

Professional Socialization of Nurses in Humanized Care: A Qualitative Study

Abstract

Background: Professional socialization of nurses is the process of transferring knowledge, skills, techniques, attitudes, and values among nursing professionals in order to enhance their capacity consistently. The objective of this research was to study the professional socialization of nurses in humanized care in 2 phases: in a nursing study phase, and in a nursing professional phase. **Materials and Methods:** The study was implemented in the form of a qualitative study by using an in-depth interview technique for the data collection. The informants of the study were 12 professional nurses who were granted the Award of Ratchaphiphat Role Model of Best Moral Practice. **Results:** During the nursing study phase, it was found that the professional socialization of nurses operated through course content, teaching management, extra-curricular activities, the interaction between nursing instructors and students, interaction among peers, observation of nursing instructors, and observation of nurses. On the other hand, in the nursing professional phase, professional socialization is performed through orientation, on-the-job training, supervision, ethical and moral promoting activities, and interaction with and observation of colleagues. **Conclusions:** Based on the findings, some recommendations were proposed as guidelines to develop nursing educational management for promoting humanized care in the development of nursing students and professionals.

Keywords: Professional, socialization, nurses, humanized, qualitative research

Introduction

Professional socialization is the process of transferring knowledge, skills, techniques, attitudes, values, and behaviors among members of the nursing profession, which are internalized and which serve to develop a professional identity.^[1] The results of such socialization are nurses whose capacity will be enhanced in a consistent manner, beginning as nursing students and eventually becoming professional nurses.^[2] Professional socialization brings about quality nurses who will perform tasks with acceptance of values, professionalism, positive attitudes, and responsibilities for quality care.^[3] Socialization among nurses occurs during their periods of study and work in various settings and helps develop their professional identity.^[4,5] By witnessing and absorbing these characteristics from role models in socialization, proper nursing behaviors will develop and improve in terms of ethics, morals, and humanized care.^[6] However, it is unforeseeable that socialization will happen because of its

nature of complexity and diversity, whether it be positive or negative. Socialization is not suitable for the early phases of professional experience, because it lessens motivation, ability, and morals in caregiving as a result of its ambiguous nature; and because selfish and careless thinking persists, the need to meet patients' requirements and humanization declines.^[1]

Humanized care is essential in health services in order to deliver high-quality life-enhancing care and to make healthcare more accessible to communities and community residents.^[7] Humanized care in nursing is a care concept which encompasses an understanding of the relationship that exists between nursing providers (or nurses) and service users (or patients). The nurse should understand a patient's condition and must respect the importance of patients and recognize them as human beings. The nurse should function with an awareness of the differences among individuals. This aspect of nursing implies that the nurse respects the human

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value and dignity of patients while nursing them back to a sound healthy state.^[8] Nurse students learn nursing science and professional ethics continually from their first days at nursing schools. Nursing courses prepare nursing students to perform nursing tasks effectively with responsibility, creating in the nurse's affective bonds and a sense of dedication to others.^[9] The curriculum focuses on role models and a practicum for preparing nursing students to become professional nurses.^[2] Practicing under the supervision of professionals, students can absorb professional ethics while caring for patients with kindness and compassion.^[10] These objectives are in accordance with a study conducted by Freitas and Ferreira, who stated that most nursing students were knowledgeable and recognized the need to learn humanized care while attending practice sessions. They recognized the value of these sessions and developed an attitude of commitment toward the standards of their profession. They were positive toward the development of techniques during their sessions, which added the kind of knowledge available only outside the classroom. Health personnel at the practice venue were considered models of learning. Recommendations from this study focused on the professional training-based development that would train learners on the specifics of attentive care.^[11]

In this study, the professional socialization of nurses was examined in two phases: in a nursing study phase and in a nursing professional phase. However, studies on the professional socialization of nurses in humanized care are still limited. Therefore, the researchers were motivated to explore the ways in which humanized care is being taught and what factors are involved with professional socialization in humanized caregiving. This study was intended to learn how students who had been awarded nursing certificates would describe their in-depth experiences in patient care and their patient-care attitudes. It was impossible to translate their experiences into a measured quantity.

Materials and Methods

This qualitative content analysis study was conducted from July 2017 to June 2018 at Ratchaphiphat Hospital affiliated with the auspices of the Medical Service Department, Bangkok Metropolitan Administration. A content analysis was used in this study to study the professional socialization of nurses in humanized care in two phases: in a nursing study phase and in a nursing professional phase.

The participants were Level-1 registered nurses and midwives working at Ratchaphiphat Hospital. Purposive sampling was used to select nurses in accordance with the following criteria: 1) functioning as a nurse in charge of the caregiving of patients in wards or other units of the hospital, and 2) having been granted the Award of Ratchaphiphat Role Model of Best Moral Practice in 2016- 2018. In total, 12 awarded nurses participated in this study.

An in-depth interview was conducted to collect the data by a voice recording and field note-taking. The structured interviews were implemented by following the question guidelines which allowed some flexibility and chances for the participants to answer open-ended questions and freely give opinions. The researcher first gave a self-introduction speech, then started off by getting them to know each other in order to create a relaxing atmosphere. Before asking questions, the researcher talked about general topics to gain the familiarity and trust of the participants.

Lasting one hour. The interviews started with the topic of professional socialization of nurses in humanized care in the nursing study phase, with open-ended questions such as, "When did you learn about humanized care? Where did you begin, and how was it?" Interviews with professional socialization of nurses in humanized care in the nursing professional phase started with open-ended questions such as, "Who are the role models for your job?" "What characteristics do they have?" or "How did they conduct their jobs?" Other questions were asked about the method of professional socialization of nurses in humanized care during the nursing study phase and the early stages of working as a nurse.

During the interviews, the researcher listened to what her informants were saying; she listened intently and without jumping to conclusions. Clarification from the informant would be requested if the researcher was uncertain of the answers she received. The researcher asked some questions in order to continue the conversation, such as "Is there anything else you would like to add?" or "Can you explain a little further?" At the end of the interview, the researcher made an interview summary of the input she received from the participants and asked them for further additions to what they had told her.

Content analysis was used for data analysis. In the data analysis the interview transcription was analyzed, organized, classified, and systematized according to the research framework for interpretation. The researcher selected the most meaningful words that best represented contents. These words were associated with professional socialization in humanized care, meaning of humanized care, characteristics of nurse in humanized care and factors influencing professional socialization in humanized care in a nursing study phase and in a nursing professional phase. Codes were identified. The data and general responses from each of the informants were linked to theories and utilized quotations. An analytic induction was used to create analytic themes from empirical data, followed by descriptive analysis.

The researcher used triangulation technique (data triangulation, and method triangulation) to guarantee trustworthiness and rigor. The benefit of using data triangulation was data source verification. Interview

scripts were also checked in accordance with other evidence, such as certifications and awards. The researcher also employed the triangulation method, which included in-depth interviews, voice recordings, field notes, and other evidence, such as certifications and awards. Cross-verification was conducted on the data received from different sources to confirm that the data matched.

Ethical considerations

This study was approved by the Committee on Human Rights Related to Research Involving Human Subjects in the Faculty of Social Sciences and Humanities, Mahidol University. The approval number was MU-SSIRB 2017/273-B1, assigned on November 2, 2017. Following approval, the researcher made contact with all participants to obtain their consent confirmation and explained the study and its purpose. Written informed consent was obtained from all participants.

Results

The participants consisted of 12 professional nurses who worked as registered nurses at Ratchaphiphat Hospital and who were affiliated with the Medical Service Department, Bangkok Metropolitan Administration. All of them were Buddhist females, with ages ranging from 38 to 58 years old. Their average age was 47.92 years old. They all graduated with a bachelor’s degree from nursing institutions, except for one participant who had a master’s degree. They worked in different units, such as the breastfeeding clinic, surgery department, pediatrics department, intensive care unit, emergency department, obstetric gynecology department, laparoscopy center, operating department, infection control unit, and private specialty department. The number of years working in the nursing profession ranged from 14 to 37 years. The participants’ demographic data are given in Table 1.

Two themes and thirteen sub-themes arose from the data analysis, as shown in Table 2 and discussed below.

Theme 1: Professional socialization of nurses in humanized care in the nursing study phase

There were seven sub-themes discussed in this phase: course contents, teaching management, extra-curricular activities, the interaction between nursing instructors and students, the interaction between peers, observation of nursing instructors, and observation of nurses.

Sub-theme 1.1: Course contents

While studying in a nursing institution, nursing students will receive knowledge with regard to professional standards, morality, ethics, patients’ rights, caring with generosity, holistic care, empathy, caring, and respecting the dignity and feelings of patients. Moralities and ethics will be cultivated into every nursing course, both theoretically and practically: *“In fact, the nursing curriculum is an inclusion of social topics, together with many different things concerning humanity, morals and ethics in the nursing profession. There was a mental aspect in holistic care. At that time, teachers taught holistic care, generosity and providing care to the loved ones of others, as is they were our own family. When speaking about morals and ethics, they existed in all subjects”* (P4).

Sub-theme 1.2: Teaching management

Nursing instructors play an important role in transferring their knowledge and experiences to their students. Their means of transfer are in the form of activities in classes and practical sessions, which they use as their teaching methods in order to make their students realize the significance of humanized care and teaching empathy and to encourage them to practice their nursing with morality, ethics, and adherence to professional ethics: *“When students have their practica in the wards, their teachers guide them and sensitization is taught to them, they learn humanized care. How would they feel if a patient recovered after being nursed by them? These questions will sensitize students to rethink how they feel about the profession they are preparing to enter. Perhaps this feeling will motivate*

Table 1: General information of participants

| Participant no. | Age (years) | Sex | Educational level | Years of working as nurse | Ward | Marital Status | Religion |
|-----------------|-------------|--------|-------------------|---------------------------|-----------------------------------|----------------|----------|
| P1 | 56 | Female | Bachelor’s degree | 33 | Breastfeeding Clinic | Married | Buddhism |
| P2 | 40 | Female | Bachelor’s degree | 17 | Surgery Department | Married | Buddhism |
| P3 | 50 | Female | Bachelor’s degree | 28 | Pediatrics Department | Unmarried | Buddhism |
| P4 | 52 | Female | Bachelor’s degree | 29 | Intensive-Care Unit: ICU | Married | Buddhism |
| P5 | 51 | Female | Bachelor’s degree | 29 | Central Sterile Supply Department | Unmarried | Buddhism |
| P6 | 58 | Female | Bachelor’s degree | 37 | Emergency Department | Widowed | Buddhism |
| P7 | 38 | Female | Bachelor’s degree | 14 | Obstetric Gynecology Department | Unmarried | Buddhism |
| P8 | 43 | Female | Bachelor’s degree | 20 | Laparoscopy Center | Married | Buddhism |
| P9 | 45 | Female | Bachelor’s degree | 27 | Operating Department | Married | Buddhism |
| P10 | 46 | Female | Master’s degree | 22 | Infection Control Unit | Married | Buddhism |
| P11 | 53 | Female | Bachelor’s degree | 32 | Private Specialty Department | Married | Buddhism |
| P12 | 43 | Female | Bachelor’s degree | 19 | Orthopedic Department | Married | Buddhism |

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Table 2: Themes and sub-themes

| Themes | Sub-themes |
|---|--|
| 1. Professional socialization of nurses in humanized care in the nursing study phase | 1.1 Course contents |
| | 1.2 Teaching management |
| | 1.3 Extra-curricular activities |
| | 1.4 Interaction between nursing instructors and students |
| | 1.5 Interaction between peers |
| | 1.6 Observation of nursing instructors |
| | 1.7 Observation of nurses |
| 2. Professional socialization of nurses in humanized care in the nursing professional phase | 2.1 Orientation |
| | 2.2 On-the-job training |
| | 2.3 Supervision |
| | 2.4 Ethical and moral promotional activities |
| | 2.5 Interaction with colleagues |
| | 2.6 Observation of colleagues |

them in a direction of professionalism. When treated in this way, students may well develop a positive attitude towards their profession. An In-class lecture does not give a clear picture and feeling. We need to have the lecture material integrated into the practicum itself” (P1).

Another participant stated: “For example, we may think our hands are clean, while in reality, they’re not clean. When we touch a patient and his wound gets infected, we will feel guilty, even though we did it unintentionally. Another example would be an injection of the wrong medication. You do not tell anyone, but you will be feeling guilty for the rest of your life. What the teacher says is that, while no one sees what we do, we must still admit to our wrongdoing. Then we can fix it or find a solution of some kind. This is what they always taught” (P12).

Sub-theme 1.3: Extra-curricular activities

Extra-curricular activities are a part of promoting morality and ethics for nursing students. These activities are the foundations of moral and ethical principles in conjunction with education, which has helped develop a conscientious outlook of the students before entering into their professional nursing careers: “My nursing school had a Dhamma Club and events on special religious days from the first to the fourth year. In the fourth year, the teacher took us to a temple for Dhamma listening, Dhamma practice and meditation, praying for mental development prior to our becoming a nurse and laying the foundation of humanized care” (P10).

Sub-theme 1.4: Interaction between nursing instructors and students

The interaction between nursing instructors and students must be gentle, friendly, compassionate, warm, and understanding, with the instructors giving life lessons as a mother would in taking care of her children. An interaction

of this sort instills in the students a positive attitude towards their profession and encourages them to work with compassion, love, understanding, care, and generosity: “They would teach the same things again and again. If we did not know something, she would teach us until we finally understood. She repeated the same lessons until we finally learned them. It seemed that that she would never become tired of doing this for us. She made an impression on us and even called us in to teach us at 8-9 pm. She was a very devoted teacher” (P7).

Another participant stated: “Firstly, she was never annoyed at us for asking questions. When reproving students, she always had a reason. It was as if a parent were teaching her children, always giving reasons as to why something was wrong and why you cannot do a certain thing. She was always giving us solutions whenever the same problem arose again. If a student is given reasons from the beginning, the student will use logic and reasoning at her work, and she will follow each step correctly” (P12).

Sub-theme 1.5: Interaction between peers

Friends, or senior students, play a role in informal professional socialization through their support, encouragement, help, moral support, and consultation on study and behavior. Their interaction creates an understanding and sympathy toward each other. In activities, juniors show respect to seniors. Senior students can be role models to juniors who will imitate behaviors for the development of personality and mental state for humanized care: “During my time, there was SOTUS (Seniority, Order, Tradition, Unity and Spirit). I remember that I felt uncomfortable during my first year and confused as to why they were forcing me to do so many things. After graduation, I realized that it was the internal pressure that was affecting me. When working, I was able to handle the pressure from such experiences. So, I have been immunized against these stresses since my time during school, having become disciplined, patient and tolerant. SOTUS made me accustomed to saying ‘thank you’ and ‘sorry.’ If anything went wrong, I said ‘sorry.’ If anyone helped me, I said ‘thank you.’ For me, SOTUS was a positive experience” (P11).

Sub-theme 1.6: Observation of nursing instructors

Nursing instructors take the lead in developing morals and ethics in students in classes, at work, in life, and in patient care. Nursing instructors give lessons and are recognized as role models, verbally, physically, and mentally. By way of body language, speaking, eye contact, and voice, students can see how nursing instructors are their role models: “A teacher demonstrates what to do with each patient when she approaches and talks with a patient. For instance, ‘How are you today?’ She will touch them and speak slowly, while using polite and tender words. I see how the teacher talks and gives her full attention to her

patients. There are techniques for talking with patients and understanding their problems. I want to be just like her. The teacher who impresses their students can be their role model” (P8).

Sub-theme 1.7: Observation of nurses

Staff nurses with work experience can transfer knowledge and skills in various situations. The way they teach students is rather informal and includes giving assistance and suggestions and being role models: *“There’s a patient in the observation room, and he’s getting sweaty. The students normally do not pay attention to someone like him. So, I show them by softly wiping away the sweat from his face. It is a minor form of care, but still requires attention from nurses. Sometimes they do not say what they want. It may seem unimportant, but we should ask how patients are, whether they feel cold, warm, hungry, thirsty and so forth. For instance, ‘Do you want to eat anything?’ We should not ignore these issues. This kind of attention on our part shows our generosity. Students are coached on observation and care under close supervision by nurses. We train students on various practices, experiences, necessary knowledge and patient care”* (P6).

Theme 2: Professional socialization of nurses in humanized care in the nursing professional phase

This theme provided detail on six Sub-themes: orientation, on-the-job training, supervision, ethical and moral promoting activities, interaction with colleagues, and observation of colleagues.

Sub-theme 2.1: Orientation

Orientation is the official nursing-profession social transfer period. Through the social transfer agent, the organization and department within the hospital conduct an orientation period in order that the new nurses may become familiar with the people, places, and environment within the hospital: *“In the orientation for newly graduated nurses, we introduce them to the work protocol, rules and regulations, moral and ethics, patient’s rights, caring, holistic care, behaviors towards patients and generosity and understanding in patients’ suffering”* (P2).

Sub-theme 2.2: On-the-job training

By attending various academic conferences, the new nurses will accumulate and reinforce morals and ethics in the true working sense. The conferences are intended to encourage nurses to use the knowledge they have obtained from education in their actual work. The nursing courses they complete are meant to develop their ability to become professional nurses in their caregiving of patients: *“It is the palliative care project, about how to give care to patients and how to make home visits, and how to prepare the care for cancer patients when it is obvious they will not survive. For these patients, they plan religious rituals*

and the participants look happy. We applied these training contents into our routines. We do our best every day, not overly thinking on how it will turn out. We already know the results. Patients should receive the best from us. This is what I expect to see in each case” (P12).

Sub-theme 2.3: Supervision

Nursing supervision is a mechanism that makes nursing services reach a certain standard; it develops professional skills and encourages nurses to maintain their standards and ethics. The leadership team and job supervisors play the main role in educating nursing students by talking, introducing, advising, and instructing them in terms of caring for patients: *“While working, if I see younger nurses being too strict with regulations, I will ask them if they should be doing this to a patient, and if this patient were a member of their family, how would they feel? If they were the patients being treated like this, how would they feel? Sometimes a patient’s relative visits after visiting hours. The nurse may not be flexible enough to let them in. They should ask them whether this relative has ever visited this ward before. The relative may not know the visiting hours. The nurse should allow some room for flexibility, putting themselves in others’ shoes”* (P4).

Sub-theme 2.4: Ethical and morality-promoting activities

Dharma practice at temples is intended to create consciousness in living through a combination of morality and ethics, coupled with applying the message received from the preaching in daily life and nursing care. Also, it helps to cultivate morality and ethics, while showing generosity and kindness in helping one another. In addition, the hospital’s organizational culture and transfer-of-knowledge policy, when added to the morality and ethics of Dharma practice, paving the way to humanized care: *“We believe in going to temple for mental-training purposes, and to learn morals and ethics. In my discussions with the revered monk, I describe the various problems we encounter in the hospital. Maybe I won’t put so much emphasis on mercy; rather, I will ask him to speak more on generosity. He will then exemplify a patient case. His preaching will flow into the people’s minds gradually”* (P3).

Another participant stated: *“We have a LINE CSR Market. If we notice any staff people who do good things, we can share their photos in LINE for others to see and appreciate. For example, a food staff is pushing a food cart and trying to move it up a slope, and a security officer helps pushing it. This is a beautiful picture that shows how generous people are. It is not his job at all, and he still helps the food staff. We should praise him for this. In addition, the hospital presents the award Ratchaphiphat Staff of Best Moral Practice for staff who showcase the four aspects of responsibility, transparency, service-mindedness and generosity. This is a good motivator”* (P9).

Sub-theme 2.5: Interaction with colleagues

The seniors will train the juniors in both fields of nursing care for patients and in caring for the team. Exchanging experiences and knowledge by talking and introducing them to the health team may help to expand the relationship within the team so that they are able to cooperate with their patients more effectively: *“A patient with diabetes comes in to get his antiretroviral drugs (ARV). He does not come regularly, but I can find him and tell him to take the medication on a regular basis, and also ask him if he has any problems. He gets bored visiting both the diabetes clinic and the ARV clinic. Then we talked to his doctors to arrange a doctor appointment on the same day. Now, the doctor treats him with medicines for diabetes and combined with ARV therapy. We may need to look into the patient’s problems and try to understand them. In this way, we can fix their problems. Interactions between them are important in caring for patients”* (P10).

Sub-theme 2.6: Observations of colleagues

A colleague can be a model by demonstrating a professional demeanor to her co-workers within the team and by exceeding expectations in nursing care for patients while providing care for the team. Illustrating friendliness and gentleness through gestures or spoken language might well impress their co-workers and inspire them to adopt these same qualities. In this way, nurses improve their own performance, which will lead to their providing truly humanized care: *“I have a story to tell that made quite an impression on me. Once I was stationed at a male ward with nearly 30 patients and only two nurses. They never rested despite the heavy workload and kept giving care to patients. I was a newly graduated nurse and, despite having no energy left to walk, we still needed to oversee everything, such as turning their positions, providing suction, clearing airways, doing injections, etc. They impressed me a lot”* (P5).

Another participant stated: *“First of all, it is necessary to smile. We need to be lively, cheerful and smiling. The first picture we see may take us aback. We may not have talked with them yet, but they look friendly. We are ready to give them suggestions and help. Sometimes patients do not ask for help, but I offer it to them. We are ready to help them. When passing a patient, I say ‘Hello, Auntie, how are you doing today?’ without being asked first. I feel happy talking with them and receiving their smile back. When a staff member sees me making the patients smile and laugh, he tries to talk nicely with her, saying ‘How are you?’, greeting them the same way I do”* (P9).

Discussion

The results of this study revealed some facts about the professional socialization of nurses in these 2 phases: a nursing study phase and a nursing professional phase.

In the nursing study phase, there were 7 dimensions of professional socialization in the nursing study phase: course content, teaching management, extra-curricular activities, the interaction between the nursing instructors and the students, interaction between peers, observation of nursing, and observation of nurses.

Firstly, course content is realized as an important factor in nursing professional socialization. Through the nursing and midwifery sciences and arts, nursing students were cultivated with the acquisition of professional ethics and equality.^[11] In the nursing programs, ethics were integrated into all theoretical and practical nursing courses, as clearly specified in the syllabi. Accordingly, the main focus was on giving holistic care for promoting safety and well-being with awareness of morals, ethics, empathetic caring, and consideration of patient rights.^[12]

In teaching management, nursing instructors played an important role in educating learners with nursing knowledge, attitudes, and skills. The present study found that nursing instructors played a critical role in nursing professional socialization by transferring their own accumulated knowledge and experience. They served as role models in classes by providing suggestions and support which helped to formulate genuine and accurate learning prior to the actual patient-care practice of their students.^[12] These practices contributed to humanized care and were extremely crucial for the students to gain. Consequently, students were able to perform their duties with proper knowledge, wisdom, responsibility, communication and interpersonal skills, analytic thinking, and professional ethics.

Moreover, this study found that extra-curricular activities were also beneficial in the formulation of student ethics. During the course of study on nursing, professional socialization existed through the extra-curricular activities that had been arranged by the nursing schools in order to improve student-nursing ethics. Ethics-based learning management with Buddhist principles permeated all possible learning activities, and everyday life creating a solid foundation of ethics along with learning management.^[13,14] All these constitute a part of forming the personality and mental development of the students, which ultimately leads to good humanized care.

In addition, this study found that nursing instructors and students interacted with one another in a gentle, friendly, mindful, warm, understanding, and accepting manner with guidance in general life. This cultivation was a crucial strategy in enhancing the ethical awareness of students.^[15]

This study also found that peer interaction was another important factor in professional socialization. Interacting with friends enhanced the students’ learning, adaptation, and mutual support so that they were able to give advice and help find solutions to emerging academic and personal

problems. Interaction among peers and senior students was helpful in forming the humanized nursing characteristics of the students.^[16]

Professional socialization also occurred through the observation of models, because people formed new behaviors by observing other people's practices.^[10] The informants perceived their nursing instructors as good nursing models so they had positive attitudes toward their future practices in giving humanized care. In professional socialization, nursing instructors could be good 'models' for their students to observe and imitate.^[17]

The present study found that the observation of nurses was another dimension of professional socialization in the nursing study phase. The more experienced senior nurses could serve as good models for the nursing students so that by observing their practices, they could gain greater knowledge and skills. In such observations, students received guidance and suggestions on how to perform their caregiving from the professional nurses.^[18]

In a nursing professional phase, this study found six dimensions of professional socialization: orientation, on-the-job training, supervision, ethical and moral promoting activities, interaction with colleagues, and observation of colleagues.

The first phase of nursing professional socialization was in the formal form of orientations arranged by the organizations/departments within the hospital so that new nurses could be informed about academic issues and other related issues concerning skills, attitudes, and practices.^[19] Moreover, they were provided with guidelines for good practices in humanized care in terms of giving holistic care with good ethics, general etiquette, and expressions of compassion.

On-the-job training was found to be another dimension of professional socialization that would improve the knowledge, skills, and experiences of the nurses to an optimal level; such improvement, in turn, increased productivity within the organization.^[3] In this study, participation in the conferences was found to be beneficial for the nurses, enabling them to keep up with new knowledge in humanized care which they could then incorporate into their own nursing practice. As a result, participating in training and conferences could improve the skills and capabilities of the nurses, as well as their response to patient needs, leading to a better quality of nursing care.

The representatives in professional socialization were supervisors/superiors who would talk to, guide, suggest, and teach good things related to nursing, patient care, and mutual care within the organization. Nursing supervision could be done in many ways, such as by making visits, meetings, teaching, giving suggestions, solving problems, making observations, and collaborating. Furthermore, it

was found that the supervisors play an important role in clinic supervision by using on-site supervision as a tool in the promotion of sound holistic nursing processes.^[20]

During the nursing professional phase, the nursing organization has a role in informal professional socialization through many ethically-based morality promotion activities. This study has found that this kind of activity could reinforce the consciences of the nurses according to Buddhist principles in their daily life and nursing routines. The lifestyle of the Thai people has always been tightly tied with Buddhism, which teaches people to be compassionate and generous and encourages the people to follow the philosophies and religious belief of doing good and upholding professional ethics, which is one component of care.^[13] Therefore, these activities will diffuse gracefulness and ethics through expressions of compassion and the practice of empathy toward helping others. All these aspects constitute a part of personality and mental development, which ultimately leads to humanized care. In addition, the socialization and cultivation of ethics are promoted through an organizational culture and hospital policies like awards for models who follow the "responsibility, transparency, service-mindedness and generosity" motto. LINE "CSR Market" is another project in which people doing good things are photographed and shared in the LINE application where they can be congratulated. These activities would improve morale and the willingness to do good, along with motivating more people to do likewise.

In addition, interaction among the nursing staff and key personnel could facilitate the absorption of the norms, ideals, and behaviors of professional nursing.^[17] The influential representatives in professional socialization were supervisors and colleagues. As a result, nursing performance, personality, and mindfulness improved in a satisfying manner for the successful administration of humanized care. This satisfying outcome is the result of good communication and relationships, which are the basis of good working relationships among the staff.

Finally, during the nursing professional phase, the professional socialization representatives in this case were supervisors/superiors, colleagues, and other health team members who were serving as good models in nursing and patient care with complete dedication and mindfulness. By observing the service behaviors of other colleagues, nurses are usually able to imitate them. Once these imitated behaviors were internalized, the new nurses could improve their own nursing performances, learn from the senior nurses and supervisors and finally become good nursing models for the next generation.^[3,20]

There was a limitation in this study since it was confined to a study with the professional-nurse awardees of the "Ratchaphiphat Role Model of Best Moral Practice". To

gain further insight, future research should expand the study to include other groups of nursing professionals, as well.

Conclusion

Based on the study findings, humanized care in nurses needs consistent and intensive professional socialization extending from the study years and continuing until the period of professional status. Professional socialization needs agents and derives its successful development from training, teaching, and imitation of role models. In the nursing study phase, these findings provide guidelines for developing a system of educational management for the purpose of promoting successful student-nursing outcomes in the area of providing quality humanized care. All nursing courses should focus on the learning process and the understanding of people by trying to prepare students to comprehend information about the users of their services, Courses should be taught in the context of each person as an individual while covering the entire nursing process. Nursing students must develop the ability to solve problems and be sensitive to the narrative of the users of their services by use of drill-down questions to understand the actual situations of these users. They must learn to use conversational techniques to listen and reflect on feelings. This process will develop mutual trust, understanding, and compassion which help to encourage students to have the mindset of humanized care. In the nursing professional phase, the nursing administrators and heads of departments can apply the research results as a basis for planning to develop the potential of the nursing profession in humanized care. Honorable awards should be provided to distinguish professional nurses with the best performance outcomes in providing services to recipients and assistance to co-workers, both at the departmental and hospital levels. Giving recognition with such awards can encourage good nurses to maintain their performance.

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Conflicts of interest

Nothing to declare.

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