SOCIALIZATION OF THE NURSING STUDENT IN A PROFESSIONAL NURSING EDUCATION PROGRAMME
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The theme of the conference is ‘Accountability in Nursing Education.’ The concept of accountability is being examined from several perspectives as it relates to preparation for the professional practice of nursing. The focus of this paper is directed to the accountability of nursing education for the nursing student. In particular, I wish to consider the accountability of a professional nursing education program for the socialization of the nursing student into the values of the profession.

In this consideration, areas of accountability are identified. Professional socialization is defined as the process whereby the values and norms of a profession are internalized into one’s own behaviour and concept of self. Professional values of commitment to the service of nursing, the dignity and worth of each person, commitment to education and autonomy are discussed. In the teaching and evaluation of values a framework by Reilly (1978) is examined. Strategies and techniques of teaching and evaluation are identified.

In any professional education programme there are two main areas of accountability: toward the public for the service provided by its graduates and to the student for the quality of the programme offered. This also holds true for the profession of nursing with nursing education programmes accountable for the preparation of the nurse practitioner.

Socialization is the process by which attitudes become rooted in the personality through interaction among individuals. Professional socialization is the process whereby the knowledge, skills and attitudes characteristic of a profession are acquired. The process involves the internalizing of the values and norms of a profession into one’s own behaviour and self-conception. The socialization process, which begins early in life, is part of the culture and is vital to the survival of the ideals, values and beliefs of that culture. This process is continuing in the educational programme. Sigman (1979) states that in our modern society this socialization has become increasingly dependent upon the educational system. Formal education has become a primary means of socialization in our society. This is viewed as a moral task concerned with the development of moral consciousness and moral character.

Values are operational beliefs, which an individual accepts as his own, and general guides to behaviour that give direction to life. They become
internalized within the individual and are expressed in behaviour (Reilly 1979, p. 8). Each individual entering a nursing education programme comes with personal values which are reflective of the culture of that individual and frequently have influenced the choice of nursing as a profession. Faculty who have been involved with first-year students can attest to this. Our concern, however, is with professional values — those values basic to the profession of nursing which are the legitimate concern of nursing. It is within the educational programme that these values are developed, clarified and internalized. The identification and examination of these values will provide a framework within which the socialization process can be operationalized. These values are enunciated in Codes of Ethics, Standards of Nursing Practice and, indeed, are embedded in our legal system.

When then are the critical values of the profession of nursing to be considered?

The first value that the nursing student should internalize is a strong commitment to the service that nursing provides for the public. In modern nursing's history there has been a constant thread of human service. Nursing is a helping humanistic profession and its service is directed to the health needs of individuals and families. It is the care and caring aspects of this service that are unique to nursing.

Bachand (1974), in developing a conceptual model for nursing care, states that the nurse's role should be focused on health and care, either by helping the patient regain his health or by creating a milieu in which he can maintain it.

Schlotfeldt (1976) discusses her concept of professional nursing as "the profession whose practitioners are responsible for assessing and promoting the health status, assets and potential of all human beings" (p. 105).

Watson (1979) states the premise that a science of caring is essential to the discipline of nursing and proposes a scientific base for care and caring. Her premise supports the concept that care and caring is the central core and essence of nursing.

Similarly, Roach (1980) considers "caring as the essence of nursing and the characteristic among other possible characteristics, which uniquely defines, describes and qualifies nursing's particular focus and service to society" (p. 2).

It is expedient for the health care of the public that the nursing student value the important contribution of nursing care to the health and well-being of the individual and family.

A second value is the dignity and worth of each person — a value based on a moralistic premise about the individual in a society. It is part of the
Judeo-Christian tradition of the worth of the individual and the sacredness of human life. The Canadian Bill of Rights clearly states the rights of the individual. Nursing is a person-oriented profession and basic to this is the worth of each individual. The international Code of Ethics (1973) states: “Inherent in nursing is respect for life, dignity and right of man. It is unrestricted by consideration of nationality, race, creed, colour, age, sex, politics and social status.” The Canadian Nurses Association Code of Ethics (1980) reinforces this in its statement of general principles, “The human person, regardless of race, creed, colour, social class or health status, is of incalculable worth, and commands reverence and respect.” When this value is internalized it is expressed in practice as a commitment to act in the best interest of the patient and family.

A third value encompasses a commitment to education. Just as the personal value of life-long learning is evident in our society, many nursing education philosophies reflect the value of continuous learning. The professional value of education is evident when the graduate maintains and expands her level of competencies to meet the professional criteria of the present and anticipates what the role of nursing will be in the future. A further aspect of this value is the expansion of the body of professional knowledge. There is a commitment to contribute to the theoretical base of nursing and to test this in nursing practice. It is as the nursing student internalizes this value that a critical questioning orientation toward nursing knowledge and practice will be developed.

A fourth value that the nursing student should internalize is autonomy — the right of self determination as a profession. Jacox (1978), in discussing this, states that it may be the most difficult to achieve and yet it is where the greatest emphasis should be placed at this time in nursing’s history.

The nurse must have freedom to use her knowledge and skills for human betterment, and the authority and ability to see that nursing service is delivered safely and effectively. Nurses need to be more assertive in the promotion of nursing care and in developing the ability for independent behaviour.

Learning experiences need to be chosen to enable the nursing student to develop this value. Mauksch (1972) has identified learning experiences that can be established within the curriculum and which can enhance the ability to be self-directive and allow for some independence of action. She suggests such activities as participation in curriculum planning, selection of clinical experience and pursuit of a self-interest project. Probably the best means of developing this value is within the practice situation, where faculty can allow for decision-making and risk-taking by the student. Within this environment the value is internalized.
Having identified and examined some of the critical values of the profession, what action does nursing education need to take to ensure that the values are being developed and internalized?

The teaching of values and beliefs has often been regarded as outside the scope of education for several reasons: first, the idea that values belong to the innate aspects of the personality that are impervious to change by education methods; second, the belief that values should not be imposed on the learner; and third, that the technique of teaching and curriculum development have proven to be too crude to provide adequate methodology for teaching values and for evaluating the impact of such teaching methods.

Values, however, are part of each individual. Everything one does and says reflects them. Thereby, value learning is a legitimate component of nursing education in that it helps the student answer for herself the questions that she encounters in the educational programme.

Reilly (1978) has established a frame of reference for the teaching of values that is worthy of examination. Her basic premise is that values can be taught. In seeking methods that are suitable for this learning to be accomplished, the affective domain of learning needs to be examined. Although nurse educators have given some consideration to this domain the same concentration of effort has not been given as in the cognitive and psychomotor domains.

The climate in which this learning is to occur is of paramount importance. It needs to be one in which there is authenticity, trust, support and freedom from unwanted sanctions. As in any area of curriculum, objectives must be established, content identified and strategies developed for the accomplishment of the objectives. This is complete when tools and methods of evaluation have been devised and utilized.

The overall objective is to assist the nursing student in the internalizing of values that provide her with a level of self-esteem that is compatible with the responsibility inherent in her practice of professional nursing.

Content would include an examination of theories or theoretical concepts pertinent to value clarification and development.

Strategies that already exist are group conferences and discussions, role playing, field trips and clinical practice. Conferences and discussions are a means by which beliefs and ideas can be shared. In role playing, various value-directed approaches to nursing situations can be examined. Field trips to different socio-economic groups will broaden the knowledge base necessary for value choosing. Clinical practice offers many opportunities for the value development process. Selected films such as The Best Damn Fidler, Whose Life Is It Anyway, and The Red Kite are particularly useful in value clarification.
These strategies have been utilized successfully in nursing education in the cognitive and psychomotor domains. They are also effective for the affective domain. Indeed, there are frequently elements of the three domains in any one strategy.

What then of evaluation? Is it possible to evaluate the learning of values? What tools and techniques are available to evaluate the impact of the teaching strategies?

There appears to be general consensus that affective learning can be evaluated. There is disagreement, however, as to whether the complex learning behaviours can be evaluated within the time limit of a programme or, indeed, whether these behaviours can even be observed within the programme. Broudy (1961) states that there are two kinds of outcomes of education: test outcomes and life outcomes. Life outcomes are not observable in school but are observed in the style of behaviour in which the individual acts out his daily round of duties in a distinctive manner. Reilly (1978) states that evaluation of the affective domain is possible. A systematic approach to the evaluation of this learning which incorporates summative and formative evaluation processes is required. Objectives expressed in behavioural terms need to be stated as outcomes consistent with the levels of learning expected. Techniques that have been used in the cognitive and psychomotor domains can be applied to this learning. Attention to the ways that the student communicates feelings, attitude and beliefs verbally or non-verbally furnishes data that assist in evaluating affective learning. Problem-solving activities provide good evaluative data on the critical thinking process in the development of values.

Through the use of these techniques, value learning can be evaluated. The challenge is in using and expanding the techniques already available and in seeking new methods to better evaluate the affective domain.

In conclusion, I would like to paraphrase a letter written by William C. Miller (1978). This letter is addressed to parents and is a recall of the graduates for revision. In the process of instruction the programme had forgotten to install at least one saleable skill, a comprehensive and utilitarian set of values and a readiness for and understanding of the responsibilities of citizenship. Upon recall, the programme planned to equip each graduate with a desire to continue to learn, a dedication to solving problems of local, national and international concern, a commitment to the democratic way of life, extensive contact with the world outside and experience in making decisions. The parents are urged to return the graduates for it is vitally necessary to the safety of all that the revision take place.

Can this be applied to nursing education programmes? Are nurse prac-
titioners being prepared with the professional values to enable them to be self-regulatory and self-directing or do they, too, need to be recalled for revision?

Nursing education is accountable to the profession of nursing for the socialization of the nursing student into the values of the profession. This is accomplished through the incorporation of value teaching in nursing education programmes and the commitment to the preparation of the professional nurse practitioner.

REFERENCES


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RESUME

La socialisation de l’étudiant dans le cadre d’un programme d’enseignement professionnel des sciences infirmières

L’auteur examine le rôle joué par un programme d’enseignement professionnel des sciences infirmières dans la socialisation de l’étudiant et son identification aux valeurs de la profession. On présente quatre valeurs essentielles à la profession d’infirmiers: a) engagement profond dans le service donné au public, b) sens de la dignité et de la valeur de tout être humain, c) perception de l’enseignement des sciences infirmières reflétant l’importance d’un apprentissage continu et d) autonomie — ou droit à l’auto-détermination en tant que corps professionnel — cette dernière valeur est la plus difficile à atteindre.

L’auteur se demande si on forme des infirmiers auxquels on aura inculqué les valeurs leur permettant de parvenir à l’autonomie et à l’auto-détermination. Toutefois, l’étudiant en soins infirmiers pourrait être pénétré du sens des valeurs lui donnant le respect de soi compatible avec les responsabilités inhérentes à l’exercice de la profession si la part de l’apprentissage consacrée au domaine de l’affectivité était aussi importante que celle qu’on accordait autrefois aux domaines cognitif et psycho-moteur.

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