

CHAPTER 5

Education and Socialization to the Professional Nursing Role

Kathleen Masters and Melanie Gilmore

Learning Objectives

After completing this chapter, the student should be able to:

1. Discuss the essential features of nursing.
2. Describe the stages of educational socialization.
3. Describe the process of socialization or formation in professional nursing.
4. Identify factors that facilitate professional role development.

Nursing continues to evolve into a profession with a distinct body of knowledge, specialized practice, and standards of practice. According to the American Nurses Association (ANA), “nursing is a learned profession built on a core body of knowledge that reflects its dual components of science and art” (2015b, p. 7), and as such it is a scientific discipline as well as a profession. The science of nursing, based on the nursing process, is an analytical framework for critical thinking. Nursing practice also requires knowledge of the principles of biological, physical, behavioral, and social sciences. The art of nursing is based on respect for human dignity and caring, although it is important to note that a compassionate approach to care carries a mandate to provide competent care. The professional nurse is responsible for practice that incorporates this specialized body of knowledge and standards of practice with care that demonstrates respect and caring (ANA, 2015b).

Socialization to professional nursing is the process of acquiring the knowledge, skills, and sense of identity that are characteristic of the profession. It is a process by which a student internalizes the attitudes, beliefs, norms, values, and standards of the profession into his or her own behavior pattern. Professional socialization has four goals: (1) to learn the technology of the profession—the facts, skills, and theory; (2) to learn to internalize the

Key Terms and Concepts

- » **Socialization**
- » **Formation**
- » **Professional values**
- » **Novice**
- » **Advanced beginner**
- » **Competent**
- » **Ethical comportment**
- » **Proficient**
- » **Saliency**
- » **Expert**
- » **Role transition**

professional culture; (3) to find a personally and professionally acceptable version of the role; and (4) to integrate this professional role into all the other life roles (Cohen, 1981). Benner, Sutphen, Leonard, and Day (2010) make the case for using the term **formation** to describe this process that occurs over time because it better denotes “the development of perceptual abilities, the ability to draw on knowledge and skilled know-how, and a way of being and acting in practice and in the world” (p. 166). Whatever terminology is chosen, the process described in this chapter refers to the transformation of the layperson into a skilled nurse who is prepared to respond skillfully and respectfully to persons in need of nursing care, or, as described by Benner et al. (2010), “the lay student moves from *acting* like a nurse to *being* a nurse” (p. 177). This development of professional identity occurs initially through the formal educational process and culminates in the practice setting.

Professional Nursing Roles and Values

What is it that professional nurses do? The scope of nursing practice describes the “who,” “what,” “where,” “when,” “why,” and “how” of nursing practice (ANA, 2015b, p. 2). The standards of professional nursing practice are authoritative statements that describe the duties that all registered nurses are expected to competently perform. The standards of professional nursing practice are composed of standards of practice and standards of professional performance. The standards of practice describe competent nursing care as demonstrated by use of the nursing process. The standards of professional performance describe a competent level of behavior in the professional nursing role (ANA, 2015b).

According to the ANA (2010), there are seven essential features of nursing. These features include the provision of a caring relationship that facilitates health and healing, attention to the range of experiences and responses to health and illness within the physical and social environments, and integration of assessment data with knowledge gained from an appreciation of the patient or group. In addition, nursing includes the application of scientific knowledge to the processes of diagnosis and treatment through the use of judgment and critical thinking, advancement of professional nursing knowledge through scholarly inquiry, influence on social and public policy to promote social justice, and assurance of safe, high-quality, and evidence-based practice (ANA, 2010).

The American Association of Colleges of Nursing (AACN, 2008) lists the roles of the professional nurse as provider of care, designer/manager/coordinator of care, and member of a profession. As a provider of direct and indirect care, the nurse is a patient advocate and patient educator. The nurse provides care

based on best, current evidence and from a holistic, patient-centered perspective. Professional nurses are members of the healthcare team delivering care in an increasingly complex healthcare environment. Nurses function autonomously and interdependently within the healthcare team to provide patient care and are accountable for the care provided and for the tasks delegated to others. The nurse as a professional implies the formation of a professional identity and accountability for the professional image portrayed. Nursing requires a broad knowledge base for practice as well as strong communication, critical reasoning, clinical judgment, and assessment skills. In addition, professional nursing requires the development of an appropriate value set and ethical framework for practice (AACN, 2008).

Professional values are considered a component of excellence, and the existence of a code is considered a hallmark of professionalism. Professional values are beliefs or ideals that guide interactions with patients, colleagues, other professionals, and the public. The development of professional values begins with professional education in nursing and continues along a continuum throughout the years of nursing practice. Professional values associated with nursing are outlined in the ANA's *Code of Ethics* (ANA, 2001, 2015a). The values of (1) commitment to public service, (2) autonomy, (3) commitment to lifelong learning and education, and (4) a belief in the dignity and worth of each person epitomize the caring, professional nurse. Caring is a concept central to the profession of nursing and inherent in this value is a strong commitment to public service. Nursing is a helping profession directed toward service to the public through health promotion and disease prevention for individuals, families, and communities. The role of the nurse is focused on assessing and promoting the health and well-being of all humans. Registered nurses remain in nursing to promote, advocate, and protect the health and safety of patients, families, and communities (ANA, 2015b).

Autonomy is the right to self-determination as a professional. The role of the professional nurse is to honor and assist individuals and families to make informed decisions about health care and to provide information so that they can make informed choices. The professional nurse respects patients' rights to make decisions about their health care.

Commitment to lifelong learning and education is necessary in the dynamic healthcare arena that surrounds nursing practice in this century. Nurses need continuous education to maintain a safe level of practice and to expand their level of competence as professionals. With new technologies and the rapid growth of medical and nursing knowledge, the nurse must actively and continuously seek to expand professional knowledge. Professional nursing involves a commitment to be resourceful, to respond to the dynamic challenges of delivering health care, to incorporate technology into their caring, and to remain visionaries as the future unfolds (ANA, 2010).

KEY OUTCOME 5-1

Example of applicable outcomes expected of the graduate from a baccalaureate program

Essential VIII: Professionalism and Professional Values

8.3 Promote the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession (p. 28).

Reproduced from American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://www.aacnursing.org/Portals/42/Publications/BaccEssentials08.pdf>

KEY COMPETENCY 5-1

Examples of applicable *Nurse of the Future: Nursing Core Competencies*

Professionalism:

Knowledge (K4a) Describes factors essential to the promotion of professional development

Skills (S4a) Participates in lifelong learning

Attitudes/Behaviors (A4a) Committed to lifelong learning

Reproduced from Massachusetts Department of Higher Education. (2016). *Nurse of the future: Nursing core competencies: Registered nurse*. Retrieved from http://www.mass.edu/nahi/documents/NOFRNCompetencies_updated_March2016.pdf

CRITICAL THINKING QUESTIONS*

As a nursing student, do you share the values of commitment to public service, autonomy, commitment to lifelong learning and education, and the belief in the dignity and worth of each person? Do nurses with whom you have interacted demonstrate these values?*

KEY OUTCOME 5-2

Example of applicable outcomes expected of the graduate from a baccalaureate program

Essential VIII: Professionalism and Professional Values

8.9 Recognize the impact of attitudes, values, and expectations on the care of the very young, frail older adults, and other vulnerable populations (p. 28).

Reproduced from American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://www.aacnursing.org/Portals/42/Publications/BaccEssentials08.pdf>

Human dignity is respect for the inherent worth and uniqueness of individuals and communities and is such a deeply held value in the profession of nursing that it is the topic of Provision 1 in the *Code of Ethics for Nurses* (ANA, 2015a). According to the International Council of Nurses' *Code of Ethics for Nurses* (2012), "inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and

unrestricted by considerations of age, color, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status" (p. 1).

The Socialization (or Formation) Process

Socialization into a profession is a process of adapting to and becoming a part of the culture of the profession (Ousey, 2009). This process begins during the student's formal educational program and continues after graduation and licensure in the practice setting.

Socialization Through Education

Students new to the nursing profession begin to learn the role while still in the educational setting. Cohen (1981) used the theories of cognitive development to create a model of professional nursing socialization through education. The model describes four stages students must experience as they begin to internalize the roles of a profession. In stage 1, Unilateral Dependence, the individual places complete reliance on external controls and searches for the one right answer (Cohen, 1981). In essence, the student looks to the instructor for the right answers and is unlikely to question the authority. As the student gains foundational knowledge and skill, there begins the process of questioning the authority.

During stage 2, Negative/Independence, the student begins to pull away from external controls and is characterized by cognitive rebellion. The student begins to think critically and begins to question the instructor and relies more on his or her own judgments.

Stage 3, Dependence/Mutuality, marks the beginning of empathy and commitment to others (Cohen, 1981). In this stage, the student begins to apply knowledge to practice and tests information and facts. "Students have a knowledge base upon which to anchor critical thought and can relate new material to their previous knowledge base" (Cohen, 1981, p. 18). In this stage, the student is actively engaged in the learning, thinking through problems. For this stage to emerge, the learning environment must support

and value risk taking. The role of the teacher is that of coach, mentor, and senior learner. The mentor helps the student link theory to practice while in the clinical areas, thus helping the student to learn from experiences and to improve practices to support professional socialization.

Stage 4, Interdependence, occurs when neither mutuality nor autonomy is dominant. Learning from others and gaining the ability to solve problems independently are evident. This is the stage of the professional lifelong learner who demonstrates reflection in practice and is responsible for continued learning. Professional socialization toward the stage of interdependence requires a supportive educational climate that values autonomy, independent thinking, and authenticity. Students become professionals.

Professional Formation

Several models in the literature describe professional socialization. Regardless of the model embraced, socialization into the nursing profession or formation into a professional nurse must include new competencies for the 21st century. The Institute of Medicine (IOM, 2011) reported that nurses need requisite competencies, including leadership, health policy, system improvement, research and evidence-based practice, and teamwork and collaboration, to meet the needs of the current dynamic healthcare environment. Nursing educators must provide students with opportunities to develop the requisite skills that equip them for the profession as well as instill in them the desire to become lifelong learners because nurses currently need continuous education to maintain a safe level of practice and to expand their level of competence as professionals.

Benner (1984) describes the development of the professional clinical practice of nurses. Benner's model identifies the stages of novice, advanced beginner, competent, proficient, and expert that are based on the nurse's experience in practice. With an understanding of this progression of knowledge and skills, educational programs have developed supportive curricula using a continuum of experiences to enhance skill and knowledge development. Healthcare environments have also incorporated this model to facilitate the nurse's professional practice by assessing the nurse's stage of development. This model is not limited to the student experience or to that of the new graduate nurse. Experienced nurses also benefit from experiences designed to move the nurse toward the stage of expert.

The first stage, **novice**, is characterized by a lack of knowledge and experience. In this stage, the facts, rules, and guidelines for practice are the focus. Rules for practice are context-free, and the student's task is to acquire the knowledge and skills. The stage of novice is not related to the age of the student but rather to the knowledge and skill in the area of study. For example, learning how to give injections would be presented with the procedural guidelines, and the novice would then practice the skill. At this stage, much

KEY COMPETENCY 5-2

Examples of applicable *Nurse of the Future: Nursing Core Competencies*

Professionalism:

Knowledge (K4c) Understands the importance of reflection to advancing practice and improving outcomes of care

Skills (S4b) Demonstrates ability for reflection in action, reflection for action, and reflection on action

Attitudes/Behaviors (A4c) Values and is committed to being a reflective practitioner

Reproduced from Massachusetts Department of Higher Education. (2016). *Nurse of the future: Nursing core competencies: Registered nurse*. Retrieved from http://www.mass.edu/nahi/documents/NOFRNCompetencies_updated_March2016.pdf

of the student's energy and attention are aimed at remembering the rules. Because the focus is on remembering rules, the student's practice is inflexible, the student is unable to use discretionary judgment, and the student is dependent on and has confidence in those with greater expertise rather than having confidence in his or her own judgment (Benner, 1984; Benner, Tanner, & Chelsea, 2009). This stage can be compared to an experience that most nursing students can relate to, the experience of learning to drive a car. Initially, the experience is characterized by halting progress as the student driver actively tries to gauge the pressure required on the gas pedal and the brake, remember how many feet before the corner to use the turn signal, and remember how many feet to keep between cars. This analogy simplifies the stage of novice related to nurse formation, but most can remember the excitement and the frustrations of learning to drive a car as well as the transition when driving began to require less effort.

In the next stage, **advanced beginner**, the nurse can formulate principles that dictate action. For example, the advanced beginner grasps the rationale behind why different medications require different injection techniques. However, advanced beginners still lack the experience to know how to prioritize in more complex situations and might feel at a loss in terms of what they can safely leave out, making the patient care situation appear as a perplexing set of problems they must figure out how to solve.

The advanced beginner will still emphasize tasks that need to be accomplished, as well as rules, but does not have the experience to adjust or adapt the rules to the situation. In this stage action and interpretation are the central focus rather than decision making. Both knowledge and experience are limited in the advanced beginner nurse, which means that subtle cues about a patient's condition may be missed (Sitterding, 2015). The nurse in the stage of advanced beginner still requires guidance (**Figure 5-1**). Given the complexity of nursing practice and the range of clinical experiences, new graduates can be described as advanced beginners (Benner, 1984; Benner et al., 2009).

Benner's stage 3, **competent**, is characterized by the ability to look at situations in terms of principles, analyze problems, and prioritize, and thus a nurse in this stage has the ability to plan as well as to alter plans as necessary. The nurse in this stage has improved time management and organizational skills as well as technical skills. The nurse in the competent stage will also demonstrate increased ability in diagnostic reasoning, which means he or she is able to make a clinical case for action to other members of the healthcare team. Movement from one stage to the next does not cross distinct boundaries, but the nurse at this stage has had experience in a variety of clinical situations and can draw on prior knowledge and experience; typically, the nurse will have 1 to 2 years of experience in a similar job situation. The competent stage of learning is important in the formation of



Figure 5-1 The nurse at the advanced beginner stage still requires guidance from more experienced nurses.

© Monkey Business Images/Shutterstock.

the **ethical comportment** of the nurse. Ethical comportment refers to good conduct born out of an individualized relationship with the patient that involves engagement in a particular situation and entails a sense of membership in the relevant professional group. It is socially embedded, lived, and embodied in practices, ways of being, and responses to a clinical situation that promote the well-being of the patient (Day & Benner, 2002). Continued active learning and mentoring are important for movement to the proficient stage. Students who have the opportunity to have extended internships in a specialty area during their education can graduate entering this stage (Benner, 1984; Benner et al., 2009).

Stage 4, **proficient**, refers to the professional nurse who can grasp the situation contextually as a whole and whose performance is guided by maxims. This nurse has a solid grasp of the norms as well as solid experiences that shed light on the variations from the norm. Based on an intuitive grasp of the situation, the nurse recognizes the most salient aspects of the situation or the most salient recurring meaningful components of the situation. **Salience** is a perceptual stance or embodied knowledge whereby aspects of a situation stand out as more or less important (Benner, 1984); therefore, the nurse at this stage knows what can wait and what cannot. The nurse has moved into a place where he or she can engage in a clinical situation and connect with the patient and family in ways that are truly beneficial. Incorporated into practice is the ability to test knowledge against situations that might not fit and to solve problems with alternative approaches. In this stage, the professional tests the rules and theories and looks at cases that can lead to developing alternative rules and theories. One might say that this is the stage when the professional begins to “break the rules” because he or she

sees that the rules do not always apply. Achieving this level of proficiency in nursing typically takes 3 to 5 years of practice with similar patient populations (Benner, 1984; Benner et al., 2009).

Benner's final stage, **expert**, means the nurse has moved beyond a fixed set of rules (Figure 5-2). The expert has an internalized understanding grounded in a wealth of experience as well as depth of knowledge. Benner describes the expert nurse as demonstrating embodied intelligence. The expert nurse is able to skillfully manage multiple tasks simultaneously and knows not only what to do and when to do it but also how to do what is needed. The expert nurse has a grasp of the whole with an ability to move beyond the immediate clinical situation but to remain attuned to the clinical situation at a level that allows a “mindful reading” of the patient responses even without conscious deliberation. The nurse may have difficulty explaining how he or she knows something because the recognition and assessment language are so linked with actions and outcomes that they are obvious to the expert nurse, although not obvious to others. The expert is always learning and



Figure 5-2 Critically ill patients require care from nurses with extensive experience.

© NOAH SEELAM/AFP/Getty Images

always questioning using subjective and objective knowing. Benner (1984, 1999; Benner et al., 2009) proposes that not all nurses can obtain this stage; when it is obtained, it is only after extensive experience.

The typical career in nursing is not a linear process. There is considerable variation in progression of nurses related to degree attainment and career growth. In addition, with the focus of increasing the percentage of nurses with baccalaureate degrees and doctoral degrees in nursing (IOM, 2011), many nurses are returning to school for additional academic degrees in order to advance their careers. This often results in a change in the nurse's practice role. It can be stressful to transition from a role where the nurse is an expert to a new role where the nurse will not function at the same level of expertise. For example, when the expert pediatric nurse graduates from a pediatric nurse practitioner program, passes the certification exam, and begins to function in the advanced practice role, the nurse will not be an expert pediatric nurse practitioner. With experience in the new, advanced practice role, he or she will again transition through the stages of professional development. The same type of **role transition** occurs when the expert clinician changes practice roles to become a nurse educator or nurse researcher.

KEY OUTCOME 5-3

Example of applicable outcomes expected of the graduate from a baccalaureate program

Essential VIII: Professionalism and Professional Values

8.13 Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and discipline (p. 28).

Reproduced from American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf>

Facilitating the Transition to Professional Practice

Professional socialization requires that the student learn the technology of the profession, learn to internalize the professional culture, find a personally and professionally acceptable version of the role, and integrate this professional role into all of his or her other life roles (Cohen, 1981).

Students are taught an ideal, theoretical, research-based practice that shelters them from the realities of the world where nursing practice consists of not only theory and research but also of human emotion and response, along with the policies and procedures of the particular working environment. This concept of idealism is important to the profession because it contributes to a high standard of professional practice. The perceived disconnection between education and practice is known as role discrepancy. Therefore, when students enter the practice environment, the culture of the classroom and the culture of clinical practice can seem worlds apart. *Reality shock* has been the traditional phrase to describe the transition from nursing student to registered nurse (Kramer, 1974).

Reality shock occurs when the perceived role (how an individual believes he or she should perform in a role) comes into conflict with the performed role (Catalano, 2009). Many new graduates experience this reality shock of knowing what to do and how to do it but encountering circumstances



Figure 5-3 Role transition shock can result in role conflict and overwhelming stress for the new graduate nurse.

© GoodMood Photo/Shutterstock, Inc.

that prevent them from performing the role in that way (Figure 5-3). Role conflict exists when a nurse cannot integrate the ideal, the perceived, and the actual performed role into one professional role.

Role transition shock is the experience of moving from the known role of student to the role of practicing professional (Duchscher, 2009). For many nursing students, role conflict occurs when they transition from the role of student to that of registered nurse (Pellico, Brewer, & Kovner, 2009). The new graduate moves from a perceived role of what the professional nurse is and does to the actual performed role where his or her actions and beliefs might be challenged.

The reality shock or role transition shock that new graduates experience can be reduced to some extent. Many schools of nursing have implemented opportunities for externships or prolonged preceptor clinical experiences with a professional nurse before graduation. Research (Ruth-Sahd, Beck, & McCall, 2010) shows how participation in extern programs eases the gap between education and practice. One goal of this experience is to help the student assimilate the role of the professional

CRITICAL THINKING QUESTIONS★

What do you think are the barriers to the process of professional socialization or formation? Do you think different environments might foster or hinder the process of professional socialization or formation? Do you think that the personal characteristics of nurses might influence the process of professional socialization or formation?★

nurse just before graduation. During this time, the student can experience a more realistic view of clinical practice in the real-world environment. As one student commented, “All the lectures and assignments in nursing school cannot compare with the application of theory that this externship offered” (Ruth-Sahd et al., 2010, p. 83). Externships and preceptor clinical experiences can help nursing students begin the role transition from perceived role expectations to actual role expectations, thus easing the transition from student nurse to practicing professional.

In addition to internship and externship programs before the graduation of the nurse, some hospitals are also offering nurse residency programs to facilitate the socialization into the profession. Nurse residency programs go beyond the orientation focused on policies and procedures that occurs to prepare the nurse to function in a particular setting. A residency program that focuses on transition into practice is formalized and focused on facilitating the transition of the newly licensed nurse from education to practice (Spector et al., 2015).

Hospitals offering formalized graduate nurse residency programs provide graduates with rotations through a number of clinical areas that include preceptor support. Evidence suggests that a sense of belonging contributes to professional socialization (Zarshenas et al., 2014). After the completion of residency programs, new nurses report gaining a sense of belonging, thus supporting claims that these programs can lead to enhanced socialization into the clinical workplace (McKenna & Newton, 2009). In addition to formal education, preceptors can assist students to develop skills of assertion, reflection, and critical thinking that are required to provide holistic, evidence-based care (Mooney, 2007).

Nurse residency programs focused on transition to practice also result in decreased stress and increased job satisfaction, with research demonstrating decreased attrition during the first year of practice for newly licensed nurses. In addition to promoting retention and assisting the new nurse to adjust to the practice environment, nurse residency programs also affect quality and safety. Newly licensed nurses in hospitals with established transition to practice programs also demonstrated higher competency levels, fewer patient errors, and fewer negative safety practices (Spector et al., 2015).

In response to evidence on the effect of nurse residency programs, the National Council of State Boards of Nursing (NCSBN) has developed a model for transitioning new nurses into practice. The NCSBN Transition to Practice (TTP) model comprises five transition models that include patient-centered care, communication and teamwork, evidence-based practice, quality improvement, and informatics with a goal of promoting “public safety by supporting newly licensed nurses during their critical entry period and progression into practice” (Spector, 2013, p. 55). These modules are designed as a 6-month program and are available at a cost per module or cost per program basis. In

addition, a preceptor module is available to nurse preceptors to learn about the roles and responsibilities of preceptors and effective behaviors and strategies to foster growth in new graduates (NCSBN, 2018).

Conclusion

The goal in the socialization of nurses today and for the future is to achieve caring with autonomy. The challenge for the profession is capitalizing on the strengths of everyone and finding a means of accommodating all individuals as a way of maintaining the viability of the profession (Leduc & Kotzer, 2009). Professional socialization of nurses in a profession that fully embraces caring for self and others reflects the internalization of what Roach (1991) refers to as “the five C’s: compassion, competence, confidence, conscience, and commitment” (p. 132), representing a framework for human response from which professional caring is expressed.

Nursing education should be humanistic and caring, with caring experts as role models who contribute to the socialization of future generations of nurses and help them become caring experts in nursing practice. Through their research, Condon and Sharts-Hopko (2010) report that reflection can be an effective means of understanding human emotion and responses. One student stated, “I think the most important time is after the clinical training when I go home. I think about the information I get from the patient. What does it mean? What does it mean for the patient? I should connect to it” (Condon & Sharts-Hopko, 2010, p. 169). Regarding role development and socialization, it is important to remember that we learn what we live (Becker-Hentz, 2004).

Classroom Activity 5-1

Incorporate actual quotes from the nurses who were interviewed in Benner’s book *From Novice to Expert* (1984) in class discussions to illustrate the differences among each of the stages: novice,

advanced beginner, competent, proficient, and expert. This activity is simple but enlightening to students.

Classroom Activity 5-2

Read excerpts from the 2006 article “What Do Nurses Really Do?” by Suzanne Gordon (available at www.medscape.com/viewarticle/520714) in class to stimulate discussion, and ask the following questions:

- What do you think nurses actually do?
- What do you think about the current image of nurses?
- What do you think about the effect of the focus on caring over the knowledge of nurses?

References

- American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.
- American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements*. Washington, DC: Author.
- American Nurses Association. (2010). *Nursing's social policy statement: The essence of the profession*. Silver Spring, MD: Author.
- American Nurses Association. (2015a). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Author.
- American Nurses Association. (2015b). *Nursing: Scope and standards of practice* (3rd ed.). Silver Spring, MD: Author.
- Becker-Hentz, P. (2004). *Understanding relationships: Learning what we live*. Unpublished manuscript.
- Benner, P. (1984). *From novice to expert*. Menlo-Park, CA: Addison-Wesley.
- Benner, P. (1999). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.
- Benner, P. E., Tanner, C. A., & Chelsea, C. A. (2009). *Expertise in nursing practice: Caring, clinical judgment, and ethics* (2nd ed.). New York, NY: Springer.
- Catalano, J. (2009). *Nursing now!* (5th ed.). Philadelphia, PA: F. A. Davis.
- Cohen, H. A. (1981). *The nurse's quest for a professional identity*. Menlo-Park, CA: Addison-Wesley.
- Condon, E., & Sharts-Hopko, N. (2010). Socialization of Japanese nursing students. *Nursing Education Perspectives*, 31(3), 167–169.
- Day, L., & Benner, P. (2002). Ethics, ethical comportment, and etiquette. *American Journal of Critical Care*, 11(1), 76–79.
- Duchscher, J. E. B. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing*, 65(5), 1103–1113. doi:10.1111/j.1365-2648.2008.04898.x
- Gordon, S. (2006). What do nurses really do? *Topics in Advanced Practice Nursing eJournal*, 6(1). Retrieved from <http://www.medscape.com/viewarticle/520714>
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academy Press.
- International Council of Nurses. (2012). *The ICN code of ethics for nurses*. Geneva, Switzerland: Author. Retrieved from http://www.icn.ch/images/stories/documents/about/icncode_english.pdf
- Kramer, M. (1974). *Reality shock, why nurses leave nursing*. St. Louis, MO: Mosby.
- Leduc, K., & Kotzer, M. (2009). Bridging the gap: A comparison of the professional nursing values of students, new graduates and seasoned professionals. *Nursing Education Perspectives*, 30(5), 279–284.
- Massachusetts Department of Higher Education. (2016). *Nurse of the future: Nursing core competencies: Registered nurse*. Retrieved from http://www.mass.edu/nahi/documents/NOFRNCompetencies_updated_March2016.pdf
- McKenna, L., & Newton, J. M. (2009). After the graduate year: A phenomenological exploration of how new nurses develop their knowledge and skill over the first

- 18 months following graduation. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 31(2), 153–162.
- Mooney, M. (2007). Professional socialization: The key to survival as a newly qualified nurse. *International Journal of Nursing Practice*, 30, 75–80.
- National Council of State Boards of Nursing. (2018). *NCSBN learning extension: Transition to practice*. Retrieved from <https://learningext.com/new-nurses/>
- Ousey, K. (2009). Socialization of student nurses—the role of the mentor. *Learning in Health and Social Care*, 8(3), 175–184.
- Pellico, L. H., Brewer, C. S., & Kovner, C. T. (2009). What newly licensed registered nurses have to say about their first experiences. *Nursing Outlook*, 57, 194–203.
- Roach, M. S. (1991). Creating communities of caring. In National League for Nursing (Ed.), *Curriculum revolution: Community building and activism* (pp. 123–138). New York, NY: National League for Nursing Press.
- Ruth-Sahd, L. A., Beck, J., & McCall, C. (2010). Transformative learning during a nursing externship program: The reflections of senior nursing students. *Nursing Education Perspectives*, 31(2), 78–83.
- Sitterding, M. C. (2015). An overview of information overload. In M. C. Sitterding & M. E. Broome (Eds.), *Information overload: Framework, tips, and tools to manage in complex healthcare environments* (pp. 1–9). Silver Spring, MD: American Nurses Association.
- Spector, N. (2013). Transition to practice: An essential element of quality and safety. In K. S. Amer (Ed.), *Quality and safety for transformational nursing: Core competencies*. Boston, MA: Pearson, 2013: 48–60.
- Spector, N., Blegen, M. A., Silvestre, J., Barnsteiner, J., Lynn, M. R., Ulrich, B., . . . Alexander, M. (2015). Transition to practice in hospital settings. *Journal of Nursing Regulation*, 6(1), 4–13.
- Zarshenas, L., Farhondeh, S., Molazem, Z., Khayyer, M., Zare, N., & Ebadi, A. (2014). Professional socialization in nursing: A content analysis. *Iranian Journal of Nursing and Midwifery Research*, 14(4), 432–438.