

How will you use formal and informal socialization in your nursing practice?

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Section I: Professional Socialization in Nursing Practice

1. How will you use formal and informal socialization in your nursing practice?

I will use both formal and informal socialization because professional nursing identity develops through organized education as well as everyday participation in clinical practice. Formal socialization includes nursing courses, skills laboratories, clinical objectives, orientation programs, institutional policies, competency assessments, continuing education, and the ethical and regulatory standards that define acceptable practice. These structured experiences give me a dependable foundation for patient safety, evidence-based care, documentation, delegation, communication, and accountability. They also help ensure that I do not learn practice only through habit or imitation. The American Association of Colleges of Nursing describes professionalism as the continuing formation of a nursing identity shaped by integrity, compassion, accountability, advocacy, collaboration, and ethical conduct (AACN, n.d.). I will therefore use formal learning to understand not only what actions are required but also why professional standards require them. When a clinical routine conflicts with current evidence or policy, formal knowledge should help me recognize the problem and seek clarification rather than simply copying what is commonly done.

Informal socialization will complement this foundation by showing me how nursing values are expressed in real situations. It occurs through observing experienced nurses, participating in handovers, asking questions, receiving feedback, managing unexpected events, and noticing how colleagues communicate with patients and families. These experiences can be especially memorable because they connect knowledge with emotion, responsibility, and immediate consequences. For example, a textbook can explain therapeutic communication, but observing a nurse calm a frightened patient demonstrates timing, tone, body language, and respect in a way that written instruction cannot fully reproduce. I will use informal learning actively rather than passively. I will reflect on what I observe, compare it with policy and evidence, and discuss uncertain practices with a preceptor or educator. Not every workplace habit is safe or professional, so informal socialization must be evaluated critically. Used together, formal instruction and carefully examined clinical experience can help me become competent without accepting unsafe customs as normal.

2. What are some of the factors that will influence your personal socialization?

My personal socialization began long before nursing education. Parents, family members, culture, religion, school, friends, community expectations, media, and previous work experiences all contributed to the way I understand authority, responsibility, illness, privacy, gender roles, communication, and helping behavior. Family is often the earliest influence because children learn how to speak to others, respond to conflict, express emotion, and understand right and wrong within the home. Schools and peer groups then broaden these lessons by introducing different values, expectations, and forms of cooperation. These influences can support nursing practice by developing empathy, discipline, patience, and respect, but they can also create assumptions that require examination. A nurse may unknowingly carry beliefs about pain, mental health, disability, family structure, or personal responsibility that do not match a patient's experience. Personal socialization therefore affects practice most safely when it is combined with self-awareness and cultural humility.

My nursing environment will add further influences. Clinical instructors, preceptors, supervisors, patients, colleagues from other professions, institutional culture, staffing conditions, and the behavior rewarded within a unit will shape how I think and act. Positive role models can teach advocacy, calm decision-making, and respectful teamwork. Negative experiences can also influence socialization if incivility, rushed communication, or rule-breaking is treated as ordinary. I must therefore ask myself not only, "What do people around me do?" but also, "Does this behavior protect the patient, follow evidence, and reflect nursing values?" My personality, confidence, language skills, age, past experiences, and willingness to seek feedback will affect how I interpret these influences. Professional identity is not formed by abandoning personal identity. It develops when I connect my values and experiences with the ethical responsibilities of nursing and revise attitudes that could interfere with fair, person-centered care.

3. What would you do to take an active role in your professional socialization?

To take an active role, I would treat professional socialization as a deliberate process rather than something that happens automatically after employment. I would begin by learning the standards, policies, scope of practice, and ethical expectations that apply to my role. I would identify a knowledgeable preceptor or mentor, request regular feedback, and discuss the reasoning behind clinical decisions. The Nursing and Midwifery Council explains that preceptorship helps newly registered professionals translate knowledge into daily practice, gain confidence, understand professional standards, and become integrated into the workplace team (NMC, 2020). I would use this relationship to set learning goals, review difficult situations, and identify areas requiring additional education. I would also participate in interprofessional meetings, case discussions, quality-improvement activities, and professional development sessions because nursing identity is

strengthened through collaboration rather than isolation.

Reflection would be another important part of my active role. After a challenging interaction or procedure, I would examine what occurred, how I responded, what evidence guided the decision, and what I would change next time. I would maintain a positive view of nursing without pretending that the profession has no problems. A mature professional identity includes the courage to raise safety concerns, admit uncertainty, and correct mistakes. I would join appropriate professional associations, read reliable nursing literature, maintain required competencies, and seek learning opportunities beyond mandatory training. I would also contribute to the socialization of others by welcoming students, sharing accurate information, and modeling respectful behavior. Professional socialization becomes sustainable when nurses both receive and provide support. My goal would be to develop specialized knowledge, sound judgment, appropriate attitudes, ethical conduct, and a realistic understanding of the nurse's responsibilities to patients, colleagues, the organization, and society.

Section II: Nursing Blogs, Public Communication, and Professional Image

1. What positive effect does blogging in the public domain have on nursing?

Blogging can give nurses a public voice and make the profession more understandable to students, patients, families, and other healthcare workers. A well-written nursing blog can explain career pathways, discuss technology, translate research into accessible language, describe the realities of education and practice, and correct inaccurate stereotypes. It can also connect nurses across locations and specialties, allowing them to exchange ideas and identify professional development resources. The [American Nurses Association](#) notes that social media can increase the visibility of nursing and help the public understand nurses' contributions to healthcare, provided that nurses maintain professionalism and share credible information (ANA, n.d.). Blogs can therefore support public education when they distinguish personal opinion from clinical guidance and direct readers toward trustworthy sources. They may also encourage prospective students by showing that nursing involves scientific knowledge, judgment, advocacy, leadership, communication, and continuing learning rather than only carrying out physicians' instructions.

Public writing can also benefit the nurse who creates it. Explaining a professional issue requires the writer to organize ideas, check evidence, consider the audience, and reflect on the meaning of practice. Blogging may strengthen digital communication skills and create professional networks with educators, researchers, informatics specialists, and nurses in other fields. It can provide emotional support when experiences are discussed responsibly and without exposing patients or colleagues. However, the educational value of a blog depends on its accuracy and purpose. A personal story should not be presented as universal evidence, and health advice should remain within the writer's

competence. The positive effect comes not merely from praising nursing but from presenting the profession honestly, respectfully, and accurately. A responsible blog can acknowledge workload, stress, ethical difficulty, and institutional problems while still showing the knowledge and commitment required for safe care.

2. What possible negative effects could these accounts have on the profession?

Nursing blogs can damage patients, individual nurses, and the profession when writers disclose confidential information, provide unsupported health advice, insult patients or coworkers, exaggerate personal authority, or publish emotionally charged accounts without considering how details could identify the people involved. Removing a patient's name does not always make a story anonymous. A combination of diagnosis, age, location, date, and unusual circumstances may allow readers to recognize the person. The Nursing and Midwifery Council warns that information shared online can spread rapidly and that even anonymized material may be inappropriate or identifiable (NMC, n.d.). A post written during frustration may remain searchable after the emotion has passed, affecting employment, professional relationships, public trust, or regulatory review. Privacy settings do not provide complete protection because screenshots and copied material can be redistributed.

Inaccurate information creates a different type of risk. Readers may mistake a nurse's personal opinion for evidence-based clinical guidance, particularly when the author uses professional credentials. Outdated treatment advice, oversimplified claims, or sensational descriptions can mislead the public. Commercial sponsorship and affiliate links may also create conflicts of interest if readers are not clearly informed that the writer could benefit financially. Another negative effect is the reinforcement of stereotypes. Posts that describe all patients as demanding, portray nurses as hostile or careless, or treat burnout as entertainment may normalize disrespect. Honest criticism is not automatically unprofessional, but it should focus on systems and lessons rather than humiliating identifiable individuals. Nurses who write publicly must balance freedom of expression with confidentiality, competence, accuracy, professional boundaries, and the lasting effect of their communication.

3. What are two examples of nursing blogs, and what characteristics create a positive or potentially negative image?

The original discussion identified *Little Nursey Blog* as an example that could create a less controlled or potentially negative professional impression. The blog appears to be a personal record of student and early-career nursing experiences, with posts about placement, education, illness, stress, and the transition into practice. Its candid style can be valuable because it makes the emotional demands of

nursing education visible and may help students feel less alone. The concern is not that a nurse should never express frustration or vulnerability. The concern is that intensely personal language, insufficient context, or descriptions of workplace experiences may be interpreted differently by patients, employers, or readers unfamiliar with the circumstances. A responsible evaluation should therefore avoid claiming that honesty itself is unprofessional. The blog's potential weakness is the limited separation between private emotion and a public professional identity. Its positive quality is authenticity; its risk is that a personal narrative may be read as representative of the profession as a whole.

The Nerdy Nurse was identified as the more positive example because it presents nursing through education, technology, informatics, professional development, nursing-school guidance, and career-related content. Its organized presentation can broaden public understanding of nursing by showing how nurses engage with digital health, communication, and lifelong learning. The site also illustrates why readers must evaluate even positive professional blogs critically. It includes product-related material and discloses participation in affiliate advertising, so readers should distinguish educational content from commercial recommendations. A professional appearance does not guarantee that every statement is current or universally applicable. The strongest characteristics of a positive nursing blog are transparent authorship, clear separation between personal opinion and evidence, appropriate disclosure of financial interests, respect for patient privacy, references to reliable sources, and language that informs without degrading patients or colleagues. Neither blog should be classified as wholly good or bad; their different styles demonstrate how tone, purpose, evidence, and disclosure shape the public image of nursing.

4. What are your responsibilities as a member of the nursing profession when responding to blog posts?

As a nursing professional, I have a responsibility to respond thoughtfully rather than defensively. If a blog contains inaccurate health information, I should first confirm the evidence and then provide a respectful correction supported by an authoritative source. I should not enter an online argument that becomes insulting, reveal workplace information while explaining my position, or claim expertise beyond my competence. If content creates an immediate risk to patient safety or appears to disclose confidential information, the appropriate response may be to use the platform's reporting process, inform the relevant organization, or follow professional and regulatory procedures rather than debating publicly. The ANA advises nurses to know their employer's social media policy, maintain professionalism, protect patient information, and share credible material (ANA, n.d.). These principles apply to comments as well as original posts.

I also have a responsibility not to amplify harmful content unnecessarily. Sharing a misleading post in order to criticize it can expose it to a larger audience. Before responding, I should consider whether a private message, a public evidence-based correction, formal reporting, or no engagement is most appropriate. When a writer describes stress or burnout without breaching confidentiality, a supportive

response may be more useful than condemnation. Professional accountability should not silence legitimate discussions about staffing, safety, discrimination, or working conditions. My role is to protect patients and public trust while encouraging accurate and ethical discussion. Nursing is a scientific and relational profession that requires continuous learning; therefore, my online conduct should demonstrate humility, respect, evidence-based reasoning, and awareness that members of the public may judge the profession through the way nurses communicate with one another.

5. What is the relationship between the image of nursing and the professionalization of nursing?

The public image of nursing and the professionalization of nursing influence one another, but they are not identical. Professionalization refers to the development of specialized knowledge, education, ethical standards, legal accountability, recognized scope of practice, research, professional organizations, and responsibility for service to society. Public image concerns how patients, families, policymakers, students, and other professionals understand nursing. A positive image can increase respect, attract capable students, strengthen nurses' participation in policy, and help the public recognize nursing judgment and leadership. A weak or inaccurate image may reduce nurses to assistants, idealized caregivers, or background workers, obscuring their clinical decision-making and scientific responsibilities. Public communication, including blogging, can either challenge or reinforce these stereotypes.

However, professionalization cannot depend only on presenting a favorable image. Trust must be supported by competent and ethical practice. A blog that praises nursing while spreading misinformation does not advance the profession. Conversely, a nurse who raises a well-supported concern about unsafe conditions may protect professional standards even if the discussion appears uncomfortable. The most credible image is therefore not one of perfection but one of accountability, knowledge, compassion, honesty, and willingness to improve. AACN describes professional identity as a continuing process through which nurses learn to think, act, and feel in accordance with the discipline's values (AACN, n.d.). When nurses demonstrate these values in clinical practice and public communication, the image of nursing becomes a reflection of genuine professionalization. This can encourage future students while also helping society understand the full responsibility and complexity of nursing work.

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