

Socialization: A Preceptor's Gift To Nursing

Socialization, as defined by the American Heritage New Dictionary, is "learning the customs, attitudes and values of a social group, community or culture. Socialization is essential for the development of individuals who can participate and function within their societies, as well as for ensuring that a society's cultural features will be carried on through new generations."

What does socialization have to do with precepting? Everything!

For professional nursing, socialization is the process of learning the skills, roles and values of the profession; the ultimate outcome is to develop a professional identity. Socialization involves the internalization of the values and norms of the profession in the individual's own behavior and self-concept. These things occur through the preceptor's influence as they build knowledge and skills through teaching and role modeling. This is the preceptor's opportunity to make a positive contribution to the nursing profession.

References

Creasia, Joan, and Parker, Barbara. "The Bridge to Professional Nursing Practice." Mosby, 2001.

Rapper, Kim, R.N. "Good Preceptor – Bad Preceptor." 2008.

Four Preceptor Types To Avoid

The "Don't Ask Why" Preceptor

The "why" question is important to ask, even if it feels like pestering, because it helps to solidify the information you are learning at a fast pace. A good preceptor is involved and is willing to slow down and offer explanations to increase a preceptee's understanding and learning.

The "Sit-At-The-Desk" Preceptor

This preceptor thinks a precepting day is a "vacation" day. They believe if the preceptees have a problem, they will ask the preceptor for help. This approach is ineffective for multiple reasons. First, it teaches new nurses that once you are done with orientation you can put your feet up and become disengaged. Second, it minimizes the learning opportunities that happen when a preceptor and a preceptee walk into a room together. Learning happens through engaging all the senses, especially the visual. The preceptor needs to be present and coach the preceptee, not just telling the preceptee what to do from afar.

The "I'll Do It Myself" Preceptor

This type of preceptor knows what needs to be done and wants to step in and do it for the new nurse because "it is just easier." If the preceptor is always intervening, the new nurse will never learn. Some preceptors step in with good intentions to help when a new nurse is unable to complete everything by a given time. However, there comes a time when a preceptor must step aside to evaluate what the preceptee is capable of doing and coach accordingly.

The "Uninformed" Preceptor

A preceptor must know what the preceptee already knows and needs to learn so that the preceptor can individualize the orientation process and ensure learning needs are met. This type of preceptor does not ask preceptees about their learning needs, which can lead to unrealistic or unmet expectations. A good preceptor makes no assumptions about the preceptee's needs and makes the learning plan a partnership.

Professional nurses do not just happen. It is the effective preceptor's hand in role modeling and educating that leads to the retention of the next generation of competent nurses.

