

THE NURSING EDUCATOR AS FACILITATOR OF TRANSITION FROM EDUCATION TO PRACTICE

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Nurses perceive in varying degrees a discrepancy between nursing education and nursing practice. It may be argued that, if we are educating for a practice discipline, we should adopt a functional approach by preparing nurses who are capable of fitting smoothly into the present health care system. In other words, why perpetuate the discrepancy between nursing education and nursing practice? Kramer's (1974) answer is that educators have a responsibility for equipping nurses to cope with a constantly changing society. If change in the health care system is to mean improvement then:

It is not enough to teach nurse aspirants the specific behaviors and facts needed to nurse in the system of today; we must equip them with the tools needed to nurse in the future. (Kramer, 1974:27)

The assumption is that process learning of an encompassing nature (the tools) will at least partially equip the practising nurse of the future to manage change.

Loomis (1974:48) states her position emphatically when she asserts:

I would speculate that professional nursing must change dramatically within the next ten to fifteen years or be relegated to the history of contributing peoples who became historically extinct. The social handwriting is on the wall, and health care has attained the status of a civil right. If the nurse is unable to meet society's needs, then most assuredly she will be replaced by someone who can.

This paper adopts the premise that it is essential to prepare nurses capable of responding to the continually evolving health care needs of society and individuals. At the same time, we must educate nurses to assume a functional role within the present health care system. Initially the article focuses on Kramer's (1974) Anticipatory Socialization Theory, and Raths, Harmin, and Simon's (1966) Values Theory as examples of two approaches that the nurse educator may use to assist the beginning nurse to reconcile values perpetuated by the learning environment with those underlying activities in the nursing practice setting. Strategies to encourage acceptance of the new graduates by the health care agencies will also be discussed. The

above intervention will increase the beginning nurse's potential for a successful transition from the world of school to the world of work.

NURSE-ORIENTED APPROACH

The discrepancy between a previously-learned approach to patient care and institutional expectations, as perceived by the new nurse, results in her experiencing some degree of "reality shock" which is defined as :

. . . the startling discovery and reaction to the discovery that school-bred values conflict with work-world values. In some instances, reaction to the disparity between expectations and reality is so strong that the individual literally cannot persevere in the situation. (Kramer, 1974:4)

If the individual cannot cope then she opts out of the situation and perhaps out of a nursing career.

Attrition from the practice of nursing as a result of reality shock is a waste of nursing manpower and is a detriment to nursing if one assumes that those who were unable to compromise their professional values under bureaucratic pressure may have had potential as change agents had they been able to ride out the storm.

One solution to this problem is Anticipatory Socialization, a strategy proposed by Kramer (1974), which is built upon the proposition that if the neophyte nurse will inevitably encounter discrepancies between nursing education and nursing practice, then she should be subjected to these discrepancies during the learning experience when she has support and guidance enabling her to prepare her defenses — a form of immunization against reality shock. The theoretical framework of Anticipatory Socialization has as its basis the following propositions :

1. Some degree of professional-bureaucratic conflict is inevitable, but conflict is not necessarily bad.

2. Growth-producing conflict resolution behavior can be facilitated by exposing students to conflict situations early in their educational careers.

3. Skills of interpersonal competence can be enhanced through controlled and manageable exposure to conflicts while in school as opposed to the overwhelming confrontation after graduation.

4. Development of strategies or lines of action can be facilitated through exposure to an outside reference group to which students can anticipatorily socialize themselves. In this way students would be stimulated to learn and model adaptive conflict-resolution behavior.

5. Pre-exposure to the anticipated process of reality shock, its signs and symptoms, and possible resolution channels would help to decrease the discomfort of the ensuing shock situation and assist in making this a self-discovery and growth-producing experience.

6. Deliberate attacks on cherished professional values and provision of refutational defenses with opportunity for practice of same

would help to safeguard these highly vulnerable beliefs. If beliefs are safeguarded for at least an initial period of the new work experience, the likelihood of their being operationalized will increase (Kramer, 1974:45).

The program described by Kramer equips the new graduate with knowledge of what to expect and ability to cope with situations as they occur. It would seem that an important requisite for the teacher is an adequate and objective view of the amount and kind of conflict that exists between nursing education and nursing practice. A naive group of teachers could provide little insight for a naive group of students.

Kramer's sixth proposition states if values are safeguarded, there is greater probability the values will be acted upon. If values are to endure and serve as a guide to action, they should be operating at the conscious level. The practising nurse who can identify the values upon which she bases her nursing actions, will not readily abdicate them without careful analysis of the situation; therefore, to reinforce and enhance the Anticipatory Socialization process I propose that nurse educators also use teaching strategies that encourage value formation and clarification.

The first step to be taken in planning a learning experience that will encourage value formation is to define the intended learner outcomes in terms of affective objectives. An optimum terminal outcome to be achieved in the educational setting would probably be at the level of "organization into a total philosophy" (Bloom, Hastings and Madaus, 1971 :229) which would require the learner to integrate and reconcile a set of values into a unified whole. The terminal objective would be to develop a personal philosophy of nursing that would guide nursing practice.

The teacher then plans a learning experience to achieve stated affective objectives. This procedure can be based upon the processes of valuing which are as follows:

- Choosing: (1) freely
 - (2) from alternatives
 - (3) after thoughtful consideration of the consequences of each alternative
 - Prizing: (4) cherishing, being happy with the choice
 - (5) willing to affirm the choice publicly
 - Acting: (6) doing something with the choice
 - (7) repeatedly in some pattern of life
- (Raths, *et al.*, 1966:30).

Encouraging value formation by use of the valuing processes is based upon the belief that:

. . . human beings hold the possibility of being thoughtful and wise and that the most appropriate values will come when per-

sons use their intelligence freely and reflectively to define their relationships with each other and with an ever-changing world) (Raths, *et al.*, 1966:39).

It would be difficult to implement such a process unless one accepted the above belief.

Value formation and clarification requires personal, active involvement of the student. This can be achieved by several methods, for example: discussing issues and dilemmas in small group settings (Kramer, 1974; Kohlberg, 1973); role-playing conflict situations that are personally relevant (Raths, *et al.*, 1966; Stanford and Roark, 1974); using "you" questions to help students find personal meaning in subject matter (Stanford and Roark, 1974); and using the clarifying response (Raths, *et al.*, 1966). The nurse educator can, with imagination and planning, adapt these and other approaches to nursing education programs.

The ultimate test of whether the values established in the learning environment can be implemented and serve as a guide to nursing action occurs after the nurse leaves the educational setting for the practice setting.

I would view then, one aspect of preparing the nurse to function effectively in the practice setting as a combination of developing a value system and testing, revising, and reinforcing that value system through a program analogous to Kramer's (1974). Such a venture is not sufficient to insure a successful integration of learning with practice. Successful implies that the nurse is accepted by the health care institution without abdicating her value system in order to achieve this status.

INSTITUTION-ORIENTED APPROACH

When manufacturers prepare a car for the marketplace they design a vehicle that is functional, attractive, and different. Their task is not accomplished, however, until the car is purchased by consumers. This goal they achieve by creating acceptance of and then desire for their vehicle through extensive exposure of their product via advertising. Is there a lesson in this process for nurse educators?

There are several possible ways to encourage acceptance of our nursing graduates by health care institutions. One is to write about our nursing education programs, describing explicitly their philosophical bases, the terminal goals, and the learning experience required to achieve the goals. The articles should be addressed to practising nurses and should therefore be submitted to journals that are read by this group. Another way is to seek opportunities for participation in continuing and inservice education for nurses. Such activities

can possess a dual purpose of providing a service to the nursing community and keeping it informed about the learning experiences of nursing students. In addition, contact with individuals who are responsible for patient care can give educators valuable input for ongoing program revisions. Mutual give-and-take between nursing education and nursing practice has potential for improving both areas.

Additional strategies exist for assisting with the transition from student to nurse; however, they may extend beyond our area of accountability. Contact with health care agencies helps the educator identify institutions that have value orientations similar to those of the educational setting. One may speculate that the more similar the value orientation, the smoother the transition from nursing education to nursing practice. If so, the issue then becomes, does our responsibility for assisting with this transition extend to influencing the new nurse's choice of the setting in which she elects to practise? Should we encourage several students to apply for positions in the same setting so they form a source of mutual support? How would such activities by educators be perceived by students and health care institutions? The analogy of car manufacture and marketing may or may not fit, depending upon one's perspective.

In summary, the complex problem of how to facilitate the move from nursing education to nursing practice has several possible solutions. Perhaps the answer lies in a combination of solutions. We, as nursing educators, have a responsibility to the learner and the health care institution for planning and implementing strategies that will assist beginning nurses to make an effective transition to nursing practice.

REFERENCES

- Bloom, B. S., T. L. Hastings and G. F. Madaus, 1971. *Handbook on Formative and Summative Evaluation of Student Learning*. Toronto: McGraw-Hill.
- Kohlberg, L., 1973 "The development of moral stages: uses and abuses" in *Measurement for Self-understanding and Personal Development*. Proceedings of the 1973 Invitational Conference on Testing Problems. Princeton, New Jersey: Educational Testing Service.
- Kramer, M., 1974 *Reality Shock: Why Nurses Leave Nursing*. Saint Louis: C. V. Mosby.
- Loomis, M. E., 1974. "Collegiate Nursing Education: An Ambivalent Professionalism". *Journal of Education*, 13:39-48.
- Raths, L. E., M. Harmin, and S. B. Simon, 1966. *Values and Teaching*. Columbus: Charles E. Merrill.
- Stanford, G. and A. E. Roark. *Human Interaction in Education*. Boston: Allyn and Bacon.