New Kid on the Block
Workplace Socialization

Objectives

- Acknowledge the importance of the preceptor role in integrating new nurses into the work setting
- Identify strategies the preceptor can use to support the preceptee in the socialization process
- Analyze nursing values and how they are demonstrated in the work environment
Workplace Socialization

Everybody, Somebody, Anybody and Nobody

There was an important job to be done, and Everybody was sure that Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about that because it was Everybody’s job. Everybody thought Anybody could do it, but Nobody realized that Everybody wouldn’t do it. It ended up that Everybody blamed Somebody when Nobody did what Anybody could have.

(Zerwekh & Claborn, 2006)

Everybody has to realize the importance of advancing the field of nursing through mentorship . . . precepting is a good place to start.

Feelings

- Preceptor’s feelings
- Preceptee’s feelings

Socialization

- Process by which individuals acquire the knowledge, skills and dispositions that make them more or less able members of their society (Brim, 1996)
- Integration of preceptees in their new environment
Teambuilding Scenario

You will be responsible for the care of your critically ill parent during his or her stay in the hospital during the next two months.

Assemble a team of your nursing peers to deliver care to your parent.

The care will be based on the highest level of difficulty because of the serious nature of the diagnosis.

1. Who would you select and why?

2. What qualities would you want them to have to care for your loved one?

3. What skill would you want them to have to carry out the overall treatment plan?

4. Who will you select for your preceptee to follow some time? Why?
**Social Needs: Being Cared For . . .**
- Being accepted
- Being respected
- Being welcomed
- Being supported

**Power**
- Acknowledge the power that you have in your preceptee’s life
- Use it wisely
  - Not “power over” but “power with”
  - Develop an empowering learning partnership with a caring perspective

**Learning Partnership — Parental Model** (Alfaro-LeFevre, 2009)
- I want to look after you.
- I know what’s best for you.
- You should do as I say.
- I’m responsible for you.

**Empowerment** (Alfaro-LeFevre, 2009)
- The process by which we facilitate the participation of others in decision making and take action within an environment with an equitable distribution of power
- Teach your preceptee good decision-making strategies

**Learning Partnership — Empowered**
- How can I empower you to be independent?
- You know yourself best. Tell me what you’d like to see happen. What’s most important to you?
- I want you to be able to make informed decisions.
- We share a common purpose, and we’re both responsible for what happens.

**Empowered Partnership**
- Your goal is to **empower your preceptee** to be an equal member of your team.
- Your preceptee’s goal is to **actively pursue** the role of team member.


**Partnership — Trust Matters**
- Confidentiality
- Respect
- Honesty

**Empowered Partnership** (Alfaro-LeFevre, 2009)
Build mutual beneficial relationships based on the belief that people have the right and responsibility to make their own choices and grow in their own way.

**Strive for mutual agreement**
- We’re both clear about our joint purpose, and we’re both responsible.
- I can be trusted; I promise to be honest.
- We should make decisions together as much as possible.
- We’ll both agree to rules for resolving conflict’s between us.
- We both can expect to grow and learn from our experience by supporting one another.
- We’re both responsible for the outcomes (consequences) of our actions.
- If one of us sees the other engage in unsafe or unethical conduct, we have the responsibility to address it appropriately.
- We respect each others boundaries.

**Perception**
- Preceptees perceive their new practice environment through *your* eyes and attitude.
- How do *you* perceive *your* environment?
My Perception: For My Eyes Only

1. What do I like best and least about nursing?

2. What do I like best and least about caring for my patients?

3. What do my patients like most about me?

4. What do I feel/think about precepting a new hire?

5. How do I treat new nurses when they’re on my unit?

6. How do I feel about my facility? Do I speak about it positively or negatively when I talk with my friends? Why?

7. What do I like best and least about the unit where I work?

8. What do I like best and least about the manager, nurses, aides and secretaries on my unit?

9. When I’m with my friends, do I speak positively or negatively about my co-workers?

10. How do I contribute to creating a positive work environment?

11. Would my colleagues describe me as a positive influence in our work environment? Based on what evidence?
**Reality Shock** (Kramer, 1974)
- A shock-like reaction occurs when new graduates realize there is a discrepancy between the nursing practice culture that they were taught and the one that actually exists in the work setting.
- Experienced nurses may experience it when changing positions/employers.

**Reality Shock Phases**
- Honeymoon
- Shock
- Recovery
- Resolution

**Reality Shock: Honeymoon**
- Everything is wonderful
- Energetic and eager to learn
- Integrate with other staff

**Reality Shock: Shock**
- Obstacles prevent learning
- Feelings of anger and frustration with work values or practices

**Reality Shock: Recovery**
- Sense of humor and perspective
- Sees positive and negative aspects of environment

**Reality Shock: Resolution**
- Rejects school values
- Rejects work values
- Continues to fight
- Achieves biculturalism — retains best values from each domain

**Values**
- Values are the freely chosen principles, ideals or standards held by an individual class or group that give meaning and direction to life.
- Values define ideal modes of conduct.
- Most observable human behaviors are manifestations or consequences of human values.
- Values influence behavior. People with unclear values lack direction, persistence and decision-making skills.
The Code of Ethics for Nurses (ANA, 2001)

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual. The nurse is unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2. The nurse’s primary commitment is to the patient, whether an individual, family, group or community.

3. The nurse promotes, advocates and strives to protect the health, safety and rights of the patient.

4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence and to continue personal and professional growth.

6. The nurse participates in establishing, maintaining and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration and knowledge development.

8. The nurse collaborates with other health professionals and the public in promoting community, national and international efforts to meet health needs.

9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice and for shaping social policy.
### Nursing Values (AACN) vs. Nurse Preceptor Academy Values

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<tr>
<th>Nursing Values (AACN)</th>
<th>Nurse Preceptor Academy Values</th>
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<tbody>
<tr>
<td>□ Altruism</td>
<td>□ Professionalism</td>
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<tr>
<td>• Commitment</td>
<td>• Role Model</td>
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<tr>
<td>□ Integrity</td>
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<td>• Honesty</td>
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<td>□ Social Justice</td>
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<td>• Fairness</td>
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### Individual Values

- Diversity in the workplace
- Work ethic — commitment/accountability
- Age — generational differences
- Culture — subcultures
- Beliefs — general and medical
- Ethnicity — racial beliefs/prejudices

### Values in the Practice Environment

- Collegiality — teamwork
- Patient-centered care — ethical
- Professionalism
- Shared governance — decision making
- Professional growth — supported or stifled

### Preceptors Value

- The preceptor process
- Collegiality
- Teaching
- Coaching
- Professional growth

### Are your values congruent?

- Nursing values
- Individual values
- Practice environment values
- Preceptor values

“Sitting around the table telling stories is not just a way of passing time. It is the way the wisdom gets passed along … Facts bring us to knowledge, but stories lead to wisdom.”

(Rachael Remen, 1996)

Preceptors are Critical
- Mentoring is magical!
- Nurturing results in growth.
- As a role model, you are growing someone to carry on your legacy. You can make it a positive one for you, the preceptee, the patients and the nursing profession.

This presentation was developed by Claudia Horton, PhD, MSN, RN

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