Avoiding Socialization Pitfalls in Accelerated Second-Degree Nursing Education: The Returning-to-School Syndrome Model

Queen Utley-Smith, EdD, RN; Beth Phillips, MSN, RN, CNE; and Kathleen Turner, MSN, RN

ABSTRACT

Second-degree students are highly motivated and tend to excel academically. However, nurse educators in accelerated programs face challenges in socializing these students to the nursing role. One pitfall is the hostility that may develop if students perceive a mismatch between their expectations and their new role as baccalaureate nursing (BSN) students in a fast-paced and intense program. This article discusses the applicability of the returning-to-school syndrome model in helping second-degree nursing students maneuver successfully through an accelerated BSN program. This 3-stage model has been previously applied in RN-to-BSN education. Using the model in an accelerated BSN curriculum to identify transition points and offer student support through specific stages can better prepare students to meet the challenges of accelerated education, as well as help nurse educators become more adept at providing resources and implementing supportive strategies at the appropriate time.

Background

In the late 1970s, Dr. Donea Shane from the University of New Mexico College of Nursing developed a theoretical framework she called the “returning-to-school syndrome” to help RN students successfully complete a baccalaureate nursing program (Shane, 1980a). Many of the struggles of RNs returning to school were connected to the fact that they were already practicing nurses. They had a knowledge base within the profession and had been socialized to the profession to some extent, and yet with the completion of the BSN degree, their role, perspective, and possibly their work environment would undoubtedly change. Although the accelerated student population discussed in this article is not already in the nursing profession, these students have had professional lives in other disciplines. They have been independent and successful in their past educational pursuits and are now looking to join the nursing profession.

The returning-to-school syndrome model identifies three stages in the RN-to-BSN educational process (Shane, 1980a):

1. Honeymoon.
2. Conflict.
3. Reintegration.

The theoretical underpinning for the model is the “reality shock” construct used by Kramer (1974) to explain the difficulty new nursing graduates experience when transitioning from nursing school to the work setting. Kramer conceptualized the role conflict that occurs when new graduate nurses attempt to meet the expectations and role behaviors of a new practicing nurse as a four-stage process:

1. Honeymoon.
2. Shock or rejection.
3. Recovery.
4. Resolution.

Shane’s returning-to-school syndrome model, which applies Kramer’s construct to experienced nurses transitioning from the work setting to...
nursing school, has been described as “reality shock in reverse” (Higgins & Wolfarth, 1981, p. 2062).

Shane (1980a) developed the returning-to-school syndrome model through dedicated student advisement, applying it to a sample of 50 RN students in a special course that provided professionalism content and support. Shane and successive classes refined the model, and although quantitative data were not collected, she and the students thought use of the returning-to-school syndrome model helped improve the RN students’ educational experience and their transition to new role expectations (Higgins & Wolfarth, 1981; Shane, 1980a, 1980b). We propose the use of Shane’s returning-to-school syndrome model to predict the problems that second-degree students are likely to experience and to help them transition to a new education system and the profession of nursing.

Second-Degree Students

Students who have completed a bachelor’s degree in another field prior to enrollment in an accelerated BSN program and those enrolled in traditional 4-year programs have similar attitudes toward nursing and internalized values (Toth, Dobratz, & Boni, 1998), but the two groups differ in several aspects. The profile of the second-degree student includes characteristics such as greater confidence, self-awareness, maturity, and a stronger history of academic performance (Cangelosi & Whitt, 2005; Seldomridge & DiBartolo, 2005). They are more highly focused on the outcome of their nursing education and how quickly that outcome can be achieved. They have already researched nursing as a career and envisioned a career trajectory (Meyer et al., 2006). Due to their educational and employment histories in fields other than nursing, second-degree students may have broader perspectives on complex issues than do traditional students. Accelerated second-degree students differ from traditional students in that they bring more life experiences and are generally older (Miklancie & Davis, 2005).

Second-degree students choose nursing as a new career for many reasons. They often express a deep personal attraction to nursing, identify nurses’ work as both important and exciting (Toth et al., 1998), and are attracted by the holistic nature of the profession (Meyer et al., 2006). Many are motivated by the employment opportunities available in the field of nursing (Meyer et al., 2006; Seldomridge & DiBartolo, 2005) or the prospect of improved job security. Money and prestige may be considerations, particularly if an advanced degree in a field such as nurse anesthesia or a career as a nurse practitioner is the ultimate goal. Dissatisfaction with previous careers is common among second-degree students (Meyer et al., 2006), and some may see their role in their previous career as a failure.

Challenges of Accelerated Second-Degree BSN Programs

Given the diversity of motivation and educational and employment backgrounds among accelerated BSN students, there is a high likelihood that some individuals in each class will misapply role expectations and problem-solving strategies derived from experiences prior to their nursing education. Miklancie & Davis (2005) described how a student with a business management background, for example, might apply some management strategies successfully to nursing. They also described how the application of other business management strategies might create an impediment to problem solving in some nursing units. This can be difficult for accelerated BSN students because many of them come to nursing from educational and work environments where attitudes, values, knowledge, and skills may differ from those found in the health care and nursing arena. Some accelerated students come from fields characterized by “black-and-white” backgrounds and perspectives (e.g., mathematics, physical sciences, engineering). Teaching and articulating the art and science of nursing to this group of learners can be complicated. They expect straightforward answers to complex clinical questions in situations where the true answer lies in the individualized care of a particular patient. Picture the challenges faced by a nurse educator who has a music major and an engineer in the same clinical group. The approaches of the two students to nursing and patient care will be completely different. The engineer’s and the music major’s previous experiences alone will not help them determine the appropriate responses in the health care environment. By structuring learning opportunities and providing resources at the appropriate time, nurse educators can help students mesh their prior strengths and appropriate values with new nursing concepts.

Recognition and resolution of such misapplications can be a real challenge in the education and role socialization of second-degree nursing students (Miklancie & Davis, 2005), particularly in the context of accelerated programs, which give students relatively little time to become acclimated to the role expectations and culture of nursing. Miklancie and Davis (2005) suggested that the brevity of an accelerated program leaves little time for socialization and requires additional strategies to ensure professional socialization.

During our 4 years teaching in an accelerated second-degree nursing program, we discovered that faculty are most often expert at teaching the practice of nursing but less adept at socializing this diverse group of students to the professional role of nursing. The goal of professional socialization is to instill the values, behaviors, and norms of a profession that are essential for the survival of that profession. Socialization is an ongoing, continuing process with important implications for the development of attitudes toward one’s professional career and the ability to function within that profession (Hardy & Conway, 1988). Socialization is the means by which students learn to become members of a profession and learn the social rules defining relationships into which they will enter. This socialization process is necessary, whether the student comes directly from high school to nursing
or has already earned another degree (Moloney, 1992).

In an effort to confront this challenge, we have revisited Shane’s returning-to-school syndrome model (Shane, 1980a). We suggest that the returning-to-school syndrome model, with appropriate adaptations, is applicable to second-degree students in an accelerated BSN program. Below we review the model, briefly describe our program, and discuss our application of the model and its benefits.

The Returning-to-School Syndrome Model

Three compelling stages comprise Shane’s returning-to-school syndrome model: honeymoon, conflict, and reintegration. In this article, we describe the stages of the model and what transpires in each. Positive and negative emotions are experienced by students as they move through the three stages.

Honeymoon

During the honeymoon stage, there is a positive glow on the experience of having returned to school, accompanied by a sense of satisfaction and an optimistic outlook (Leddy & Pepper, 1993). Students are aware of similarities between their previous education and work life and their current experience, and these similarities reinforce their original role identity. The honeymoon stage can last from a few hours to many months. Shane (1980a) discovered that this stage ended during the semester of the first theory or nursing practice course.

Conflict

In the second stage, more turbulent negative emotions begin to surface. Students begin to feel increasingly inadequate to meet new professional demands because of the tension created by not being able to trust previous experiences and knowledge for help determining appropriate responses in the world of nursing. Many of the old rules, values, and skills that worked so well in their prior work roles are no longer valid, but the students have not yet understood or internalized the new rules and concepts in the nursing profession. The conflict stage may be associated with student depression, bursts of anger, feelings of helplessness, academic difficulties, insecurity, sadness, and lethargy (Shane, 1980a). At this stage, a multitude of emotions can prove to be physically and emotionally exhausting, as well as energy depleting (Leddy & Pepper, 1993).

Reintegration

The third stage is multiphasic and provides an opportunity for students to achieve integration or positive resolution. At the beginning of this stage, there is a strong rejection of the new culture. Students blame faculty, the program, the institution, or just about anyone for their perceived unsatisfactory achievement (Shane, 1980a). The perceived unsatisfactory achievement might be as simple as earning a B grade instead of the A grade to which the student had become accustomed in the previous educational environment. The common behavior at this point is hostility. As a result, students may attribute stereotypical characteristics to faculty, such as being unrealistic or grading student work unfairly. In its extreme form, students are at risk for leaving the program and returning to a more familiar professional culture. The length of time students stay in the hostility phase depends on individual resiliency, the intensity of their emotions and feelings, and interpretation and guidance provided by significant others such as faculty, peers, and family (Shane, 1980a).

The reintegration phase culminates when second-degree students are able to integrate their original work culture with the new culture of nursing. Shane (1980a), following Kramer (1974), refers to this positive resolution as biculturalism. With integration, students recognize personal strengths and growth and realize they will function differently after graduation (Shane, 1980a). Their perception of “what nursing is” is forever altered, and a meshing of previous and new concepts occurs (Leddy & Pepper, 1993; Shane, 1980a, 1980b). Their attention is now directed toward getting as much as possible from the academic experience.

There are, however, unfortunate alternatives to positive resolution. One alternative is false acceptance, in which students pretend to the faculty and to themselves a belief in the value, worth, or validity of the accelerated BSN curriculum just to complete the program (Shane, 1980a, 1980b). Chronic hostility is another maladaptive alternative in which students do not drop out of school but persist in vigorous fighting to defend the original professional ego identity rather than adopt the new professional identity (Shane, 1980a, 1980b). With both of these maladaptive responses, there is resistance to the opportunity for real growth and positive change instead of a positive resolution.

Putting the Model into Practice

One of the first steps of putting the returning-to-school syndrome model into practice is assessing critical transition points in the curriculum. We identified the points in our 16-month program that correlated with the stages of Shane’s model. We found that the demarcation lines for the beginning and ending of each stage were somewhat fluid, depending on the individual student; however, we were able to identify each stage closely with semester experiences. Having graduated three previous classes, we were able to predict the points in the curriculum where Shane’s stages were likely to occur.

In our curriculum, the first semester is the honeymoon period. The conflict period typically occurs during the second (spring) semester, when students are experiencing their first highly intense clinical course, with its long hours, high expectations, and steadily increasing responsibilities. Toward the end of this second semester, students tend to shift toward the beginning of the reintegration stage, which may lead either to positive resolution or maladaptation. Reintegration may continue into the third semester, but most students have reached the stage...
of positive resolution by the beginning of the fourth semester.

Our accelerated students are now introduced to Shane’s returning-to-school syndrome model, its stages, and its concepts as a part of the first-semester nursing foundations course. Students are instructed to remain aware throughout the program of the stage of the model they are experiencing, and they are encouraged to request help from faculty advisors accordingly. Problem recognition is one of the benefits of understanding and applying the model. One student applied the model by knocking on a faculty member’s door to seek help. The student stated, “Professor, I think I am in my hostility phase. Can we talk?” The student’s faculty advisor was able to counsel the student about how she might manage her stress and frustration. With the faculty member’s help, the student, who had been employed part-time, decided to temporarily eliminate working until her grades improved. When we teach students about Shane’s model, they are urged not to allow other students to draw them into maladaptive responses. Students are encouraged to persuade their maladaptive peers to seek help. One student commented, “I now understand why members of the class ahead of us [express negativity]; they are still in the conflict or hostility stage.”

Faculty advisors who are not familiar with the model need reeducation. Understanding the model helps faculty predict the period when students are likely to experience difficulty and helps students know when they are likely to need assistance. This allows faculty members to offer support and resources proactively, and students are better able to receive that assistance when they understand what is happening to them.

**Summary**

Using Shane’s model to anticipate and plan for the various stages of the returning-to-school syndrome, accelerated nursing students are better prepared to meet the challenges of accelerated education and the nursing profession, and nurse educators become more adept at applying appropriate resources and implementing supportive strategies at the correct time (Table). We believe that using the returning-to-school syndrome model to identify problematic transition points in an accelerated BSN curriculum, teaching students to use the model to identify their own transitions, and offering students support through the transitions can lead to improved student socialization and, ultimately, to better student and program outcomes.

**References**


