a patient. I want them to come forward, advocate for good care, advocate to the attending [physician] about something they might need, side affects, medication problems—they should communicate that with the physician or the nurse.

By engaging in interactions such as these, nursing students are able to demonstrate initiative and their desire to learn. Faculty explained that a fear of being viewed as unknowledgeable prevents many students from having the courage to speak up to physicians or offer their own insights. Yet faculty members appear to be urging students, explicitly and implicitly, to acknowledge their limitations and simply ask questions in order to learn. Another faculty member encourages students to seek out mentors on the hospital unit. This contact takes effort on the part of the student, but reveals his or her effort to learn the profession.

Communication as a tool for patient care. Although faculty members echoed some of the same specific communication strategies as students and recent graduates (e.g., summarizing questions, repeating back information to facilitate understanding), faculty members also tended to teach a more holistic view of communication in nursing. As one faculty member stated, communication is a tool "just like our stethoscope" that helps a nurse accomplish his work. According to faculty, students tend to be fascinated with learning technical skills, and they do not often recognize the importance of communicating in providing care. Several faculty members referred to teaching students the healing properties of communication. By talking to the patient and taking an interest in her well-being, the nurse provides empathy and support for her situation. A faculty member related the following when discussing what she teaches students about communicating with patients:

> [Be] able to connect with people—that's your customer—and put yourself in their shoes, see them as more than a skill set, using your skills with human beings . . . use that empathy to see what their situation is. It goes beyond the technical skills.

Faculty reported a variety of ways in which professional nurse communication is taught. Most often, students are encouraged to watch role models such as clinical instructors and preceptors (nurses supervising students' practicum experience). After observing professionals, faculty will often debrief the communication strategies used and their effectiveness. Additionally, faculty give students the opportunity to practice their communication with others. Another faculty member will have her students

organize what they will say to the doctor and then practice it out loud in order to become confident. Some students are also given the opportunity to switch communication roles with the nurse during the practicum. For a day or two, the student becomes the nurse and practices delegating tasks to the nurse playing the role of the student and others on the floor such as nurse aides. These experiences are designed to develop students' professional nurse communication skills as well as their confidence in those skills.

In summary, these results suggest that communication is an area of both value and emphasis in nursing education. Regardless of education or experience level, all of those interviewed—students, graduates, and faculty—consider communication skills a critical component of the nurse role. While methods of communication instruction vary, the majority of participants interviewed felt role modeling by faculty or nurses was most helpful in learning appropriate nurse communication. Role-modeling provides students the opportunity to observe the communication used in a real-life setting (as opposed to a simulated healthcare environment), complete with natural intricacies and consequences.

Table 1

Analysis of Variance for Nurse-Patient Relationship-Communication Assessment Tool (NPR-CAT)

Subscale	*df*	*F*	*p*
	Between subjects		
Composure	5	1.50	.19
Immediacy	5	.71	.61
Similarity	5	1.66	.14
within group error	484	(3.01)	

Note. Value enclosed in parentheses represents mean square error

Table 2

Correlation matrix for Nurse-Patient Relationship-Communication Assessment Tool (NPR-CAT)

Variable	Mean	SD	α	1	2	3
1. Composure	12.43	1.89	.67	.67		
2. Immediacy	13.61	1.36	.72	.53**	1.00	
3. Similarity	13.85	1.26	.73	.48**	.80**	1.00

**. Correlation is significant at the 0.01 level (2-tailed)

Table 3

Analysis of Variance for Nurse-Team Communication Inventory (NTCI)

Subscale	*df*	*F*	*p*
	Between subjects		
Fostering a positive climate	3	.68	.58
Managing workplace stress	3	2.74	.04
Listening actively to team members	3	2.40	.07
Pinch hitting for team members	3	.51	.68
Advocating on patients' behalf	3	.42	.74
Processing information for doctors	3	.14	.94
Collaborating in decision making	3	2.10	.10
Speaking assertively to doctors	3	2.12	.10
Individualizing communication with doctors	3	.15	.93
within group error	285	(2.34)	

Note. Value enclosed in parentheses represents mean square error

Table 4

Correlation matrix for Nurse Team Communication Inventory (NTCI)

Variable	Mean	SD	α	1	2	3	4	5	6	7	8	9
1. Fostering a positive climate	8.96	.71	.75	1.000								
2. Managing workplace stress	7.70	1.12	.68	.39**	1.000							
3. Listening actively to team members	8.76	.76	.72	.68**	.37**	1.000						
4. Pinch hitting for team members	8.69	.95	.80	.55**	.40**	.44**	1.000					
5. Advocating on patients' behalf	8.73	.88	.77	.51**	.49**	.54**	.57**	1.000				
6. Processing information for doctors	8.52	.83	.79	.55**	.49**	.60**	.57**	.71**	1.000			
7. Collaborating in decision making	8.86	.72	.72	.67**	.45**	.71**	.57**	.66**	.70**	1.000		
8. Speaking assertively to doctors	7.59	1.26	.75	.24**	.51**	.37**	.41**	.55**	.54**	.46**	1.000	
9. Individualizing communication with doctors	7.76	1.35	.75	.15*	.27**	.18**	.23**	.31**	.30**	.25**	.31**	1.000

**. Correlation is significant at the 0.01 level (2-tailed)

*. Correlation is significant at the 0.05 level (2-tailed)

CHAPTER FOUR

Discussion

Review of Findings

The first research question investigated the role transition experienced by nursing students as they progressed from student to nurse. Students begin to identify less with the student role and more with the nurse role as they develop communication competence, learn what it means to be professional, and gain a fuller understanding of the nursing profession. This enhanced progression of the socialization process is inherently more extensive and formalized than the preparation and socialization for many occupations.

The second research question compared the nursing socialization process for students entering the profession to the traditional, three-phase model of socialization (anticipatory socialization, encounter, and metamorphosis; Van Maanen, 1976). Thorough analysis of the socialization experiences of student and graduate participants revealed that the long-accepted model did not capture their experiences. Thus, an expanded five-phase model more accurately describes the socialization process within nursing education. The anticipatory socialization phase is followed by two simultaneous phases—professional socialization and initial encounter; a secondary encounter phase occurs as the individual moves from student to employee positions. As in the traditional model, the metamorphosis phase occurs when the

employee has transitioned from outsider to insider and become acclimated to the organizational environment.

The third research question sought to describe the messages faculty report using to help students gain a realistic view of the profession. Faculty messages are significant, as it is through their communication with students that socialization takes place. Faculty and students reported messages of professional responsibility, challenges inherent to nursing, the commitment necessary for nursing, the role of caring, and fundamental nursing knowledge.

The fourth research question compared the extent to which current students' perceptions of nursing matched the perceptions of the profession held by faculty. Faculty and student reports of socializing messages revealed no contradictions in information, suggesting a high degree of shared meaning between faculty and students; profession-related messages communicated by faculty are often assigned similar meanings and retained by current students. Although no messages contradicted each other, the perspective of each group differed. Faculty tended to report broader profession-related information, or a long-term, future-oriented perspective, while students included more detail in their perceptions of nursing. Students focused on specific procedures and situations they had recently experienced personally or observed nurses encountering on the job.

The fifth research question gave recent graduates the opportunity to evaluate the socializing messages of faculty. Overall, graduates had positive assessments of their nursing education and reported feeling their educational preparation was

superior to that of their co-workers from other programs. They recalled messages helpful in socializing them into the profession centered on the nursing profession, communication skills, teamwork, and foundational physiological and nursing care knowledge. However, alongside the helpful messages, they reported wishing they would have received more thorough, specific information on these same topics. Contradictory messages were also reported by recent graduates. In some cases, these messages illustrated gaps between theory and practice, while in other cases, the faculty messages explicated negative or stressful aspects of nursing that recent graduates did not find to be true.

The sixth and seventh research questions investigated students' assessment of their own communication with patients and with healthcare team members, respectively. Students completed the NPR-CAT instrument (Finch, 2005) to measure nurse-patient communication and the NTCI (Ford et al., 2006) to measure nurse-healthcare team member communication. Questionnaires were completed at six different points across the two-year nursing program. Results indicated virtually no changes in students' assessments of communication skills with either patients or team members as students progressed in the program. Contrary to what their faculty members described, students' scores on each instrument suggested they felt they were extremely strong communicators and had little room for improvement. Previous uses of these instruments were with full-time nurses; their scores were consistently lower than the nursing students in this study, suggesting nurses were more critical of their own communication competencies.

Finally, data were collected on what is taught about nurse communication in the BSN program at the SON. Current students, recent graduates, and faculty members were each asked to provide examples of communication topics covered in didactic or clinical settings; each group varied in specificity of information. Students reported learning specific strategies to use in order to effectively communicate with patients. Recent graduates reported learning acceptable and necessary characteristics of nurse communication, and faculty reported teaching about nonverbal elements of communication, the need for nurses to confidently initiate communication with healthcare team members, and the centrality of communication to quality nursing care.

Summary

These results indicate the process of socializing nursing students into the profession of nursing is more complex than three straightforward phases as implied by the traditional model of socialization. The transition into the nurse role (and identifying as such) begins *during* nursing education, not after graduation and licensure, as much of the literature would suggest (Etheridge, 2007; Pigott, 2001; Whitehead, 2001). The educational program at the SON affords students opportunities to prepare for a career in nursing through learning profession-related information, as well as gaining healthcare experience skills in legitimate clinical environments. These phases of specialized instruction and practical, hands-on training are not accounted for by the traditional socialization model (Jablin, 2001; Van Maanen, 1976).

Although a significant role transition (Ashforth, 2001) from student to nurse is the outcome of the socialization process, students are not solely responsible for their own socialization. Faculty members are agents of socialization; they facilitate the process through the messages they communicate to students. Although other literature highlights the important role of faculty as mentors and instructors (e.g., Burns & Poster, 2008; Shelton, 2003), existing research does not provide insight into the specific messages used to prepare students for the profession during nursing education. This study explicates themes of faculty messages that serve to familiarize students with the profession they are preparing to enter. One specific area of socialization concerns what students are taught about how to communicate as a nurse. Strong communication skills are considered a critical competency for a successful nursing career (Hartrick, 1997; Omdahl & O'Donnell, 1999; Utley-Smith, 2004; Williams & Gossett, 2001), yet this tends to be a topic of little emphasis or inadequate instruction in nursing education (Chant et al., 2002; Hartrick, 1999). While this study reveals what is taught at the SON about professional nurse communication, findings also reveal that students still struggle to communicate appropriately and effectively. The data gathered in this project illuminate the complexities inherent to the socialization process and content of nursing education, thereby raising several issues for further consideration.

Integrated Summary of Findings

This study has investigated the socialization process for nursing students entering the profession by examining specific messages that facilitate their transition

to the nurse role. Although the various phases of the socialization process and activities comprising the phases have been outlined previously, the following sections will explicate how the socialization process moves a nursing student from outsider to insider. The topics of role transition and role dialectics, turning points, sensemaking, and professional ethos will be discussed as they relate to data collected in this study. Communication implications will be addressed throughout.

Role Transition and Role Dialectics

The socialization process for nursing students involves adopting the new role of nurse. Graen (1976) defines roles as sets of behaviors persons expect of individuals holding a specific position. The expectations of nursing student behavior differ dramatically from the expectations of the average college student, as nursing students are expected to be transitioning into the professional nurse role. Prominent within nursing literature, Benner's (1984) application of the Dreyfus Model for Skill Acquisition (Dreyfus & Dreyfus, 1980; a theory describing levels of proficiency when acquiring and developing a skill) to nursing begins to describe role transition. She articulates the transition of a nurse through five phases—novice, advanced beginner, competent, proficient, and expert--to describe how individuals acquire necessary competencies for quality patient care through education and clinical experience. While Benner's (1984) work is often cited to describe socialization to the nurse role, these stages do not necessarily constitute roles themselves. Rather, the stages mark indicators of proficiency, or benchmarks, that indicate the student is transitioning into the nurse role.

The student-to-nurse role transition is facilitated through interaction (Graen); students' communication with faculty and healthcare professionals, as well as with their peers (Lum, 1978) helps facilitate this transition. According to faculty members interviewed in this study, it is through these types of interactions that nursing students develop communication competence, begin to understand the professionalism in nursing, and become more open-minded, all of which help them begin to identify with the nurse role.

Identifying oneself with the nurse role involves adopting a social identity, or a perception of oneness (Ashforth & Mael, 1989) with nursing. Social Identity Theory (SIT) (Tajfel & Turner, 1985) suggests that individuals desire to classify and locate both others and themselves within the social environment. This requires a social referent with whom they can identify. Additionally, individuals desire a social identity when there is prestige associated with a particular role. For nursing students who regularly observe licensed nurses (e.g., faculty, clinical nurses, and preceptors), there is esteem in graduating and beginning to practice the same skills they regularly see modeled. While adopting the new role of nurse can involve observable behaviors such as performing nursing skills and communicating as a nurse, a social identity is gained simply by *perceiving* oneself as part of a group; in this case, students cognitively perceive themselves as part of nursing. This self-definition emerges through the verbal and nonverbal interactions they experience (Ashforth & Mael); through these interactions, students learn to ascribe a socially constructed label—that of nurse—to themselves and their fellow classmates (Van Maanen, 1979).

A social identity may be multi-faceted, or comprised of "loosely coupled identities" (Ashforth & Mael, 1989, p. 22). When multiple identities exist, competing demands of those identities can create challenges for the individual (Ashforth & Mael). Certainly this is descriptive of the nursing student's experience, as she holds both student and healthcare professional roles, in addition to other roles from her personal life (e.g., daughter, employee, girlfriend, mother). The tension between the student role and healthcare role was likely complicated by these roles outside the educational context. Students can identify with both roles, but do not firmly belong in either, as they experience what can be described as a state of liminality (van Gennep, 1960) while in nursing school. They are more than traditional college students given their clinical experience and expertise; however, they are not fully nurses, as they do not yet have the requisite knowledge and licensure to practice nursing. Further complicating their social identities is the blurring of roles; information from didactic coursework is to inform their clinical practice and clinical experiences are intended to ground the material learned in the classroom. The post-clinical conference provides a vivid example of the student and professional roles as integrated rather than segmented (Ashforth, Kreiner, & Fugate, 2000).

The constant switching back and forth between student and healthcare professional roles produces a role dialectic, or an "ongoing interplay of contradictions that produce, shape, and maintain behaviors associated with a particular role" (Apker et al., 2005, p. 97). As with the ongoing role tensions highlighted in Apker et al.'s study of nurses, students likely manage these contradictions communicatively. While

this study did not investigate the specific communication strategies students use to manage this dialectic, future research should uncover how this tension is handled. Dialectics are similar to micro role transitions wherein an individual has to manage psychological and physical movement among various roles; these are a hallmark of organizational life (Ashforth, Kreiner, & Fugate, 2000). Nursing education provides initial exposure to a challenge students will likely encounter throughout their nursing practice.

While the transition from student to nurse is likely the most dramatic role transition students will face, nurses are not exempt from having to re-adjust to new roles. Scholars suggest that role transition occurs throughout one's career as individuals change jobs, departments, responsibilities, and organizations (Ashforth, 2001; Zurmehly, 2007). A number of the recent graduates interviewed in this project had already changed jobs since their initial placements out of school. While their switching positions was not described as being extremely stressful, particularly in comparison to taking their first jobs, they did admit adjustment was necessary as they left one role and adopted another. A role dialectic that emerged for these nurses involved being an experienced nurse while also being a newcomer to the unit. Nursing careers at any stage can be punctuated by various events that affect, change, or influence the nurse role held by an individual.

Turning Points

Role transition is marked by a number of turning points which facilitate the adoption of the social identity of nurse. Turning points are traditionally defined as key

events or occurrences associated with change in a relationship (Baxter & Bullis, 1986). While this definition was developed from work examining interpersonal relationships, additional research has applied turning points to an individual's relationship, or identification, with an organization. Although nursing students do not have the opportunity to become fully integrated into one healthcare organization, as clinical settings change multiple times throughout their education, turning points do affect their social identity as nurses, thereby helping to perpetuate role transition.

Bullis and Bach's (1989a) study of turning points in communication graduate students' socialization to graduate school found fifteen types of turning points commonly experienced that served to increase or decrease students' identification with their university department. Students' identification was operationalized as feeling similar to other members, feeling a sense of belonging, and considering themselves to be members. This is consistent with other definitions of organizational identification which emphasize perceptions of oneness with the organization (Ashforth & Mael, 1989) and the development of congruency between organizational goals and the individual's goals (Hall, Schneider, & Nygren, 1970).

Turning points may serve to influence nursing students' identification with the organization (the SON); however, this was not the focus of this study. It is highly plausible that nursing students experience turning points in a fashion similar to the graduate students in Bullis and Bach's (1989a) study, simply with a different target—identification as a nurse and with the nursing profession rather than with a department. Just as the graduate students' turning points were behaviors and

accomplishments as well as mental states and opinions, nursing students identified a number of events, or rites of passage (van Gennep, 1960), that they felt marked their transition into the nurse role.

The first semester of nursing school is known for being particularly challenging for new nursing students. There are considerable demands on their time; coursework and clinicals are different than their previous educational experiences. As a result, students viewed survival of the first semester as an accomplishment, or a turning point in their journey to legitimately adopting the nurse role. Completing the initial semester served to reinforce their self efficacy and commitment to the profession, as they proved capable of succeeding in nursing school. They interpreted their successful entry into the nurse role during the first semester as evidence that they could also be successful in the nursing industry; many students reported hearing that the first semester was the most challenging of the entire program. Still, each completed clinical rotation (every rotation focuses on a different nursing context) and each passed didactic course also represented a turning point to students. Although those interviewed had yet to experience it, the last semester of the program constituted another turning point, as it is spent in practicum and involves considerable changes in students' responsibilities and clinical hours.

Clearly many turning points are connected to the formal SON curriculum; others take place more informally in students' personal lives. Students excitedly related multiple instances of being off-campus and treated as nurses by friends, family, or even strangers, and experiences in which they were able to apply their

newly-gained nursing skills. Their self esteem was enhanced through these experiences, further developing their social identity of nursing.

The most significant turning points of nursing education are not experienced throughout the two-year BSN program, but rather at the end. Graduating and passing the national nursing board examination (the NCLEX) signify the end of the educational process and entry into the profession, the height of role transition. These rites of passage are regularly anticipated and referenced by both students and faculty throughout the entirety of the nursing program. Recent graduates consistently identified the graduation ceremony and the passing of boards as events that legitimized their transition, despite their having competently performed nursing work and possessing nursing knowledge much earlier.

Although the above examples illustrate turning points that helped to facilitate students' social identity of nursing, they also shared turning points which impeded development of that identity. Students regularly reported feeling unsure about joining the profession when recalling their interactions with nurses who were unwelcoming to nursing students or who simply did not like their jobs. Several students voiced worry that they too would burn out or become disenfranchised with their nursing careers. Again, observation of a social referent influenced students' feelings of identity.

In some cases, the same types of interactions could effectively facilitate turning points for some, while hindering turning points for others. For example, a number of students explained that their interactions with faculty mentors or seminar

groups (a group of 10-12 students who meet weekly with an assigned faculty member) served to influence their interest in joining the nursing profession. For some, the group meetings made them excited to pursue a particular nursing specialty. Other students reported feeling they gained little from mentor or seminar group experience. As a result, they wished these meetings were not a part of the curriculum.

The messages students receive from faculty and the interactions in which students participate comprise the turning points that facilitate role transition. By hearing messages and making sense of them, students' social identities as nurses are developed. Turning point research has examined romantic partners (Baxter & Bullis, 1986), graduate students and their mentoring professors (Bullis & Bach, 1989b) and department chairs and faculty members (Barge & Musambira, 1992). Given the connections nursing students establish with faculty members, floor nurses, and preceptors, these interactions should be analyzed to assess their effect on students' role transitions. It is possible that particular messages accelerate or hinder the experience of turning points for nursing students; these messages should be investigated and then encouraged or avoided, respectively.

Sensemaking

Experiencing turning points in the process of adopting a new role can mean changes in duties and responsibilities (actions and behaviors), but the transition also involves a mental shift wherein a student begins *making sense* of his interactions with others. For example, he may think about how his communicating with a patient made the patient's hospital experience easier, and he may think about a message from a

faculty member that he personally observed in a clinical experience. Interactions with faculty, patients, families, peers, and members of the healthcare team serve to develop his social identity as a nurse; this development is facilitated through *sensemaking* (Apker, 2001; Murphy, 2001; Weick, 1995).

New, uncertain, and ambiguous organizational settings and roles spur sensemaking (Louis, 1980, Weick, 1995). In the face of tension, paradox, and ambiguity, individuals have a need to comprehend a situation and understand what to do (Weick, Sutcliffe, & Obstfeld, 2005). Nursing school presents a wealth of new information as well as various clinical opportunities that students can find unfamiliar and even uncomfortable. In order to develop the social identity of nurse, it is necessary in these situations for students to cognitively grasp both the situation and their roles as nurses.

Sensemaking is a social process constituted in interaction (Weick, 1995); nursing students make sense of these novel experiences—and thereby the nurse role—through communicating with faculty, patients, families, peers, and members of the healthcare team. Sensemaking is also retrospective, meaning students can understand what they are doing only after they have done it (Weick). Thus, hands-on, clinical experiences are critical for developing the nurse role. While a student can learn how to take patient histories through a lecture, a new level of learning occurs when she actually takes a patient history herself. Although individuals make sense of a message or interaction after it has occurred, the length of time between the event and the sensemaking can vary. Considering a faculty member's message moments

after she uttered the words is retrospective, as is meeting with a seminar group to discuss nursing school experiences later in the semester.

Faculty have the greatest responsibility in helping students sensemake about new situations and the nurse role. Messages from faculty prompt the student learns to connect the abstract with the concrete (Weick et al., 2005). Although students can also learn from their peers, the clinical faculty member asks questions, shares relevant information, and helps students connect their observations to the concepts they are learning in their coursework, thereby making sense of the information they are being presented. In classes, didactic faculty members will reference clinical experiences or share stories from their own practice, also in an attempt to help students draw connections. When messages and experiences are integrated, or made sense of, students can more fully understand what it means to be a nurse, thereby moving them closer to adopting that role.

Sensemaking about the nursing profession is clearly an important component of nursing school, yet students will continue to make sense of the nurse role as they move into full-time practice. In fact, sensemaking will occur throughout a nurse's career as he encounters new messages and experiences. Nurses have to make sense not only of their role as they did while in nursing school, but also what symptoms mean and what the best course of action is for the patient's health (see Weick et al., 2005 for an example). As nurses pursue different career paths, they must make sense of what it means, for example, to be a flight nurse or a hospital nurse or a nurse educator. Interestingly, the sensemaking process is consistent with the skill of critical

thinking that many faculty reported a necessity for nursing and a skill that they teach within the SON.

Students' responses in focus groups and interviews provided multiple examples of sensemaking, particularly as they related examples where they were able to apply nursing theory in the clinical setting. They described specific experiences working with patients and healthcare providers in a way that suggested they were starting to think like knowledgeable, capable nurses, not merely students studying nursing content. They had processed what they had seen in the clinical setting, what had been communicated to them in the classroom setting, and were able to connect those ideas to their future careers.

Professional Ethos

A key component to a nursing student's making sense of the nurse role involves attainment of a professional ethos, or an understanding of the commonly held attitudes, beliefs, characteristics, norms, and values held by members of the nursing profession. These messages of professional ethos are important to an occupation, as they help guide individuals' work, including dealing with the more challenging experiences of workplace changes, frustrations, and ethical dilemmas. Although a formal Code of Ethics developed by the American Nurses Association guides nursing practice (the equivalent of medicine's Hippocratic Oath), no study participants mentioned the code explicitly. The ideals of nursing they mentioned learning by way of faculty messages and clinical experiences, however, were consistent with the Code's emphases on doing no harm, benefiting others, loyalty,

truthfulness, social justice, the changing context of health care, and the autonomy of the patient and nurse (ANA, 2003). Others have suggested that nursing ethos should also include valuing evidence-based practice, caring, consistency, and professionalism (Brennan, 2005).

Identification with professional ethos has been found to be greater than identification with one's organization (Russo, 1998). This means nurses subscribe to the same professional ideals regardless of their employing organization, thereby uniting the profession. This study confirms these findings, as nursing students have little chance to develop identification with any one healthcare organization, as they frequently change rotations and clinical sites. Thus, claiming the professional ethos provides some constancy as they adopt the social identity of nurse. Professional ethos is fairly stable over time, yet is responsive to changes from within and outside the profession, including new generations of students who enter the industry (Stiller, 2000). For example, the nationwide nursing shortage certainly affects the professional ethos of nursing. Nursing students acknowledged that the paucity of nurses would increase their workload once working full-time, yet they reported the importance of still providing the best, most competent patient care possible in spite of these demands.

Many of the messages faculty reported communicating to students served to foster this ethos, as they centered on aspects of professionalism of nursing rather than information specific to a particular clinical setting (e.g., maternity, mental health). Some messages are explicit, while others are part of the "hidden curricula" (Hammer,

2006, p. 3). This consists of attitudes and behaviors that are not formally taught, but are learned vicariously through students' observations and experiences outside the official curriculum and which serve to socialize them into the profession. Faculty reported putting students into clinical settings in which they could gain these types of encounters. Perhaps the strongest way of communicating professional ethos however, is through role modeling (Hammer). Students and faculty alike reported the importance of having good examples of nursing practice. Through effective demonstrations of professional nursing ethos, students begin sharing that ethos as well as gaining a sense of belonging and obligation to the nursing community (Burchard, 2005).

With good reason, nursing educators at the SON specifies the professional ethos for nursing practice rather than allowing individual students to establish their own notion of ethos. While the ANA Code of Ethics (2003) is designed to guide the practice of nurses, the SON also has a school-specific, peer-oriented professional integrity program to promote professional and ethical behavior in the nursing student role. The existence of this program suggests that administration and faculty believe professional ethos is critical and they want to establish the importance of effective, professional, ethical nursing practice in the minds of students from the outset of nursing education.

As both students and faculty noted, it is not realistic that professional ethos will always enacted in the clinical setting. Nurses vary in their commitment to the profession, their skill sets, and their knowledge base. For example, students shared

that some nurses who were trained many years ago have not educated themselves on more recent procedures such as those the students were learning in classes. As a result, these nurses often retain old habits and may use dated nursing practices. Additionally, students recognized nurses who had develop shortcuts in their procedures or communicative interactions that did not match the ideal, or ethos, or nursing.

To some extent, students in this study acknowledged they were taught professional ethos of nursing, the ideals of nursing practice. They internalized what they were taught in nursing school in order to pass exams and clinical skills tests. Thus, students repeatedly reported feeling confused and frustrated when they observed clinical nursing practice that did not complement or even contradicted the professional ethos. A number of faculty reported attempting to teach ideal nursing practice, yet acknowledged that not all clinical nurses exemplify this espoused ethos. While socialization involves embracing the professional ethos, it also involves recognizing that not every nurse will share nor enact ideal nursing practice. As a result, it is important that faculty communicate this reality as well as clearly explain the various forms nursing practice can take. They should be certain to justify the role of professional ethos and its connection to better nursing outcomes. This will aid in students understanding and adopting the value system of the profession.

Theoretical Implications

This study provides theoretical contributions in the revised model of socialization presented in Chapter Three as well as the application of the process to an

alternate population. The three phases of the traditional model (depicted in Figure 1) have long been accepted as descriptive of the newcomers' organizational entry experience across all occupations, industries, and organizations. Certainly the model's strength is its ability to describe the developmental nature of organizational entry. Despite its breadth, the traditional model is too limited, as socialization occurs for other individuals in occupational transition as well. Job transfers (Kramer, 1993), promotions (Kramer & Noland, 1999), and job changes (Brett, Feldman, & Weingart, 1990) involve individuals having to assimilate into new organizational and professional environments in a process akin to socialization. The current study provided yet another look into entry, that of nursing students completing their formal training and preparing to enter the nursing profession.

Although the traditional model of socialization places some attention on entry to the profession (e.g., learning about acceptable occupations during the anticipatory socialization phase; Jablin, 2001), application of the model is most often made to new, full-time employees' experiences of entering *organizations*, including their adaptation to new surroundings and relationships (e.g., Jones, 1986; Myers & Oetzel, 2003). Although nursing students do enter multiple new organizations (the nursing school, hospitals, community clinics, and other health organizations), they do not do so as permanent members. Thus, the primary focus of this project was on their entry to the profession.

Although Jablin (2001) acknowledged the limitations of the traditional model (e.g., phases are of unknown length and may not be discrete, there has been little

sufficient longitudinal investigation of phases), other scholars (e.g., Hess, 1993; Kramer & Noland, 1999; Staton-Spicer & Darling, 1986) adapted the visualization, phase labels, and linear nature of the traditional socialization model in order to better fit the socialization process. This repeated need for adaptation suggests that the traditional socialization model should not be proposed as fully explaining *all* entry experiences; instead, it should be viewed as an adequate starting point from which to examine the complex process of socialization. An in-depth view of the socialization specific to a profession will allow organizations to tailor their socialization methods and goals to best meet the needs of newcomers.

One of the most significant limitations of the traditional model is its minimization of the socialization experience for nursing students; it summarily assesses all of nursing education as anticipatory socialization. The conventional explanation of anticipatory socialization simply does not encompass the valuable socializing experiences of a BSN student at the SON as they simultaneously learn about and enter the profession.

Expanding socialization theory to include four phases for the nursing profession (see Figure 2) has implications for the entry experience of other occupations. Other professional education programs may have components resembling nursing education's clinical element prior to organizational entry and thus would demand parallel phases. Other occupational preparation programs may even feature phases that have yet to be articulated. Regardless, this study suggests socialization theory may not be as simplistic as it is often portrayed. Caution should

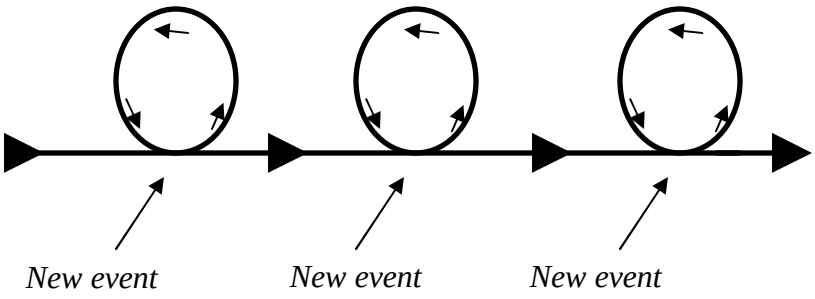
be exercised when applying the traditional model, as it has been shown to be insufficient for a variety of reasons. Only through careful examination of the socialization process for an occupation will one obtain a more accurate view of what preparation for and entry into the profession involves.

In comparing the new and traditional models, the metamorphosis phase does not appear in the new model. This phase was beyond the scope of the present study, though data collected from recent graduates called into question the accepted conceptualization of the metamorphosis phase, commonly understood as the resolution of problems a newcomer experiences during encounter and subsequent adoption of *insider* status (Van Maanen, 1976).

Given that some of the recent graduates had been working multiple years in their current nursing positions and a number of them had even been promoted into leadership roles, one might assume many of these participants had reached the metamorphosis phase. However, recent graduates' responses indicated that while some of their job requirements and experiences had become routinized and familiar (e.g., they were comfortable charting patient information according to hospital standards, they had established relationships with co-workers and even socialized outside of work), they still encountered new interactions on a regular basis (e.g., confronting a doctor who would not honor a patient's end-of-life wishes). As Myers and Oetzel (2003) suggested, an individual can feel assimilated into certain aspects of her job and yet unfamiliar or uncomfortable with others. Recent graduates' experiences indeed illustrated these varying levels of socialization. This suggests that

the metamorphosis phase needs clarification in order to better depict the dynamism of interactions inherent to organizational life. Rather than conceptualized as a finite phase which is either achieved or not achieved, the *settling in* or metamorphosis into a position and an organization should instead be viewed as an ongoing process along a path, punctuated by new experiences (encounters) throughout the entirety of tenure. These new experiences may pose challenges that must be experienced and overcome just like new experiences during the secondary encounter phase. A model of the metamorphosis phase based upon the data from recent graduates appears in Figure 4.

Figure 4. Alternative conceptualization of the metamorphosis phase of socialization



While the horizontal line represents a period of stability and familiarity, the loops represent new, atypical experiences that occur after an individual has been working in the same position within the organization. As the loop comes to a close, it rejoins the horizontal line, suggesting that the new encounter has been experienced and made sense of, allowing the individual to return to a period of routine, albeit a

revised routine. This period of routine will exist until the next new experience takes place, in which the individual's organizational experience is again punctuated. It is important to note that a new experience may alter how a nurse approaches a single aspect of her job (e.g., communicating with physicians as in the case of the nurse who advocated for her patient's end-of-life wishes), or a new experience may affect multiple aspects of her job. For example, when a new nurse manager begins working on a unit, aspects of employees' jobs such as work schedules, unit meetings, patient care, teamwork, and documentation may change as a result of new leadership. A new encounter loop may consist of a singular event that forces re-socialization to the job, or it may be a combination of many simultaneous events.

This reconceptualized model of the final phase of socialization demonstrates that organizational life is neither stagnant nor predictable in human service occupations. The dynamics of interacting with others has the potential to create new opportunities and challenges. Some task-related aspects of a nurse's occupation do not often change and are re-encountered regularly (e.g., the process of giving an injection is performed similarly regardless of patient). However, a substantial portion of his job involves human interaction and thus, there is a new encounter with every interaction. Even though a nurse may have explained a surgical procedure countless times, every patient may respond differently, posing the opportunity for a unique encounter as she determines how to communicate accordingly.

Practical Implications

As with most field research, findings have the potential to be of benefit to the organization in which data were collected. It is also essential to recognize the practical value this study may have beyond the SON; other nursing programs as well as other pre-professional programs and internship sponsors may be able to apply study findings to their respective programs.

Clinical and Didactic Skills

Multiple nursing faculty referred to students' fascination and great concern with perfecting their clinical skills. The novelty of these skills is likely the cause for this focused attention. However, only faculty and recent graduates acknowledged the importance of also learning didactic course material. This oversight by current nursing students presents nursing faculty and administrators an opportunity to work toward better integration of these two equally important components of nursing education. One possible approach is to frame clinical and didactic coursework as complementary components of nursing education from the outset, an approach advocated by nursing scholars who acknowledge the inherent tension between—and interdependence of—theory (didactic) and practice (clinical) (Benner, 1984; Marrs & Lowry, 2006; Rafferty, Allcock, & Lathlean, 1996). Evidence-based practice, an approach that meshes both clinical and didactic knowledge, is one way this might be accomplished. While faculty reported this approach being critical, students did not cite this as a socializing message, suggesting more emphasis should be placed on evidence-based practice.

Additionally, students voiced concern about spending so much time in didactic courses that they have too little time to practice their hands-on skills. If practice time is increased, students may feel there is ample opportunity to perform and refine skills, and thus, experience less anxiety. While not support for reducing didactic hours, it is plausible that the provision of more practice time will boost students' confidence and facilitate role transition, as it will be a concrete way for them to enact the nurse role.

Students' Assessments of Communication Skill

Students' overly high assessment of their own communication skill should be concerning to faculty. Since students report being such strong communicators, perhaps formal critiques of their interactions with patients and healthcare team members have not been frequent, specific, nor honest enough for them to recognize any need for improvement. Students frequently mentioned other areas in which they saw need for personal growth. Exams over course material and proficiency tests (also known as *check offs*) over technical skills were cited as the faculty's means of measuring students' nursing knowledge and skills. In fact, with regard to technical skills, many students had passed their tests yet were still extremely hesitant to believe they were proficient. This suggests that students do not possess an inflated view of their nursing skills across all areas.

According to faculty and students, communication is a topic regularly addressed in nursing education, yet the manner in which it is formally or informally assessed was not revealed. If students are to have a more accurate picture of their

communication abilities with patients and healthcare team members, not only must assessment take multiple forms (e.g., formal exam questions and clinical check offs, informal faculty observations and critiques), it must also be made a priority throughout the curriculum. The content addressing communication skills should be as carefully designed as the rest of the curriculum. Faculty members should be aware of what others teach about communication as to prevent contradiction or unhelpful repetition.

Recommended Socialization Message Characteristics

The content of the messages relayed to students by faculty appears to be accurate, helpful, and effective in facilitating students' socialization to the nurse role. Certainly it will be wise for SON administration and faculty to assess whether the messages reported in this study are consistent with what they desire for students to learn. While many of the socialization messages conveyed to students are helpful in introducing them to the profession, some messages work better than others as a result of various message qualities. This study revealed that students have a preference for and receive the most benefit from messages that demonstrate some or all of following characteristics: (a) *directness;* (b) *consistency;* (c) *appropriate in number;* and (d) *personal relevance.* SON faculty and administration can keep these characteristics in mind when crafting messages to be shared with BSN students.

Directness. When asked to recall the socializing messages they had received from faculty members, students appeared to gain the most from very explicit, specific, and direct messages. This is not surprising given the fact that the nursing

discipline draws upon a foundation comprised of hard sciences (e.g., biology, chemistry). Students take multiple science prerequisites prior to nursing school and have likely grown accustomed to absorbing and processing very concrete information. Faculty should consider this and therefore deliver messages that are intentional and are designed to be straightforward.

That said, the preference for unequivocal information, while helpful in memorizing facts and processes, can be problematic when a message is more abstract or theoretical. Faculty members' broad view of the nursing profession as compared to students' narrower focus on nursing practices illustrates the direct messages that were retained by nursing students. Admittedly, faculty can be justified in their decision to employ ambiguous messages at times. Doing so strategically can promote critical thinking and enable students to contemplate dilemmas they will inevitably face in practice. However, if faculty decide to convey indirect messages, they also need to help students make sense of those messages. An example stems from students' and faculty members' beliefs that observing role models is a good way to learn about nursing practice. Students may not pick up everything a faculty member would like for them to know; thus, this indirect method of conveying messages about nursing care can be enhanced by accompanying these observations with direct messages about the healthcare situation.

Consistency. Current students do not appear to value equally the two primary components of nursing education—clinical and didactic coursework. Their undervaluing of the didactic component suggests they are not seeing the connections

and interdependence of these elements. To facilitate students' learning and socialization into the nurse role, students need to be presented with consistent messages that regularly reference the other component. Because having consistent instructors (i.e., the same faculty member for both clinical and didactic components) is not feasible, communication among faculty should be frequent. This is imperative so that each faculty member is aware of the messages conveyed in the complementary course (e.g., the mental health lecture and the mental health clinical). Students' reports of discrepancies between what they learned in class and what they were taught in clinical settings, as well as a small number of conflicting faculty and students reports of class material raise concern that messages in other areas may be inconsistent as well. Students, as the recipients of these messages, should have the opportunity to raise and discuss these contradictions if the school is to work toward resolving them.

Because nurses and nursing faculty vary in their opinions, practices, and background, it is not realistic to assume that every message students receive at the SON could be consistent. For this reason, it is important that faculty also convey to students the realities of different methods of practicing and approaches to nursing that students may encounter while in school or on the job.

Appropriate in number. As evidenced by student feedback in focus groups and interviews, students easily become overwhelmed by all of the messages they receive as students at the SON. Many of these feelings of discomfort are experienced early in their first semester and likely stem from the fact that the nursing discipline is entirely

new to them. They are learning unfamiliar material, completing different types of course requirements, and attending a school unlike any they have previously encountered.

Information overload has been shown to be associated with negative affective reactions, produce anxiety, and lower task performance (King & Behnke, 2000). Certainly in an educational context, these potential outcomes have troubling implications. Presented with an overwhelming number of messages, students will likely get frustrated and discouraged about their educational progress and entering the profession. Information overload could serve to hinder turning points comprising role transition.

To avoid information overload, faculty simply need to be aware of (to the extent possible) the various messages students are receiving in their other courses, from administration, and from their peers. Faculty can craft messages carefully and choose to share only those that are helpful to students' transition. They can continue helping students process information by making it direct, consistent, and as will next be explained, personally relevant.

Personal relevance. Given students efforts to manage the role dialectic between student and nurse, it is important that faculty members' socializing messages relate to students personally. Many faculty members acknowledged the busy lives of their students as they work to balance coursework, clinicals, part-time employment, and personal obligations. Knowing their messages could help students either identify more or less with the nurse role, as well as help manage the various roles students

hold, faculty can strive to provide information that will be helpful to students in transitioning to the nurse role. Again, abstract or vague information about the nursing profession is not preferable, as students often struggle to find its applicability.

Faculty should also consider the timing of their messages and determine when receiving a message would be most helpful to a student. Messages that are ill-timed (e.g., too close to a deadline, too early in students' nursing education) will likely cause stress and frustration. Well-timed messages that are relevant to students' current educational needs will provide more benefit to students.

Applications to Nursing Education

While this investigation examined just one BSN program, findings may be applicable to a number of the other 708 BSN programs (BLS, 2008a) across the country. While each nursing school creates its own curriculum, the fundamentals of nursing theory and practice remain consistent. The NCLEX exam is administered nationwide, thereby requiring a high level of uniformity of content within nursing education. Findings from this study would be most relevant to two-year BSN programs that are part of a four-year degree, particularly programs located in the equivalent context of an academic medical center. Study findings are most relevant to BSN programs, with the results of all eight research questions being potentially useful for contrast and comparison with the SON.

Study findings may be of use beyond BSN programs. Many state boards of nursing require nurses to complete continuing nurse education (CNE) programs in order to renew licensure (BLS, 2008a). This helps to ensure that nurses are keeping

current with evidence-based practice and industry trends, thereby improving their practice. Study findings regarding professional nurse communication could be the impetus for a CNE course for practicing nurses wanting to improve their communication skills.

Educational Preparation Within Various Professions

The findings of this study may be of benefit not only to nursing programs, but to a number of other educational programs that involve practical experience. Preparation for a number of healthcare professions (e.g., allied health, medicine, optometry, pharmacy) involves both coursework and clinical hours wherein the student enters and works within the professional environment. The healthcare industry is the largest of 44 industries identified by the Department of Labor and is projected to generate more new jobs (3 million) than any other industry (BLS, 2008b). Clearly, there are a tremendous number of students in professional education programs preparing to take these positions. Thus, effective socialization of students into these professions is crucial. Study findings regarding the development of a social identity (role transition) as well as the reconceptualized phases of socialization could be applicable to other healthcare professions.

Prospective educators are required to complete formal coursework while also practicing teaching within the classroom environment (Staton-Spicer & Darling, 1986). For example, college students studying to be primary and secondary teachers complete their program curriculum while also working with in various capacities within school classrooms. Like nursing students' clinical experiences and final

practicum, prospective teachers often have early entry into the profession through multiple, shorter field experiences and build up to completing a semester-long student teaching or internship prior to licensure. Similarly, graduate students often prepare for professorial roles by serving as graders, teaching assistants, or course instructors in college classes before serving as autonomous instructors. Other career paths that require both coursework and hands-on training include those of clergy, counselors, funeral directors, social worker, and veterinarians.

Individuals pursuing careers without extensive practice qualifications often complete internships that serve much the same function as clinical hours or student teaching. For example, a journalism student may accept a summer internship with a media organization, during which he works alongside professional journalists and applies knowledge obtained in the college classroom. Internships are common in many lines of work, including, but in no way limited to architecture, art and museum studies, engineering, hospitality, politics, sales, and science and environmental fields. While often not as extensive or formalized as a practical requirement in the professional fields above, internships can serve to socialize students into a profession, perhaps in a process similar to that of the new model of socialization (Figure 3). A student who completes a practical experience or internship within an organization and then later accepts a full-time job within that same organization may experience an even more unique socialization process. Upon full-time employment, she will likely be re-socialized to a different role within a familiar setting; this would likely demand yet another visual depiction or model. Given the various roles the average adult holds

between high school and retirement, socialization is an important process to examine as it affects all employees (Louis, 1980).

Examining the socializing messages and how they serve to facilitate role transition, turning points, sensemaking, and an adoption of professional ethos of any of these preparatory education and experiential programs would benefit educators as well as employers. Working to tailor both the content and the message characteristics to the needs of the newcomer may help accelerate and improve the socialization process. It is important to gather and honor the perspectives of those responsible for socializing newcomers as well as the newcomers themselves. Ideally, doing so will uncover ways to improve the transitional period to the benefit of both the new employee and the organization.

Limitations and Directions for Future Research

While this project was intended as a case study, there are limitations to its generalizability. It would be beneficial to investigate how BSN students are introduced to the nursing profession at other schools and in other regions to assess trends as well as contrasts across school curricula and clinical opportunities. Gathering data from both the socializers (i.e., faculty) and the socialized (i.e., current students and recent graduates) would again be beneficial in order to triangulate findings.

A BSN education such as that offered at the SON is considered the most thorough—and thus, the preferred—preparation for the nursing profession (AACN, 2006). A BSN student is equipped for a more professional role, as he is prepared to

practice in any type of healthcare setting and has received more preparation in the areas of nursing science, leadership, communication, and research (BLS, 2008a). However, there are approximately 140 more ADN (Associate's Degree in Nursing) programs across the country than there are BSN programs. ADN programs, often offered through community colleges, allow students to become licensed nurses; many end up returning to school to complete one of 629 RN-to-BSN programs nationwide (BLS, 2008a). Each of these three nursing education paths undoubtedly has advantages and disadvantages.

Although other educational programs are offered at this school, the current study investigated the socialization process of only one form of nursing program. Future research should contrast ADN and RN-to-BSN programs with the traditional BSN program, as socialization may look dramatically different. For example, those in an RN-to-BSN program will have already had nursing work experience, and thus would likely find some of the socializing messages conveyed to BSN students unnecessary or redundant. Comparisons should be made about the content of messages in the various programs, as well as how that material is taught. Interviewing recent graduates would again be valuable in assessing the ease of transition into nursing following their respective educational programs.

To build upon the findings from this study, additional longitudinal study is warranted. While this study involved participants representing various points during both the junior and senior years of the program, individual participants did not complete questionnaires at every data collection point. As mentioned, some

participants provided data more than once, but time constraints prevented the researcher from following one class throughout their 2-year nursing education. Even slight changes in curriculum or faculty from year to year could cause the collective experience of one class to differ from another's. Ideally a researcher would follow not just a single class, but instead gather data consistently from individual members of that class, striving to link data from every collection point.

While a longitudinal design is imperative to study the socialization process, future research should also consider alternative methods of gathering information. The NPR-CAT and NTCI instruments should be tested with this population again to determine their suitability for students, but also in concert with other instruments. Perhaps more valuable, however, would be regularly conducting focus groups with the same students across their two years in program. This would enable the researcher to ask questions targeted at uncovering the extent to which their communication skills with patients and healthcare team members changes over time.

While some participants were able to recall socializing messages easily, others had some difficulty remembering specific messages used to introduce students to the nursing profession. An alternate longitudinal study design would involve faculty members and students keeping journals in which they regularly document the messages that were used to socialize students into nursing as well as the context of those messages. (A similar approach was used successfully by Staton-Spicer and Darling, 1986 with students completing internships in education.) The journal approach would aid significantly in message recall and give the researcher an even

more comprehensive, extended view of the socializing messages. Since newcomers learn and sensemake about their role and organization through communication with others (Staton-Spicer & Darling), reports of messages as well as reactions to those messages (e.g., faculty evaluations of student response and understanding, students' comparisons of the message with their observations) would offer insight beyond message themes. If student and faculty journal entries from the same event (e.g., a clinical conference) were compared, the researcher would be able to assess which messages resonate with students and help them form perceptions of the profession.

Finally, the data gathered from recent graduates is particularly useful in helping assess the socialization process. Recent graduates are in an advantageous position in that they can recall the socialization process and make judgments about the effectiveness of their education given their work experience. In future investigations of nursing socialization, data should be collected from a greater number of recent graduates and at several points, starting immediately following graduation. If recent graduates were interviewed regularly during their first five years on the job, for example, more definitive claims could be made about the metamorphosis phase of socialization; this would also answer Jablin's (2001) call for more thorough longitudinal examination of socialization. The specific communication strategies students use to manage the role transition and develop the social identity of a nurse should be investigated in future research as well.

Conclusion

This project investigated the unique process of socializing nursing students to the profession of nursing within one baccalaureate program. A variety of perspectives of this process were gathered, both those of the socializers (faculty members) and those being socialized (current students and recent graduates) using an interpretive, mixed method approach.

The socialization process is rooted in communication, as students are introduced and integrated into the profession through the exchange of messages. These valuable interactions take place between those already in the profession (i.e., faculty, full-time nurses) and those preparing to enter (i.e., students). In this study, faculty members were found as the primary source of socialization messages. Their messages concerned professional responsibility, inherent challenges, and required commitment of nursing.

As students make sense of these messages and experience various turning points of the program, they begin to develop the social identity of a nurse. This helps transition them from the role of a student to the role of a nurse. However, because the BSN program lasts two academic years and includes both didactic and clinical components throughout that period, students face a role dialectic in which they identify with both student and healthcare professional roles. Nursing education places students in a state of liminality where they have more professional obligations and responsibilities than college students. Still, they are not yet professionals, as they are supervised and protected when working in the healthcare setting. Further

complicating the dialectic is the blurring of their roles; information from didactic coursework is to inform their clinical practice and clinical experiences are intended to ground the material learned in the classroom.

The unique socialization process experienced by nursing students in this case study calls into question the traditional socialization model comprised of three phases: anticipatory socialization, encounter, and metamorphosis. Not only does this three-part model simplify the process, it summarily assesses the entire nursing education process as part of the anticipatory socialization phase. Data from this study provides an alternative view. The interactions and messages reported by faculty, current students, and recent graduates suggest that nursing students experience two newly identified phases, professional socialization and initial encounter, while in nursing school. Following the turning points of graduation and passing the licensing exam, these students are legitimate nurses who enter the professional workplace and begin to experience secondary encounter. The fact that the traditional model does not adequately describe the socialization experience for this sample raises concern about the model's applicability across professions.

One specific aspect of nursing socialization investigated in this study concerned what and how students are educated about professional nursing communication. There is little argument about the fundamental nature of communication within the nursing profession (e.g., Apker, 2001; Williams, 2001), as it is integral to the daily tasks of a nurse. While faculty members within this school do address the topic of professional nursing communication within didactic and clinical

settings, it appears that more effort, coordination, and strategically designed curriculum content, including formal assessment is warranted. Although faculty recognize students' need for communication skill improvement, students report inflated assessments of their own communication abilities.

Although communication instruction can be refined, the socialization experience as a whole appears to be effective. Recent graduates now working as registered nurses report being satisfied with the socialization they received at the SON. That said, opportunities for improvement still exist. Given that faculty messages are primary means of socializing students, these messages must be carefully and strategically designed. Faculty must be intentional about including specific content that will be most useful to nursing students. However, the style and delivery of these messages is critical as well. Students tended to remember and benefit from faculty messages that were direct and unequivocal, as well as consistent with those of other faculty members. Students also were easily overwhelmed by too many messages, particularly during their first semester. For this reason, messages must be appropriate in number—sufficient to convey information, yet not unnecessarily repetitive. Finally, faculty messages that have personal relevance, or those that help students manage the various roles they hold, are most helpful in socializing students into the nursing profession.

A more thorough understanding of the socialization process in nursing will enable nursing education programs to tailor the messages used to integrate newcomers into the profession. As a result, newcomer's needs for information will be

better fulfilled, and the nursing profession will benefit from prepared newcomers who are ready to contribute quickly and effectively.

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APPENDIX A

Inventories and Open-ended Questions Used on Questionnaires

Nurse-Patient Relationship-Communication Assessment Tool (NPR-CAT)

INSTRUCTIONS: In reflecting over the patient interactions you have had in the last two weeks, choose the interaction during which you communicated the MOST with the patient. Keeping this specific interaction and patient in mind, answer the following statements. For each statement, circle the response that best reflects YOUR communication with your patient during the interaction. Be honest in your responses and reflect on your communication behavior with the patient very carefully.

1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree

1. I attempted to influence the patient.	1	2	3	4	5
2. I made the interaction very informal.	1	2	3	4	5
3. I was comfortable talking with the patient.	1	2	3	4	5
4. I did not have the upper hand of the interaction.	1	2	3	4	5
5. I was easy to talk with.	1	2	3	4	5
6. I conveyed caring to the patient.	1	2	3	4	5
7. I was open to the patient.	1	2	3	4	5
8. I was interested during the conversation.	1	2	3	4	5
9. I was nervous and tense during the interaction.	1	2	3	4	5
10. I wanted to know about the patient's concerns.	1	2	3	4	5
11. I made the patient feel accepted.	1	2	3	4	5
12. I did not try to control the conversation.	1	2	3	4	5
13. I had difficulty getting to know the patient.	1	2	3	4	5
14. I respected the patient as a person.	1	2	3	4	5
15. I wanted the interaction to be casual.	1	2	3	4	5
16. I showed that I cared during the conversation.	1	2	3	4	5
17. I was calm and relaxed while we were talking.	1	2	3	4	5
18. I made the patient feel uneasy.	1	2	3	4	5

Nurse-Team Communication Inventory (NTCI)

INSTRUCTIONS: Here are some statements about how nurses communicate with members of the health care team. For each of the following statements, indicate your agreement with the statement as it describes YOUR behavior in clinical settings by circling the appropriate number. Use the scale ranging from 1 (never) to 10 (always), with a midpoint between 5 and 6 (sometimes).

1 Never	2-------3-------4	5-------6 Sometimes	7-------8-------9	10 Always

I display a positive attitude when communicating with other members of the healthcare team	1 2 3 4 5 6 7 8 9 10
I organize the patient care team during chaotic times	1 2 3 4 5 6 7 8 9 10
I convey the attitude, “we can get through this,” when faced with difficult times	1 2 3 4 5 6 7 8 9 10
I am open to negative feedback from team members	1 2 3 4 5 6 7 8 9 10
I actively listen to coworkers	1 2 3 4 5 6 7 8 9 10
I use time efficiently when asking healthcare team members for orders	1 2 3 4 5 6 7 8 9 10
I am approachable to other team members	1 2 3 4 5 6 7 8 9 10
I remain focused even when overwhelmed by work	1 2 3 4 5 6 7 8 9 10
I organize information before speaking with healthcare team members	1 2 3 4 5 6 7 8 9 10
I provide updated information to healthcare team members	1 2 3 4 5 6 7 8 9 10
I show respect when disagreeing with others	1 2 3 4 5 6 7 8 9 10
I take time to thank other members of the healthcare team	1 2 3 4 5 6 7 8 9 10
I help other nurses without being asked	1 2 3 4 5 6 7 8 9 10
I engage in team problem solving	1 2 3 4 5 6 7 8 9 10
I foster an upbeat environment for the healthcare team	1 2 3 4 5 6 7 8 9 10
I “put my ducks in a row” before contacting healthcare team members	1 2 3 4 5 6 7 8 9 10
I maintain eye contact when I communicate with team members	1 2 3 4 5 6 7 8 9 10
I remain calm under pressure	1 2 3 4 5 6 7 8 9 10
I seek clarification of patient-care decisions from healthcare team members	1 2 3 4 5 6 7 8 9 10
I listen to the point of view of other members	1 2 3 4 5 6 7 8 9 10
I ask team members to do tasks, rather than tell them	1 2 3 4 5 6 7 8 9 10

I use down time to help other nurses	1 2 3 4 5 6 7 8 9 10
I help other team members through tough shifts	1 2 3 4 5 6 7 8 9 10
I speak up when important patient-care information is omitted	1 2 3 4 5 6 7 8 9 10
I gather information before talking to healthcare team members	1 2 3 4 5 6 7 8 9 10
I make the workplace more pleasant by being cheerful	1 2 3 4 5 6 7 8 9 10
I share ideas and opinions with healthcare team members	1 2 3 4 5 6 7 8 9 10
I actively listen to healthcare team members	1 2 3 4 5 6 7 8 9 10
I work alongside team members in lower-level positions when the unit is busy	1 2 3 4 5 6 7 8 9 10
I help team members in lower-level positions without being asked	1 2 3 4 5 6 7 8 9 10
I confront healthcare team members directly about points of disagreement	1 2 3 4 5 6 7 8 9 10
I communicate different information depending on what each healthcare team member wants to know	1 2 3 4 5 6 7 8 9 10
I confront healthcare team members when their orders are inconsistent with the patient's plan of care	1 2 3 4 5 6 7 8 9 10
I ask healthcare team members questions	1 2 3 4 5 6 7 8 9 10
I am assertive with healthcare team members when I believe they are wrong	1 2 3 4 5 6 7 8 9 10
I face team members directly when they communicate with them	1 2 3 4 5 6 7 8 9 10
I prepare before paging healthcare team members for orders	1 2 3 4 5 6 7 8 9 10
I mediate between patients and healthcare team members	1 2 3 4 5 6 7 8 9 10
I question patient-care information that may be flawed	1 2 3 4 5 6 7 8 9 10
I divide up responsibilities among team members to bring order to chaotic situations	1 2 3 4 5 6 7 8 9 10
I prioritize urgent information when sharing it with healthcare team members	1 2 3 4 5 6 7 8 9 10
I communicate patients' needs and concerns to healthcare team members	1 2 3 4 5 6 7 8 9 10
I advocate for the needs of patients' families	1 2 3 4 5 6 7 8 9 10
I communicate differently with each healthcare team member depending on the relationship I have developed	1 2 3 4 5 6 7 8 9 10
I adapt information I give based on healthcare team members' individual preferences	1 2 3 4 5 6 7 8 9 10

I speak with confidence when giving my opinions to healthcare team members	1 2 3 4 5 6 7 8 9 10
I change my communication to each healthcare team members' likes and dislikes	1 2 3 4 5 6 7 8 9 10

Open-ended Questions Appearing on Questionnaires

Senior questionnaire, Phase 1

1. You have probably learned about nursing roles and responsibilities from a variety of people during nursing school (e.g., classroom professor, clinical professor, licensed nurse, patient, etc.). Think of two messages pertaining to nursing roles and responsibilities that have stood out to you. In the boxes below, please list the broad title of that person (e.g., nurse supervisor, nursing student), ***not*** that person's name, along with a description of the message he/she communicated to you about nursing roles and responsibilities. Finally, for each message, answer the final question about why this particular message was influential to you.

2. Think about the communication nurses use ***with patients***. In the boxes below, list three important characteristics of ***effective*** nurse communication ***with patients***. Then in the last box, describe how you learned these are the important characteristics.

3. Think about the communication nurses use with other ***members of the healthcare team***. In the boxes below, list three important characteristics of ***effective*** nurse communication with other ***members of the healthcare team***. Then answer the last box, describe how you learned these are the important characteristics.

Junior questionnaire, Phase 2

1. You have probably learned about nursing roles and responsibilities from a variety of people (e.g., licensed nurse, friend, professor, etc.). Think of two messages pertaining to nursing roles and responsibilities that have stood out to you. In the boxes below, please list the broad title of that person (e.g., aunt), ***not*** that person's name, along with a description of the message he/she communicated to you about nursing roles and responsibilities. Finally, for each message, answer the final question about why this particular message was influential to you.

2. Think about the communication you ***expect*** nurses use ***with patients***. In the boxes below, list three important characteristics your think would best describe ***effective*** nurse communication ***with patients***. Then in the last box, explain why you think these are the important characteristics.

3. Think about the communication you ***expect*** nurses use with other ***members of the healthcare team***. In the boxes below, list three important characteristics you think would best describe ***effective*** nurse communication with other ***members of the healthcare team***. Then in the last box, explain why you think these are the important characteristics.

Senior questionnaire, Phase 2

1. You are now in your second year of nursing school. Please identify *how you as an individual have changed* since you began nursing school just over a year ago. Be as specific as possible.

2. How does being a senior nursing student differ from being a junior nursing student? In other words, what differences are there between the two years?

3. What are the **three** *most important things* you have learned about the realities of the nursing career?

4. How or where did you learn those things about the nursing career?

Junior questionnaire, Phase 3

1. As you finish your first semester of nursing school, what do you anticipate as the greatest challenges you will face ***in communicating as a nurse***?

2. To what extent has your nursing school experience thus far matched (or not matched) the expectations you had when you entered the SON? Please explain.

3. Describe your experience as you've worked to balance being a traditional student (e.g., attending classes, studying for exams) with being a professional in the healthcare setting (e.g., interacting with patients and other healthcare professionals, performing nursing skills).

4. What messages have your faculty members have shared with you in order to prepare you for your future nursing career? How would you evaluate these messages?

5. What are some of the main things you are still wanting to learn about the nursing profession? How do you think you will learn these things?

Senior questionnaire, Phase 3

1. You have just one full semester of nursing school left before you will be able to work as a full-time, licensed nurse. What do you anticipate as the greatest challenges you will face ***in communicating as a nurse***?

2. Although you still have your practicum to complete, to what extent do you feel prepared to enter the nursing profession? On a scale of 1 to 10 with 1 being *"not prepared at all"* and 10 being *"as prepared as I could possibly be*", where do you fall? Be sure to explain the number you have chosen.

3. Think back to when you started nursing school in the fall of 2006. Compare your perception of what nursing was in Fall 2006 with your current perception of nursing one year later. How are they the same? How are they different?

4. Describe your experience as you've worked to balance being a traditional student (e.g., attending classes, studying for exams) with being a professional in the healthcare setting (e.g., interacting with patients and other healthcare professionals, performing nursing skills).

5. How would you evaluate the messages your faculty members have shared with you in order to prepare you for your practicum and your future nursing career?

APPENDIX B

Student Focus Group Interview Schedule

1. Tell me about what it was like to come here as a new nursing student.
2. At this point in your education, what do you know about a nurse's roles and responsibilities? How did you learn these things?
3. At this point in your education, what do you know about the nursing career as a whole? How did you learn these things?
4. What are you most anticipating in nursing school? Anything you are not looking forward to? If so, what and why?
5. What are you most anticipating about being a nurse? Anything you are not looking forward to? If so, what and why?
6. What is your perception of the status of nurses?
7. To what degree do you identify with nurses or as a nurse yourself?
8. What do your faculty members tell you to prepare you to be a nurse?
9. Is there anything your faculty members have told you about the nursing profession that "rang true," meaning you have observed it personally in a clinical setting? If so, what was it?
10. Have you observed anything in a clinical setting that contradicts what your faculty members have told you about the nursing profession? If so, what was it?
11. After being a student here for nearly a year, has your idea of the nursing profession changed? If so, how?
12. What do you wish you knew about the nursing profession, but don't currently know?

APPENDIX C

Faculty Interview Schedule

1. Tell me about what it is like to have new nursing students in class/clinical settings.
2. How do you see students change as they progress through the program?
3. What do you tell first-year students to establish their expectations for the nursing profession?
4. How, if at all, are your messages to first-year students different than your messages (again, to set expectations for the profession) to second-year students?
5. On the flip side, what do you say to students to prevent unrealistic expectations?
6. Is there anything that you think students do not understand about the nursing program when they graduate?
7. Describe the role of the practicum in establishing students' expectations of the nursing profession.
8. What do you think is the most common misconception about the nursing profession for students? For our society/culture in general?
9. What do you emphasize as being the requirements of a successful nurse?
10. How do you think nursing students identify with nurses at various points in their education? Are there specific experiences that affect their identity with the profession?
11. What do you teach nursing students about professional nursing communication? How do you go about teaching this?
12. What are students' biggest communication challenges in nursing school?
13. What do you think should be improved with regard to nursing communication education?

APPENDIX D

Recent BSN Graduate Interview Schedule

1. Tell me what it's been like starting a new job. How about entering the nursing profession?
2. How would you evaluate the expectations you had of nursing when you started with the reality you have since experienced?
3. As a whole, how would you evaluate the education you received at the School of Nursing?
4. What surprised you the most when you began working as a full-time nurse?
5. What aspects of the nursing profession did you feel you were adequately prepared for?
6. What do you recall your faculty members telling you that was most helpful as you started your full-time nursing position?
7. What didn't they tell you to expect that you wish they would have covered during nursing school?
8. Upon starting your new job, what "rang true" to you, meaning what had faculty members told you during school that you then experienced first-hand?
9. How do you feel your nursing education compared to that of your co-workers?
10. What did you learn in nursing school about nursing communication?
11. How would you evaluate this? What, if anything, have you since had to learn about communicating as a nurse?
12. How would you describe your current identification with being a nurse?
13. What do nursing students need to know about what it's like to be a nurse?