

# Workplace Socialization

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**Purpose**

This segment establishes the importance of the preceptor role in socializing the preceptee. Creating an empowering partnership by increasing self awareness and understanding the socialization process is emphasized.

**Time**

50 minutes

**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

**Outline**

Introduction — Everybody, Somebody, Anybody and Nobody  
Teambuilding  
Feelings  
Socialization — Definition  
Empowered Partnership  
Reality Shock  
Values

**Materials Needed**

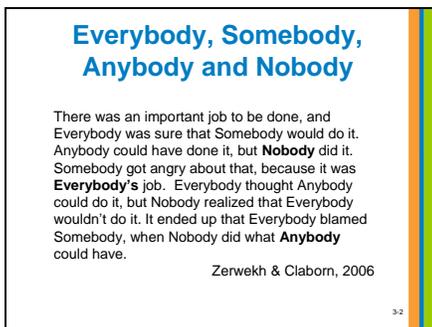
- PowerPoint file NPA\_3\_Socialization
- Flip Chart



## Workplace Socialization

PPT 3-1

One of the preceptor's most important roles is to help integrate the nurse into the new environment.



## Everybody, Somebody, Anybody and Nobody

PPT 3-2

*Tell the participants that this slide is in their book.*

*When they have read most of it, ask:*

Whose job is it to bring new nurses into the fold?  
It's not just the job of the preceptor but of the whole unit.



## The Importance of Mentorship

PPT 3-3

*Read this slide to the participants and emphasize:*

We must work together to mentor the new nurses coming to us. The whole unit must recognize that it is their job, not just the preceptor's, to help new nurse's assimilate.



## Feelings

PPT 3-4

*Let this slide sit for a few seconds so they can think about it.*

*Ask: When do you know that you'll have a preceptee coming? How do you find out?*

*Give them a few minutes to talk about how they find out.*

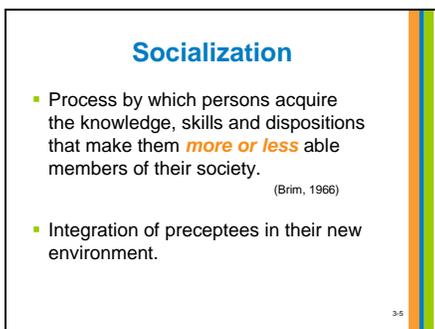
*Ask: How do you prepare?*

*This gives them the opportunity to learn how others "prepare" at their organization.*

What are your feelings about precepting on the first day? Do you have a plan?

What are the preceptee's feeling on their first day?

Fear? Excitement? Will my preceptor like me? Will I hurt someone? What will I have to do the first day? How will I do without my instructor or my peers? Who to please? Patients, co-workers, physicians, institution, supervisors, nursing profession?



## Socialization

PPT 3-5

*Emphasize the "more or less" part of the message.*

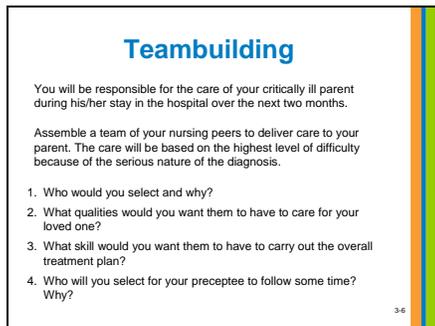
*Emphasize: These new nurses will be your peers. What kind of a team member do you want them to be?*

What do you want your preceptees to do to become able members of your team? Of nursing?

You will start them on their journey to becoming more or less "able" members of *your* nursing unit, your hospital, your profession of nursing. These are all your societies.

*Use the following or substitute a statistic relevant to your hospital.*

Recently, a VP of nursing said that 50 percent of new nurses leave within the first year because they are not integrated into the work group. They need to feel like they “belong to the group.”



**Teambuilding**

You will be responsible for the care of your critically ill parent during his/her stay in the hospital over 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?

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## **Teambuilding**

PPT 3-6

Think about your work group.

*Let the audience think about the slide.*

*Then ask:* Think about the colleagues they would choose to care for their own loved one and discuss the characteristics you’re looking for in the nurses you want caring for that person.

*This usually generates a good discussion. Then, lead them into thinking about the nurses you want your preceptee to follow or not follow and why.*

You are not solely responsible for integrating and teaching your preceptee. It is a joint effort of everyone on the unit. It would be beneficial if, this issue is discussed during a staff meeting before new hires arrive. Also, discuss how the unit wants to welcome, take care of and teach new hires.

**Social Needs  
Being Cared For ...**

- Being accepted
- Being respected
- Being welcomed
- Being supported



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## **Social Needs Being Cared For . . .**

PPT 3-7

We are human beings, not human doers.

However, we very much function as doers because we are task-oriented and have many things to do.

We must remember that we're not just about tasks; we're not robots.

New nurses must be seen as human beings with feelings and needs. They are not just a new graduate, a new hire, a new employee or a new day shift or night shift nurse.

*Start a discussion with this question:*

What activities can you implement that will meet these social needs?

Introduce them to anyone who you may approach — nurses, aids, secretary, physicians, P.T., O.T. Encourage your preceptee to introduce himself or herself, as well. Include them in small group conversations. Don't put them in the middle of power dynamics — disagreements among staff. Don't get them to take sides. Encourage them to help other nurses/aids when they're not busy with you and their own patients. Show them teamwork on your unit.

Protect them from other nurses who may not be supportive. Encourage the staff to support your preceptees and to let the preceptees know when there is a learning experience (lung sounds, procedure etc.). Remember not to let the learning experience takes them away from their own patient care. Help your preceptees to be assertive when necessary.

**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.

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**Power**  
PPT 3-8

Ask: Do you think being a preceptor is powerful?

*Many don't realize they are very powerful.*

*Reiterate points on the slide. Refer to Watson's theory of caring when emphasizing the "caring perspective" on the last line.*

*Key messages to get across during discussion:*  
You are powerful.

You are the link between school and the profession.

You can help the person learn and grow, or you can stifle their growth.

You have input about whether the preceptee stays or goes.

You can make the person's life great or miserable.

You are the preceptee's link to the manager and the educator.

You have power to encourage or discourage.

**Learning Partnership Parental Model**

- I want to look after you.
- I know what's best for you.
- You should do as I say.
- I'm responsible for you.

(Alfaro-LeFevre, 2009)

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**Learning Partnership Parental Model**  
PPT 3-9

Whenever we're in a teaching role, it is easy to see a parental connection. We talked about wanting to protect our preceptee, but we can't do it in a way that stifles their growth. Just like parents want to raise their children to be functioning citizens, we want our nurses to be functioning colleagues.

We do the things listed on the slide in varying degrees based on the preceptee's level of expertise and your level of comfort.

Our goal is to teach through an empowering model.

**Empowerment**

- The process by which we *facilitate* the participation of others in decision making and take action within an environment where there is *equitable* distribution of power.
- Teach your preceptee good decision-making strategies.

3-10

## Empowerment

### PPT 3-10

Your goal is to create a colleague who you can trust to be on your team — proficient caring nurse who will make you proud.

Empower them to make decisions.

It's imperative that you think out loud. Let them hear how you make decisions and question them as they make decisions. What evidence do you have that led you to this decision?

**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.

(Alfaro-LeFevre, 2009) 3-11

## Learning Partnership Empowered

### PPT 3-11

Teach from the empowerment model.

*Emphasize:* The preceptor and the preceptee have responsibilities in the partnership. The preceptees have to be motivated to want to learn and seek out learning opportunities, to help others, to belong. They will do so based on how they see the other staff working together or not working together.

Everyone on the unit is a role model for new hires.

**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.

3-12

## Empowered Partnership

### PPT 3-12

*This slide provides a summary for the discussion from the previous slide and transitions to the next slide.*

To develop an empowering partnership, you must develop a trusting relationship.

**Partnership – Trust Matters**



- Confidentiality
- Respect
- Honesty

3-13

## **Partnership – Trust Matters**

PPT 3-13

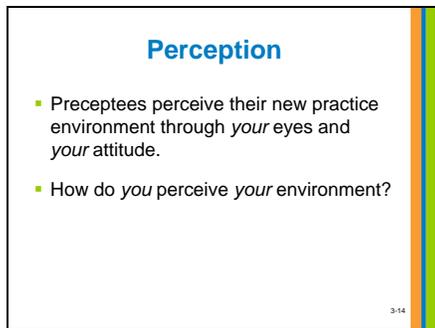
Trust is critical.

Confidentiality . . . don't make fun of or ridicule your preceptee to others. It will get back to her or him. Your preceptee will do some silly/funny, even dangerous, things. Don't discuss those incidents with others. Unless the incidents are learning needs or patterns, you should discuss them with the educator or the manager. We all tell our own stories when we think they're funny. It may be in a year, or it may be never. Let your preceptees tell their own stories later when they think they're funny. If you talk about your preceptee, word will get back to her/him.

She or he must trust you to be able to ask questions. It is dangerous if preceptees can't ask you questions — even stupid ones! You must be approachable and open to the most trivial, stupid questions. We know that anxiety can cause us to do stupid things. Help to decrease their anxiety so they can think more clearly.

You must be honest. Don't tell them they are doing fine if they are not. Show them how to do things correctly! We'll talk more about this in the evaluation section this afternoon.

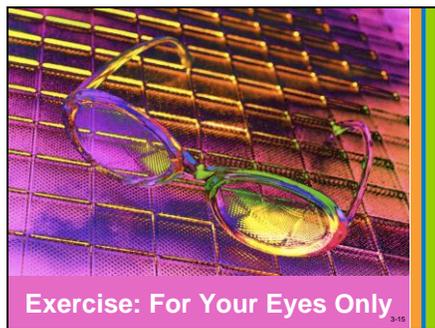
Discuss forming a partnership agreement. See the Partnership Agreement on Page 4. These are good talking points for an early conversation with your preceptee.



## Perception

PPT 3-14

Your preceptees are socialized to your unit through *your* eyes.



## Exercise: For Your Eyes Only

PPT 3-15

Take some time to write answers to some of the questions on the My Perception: For My Eyes Only list on Page 5.

*Give them about 5 minutes to write some answers. Look around the room and see if they've answered 2 or 3 questions. Ask them to discuss some of their answers with the person sitting next to them for a few minutes. Then, bring them back together for a group discussion.*

Were you surprised by any of your answers? Did they make you think?

One preceptor realized that she didn't make a point of welcoming a new nurse to her unit unless she was the preceptor.

How did you develop your perception? Over time? With experience?

How will you help the preceptees to develop their own perception of the environment? What kinds of communication, both verbal and nonverbal, will your preceptees see on your unit? Think about how your preceptees are seeing your unit and your colleagues at work.

Their perceptions may develop through the phases of "Reality Shock" (Marlene Kramer).

**Reality Shock**

- Shock-like reaction when new graduates realize that there is a **discrepancy** between the nursing practice culture that they were educated for and the one that actually exists in the work setting.  
(Kramer, 1974)
- Experienced nurses may experience it when changing positions/employers.

3-16

## Reality Shock

PPT 3-16

How many of you have heard of reality shock?

How many of you remember going through it?

Reality shock is one of several conceptual models that attempt to explain the process of “professional socialization” (Chitty, 2005). There are other theories/models, but this one is commonly known in the nursing profession. Marlene Kramer identified it in nursing in 1974.

I think reality shock may be less intense for some new graduates because they spend time with a preceptor in clinical capstone courses before graduation. They are on the preceptor’s schedule, and the faculty is on call for emergencies only.

Any person can go through reality shock with any new role or job change, even as a new preceptor.

*Share experiences with role changes (from one specialty area to another, etc.).*

What are some discrepancies between school and hospital that cause reality shock?

- Lack of faculty to give them positive feedback.
- Lack of faculty to protect them and protect their patients.
- Need to know everything about the patient before you can care for them.
- Need to have a long NCP on everyone.
- One patient versus many.
- The inability to implement desired nursing care because of circumstances such as a heavy workload or time constraints.
- Unable to become proficient at skills.
- Discrepancies between different employers/units.
- We did it this way where I used to work.

Acknowledge that they come with a certain level of expertise. However, they also will feel frustrated because they feel like a beginner again in a new specialty area.

**Reality Shock Phases**

- Honeymoon
- Shock
- Recovery
- Resolution



3-17

### Reality Shock Phases

PPT 3-17

What do you remember about each phase?

*Discuss examples from your own experience or of others.*

Have you helped someone through the phases?

Constantly assess where your preceptee is in reality shock so you'll know how to help him/her cope.

**Reality Shock: Honeymoon**



- Everything is wonderful.
- Energetic and eager to learn.
- Integrate with other staff.

3-18

### Reality Shock: Honeymoon

PPT 3-18

In the honeymoon stage, the preceptor is like the Energizer bunny. Use their energy for learning. Use their enthusiasm for learning new skills and routines. Encourage questions, practicing skills and learning about other departments.

Encourage them to help and get to know other people on their unit (RNs, aides, unit secretaries).

Be realistic, but don't stifle their enthusiasm. Remember how you felt when you were a new grad or started a new position that excited you.

Introduce your preceptees to other staff, co-workers and physicians.

Work together to develop their learning plan and prioritize their learning needs. Help them see that their learning and development will be a gradual process.

**Reality Shock: Shock**

- Obstacles prevent learning.
- Feelings of anger and frustration with work values or practices.



3-19

## Reality Shock: Shock

PPT 3-19

Shock phase is when preceptors realize that there are differences between what they learned in school and what they see on the unit. Anticipate that they may experience some dissatisfaction with their new position or employer. It's normal.

*Discuss work values or practices. These are rhetorical questions for the audience to consider.*

- What compromises have you made since leaving school?
- What have you done that you think would upset your instructor? Or, would the instructor agree with you agree based on the context of the situation?
- Have you compromised principles of asepsis? Sterile field? Putting in foley?
- Compromised providing quality patient care?
- Made a med error and not reported it?
- Given a medication without looking it up first?
- Not worn gloves when you should have?
- Documented something before you actually did it?

Your job as a preceptor is to be a good listener.

Provide opportunities to vent frustrations in a constructive manner. Maybe once each week, ask the orientees to identify 2 things they have encountered in their unit that they really like and 2 things they would like to help improve. This may help them see strengths and weakness of their unit more realistically. Have them write down these things and plan on improving them when they are more acclimated to their job/position and have more time to focus on those things.

Help them realize that all health care institutions have room for improvement. Big urban health care facilities have their share of problems and

preceptors will not have all the answers. Discourage them from getting in the middle of a negative group that may escalate the problems. If they are new grads, encourage them to talk with their friends from school so they can share experiences and know that they are going through normal stages.

**Reality Shock: Recovery**

- Sense of humor and perspective
- Sees positive and negative aspects of environment



3-20

### **Reality Shock: Recovery**

PPT 3-20

Help your preceptees attain balance in their lives.

Encourage them to have a life outside work and treat themselves well. Participate in healthy activities . . . be with friends. Encourage them to talk with their friends from school.

Help them view situations realistically. Ask them to write down improvements they would like to suggest after they are in their positions awhile.

Help them to recognize positive aspects of their current work setting, as well as areas where improvements could be made.

Recovery is evidenced when you see your preceptee exhibit a more positive perspective.

**Reality Shock: Resolution**

- a) Rejects school values
- b) Rejects work values
- c) Continues to fight
- d) Achieves biculturalism: Retains best **values** from each domain

3-21

### **Reality Shock: Resolution**

PPT 3-21

Preceptees may take 4 paths to resolution.

May reject school values and leave nursing.

May reject work values and change jobs.

May continue to fight, be discontent and complain all the time.

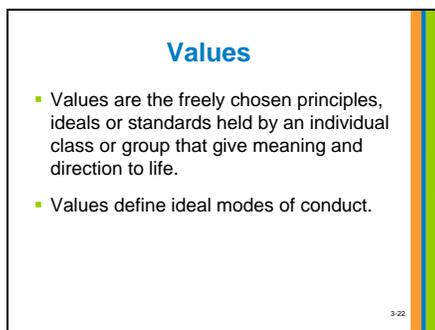
Listen to them and help guide them in the right direction for them. The educator may want to meet with all preceptees as a group as they go through the different phases at different times and with different intensity.

Help identify and manage any conflicts that persist. Assist them in constructive problem solving. Describe the mechanisms and processes available to resolve perceived problems.

Biculturalism is achieved when they can see the best from each world. Help them combine the best aspects of their previous school or work expectations with their current work situation.

Help them to see this is a transition phase. They will begin to feel more comfortable when they are able to prioritize the care they provide and know that sometimes they can only address the priority needs of their patients. Help them identify the good things about their job and why they like nursing. Help them to sort their thoughts and feelings.

When our values are unclear, we experience conflict and confusion.



**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.

3-22

## **Values**

PPT 3-22

How do we form our values?

Through our family. We're exposed to many more influences: TV, Internet, school, friends, etc.

Our values change as society changes and as we experience the world.

**Values**

- 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.

3-23

## Values

PPT 3-23

We demonstrate our values through our actions. We may think we believe in something, but our actions do not demonstrate it.

*Discuss the “don’t do as I do, but do as I say” that we hear from parents.*

This may seem similar to what the instructor says versus what the preceptee sees in the work setting. As nurses, the ANA Code of Ethics provides guidance when we are struggling with our values.

**ANA Code of Ethics**

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.

3-24

## ANA Code of Ethics

PPT 3-24

*Refer to The Code of Ethics in this section on Page 7.*

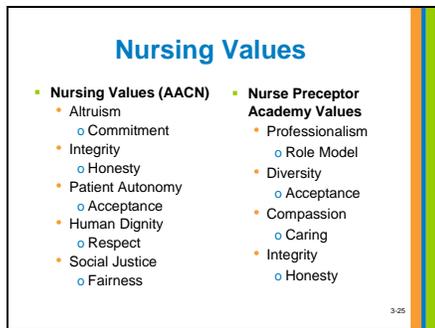
I want to highlight No. 6 in the code because it refers to the preceptor role.

*Read the slide and relate it to precepting.*

*State:* When we create a positive and collegial work environment, we can provide better health care to our patients.

Things to think about:

The code guides the nursing practice. Does it guide yours? How can you support your preceptee in using the code of ethics as a new nurse?



## Nursing Values

PPT 3-25

Think about nursing values. What values do you want to instill in your preceptee?

*The Nursing Values list on Page 8 matches this slide.*

Nursing values taught in nursing schools (American Association of Colleges of Nursing) are on the left. We drew the values for the Nurse Preceptor Academy from the values emphasized in school. We hope you are preceptors because you want to be and because you demonstrate these values (*review the list on the right*).

Does the practice environment support these values? We assume that you, as nurses, practice these AACN nursing values to deliver patient-centered care. As preceptor role models, focus on these values as you deliver preceptee-centered care.

Are these your values? What are your values? What would you add to this list?

How will you demonstrate these values as a preceptor?

How do you see these demonstrated in your work setting?

Will new graduates see nurses treating patients ethically?

*Ask the participants to reflect on their values, either on their own or with their friends.*

Are there value statements that we as nurses are “supposed to believe?” Do you think all nurses should believe the same things? What values should all nurses share? Who decides?

**Individual Values**

Diversity in the work place

- Work Ethic – commitment/accountability
- Age – generational differences
- Culture – subcultures
- Beliefs – general and medical
- Ethnicity – racial beliefs/prejudices



3-26

## Individual Values

PPT 3-26

We have individual values that shape how we behave in different settings.

We must understand our own values and beliefs in an increasingly diverse society.

*Briefly discuss these values and how they apply to nurses.*

We must have a good work ethic, such as being on time, because others depend on us (previous shift, patients, etc.).

There are differences among us based on our generational experiences.

As nurses, we encounter a variety of cultural differences in colleagues and patients.

Our beliefs are tested with new medical technology, research and treatments.

We must be aware of our own biases so we can provide quality nursing care to all our patients.

**Values in the Practice Environment**

- Collegiality – Teamwork
- Patient-Centered Care – Ethical
- Professionalism
- Shared Governance – Decision Making
- Professional Growth – Supported or Stifled

3-27

## Values in the Practice Environment

PPT 3-27

*Discuss values in the workplace. If this was already discussed, simply summarize.*

What does your unit value?

How are these values demonstrated by the preceptor and other nurses?

Think about the environment in which you work and your role in creating that environment.

### Preceptor Values

Preceptors value:

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

3-28

## Preceptor Values

PPT 3-28

Think about this question but don't answer it: How many of you want to be here today because you want to be a preceptor? Because you want people to be excited to be a nurse?

We hope that you, as preceptors, demonstrate to your preceptees that you value these things.

Professional growth for you and your preceptee will result.

### Are your values congruent?



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

3-29

## Are your values congruent?

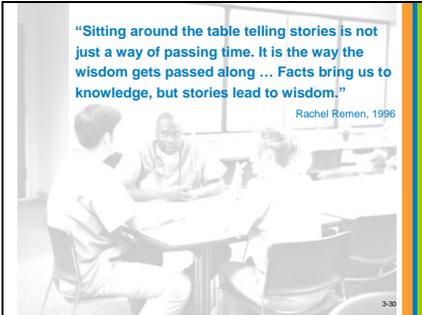
PPT 3-29

Finally, are your values congruent in all the dimensions we discussed?

Generally, you will feel some discomfort or internal conflict if you don't demonstrate your values consistently in every venue.

"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."

Rachel Remen, 1996



3-30

## Stories Lead to Wisdom

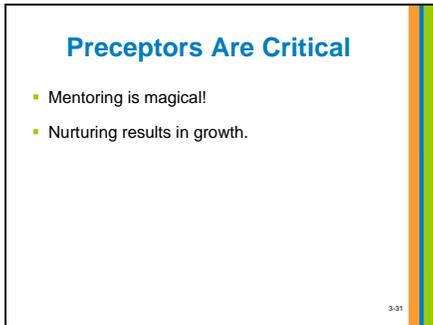
PPT 3-30

We learn nursing through storytelling. Rachel Remen believes that the reason we need so many mental health therapists and self-help books is because we don't sit around the kitchen table sharing our stories like we used to. This is from her book "Kitchen Table Wisdom," a wonderful book of healing stories.

But for us, I want you to think about how nurses tell stories at lunch, in the lounge or just whenever there's an opportunity to do so. As preceptors, you need to listen to these stories with new ears. We learn from these stories, but if they are old stories where nurses discuss old ways of treating patients, they can confuse your preceptees. Be sure to remind your new preceptees that there are

new treatments that we use. Don't let them mix up the old and new. Also, help them to see that they are developing their own stories as they become more experienced.

Every minute is important that you are with your new nurse. Your role is critical to nursing and to the health care system.

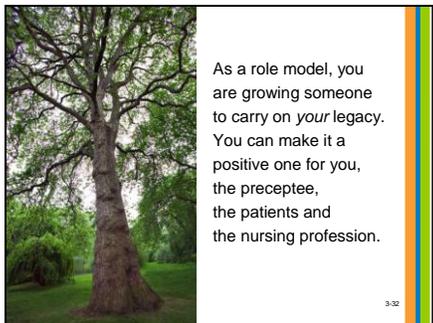


### **Preceptors Are Critical**

PPT 3-31

*Review the importance and results of effective precepting.*

Mentoring is magical!



### **Your Legacy**

PPT 3-32

You are here because you want to be good preceptors. And, we thank you for taking on this awesome role!