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Reality Shock in the Nurse Educator

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burgh.

Introduction

All nurses, despite their various roles as staff nurse, nurse educator, nurse manager, or nurse executive, experience a change in perspective from the academic to the working world. Marlene Kramer described this changing perspective from the ideal school values to the working world values as reality shock. The purpose of this article is two-
fold: to unveil reality shock in the nurse educator and to provide interventions to assist the nurse educator throughout this experience.

In her book, Reality Shock: Why Nurses Leave Nursing (1974), Kramer describes the reality shock experienced by graduate nurses as they assume their first nursing position. She describes the shock and conflict experienced by the neophyte nurse in the transition from the academic world to the working world. A landmark study, her research has implications for both academic programs and institutions employing new graduates.

Kramer defines reality shock as the total social, physical, and emotional response of a person to the unexpected, unwanted, or undesired, and in the most severe degree, to the intolerable. It is the startling discovery and reaction to the discovery that school-
bred values conflict with work-world values (Kramer, 1974). Though used to describe the experience of the graduate nurse, the broad definition can also be utilized in examining the experience of nurses who pursue advanced degrees and assume new positions. We will utilize Kramer’s defini-
tion of reality shock for discussing the transition from graduate student to nurse educator.

Kramer describes several phases of real-
ity shock. “The first of these is the honey-
moon phase. The honeymoon phase is char-
acterized by looking at the world through rose-colored glasses; everything is won-
derful” (Schmalenberg & Kramer, 1976, p. 38).
The neophyte nurse educator sees her new position as the gold pot at the end of the rainbow. The work schedule seems perfect. After years of working alternate weekends, evenings, nights, and holidays, the teaching role provides a more regular schedule. Weekends and nights are presumably no longer a part of this nurse’s world.

The novice teacher aspires to be the best educator possible. The students will respect her and her knowledge base. She hopes to serve as a role model for the students and frequently thinks of faculty who were inspirational to her. The novice faculty strives to impact on the education of her assigned students, developing individualized “nursing care plans” for the stu-
dent who is confused, failing, or insecure. She has an inexhaustible bag of teaching tricks. This enthusiastic educator assumes that all students are equally enthusiastic about learning.

The new instructor envisions herself lectur-
ing before an interested audience. The delivery perfect, the students hold on to each and every spoken word. The title “fac-
ulty” creates a sense of pride. The first time she sees her name on the office door is a very special moment. She envisions herself as an active member of the academic community. Once again she has the feeling she can impact not only on the students, but on the system as well.

Faculty and committee meetings facilitate an understanding of how the system works. The novice excitedly attends all meetings, observing the interaction of sea-
soned faculty, hoping to understand this complicated new system in which she finds herself. As the clinical experience begins, the novice instructor has infinite patience with the students. Teaching and learning concepts are applied and reapplied. The student who can’t remember how to take an oral temperature needs “more time.” The student who contaminated 10 pairs of ster-
ile gloves needs “more practice in a less stressful environment.”

The educator is proud of her advanced degree and feels her theoretical education has been completed. She still experiences relief in recalling all those classes that are now behind her. She looks forward to becoming a seasoned faculty member.

The neophyte enjoys the academic freedom. Designing an outline for a lecture becomes an adventure in creativity. The clinical setting provides numerous oppor-
tunities for developing ingenious teaching strategies.

Shock and Rejection

The honeymoon phase soon ends. The shock and rejection phase begins. The new educator soon experiences the four major characteristics of the shock phase: moral outrage, rejection, fatigue, and perceptual distortion (Schmalenberg & Kramer, 1976).

The flexible and somewhat unstructured schedule becomes difficult to handle. When the course and committee meetings are added to the class and clinical schedules, the novice finds herself doing a lot of paper-
work at home during evening hours. At times, she yearns for the 7-3 or 3-11 shift when she could complete her work and go home without a briefcase full of papers.

Initial hopes of being the “best” instruc-
tor are often dashed following just a few confrontations with students. The neo-
phyte begins to have feelings of failure and begins questioning her own competency.

As the feelings of failure begin to mani-
fest, the educator is confronted with stu-
dents that are less than enthusiastic about what is being taught. The novice experi-
ences moral outrage that a student appears disinterested in knowing everything there is to know. Anger at the university or pro-
gram is common; “they” allowed this stu-

JOURNAL OF NURSING EDUCATION

79
dent to progress in the curriculum. The novice educator may also direct some anger toward her graduate program. "Why didn't they tell me it would be like this?" The neophyte experiences resentment, disenchantment, and hostility toward the educator role and academic system.

Teaching remains challenging, but some of the "work" of this job comes to light. Preparation for lectures is time-consuming. At times, even the most carefully-prepared lecturer will have questions from students that she is unable to answer. Once again, the neophyte's self-confidence and self-esteem are at stake. Constructing test questions is another challenging part of teaching. After lengthy preparation time, the instructor feels the questions are fair and adequately reflect the content covered.

When the test results are reviewed, the novice may find her questions were unclear or were misinterpreted by the students. Once again, feelings of frustration and anger are directed toward the institution for not helping the novice develop test questions.

The neophyte begins to wonder if she is teaching as effectively as other faculty in the same course. She even questions if she deserves the position for which she was hired.

The reality of faculty meetings becomes another source of alienation. Committees, composed of faculty from all different levels, have difficulty finding a common meeting time. Quorums are rarely achieved, resulting in frequent cancellations of committee meetings. The task of recording minutes may be an eye-opening experience. The novice instructor is usually unprepared for this responsibility. She may not be aware of the importance of recording meeting procedures and decisions.

Expressing her outrage, the novice verbalizes concerns over meetings being cancelled, schedule changes, student problems, and conflicts. This criticism is not always objective, and tends to be superficial and hypercritical. Occasionally during the shock phase, the novice will attempt the autocratic, dictatorial approach. "If a meeting is scheduled, it will be held." When other faculty attempt to communicate with the novice about her behavior, she may be oblivious to their messages.

Some of the anger the novice feels toward the university and herself may also transfer to student situations. The neophyte faculty member may regress and become more of a "doer" than a teacher. During clinical experiences she may become more impatient with the student nurses. Being the "doer" is safer and more comfortable as she knows she is proficient in performing these activities.

The novice instructor will be asked about her intentions to pursue an advanced degree. She, who experienced previously unknown joy in completing her master's program, is now being asked to return to school once again. She is reminded that in the academic world, the PhD is the final educational degree.

The novice instructor does enjoy teaching in her area of interest, sharing her expertise with the students. There are times when she is called upon to teach content not in her area of expertise. She is outraged, claiming she has little time to share with the students. She is reminded of the needs of the curriculum as a whole.

**Resolutions**

The next phase in reality shock is that of recovery or resolution. Kramer states that this phase involves a "lessening of tension and an ability to see the amusing side of things, coupled with a beginning capacity to weigh, assess, and objectively evaluate aspects of the host culture" (Kramer, 1974, pp. 7-8). The novice educator begins to have a realistic appraisal of the new position.

One suggestion that may be helpful in easing through the process of reality shock is to identify and to utilize a more seasoned faculty member as a role model or mentor. "Mentorship is an intense relationship that requires extensive involvement between a novice and an individual knowledgeable and powerful in the field" (Kelly, 1984, p. 11). The mentor assists the novice in professional development. According to Kelly, mentoring has not really occurred to any great extent in nursing despite the critical need for a mentoring system in the nursing profession (Kelly, 1975).

To assist the novice educator in dealing with the new, flexible, and structured hours, a time management plan must be implemented. Ulrich states that "control is the key concept in time management" (Ulrich, 1985, p. 318). As experienced staff nurses know, one has to take control of his/her day before the day takes control of him/her. Several of Ulrich's strategies are applicable to the nurse executive or educator in managing time. The first step is to become aware of yourself and your job. Becoming aware of yourself allows you to determine when your energy level peaks and where your valleys are. Knowing your job allows you to know what responsibilities involve high energy and what activities are low energy. A list or graph can be made to schedule work, projects, meetings, and clinicals into those high and low energy level areas.

Another recommendation made by Ulrich is to keep a time log for one to two weeks. This may be helpful in determining where time is spent and how it can be managed more efficiently. The log doesn't need to be lengthy, just representative of a typical week of work.

As unlikely as it may seem, many people can get caught up in the paperwork. Ulrich suggests that "things should be discarded unless a good reason exists to keep them" (Ulrich, 1985, p. 319). Keeping on top of the paperwork gives a sense of accomplishment and expedites locating memos, notes, and meeting minutes.

The last strategy that may assist the novice educator is to control interruptions. An open door policy has many attractive features, but it may make it difficult to do work. Ulrich suggests allowing "at least an hour of uninterrupted time on most days, more if projects are in progress. Although this may sound impossible, more can be accomplished in one hour with the door closed than in many hours with interruptions" (Ulrich, 1985, p. 322). These strategies may assist the novice educator to manage those flexible hours and take control of her time.

Time management can assist in lecture preparation. The accountability of a nursing instructor, according to Quay, includes "covering required material and for meeting classes when scheduled" (NLN, 1976, p. 86). Furthermore, the instructor is accountable for testing material presented or required. This material must be accessible to all students. Accountability for accurate grading implies the ability to construct tests well (NLN, 1976, p. 87). A good way to check and balance all test questions is to have a committee review all test questions. This allows seasoned people to share their expertise with the novice.

The novice educator has high hopes of being "the best nursing instructor" and these hopes can diminish after student confrontations. "Confrontation can be an exciting challenge and the potential outcomes are well worth the investment" (Vestal, 1987, p. 95). However, confrontation is difficult and can be as painful for the instructor as it is for the student. "When conflict is handled well, a great deal of learning takes place" (Vestal, 1987, p. 95).

There are teaching strategies to prevent feelings of failure and incompetency in dealing with students. When confrontation occurs, approach the student nurses, point out positive attributes, then describe a specific behavior or behaviors that you disapprove of. Another effective strategy is to pose the problem of conflict to the student and have them solve it. An additional stra-
egy is the use of the learning contract, "an individual learning plan negotiated and designed by an instructor and student" (deTornyay & Thompson, 1982, p. 193).

When students are developing psychomotor skills, "it may be helpful for the teacher to share personal examples of their own inexperience as they initially learned skills" (deTornyay & Thompson, 1982, p. 63). This assists students to see the human aspect of an instructor. It also reminds the instructor that all nurses started at the beginning. While students are practicing these skills, both positive and constructive feedback on their performance is another important strategy discussed by deTornyay and Thompson.

Questioning is both an art and a very useful tool. An instructor can elicit facts, explanations, and even consequences, using appropriate questions. "The impact of questioning lies not in its single act but in the manner in which the skilled teacher is able to combine the types of questions into a pattern" (deTornyay & Thompson, 1982, p. 73). The neophyte should prepare some questions in advance to ask her students. This enables her to learn the art of questioning, and the students can benefit from prepared questioning. This preparation enables the novice instructor to be more effective in developing spontaneous questions.

Utilizing these strategies will positively influence the outcome of the teaching-learning process. During the orientation period, seasoned faculty should discuss the essential nature and importance of meetings to the overall functioning of the nursing department. The productivity of meetings is enhanced by regular attendance and participation.

Another important facet of meetings is the taking of minutes. The importance of minute-taking as well as an effective method for recording minutes, should be discussed with the neophyte. Minutes not only record activities but also serve as a resource for the NLN accrediting body. E. Quay discusses the accountability of nursing instructors. She states, "accountability to the nursing profession includes accountability to peers and colleagues. Furthermore, accountability is knowing about such matters as the National League for Nursing accrediting body" (NLN, 1976, p. 92).

As the novice educator resolves reality shock, her self-confidence and self-worth will increase, allowing her students to be "doer." Since she will not need the security of her previous staff nurse role, the instructor must begin to utilize strategies so that the student becomes the "doer." DeTornyay and Thompson state that the "teachers must avoid the temptation to take the learner's hands and guide the performance, because learners need to perform movements independently" (deTornyay & Thompson, 1982, p. 63). One strategy for instructors is to point out similarities between other skills students have learned, so they can advance these beginning skills. Seeing this advancement will be gratifying to both the student and the instructor.

According to the National League for Nursing (1979), master's preparation in nursing is intended to provide nurses with the opportunity for several post-baccalaureate experiences. One of these is to "acquire a foundation for doctoral study" (American Journal of Nursing, 1979, p. 529). While in some areas of specialization the master's degree may be viewed as a terminal degree, in nursing education, doctoral preparation is rapidly becoming the norm. According to a recent report by the American Association of Colleges of Nursing, part-time enrollment in doctoral programs has increased 14.3% from 1983 to 1986 (American Journal of Nursing, 1987, p. 529). While recognizing the achievement in completing a master's program, even the neophyte educator planning an academic career should contemplate pursuing a doctoral degree.

Implications for Nursing Education

The transition from one role to another is a precarious and difficult time requiring particular attention. Nurses who pursue advanced degrees and find subsequent employment opportunities experience reality shock similar to that which Kramer described. Although nearly unavoidable, several interventions may prove helpful in LESSING THE IMPACT.

The value of a one-on-one mentoring system for new educators cannot be overemphasized. The mentor serves as a safe resource as the neophyte "tests the waters" of the new position. The new educator has a consistent source for feedback and information. Both members in the relationship must work to keep the relationship ongoing, vital one.

Expectations in performance for novice educators must be different than expectations for seasoned faculty. Much as the clinical ladder programs exist in some clinical agencies, graduated criteria for performance should be avoidable to the novice and utilized as a tool in evaluating performance.

Self-confidence and self-esteem should be emphasized by mentor-novice interaction and cultured using a controlled and organized approach. The transition period, from graduate student to faculty member, is a difficult, yet exciting time. Becoming aware of the difficulties and utilizing strategies to overcome these can assist the novice educator in this transitional period.

Summary

The nurse educator, as with many other nursing roles, is a prime target for reality shock. The nurse educator who is aware of reality shock and the possible ways it may be exhibited in her current position, can also identify strategies to assist her through this transition. Graduate schools and universities hiring new clinical instructors and nurse educators can work together to alleviate this problem.

The goal of this article is to make nurse educators, graduate schools, and universities hiring neophyte instructors aware of reality shock and to assist in this transitional period. Preliminary exposure of graduate students to stresses they may be experiencing during the early years as a clinical instructor, may assist universities assigning a mentor for the new clinical instructor, so she can have a consistent, nonthreatening source of feedback. Discussing these new feelings and being assured they are normal, may serve as a preventative measure for developing reality shock. And lastly, the nurse educator has to realize that along with the exhilaration of finally holding a faculty position, comes change and new challenges which she must accept. As the neophyte becomes seasoned, these triumphant challenges will become a part of the position she has struggled for and deserves.

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