

Professional Socialization from Iranian Nurses Experiences

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Abstract: This study explores the meaning of professional socialization among Iranian nurses using hermeneutic phenomenology based on Van Manen's approach. A total of 11 nurses were recruited in capital of Iran, Tehran, Shahrekord and Isfahan, cities of Iran using a purposive sampling method. Data was gathered through semi-structured interviews. Each interview was transcribed verbatim and analyzed simultaneously. Data analysis led to the emergence of five main themes: "Flotation of Merit", "independence of action", "clinical dynamics", "being supported by the society" and "professional interests". The findings of this study can be used by healthcare managers to revise their programs and plan clearly about professional socialization according to nurse's experiences.

Key words: Socialization • Phenomenology • Nurse

INTRODUCTION

The professional socialization of nurses has been the subject of discussion for several years. This term refers to the process through which novice practitioners are merged into the profession to become professional practitioners [1]. Shinyashiki, *et al.* [2], described that professional socialization refers to both the intended and the unintended consequences of an educational program. Professional socialization is a critical aspect of nursing students' development [3]. Socialization begins upon entry into the nursing program but does not end with completion of nursing education. Socialization process continues among graduate nurses were employed in the work setting, involves lifelong learning [4].

Explore Importance of the Problem: Most socialization research involved nursing students [2, 5, 6, 7]. Whereas it is important to understand the socialization process that

will occur when these new graduates start to work in a health care organization. The values, attitudes and behaviors that were socialized in college will be assessed in the graduates' selection and integration into the organization. Their adjustment will influence organizational stability and commitment, satisfaction, the feeling of mutual acceptance, involvement with work and internal motivation [2].

In other words socialization is a universal phenomenon that varies according to a person's social class, ethnic origin, sex and religion [8]. Nursing experience, in a sociocultural context, can also contribute to improved understanding of the process of professional socialization [9]. Although a considerable amount of literature relating to professional socialization of nursing in different countries exists [7, 10, 11, 12, 13, 14] just a little is published in English language related to nursing socialization in Iran [15]. In the absence of such literature, this article intends to provide nursing experiences of professional socialization in Iran.

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Previous studies have examined professional socialization in nursing students [13, 16] or with those who have worked with nursing students as educators [4, 7].

In the studies which the participants were staff nurses, the novice individuals were selected. [1, 13, 17]. Some have adopted contextual theory approach [14, 17] and ethnographic approach [13] and those who have studied the experiences of professional socialization of nurses with phenomenological approach, mainly studied nursing students at the colleges.

Some studies have been conducted in Iran on the professional socialization of nursing [15, 18] and with gender emphasis [19]. Thus more of these studies have employed a quantitative approach or participants were nursing students in contextual theory approach. There is no published research on the experiences professional socialization of nurses in Iran. In this article, we focused on the perceptions of nurses on the meaning of professional socialization.

MATERIALS AND METHODS

In this study phenomenological approach was used which was a part of second researcher's doctoral dissertation, aimed to determinate the meaning of professional socialization Iranian nurses.

Setting and Participants: This study was conducted at Shahid Beheshti medical hospitals Tehran, Shahrekord educational Hospitals and Alzahra Hospital Esfahan in Iran. Nurses in these hospitals were purposively recruited. The study participants selected in a heterogeneous sampling with diverse sex and age, both single and married and different work experiences. All participants were selected in BSc level of education because influencing factors differ based on educational level. Interviewees were selected by second author. Nurse Mangers helped the researcher by identifying nurses intended to describe their experiences. Interview time and place determined via telephone after explanation of study purpose.

Ethical Considerations: The Ethics Committee of Shahid Beheshti University of Medical Sciences approved the study. Verbal and written informed consent was signed prior to each interview by interviewees.

Data Collection: Data collection was done to the participants by semi-structured, face-to-face setting

interviews. Non-verbal cues of the interviewees such as exciting signs, emphasis of speech and voice tones were noted by researchers considering in data analysis. The first interview was begun with background information questions so that participant find easy to answer progress to the more questions until no more new themes emerged in other words when all of the data categories was saturated. The interview length was 35-70 min. Because this term is inapplicable in BSc level, researchers used indirect questions so the interviews began with some questions, such as: "what does nursing mean to you?", "what does working as a team member mean to you?" and "How much does it belong to your profession?".

Researchers followed in depth interviews with probe question such as: "Would you explain more about this?", "What is the meaning of that notion?" and "Could you please give me an example in order to help us properly understand your point?".

Data Analysis: Van Manen (2001) hermeneutic phenomenology approach was applied in this research. He described three approaches to uncovering themes from text: (1) the holistic (or sententious) approach, in which the fundamental meaning of the text as a whole is considered; (2) the selective (or highlighting) approach, in which statements or phrases that seem particularly insightful into the phenomenon of interest are identified; and (3) the detailed (or line-by-line) approach, in which every sentence is examined for its relevance to the phenomenon of interest [20].

The selective and holistic approaches were used in this study. Each interview was recorded and transcript verbatim for certainty of the transcription accuracy.

The researchers read and re-read the narratives separately to understand participants' experiences. Researches viewed texts as whole trying to capture its meaning by labeling each interview in a holistic approach then phrases in each interview were reviewed and tentative theme was labeled by using Max QDA 2007 for selective approach.

Once themes have been identified, they become the objects of reflection and interpretation through follow-up interviews with participants. Through this process, essential themes were discovered [20].

The subthemes were illustrated with quotations from the original text and marked with a number to show which interview the extract was derived from, without identifying the interviewee from whom the responses were derived.

Rigor: In this study, researchers returned the obtained data from the participants to them and the accuracy of the extracted code was revised. For dependability of the data in this study, auditing of the research was used and the data and document were carefully revised by an external jury. For this purpose, all the steps of the study were fully explained, to provide documents auditing by the external referee. Researchers tried to help in ensuring the conformability of this research by maintaining the documentation in the entire steps of the study and the extended report. Then a background was provided for others to judge and evaluate about transferability of the findings. Also the complete description of nurses' experiences about professional socialization helped the transferability of data. Selected samples from different social, economic and cultural classes were from both genders to help the transferability of data.

RESULTS

The 11 nurses enrolled in the study had an average age of (26-40) years and a mean working history of 7/9 (1.5-13) years. With respect to working place 4 nurses worked in Shahrekord hospital, 5 worked in Shahid Beheshti University of Medical Sciences hospitals and one nurse participated from Alzahra hospital Isfahan (Table 1). The overall analysis of the data produced five themes based on the participants' descriptions of the meaning of professional socialization (Table 2).

Analysis of interviews and written narratives of the participants led to the extraction of five themes, containing: "Flotation of Merit", "Independence of Action", "Clinical Dynamics", "Being Supported by the Society" and "Professional Interests" that each of them describes a particular aspect of professional socialization of nurses (Table 2).

Thus, in a general term professional socialization from the experiences of nurses is a complicated and multifaceted concept that has a range Flotation of Merit, Independence of Action, Clinical Dynamics, Being Supported by the Society and Professional Interests.

Flotation of Merit: Although the concept of merit shows a wide range of nurses' capabilities, but what is related to this theme in this study is the scientific and practical ability which has been described as, the valued crystallization, sense of being a nurse, practical knowledge, professional interest and empathy. In some cases, nurses somehow were stating weakness in this

Table 1: Demographic characteristics of the participants

| Characteristic | Number of participants (n = 11) |
|------------------|---------------------------------|
| Age (years) | |
| 26-30 | 4 |
| 31-40 | 7 |
| Sex | |
| Male | 4 |
| Female | 7 |
| Marital Status | |
| Single | 3 |
| Married | 8 |
| Employment Wards | |
| General Ward | 5 |
| Specific Ward | 6 |
| Place | |
| Tehran | 5 |
| Shahrekord | 5 |
| Isfahan | 1 |

topic -at the beginning of their job. Phrases such as "I felt very little practical ability" "in the first year of my project I could never get an IV" "and I could never understand the documents" represents that Feeling weakness in merit had been nurses' experience on their arrival at the clinical practice. Excerpts from participants' statements related to crystallized values of nurses during working with patients are given below:

"From the very beginning that I started nursing, I always work with this idea that when I do something for someone I feel that he's my own father, my mother and my sister. I always wanted to work conscientiously. It's not important for me to the salary that I receive, Be legit (participant 10).

In most cases, the sense of being a nurse during the time that they are student as well, has not been tangible and it seems like this sense has been experienced by, being in the clinical practice and acceptance of responsibility. Phrases such as "I didn't have such feeling during the time that I was a student." and "earlier I had the title of a nurse but I wasn't feeling it." represent it. Excerpts of the participants, who had experienced the feeling of being a nurse, are given below:

"I did not think I could be a successful nurse, now I have the feeling; the moment I felt like I got a deep satisfaction from patients; during these four years I feel like I'm a nurse and this is enough for me when there has been no objection morally and practically that could suppress me or offend a patient" (participant 7).

Table 2: Experiences of professional socialization in perspective of Iranian nurses

| Theme | Subtheme |
|----------------------------|---|
| Flotation of Merit | Valued crystallization, Sense of being a nurse, Practical knowledge and empathy |
| Independence of action | Work experiences, functional dependency, practical freedom nursing |
| Clinical dynamics | Nurse dynamics, inadequate knowledge, fluctuation of internal sense |
| Professional interests | Primary interests, working belongingness, |
| Being supported by society | Public image of nursing, sense of discrimination, nursing communication |

It seems the more nonphysical nursing cares, the more nurses satisfaction.

“I was really feeling like being a nurse when I was presenting all the nursing cares completely which wasn’t just physically, but also respecting the patients’ companions, understanding their anxiety and concern. That help on that time was giving me the pleasure of being a nurse “(participant 8).

All participants have acknowledged the practical knowledge and the importance of it and they have expressed its weakness as a deficiency in nursing. It has always been emphasized that the theoretical knowledge should be applicable in clinical practice otherwise it is forgotten. Below phrases are excerpts according to the participants related to practical knowledge:

“They mostly work experimentally.”, “the education which is useful at work is low.” “most of the time physicians change protocol of the treatment as they accept you, when they accept you, as you start to say something, they understand that you have something to say.” (participant 4).

“In clinical environment, there’s no need to go to the library, it happens that I don’t know something and I asked them” (participant 1).

It looks like professional interest is a useful factor in the professional socialization and despite organizational obstacles; it is more obvious among participants who consciously had chosen nursing to start their career with interest at the very beginning.

“I love my course.” “I come here with interest and love.” “It is love and interest that keeps me going” (participant 3).

Empathy with patients has been reported mostly in oncology and intensive wards, to the extent that, this sense has been considered as a motivation to continue working in such wards for nurses.

“I look at this patient the same as I look at ourselves, this might happen to us, we -ourselves or our family-might have a problem in a foreign place and that’s why I’m not just working for money” (participant 9).

Practical Independence: Participants reported more practical freedom and subsequently more efficient work in nursing care in Tehran comparing to the other provinces. This difference in freedom has been discussed from school to work.

Phrases such as: “when the doctor was coming, he was prescribing the same medicines, they were respecting us and here it’s not like that.”, “In Tehran the students are given more opportunities to practice but not so much in provinces” is examples of statements from the participants.

The existence of work experience and the curiosity in gaining such experiences has been reported as an important factor in skill acquisition and in facilitating practical independence.

“As I was working when I was studying as well, I was more experienced I saw things and experienced them that were really useful for me.”

“working while you are a student makes you gain lots of skills and be much more ahead of the semester that you are studying.” (Participant 11).

In some cases, functional dependence on the doctor's orders has been raised to the extent that providing nursing care for the patient depends on permission from the doctor. They just come to fill the job and do the doctor’s order.

“It’s doctriarchy and we are mainly forced to do whatever we are dictated”(participant 10)

Clinical Dynamic: The clinical dynamic has been associated with timely care, application of practical knowledge, updating information, doing duty and the constant presence at the patient’s bedside.

“Being Alert and timely care which is done as soon as seeing the signs or predicting them, are things that keep the section alive” (participant 9)

“Yeah, their educational levels are like those who may have little experience but really well educated and they show it practically, I enjoy a lot and I want to become like them” (participant 3).

“I'm at work environment right now and the day that I'm at the patient's bedside I'm more pleased” (participant 2).

It appears that choosing nursing as the last priority, have caused, lack of confidence and performance in nurses, consequences of legal services and being a nurse as an insignificant feeling somehow has caused the instability of the inner sense which is symbol of the emotional aspect of professional socialization.

“We were fallen in a trap, I did not like the nursing a lot” has been narrated by many participants:

“ Low self-esteem of being sub-system in nursing is like a pain. The pressure comes from the power that nurses don't have it, it's legal issues is a big trouble” (participant 5).

“Despite too much work nurses are not mentioned anywhere except in problems and the difficult part of the job is when something happens even if the doctors are guilty, again nurses are there to be blamed. There are lots of things to do until the time that you can prove it and that is if you can prove that you are guiltless and if you can't, you have to give atonement” (participant 7).

Sometimes socialization was so tangible in the affective domain in participant's narratives:

“I never felt that I am a nurse, whenever I'm asked I just tell them that I'm a clerk in the hospital” (participant 2).

Being Supported by Society: Being supported by society has been associated with the public image of nursing and the ability of effective communication by nurse, on the other hand the sense of discrimination when compared with other medical staff whether in the university or after that has been influencing the dimensions of this supporting factors.

“No social prestige” (participant 4) or “People awareness at the community level is too weak, about nursing, social status, the way people think about my field, whether the time that I was a student or now that I'm working is really very low” (participant 3).

“Socially I don't like my job, for example the companion of the patient who's not even educated tells that he's a nurse, the word of a nurse has been misunderstood and even an illiterate who takes care of someone and gives bedpan to the patient claim that he's a nurse.” “I do not like the reaction of people to profession ” (participant 8).

“I could feel the difference from the very beginning for example when we were going to the library for some books which were also needed by medicine students such as pharmacology, they were not giving them to us and they were saying that the priority is with med students, if you were a med student they would give you the books immediately but not to nursing students” (participant 2).

Professional Interests: It's a sense of belonging to a profession that has been acquired gradually and organizational performance over time has been influencing the fluctuation of this sense in participants.

“I belong to nursing” (participant 3)

“In this the sense of I was very variable for example, sometimes I felt that this inner satisfaction made me feel this interest and belonging, the thing that I should be more committed to my job, it is really good that I did this job but sometimes that I am really offended by the system, I prefer to quit” (participant 4).

DISCUSSION

The findings which are the exact experiences of the participants in the study showed that socialization is a multifaceted concept with a gradual process, variable and floating that begins With a background (social image) and continues during formal training facing nursing educators and other medical professions in university and will be developed by starting clinical practice while acquiring professional experience.

Evaluating and comparing the above mentioned findings with the results of other studies, shows that there are similarities and differences between the experiences of the participants in this study and other studies.

In this study, the inner competence of professional socialization has been described with valued crystallization, Sense of being a nurse, practical knowledge, career interest and empathy.

Wolf (2007), explaining the concept of professional socialization in nursing, attributes the sense of being a nurse to professional identity which is achieved during certain process of the gradual formation of socialization [21]. The sense of being a nurse is a sense of existence that requires personal commitment and internalizing the values and special events during the education can be linked to create a deep commitment to nursing.

In the present study the system performance is considered as one of the causes of weakness in sub inner professional interest while Fen Feng and Fang (2012), in explaining the socialization experiences of new graduate nurses entering clinical practice, has achieved the inner overwhelming chaos learning during doing the job. the interference of how to organizationally socializing (the need to expedite in conformity with work and paying attention to affordability of the job)with the professional socialization(the need to acquire knowledge, attitudes and values needed in group work) is seen in new nurses. Besholt (2012), represented the formation in the profession as the main theme with the sub themes being accepted by the profession, being challenging in the profession, being located in the organizational hierarchy, being committed and progressive with being responsible in the format of ethnography in experiences of new nurses from Professional socialization following an introductory program at the beginning of their clinical practice. In the present study flotation of merit, the expression of value, Sense of being a nurse, applied knowledge and exposure to community support with the social image of nursing and the performance of the system as a weakness point of professional interest the theme of professional interest which is closer to Bisholt's findings. Din Mohammed et al (2013), know socialization as complicated, diverse, dynamic and permanent and yet so unpredictable and an unavoidable process and they introduce its main characteristics learning, interaction, evolution and adaptation. For the effective and successful socialization of individuals in their profession to be social, presented arrangements such as comprehensive educational programs, to enjoy the benefits of proper role models, supportive clinical and educational structures, providing job opportunities to gain experience and present constructive feedbacks are deterrents.

According to the findings of this study and other studies the professional socialization is a multifaceted concept, complicated, diverse and unpredictable and it does not always have positive effects or consequences [22, 23, 24] because this concept is influenced by individual, social and organizational factors (Din mohammadi *et al.*, 2013) [25-27]. Nursing knowledge and practice in Iran is highly influenced by the values and the cultural assumptions of the society [9], so we can not explicitly say when and in what circumstances this concept will happen and will be internalized. Therefore more detailed study of this concept in different cultural contexts is required, so that its ambiguities and complexities will be clearer and lead to the development of the related nursing knowledge.

CONCLUSION

Limitation of the current study were nursing graduates were the samples in this study. According to the different socialization of levels of graduate studies; this subjects were not included in the sample. Because of the qualitative nature of this study, the findings are not intended to be generalizable nor representative. This study included a small sample not broadly reflective of variations within Iranian culture. Thus, more research is needed to identify perceptions of the examined phenomena in other populations.

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