

DISCURSIVE PAPER

## 'Newcomer adaptation': a lens through which to understand how nursing students fit in with the real world of practice

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**Aims and objectives.** To present a discussion on newcomer adaptation as a lens through which to understand how nursing students adapt to clinical practice and raise awareness of strategies that can be used to enhance their learning experiences.

**Background.** Socialisation is an important factor that facilitates students' learning in the clinical setting. Therefore, it is beneficial to examine organisational socialisation literature, particularly that pertaining to newcomer adaptation.

**Design.** This is a critical review of organisational socialisation literature.

**Methods.** Seminal literature and more recent research in the field of organisational socialisation and newcomer adaptation were accessed. In addition, nursing and allied health literature examining students' socialisation and the clinical learning environment was retrieved.

**Conclusions.** It is revealed in this article that to create an appropriate clinical learning environment, an understanding of socialisation tactics could be beneficial. Role modelling is deemed crucial to successful newcomer adaptation. Peer support is necessary but must be advocated with caution as it can have a negative impact when students form a 'parallel community'. Students with some knowledge of the workplace tend to adapt more easily. Likewise, students' disposition and, in particular, their confidence can also enhance the socialisation process.

**Relevance to clinical practice.** Both the organisation and the student can impact on how successfully the nursing student 'fits in'. Understanding this through the lens of newcomer adaptation means that strategies can be put in place to facilitate this process.

**Key words:** mentorship, newcomer adaptation, nurse education, organisational socialisation, peer support, preceptorship, professional issues, students' socialisation

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### What does this paper contribute to the wider global clinical community?

- Creating the optimal clinical learning environment is central to facilitating students' learning in practice.
- It is important to recognise that students' adaptation to clinical practice can be influenced not only by the organisation but also by their personal attributes and disposition.
- Educators should consider systematic strategies, adapted from organisational socialisation, to facilitate the creation of the optimal clinical learning environment.

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## Aim

Professional socialisation in nursing is more than learning to gain competency. It is the learning of the values, attitudes and beliefs of the profession (Richardson 1999, Day *et al.* 2005). Nursing students encounter the socialisation process when they first enter the clinical setting and with each subsequent placement. It is already understood in nursing that students' socialisation is an important component of their education. This is because when students feel that they belong to the workplace, they develop more positive relationships with clinical staff and learn more effectively (Houghton *et al.* 2013). The clinical placement component of nurse education is critical to nurse education programmes worldwide. Therefore, it is imperative that educators and clinicians examine ways in which to maximise students' experiences of socialisation and subsequent learning in the practice setting. In this article, a discussion is presented on organisational socialisation and the concept of newcomer adaptation as a way to understand further how nursing students adapt to clinical nursing practice. It aims to raise awareness of potential strategies that could be used, or explored further for use, to enhance students' adaptation into practice. It is proposed that an increased understanding of organisational socialisation and the concept of newcomer adaptation can guide educators and clinicians to facilitate students' socialisation in the clinical setting. This has relevance to nurse education internationally.

## Background

Socialisation is the process by which individuals become fully adjusted insiders, develop appropriate skills and adapt to their organisational role (Feldman 1981, Fisher 1985, Mackintosh 2006). It is revealed in previous research that students' socialisation in the real world of practice is considered an important contributor to their learning experience and therefore can be considered a crucial factor that facilitates students' learning. Students value a sense of belonging and feeling part of the ward culture (Papp *et al.* 2003, Secrest *et al.* 2003, Chesser-Smyth 2005). This reflects the concept of newcomer adaptation in organisational socialisation literature, whereby the newcomer becomes an 'insider' (Louis 1980).

From an organisational perspective, it has been found in previous research that successful socialisation of a newcomer means that they have greater job satisfaction, organisational commitment, organisational identification, job

performance and intention to remain (Haueter *et al.* 2003, Bauer *et al.* 2007, Yang 2008). This in turn leads to a higher morale, stronger cohesion and more stable memberships within the workplace (Saks & Ashforth 1997). In nursing, this can have benefits for the clinical setting in terms of staff morale and job performance. This is something that is constantly being strived for in the clinical setting. For the individual, the newcomer becomes an 'insider', given broader responsibilities and autonomy and included in informal networks (Louis 1980). For the student nurse, this process of adaptation may be interrupted by the short length of their stay in each clinical placement. Typically, nursing students only stay in one area for a number of weeks and this means that they cannot fully become 'insiders'. However, it can be argued that socialisation is a career-long process, and each placement serves to help facilitate adaptation. Therefore, for the student nurse, the process of socialisation continues throughout their education, their clinical learning experiences and their subsequent qualification.

However, it has been revealed that students' first experiences in the reality of clinical practice can be a source of anxiety for them (Cooke 1996, Gray & Smith 1999, Pearcey & Draper 2008). This anxiety might lead to stress, which can have a negative impact on job satisfaction and organisational commitment (Fisher 1985). A number of sources that provoke students' anxiety in the real world of practice have been identified in the literature. These sources of stress include the following: reality shock (Tatano Beck 1993, Gray & Smith 1999, Pearcey & Draper 2008); the fear of harming a patient or making mistakes (Kleehammer *et al.* 1990, Kevin 2006); feeling incompetent (Tatano Beck 1993, Cooke 1996, Kevin 2006); and having to communicate with nurses and other professionals (Kleehammer *et al.* 1990, Cooke 1996). These sources of anxiety can hinder students' ability to adapt and learn in the clinical setting (Houghton *et al.* 2013). It is important to examine ways to maximise students' learning potential while on clinical placement and identify ways to facilitate the socialisation process. Seminal literature on organisational socialisation has been examined for the purpose of guiding this exploration.

## Design

This is a critical review of seminal organisational socialisation literature. The resulting discussion explores how organisational socialisation and newcomer adaptation can be applied to the context of nursing students and how they 'fit in' with the clinical setting.

## Methods

A number of seminal works in the field of organisational socialisation literature were accessed for this discussion, and therefore, the literature searched ranged from as far back as 1979 until 2012. In addition, nursing and allied health literature was accessed using Cumulative Index of Nursing and Allied Health (CINAHL) to situate the discussion in the context of nursing and the clinical setting. Keywords included the following: nurse socialisation, clinical learning environments (CLE), health care assistant, peer support, registered nurse support, preceptorship and mentorship. This particular search was limited to papers written in English and ranged from 1990 until the present day. Through an understanding of students' experiences in clinical practice, it was possible to draw parallels with concepts often discussed in organisational socialisation. These concepts included socialisation tactics; role modelling; peer support; realism of pre-entry knowledge (RPK) and newcomer disposition. Each of these will be outlined and discussed in the context of nursing students.

## Discussion

### Socialisation tactics

Socialisation tactics are the intentional measures, implemented by the organisation, to inform newcomers about its structure and its expectations (Bauer *et al.* 2007). They are the primary antecedents of newcomer adjustment to the workplace. They facilitate skill acquisition through 'learning the ropes' and help initiate social interactions that in turn may lead to ongoing learning (Hatmaker *et al.* 2011). The original proponents of organisational socialisation, Van Maanen and Schein (1979), proposed six socialisation tactics that can be used by an organisation to structure the socialisation process for newcomers. Each tactic has an

opposite, or polar, tactic as illustrated in Table 1. The six tactics are *collective*, *formal*, *sequential*, *fixed*, *serial* and *investiture*. A brief description of how these tactics are executed is illustrated by their action. The polar tactics, *individual*, *informal*, *random*, *variable*, *disjunctive* and *divestiture*, describe the opposite actions sometimes implemented by an organisation. Van Maanen and Schein (1979) considered these less beneficial and effective in helping the individual to adapt and integrate into the workplace. For example, using the *serial* tactic of allocating the newcomer to a role model, who is an experienced staff member, would be preferable over the *disjunctive* method whereby no role model is used. Similarly, using an *investiture* tactic of providing feedback on the adaptation process would be considered more effective than the *divestiture* method of not providing this feedback. In results of research by Gruman and Saks (2011), it was indicated that newcomers had a general preference for institutionalised socialisation tactics. These are the more structured, formal approaches to implementing socialisation tactics, for example the aforementioned serial and investiture tactics.

In nursing literature, the setting in which students learn and adapt as the CLE has been described, which is perhaps a comparable approach to implementing socialisation tactics. The ethos created within the CLE can influence how students 'fit in' with their environment and is central to facilitating students' learning in practice. A number of research instruments have been developed to measure the effectiveness of the CLE (Dunn & Burnett 1995, Chan 2001, Saariskoski & Leino-Kilpi 2002, Midgely 2006, Henderson *et al.* 2010). These instruments primarily focused on staff–student relationships, nurse manager commitment, students' satisfaction and a nurturing positive environment. It has been revealed in studies that the CLE should have a supportive ethos with the provision of adequate learning opportunities for students (Löfmark & Wikblad 2001, Healey 2008), and a good team spirit and care philosophy facilitate students in the CLE

**Table 1** Six socialisation tactics (Van Maanen & Schein 1979)

Socialisation tactic	Action	Polar tactic	Action
Collective	Grouping newcomers and putting them through common experiences	Individual	Handling each newcomer individually
Formal	Formal process of specific training	Informal	Informal process of integrating newcomers with existing staff
Sequential	Specific phases of induction	Random	More random approach
Fixed	Fixed timetable of achievement	Variable	No fixed timetable, variable approach
Serial	Newcomer is socialised by an experienced staff member	Disjunctive	No role model is used
Investiture	Uses feedback to affirm the identity and characteristics of the newcomer	Divestiture	No feedback on newcomer's personal attributes

(Wilson-Barnett *et al.* 1995, Papp *et al.* 2003). Quality learning occurs in an environment that fosters staff development and encourages initiative and independent thinking (Henderson *et al.* 2012). Clinical managers have an integral role in enhancing the learning environment for students (Walker *et al.* 2011a).

In contrast, hindering factors included insufficient supervision, lack of continuous supervision, stress on the ward, feeling ignored and 'in the way' and lack of opportunities to practise (Löfmark & Wikblad 2001, Hoel *et al.* 2007, Mooney 2007). Löfmark and Wikblad (2001) believe that the CLE can be enhanced by continuity of supervision, identifying students' learning needs and the provision of feedback. Feedback is regarded as an interactive process that provides learners with insight into their performance (Clyne & Raftery 2008). It is considered to be essential for students' learning in clinical practice. Provision of feedback is a recommended investiture socialisation tactic, which facilitates students' adaptation to the clinical setting (Van Maanen & Schein 1979).

The above emphasises the need for students to receive support and feedback in the CLE. Using socialisation tactics that have been found to help newcomers adapt might help guide how to create the correct 'ethos' in the CLE. For example, using sequential phases of induction as opposed to a more random approach could ensure opportunities to practise clinical skills. Ensuring that adequate supervision and feedback are in place could prevent students from feeling 'in the way'. Individuals responsible for the creation and maintenance of the CLE could use organisational socialisation tactics to guide how they support students in clinical practice.

### Role modelling

In the framework by Van Maanen and Schein (1979), there is an emphasis on the importance of a systematic approach to helping newcomers adapt to an organisation. Serial tactics, for example the use of role models, are considered integral to a positive socialisation process. Another term for this support is described as 'agent helpfulness' (Klein *et al.* 2006). This refers to support and information provided by people already in the organisation. Settoon and Adkins (1997) examined the role of supervisors in newcomer socialisation. Supervisors and co-workers were found to be the most important sources of information for newcomers. Experienced supervisors play an important role in organisational socialisation (Anakwe & Greenhaus 1999). Similarly, in the nursing literature, there is an emphasis on the importance of supportive staff in facilitating students' learning in practice (Kevin 2006). Having supervision within the

correct network is important for job and role learning (Morrison 2002).

In relation to registered nurse support and supervision, it must be explained that different models are used in different countries. In Ireland, New Zealand and Australia, for instance, the preceptorship model of students' supervision is currently being implemented. Preceptorship is an approach to supervision that is framed within a hospital setting and is implemented for specific time periods to ease socialisation into a new role (Bain 1996, Lennox *et al.* 2008). In the UK, a mentorship approach is being used. With mentorship, there is more emphasis on the unique relationship between student and mentor. The relationship is more personal, longer term and relies on mutuality and reciprocity (Anderson & Shore 2008, Lennox *et al.* 2008). Research studies that examined both approaches are included in this discussion.

Students have reported that they learn most from the registered nurse with whom they work (Condell *et al.* 2001). To be an effective preceptor, registered nurses must have the necessary knowledge and skills to support and teach the students in the clinical environment (Gleeson 2008). Motivation, approachability, confidence and having a positive attitude are other important attributes needed for effective students' support (Gray & Smith 2000, Kaviani & Stillwell 2000, Webb & Shakespeare 2008, Zilembo & Monterosso 2008). In contrast, poor mentorship occurred when the mentor was either regarded as being overly protective by only allowing students to observe or, alternatively, 'threw them in the deep end' (Gray & Smith 2000).

The amount or type of support given by the staff nurse also influences students' learning. In some studies, it was indicated that direct supervision could be effectively withdrawn once the student became more competent in performing a skill and that the nurse 'just being there' was sufficient (Currie 1999, Cope *et al.* 2000, Webb & Shakespeare 2008). This type of support was termed 'peripheral support' in research by Houghton *et al.* (2013). This process allows students to develop their skills gradually within safe parameters until a stage where they feel capable of practicing skills with less support.

In relation to the socialisation tactics described earlier, using an investiture approach, newcomers, through positive affirmation, are encouraged to adopt the behaviours and ethos of the organisation to fit in (Van Maanen & Schein 1979, Ashforth & Saks 1996, Bauer *et al.* 2007). However, this can, in turn, discourage innovation and change in practice (Ashforth & Saks 1996). In nursing, this can bring about the continuation of bullying behaviours (Randle 2003). Another negative impact of socialisation is the

dichotomy between the Higher Education Institute (HEI) and the hospital as to what constitutes a good role model or a 'good nurse' (Wilson & Startup 1991, Mackintosh 2006, Price 2008). For students, the challenge lays in not only wanting to practise what is learned in the HEI but also wanting to practise the socially accepted behaviour of the workplace, when on clinical placement. Students might feel obliged to socialise to norms that include the continuation of poor and ritualised practice. Walker *et al.* (2011b) describe the impact of a learning circle intervention as a means to promote a partnership between the educational and clinical settings. The learning circle was implemented to promote critical reflection of education issues, and its members included clinicians, educators and students. It was suggested by the findings that the learning circle positively enhanced the organisational learning culture. Strategies like this should be considered to create a shared understanding of students' learning and practice of clinical skills.

It is evident that the concept of role modelling is central to workplace socialisation. In nursing, this is demonstrated through mentorship and preceptorship models of supervision and support. This support and supervision help the student to 'fit in' and develop the skills necessary for professional practice. However, role modelling may cause negative socialisation whereby students adopt less desirable practices and ideologies to 'fit in'. Therefore, while socialisation literature can confirm the necessity of role modelling as a formal structure, it does not provide guidance on how to safeguard against negative socialisation. In this instance, it may be necessary to ensure the 'ethos' of the CLE is such that appropriate caring attitudes are engrained into workplace philosophies.

### Peer support

The important role that peers can have on a person's adaptation to the workplace was also identified in the socialisation literature. Research by Ashforth and Saks (1996) confirmed the potent impact of a newcomer's reference group. The group exerted far more impact on the newcomer than the psychologically distant organisation. In the context of the student nurse, this could imply that peers working with each other have a profound impact on their socialisation. This is because social support from peers is important for reducing stress and enhancing learning for newcomers to an organisation (Fisher 1985, Hatmaker *et al.* 2011).

It has been shown in previous research that students, as peers, perceived themselves to all be 'in the same boat' and were able to gain support from each other (Glass & Walter 2000, Chan 2001, Roberts 2009, Houghton *et al.* 2013).

This reflected the seminal work by Van Maanen and Schein (1979), who suggested that the 'all in the same boat consciousness' (p. 233) allowed the sharing of information and emotional support. This acceptance by one's peers is crucial in the socialisation process and facilitates adaptation (Price 2008).

The positive impact of peer support for students in developing their sense of belonging has been highlighted in the nursing literature (Hart & Rotem 1994, 1995, Glass & Walter 2000, Ransie & Grealish 2007). Peer support allows for sharing experiences, reinforcing knowledge and enhancing confidence (Ransie & Grealish 2007). It is this 'same boat consciousness' that assists students in their positive socialisation into the workplace (Van Maanen & Schein 1979).

However, the support gained from peers may also have a possible negative impact on students' learning (Roberts 2009, Houghton *et al.* 2013). Students can develop a 'parallel community', which can possibly isolate them from potential supportive relationships in the clinical setting (Roberts 2009). Students can potentially converge together for support, particularly when they find themselves alone or their mentors are busy elsewhere (Roberts 2009). In research by Houghton *et al.* (2013), clinical staff believed that too many students on placement at the same time had a negative impact on students because they congregated together in groups. This suggests that perhaps the 'all in the same boat consciousness' may in fact cause students to isolate themselves from staff, and potential learning opportunities, in the clinical setting.

Authors of socialisation literature would appear to advocate the use of peer support. Similarly, the support that can be gained from students themselves has been advocated in the nursing literature. However, it is important to note the potential negative impact of the parallel community that can be formed. Staff involved in educating and supervising nursing students in practice must ensure that this does not prevent students from seeking learning opportunities while on clinical placement.

### Realism of pre-entry knowledge

The above discussions examine the organisation's instigated approaches to newcomer adaptation. However, the newcomer can also initiate adaptation (Gruman & Saks 2011). Newcomers can be proactive agents in their transition to insider status (Saks & Ashforth 1997, Hatmaker *et al.* 2011). The socialisation process can also be facilitated if the newcomer has an acquired level of knowledge about the workplace. Klein *et al.* (2006) discussed realism of RPK, which is the preparation that newcomers receive prior

to entering the organisation. RPK is thought to facilitate adjustment by helping newcomers to understand what is expected of them and how to cope with job demands (Louis 1980). Employees need to have knowledge of goals/values, people, history, job performance proficiency, politics and language (Chao *et al.* 1994). PRK is positively related to role clarity, work group integration and political knowledge (Kammeyer & Wanberg 2003).

In nursing research, it was found that students believed that being knowledgeable and skilful assisted the socialisation process (Gray & Smith 1999, Secrest *et al.* 2003). This, in a similar way to RPK, allows students to feel part of a competent team. Gray and Smith (1999) found that students perceived the ability to perform clinical skills as key to positive socialisation and enabled them to 'muck in' at a stage when they were unable to practise in a more holistic manner. For some students, this experience is gained prior to commencement of a nurse education programme, through working in a healthcare setting as a nurse's aide or healthcare assistant (HCA). It was revealed in the literature that having a positive previous experience working in a healthcare setting was linked with increased confidence and improved socialisation into the clinical setting (Admi 1997, Gray & Smith 2000, Brennan & McSherry 2007).

However, previous experience might also have a negative impact (Holland 1999, Brennan & McSherry 2007, Houghton *et al.* 2013). A qualitative study by Brennan and McSherry (2007) identified the shock that can arise from the transition from HCA to student nurse. Many participants believed that their skills as HCAs would help them to succeed in their initial training. However, they soon became aware of the additional responsibility and accountability. Enrolled nurses (EN) in Australia undertaking a Bachelor of Nursing Degree had similar experiences of role transition. Kilstoff and Rochester (2004) found that students felt they had an incomplete understanding of what the role of registered nurse would entail. Others' expectations of them caused anxiety (Kilstoff & Rochester 2004, Nayda & Cheri 2008). One way to overcome this was to hide their previous role from those they worked with (Hutchinson *et al.* 2011). Another interesting finding by Brennan and McSherry (2007) was termed the 'comfort zone'. This was the observation that students intentionally re-assumed the role of a HCA whenever they felt unsure of their role as a nursing student. They also reverted to their HCA role if they wanted to demonstrate their prior knowledge of clinical skills to gain acceptance on a new placement or to ease the socialisation process for themselves. In addition, staff might also expect the students to resume their HCA role, at the expense of their own learning, to address staffing short-

ages (Brennan & McSherry 2007, Houghton *et al.* 2013). This can cause some resentment among the students.

Pre-entry knowledge is helpful for the newcomer to adapt. However, in nursing it is important to acknowledge the challenges that are faced by individuals with previous healthcare experience. Ways to overcome these challenges need to be examined, and further research into this phenomenon is needed.

### Newcomer disposition

There is an increasing interest in newcomer personality and its impact on adaptation (Wanberg & Kammeyer-Mueller 2000). Newcomer disposition can be an important component of the adaptation process (Gruman & Saks 2011, Harrison *et al.* 2011). In addition to knowledge and skills, confidence assists in positive students' socialisation and subsequent learning in the CLE (Currie 1999, Howkins & Ewens 1999, Chesser-Smyth 2005). Confidence is described as a complex, multidimensional concept demonstrated by efficiency (Halarie 2006). Similarly, in socialisation literature, newcomers who demonstrate self-efficacy and pro-activity in information and feedback seeking benefit from certain socialisation tactics from the organisation (Kammeyer & Wanberg 2003, Gruman *et al.* 2006). Reciprocally, different socialisation tactics employed by the institution can impact on newcomers' pro-activity in different ways (Griffin *et al.* 2000, Gruman & Saks 2011). Dornan *et al.* (2007), in medical research, found that to learn in the clinical setting, students needed to acquire confidence and a sense of professional identity. Likewise, Fitzpatrick *et al.* (1996) found that nursing students' confidence assists in their socialisation. In a reciprocal nature, students' confidence can increase when they feel that they are a part of a team and gain positive feedback from staff (Chesser-Smyth & Long 2013).

It can be surmised that student's confidence impacts on socialisation. However, it is also evident that organisational tactics, such as positive feedback, can in turn impact students' confidence and pro-activity levels. This further emphasises the need to explore how socialisation tactics can be used to inform how best to create the CLE to enhance students' confidence and adaptation. Research needs to be conducted to examine this potential relationship.

### Conclusion/relevance to clinical practice

This discussion into the socialisation process highlights systematic strategies or tactics that enable nursing students' adaptation to their professional workplace and to 'fit in'. It can be concluded that supervision and feedback from role models are crucial as well as more informal support processes

from experienced staff and peers. Socialisation is also enhanced by previous experiences and knowledge regarding the organisation and expectations of those working in the setting. However, further research is needed to overcome the challenges faced by those who have previously worked in a healthcare setting. Newcomer disposition and, in particular, level of confidence can also enhance the socialisation process. There is a reciprocal relationship between students' confidence levels and how well they 'fit in' with their working environment. The most important factor in nursing education is the creation of the optimal CLE. It can be deduced that further understanding of how socialisation tactics could be incorporated into and used to guide the CLE may help maximise the opportunities available and prevent the negative socialisation and reduced learning opportunities that are evident through more haphazard socialisation approaches.

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## Disclosure

The authors have confirmed that all authors meet the ICMJE criteria for authorship credit ([www.icmje.org/ethical\\_1author.html](http://www.icmje.org/ethical_1author.html)), as follows: (1) substantial contributions to conception and design of or acquisition of data or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published.

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