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Organizational Behavior Research

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Identifying the Outcomes
of Socialization:
Two Studies

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Cynthia D. Fisher

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qualitative data on outcomes perceived by new organization members. Outcome categories derived from these data reproduced some previously used outcomes (resolution of role conflict, mutual influence, performance); did not include other commonly measured outcomes (job satisfaction, job involvement, internal work motivation, innovation, commitment); and revealed several new outcome constructs (self-confidence, independence in action, changed use of questions, tolerance of change, having a system, conveying confidence).



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Organizational socialization is the process by which new recruits are transformed into fully adapted organizational "insiders." Socialization is an important topic, which is receiving an increasing amount of attention from organizational researchers (c.f. Feldman, 1981; Fisher and Weekley, 1982; Louis, 1980; Van Maanen and Schein, 1979). Much of this research has been theoretical in nature and has focused largely on the hypothesized process of socialization (c.f. Van Maanen and Schein, 1979). Much less attention has been directed to defining the outcomes of socialization processes, yet an adequate typology of outcomes is critically needed. The effectiveness of a socialization program, process, or model cannot be evaluated without sound criteria. The research reported here is a first step toward defining the outcomes of organizational socialization. Following a brief literature review, data from quantitative and qualitative studies of outcomes will be presented.

Writers who describe the outcomes of socialization in conceptual papers seem to identify a somewhat different set than those who operationally measure "outcomes" for the sake of having a criterion. The former stress the learning and internalization of organizational norms and values and worry about the problems of over-conformity. They suggest that the ideal outcome state is creative individualism (Schein, 1968) or role innovation (Van Maanen and Schein, 1979), which consists of obeying the most central norms while introducing new ideas by refusing to conform with all norms (Schein, 1968).

Empirical researchers have often selected quite different

outcome variables to measure. In a recent study, Toffler (1981) measured eleven variables as outcomes of the socialization process. These included general job satisfaction, satisfaction with six facets of the job, job tension, internal work motivation, job involvement, and mutual influence. Feldman (1976) measured general job satisfaction, mutual influence, job involvement, and internal work motivation as outcomes, and found that only the first two of these were correlated with earlier process variables in his socialization model. In a more recent article, Feldman (1981) suggested the additional three outcomes of carrying out role assignments dependably, remaining with the organization, and innovating/cooperating beyond role demands. Other researchers have also considered performance and tenure to be outcomes of socialization (Van Maanen, 1975; Wanous, 1980). Still other suggested outcomes are organizational commitment and reduced role ambiguity (Brief, Aldag, Van Sell, and Melone, 1979; Van Maanen, 1975). The reduction of role conflict, both within the work role itself and between work and non-work roles, is probably also an outcome of successful socialization, though Toffler (1981) and Feldman (1976) treat conflict resolution as an antecedent of subsequent outcomes such as job satisfaction.

Clearly, there is much variety but little consensus on what the outcomes of socialization are (see Table 1). It seems likely that important outcomes may have been overlooked, if they are not part of the "standard dependent variable set" often employed and easily measured by organizational researchers. Thus, new outcomes may need to be added to

Table 1

Previously Mentioned Outcomes of Socialization

Norm Learning
Value Internalization
Job Involvement
Internal Work Motivation
Innovating/Cooperating Beyond Role Demands
Staying with the Organization
Organizational Commitment
Mutual Influence
Role Ambiguity
Role Conflict
General Job Satisfaction
Satisfaction with Job Facets
Job Tension
Job Performance

adequately measure the effects of socialization. At the same time, it is possible that the large set of outcomes presently used may be reducible to fewer and more meaningful underlying dimensions of adjustment to the organization. The following two studies address each of these possibilities.

Study 1

Study one consists of a purely empirical look at most of the variables suggested as outcomes in past research. Scales were selected or written to represent each variable and the measures were then administered to new nursing graduates after three months and six months on their first job. Factor analysis was used to identify underlying dimensions of adjustment to the organization. Further analyses to determine which variables changed significantly from three to six months on the job were also conducted.

Method

Sample The sample consisted of May, 1981 graduates of selected nursing schools in Texas, who accepted jobs in hospitals immediately after graduation. Three hundred sixty six nurses were sent the questionnaire containing the outcome measures after approximately three months of work. Fourteen questionnaires were undeliverable or unusable, while 272 usable responses were received after a follow-up. Nurses who replied to the questionnaire at three months were surveyed again at 6

months, at which time 210 questionnaires were returned (77%).

Measures

Nineteen outcome measures were included in the questionnaire at each administration. Some outcome measures were previously published instruments, including the Organizational Commitment Questionnaire (Mowday, Steers, and Porter, 1979); the Job Perception Scales (Huseman, Hatfield, and Robinson, 1980) which measure satisfaction with co-workers, pay, the work itself, and supervision; the short form of the Lodahl and Kejner (1965) job involvement instrument; and the commitment to nursing scale used by Alutto, Hrebiniak, and Alonso (1971).

Internal work motivation was measured by three items from the Job Diagnostic Survey (Hackman and Oldham, 1975) while role conflict and ambiguity were each measured with three items, some of which came from the Rizzo, House, and Lirtzman (1970) scales and others which were written for this questionnaire. Mutual influence was measured by three items adapted from Feldman (1976). The remainder of the scales were written specifically for this study, and included a three-item overall job satisfaction scale, a three item job innovation scale, a seven item self-rating of performance scale, a three item adjustment to co-workers scale, and a three item adjustment to the job scale. Finally, two items concerning the number of friends and acquaintances on the job were summed to form a friends/acquaintances at work scale, and intent to leave the job and intent to leave the profession were each measured with one item. Items for the previously unpublished scales appear

in Appendix A, together with reliability data for all scales.

Results

Preliminary factor analyses of subsets of the items largely confirmed the a priori scales which had been written, so all scales were scored and used as originally constructed. Summary scores on each of the 19 outcomes were then subjected to factor analysis using iterated communality estimates on the main diagonal (SPSS method PA2, Nie, Hull, Jenkins, Steinbrenner, and Bent, 1975). All factors extracted were retained, since all had eigen-values greater than the mean communality estimate (Hair, Anderson, Tatham, and Grablovsky, 1979). Factors were rotated obliquely, since it seems likely that the dimensions underlying the outcomes of socialization are probably correlated.² These analyses were performed separately for responses after three and six months of work, and the results appear in Tables 2 and 3, respectively.

Four outcome factors emerged from the measures collected after three months of job experience, which accounted for 100% of the common variance (Table 2). Factor one was labeled Commitment/Overall Satisfaction since it contained strong positive loadings for overall job satisfaction and both professional and organizational commitment, and very strong negative loadings for intent to leave the profession and organization. Factor two contained strong loadings on self rated performance, adjustment to the job, innovation, and role ambiguity (negative), and was named Performance/Role Clarity. Factor three, Extrinsic Satisfaction, had high loadings for

Table 2

Factor Pattern Matrix for Outcome Variables After Three Months on Job¹

	Factor 1	Factor 2	Factor 3	Factor 4
Commitment to profession	.50			
Commitment to organization	.52			
Intent to leave profession	-.82			
Intent to leave organization	-.85			
Overall job satisfaction	.75			
Satisfaction with co-workers			.68	
Satisfaction with pay			.46	
Satisfaction with supervision			.67	
Satisfaction with work	.43			
Self-rated performance		.69		
Internal work motivation				.44
Job involvement				.46
Innovation		.58		.30
Mutual influence		.46		
Role conflict				
Role ambiguity		-.60	-.37	
Adjustment to the job		.61		
Adjustment to co-workers		.46	.39	
Friends/acquaintances at work		.36		

¹Pattern coefficients less than .30 omitted

Table 3

Factor Pattern Matrix for Outcome Variables After Six Months on Job¹

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Commitment to profession					
Commitment to organization	.69		.34	-.57	
Intent to leave profession				1.00	
Intent to leave organization				.62	
Overall job satisfaction	.42		.32	-.40	
Satisfaction with co-workers					-.76
Satisfaction with pay	.35				
Satisfaction with supervision					-.47
Satisfaction with work					-.31
Self-rated performance		.50			
Internal work motivation			.47		
Job involvement			.53		
Innovation		.66			
Mutual influence	.58	.33			
Role conflict	-.66				
Role ambiguity	-.33				.46
Adjustment to the job		.38		-.31	
Adjustment to co-workers					-.74
Friends/acquaintances at work					

¹ Pattern coefficients less than .30 omitted

satisfaction with co-workers, supervision, and pay. Factor four, Internal Motivation, was the logical clustering of job involvement and internal work motivation.

Since rotation was oblique, factors could correlate with each other, though on the whole such correlations were weak. Specifically, Commitment/Overall Job Satisfaction correlated .46 with Extrinsic Satisfaction, and .26 with Performance/Role Clarity. The latter two correlated .27 with each other, and all other relationships were less than .20.

The factor analysis results were somewhat different after six months of experience on the job, when five factors accounting for 100% of the common variance were extracted (Table 3). Internal Motivation was still a distinct factor (factor 3) but the Performance factor (factor 2) no longer included role ambiguity. Instead, innovation loaded heavily, which was quite reasonable -- thinking of better ways to do one's job ought to occur with high performance, given an adequate amount of experience. Factor one was still Commitment to the Organization, with the addition of a strong loading for mutual influence, and a heavy negative loading for role conflict. The commitment construct seemed to have split, with factor four representing Lack of Commitment to the Profession. This factor had a loading of 1.0 for intention to leave the profession, and additional strong loadings for intention to leave the organization (.62) and professional commitment (-.57). As one might expect, this factor was negatively correlated with factor one, Commitment to the Organization ($r = -.49$). Factor five bore some similarity to the extrinsic

satisfaction factor which emerged at three months but might more appropriately be called Lack of Satisfaction with Co-workers, since both that satisfaction scale and the adjustment to co-worker scale loaded heavily and negatively. This factor was negatively related to the first three factors and positively related to factor 4. All other intercorrelations among these five factors were miniscule.

The fact that relatively few and easily interpretable factors accounted for all of the common variance in this set of 19 potential outcome variables does not confirm that they are all meaningful outcomes of socialization. Further research will be necessary to ascertain specifically which variables or factors are changed as a result of specific socialization processes. However, variables whose values do not change at all during the first months on the job may not be "outcomes" of newcomer socialization. The present data can provide some additional but very preliminary and tentative information on which variables actually were outcomes in this sample of nurses. Variables whose values change significantly from the third to sixth month are more likely to be outcomes of socialization than are those which do not change during this critical initial employment period.

A Hotelling's T^2 (multivariate repeated measures) test was run on the 19 outcome variables and two time periods. The overall test was highly significant ($T^2=158.44 = F(19,125)=7.29, p < .001$), indicating that some of the outcome variables did change from three to six months. Bonferroni simultaneous confidence intervals were then calculated for each

variable, and showed that the following contributed most to the significance of the overall test: self rated performance, adjustment to the job, number of co-worker friends, adjustment to co-workers, innovation, and role ambiguity.³ The direction of all but one of these changes is consistent with present views of socialization. That is, self rated performance, adjustment to the job and co-workers, and innovation all increased, while role ambiguity decreased. Surprisingly, the number of close friends plus acquaintances on the job dropped from three to six months. Perhaps the most striking result is that none of the satisfaction or commitment variables changed during the time observed.

Discussion

Overall, the outcomes of socialization for this sample of nurses seemed to fall into four categories: 1) adjustment to the task/performance, 2) commitment, 3) satisfaction, with co-worker satisfaction being particularly salient, and 4) internal work motivation/involvement. For this sample of new hospital nurses, performance and co-worker related variables changed between three and six months on the job, while commitment and satisfaction did not. This does not necessarily mean that the latter are not outcomes of socialization. They may have plateaued before the third month on the job, or may change very slowly or late in the process of socialization. It seems quite likely that all aspects of adjustment do not proceed at the same rate. Feldman (1977), for instance, found that new hospital employees reported that they were comfortable

with their co-workers after 2.7 months, but did not feel competent at their job until an average of 6 months had passed. Thus, whether or not all the previously mentioned outcomes of socialization really are outcomes is still not entirely clear. A great deal of additional research will be needed to answer this question. For instance, studies in which these outcomes are measured more frequently and over a longer time period would be helpful in determining which "outcome" variables change at what time during the socialization process. Comparisons with experienced (fully socialized) employees could also be made. Presumably variables which are outcomes would be changing in value for newcomers, but be relatively stable for experienced employees.

Study 2

Study two used qualitative data in an effort to identify the outcomes of socialization as perceived by a sample of incumbents in nursing jobs. Glaser and Strauss (1967, p. 1-2) made a criticism of sociology researchers which certainly applies to the present state of research on organizational socialization. They claim that their discipline is guilty of "... overemphasis ... on the verification of theory, and a resultant de-emphasis on the prior step of discovering what concepts and hypotheses are relevant for the area that one wishes to research." The research described below is an effort to return to the necessary "prior step" of identifying relevant variables. A technique developed by Glaser and Strauss (1967)

specifically for extracting theoretically relevant constructs from qualitative data is used.

Subjects and Procedure

The primary sample consisted of 35 May 1981 graduates of registered nurse programs who had found employment as hospital nurses. They had been on the job for an average of 2.9 months (range 2 weeks to 5 months) at the time they participated in the study. All subjects were asked to respond to the open-ended question, "What constitutes being 'fully adjusted' to a new nursing job? How does a 'fully adjusted' nurse feel and behave compared to a brand new nurse?" Fifteen of the respondents were asked this question in a telephone interview; the remaining twenty responded to a mailed questionnaire containing the same question. Phone and written responses were very similar, so the data were combined for analysis. Responses to the same question were also available from six experienced nurses. The treatment of their data will be discussed shortly.

Analysis

Data were analyzed by means of the method of constant comparisons (Glaser and Strauss, 1967), as described below. First, each separate statement made by a new nurse respondent was copied on to an index card. Most subjects generated several distinct statements, for a total of 120 cards. Next, the cards were carefully read and sorted into outcome categories which emerged from the data. A new card was added

to a category only after rereading all the cards presently in the category. This assured that all cards in a category dealt with the same concept. The author and a student (who had conducted the phone interviews) each performed this task independently, and arrived at slightly different results. According to Glaser and Strauss (1967), agreement on categories between independent sorters should not be expected. The categories presented below represent the consensus of both sorters.

Once categories had been agreed upon from new nurse responses, experienced nurse responses were read and sorted into the existing categories. With very few exceptions, the experienced nurse cards fit handily into the category scheme, and added further detail to the definition of the categories. The reader should note that the purpose was not to test theory, but to draw on the richness of qualitative data to generate constructs relevant for later theory building. Therefore, the use of a heterogeneous sample which may not completely represent a particular population is not a problem (Glaser and Strauss, 1967).

After the categorization step, broader topics or groupings seemed to emerge from the data, and the initial categories were re-read and evaluated in terms of their appropriateness in the broader groupings which were taking shape. The final step, according to Glaser and Strauss (1967), is for the researcher to draw together his or her "intuitions" based on immersion in the raw data, and to make tentative theoretical statements about causal relationships among groupings. The researcher has

thus used qualitative data to produce theory grounded in data, which may subsequently be tested through the usual quantitative methods. Although generating new theory is not the main purpose of the present study, some theoretical suggestions will be made following a discussion of the raw categories.

Results

The categories of "fully adjusted" nurse characteristics, created from the raw data, appear in Table 6. In each case, quotes are also provided as examples of the type of statements comprising each category. This list of the outcomes of an "adjustment" or socialization process is quite different from the list in Table 1. Some outcomes from past research do not occur in this sample at all; these will be treated first below. Other outcomes appear in both lists, and will be discussed second. Finally, outcomes which are unique to this study will be discussed.

Past Outcomes Not Replicated "Job involvement" has been used several times in the past as an outcome of socialization, but we did not find a category corresponding to this construct. No one mentioned taking their work home with them mentally, or being obsessively involved in the content of their work. "Internal work motivation" was not stressed by these nurses either. They instead focused much more on being able to "carry out role assignments dependably." Reading between the lines, they seemed to assume that all nurses were sufficiently motivated, but that new nurses lacked the skills and knowledge to perform well. This may be due to the nature of the nursing

Table 4

Characteristics of "Adjusted" vs. Brand new nurses
(categories generated from raw data)

<u>Category</u>	<u>Descriptive Quotes</u>
Effective Work Relationships with Co-workers	"Works as well as possible with other employees, supervisors," "Knows the doctors and how to get what she wants for her patients out of each of them," "Has earned the respect of doctors and supervisors," "Has developed constructive relationships with staff, administration, physicians"
Self-confidence	"Sure of herself in her position, not plagued continuously by the feeling that she is not doing her job the right way," "Secure," "Relaxed," "Feeling confident in your nursing actions and judgments"
Skill Proficiency	"Feels comfortable in doing any procedure," "Appropriately assesses patient's condition," "Competent in her techniques," "Fewer errors in medications, charting, etc."
Knows Physical Layout	"Has learned her way around the hospital and knows where things are located," "Able to locate supplies and equipment that she needs"
Independence in Action	"She is action rather than indecision and reaction," "Able to do things without assistance," "Able to make decisions," "Can quickly assess a situation and get moving"
Conveys Confidence to Patients	"Can handle patients' and families' questions," "Provides a natural sense of confidence to patients"
Helps Newcomers	"Tolerant and helpful to new nurses," "Can answer questions"
Knows Routine, Paperwork	"Fully familiar with daily routines and your facility's way of functioning," "Familiar with hospital and unit policies and procedures," "Knowing what to do with all the paperwork"

Table 4 (continued)

Able to Handle Emergencies	"Doesn't 'unglue' in a crisis," "Able to handle emergencies in a manner that indicates professionalism, knowledge, skill, etc."
Tolerant of Change	"A change from the normal routine is not a major calamity," "Tolerant of surprises," "Less fearful of change"
Deals with Reality Shock	"It means putting away the ideas of 'text-book nursing' and realizing the limitations of a nurse and not being frustrated by either extreme"
Role Clarity	"Knowing what is expected of you," "Knowing your exact duties and how to carry them out," "Knowing the boundaries of your judgment"
Resolving Outside-life Conflicts	"Getting used to being off hours that are different from your family and friends," "Being able to coordinate family responsibilities with work," "Job and personal life are compatible"
Job Satisfaction (work itself)	"Having a feeling of satisfaction when you go home -- job well done, etc."
Having a "System"	"Experiments less with management of time -- she has developed a system she likes," "Has devised short cuts that work for her," "Able to efficiently use her time"
Satisfying Interpersonal Relationships with Co-workers	"Co-workers become a part of the reason for keeping the job and performing well," "Friendly relationship with associates"
Feeling of Belonging	"Feels needed," "Feels part of the unit, a feeling of belonging and cohesiveness"
Changed Use of Questions	"Asks few questions regarding procedures or policies, instead asks specifics of a patient's care or condition," "Asks fewer questions" but "Is not threatened by having to ask for help if assistance needed," "Knows who to ask"
Philosophy	"Understands the philosophy of the unit," "Has her own philosophies formed"

Table 4 (continued)

Emerging Managerial Ability

"Being able to take charge and not feel overwhelmed," "Able to guide subordinates," "Able to assign personnel," "Able to confront people, express what's going on with co-workers, be assertive about what you think needs to be done without feeling bad about it"

occupation, and the values of individuals who choose to enter this kind of care-giving work. Similarly, "innovating and co-operating beyond role demands" did not appear, perhaps because the nurse role specifies exactly what nurses are allowed to do, and what duties are reserved for physicians or other specialists. On the other hand, "independence in action" may be the nursing analog of innovation, since it consists of fully, correctly, immediately, and on one's own initiative doing whatever one may properly do in a given patient care situation. "Emerging management ability" may also roughly correspond to innovation/cooperation, since it seems to mean being able and willing to take charge when others need direction, and being ready to move up to a more demanding role such as charge nurse.

Neither commitment to the organization or profession were mentioned as differentiating experienced nurses from new nurses, though these have been used in the past as indicators of socialization. Job satisfaction has often been measured in earlier socialization research, but in this study it was mentioned very infrequently. Only six cards seemed to refer to satisfaction, and they covered only two facets -- "satisfying interpersonal relationships with co-workers," and "satisfaction with the work itself."

Past Outcomes Confirmed Several previously researched outcomes did appear in our categories. "Mutual influence" as conceptualized by Feldman (1976) is very similar to "effective working relationships with co-workers." The reduction of role ambiguity and conflict, mentioned as socialization outcomes by

Brief et al. (1979), Toffler (1981), and others, also appeared here, in the category entitled "role clarity" (understanding what one is to do and not do), and "resolving outside-life conflicts."

As mentioned above, nurses in the sample placed heavy emphasis on several skill and knowledge categories which differentiate new from adjusted nurses. These include "skill proficiency," "knowing the routine," "knowing the physical layout," and "knowing how to handle emergencies." These all contribute directly to performance, and the nurses seemed to feel that performance is the most important indicator of adjustment. While previous researchers have measured performance as an outcome, they do not seem to have attached the importance to it that these nurses did. In fact, learning the mechanics of job performance is not even considered to be part of socialization by some writers (Schein, 1968), who emphasize instead the learning of informal norms and values. However, as Feldman (1977) has pointed out, the latter may be inextricably entwined with the former. Some of his subjects explained that one had to learn some of the technical aspects of the job in order to earn acceptance in the work group, but that acceptance was critical to mastering further skills and "tricks of the trade" which could only be learned from more experienced co-workers.

Unique Outcomes Finally, several outcome categories not specifically mentioned or measured previously emerged from the qualitative data. "Self-confidence" was a heavily used category with almost half of the respondents using these exact

words. "Independence in action," as discussed above, is a concept which had not been specifically considered before. "Able/willing to answer questions" is another characteristic of fully adjusted employees which has been overlooked. The switch from "asker" to "answerer" of questions is surely one key sign post in the transition process from outsider to insider. The change in not just the number but also the type of questions asked by fully socialized versus new organization members is also interesting. Fully socialized members do not ask about standard operating procedures, rather they ask for the specific information on particular cases which enables them to select the proper behavior from their established repertoire of procedures.

Another outcomes mentioned by several nurses was "tolerance of change." They described a fully adjusted nurse as competent and confident enough to handle last-minute changes in routines or assignments without becoming upset. New nurses were portrayed as desiring more stability as they strove to master their environment. This seems a perfectly legitimate view, though it is counter to the traditional view of fully socialized employees as vigorous defenders of the status quo, and more flexible newcomers as the primary source of creative change in an organization.

"Having a system" is a characteristic of fully adjusted workers which has not been explicitly discussed before. As the phrase was used by these nurses, having a system consists of developing one's own unique work methods which are preferred and seen as being optimally efficient. Learning to manage time

and inventing short cuts are part of developing a system.

Many of these unique outcomes could be partly subsumed under Feldman's (1980) idea that an increase in perceived personal control is one outcome of socialization. Increased self-confidence, answering questions, being tolerant of change, and having a system are certainly part of feeling in control, as opposed to the feeling of being controlled by an incomprehensible environment which newcomers often report.

A final outcome of becoming fully adjusted is to "convey confidence and be perceived as competent by patients and their families." Being able to convey this image to clients is probably an important outcome in many other occupations as well, for instance, lawyer, salesperson, counseling psychologist, and so on. Likewise, the other outcomes found in this study but not in previous literature seem highly generalizable to other organizations and occupations. In many types of work, being self confident, able to answer questions, having a system, knowing the routine and physical layout, and being able to act correctly without supervision are likely to be very important characteristics of properly socialized employees.

From Categories to Groupings to Theory The twenty outcome categories were further sorted by the author into four groups, as shown in Figure 1. Two of these groupings seemed to be more process variables than final outcomes. These are "Acquiring Skills and Abilities" and "Building and Maintaining Relationships." Statements in categories belonging to these groups contained phrases like, "The new nurse has to get used

Figure 1
Groupings and Possible Interrelationships of Outcome Variables

Acquiring Skills and Knowledge

Acquiring Skill Proficiency
Learning Physical Layout
Learning the Routine
Attaining Role Clarity
Dealing with Reality Shock
Learning to Handle Emergencies

Building and Maintaining Relationships

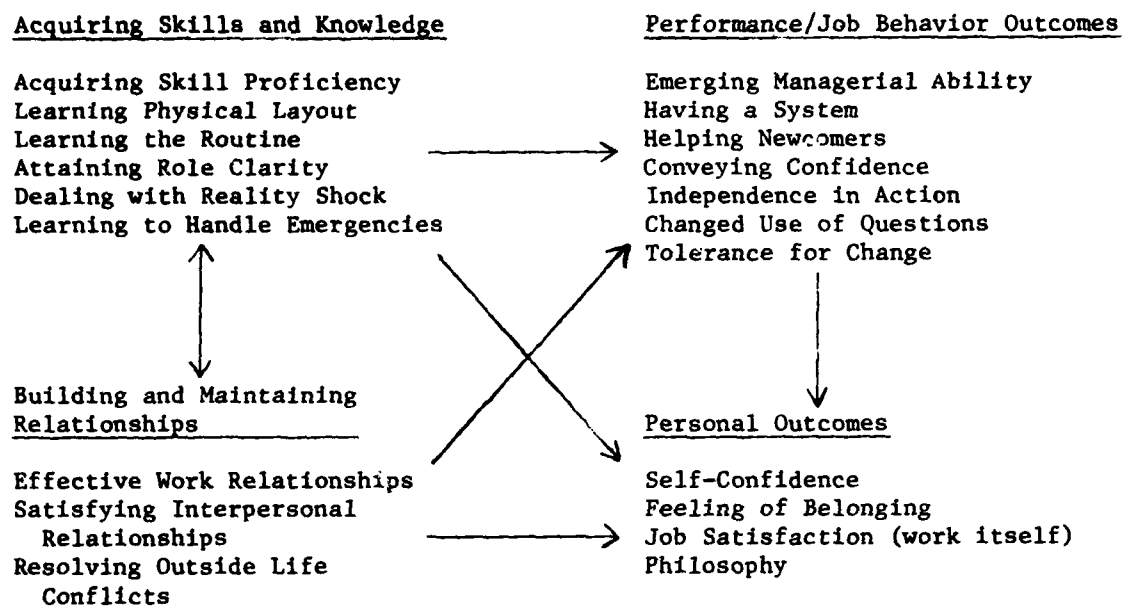
Effective Work Relationships
Satisfying Interpersonal Relationships
Resolving Outside Life Conflicts

Performance/Job Behavior Outcomes

Emerging Managerial Ability
Having a System
Helping Newcomers
Conveying Confidence
Independence in Action
Changed Use of Questions
Tolerance for Change

Personal Outcomes

Self-Confidence
Feeling of Belonging
Job Satisfaction (work itself)
Philosophy



to," "The new nurse must establish contacts," "developing relations," "Must become proficient," "Must learn her way around" Completing the activities in these two groups seems largely to precede attaining the outcomes in the other two groupings, "Performance/Job Behavior Outcomes" and "Personal Outcomes." That is, learning to meet the day-to-day performance demands of the job, and learning how to work effectively with others in the situation must begin to happen immediately after beginning work. They lead eventually to successful performance (independence in action, having a system), to a mature and experienced "style" (including tolerance for change, helping newcomers, conveying confidence, changed use of questions, etc.), and to positive personal outcomes such as feelings of self-confidence and job satisfaction.

Further causal relationships can also be suggested. Personal outcomes may depend partly on attaining performance/job behavior outcomes. For example, independence in action, emerging managerial ability, and having a system probably enhance feelings of self-confidence and satisfaction with the work itself. Acquiring skills and knowledge is shown in a reciprocal relationship with building and maintaining relationships, since co-workers may help one learn the task, but some task aptitude may need to be demonstrated in order to gain help from co-workers (Feldman, 1977).

Discussion

The categories drawn from Study 2 are likely to be

generalizable to many socialization settings beyond nursing. They are particularly relevant when organizational and occupational socialization are occurring concurrently. That is, these nurses were on their first full time professional job after nursing school, and so they were perhaps more concerned with knowledge, skill, and performance than with the learning of norms and subtle organizational quirks often considered to be an important component of organizational socialization. On the other hand, the importance of the process of learning to perform may have been written off prematurely by other socialization researchers, who were generalizing from the literature on childhood or cultural socialization, in which learning to perform very specific duties and tasks is less relevant.

In order that future researchers choose outcomes which are relevant in their particular settings, they should first repeat a procedure similar to that used here on a sample from the population of interest. If many researchers do this, we will eventually be able to identify a list of outcomes which seem to be relevant across a large number of settings, and a second list containing those which are more unique to a particular occupation or type of socialization experience. Using a completely relevant dependent variable set will enable researchers to more accurately test hypotheses about the effects of socialization processes and characteristics on eventual adjustment to the organization.

Conclusions

Taking the results of these two studies together, some tentative conclusions are possible. Despite different purposes and methodologies, both studies converged on many points. In study one, internal motivation, commitment, and job satisfaction did not change from three to six months. These variables were also not mentioned as constructs which differentiate new from fully adjusted nurses in study two. In study one, means on performance, role ambiguity, and co-worker related variables changed from three to six months, while in study two, numerous categories relating to these variables were found. This suggests that the most critical outcomes to measure during the first few months of socialization to a new job (particularly the first job in an occupation) concern learning to do the work (performance) and learning to get along with co-workers. These conclusions are consistent with research by Katz (1978) which showed that job enrichment dimensions were not particularly relevant to new employees, who were busy trying to master the task and fit into the social environment. After about a year of experience on the job, enrichment dimensions did become salient.

In summary, the purpose of this paper is to argue for more thoughtful selection of criterion variables in the study of the socialization process. The shotgun approach of measuring many possible outcome variables simply because standardized measures are readily available will not be as productive as theoretically and empirically identifying the relevant outcomes

in a particular setting. One can then proceed to study the determinants of the relevant outcome set. As suggested above, relevant outcome sets may be different for different occupations, different types of career transitions (first job vs. lateral transfer within a company, etc.), and different time periods within a single socialization experience (first vs. sixth vs. twelfth month). Our understanding of organizational socialization cannot help but be enhanced by more careful specification of outcomes.

Footnotes

1 This research was supported by a grant from the Office of Naval Research, N00014-81-K0036, NR170-925. Thanks to Perilou Goddard for helping with Study 2, and to Ruth Brewer for access to the sample.

2 SPSS employs the oblimin criterion, and the default value of $\delta=0$ was used, allowing a "fairly oblique" solution to emerge "if such correlations exist in the data" (Nie et al., 1975, p. 486).

Factors were also rotated orthogonally, using the Varimax procedure. Results were very similar, and factor names would have been the same using either method.

3 Thanks to Mitch Muehsam of The Institute of Statistics at Texas A&M University, for writing the program for this analysis.

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Appendix

Reliabilities of All Scales¹

<u>Scale Name</u>	<u>Reliabilities</u>	
	Time 1	Time 2
Organizational Commitment Questionnaire	.77	.91
Job Perception Scales		
Co-workers	.77	.79
Pay	.92	.93
Work itself	.75	.72
Supervision	.85	.85
Job Involvement	.66	.66
Commitment to Nursing	.87	.86
Internal Work Motivation	.36	.33
1. I feel a great sense of personal satisfaction when I do this job well.		
2. My own feelings generally are <u>not</u> affected much one way or the other by how well I do on this job.		
3. I feel bad and unhappy when I discover that I have performed poorly in this job.		
Role Conflict	.60	.54
1. I receive incompatible orders or requests from two or more people.		
2. Sometimes I have to do things that are against my better judgment.		
3. I feel that the amount of work I have to do may interfere with how well it gets done.		
Role Ambiguity	.65	.65
1. I feel certain about how much authority I have on the job.		
2. I know exactly what is expected of me.		
3. I don't know what my supervisor thinks of my performance.		
Mutual Influence	.65	.77
1. I feel that I have very little input into how things are done on my unit.		
2. If I had an idea about improving the way jobs were done in this unit, I doubt I could get action on it.		
3. I feel I have a lot of influence in my unit.		

Overall Job Satisfaction	.91	.91
1. I like this job very much.		
2. I am very dissatisfied with this job.		
3. Overall, I am quite happy with this job.		
Innovation	.58	.62
1. I like to try new and better ways to get this job done.		
2. I have lots of good ideas about how things could be done better on this unit.		
3. I often make helpful suggestions to my co-workers or superiors.		
Self Rating of Performance	.90	.91
1. Gathering subjective and objective data concerning patient problems.		
2. Making accurate nursing diagnoses of patient problems.		
3. Planning nursing care utilizing the proper assessment data.		
4. Intervening using appropriate nursing techniques.		
5. Evaluating the effectiveness of your plan of care.		
6. Modifying the plan of care based on individual patient responses.		
7. Overall performance.		
Adjustment to Co-workers	.48	.57
1. I usually agree with my co-workers whenever we discuss working in this hospital.		
2. I know how my co-workers feel about various aspects of this job.		
3. I get along with my co-workers very well.		
Adjustment to the Job/Task	.73	.70
1. I know when I should do something myself, and when I should get help.		
2. I feel very well adjusted to my new job.		
3. I still feel unsure of myself on this job.		
4. I feel comfortable with this job.		

¹ Items are listed for scales developed or modified for this research.

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