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Professional Socialization of Iranian BSN Students: A Grounded Theory Study

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ABSTRACT

Introduction: Professional socialization is a critical aspect of nursing students' development, which begins with entry into the nursing program and continues when their professional practice begins. The aim of this study was to explore the socialization of Iranian BSN students in the nursing profession.
Methods: An exploratory qualitative approach utilizing Straussian version of the grounded theory (1998) method was used. Individual in-depth semi-structured interviews were undertaken with 14 participants chosen from two large nursing schools in an urban area through purposive and theoretical sampling. The data were analyzed, using the constant comparative method.
Results: Five main categories and eleven subcategories emerged and integrated around one core category. Professional metamorphosis as the core variable was a complex and interrelated process (consisting of three stages: dependence, disintegration, and integration) with dynamic, ongoing, and personal features influenced by professional and extra-professional context. The students assumed a passive role in the initial of their studies. However, during the last year of the educational program, they gradually involved actively in dealing with own personal and professional issues.
Conclusion: This study introduced "professional metamorphosis of BSN students" as a substantive grounded theory in the socio-cultural context of the health care system in Iran. During this process, students move from outsider personal position to insider professional position. The nurse educators and administrators may develop effective educational interventions to promote professional socialization of students with an understanding of the promoting and driving forces influencing socialization.

Introduction

Socialization is a process through which a person learns necessary roles, values, and positions for attending social organizations.

The people learn new norms while growing and accepting a role in new groups and refines self-concept.[1] Wolf quotes from Hinshaw: "socialization is a process through which individuals learn roles, values, Knowledge, and behaviors related to the new profession or social group".[2]

Nursing literature provides different definitions and descriptions of professional socialization in most of which professional socialization has been defined as the process of internalization and evolution of professional identity by acquiring knowledge, skills, attitudes, beliefs, values, norms and ethical standards to play professional role.[3-10]

The process of professional socialization begins upon entry into the nursing program and continues through experiencing clinical placement.[2,3,8,10,11] Therefore, socialization is the desired or undesired outcome of educational process and experiences of workplace.[8,12] Nursing students learn professional roles

through professional socialization process.[13] Socialization in nursing has been discussed for years. Davis has reported some documents about the professional socialization of the nursing students in the literature relating to 1950s. Some professional socialization models have been formulated for the basic students and RN students during 1970s and 1980s. The recent researches have studied special aspects of socialization, such as stresses or coping skills.[3,14]

In the past two decades, studies about professional socialization have not led to new models. Some studies have reported their results in the field of role and position of non-human agents such as educational and working environments in professional socialization[5,15] and some others have reported their findings about the role of human agents such as trainers, preceptors, mentors and role models in socialization of young nurses and students.[2,8,16] Results of some studies on the outcomes of professional socialization[7,10,12,17] and others on role transition management strategies of the new nursing graduates[10,18-21] have been presented. There are few studies, especially in Iran, which have explained socialization process of student nurses during their educational program or paid attention to the entire process. The aim of this study is to explore professional socialization process in BSC nursing students.

Professional socialization in nurses is shaped by social interactions and it is important to explore patterns and processes in social interactions for the explanation of professional socialization process of nursing students, so, grounded theory method can be the most suitable method for conducting the present study.[22]

Materials and methods

Two schools of nursing and midwifery affiliated to Tehran Universities of Medical Sciences were selected as the study setting. These schools are governmental and admit students every year through a nationwide entrance exam for two semesters. After being admitted and enrolled in these schools, B.S. students start a four-year course comprising of eight semesters including theoretical, practical and clinical courses. They officially enter hospitals and health care settings toward the end of the first semester or the early second semester and apply their theoretical knowledge under the supervision of the related trainers. Nursing B.S. students spend their last educational year as a trainee in clinical and healthcare settings.

Purposive sampling method was used to recruit participants. The participants were studying in different semesters and wanted to participate in the study while they possessed enough experience and information about the phenomenon under study. The students who were qualified for the study and had good communicative and verbal skills were selected as study participants. A date was determined for interviews in places where they were comfortable. An attempt was made to include both genders of the students and all educational semesters of the participants in the study. Considering the results of the analysis of the primary interviews and the primary concepts and categories, theoretical sampling was used to continue data gathering. On this basis, 14 people participated in this study and among them, 12 participants were BSC nursing students and two participants were nursing graduates. The participants included 10 women and 4 men and were between 21 and 26 years old.

The main method of data collection in this study was a semi-structured interview. Having introduced himself and provided a brief description of the study in the first meeting, the researcher specified the place and time of interviews in accordance with the desire of the participants. Before the interviews could be conducted, a letter of consent was obtained from the participants and they were asked if the researcher could record the interview. The interviews started with a general question and continued with probing questions. Some main questions of the interview included:
- Tell me about the first days of attendance in the school as a nursing student.
- Tell me about days of attendance in the

clinical setting as a nursing student.

- How did the sense of being a nurse form in you?

The interviews were performed in the interview room of the schools individually and the voice was recorded by a tape recorder. Each interview session lasted from 70 to 120 min, averagely 90 min. The arrangement for the next session was made with the participants for complementary interviews or controlling truth of his/her speeches. The researcher stopped data collection process when saturation was achieved. Data collection lasted from May 2011 to February 2013. Totally, 15 interviews were performed with 12 students (two interview sessions were held with one of the participants) and two B.S. nursing new graduates.

In the present study, Strauss and Corbin's proposed analysis method (1998) was used in three stages of open coding, axial coding and selective coding.[23] During analysis processes, constant comparison analysis and theoretical sampling methods were used. After completion of each interview, the researcher listened to the recorded audio file for general understanding and transcribed it in Microsoft Word 2007. This was done for all interviews within 24 hours after the interviews.

Trustworthiness means truth and adequacy of methodology in the qualitative research.[24,25] For this purpose, researchers used four criteria of Lincoln & Guba i.e. credibility, transferability, dependability, and conformability.

To confirm the credibility of data, long-term data engagement was considered and enough time was allocated for collection and analysis of data, with the participants revising them and the research team members studying the data. To confirm dependability, there is usually a need for external auditing. The main study was conducted according to the policy of research projects evaluating committee supervised and arbitrated by at least two selected supervisors. Using comprehensive and full descriptions of context and area of research, the researchers tried to enhance generalizability and application of the findings to other situations with similar conditions and

features. For conformability, an attempt was made to include the maximum variability and diversity in the participants by combining data sources (selection of participants from different schools, new graduates from both genders). Careful description of methodological processes such as data collection and analysis methods, careful recording along with maintaining objectivity in these stages, writing memos and field notes were the methods, which were implemented for this purpose. Revision of different stages of the study and permanent supervision of the research group's colleagues contributed to enhancing the conformability of the study.

The researchers prepared a letter of consent for informed participation of the participants which was approved by the ethical committee of the university and the participants completed and signed it after the brief and clear description of the research subject. In this research, an attempt was made to observe confidentiality and freedom of the participants to be included in or excluded from the research.

Results

Analysis of the data according to Strauss and Corbin (1998) in three stages of open, axial and selective coding led to the development of theory based on data of the study. This theory was clarified as the professional metamorphosis of nursing students with the related process and structures, which included 5 categories and 11 subcategories (Table 1).

1. Dependence

This category was the result of three subcategories of Paradoxical self, inevitable dependence, and initial uncertainty. B.S. nursing students started studying this field at different levels of knowledge and varying degrees of cognitive, physical, mental and emotional abilities, and certainly with unknown interests and expectations. Their understanding of nursing field was not real and most of them had acquired invalid information and knowledge from friends, media, and relatives. These students obeyed

their surrounding conditions and factors and showed relatively inactive role in coping with others and the surrounding environment. In other words, they had an inevitable dependence on educational agents particularly their instructors and trainers. They showed little resistance against the conditions and details of the surrounding environment and obeyed the governing order.

1.1. *Paradoxical self*

Upon entering the field, students showed variable and different reactions some of which were the expectable and ordinary manifestations that naturally revealed by a person who has just been admitted to the university, and acquired a student's role and is about to start a new and different period of life. Some reactions such as happiness with admission in the university, feeling of self-satisfaction and feeling of growth result from such events. On the other hand, entering a new and different environment, communication and interaction with special people, change of ordinary life program and experiencing new life led to reactions such as stress, anxiety, and worry. One of the students defined her concern in the early days of entering the school and formal start of class as the following:

"*…I was pleased with our school. I was glad and very curious. Of course, I simultaneously had concerns about the nature of my field and I wanted to know more about it. I then asked our educational authorities about our planners. I came to understand certain facts, but I was not so satisfied.*" *(P. 6)*

Another student expressed her feelings as:

"*In the early days, I felt good. I had not entered hospital setting. In the first and second semesters, we didn't know really know about the atmosphere, and we were not familiar with the field.* "*(P. 1)*

1.2. *Inevitable dependence*

Since the early entrance to the nursing field, students were like novice persons who experienced a new world. Low knowledge and professional awareness on the one hand, and weakness of communication skills, on the other hand, were the factors which affected their daring and self-confidence. The need for support, learning, and development of

communication skills were their usual expectations. One student mentioned her experience of dependence in the early years of study:

"*In the first semester, we were highly dependent on our trainer, but in the higher semesters, we wanted to be freer. We wanted to do our work by ourselves. We expected the trainer to supervise us but let us do our work by ourselves, to answer most of our questions and support us theoretically.*" *(P. 6)*

One of the graduates said about her inactivity in the early days of entering the nursing:

"*…. the first semester was practical and in the second and third semesters, I was not inclined or willing to do much, and I was inactive unless the professor forced me to do something- I didn't do it myself.*" *(P. 13)*

1.3. *Initial uncertainty*

The students became familiar with the nature of nursing profession nearly through entering and studying in the nursing field. Students acquired dispersed and contradictory information from different sources such as instructors, higher-level students, nurses and other members of the healthcare team through curiosity and their questions. The inability of students to analyze the existing conditions and reach a final decision made them uncertain. A student defined his experience of attending the first class of school:

"*…You sit in the class and other students start talking about this field, saying that they made a mistake when they entered this field. Others told us not to study this field. We have no way to go back. Such negative feelings were found in the early days and some students dropped out. We are inevitably affected by these feelings.*" *(P. 10)*

2. *Disintegration*

Clinical poverty, clinical distress, and secondary uncertainty were the subcategories from which experience of category "disintegration" was separated. This stage of experiencing socialization of B.S. nursing students started shortly after the stage of dependence and continued simultaneously with it. The difference between this stage and the previous one lay in their entrance to clinical environments and seeing the realities of the profession closely for themselves.

Although the students were initially obedient to the environmental conditions and factors due to their low awareness and capability to manage their educational affairs, which led them to adopt relatively inactive roles, their gradual acquisition of professional self-awareness and intelligence made their personal and professional integrity unstable. In this stage, students were able to distinguish between their self and professional self and encountered contradictions when managing them. This stage is one of the most critical experiences of the nursing students.

2.1. Clinical poverty

Students experienced clinical poverty when they entered clinical environments concurrent with the late first semester and early second semester. This experience was the result of such factors as defective clinical knowledge of the students on the one hand and the inefficiency of the factors and conditions of clinical education (clinical trainers and educational environments) on the other. Unfamiliar and complex experiences of clinical environments, work experience and close communication with patients and interaction with other healthcare team members intensified their dependence on clinical trainers and obedience to the governing conditions. One of the students said:

"…in the first semesters, it was very hard to communicate with patients. Due to lack of clinical knowledge, I kept my distance from the patients and worked on medical records of the patients. Patients also understood this fact and didn't trust me and asked the nurse of the ward to do his work... ." (P. 4)

Most participants of the study were not satisfied with the inadequacies of clinical education. The particular examples mentioned by the students in this respect included the following; constantly feeling your time is being wasted, that the training provided are useless and inefficient, as well as poorly planned, having to perform routine and repetitive works mostly at the discretion of the hospital staff (rather than their own professors) and their inability to apply theoretical knowledge in clinical practice.

2.2. Clinical distress

Clinical distress was usually experienced when entering clinical placement and concurrently with clinical poverty or thereafter. Attendance and learning in such environments were accompanied by different problems and hardships. The students experienced some verbal or nonverbal violence due to lack of enough support and directions by clinical trainers and particularly nurses of the wards. One of the participants who was studying in the sixth semester described her experience as follows:

"…we were in the respiratory ward and the clinical teacher hadn't come on that day. The head nurse said: since your teacher is absent, you should not go inside the ward and led us out of the ward and we became irritated. Even this limitation in student's work is a kind of violence. It necessarily should not mean physical violence, oppression, or offense. "(P. 11)

Another student said:

"…most nurses didn't accept us. We saw the nurses who respected for medical students who were in the lowest semester but not for nursing students …" (P. 2).

2.2. Secondary uncertainty

Student nurse's experienced secondary uncertainty when they had this feeling of doubt and uncertainty not just based on hearsay, or their occasional casual observation, rather on the basis of their live first-hand experiences and actual involvement in educational environments, particularly clinical training. A student described her experience as follows:

"… Later, we were more familiar … and we concluded that a person will fall off his/her feet after some years of nursing work. …when you are a student and in the lower semester, you think that your work should not be routine and be interesting and when you study in the highest semester, you see that you are about to work with these conditions. You have spent your life. This is your body and soul." (P. 10)

3. Integration

This category was the result of three subcategories of professional pride, practice to be professional and relative stability. The onset

of this stage was not as clear as the previous ones and was different in terms of the time, depending on the person and conditions. For this reason, a specific starting point cannot be considered for this stage. But we dare say that students enter this stage of experiencing socialization in the nursing profession while passing stages of dependence and disintegration in the third step. In this stage, students had relatively active roles in the management of their educational affairs and made a decision about themselves and future of their profession.

3.1. Professional pride

Tolerating unpleasant experiences of the previous stages besides acquiring varied and valuable experiences such as the acquisition of professional knowledge and skills and acquisition of necessary abilities to interact with patients, peers, trainers, nurses and other members of care team created efficiency and competencies in the students. According to most students participating in the study, the last year of educational courses was constructive. One of the students believed that the last year training in the field was equal to the previous three years combined, and added:

"*In the last year, I became proficient in theory and also practical skills and I could communicate with patients and other care teams well. I also learned policies about how to interact with others.*" (P. 1)

Students found that they will change from student's role to independent nurse's role and should prepare themselves for working in the real world. Therefore, they appeared in this course more purposefully and with more preparation. A student said in this regard:

"*… When training in the field, we feel that we have entered the work field and the instructor expects from us what a nurse is expected to do. I like to examine myself like an employee… A long course of training in the field gives us an opportunity to interact with patients. Patients can be followed up better; we can interact more with the personnel when training in the field and they accept you if you are with them longer …You can interact with patients or personnel and physicians more when training in the field.*" (P. 5)

3.2. Practice to be professional

Practice to be professional was the state, which was specified by acquiring professional role, acquiring human insight into patients, acquiring a feeling of commitment and responsibility toward patients and the profession and mentioning their professional identity. At this stage of the socialization process, students tried to release themselves from student's role and are prepared for entering the real workplace and profession by playing an active role in learning and managing educational affairs. One of the senior students described his/her concern for preparedness for the future workplace:

"*In higher semesters, for example, I spent about 10 min, taking an IV Line in the eighth semester. At that time, a nurse asked to come with me, but I said that I would graduate some months later, and what I could do there. I tried and finally succeeded this kind of boosted my self-confidence and I enjoyed it.*" (P. 10)

3.3. Relative stability

Relative stability was the consequence, which was achieved by professional pride and practice to be professional in addition to the individual and professional development of a person. Acquiring professional efficiency and competencies, development of communication skills with patients and trainers and members of care team, improvement of self-confidence, feeling of professional commitment, acceptance by nurses and playing active role in educational affairs were among the factors which caused gradual compatibility of the students with the profession and facilitated the professional role acceptance process by them. One student said:

"*… I gradually became a nurse. This feeling was not clear but in the middle of the seventh semester, I said that I was a nurse and should work and accept hardships of the shift and they are part of my work.*" (P. 5)

4. Professional context

4-1. Professional agents and conditions

Professional agents refer to the role of human agents, which have been effective in quality of the students' experiences during a four-year

course in nursing as a profession with good decisions and functions. These agents who include professors of the school, clinical trainers, peers, nurses, patient and his/her companions and other members of care team had positive and constructive or negative and destructive effects on the socialization of the students. Professional conditions also refer to a set of nonhuman agents such as clear and hidden curricula, educational management styles of the schools, clinical environments and regulations, values and standard governing of these environments. Sometimes, the role of good models with guidance or an appropriate behavior can determine the professional destiny of a student.

A student mentioned her feelings about one of these role models:

"… *I became more familiar with nursing in the class of Mr. S's in the fifth semester. I modeled him and liked to be with him in the training to see what he does in different situations … He attracted my attention and I thought about his words even after his class and then I found that I was interested in my field."(P. 5)*

The effect of agents and conditions at different times can act as negative and destructive factors or vice versa in students' experiences. One of the students said about clothes of one of the clinical trainers:

"…*We have many trainers who wear sacs. When they come to the ward, we do not have the cheek to tell the ward personnel that this is our trainer. All students call overalls of our trainers as a sac. Trainers also inspire us." (P. 1)*

Nursing personnel had the most frequent communication with students during training courses. Unfortunately, the students were the most dissatisfied with them. A senior student said:

"…*in the first day, they gave us negative energy. So, when we entered the ward in the next day, we didn't dare to get close to anyone. We feared that we might be disrespected. We tried not to touch anything, not to get close to anything. We were limited too much."(P. 1)*

5. Extra-professional context

5-1. Extra-professional agents and conditions

Extra-professional agents and conditions are a

set of factors such as society, media, family, friends, and the primary presuppositions of student which have no direct effects on experiences of students in the socialization process compared with the professional agents and conditions, but their positive or negative effects in all education courses and even earlier than the start of the educational course are expected.

One student talked about her presuppositions before selecting nursing:

"…*the things, which we watch on TV and films, showed bad attitudes toward nursing. The students who were admitted in nursing and came to school told us to try to be admitted to pharmacology, dentistry or another good field … they said about the difficulties of the shift. They talked about the viewpoint of people." (P. 10)*

Professional metamorphosis theory

Data analysis of the present study introduced professional socialization in B.S. nursing students as an overlapping three-stage process with specified time sequence in a professional and extra-professional structure. This process had a developmental, dynamic, complex, continual and personal nature. Professional metamorphosis, as a core variable of the study, related the entire process and the manifested professional and extra-professional structures. In this process, nursing students experiencing three stages of dependence, disintegration, and integration transited from an outsider personal position to the insider professional position. Although this process started with the experience of dependence, continuation, and completion of all the three stages were almost unpredictable. Although students experienced these stages during a four-year study in nursing, the type and intensity of experience and speed of their passing through three stages could be variable depending on the person, educational environment conditions, and professional and extra-professional factors affecting this phenomenon. It is evident that the students had dependent and inactive roles and then had active roles in the management of their educational and professional affairs when they gradually got closer to the last educational course (Diagram 1).

Table 1. Core variable, categories and subcategories

Core variable	Categories	Subcategories
Professional metamorphosis	Dependence	Paradoxical self
		Inevitable dependence
		Initial uncertainty
	Disintegration	Clinical poverty
		Clinical distress
		Secondary uncertainty
	Integration	Professional pride
		Practice to be professional
		Relative stability
	Professional context	Professional agents and conditions
	Extra- professional context	Extra-professional agents and conditions
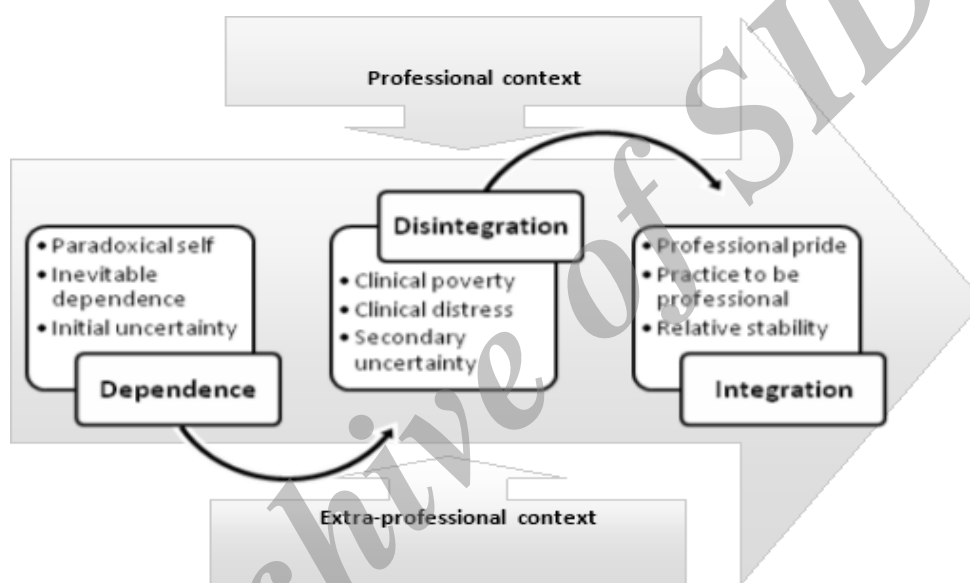
Diagram 1. Professional metamorphosis theory

Discussion

The present study introduced the grounded theory of professional metamorphosis of B.S. nursing students in sociocultural context and Iranian health system structure as a three-stage process along with the professional and extra-professional background. Based on this theory, the nursing students acquire different personal and professional capabilities despite toleration of adversities and unpleasant experiences. In other words, nursing students experience a professional metamorphosis through a four-year curriculum.

Metamorphosis literally means transformation and change. It is defined as a major change in the appearance or character of someone or something.[26] In the process of metamorphosis, the newcomer is converted from the position of an outsider or nonprofessional person into an insider and professional person. The consequence of this successful transition is compatibility of the person with his/her surrounding environment and the removal of problems and uncertainty.[27]

Different studies have been conducted from different perspectives on professional socialization in the field of the healthcare

system and most of them describe socialization as an inevitable, complex, variable, dynamic, ongoing and unpredictable process.[2,5,8,11,12,27,28]

Dinmohammadi et al., referred to the process nature of socialization with some characteristics such as learning, interactive, adaptive, and developmental by confirming the previous specifications.[29] On the other hand, this process is personal and varies from a person to another. Some people pass socialization period rapidly and some pass it slowly and by tolerating problems and hardships.[2,27] This phenomenon has no clear start or end due to its dynamic and continual nature.[30]

Patricia Benner presented the model of skill acquisition across the careers of nurses in a book "From Novice to Expert". These stages included novice, advanced beginner, competent, proficient, and expert. Comparison of the theory of the present study shows that the stage of dependence is in line with the stage of a novice in Benner's model. The description of the specifications of the next stages of the Benner's model shows that students can proceed only until the second stage i.e. advanced beginner. In this stage, students understand that there is a special order in clinical wards.[3] It seems that specifications of the second stage of the Benner's model are in line with the stage of integration in the present study. What differentiates the present theory from Benner's model is that Benner's model focuses on skill acquisition, which is only a part of the professional socialization process, but the present theory focuses on the whole process of socialization.

Hinshaw presented six-staged model including initial innocence, identification, simulation, vacillation and internalization in the field of socialization of nursing students[3].the study of experiences of the nursing students in six stage of Hinshaw was not in line with the experiences of the participants of the present study and some stages have clear incongruity in terms of a sequence of experiences. The vacillation stage has a similar nature to the stage of

disintegration in the present study though it has a different time sequence. The stage of internalization is in line with the stage of integration in the present study. Of course, one of the major differences between this model and the present theory is that the present study investigates the socialization phenomenon in educational courses of nurses. According to Hinshaw, stages, 5 and 6 of their professional socialization model relate to the graduates and nurses in professional workplaces.

Cohen introduced the developmental model in four stages for the nursing students. These stages include unilateral dependence, negativity/independence, interdependence/mutuality and independence.[31] The comparison of features of four stages of Cohen's model in the present theory shows that these stages are congruent with each other in many cases so that the first stage of both studies can be regarded fully identical (dependence and unilateral dependence). Cohen describes the first stage of his model as unilateral dependence. In this stage, students are dependent on limitations and external controls (external power) like instructors. These features are highly congruent with the stage of dependency of the present study.

The second stages of both studies (disintegration and negativity/ independence) highly overlap with each other. Cohen believes that the critical thought of student along with his/her knowledge bases is developed in this stage. Cohen has named this event cognitive rebellion. In the present study, this stage starts when a student has achieved a professional insight and intelligence and has enabled him/her to understand and analyze his/her surrounding conditions and realities of the profession. The third and fourth stages of Cohen's model also agree with the third stage of the present study (integration and interdependence/independence).

The interdependence in Cohen's model means the start of union and commitment toward others. In this stage, students evaluate ideas of others carefully and reasonably. The successful socialized student complements this stage through self-concept, which includes the

identity of the professional role and is personally and professionally acceptable and compatible with other roles in his/her life. Learning from others and the ability to solve problems independently are among the specifications of this stage.[3,31]

What differentiates between professional metamorphosis of the nursing students and Cohen's model is the time sequence of the experiences of nursing students in the three-stage process, which has dynamic interactions with professional and extra-professional structures affecting these experiences.

The main difference between these models and theory of the present study is that this theory arises out of real experiences of B.S. nursing students with the main focus on the study and explanation of their socialization experience in the nursing profession in terms of temporal, cultural and social dimensions as the professional and extra-professional structures affecting this process.

Conclusion

The present study added knowledge to the bulk of nursing literature while confirming the findings of the previous studies in the field of professional socialization among the nursing students. Students in a four-year course in schools of nursing experienced the process of socialization through three stages of dependence, disintegration, and integration based on professional and extra-professional agents and conditions. In each one of the three stages, the nature of actions and reactions of the students while interacting with the surrounding agents and conditions determined the quality of their socialization in the nursing profession. During this process, students move from an outsider personal position to an insider professional position. In other words, the students found a gradual change in their personality structures by passing through these stages.

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Ethical issues

None to be declared.

Conflict of interest

The authors declare no conflict of interest in this study.

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