

Concept Analysis of Professional Socialization in Nursing

Mohammadreza Dinmohammadi, MSN, Hamid Peyrovi, PhD, and Neda Mehrdad, PhD

Mohammadreza Dinmohammadi, MSN, is Doctoral Student of Tehran University of Medical Sciences, Tehran, Iran and Nurse Instructor, Zanjan University of Medical Sciences, Zanjan, Iran; Hamid Peyrovi, PhD, is Associate Professor, Center for Nursing Care Research, Tehran University of Medical Sciences, Tehran, Iran; and Neda Mehrdad, PhD, is Assistant Professor, Center for Nursing Care Research, Tehran University of Medical Sciences, Tehran, Iran.

Keywords

Concept analysis, evolutionary method, nursing, professional socialization

Correspondence

H. Peyrovi, PhD, Center for Nursing Care Research, Faculty of Nursing and Midwifery, University of Medical Sciences, Tehran, Iran
E-mail: h-peyrovi@tums.ac.ir

PURPOSE. The aim of this study is to clarify the process of professional socialization, and to identify its attributes, antecedents, and consequences in nursing. Rodgers' evolutionary method of concept analysis was used to clarify the concept of professional socialization in the field of nursing.

SOURCE. A literature review was conducted by performing a search on scientific databases using the key terms "socialization," "professional socialization," and "nursing." Four hundred forty-six papers for the period 1995–2009 were found, out of which 47 articles and 4 books were selected for the analysis. The process was audited by two independent experts in order to ensure neutrality and credibility.

CONCLUSION. Professional socialization is a complex process with four critical attributes: learning, interaction, development, and adaptation. Comprehensive educational programs, competent role models, and the provision of adequate field experiences were found to be the antecedents of these attributes. They have either positive or negative consequences for the professional development of nurses. These findings not only add to the body of knowledge, but also serve as an important impetus for further theory development and research in nursing.

Introduction

Socialization is the process during which people learn the roles, statuses, and values necessary for participation in social institutions. Socialization is a life-long process that begins with learning the norms and roles of the family and subculture, and making self-concept. As individuals grow older and join new groups and assume new roles, they learn new norms and redefine their self-concept (Brinkerhoff, White, & Ortega, 2007).

Berger and Luckman's study (as cited in Howkins and Ewens, 1999) suggests that socialization may be primary, occurring in childhood, or secondary, occurring later in the process of socializing in larger community. Socialization in the profession is a crucial part of secondary socialization, although Jarvis (1983) introduced it under a separate process as tertiary

socialization (Howkins & Ewens, 1999). From the psychological and sociological perspective, the concept of socialization has been defined as a state in which an individual is accommodated within a particular cultural group (Ryynänen, 2001).

In the literature, the concepts of socialization and professional socialization are often used interchangeably. Professional socialization, however, is the only periodic process of socialization that continues throughout an individual's life (Page, 2004). Hinshaw (as cited in Wolf, 2007) writes that "socialization is the process during which individuals learn new roles, values, behaviors, and knowledge pertinent to a new social group or profession."

According to Davis (1968), professional socialization of student nurses was introduced in the literature as early as 1958 (Tradewell, 1996). Professional socialization is a critical aspect of nursing students'

development, which begins with entry into the nursing program and continues with entry into the workforce (Chitty, 2005; Marcum & West, 2004; Messersmith, 2008; Shinyashiki, Mendes, Trevizan, & Day, 2006; Tradewell, 1996; Weis & Schank, 2002; Wolf, 2007; Young, Stuenkel, & Bawel-Brinkley, 2008). Thus, socialization is both an intended and unintended consequence of the educational process and work experience (Nesler, Valerie, & Stephanie, 2001; Shinyashiki et al., 2006).

Background

There are various definitions of professional socialization in nursing literature, most of which describe it as the process of internalizing and developing a professional identity through the acquisition of knowledge, skills, attitudes, beliefs, values, norms, and ethical standards in order to fulfill a professional role (Arnold & Boggs, 1999; Chitty, 2001, 2005; Goldenberg & Iwasiw, 1993; Kilpatrick & Frunchak, 2006; Mooney, 2007; Ohlen & Segesten, 1998; Parsons & Griffiths, 2007; Price, 2009; Shinyashiki et al., 2006; Striefel, 2006; Teschendorf & Nemshick, 2001; Tradewell, 1996; Young et al., 2008).

Concepts, as building blocks of theories, play an important role in theory development (Chinn & Kramer, 1999). Over the past decades, various methods of concept analysis have been developed and applied in nursing. These techniques have provided nursing researchers with many analytic processes for the conceptual understanding of phenomena of interest in nursing science. The purpose of concept analysis is to examine the structure and function of a concept. A concept is composed of attributes or characteristics that differentiate it from other concepts. Concept analysis can be useful in refining ambiguous concepts in a theory. It also helps clarify those overused or vague concepts frequently used in nursing practice, ensuring that everyone uses these terms to refer to the same things. Concept analysis results give the theorist or investigator a basic understanding of the concept's underlying attributes. This helps define the problem clearly and allows the investigator or theorist to construct hypotheses that accurately reflect the relationships between the concepts. Concept analysis results are also useful in constructing research instruments or interview guides before doing research (Hupcey & Penrod, 2005; Walker & Avant, 2005).

In the past few decades, numerous concept analysis methods with their own philosophical foundations

have been developed and used in the nursing profession. In many cases, the basis of philosophical approaches to analysis is implicit but has a significant influence on the study design, interpretation of findings, and application of the results (Hupcey & Penrod, 2005; Rodgers, 2000b).

Historically, common notions about concepts and their analysis have been rooted in the philosophical theory of essentialism. From this viewpoint, the main purpose of the analysis is to realize critical attributes or "essence" of the concept. The essence is a set of conditions that accurately delineates the domain and boundaries of the concept. Based on this philosophy, a concept is examined apart from its context and without any relationship to other concepts. Rodgers' evolutionary concept analysis approach is based on contemporary philosophical thought regarding concepts, and their role in the evolution and development of knowledge. This view emphasizes the dynamic nature of concepts, which changes with both time and context. It rejects absolutism and essentialism philosophical perspectives, which were common in the first half of the twentieth century in knowledge and concepts, and has earned its position among the existing approaches (Rodgers, 2000b).

From the evolutionary perspective, rather than answering the question "What is the concept?" the main emphasis is laid on heuristic approaches that facilitate the appropriate process for review and further exploration, and in fact are the basis for the advance of the cycle through which the concept evolves. In such circumstances, contrary to many analysis methods, results can be considered the starting point rather than the end of the analysis. The evolutionary concept analysis method is based mainly on an inductive approach and provides the basis for further research (Rodgers, 2000b). The purpose of analysis in this approach is to describe and explain the concept and its current use, and to clarify its attributes, which can be the basis for further development of the concept (Rodgers, 2000a).

The purpose of this study is to clarify the concept of professional socialization in nursing; gain more understanding; recognize its attributes, antecedents, and consequences in the context of nursing; and trace its changes over time. The evolutionary approach is compatible with the perspective generally accepted in nursing, which supports a view of reality and of human beings and related nursing phenomena as constantly changing, comprised numerous, interrelated, and overlapping elements, and can

be interpreted only with respect to a magnitude of contextual factors.

Data Sources

Rodgers' (2000a) evolutionary approach was used for concept analysis. In this approach, six preliminary activities are recommended for the study (Table 1), but Rodgers believes that many of them are performed simultaneously, and that the study process is nonlinear, iterative, and flexible in nature. The six steps merely indicate that the activities must be conducted during the study and that the process should be considered a sequential one. In this way, Rodgers' approach uses precise inductive analysis and focuses on the study. Also, analysis of raw data is based on social, cultural, and career-specific contexts of the concept under study (Rodgers, 2000a, 2000b).

The most important step after identifying the concept is determining the scope and range of literature on the study (Rodgers, 2000a). In this study, literature about professional socialization in nursing and health sciences published within the last 15 years was carefully reviewed and analyzed. Rodgers' evolutionary approach is based on the analysis of raw data in the literature. Scientific databases (PubMed, Proquest, Ovid, and Nursing Index) were searched using the key terms "socialization," "professional socialization," and "nursing or health sciences." In order to attain more accurate results, certain criteria were determined to review the literature. The final analysis was conducted

on the English texts on nursing and health sciences that were published between 1995 and 2009.

In the initial search, 446 articles met the inclusion criteria. After the duplicates were removed, the number reduced to 205. In the final stage, 47 articles were chosen. These contained the main words (socialization and nursing or health sciences) in the title or abstract and were available in full text. Of these, 6 were doctoral theses and 41 were scientific papers on nursing and a few other areas of health sciences (including medicine, physiotherapy, midwifery, and pharmacy). In addition, four nursing books were used in the process of analysis. Books and papers were read carefully and in depth, summarized, and coded. Thematic analysis with iterative processes led to primary themes that were classified in the form of attributes, antecedents, and consequences of the concept. Two nursing scholars with expertise in concept analysis and familiar with Rodgers' (2000a) approach reviewed the raw data and agreed upon the word labels.

Results

The first activity of the analysis (identifying attributes of the concept) leads to the real definition of the concept (Rodgers, 2000a). In the present study, the concept of professional socialization is defined as a process with attributes of learning, interaction, development, and adaptation.

Professional Socialization as a Process

Most definitions of professional socialization offered in nursing literature have emphasized the process nature of this concept. In the literature, the socialization process is described as complex and diverse (DuToit, 1995; Howkins & Ewens, 1999; Mackintosh, 2006; Messersmith, 2008; Shinyashiki et al., 2006), unpredictable and uncertain (Howkins & Ewens, 1999), iterative and nonlinear (Dalton, 2008; Howkins & Ewens, 1999; MacIntosh, 2003; Price, 2009; Weidman & Stein, 2003), involuntary (Dalton, 2008; Tradewell, 1996; Weidman & Stein, 2003), inevitable (Mooney, 2007), dynamic and ever-changing (Howkins & Ewens, 1999; Kralik, Visentin, & van Loon, 2006; Price, 2009; Weidman, Twale, & Stein, 2001), ongoing and continuing (Howkins & Ewens, 1999; Ohlen & Segesten, 1998; Waugaman & Lohrer, 2000; Weis & Schank, 2002; Wolf, 2007), and personal (Messersmith, 2008).

Table 1. Evolutionary Concept Analysis Activities

1. Identify the concept of interest and associated expressions (including surrogate terms).
2. Identify and select an appropriate realm (setting and sample) for data collection.
3. Collect data relevant to identify
 - a. the attributes of the concept; and
 - b. the contextual basis of the concept, including interdisciplinary, sociocultural, and temporal (antecedent and consequential occurrences) variations.
4. Analyze data regarding the above characteristics of the concept.
5. Identify an exemplar of the concept if appropriate.
6. Identify implications, hypotheses, and implications for further development of the concept. (Rodgers, 2000a)

Professional socialization is not only complex and diverse, but is also dynamic and constantly changing (Howkins & Ewens, 1999; Wolf, 2007). The process has no specific pattern; it sometimes moves backward and sometimes forward, and its progress and activities are irregular and unpredictable (Howkins & Ewens, 1999).

Socialization begins upon entry into the nursing program and continues with entry into the workforce. Professional socialization, however, is an ongoing process—a facet of lifelong learning (Weis & Schank, 2002; Wolf, 2007). The socialization process is not linear; it has an integrated, fluid, dynamic, interactive, developmental, and flexible nature (Weidman et al., 2001). Moreover, this process is personal and varies from person to person. Some people move rapidly through the socialization process, but others move slowly and with difficulty (Messersmith, 2008; Wolf, 2007).

Professional socialization involves the students in the reconstruction of their roles and makes them change their personal constructs. The complexity of socialization is reflected in the detailed and unique changes in each student's repertory grid. While some students use the course to strengthen their professional role identity, others appear to change just a little (Howkins & Ewens, 1999). In addition, professional socialization is the subconscious internalization of values, customs, obligations, and professional responsibilities, and it is an inevitable consequence of entry into any profession (Mooney, 2007; Tradewell, 1996; Weidman & Stein, 2003).

Professional Socialization as a Learning Process

Many studies have introduced socialization as a learning process (Howkins & Ewens, 1999; Keith & Schmeiser, 2003; Messersmith, 2008; Shinyashiki et al., 2006; Weidman et al., 2001; Weis & Schank, 2002; Wolf, 2007). In fact, socialization has been referred to as “social learning”—individuals “learning” the ropes from those around them through careful listening and observation (Messersmith, 2008). Professional socialization is the fundamental process of the learning skills, attitudes, and behaviors necessary for professional roles (Price, 2009). According to Cohen's study (as cited in Waugaman and Lohrer, 2000), learning the technology and language of the profession, internalizing the profession's values and norms, and integrating the professional role into one's

identity and other life roles are components of professional socialization (Waugaman & Lohrer, 2000).

Weis and Schank (2002) suggest that professional development and professional socialization are ongoing processes that are considered part of lifelong learning. While professional development emphasizes the two components of learning domains (cognitive and psychomotor), professional socialization is not possible without the development of an affective domain. Without learning the affective domain, a professional nurse cannot provide holistic care (Weis & Schank, 2002).

Professional Socialization as an Interactive Process

Many previous studies have emphasized the interactive nature of socialization (Dalton, 2008; Howkins & Ewens, 1999; Mackintosh, 2006; Messersmith, 2008; Striefel, 2006; Waugaman & Lohrer, 2000; Weidman & Stein, 2003; Wolf, 2007). Professional socialization is a complex, interactive process in which professional roles (including knowledge, skill, and behavior) are learned, and the values, attitudes, and goals of the profession, as well as a sense of professional identity with special characteristics of members, are internalized (Mackintosh, 2006). When professional socialization is theorized as interaction, it involves four components that mutually influence each other. According to Kalmus's study (as cited in Dalton, 2008), these include (a) the transmission of culture to individuals (structure), (b) the process of becoming human in one's environment (agency), (c) the interactive process between two sets of actors—the individuals being socialized (agency) and the socializing individuals (agents), and (d) the field of socialization (context).

Howkins and Ewens (1999), in their exploration of the literature on professional socialization, reported that it is a proactive rather than a passive or reactive process. It should no longer be seen as a reactive and linear process associated with one course, but must be understood as a dynamic, ever-changing process. Nurses, at any point in their career development, can change the way they view themselves and their role. However, the changes that students will experience during a course depend on their past experiences, the type and form of education provided, the opportunity to reflect on their practice, and the beliefs and values promoted during the course (Howkins & Ewens, 1999).

As interpersonal relationships play a key role in socialization, socialization is sometimes introduced as

communication. It is the “internalization of interpreted reality” created through communication (Messersmith, 2008). Professional socialization may also be viewed as an exchange process or relationship between nursing students and other students, faculty and staff members, healthcare professionals, and the society as a whole. Therefore, the messages exchanged through such interactions can support students in interpreting and internalizing the reality of the nursing profession (Messersmith, 2008; Waugaman & Lohrer, 2000).

Professional Socialization as a Developmental Process

Many studies (Chitty, 2005; Dalton, 2008; DuToit, 1995; Kilpatrick & Frunchak, 2006; Messersmith, 2008; Mooney, 2007; Ohlen & Segesten, 1998; Secrest, Norwood, & Keatley, 2003; Shinyashiki et al., 2006; Waugaman & Lohrer, 2000; Weidman et al., 2001; Weis & Schank, 2002; Wolf, 2007) have emphasized the developmental process of socialization. Wolf (2007) introduces socialization as a lifelong process of professional growth and human development. The process of socialization can also have a significant impact on the development of a specific occupational personality, which occurs as a consequence of the final process of internalization. Within nursing, this has been linked to two key characteristics—the acquisition and maintenance of a professional role, and the suppression of inherent ambiguities that exist within this role (Mackintosh, 2006). Professional socialization is generally a developmental process in which the individual acquires knowledge and skills, and develops professional behavior and career commitment through educational processes. During the socialization process, nonmembers of a profession are exposed to experiences that members consider a prerequisite for inclusion into the profession (Waugaman & Lohrer, 2000; Weis & Schank, 2002).

Sociologically, the development of a profession involves more than the development of a distinct body of knowledge. Humanistic nursing care requires application of not only cognitive and psychomotor learning, but also affective skill learning. The learning initiated in the formal educational setting must be attended by the service agency and the profession for full development and socialization of the nurses into the profession (Waugaman & Lohrer, 2000; Weis & Schank, 2002).

Professional Socialization as an Adaptation Process

In some studies, the concept of adaptation has been used to define socialization or to describe its attributes (Kralik et al., 2006; Mackintosh, 2006; Scott, Keehner Engelke, & Swanson, 2008; Striefel, 2006; Wolf, 2007).

Hinshaw (as cited in Wolf, 2007) defined socialization as “the process of learning new roles and the adaptation to them, as such, continual processes by which individuals become members of a social group.” During training in nursing schools, students become familiar with the basic professional values; however, they do not apply them practically until their clinical placement. Many studies (Begley, 2007; Gerrish, 2000; Mooney, 2007; Newhouse, Hoffman, Suflita, & Hairston, 2007; Young et al., 2008) describe this stage as a transition period, associated with profound stresses and problems. In nursing literature, the transition period is not differentiated from the socialization and professionalization; it is the process of adapting to changing personal and professional roles at the start of one’s nursing career. Through this process, newly graduated nurses adapt to new roles and responsibilities, and accept differences between the theoretical orientation of education and the practical focus of professional work (Duchscher, 2008). Transition to full professional role depends on congruency among the values, norms, educational expectations, and the reality of professional work (Kozier, Erb, & Blais, 1997).

Antecedents and Consequences

The next iterative process of the evolutionary conceptual analysis cycle is an examination of the antecedents and consequences of the concept (Rodgers, 1989). The antecedents of professional socialization that are frequently reported in nursing and health sciences literature include the provision of comprehensive orientation and educational programs (preceptorship, mentorship, internship, and externship), qualified role models, educational facilities, supportive educational and clinical environments, socialization agents, opportunities for field experience, and constructive feedback (Beck, 2000; Fitzpatrick, While, & Roberts, 1996; Hinds & Harley, 2001; Howkins & Ewens, 1999; Kilpatrick & Frunchak, 2006; Kimberly, 2007; Leners, Wilson, Connor, & Fenton, 2006; MacIntosh, 2003; Price, 2009; Ryan & Brewer, 1997;

Shinyashiki et al., 2006; Tradewell, 1996; Wilson & Diane, 2001). Professional socialization refers to both the intended and unintended consequences of an educational program and workplace processes (Mooney, 2007; Shinyashiki et al., 2006).

Fitzpatrick et al. (1996) showed that the educational program and working environment, along with competent role models, are vital for the socialization of nursing students. Kimberly (2007) considered professional socialization to be a benefit for persons participating in preceptorship programs.

In a longitudinal study of 72 senior student nurses, Maben, Latter, and Clark (2006) showed that educational processes provide only the essential theoretical basis to students. Therefore, when students enter professional environments, they are faced with task-oriented approaches and bureaucratic processes that affect their socialization and lead to undesirable results. They believe that the presence of qualified role models and the provision of high-quality skills and facilities in workplaces can help student nurses fulfill their professional roles (Maben et al., 2006).

A study by Boyle, Popkess-Vawter, and Taunton (1996) showed that positive experiences from preceptorship programs, and congruency between educational assignments and supportive systems, play a significant role in the successful socialization of nursing graduates. Price (2009) believes that role models and mentors are a great source of support to individuals and often influence them to stay in nursing.

The literature on professional socialization reveals more positive and negative consequences. While some studies focus on individuals, some pertain to their professional organization. Most studies reviewed in this analysis have reported that the attainment of a professional identity is the central aim and a beneficial consequence of socialization into a profession (Dalton, 2008; Gregg & Magilvy, 2001; MacIntosh, 2003; Price, 2009). Professional identity develops through interaction with other nurses, and internalization of knowledge, norms, values, and culture of the nursing profession (Ohlen & Segesten, 1998).

Other positive outcomes include retention, professional and organizational stability and commitment, satisfaction, confidence, self-awareness, empowerment, acceptance of professional role, internal motivation, productivity, and holistic nursing care, all of which result from effective adjustment followed by acceptance of professional roles (Chitty, 2005;

Howkins & Ewens, 1999; MacIntosh, 2003; Mackintosh, 2006; Newhouse et al., 2007; Ohlen & Segesten, 1998; Price, 2009; Scott et al., 2008; Shinyashiki et al., 2006; Weidman & Stein, 2003; Young et al., 2008).

As the nature of socialization is complex, diverse, and unpredictable, it has both positive and negative consequences. The negative ones are documented most prominently in the literature (Boyle et al., 1996; Mackintosh, 2006; Nesler et al., 2001). Improper management of initial professional experiences can lead to low motivation and productivity, demoralization, and decreased care of patients (Chitty, 2005; Shinyashiki et al., 2006).

Frequent turnover, organization or professional leave, continuance of ritualized practice and bureaucratic views, role ambiguities, lack of critical thinking, repeated dismissal requests, increased attrition, and gradual desensitization about humanistic patient needs are the negative consequences of inadequate socialization of nurses (Howkins & Ewens, 1999; Mackintosh, 2006; Mooney, 2007; Newhouse et al., 2007; Scott et al., 2008; Shinyashiki et al., 2006; Young et al., 2008).

Surrogate and Related Concepts

Surrogate terms are a means of expressing concepts that differ from the expression that the researcher is focusing on (Rodgers, 2000a). During the analysis process, it was found that the concept of professional socialization can be substituted with terms such as enculturation (Price, 2009; Rynänen, 2001; Valdez, 2008) and acculturation (Mackintosh, 2006).

The purpose of identifying related concepts is based on the philosophical assumption that every single concept exists as part of a network of related concepts, which provide a background for and help signify the concept of interest. Related concepts bear some relationship to the concept of interest but do not seem to share the same set of attributes (Rodgers, 2000a). The following concepts related to professional socialization were identified in this process: internalization (Gerrish, 2000; Messersmith, 2008; Ohlen & Segesten, 1998; Rodts & Lamb, 2008; Rynänen, 2001; Shinyashiki et al., 2006; Ulrich, 2004; Weis & Schank, 2002; Wolf, 2007; Young et al., 2008), assimilation (Messersmith, 2008; Valdez, 2008), adaptation (Kralik et al., 2006; Mackintosh, 2006; Striefel, 2006; Wolf, 2007), and social learning (Messersmith, 2008).

Discussion

Professional socialization is an integrated function of educational processes and workplace experiences; therefore, it is obvious that the issues surrounding professional socialization in nursing are multifaceted and can disenfranchise nurses as autonomous professionals (Mooney, 2007). A review of the nursing literature reveals many stresses and challenges encountered by young graduates of nursing. The results show that, despite the desired outcomes of professional socialization, the unpleasant consequences are significant. Any improvement in the type and form of educational programs and in the provision of proper facilities in work environments can be remedial.

This study also suggests the need to change the view of the socialization phenomenon and investigate it from a new perspective. It should no longer be seen as a reactive and linear process associated with one course, but as a dynamic, ever-changing process. Nurses, at any point in their career development, can change the way they view themselves and their role. However, the changes that students experience during a course depend on their past experiences, the type and form of education provided, the opportunity to reflect on their practice, and the beliefs and values promoted during the course (Howkins & Ewens, 1999). Hence, the socializing agents' strict attention to these features of socialization plays an important role in easing the transition of nursing graduates, their adjustment to professional roles, and thus their successful socialization.

Owing to the complex nature of professional socialization, it has various definitions in health sciences literature, especially nursing. This is usual and expected. The philosophical foundation of Rodgers' evolutionary approach places emphasis on concept analysis as a basis for further inquiry and concept development rather than as an end point. On the basis of our findings, the following definition is suggested for professional socialization in the context of nursing: Professional socialization is a dynamic, interactive process through which attitudes, knowledge, skills, values, norms, and behaviors of the nursing profession are internalized and a professional identity is developed.

Based on the philosophy of Rodgers' approach, the aim of our analysis is to explain the current use of the concept, with emphasis on the aspects of time and context. The aforementioned definition of professional

socialization in nursing does not impede inquiry about the concept. Rather, it provides an opportunity for further research, and development of the concept and its application in theory construction and research in education, management, and practice. In addition, this is not meant to be a formal definition that provides a criterion for measuring the direction and extent of socialization changes. This is not a useful way to trace changes, and as one cannot determine how and when a reaction occurs, or how it is internalized during the process of socialization, accepting an "end point" and a "formal definition" implies a disregard of the informal agents of socialization and other variable effects and conditions that may be supplemental, converse, or unrelated to the interested definition.

One of the activities of Rodgers' approach is identifying an exemplar of the concept. Despite this important requirement for further clarification of the concept, the nature of the professional socialization process and its particular features (complexity, diversity, unpredictability, and multidimensionality) made it impossible to present a real case in this phase of the study. Therefore, the researchers report it as a limitation of the study.

Conclusions

The professional socialization depending on time, context, and different disciplines has various expressions. Analysis of the concept of professional socialization in nursing and health sciences provides sets of different, and sometimes contradictory, meanings. The findings of this study describe professional socialization as a complex, inevitable, diverse, dynamic, continual, and unpredictable process. Furthermore, the study reveals learning, interaction, development, and adaptation as attributes of professional socialization in the nursing context. In addition, for individuals to be successfully socialized into their profession, measures such as the provision of comprehensive educational programs, competent role models, supportive educational and clinical structures, opportunities for field experience, and constructive feedback are the determining factors. Professional socialization is not only the intended and unintended consequence of both educational programs and professional environments, but is also the origin of some desired and some unpleasant outcomes. The most positive outcomes of professional socialization include the acquisition of a professional identity, ability to cope with professional roles, professional and organizational commitment,

and thus improvement in the quality of care. Existing literature shows that socialization is not always associated with desired outcomes; some studies report significant negative consequences. Therefore, awareness of these attributes, widespread antecedents, and consequences of socialization helps promote the significance, use, and application of this concept in the nursing profession. However, the analysis results do not reveal precisely what professional socialization is. Instead, consistent with the idea of the cycle of continuous development, our results serve as a heuristic device by providing the clarity necessary to create a foundation for further inquiry and development, thus expanding the body of knowledge in the field of nursing.

Acknowledgments. This research was supported by the Tehran University of Medical Sciences & Health Services Grant 468. The authors would like to thank Dr. Frough Rafii for valuable comments through the processing of the study.

Visit the *Nursing Forum* blog at <http://www.respond2articles.com/NF/> to create, comment on, or participate in a discussion.

References

- Arnold, E., & Boggs, K. (1999). *Interpersonal relationships: Professional communication skills for nurses*. Philadelphia: W. B. Saunders.
- Beck, C. (2000). The experience of choosing nursing as a career. *Journal of Nursing Education*, 39(7), 320–322.
- Begley, T. (2007). Who am I now? The experience of being a post-registration children's student nurse in the first clinical placement. *Nurse Education Today*, 27(5), 375–381.
- Boyle, D. K., Popkess-Vawter, S., & Taunton, R. L. (1996). Socialization of new graduate nurses in critical care. *Heart & Lung*, 25(2), 141–154.
- Brinkerhoff, D., White, L., & Ortega, S. (2007). *Essentials of sociology*. Belmont, CA: Wadsworth Publishing.
- Chinn, P., & Kramer, M. (1999). *Theory and nursing: Integrated knowledge development* (5th ed.). St. Louis, MO: Mosby.
- Chitty, K. K. (2001). *Professional nursing: Concepts and challenges* (3rd ed.). Philadelphia: W. B. Saunders.
- Chitty, K. K. (2005). *Professional nursing: Concepts and challenges* (4th ed.). St. Louis, MO: Elsevier Saunders.
- Dalton, L. (2008). *Professional socialisation and identity formation in rural health education* (Unpublished PhD thesis). University of Tasmania, Australia.
- Duchscher, J. (2008). A process of becoming: The stages of new nursing graduate professional role transition. *Journal of Continuing Education in Nursing*, 39(10), 441–450.
- DuToit, D. (1995). A sociological analysis of the extent and influence of professional socialization on the development of a nursing identity among nursing students at two universities in Brisbane, Australia. *Journal of Advanced Nursing*, 21(1), 164–171.
- Fitzpatrick, J. M., While, A. E., & Roberts, J. D. (1996). Key influences on the professional socialisation and practice of students undertaking different pre-registration nurse education programmes in the United Kingdom. *International Journal of Nursing Studies*, 33(5), 506–518.
- Gerrish, K. (2000). Still fumbling along? A comparative study of the newly qualified nurse's perception of the transition from the student to qualified nurse. *Journal of Advanced Nursing*, 32, 473–480.
- Goldenberg, D., & Iwasiw, C. (1993). Professional socialisation of nursing students as an outcome of a senior clinical preceptorship experience. *Nurse Education Today*, 13(1), 3–15.
- Gregg, M., & Magilvy, J. (2001). Professional identity of Japanese nurses: Bonding into nursing. *Nursing and Health Sciences*, 3(1), 47–55.
- Hinds, R., & Harley, J. (2001). Exploring the experiences of beginning registered nurses entering the acute care setting. *Contemporary Nurse*, 10(1–2), 110–116.
- Howkins, E. J., & Ewens, A. (1999). How students experience professional socialisation. *International Journal of Nursing Studies*, 36(1), 41–49.
- Hupcey, J., & Penrod, J. (2005). Concept analysis: Examining the state of the science. *Research and Theory for Nursing Practice*, 19(2), 197–208.
- Keith, C., & Schmeiser, D. (2003). Activities designed to socialize students into nursing. *Nurse Educator*, 28(2), 55–57.
- Kilpatrick, K., & Frunchak, V. (2006). The nursing extern program—Innovative strategies for students in transition. *Health Care Manager*, 25(3), 236–242.
- Kimberly, H. K. (2007). Clinical competence among senior nursing students after their preceptorship experiences. *Journal of Professional Nursing*, 23(6), 369–375.
- Kozier, B., Erb, G., & Blais, K. (1997). *Professional nursing practice* (3rd ed.). Menlo Park, CA: Addison-Wesley.
- Kralik, D., Visentin, K., & van Loon, A. (2006). Transition: A literature review. *Journal of Advanced Nursing*, 55(3), 320–329.
- Leners, D. W., Wilson, V. W., Connor, P., & Fenton, J. (2006). Mentorship: Increasing retention probabilities. *Journal of Nursing Management*, 14(8), 652–654.
- Maben, J., Latter, S., & Clark, J. M. (2006). The theory–practice gap: Impact of professional-bureaucratic work conflict on newly-qualified nurses. *Journal of Advanced Nursing*, 55(4), 465–477.
- MacIntosh, J. (2003). Reworking professional nursing identity. *Western Journal of Nursing Research*, 25(6), 725–741.
- Mackintosh, C. (2006). Caring: The socialisation of pre-registration student nurses: A longitudinal qualitative descriptive study. *International Journal of Nursing Studies*, 43(8), 953–962.
- Marcum, E. H., & West, R. D. (2004). Structured orientation for new graduates: A retention strategy. *Journal for Nurses in Staff Development*, 20, 118–124.
- Messersmith, A. (2008). *Becoming a nurse: The role of communication in professional socialization* (Unpublished PhD thesis). University of Kansas, Kansas.

- Mooney, M. (2007). Professional socialization: The key to survival as a newly qualified nurse. *International Journal of Nursing Practice*, 13(2), 75–80.
- Nesler, M. B. H., Valerie, M., & Stephanie, M. (2001). Professional socialization of baccalaureate nursing students: Can students in distance nursing programs become socialized? *Journal of Nursing Education*, 40(7), 293–302.
- Newhouse, R. P., Hoffman, J. J., Suflita, J., & Hairston, D. P. (2007). Evaluating an innovative program to improve new nurse graduate socialization into the acute health-care setting. *Nursing Administration Quarterly*, 31(1), 50–60.
- Ohlen, J., & Segesten, K. (1998). The professional identity of the nurse: Concept analysis and development. *Journal of Advanced Nursing*, 28(4), 720–727.
- Page, G. (2004). *Professional socialization of valuation students: What the literature says*. Paper presented at the proceedings of the 10th Pacific Rim Real Estate Society Conference, Bangkok.
- Parsons, M., & Griffiths, R. (2007). The effect of professional socialisation on midwives' practice. *Women and Birth*, 20(1), 31–34.
- Price, S. L. (2009). Becoming a nurse: A meta-study of early professional socialization and career choice in nursing. *Journal of Advanced Nursing*, 65(1), 11–19.
- Rodgers, B. L. (1989). Concepts, analysis, and the development of nursing knowledge: Evolutionary cycle. *Journal of Advanced Nursing*, 14(4), 330–336.
- Rodgers, B. L. (2000a). Concept analysis: An evolutionary view. In B. L. Rodgers & K. A. Knafl (Eds.), *Concept development in nursing: Foundations, techniques, and applications* (2nd ed., pp. 77–102). Philadelphia: W. B. Saunders.
- Rodgers, B. L. (2000b). Philosophical foundations of concept development. In B. L. Rodgers & K. A. Knafl (Eds.), *Concept development in nursing: Foundations, techniques, and applications* (2nd ed., pp. 7–37). Philadelphia: W. B. Saunders.
- Rodts, M. F., & Lamb, K. V. (2008). Transforming your professional self encouraging lifelong personal and professional growth. *Orthopaedic Nursing*, 27(2), 125–132.
- Ryan, D., & Brewer, K. (1997). Mentorship and professional role development in undergraduate nursing education. *Nurse Educator*, 22(6), 20–24.
- Ryynänen, K. (2001). *Constructing physician's professional identity—Explorations of students' critical experiences in medical education*. (Unpublished PhD thesis). University of Oulu, Finland.
- Scott, E., Keehner Engelke, M., & Swanson, M. (2008). New graduate nurse transitioning: Necessary or nice? *Applied Nursing Research*, 21(2), 75–83.
- Secrest, J. A., Norwood, B. R., & Keatley, V. M. (2003). "I was actually a nurse": The meaning of professionalism for baccalaureate nursing students. *Journal of Nursing Education*, 42(2), 77–82.
- Shinyashiki, G., Mendes, I., Trevizan, M., & Day, R. (2006). Professional socialization: Students becoming nurses. *Revista Latino-Americana de Enfermagem*, 14(4), 601–607.
- Striefel, S. (2006). Ethical responsibility and professional socialization. *Biofeedback*, 34(2), 43–47.
- Teschendorf, B., & Nemshick, M. (2001). Faculty roles in professional socialization. *Journal of Physical Therapy Education*, 15(1), 4–10.
- Tradewell, G. (1996). Rites of passage: Adaptation of nursing graduates to a hospital setting. *Journal of Nursing Staff Development*, 12(4), 183–189.
- Ulrich, S. (2004). First birth stories of student midwives: Keys to professional affective socialization. *Journal of Midwifery & Women's Health*, 49(5), 390–397.
- Valdez, A. (2008). Transitioning from novice to competent: What can we learn from the literature about graduate nurses in the emergency setting? *Journal of Emergency Nursing*, 34(5), 435–440.
- Walker, L., & Avant, C. (2005). *Strategies for theory construction in nursing* (4th ed.). Upper Saddle River, NJ: Prentice-Hall.
- Waugaman, W. R., & Lohrer, D. J. (2000). From nurse to nurse anesthetist: The influence of age and gender on professional socialization and career commitment of advanced practice nurses. *Journal of Professional Nursing*, 16(1), 47–56.
- Weidman, J., & Stein, E. (2003). Socialization of doctoral students to academic norms. *Research in Higher Education*, 44(6), 641–656.
- Weidman, J., Twale, D., & Stein, E. (2001). Socialization of graduate and professional students in higher education: A perilous passage? *Ashe Eric Higher Education Report*, 28(3), 1–118.
- Weis, D., & Schank, M. J. (2002). Professional values: Key to professional development. *Journal of Professional Nursing*, 18(5), 271–275.
- Wilson, B., & Diane, B. (2001). *Concept analysis of preceptorship* (Unpublished MSc thesis). University of Alberta, Edmonton, Canada.
- Wolf, L. (2007). *A study of socialization of accelerated BSN graduates* (Unpublished PhD thesis). Kent State University, Ohio.
- Young, M., Stuenkel, D., & Bawel-Brinkley, K. (2008). Strategies for easing the role transformation of graduate nurses. *Journal for Nurses in Staff Development*, 24(3), 105–110.