

# Research Paper:

## Iranian Nurses Professional Socialization



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### ABSTRACT

**Background:** Professional socialization of nurses defines a process in which novice practitioners are trained to develop the attitude and skills to become professional practitioners. This study was conducted to assess the level of professional socialization among clinical nurses.

**Methods:** This is a descriptive cross-sectional study. A total of 600 nurses from Tehran and Shahrekord teaching hospitals and Oil Company hospital in Abadan, were recruited through convenience sampling method, participated in this study. Data collection was based on a valid and reliable questionnaire consisting of two parts including demographic form and "Nurses' Professional Socialization" (NPS). Statistical analysis was carried out by Kruskal-Wallis test and chi-square tests using SPSS software, version 17 and  $P < 0.05$  was considered statistically significant.

**Results:** The mean score of nurses' professional socialization level was  $213.96 \pm 20.89$ . Nurses were at competent, proficient and expert levels with no novice or advanced beginner nurses. In professional socialization domains, there was a significant difference in professional autonomy, commitment and group participation among Tehran, Shahrekord and Abadan ( $p=0.001$ ). There was a significant relationships between work experiences and group participation domain ( $\chi^2 = 9.1$ ,  $df = 2$ ,  $P = 0.01$ ) and also the total score of professional socialization ( $\chi^2 = 6.8$ ,  $df = 2$ ,  $P = 0.03$ ).

**Conclusion:** Nurses in this study were highly and professionally socialized. It is important for hospital nursing managers to maintain and promote levels of professional socialization and help the new comers' resocialization process after their educational period.

### Keywords:

Professional socialization, Clinical Nurse specialist ; Iran

## 1. Background

**S**ocialization can be simply defined as the process by which people learn to become members of a group and/or society, and to internalize the norms and ideologies of the society/relationships into which they enter (Blais

et al. 2006). In the nursing context, professional socialization begins by entering into the nursing program and continues with entry into the clinical settings (Black 2016). Professional socialization as a developmental process influences not only external but also personal identity and characteristics (Dinmohammadi, Peyrovi & Mehrdad 2013) and the ultimate method for the de-

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velopment of a powerful professional identity. Socialization is a lifelong process that begins with learning the norms and roles of the family and subculture, and making it a part of oneself (Dinmohammadi, Peyrovi & Mehrdad 2013).

The professional socialization process is divided into two sects, anticipatory and organizational socialization. Anticipatory socialization includes socialization aspect before entering the work setting or organization, whereas organizational socialization refers to the developments that occur at the work place (Seada & Fathi Sleem 2012). Thus, the process of socialization has a precisely strong learning component gained through formal education and experience in work environment (Mariet 2016). Therefore, socialization of nurses is a multifaceted exercise consisting of professional practice, patient interaction, adherence to rules, awareness about hospital management that will improve their social and behavioral skills (Feng & Tsai 2012).

Literature review shows that professional socialization has positive effects, such as acquired professional identity (Traynor & Buus 2016), adjusting to professional roles (Brown, Stevens & Kermod 2013) professional and organizational commitment (Jafaragae et al. 2012), organizational stability and commitment, job satisfaction, mutual acceptance (Tahmasebi 2013a), involvement in work, internal motivation and ultimately offering a better quality of life to the clients (Masters 2015). It is worth noting that serious negative outcomes can result from inadequate socialization such as attrition and decreased productivity (Black 2016), decreased motivation and dissatisfaction of nurses (Blais et al. 2006), lower stimuli and productivity, demoralization and inadequate patients care (Ke, Kuo & Hung 2017). In other words, socialization is a universal phenomenon that varies according to a person's social class, ethnic origin, sex and religion (Black 2016). Nursing experience, in a socio-cultural context, can also contribute to improved understanding of professional socialization process (King et al. 2010); enculturation too provides insights into this process (Strouse & Nickerson 2016).

Previous studies have examined professional socialization in nursing students (Love 2010; Kelly & Ahern 2009) or with those who have worked with nursing students as educators (Houghton 2014). Some have adopted a qualitative approach (Hasson, McKenna & Keeney 2013), an ethnographic approach (Love 2010) or a phenomenological approach (Tahmasebi 2013c). Although there is a considerable amount of literature relating to professional socialization of nursing in dif-

ferent countries (Love 2010; Feng & Tsai 2012), only little is published on nursing socialization in Iran in English (Dinmohammadi, Peyrovi & Mehrdad 2013; Zarshenas et al. 2014). In the absence of such literature, this article intends to assess the level of professional socialization of clinical nurses in Iran. The present study aims to assess the level of professional socialization among nurses in Iran.

## 2. Materials and Methods

### Study subjects

A descriptive cross-sectional study, approved by the research committee of Shahrekord Islamic Azad University (code No: 8391, Date: 6.9.2015) was conducted that involved 600 clinical nurses working in Tehran (n = 300), and Shahrekord (n = 200) teaching hospitals and Oil Company hospital in Abadan (n = 100) in 2016 who were selected through convenience sampling method. Data was gathered after obtaining participants' informed oral consent. Since professional socialization is influenced by individual, social and organizational factors (Tahmasebi et al. 2013b; Dinmohammadi, Peyrovi & Mehrdad 2013), data has been gathered from different sources. (Tahmasebi 2013c) The clinical nurses who had a bachelor's or a higher degree, or at least one year of experience in clinical practice or had the intention to participate in the study were included.

### Data collection

A researcher-made questionnaire consisting of two parts was used for data collection; (i) demographic data consisting of age, sex, marital status, work experience, role model, place of education (Islamic Azad or State University); (ii) a researcher-made questionnaire called "Nurses Professional Socialization (NPS) obtained from a PhD dissertation with a mixed method and inductive-deductive approach. During psychometric assessment, a questionnaire with 54 items and five domains was designed and prepared. The domains included professional autonomy (7 items), professional commitment (10 items), professional competency (16 items), group participation (5 items) and professional belongingness (16 items). The quantitative evaluation was carried out using the scale level content validity index, face validity of the instrument was evaluated by quantitative and qualitative methods and construct validity was confirmed using exploratory factor analysis. The reliability was also confirmed by Cronbach's alpha coefficient test. Each item was scored by the typical 5-level Likert point from strongly disagree (1) to strongly agree (5) and the

scores stood between 54 to 270. The Benner's classification division -from in her theory of "from novice to expert" was utilized for questionnaire scoring as the scores were different in different domains; this model can guide nurses towards acquiring a contextual understanding of the nursing world in the stages of socialization to nursing (Arieli, Tamir & Man 2015) and then they were standardized from 0 to 100 (Table 1) (Tahmasebi 2013c).

$$\text{Domains standard score} = \frac{\text{domain score} - \text{min}}{\text{Max} - \text{min}} \times 100$$

$$\text{Min: minimum Likert point score: } 54 \times 1 = 54$$

$$\text{Max: maximum Likert point score: } 54 \times 5 = 270$$

$$\text{Max-Min} = 270 - 54 = 216$$

### Statistical analysis

Statistical analysis was carried out using SPSS-PC V. 17 and the results were analyzed using Kruskal-Wallis and chi-squared tests.  $P < 0.05$  was considered statistically significant.

### 3. Results

A total of 600 nurses took part in the study as per the inclusion criteria; 450 (75%) participants were female. The mean age of participants was  $34.26 \pm 6.1$ . Parents of the participants held a diploma, fathers (66.5%) and mothers (76.5%); The fathers of the majority of them were self-employed (60.5%), and the mothers of 54.8% of them were unemployed. Most of fathers (66.5%) and mothers (76.5%) had diploma. Table 2 shows participants' demographic data.

In order to compare domains with different item numbers, each of them was standardized by scoring them from 0 to 100. The results are shown in professional socialization weighting (Figure 1).

### 4. Discussion

As shown in the results, professional socialization among clinical nurses was at competent, proficient and expert levels. The proficiency levels were 71% in Shahrekord, 73.3% in Tehran and 58% in Abadan. There were no novice or advanced beginner nurses in the study. The differences in professional socialization between cities were determined by Kruskal-Wallis Test ( $\chi^2 = 20.27$ ,  $df = 2$ ,  $P = 0.001$ ); the Mann-Whitney Test was also used for pairwise differences, and Bonferroni correction for any group (0.05/6) with  $P = 0.008$  for significance as a result, there was only one significant difference between Shahrekord and Abadan ( $P = 0.001$ ). The professional socialization between Shahrekord and Abadan is highly significant ( $P = 0.001$ ) and in agreement with Khalilis study on university student nurses who were highly professionally socialized (Khalili et al. 2013); Shahim et al. did the same research in Iran on nursing students and also exhibited high professional socialization among nurses (Shaheem, Lotfi & Rahmani 2011).

#### Professional socialization in professional autonomy domain

The difference was highly significant among the nurses for professional autonomy domain ( $P = 0.001$ ). The difference between Shahrekord and Tehran, determined using Mann-Whitney Test for pairwise differences, and Bonferroni correction for each group was found to be significant ( $P = 0.008$ ). Autonomy is a key element in attaining full professional status and career recognition (AllahBakhshian et al. 2017). The nurses who work with low levels of autonomy may have unpleasant feelings regarding personal and professional experience (Sarkoohijabalbarezi, Ghodousi, & Davaridolatabadi 2017). Hao et al. believe that socio-historical factors influence the autonomy of nurses (Hao et al. 2014); Iliopoulou (Iliopoulou & While 2010) and Baykara (Baykara & Şahinoğlu 2013) confirmed that autonomy is inevitably necessary for professional socialization. Literature

**Table 1.** Professional socialization scores based on Benner divisions

Numbers	Levels	Scores
1	Novice	0-20
2	Advanced Beginner	20-40
3	Competent	40-60
4	Proficient	60-80
5	Expert	80-100

Table 2. Demographic information of participants

Demographic Factors		Frequency	Percent
Age (year)	22-30	195	32.5
	31-39	275	48.5
	40-57	130	21.7
Sex	Male	150	25
	Female	450	75
Marital Status	Single	173	28.8
	Married	427	71.2
Occupation	Tehran	300	50
	Shahrekord	200	33.3
	Abadan	100	16.7
Graduation (university)	State	377	68.8
	Islamic Azad	223	37.2
Role Model	Yes	54	9
	No	546	91
Student Work	Yes	123	20.5
	No	477	79.5

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Table 3. Mean score of nurses' professional socialization domains

Domain of Professional Socialization		Tehran	Shahrekord	Abadan
Professional Autonomy	Mean ± SD	26.7 ± 3.5	25.5 ± 4.1	25.6 ± 4.1
	Minimum	16	15	13
	Maximum	35	35	35
Professional Commitment	Mean ± SD	3939.2 ± 4.7	44.8 ± 4.1	44.9 ± 3.9
	Minimum	2121	32	36
	Maximum	5050	50	50
Professional Competency	Mean ± SD	69.1 ± 6.9	61.1 ± 6.1	62.5 ± 7.6
	Minimum	40	45	45
	Maximum	75	74	75
Professional Belongingness	Mean ± SD	60.4 ± 8.4	59 ± 9.5	59.1 ± 10.25
	Minimum	36	31	24
	Maximum	80	80	77
Group Participation	Mean ± SD	18.8 ± 2.9	20.27 ± 2.9	20.6 ± 2.9
	Minimum	12	10	12
	Maximum	25	25	25
Total	Mean ± SD	214.5 ± 18.7	213.3 ± 24.4	217.9 ± 23.5
	Minimum	165	122	162
	Maximum	270	266	257

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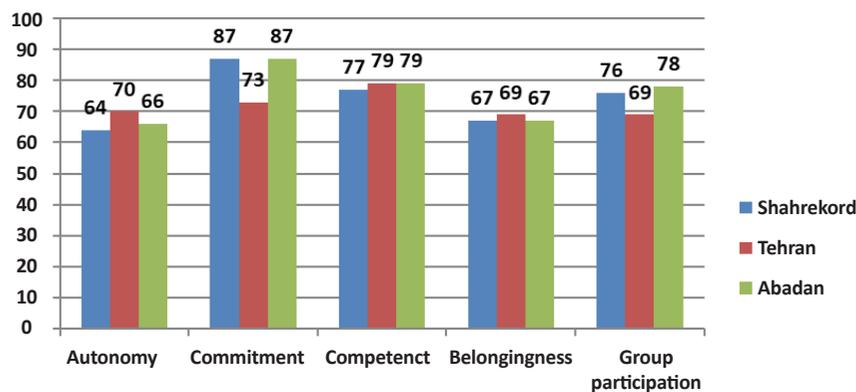


Figure 1. Standardized scores of professional socialization domains

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review on nursing resources' autonomy showed that it has culturally different meanings, such as freedom from others' control, freedom in decision making (Schmidt & McArthur 2017), and professional responsibility (Galbany-Estragués & Comas d'Argemir 2017); therefore, autonomy is assumed differently in different contexts.

### Professional socialization in professional commitment domain

The mean score of professional commitment domain for nurses in Tehran, Shahrekord and Abadan was high (Table 3) which was highly significant between the cities ( $P = 0.001$ ). Limoges explains Wolf's professional socialization as, attributing the sense of being a nurse to professional identity which is achieved during the gradual formation process of socialization (Limoges & Jagos 2015). The sense of being a nurse is a sense of existence that requires personal commitment and internalization of values, and special events during the education can be linked to creation of a deep commitment to nursing (Tahmasebi et al. 2013). Rodríguez et al. believed that affective, normative and instrumental components explain professional commitment which means, being affectionate to the profession, feelings of professional maintenance and the necessity to be professional, respectively. Such committed nurses experience intention, necessity and urgency to be professional (Lapa-Rodríguez, Trevizan & Shinyashiki 2008), but Khamisa et al. ascribes the effect of these three components in nurses to burnout, performance and absenteeism (Khamisa et al. 2015). Raessi et al suggested that to improve organizational commitment, the organizations should provide better occupational and promotional opportunities for their personnel and put the improvement of living quality in their agenda (Raessi et al. 2015). Also, highly professionally committed nurses stay longer in their careers (Nesje 2015) which is related to the nursing public image and engagement and interaction with society (Hoeve, Jansen & Roodbol 2013).

Jafaraghaie et al. showed that the characteristics of professional commitment are acceptable goals and values of the profession. The intention of making significant efforts for career, loyalty, membership in professional organizations and institutes, having pride, and eagerly working in the profession are recognized (Jafaraghaie et al. 2012). Iranian nurses' high professional commitment demonstrated in this research might be explained by the fact that they are Muslim. According to Rahemaghae et al., Muslim nurses pay attention to their inner commitment to nursing and care and to God who observes their performance (Flora Rahimaghace, Dehghan Nayeri & Eesa Mohammadi 2010).

### Professional socialization in professional competency domain

The mean score of professional competency domain for nurses in Tehran, Shahrekord and Abadan was high (Figure 1) but there were no significant differences between the cities ( $P = 0.06$ ). Tahmasbi et al. found that the inner competence of professional socialization has been described with valued crystallization, sense of being a nurse, practical knowledge, career interest and empathy (Tahmasebi et al. 2013b). Masters believe that internalization of values could enhance the quality of caring (Masters 2015) which is necessary for nursing competency (Stacey et al. 2011). Also, holistic caring is at the center of professional competency (Dossey 2012). Clinical competency plays an important role as a practical discipline in nursing profession (Bagheri Nesami et al. 2008) and there is general agreement among authors (Levett-Jones et al. 2011; Bahreini et al. 2011) that nurses should be assessed in such a way that they are deemed competent in their practice. Bahreini et al. found that nurses who were working in type 1 university hospitals viewed themselves as more competent than those who were working in type 2 university hospitals in Iran (Bahreini

et al. 2011). The difference between this study and that of Bahreini's is due to the factors influencing the process of developing professional competence in nursing extended across personal and extra-personal domains. Ya ting ke et al, using a systematic review realized that only a few studies explored the effects of preceptorship on the job satisfaction, competency and professional socialization of new nurses (Ke, Kuo & Hung 2017).

### Professional socialization in professional belongingness domain

The mean score of professional belongingness domain for nurses in Tehran, Shahrekord and Abadan was moderately high (Figure 1), but there was no significant difference between them ( $P = 0.5$ ). Belongingness is described as a fundamental human need associated with feelings, cognitions, and behaviors motivated by a desire for meaningful interaction and acceptance of others' values. Belongingness offers freedom to focus on the development of nursing praxis through professional socialization and access to "rich learning" experiences within the nursing atmosphere (Kern et al. 2013). Walton et al. realized that being confident, cheerful, and willing to learn are necessary for feelings of belongingness and for working in a group (Walton, Chute & Ball 2011). Mohamed et al. showed that nurses in Malaysia improved the sense of belongingness by acceptance, 'fitting in', respect and group coordination (Mohamed, Newton & McKenna 2014). However, in this study, it was found that working as a nurse with individual and familial problems could be possible only by belonging to the profession and flexibility when confronting the challenges, which leads to greater creativity, job satisfaction, and a happier life (Abbas Zadeh et al. 2013). The findings of Borrott et al. about the relationship between the two constructs of belongingness and workplace satisfaction demonstrate the necessity of satisfying an individual's personal and professional needs (Borrott et al. 2016). Preconception about nursing profession and positive role models are prerequisites to belongingness (Tahmasebi 2013a).

### Professional socialization in group participation domain

The mean score of group participation domain for nurses in Tehran, Shahrekord and Abadan was high (Figure 1) and there existed a significant difference between the cities ( $P = 0.001$ ). Interpersonal relationships are clearly the most important facet of professional socialization (Hao et al. 2014). The American Association of Critical-Care Nurses attributes 70% to 80% of medical errors to poor collaboration of the healthcare team (Bosch & Mansell 2015). Raparla et al found that inter-professional training

sessions targeting improved communication skills had a positive impact on the attitude towards nurse-physician collaboration (Raparla et al. 2017). Professional socialization could be defined for any profession; not only it is a process but also involves an outcome. The transmission of values, norms, methods of observation is described as a process. The outcome is described as the creation of a self-vision, a professional with necessary knowledge and skills. The professional socialization and value system are merged by cooperation and teamwork (Farrell, Payne & Heye 2015) and our ability to act strategically is influenced by our understanding of the discourses that accompany our work; such a collaborative practice then benefits the patients (Limoges & Jagos 2015).

### Professional socialization in demographic factors

There was no significant difference between demographic data such as sex, age, marital status and having role models, except student work experiences with group participation domain ( $\chi^2 = 9.1$  df = 2,  $P = 0.01$ ) and the total score of professional socialization ( $\chi^2 = 6.8$ , df = 2,  $P = 0.03$ ). Bulut et al. and Zannini et al. showed that socialization process of students within a clinical placement could be facilitated and developed by a circle of supportive friends and colleagues (Bulut, Hisar & Demir 2010; Zannini et al. 2011). The work experience of nursing students and their inter-professional education at undergraduate level might have benefits for their "positive socialization", preventing stereotyped attitudes towards other healthcare professions and fostering positive attitudes towards teamwork principles (Rejon & Watts 2013). Cross-cultural, inter- or intra-professional transition or resocialization, change in workplace setting and change from one medical ward to another would require adaptation (Neiterman & Bourgeault 2015).

Professional socialization levels of Iranian nurses were significantly high. In total, there were at competent, proficient and expert levels based on Banner's classification. It is recommended that hospital nursing managers maintain and try to promote these levels of professional socialization and help the newcomers with resocialization process after their educational period. Faculty members could enhance nursing students' work experience which directly influences and facilitates their socialization process.

This study was conducted in three cities of Iran. It would be better to conduct this study in broader areas for confirming the results obtained from the present study. Data was gathered through a self-report questionnaire. It is recommended to do a mixed method research, in

a quantitative-qualitative way, to discover the factors affecting the socialization process among nurses. Recommendations are as follows 1. Further research is recommended for standardization of the questionnaire; and 2. Combining the instrument with qualitative data gathering is recommended for reinforcing the results.

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## Conflict of Interest

There is no conflict of interest to declare.

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