THE NURSE EDUCATOR AND PROFESSIONAL SOCIALIZATION: ISSUES AND PROBLEMS

JANICE GIVEN

Associate Professor, Faculty of Nursing
The University of Western Ontario

Professional education in nursing comprises two elements:

(1) the study of the knowledge and skills requisite to the practice of nursing;

(2) the development of a professional self-concept, a set of attitudes, values, and behaviours that guides interactions with clients, colleagues, and members of other professions and paraprofessions.

Responsibility for both aspects of professional education is a concern of nurse educators who not only plan learning experiences for students, in classroom and clinical settings but also serve as role models of professional behaviour and orientation that nurse aspirants may emulate. Although there is a plethora of information regarding the educator's functions in the instructive process, there is a decided lack of literature concerning the role of the teacher in the professional socialization process. This paper examines several issues related to the role of the nurse educator as an agent of professional socialization.

One important issue is the nature of the process. In an examination of the tasks performed by educators in professional schools, Wilson identifies three major areas of responsibility (Wilson, 1962:17-28). First, teachers direct students in their learning of the specific knowledge and skills necessary to develop expertise and competence in a set of clearly-defined tasks. Second, the educator provides the neophyte with the circumscribed standards and ethical code designed to regulate actions with clients. Finally, the educator assists the aspiring practitioner to work out an orientation to both the professional group and other professions. This set of orientations, which includes career commitment and involvement, is difficult to delimit and evaluate effectively. Wilson argues that periods of formal teacher education generally equip educators to handle the defined tasks of instructional activity but that little attention is given to preparation for the diffuse and divergent responsibilities that form part of professional socialization and educators often perform this portion of their teaching role with less than adequate skill or knowledge.

In addition to adequate preparation, nurse educators face two further conflicts with regard to their roles as socialization agents. The

first concerns role definition. Becoming a nurse educator requires a change in orientation from that of direct service to the consumer of health care to a role where such service is rendered indirectly through the student. The nurse educators' clients are not those seeking health care, but students who wish to become nursing practitioners, a situation that can lead to a conflict of priorities for the nurse educator. Do nurse educators consider themselves nurses, educators, or nurse educators? Does the priority interest of the nurse educator become the needs of the consumer of health care or the needs of the student? Can one who is concerned with educational standards effectively model the practitioner's role to students? Does the teacher's concern become nursing or educational standards? All of these issues can contribute to an ill-defined role definition for the teacher and influence the types of behaviour modelled to students.

A second source of conflict for nurse educators may be the lack of viable reference groups in the education setting. In an examination of reference group theory in relation to adequate role performance (Kemper, 1968:31-44), Kemper identifies three types of reference groups that an individual takes into consideration in selecting an appropriate behaviour pattern:

(1) the normative group, which provides the individual with norms and prescriptions to guide behaviour;

(2) the comparison group, which provides role models through which the individual may assess the adequacy of his own performance, find legitimation for his actions and behaviours, and stimulus for change or behaviour modification actions;

(3) the audience group, which provides sources of support and motivation for higher levels of achievement.

For nurse educators, normative standards are supplied by reference groups within nursing and within the specific employing agency. Audience groups are provided by colleagues in the work setting or by students. However, nurse educators may lack a comparison group. Most teaching tasks are performed in isolation. Except for team teaching situations, nurse educators may have little opportunity to assess the adequacy of their role performance or learn new behaviour patterns through role model identification with other nurse educators. If colleagues do visit class or clinical areas, it is usually on invitation or for evaluative purposes.

A non-definitive comparison group can be especially problematic for the beginning teacher. Studies of the difficulties encountered by beginning teachers report that they form their expectations about teaching from their own early experiences with educators as students, their teacher training experiences, and from supportive and emulative

experiences with their new colleagues in the work setting (Musgrave and Taylor, 1969:9). If no comparative group exists, the new teacher relies heavily on imitation of teachers encountered during his or her own basic nursing education program.

> It is noteworthy that the same teachers who found it easy to describe their former teachers had difficulty in describing colleagues of outstanding competence; their reply frequently contained the phrase, "we never see each other at work." (Lortie in Etzionni, 1969:27).

Such a system is not only non-supportive of new teachers but also hinders the adoption of new behaviour patterns. In a changing system teachers need reinforcement from their contemporary colleagues and not reliance on role models that they may have encountered under a more traditional nursing education system.

Nurse educators, then, face some dilemmas in their roles as professional socializers. One such quandry is the indeterminancy of comparative reference groups; others are the problems of role definition and lack of preparation for socialization tasks. The recent changes in the structure and emphasis of basic nursing education have de-emphasized the traditional socializing patterns that were prevalent in nursing such as the heavy reliance on ritual and symbols, the isolating factors of residence-life and an education system separate from the mainstream of general education, and the continual requirement of exchanging service for education that resulted in prolonged periods of contact with clients and graduate nurses. These changes have resulted in a change in the nurse educator's role as a professional socializer as he or she has become a dominant force in the student nurse's life. Is it not time to assist nurse educators to become more aware of their roles as professional exemplaires for nurse aspirants?

REFERENCES

Kemper, T. D., "Reference Groups, Socialization and Achievement," *American Sociological Review* 33 (February 1968) : 31-44.

Lortie, D. C., "The Balance of Control and Autonomy in Teaching," in A. Etzionni *The Semi-Professions and Their Organization* (New York: Free Fress, 1968), 1-53.

Wilson, B. R., "The Teacher's Role — A Sociological Analysis," *British Journal of Sociology* 13(1, 1962) :1-31.