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Relationship between Preceptors' Communication Type and Newly Employed Nurses' Organizational Socialization

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Objectives: The purpose of this study is to verify whether there are differences in the organizational socialization of new nurses according to the communication style of preceptors they perceive.

Methods: A self-reported survey was conducted on 105 new nurses working at one educational hospital in Seoul. The questionnaire used two tools–a tool that measured the communication style of preceptors perceived by new nurses and a tool that measured the organizational socialization of new nurses. Collected data were analyzed using descriptive statistical analysis, a t-test, a one-way, and a ANOVA and Duncan test.

Results: The most common communication style of preceptors as perceived by new nurses was the reflective type (33.3%). The organizational socialization of new nurses was highest when they perceived the communication style of preceptors as supportive. **Conclusions:** When preceptors provide a supportive type of communication that promotes interpersonal relation-friendly interrelationships, new nurses can adapt to new organizations more quickly and effectively. During preceptor fostering education, the preceptor communication style should be verified, and training should be provided so that supportive communication can be used during communication with new nurses in order to promote their organizational socialization and retention.

Key Words: Communication Style, Preceptor, Preceptorship, New Nurse, Organizational Socialization

Introduction

High quality nursing services are in growing demand (Christmas, 2008). Various educational training programs have been applied to improve the competencies of nursing personnel

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This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/ by-nc/4.0/) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Copyright © 2019 Korean Association for Business Communication. (Hickey, 2010), but nurse turnover rates are still a problem for nursing organizations. In particular, the turnover rate is still high due to new nurses not adapting to their hospital (Korea Hospital Nurses Association, 2018), and various adverse effects result from this (Jeoung et al., 2014). Helping new nurses adapt to the organization has become even more important for nursing organizations than selecting competent new nurses. Previous studies have reported that the resilience, self-efficacy, and task proficiency of new nurses and the empathy, positive encouragement, psychological support, and praise from colleagues could promote organizational socialization among new nurses (Choi & Yang, 2012; Yoo, et al., 2012). Immature skills, insufficient knowledge, workloads, interpersonal relationships, and inadequate organizational culture, however, could inhibit organizational socialization among new nurses (Park, 2012; Suh & Lee, 2013; Yoon & Park, 2015).

A few preceding studies have verified that preceptorships can promote organizational socialization of new nurses while lowering the turnover rate (Forneris & Peden-McAlpine, 2009; Kim et al., 2012; Sin, Kwon, & Kim, 2014). However, in the event of difficulties in one-on-one interpersonal relations between the preceptor and new nurse, the preceptorship can have negative results. In particular, communication styles of preceptorships perceived by new nurses are related to their intent to change jobs. This is supported by study results showing that when the communication style of the preceptorship is emotional-directive, the new nurses' intention to change jobs is higher than when the communication style is support-reflective (Shin, 2013). Jeong, Choi, Kim, and Kim (2018) reported that mentoring that improves interpersonal communication through the process of the guidance, support, and encouragement of new nurses acts as a deterrent factor for new nurses considering changing jobs. Therefore, verifying communication styles of preceptors is significant for the success of preceptorships. It was found that supportive and reflective communication styles of preceptors improve the clinical competencies of new nurses and act as an impact factor that promotes organizational socialization (Park & Park, 2016). The purpose of this study is to verify whether the communication styles of preceptors perceived by new nurses create differences in organizational socialization of new nurses according to those styles.

Methods

Design

This is a descriptive comparative study to check whether the organizational socialization of new nurses differs according to their perception of the communication style of preceptors.

Participants

Convenience sampling was conducted for 120 new nurses currently employed at one university hospital of 1,057 beds size in Seoul. The proportion of new nurses among all nurses of the hospital was approximately 13.59% (total nurses, 1,030; new nurses, 140).

The criteria for inclusions were as follows: (i) nurses who understood the purpose of this study and agreed to participate; (ii) nurses with clinical experience of less than 12 months, (iii) new nurses who had or currently were in preceptorships. Using G*Power3 software©¹⁰ with $\alpha = 0.05$ (one-tailed test), test = bivariate normal model correlational analysis, correlation ρ H₁ = 0.3, correlation ρ H₀ = 0, and power equal to 80%, we calculated sample size requirements for this study. The estimated sample size was 115, and we distributed 120 questionnaires. From the collected questionnaires, 15 with incomplete responses were excluded, and a total of 105 questionnaires were analyzed.

Instruments

Communication Style Measurement Tool

This study used the communication style measurement tool developed by Reece and Brandt (2008) that was translated into Korean by Byeon (2011). This tool used a 4-point Likert Scale composed of 14 questions on two tendencies each for dogmatic tendencies (odd-number questions) and social tendencies (even-number questions), which are interpersonal tendencies in communication, for a total of 28 questions. Higher scores represent higher levels of each tendency. The dogmatic and social tendency question scores were summed to find the average score, and then the average score was compared with each individual score. Scores were categorized into four communication styles: emotive (higher dogmatic tendencies than the mean score and low social tendencies), directive (higher dogmatic tendencies than the mean score and low social tendencies), supportive (lower dogmatic tendencies than the mean score and high social tendencies), and reflective (lower dogmatic tendencies than the mean score and low social tendencies). Reliability of the tool in this study was 0.757 on Cronbach's alpha coefficient.

Organizational Socialization Measurement Tool

This study used the organizational socialization measurement tool developed by Chao, O'Leary-Kelly, Wolf, Klein & Gardener (1994), which was translated into Korean and supplemented by Song & Kim (2013). It is a 5-point Likert Scale composed of a total of 18 questions that measure interpersonal relations (6 questions, questions 1 to 6), organizational purpose and values (7 questions, questions 7–13), and performance skills (5 questions, questions 14–18) (Table 1). The reliability of this tool in this study was 0.870 on Cronbach's alpha coefficient.

Data Collection

Data for this study were collected from December 16 to December 31 in 2014. Structured questionnaires and the study design were submitted to the nursing department of the hospital from which data was collected. A list of new nurses who joined the hospital within the prior 12 months was provided by the nursing department. The questionnaire was individually given to new nurses except those who had not taken any preceptorships; and after they were completed, the questionnaires were collected.

Dimension	Item	Mean ± SD		
Interpersonal relations	1. I have a colleague who thinks of me as a friend.			
	2. I'm often invited to social gatherings in my organization.			
	3. I will be recognized as a member of the organization.			
	4. I'm often involved in private meetings and informal relationships within the organization.			
	5. I'm pretty popular in the organization.			
	6. I think most of my colleagues to like me.			
Organizational	7. I can represent the organization well.	3.19 ± 0.482		
purpose and values	8. The goal of the organization is also my goal.			
	9. I think I fit in well with my organization.			
	10. I trust the values set by the organization.			
	11. I understand the goals of the organization.			
	12. I'm one of the employees who is a good indicator of the value of the organization.			
	13. I support the goals set by my organization.			
Performance skills	14. I haven't mastered my work yet.	$\textbf{2.65} \pm \textbf{0.584}$		
	15. I have learned how to carry out my work successfully.			
	16. I have certainly got the work I need to perform my duties.			
	17. I have the skill and ability to carry out my duties successfully.			
	18. I know all the details necessary to carry out my work.			

Table 1. Instrument items for organizational socialization (n = 105)

Data Analysis

The collected data were analyzed using the SPSS Win 20.0 statistics program. Descriptive statistical analysis, t-test, one-way ANOVA and Duncan test were performed. All *p*-values of < 0.05were regarded as statistically significant.

Ethical Considerations

This study was conducted after receiving approval from the Institutional Review Board of Korea University Hospital in Seoul (IRB NO.: KUGH141960).

A subject information sheet including content such as the purpose of study, procedures, anonymity and confidentiality was issued to the study subjects and the study commenced after receiving signed consent. The study subjects participated in this study voluntarily. The collected data were saved in a computer with limited access, and measures were taken for only the researcher to access the information. The collected information was used and then discarded by incineration.

Results

General Characteristics of Study Population

Table 2 summarizes the general characteristics of the study population. For gender, 99 were women (94.3%), the mean age was 24.16 ± 1.46 years, and 64 had graduated from university (61.5%). For affiliated departments, 38 (36.2%) were in the

medical ward, 32 (30.5%) were in the surgical ward, 19 (18.1%) were in the intensive care unit, 7 (6.7%) were in the emergency room, 6 (5.7%) were in other wards, and 3 (2.8%) worked in operating rooms. For total clinical experience, 68 persons (64.4%) had worked for 7–12 months, while for clinical experience 56 (53.3%) had 7–12 months of experience.

Preceptor's Communication Style Perceived by New Nurses

For communication style perceived by the study subjects, the type included 35 persons (33.3%), emotive type 30 (28.6%), directive type 21 (20%), and supportive type included 19 persons (18.1%) (Table 3).

New Nurses' Organizational Socialization according to Preceptor's Communication Style Perceived by New Nurses

Table 3 summarizes the new nurses' organizational socialization according to the preceptor's communication style perceived by the new nurse. Organizational socialization per communication style of preceptors perceived by study subjects were in the order of supportive type ($3.20 \pm .382$), emotive type ($3.16 \pm .387$), reflective type ($2.98 \pm .366$), and directive type ($2.93 \pm .405$). Organizational socialization of new nurses according to their perception of the communication style of preceptors had statistically significant differences (F = 2.849, p = .041). Organizational purpose and value, which is a subscale of organizational socialization, was found to be in the order of supportive type

Category	n	%	Mean ± SD (range)				
Gender							
Men	6	5.7					
Women	99	94.3					
Age (yr)			24.16 ± 1.46 (22.0–29.0)				
Educational background							
2 or 3 year nursing college graduation	40	38.5					
4 year university graduation	64	61.5					
No response	1	-					
Working department							
Medical ward	38	36.2					
Surgical ward	32	30.5					
ICU (Intensive care unit)	19	18.1					
OR (Operating room)	3	2.8					
ER (Emergency room)	7	6.7					
Others (Neonatal intensive care unit & delivery room)	6	5.7					
Total clinical experience in nursing (month)							
1–6	37	35.2	7.51 ± 3.01				
7–12	68	64.8	(2.0–12.0)				
Clinical experience in current department	nent (m	onth)					
1–6	49	46.7	6.57 ± 2.39				
7–12	56	53.3	(1.0–12.0)				

 $(3.42 \pm .445)$, emotive type $(3.19 \pm .494)$, reflective type $(3.17 \pm .474)$, and directive type $(2.99 \pm .446)$. It was found that the organizational purpose and value of new nurses were statistically significantly different according to their perception of the communication style of preceptors (F = 2,785, p = .045). Results of follow-up verifications showed that when the communication style of preceptors perceived by new nurses was the emotive or supportive type, the organizational socialization of new nurses was significantly higher than in the case of the directive type.

Discussion

The findings of this study showed that the most common communication style of preceptors perceived by new nurses was the reflective type. Reflective types have both low dogmatic and social tendencies, and they are characterized as being very calm, in control of their emotions, formal, and difficult to become friends with (Reece & Brandt, 2008). In the studies of Park & Park (2016) and Shin (2013), it was found that the supportive type was the most common, while the reflective type was relatively few, thus showing differences compared to this study. In the hospital where this study was conducted, a two-month preceptorship is carried out. Two preceptors take one month at a time to help train one new nurse. Interpersonal relationships made in a relatively short time make it difficult for people to understand each other and, as a result, it is assumed that of the preceptors are perceived as being reflective types because it is difficult to become close to them.

In analyzing the differences of organizational socialization according to the communication style of preceptors as perceived by the study subject, the most common organizational socialization of new nurses was for those who perceived the communication style of preceptors being supportive. The same results were found in the case of organizational purpose and value, which is a subscale of organizational socialization. These results are partially consistent with previous studies (An, 2018; Park & Park, 2016; Shin, 2013). In the case of preceptors communicating supportively with their preceptee, new nurses could be less stressed on the job and be more adaptive to the organization.

Supportive types have low dogmatic and high social tendencies, and they display characteristics of cooperation, patience, consideration, and attentiveness. It is assumed that they establish friendly rather than authoritative interpersonal relations, and they make decisions carefully (Reece & Brandt, 2008). Communicating in such a way can help new nurses adapt to the new environment and elevate their organizational socialization.

According to studies by Choi and Yang (2012) that measured the level of organizational socialization of new nurses according

Table 3. New nurses' or	ganizational socialization	according to preceptor's co	mmunication style perceived	by new nurse $(n = 105)$

Preceptor's communica-	n (%)	Organizational socialization		Interpersonal relation		Organizational purpose and value			Performance skill		
tion style		M±SD	F (p)	Duncan	M±SD	F (p)	M ± SD	F (p)	Duncan	M ± SD	F (p)
Emotive ^a	30 (28.6)	3.16 ± 0.387	2.849	b <a,c< td=""><td>3.39 ± 0.460</td><td>2.462</td><td>3.19 ± 0.494</td><td>2.785</td><td>b<a,c< td=""><td>2.85 ± 0.545</td><td>1.786</td></a,c<></td></a,c<>	3.39 ± 0.460	2.462	3.19 ± 0.494	2.785	b <a,c< td=""><td>2.85 ± 0.545</td><td>1.786</td></a,c<>	2.85 ± 0.545	1.786
Directive ^b	21 (20.0)	2.93 ± 0.405	(0.041)		3.12 ± 0.578	(0.067)	2.99 ± 0.446	(0.045)		2.61 ± 0.546	(0.155)
Supportive ^c	19 (18.1)	3.20 ± 0.382			3.39 ± 0.519		3.42 ± 0.445			2.64 ± 0.617	
Reflective ^d	35 (33.3)	2.98 ± 0.366			3.15 ± 0.427		3.17 ± 0.474			2.52 ± 0.600	

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to the guidance type of preceptors, when the guidance type of preceptors were sensory-support types, there was significant positive correlation with organizational socialization of new nurses. This is similar to the result that when a preceptor engages in a guidance type that can give autonomy and motivation to new nurses, it has a positive impact on the organizational socialization of new nurses. Studies by Oh (2012) of the functions of mentoring and its impact on organizational socialization for hospital employees are similar in that the results stated that education, encouragement, and attentiveness for mentoring functions were effective in organizational socialization.

The organizational socialization scores of new nurses who perceived communication style of preceptors as directive types were found to be the lowest. Directive types have characteristics of sternness, strong presentation of opinions, and commanding and controlling (Reece & Brandt, 2008). The reprimands, rudeness, and authoritative communication by preceptors had a negative impact on new nurses (Jeoung et al., 2014). New nurses may be stressed when their preceptors communicate authoritatively and directively, and this could be an obstacle to the organizational socialization of new nurses.

The findings of this study supported the association of communication styles of preceptors as perceived by new nurses and the organizational socialization of those new nurses. In other words, when the preceptor used supportive communication styles with high socialization and low dogmatic tendencies, the organizational socialization of new nurses increased. Cooperative work environments and assistance from preceptors are needed for new nurses who are inexperienced, in unfamiliar hospital environments, and have excessive workloads. In particular, as the preceptor communicates supportively, the organizational socialization of the new nurse is promoted, so providing an educational program and training for the preceptor on how to communicate can be helpful in promoting the retention of the new nurse.

Therefore, by utilizing education and support by the hospital organization to encourage efficient supportive communication styles to help new nurses adapt to the organization, it is expected that more efficient human resource management will be possible within the nursing organization. In the event that the characteristics of communication styles are different, this situation can cause conflict in interpersonal relationships (Reece & Brandt, 2008). Therefore, when assigning preceptors and new nurses for the preceptorship course, assigning nurses with similar communication styles may help to achieve successful preceptorships and organizational socialization.

Limitations of the Study

There were two limitations in this study. First, the data was collected in only one university hospital and therefore cannot be generalized for all new nurses. Second, one new nurse might rarely receive training from more than two preceptors, but it has not been controlled in advance.

Conclusion

This study verified that when a new nurse perceives the communication style of the preceptor to be a supportive type, the organizational socialization score of the new nurse was higher. Such results can provide basic data for operating an efficient preceptorship program. Furthermore, by providing a strategy for the hospital organization to help new nurses adapt to the organization and to procure the necessary nursing personnel, it can also be used to present plans to lower turnover intent and rates of new nurses.

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