

Development and Validation of a Learning Scale for Organizational Socialization among Experienced Newcomer Nurses

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Abstract

Purpose: This study aimed to verify the face and content validity of a learning scale for the organizational socialization of Experienced Newcomer Nurses and to refine the scale items. **Methods:** An anonymous, self-administered questionnaire assessing the content and face validity of a 75-item draft scale was administered to nursing administrators and nursing management researchers. The respondents were asked to rate, on a 4-point scale, the conceptual fit of the “Learning Scale for Organizational Socialization of Experienced Newcomer Nurses” and the degree to which each proposed item aligned with the concept. The item-level content validity indices were calculated based on the survey results. **Results and Conclusions:** The Learning Scale for Organizational Socialization of Experienced Newcomer Nurses was refined to 43 items, resulting in a scale with both face and content validity. Further research is required to verify the reliability and validity of this scale.

Keywords

Organizational Socialization, Experienced Newcomer Nurses, Learning, Scale Development, Validity

1. Introduction

In Japan, the demand for nursing professionals is expanding due to an aging population and advances in medical care. According to a survey by the Japan Nurses Association, the average total years of experience for Experienced Newcomer Nurses (hereinafter referred to as “mid-career hires”) is 14.5 years, placing them in a career stage generally considered mid-level within the nursing profession [1]. Mid-career hires are presumed to learn more quickly than new graduates [2] and

are valuable assets who can contribute immediately and help revitalize the organization. Consequently, the organizations that hire them have established unique training and support systems tailored to the diversity of their work histories, aiming to help them settle into the organization [3]-[5]. However, while the attrition rate within the first year of employment was 7.9% for new graduate nurses, it rose to 17.9% for mid-career hires (more than double) due to difficulties in adapting to unspoken rules and informal customs, as well as challenges in building relationships with existing staff [6].

Research examining how new entrants adapt to the workplace and organization is referred to as organizational socialization research. Schein defines organizational socialization as “the process by which new entrants learn and adapt to the value systems, norms, and behavioral patterns required by the organization, society, or group” [7]. Ashforth *et al.* [8] conducted a comprehensive review of organizational socialization research and developed a framework for organizational socialization, positing that various forms of learning influenced by both organizational interventions and individual agency lead to improved job performance, high achievement, and enhanced job attitudes. Within this framework, the outcomes of organizational socialization are “newcomer learning” as a direct or primary outcome, and “newcomer adaptation” as an indirect or secondary outcome. Much of this research on organizational socialization focuses on the “secondary outcomes (adaptation)” of socialization, such as job satisfaction and turnover intention, while the process leading to socialization—particularly the learning aspect—has not been sufficiently examined.

Furthermore, a review of previous domestic studies on mid-career hires revealed that most research has been conducted at the single-facility level, focusing on the support sought by mid-career hires and factors influencing job retention [9]-[12]. However, there is no mention of what mid-career hires learn or the extent to which they learn during the organizational socialization process. Therefore, there is a need to develop a scale that quantitatively measures the “learning” aspect of organizational socialization among Experienced Newcomer Nurses.

By developing a scale focused on learning for organizational socialization, clinical managers can assess the extent to which mid-career hires learn and consider continuing education and organizational support. For mid-career hires, self-assessment of their learning level provides an opportunity for reflection and promotes further learning. Furthermore, by using the learning scale to facilitate reflection, which in turn promotes organizational socialization, we can expect improvements in job satisfaction and organizational commitment among mid-career hires as well as better adaptation to and retention within the new organization. This will not only help secure human resources but also improve the quality of nursing practice.

The purpose of this study was to develop a “Learning Scale for the Organizational Socialization of Experienced Newcomer Nurses” and to evaluate its face and content validity.

2. Methods

2.1. Definition of Terms

First, regarding the concepts used in this study, organizational socialization is defined as “learning the knowledge, skills, norms, and roles necessary as a member of a newly joined organization and adapting to that organization”, and learning is defined as “acquiring knowledge, skills, norms, values, attitudes, behaviors, and roles through experiences as a nurse to become a member of a newly joined organization”.

Experienced newcomer nurses are defined as nurses who have left a previous employing organization and obtained employment in a new organization within one year, with a total of five or more years of clinical experience. This term refers specifically to nurses who change jobs without a substantial career break and does not include nurses returning to practice after a period of absence.

2.2. Examination Using the Item-Level Content Validity Index

From January 2018 to April 2020, we conducted an anonymous self-administered questionnaire survey via mail. We used 75 items, extracted from interview studies on learning related to the organizational socialization of mid-career hires and from a literature review, as preliminary scale items [13]. Approximately 15 participants were recruited, including 7 - 8 nurse managers with experience in providing education for experienced newcomer nurses and 7 - 8 researchers with expertise in scale development or nursing management. Nurse managers were required to hold positions at or above head nurse level and to possess either a master’s degree or certification as a nurse administrator. Participant selection was guided by the Consensus-based Standards for the Selection of Health Measurement Instruments (COSMIN), an international standard for evaluating reliability and validity [14]. In addition, based on Takebayashi’s recommendation that an “excellent” rating for relevance to the target population requires evaluation by 10 or more experts, the target sample size was set at approximately 15 participants [15].

For the content validity analysis, the Item-Concept Validity Index (I-CVI) was used. The participants rated each item on a 4-point scale (1 = Not related, 2 = Slightly related, 3 = Related, 4 = Quite related), whether each item was relevant to the concept’s definition and appropriateness, and whether the item measured the concept validly. The I-CVI score for each scale item was calculated, and the scale was deemed valid if the score was 0.78 or higher.

For face validity, we used open-ended questions to ask participants (1) whether they understood the wording of the scale items; (2) whether they considered the content of the scale items appropriate; (3) for any other potential questions they might suggest. In the face validity analysis, we documented and summarized opinions regarding deficiencies in the scale items and the appropriateness of their wording, using them as the basis for revising the scale items.

3. Ethical Considerations

We sent explanatory materials to participants regarding the purpose of the study

and ethical considerations, including the research objectives, methods, protection of participants' human rights, protection of personal information, and disclosure of results. Consent was obtained from participants upon return of the questionnaire. This study was approved by the Research Ethics Committee of our affiliated institution. When publishing the results, we used anonymized data to ensure that individuals could not be identified.

4. Results

Fourteen self-administered questionnaires were returned (response rate: 93.3%). Lynn recommended five to ten raters for the I-CVI; however, noted that the maximum number of raters has not been established [16]. Ogasawara [17] stated that among nursing professionals, it is rare for nurses to have experience in scale development, and because they are unfamiliar with terms such as “concepts” and “conceptual definitions”, they find them extremely difficult to understand. Therefore, in this study, it was considered that involving a larger number of experts in evaluating the I-CVI would contribute to ensuring validity. Accordingly, the 14 individuals who agreed to participate were included as raters, and this was judged to be an appropriate approach. The breakdown of participants consisted of seven clinical nursing managers involved in the education and support of mid-career hires (holding positions of Head Nurse or higher, with a master's degree or higher, or certified nursing manager qualifications), and seven researchers in nursing management who were well-versed in scale development.

Table 1 presents the I-CVI results for the 75 items extracted from the interview surveys and a literature review of the learning processes for organizational socialization of Experienced Newcomer Nurses. Of the 75 items, 48 met the criterion with an I-CVI of 0.78 or higher. Twenty-seven items were excluded based on the exclusion criteria. The detailed process of item-level refinement is described below.

For Concept 1: Acquire the necessary knowledge and skills in the newly established department, which initially consisted of 16 items, items 11, 12, and 13 were first removed due to I-CVI values below 0.78. Although the remaining items met the I-CVI criterion, several were considered redundant based on expert feedback. Accordingly, items 6, 9, and 10 were integrated into item 4; item 7 was integrated into item 8; and item 15 was integrated into item 5. In addition, based on their content, items 14 and 16 were reassigned to Concept 2.

For Concept 2: Expanding one's nursing skills through re-employment, the concept name was revised to “Deepen your understanding of nursing knowledge and skills based on the experience you have cultivated” in order to more clearly reflect the characteristics of experienced newcomer nurses. Of the eight items included in this concept, items 18, 20, 21, 22, and 23 were removed due to I-CVI values below 0.78. Although item 24 (“By experiencing a variety of cases, you can hone your patient education skills”) had an I-CVI of 0.79, it was excluded because it was considered context-specific and lacked generalizability.

For Concept 3: Developing communication skills considerate of existing staff, which consisted of seven items, items 26 and 27 were removed due to low I-CVI values. Experts suggested that, prior to behaviors such as “Determine the timing and method for asking questions to existing staff members” (item 28) and “Answer in a way that takes the other person’s perspective into consideration” (item 29), individuals likely observe interpersonal relationships among existing staff. Therefore, item 17 (“We are assessing the interpersonal relationships among existing staff members”) was added.

For Concept 4: Modifying previously acquired skills to align with institutional standards and procedures, all items met the I-CVI criterion; however, items 35 and 37 were considered redundant and were integrated into item 24.

For Concept 5: Strictly follow the hospital manual, all four items met the I-CVI criterion; however, items 39 and 40 were integrated and revised as item 27 (“I know that there are established record-keeping standards set by the hospital”).

For Concept 6: Performing duties in accordance with hospital management policies, item 43 was removed due to an I-CVI of 0.75, and three items were retained. This concept was then integrated with Concept 5, and the concept name was revised to “Understand that rules differ from hospital to hospital and act in accordance with the hospital’s policies”.

For Concept 7: Act based on value judgments cultivated through past practical experience, four items (51, 52, 55, and 56) were removed due to I-CVI values below the threshold.

For Concept 8: Find a compromise and accept the department’s rules, all items failed to meet the I-CVI criterion, and therefore the concept was eliminated.

For Concept 9: Accept that departmental rules cannot be changed and perform your duties accordingly, five of the nine items (61, 62, 63, 65, and 66) were removed due to low I-CVI values. However, three items—item 60 (“Accept that you can’t change the department’s unique rules.”), item 64 (“Instead of insisting on your own opinion, conform to the department’s norms.”), and item 67 (“I do my job even though I think it’s wrong and I compromise.”)—were retained after revision.

The rationale for retaining these items is as follows. Experienced newcomer nurses enter new organizations with established professional expertise and value systems; therefore, adjusting to existing organizational norms becomes an important learning task. Organizational socialization theory emphasizes the process by which newcomers understand and internalize organizational values and behavioral patterns [13], particularly in the early stages when adaptation to norms is required. Previous studies in nursing have also reported that experienced newcomer nurses often conform to workplace practices despite discomfort and prioritize maintaining interpersonal relationships [18] [19]. Therefore, these items were considered essential components of the learning process.

For Concept 10: Utilize practical skills to fulfill the required role, items 68 and 73 were removed due to low I-CVI values. The retained items were revised based

on expert feedback.

For Concept 11: Re-examining what nursing is in the context of re-employment, both items met the I-CVI criterion and were retained. However, due to the revision of Concept 2, it was deemed appropriate to integrate these items into Concept 2; thus, items 74 and 75 were reassigned.

Following these refinements, the scale was reorganized into eight concepts:

- (1) acquire the necessary knowledge and skills in the newly established department;
- (2) deepen your understanding of nursing knowledge and skills based on the experience you have cultivated;
- (3) develop communication skills that are considerate of existing staff;
- (4) modify acquired skills to conform to hospital operational standards and procedures;
- (5) understand that rules differ from hospital to hospital and act in accordance with the hospital's policies;
- (6) act based on value judgments cultivated through past practical experience;
- (7) accept that departmental rules cannot be changed and perform your duties accordingly;
- (8) utilize experience to fulfill the required role.

The final scale consisted of 43 items (**Table 1**). The scale-level content validity index (S-CVI) was 0.89, which was slightly below the recommended threshold of 0.90 proposed by Polit and Beck; however, it was judged to indicate generally acceptable content validity [20].

Table 1. Content validity of the learning scale for organizational socialization among experienced newcomer nurses: item revision from 75 to 43 items.

	Preliminary Item	I-CVI	Revision (Rationale)		Revised Item	
	Concept 1. Acquire the necessary knowledge and skills in the newly established department.				Concept 1. Acquire the necessary knowledge and skills in the newly established department.	
1	Research and understand the tests you're assigned for the first time.	1.00	Correction of expression	1	I understand the test I'm performing for the first time.	
2	Review your knowledge about pharmaceuticals.	0.93	Correction of expression	2	I understand the knowledge required for handling this medication for the first time.	
3	Studying diseases and treatments in a new field.	1.00	Correction of expression	3	Understanding the disease and treatment for the first time.	
4	Studying rare diseases and their nursing care	0.93	Correction of expression	4	understand the knowledge and skills required for nursing care of a disease I'm experiencing for the first time.	
5	Studying to improve my lacking nursing knowledge and skills.	1.00	Correction of expression	5	I understand the areas where my nursing knowledge and skills are lacking.	
6	Acquire new skills in unfamiliar medical procedures (stoma management, COPD management, postoperative care, etc.) in a completely new field.	1.00	Integrated into 4 (Free-form comments)			

Continued

7	Gain knowledge about medical devices you are handling for the first time.	1.00	Integrated into section 8 (Free-form comments)		
8	To correctly understand the operating procedures for medical devices.	1.00		6	I am learning the operating procedures for a medical device that I am handling for the first time.
9	Acquire nursing skills appropriate to the developmental stage.	0.92	Integrated into 4 (Free-form comments)		
10	Understanding developmental stages and disorders you have never experienced before	1.00	Integrated into 4 (Free-form comments)		
11	To be able to treat all types of patients, I study diseases in particular.	0.57	delete		
12	Re-examining the pathophysiology of known diseases	0.57	delete		
13	Re-examine the anatomy and physiology of known diseases.	0.43	delete		
14	I realized that while I could utilize the knowledge I had acquired, I needed to start studying from scratch.	0.86	Move to Concept 2	7	We are reviewing the knowledge and skills we have cultivated from the very basics.
15	I will focus on reviewing the parts I don't know much about.	1.00	Integrated into 5 (Free-form comments)		
16	I realized that the methods for assessing patients remain the same even when changing departments.	0.86	Move to Concept 2	8	We have confirmed that the patient assessment methods remain the same even when changing departments.
Concept 2. Expanding one's nursing skills through re-employment.			Correction of expression	Concept 2. Deepen your understanding of nursing knowledge and skills based on the experience you have cultivated.	
17	Reaffirming the importance of family care	0.79		9	We are able to reaffirm the importance of family care.
18	Consider ways to alleviate the anxiety of a family member who is experiencing significant distress.	0.57	delete		
19	Reaffirming the importance of gathering information from family members depending on the severity of the patient's condition.	0.79		10	We are able to reaffirm the importance of gathering information from family members depending on the severity of the patient's condition.
20	This broadens our perspective on patients as members of society.	0.71	delete		
21	Noticing improvements in basic nursing techniques	0.71	delete		
22	Gain new knowledge about meticulous pain control methods.	0.69	Delete		
23	To acquire the ability to respond to sudden changes, which I wanted to improve.	0.64	delete		

Continued

24	By experiencing a variety of cases, you can hone your patient education skills.	0.79	Deletion (Free comment)		
Concept 3. Develop communication skills that are considerate of existing staff.				Concept 3. Develop communication skills that are considerate of existing staff.	
25	Develop skills to build relationships with your boss.	0.85	Correction of expression	18	have acquired the skills to build relationships with my superiors.
26	To promote oneself in order to have one's abilities recognized.	0.71	delete		
27	Let's consider how to report, communicate, and consult in order to make a project successful.	0.71	delete		
28	Determine the timing and method for asking questions to existing staff members.	0.93		13	I am determining the right timing and method for asking questions to existing staff members.
29	Answer in a way that takes the other person's perspective into consideration.	0.93	Correction of expression	14	The response is given in a way that takes into consideration the position of existing staff members.
30	Think about how to make a proposal without rejecting the other person's idea.	0.93	Correction of expression	15	I'm thinking about how to make proposals that don't negate the opinions of existing staff.
31	When communicating with someone, we use words.	0.85	Correction of expression	16	When communicating with existing staff, I use common language to express myself clearly.
			Added based on free-form comments.	17	We are assessing the interpersonal relationships among existing staff members.
Concept 4. Modify acquired skills to align with hospital operational standards and procedures.				Concept 4. Modify acquired skills to conform to hospital operational standards and procedures.	
32	Review your skills in accordance with the procedures established at the hospital.	1.00		19	I am reviewing my own skills to align with the procedures established at the hospital.
33	Adapting procedures to suit the hospital's supplies.	1.00		20	We adapt our techniques to suit the hospital's supplies.
34	Instead of just doing things you don't understand, ask those around you.	1.00		21	Instead of just doing things you don't understand, ask those around you.
35	Recognize that the handling of cleanliness and hygiene varies from hospital to hospital.	0.86	Integrated into 24		
36	I recognize that the role of the assigned nurse varies from hospital to hospital.	0.93		22	I am aware that the role of the assigned nurse varies from hospital to hospital.
37	Understand the differences in procedures for administering antibiotics and blood transfusions.	0.86	Integrated into 24		
38	Recognize the differences in the scope of nursing duties defined by each hospital.	0.93		23	I am aware of the differences in nursing practice standards set by different hospitals.
Concept 5. Strictly follow the hospital manual.				Concept 5. Understand that rules differ from hospital to hospital and act in accordance with the hospital's policies.	
39	Follow the record-keeping rules set by the hospital.	0.93		27	I know that there are established record-keeping standards set by the hospital.

Continued

40	The rules set by the hospital are absorbed from the manual.	0.93	Integrated into 27	
41	Learn how to use the tools used for the job (electronic medical records, air chutes, cost slips, etc.)	0.92	Correction of expression	28 They understand how to use the tools used for their work (electronic medical records, air chutes, cost slips, etc.).
42	Understand how to perform tasks in accordance with the nursing method.	1.00	Correction of expression	29 know that there are different ways of performing tasks depending on the nursing method.
Concept 6. Perform duties in accordance with the hospital's operating policies.			Integrated into Concept 5	
43	Considering graduate education from the perspective of someone receiving guidance.	0.75	delete	
44	Accept the nursing department's policy regarding training new nurses.	0.92		26 We understand the nursing department's policy regarding training new nurses and are providing training according to a schedule that aligns with that policy.
45	Accepting differences in cost awareness	0.92		25 We understand that there are differences in cost awareness among hospitals when using supplies.
46	Responding to hospital management policies that prioritize occupancy rates.	0.92		24 They understand the hospital's management policy, which is focused on occupancy rates, and accept emergency admissions.
Concept 7. Act based on value judgments cultivated through past practical experience.				Concept 6. Act based on value judgments cultivated through past practical experience.
47	Don't blindly accept what you're taught; do your own research.	0.93		30 I don't blindly accept what I'm taught; I research and verify things myself.
48	Carefully consider the appropriateness of the department's unique rules.	0.86		31 I am carefully considering the appropriateness of the department's unique rules.
49	Let's try this method first and then decide what's right.	1.00		32 We try out the methods of the newly established organization first, and then we judge what is right.
50	By investigating what you're wondering about, you can determine what's right.	1.00		33 I determine what is right by investigating things I have doubts about.
51	Solidify the evidence and change the existing rules.	0.64	delete	
52	Taking on a leadership role allows you to have your opinions reflected.	0.50	Delete	
53	Build trust in the workplace before raising issues.	0.93		34 I raise the issue after building trust within the department.
54	We will continue to make suggestions little by little about things that cannot be easily changed.	0.79		35 Things that cannot be easily changed are being suggested in a timely manner, taking the vaporizer into consideration.
55	Stick to the rules you believe are right, to the extent possible.	0.64	delete	
56	I will stick to my own beliefs regarding the role and responsibilities of the assigned nurse.	0.64	delete	
Concept 8. Find a compromise and accept the department's rules.			delete	

Continued

57	Understanding hospital safety management standards helps you understand when to report.	0.71	delete	
58	If it hasn't resulted in a major accident, then we'll compromise and accept the current method.	0.64	delete	
Concept 9. Accept that departmental rules cannot be changed and perform your duties accordingly.				Concept 7. Accept that departmental rules cannot be changed and perform your duties accordingly.
59	Recognize that the rules set by the department take precedence.	0.86		36 I understand that the rules set by the department take precedence.
60	Accept that you can't change the department's unique rules.	0.64	Based on the freely submitted opinions, the wording was revised and adopted.	37 I've come to accept that the department's rules, which have been established over many years, cannot be changed.
61	Learn that even with experience, a newcomer's opinions will be dismissed.	0.43	Delete	
62	Realizing that the new proposal could not be accepted, they gave up.	0.43	delete	
63	Out of consideration for existing staff, I will refrain from making any announcements myself.	0.50	delete	
64	Instead of insisting on your own opinion, conform to the department's norms.	0.71	Based on the freely submitted opinions, the wording was revised and adopted.	38 When my opinion differs from the department's rules, I don't insist on asserting myself and instead go along with them.
65	felt some resistance to the idea of prioritizing work efficiency, but I was convinced.	0.64	delete	
66	I perform my duties despite feeling reluctant to coordinate with doctors regarding work arrangements.	0.50	delete	
67	I do my job even though I think it's wrong and I compromise.	0.54	Based on the freely submitted opinions, the wording was revised and adopted.	39 I'm doing my job even though I think it's wrong and I'm compromising.
Concept 10. Utilize practical skills to fulfill the required role.			Correction of expression	Concept 8. Utilize experience to fulfill the required role.

Continued

68	I use my experience to advise my fellow new recruits.	0.71	delete		
69	Taking the initiative to take on a new role in a new organization	0.86	Correction of expression	40	He is taking the initiative to take on a new role in the new organization.
70	I accept the role that is expected of me based on my experience.	0.93	Correction of expression	41	I recognize that there are roles that are expected of me based on my experience.
71	Accepting the expectation of being able to contribute immediately	1.00	Correction of expression	42	I understand that I am expected to be able to contribute immediately.
72	Supporting future graduates based on real-life experiences	0.93	Correction of expression	43	Based on their own experiences, they support job seekers in similar situations.
73	Taking on patients without sufficient knowledge	0.07	delete		
Concept 11. Re-examining what nursing is in the context of re-employment.			Integrated into Concept 2		
74	Working with other healthcare professionals to plan the discharge of patients deepens one's understanding of their role as a nurse.	0.79		11	Working with various professionals to plan the discharge of patients has deepened my awareness of my role as a nurse.
75	By providing direct nursing care to patients, I rediscovered the joy of nursing.	0.79		12	I'm rediscovering the joy of nursing by providing direct nursing care to patients.

5. Discussion

5.1. Conceptual Structure of the Learning Scale for Organizational Socialization among Experienced Newcomer Nurses

The eight concepts identified in this study are consistent with the definition of organizational socialization as “the process by which newcomers learn the knowledge, skills, norms, and roles necessary to function as members of an organization and adapt to it”. Specifically, the concepts “acquire the necessary knowledge and skills in the newly established department” and “deepen your understanding of nursing knowledge and skills based on the experience you have cultivated” represent the acquisition of knowledge and skills necessary for job performance. The concepts “modify acquired skills to conform to hospital operational standards and procedures” and “understand that rules differ from hospital to hospital and act in accordance with the hospital’s policies” reflect the understanding and internalization of organizational norms.

In addition, “develop communication skills that are considerate of existing staff” represents learning related to relationship building, whereas “utilize experience to fulfill the required role” and “act based on value judgments cultivated through past practical experience” reflect the reconstruction of professional expertise and personal values. Furthermore, “accept that departmental rules cannot be changed and perform your duties accordingly” represents the process of adapting to organizational culture while experiencing value conflicts and a sense of incongruity.

Taken together, these concepts capture the primary outcome of organizational socialization—namely, learning—from multiple dimensions, including knowledge, skills, norms, relationships, values, and roles. Therefore, the conceptual structure of this scale is considered to be consistent with the theoretical framework of organizational socialization.

5.2. Validity of the Learning Scale for Organizational Socialization among Experienced Newcomer Nurses

The 14 participants asked to evaluate the items for the I-CVI calculation were clinical nursing managers involved in the education and support of mid-career hires, holding master's degrees or higher or Certified Nursing Manager credentials, and researchers in nursing management well-versed in scale development. Therefore, it can be inferred that they made appropriate judgments about the validity of the scale items and whether each construct aligned with the learning processes of mid-career hires after their initial entry into the workforce. Because the objective of this scale was to develop a highly versatile tool for mid-career hires working in clinical settings and for nursing managers who support and educate them, a selection method that considered the participants' positions was considered appropriate. Forty-eight items, accounting for 60% of the total, met the adoption criterion of an I-CVI of 0.78 or higher, indicating that the items sufficiently represent the learning content of mid-career hires.

The reduction of the number of concepts from 11 to 8 allowed for the consolidation of similar concepts and enabled clearer distinction among each concept. By calculating the I-CVI and integrating open-ended comments from experts, we refined the selection of scale items. As reported in previous studies [21], this confirms that the use of I-CVI is an appropriate method for evaluating content validity. Consequently, consistent content validity of the learning scale items for the organizational socialization of mid-career hires was ensured through expert survey results and quantitative refinement of the selection of scale items using the I-CVI.

6. Limitations of This Study

Although this study examined face and content validity, the reliability and validity of the scale are not yet sufficient. In the future, it will be necessary to verify construct validity and reliability among mid-career hires to improve the accuracy of the scale.

7. Conclusion

The “Learning Scale for Organizational Socialization of Experienced Newcomer Nurses” was developed with 43 items, following an expert review of face validity and content validity indices. This resulted in the development of a scale with both face and content validity. To enhance the practicality of the scale, its reliability and validity must be verified among experienced nurses.

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Conflicts of Interest

The author declares that there are no conflicts of interest.

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