

Transition from Classroom to Clinical Practice: Lived Experiences of Novice Nurses in a Government Hospital

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ABSTRACT

Transition from classroom to clinical practice represents a critical phase for novice nurses, marked by challenges that shape their professional identity and competence. This study aims to explore the lived experiences of novice nurses during this transition to professional practice. Utilizing a transcendental phenomenological approach, the study was conducted in a government hospital in Dipolog City. Twelve novice nurses, selected through purposive sampling, participated in semi-structured interviews to share their transition experiences. Data were analyzed using Moustakas' phenomenological reduction techniques to extract significant themes and insights. The findings revealed six interconnected themes reflecting the lived experiences of novice nurses in their transition to clinical practice. These themes include experiencing fatigue, building resilience, and managing emotional labor; growing through time from training to professional becoming; adjusting to and navigating clinical spaces toward confident practice; building supportive relationships with colleagues and patients; navigating technology, adapting to challenges, and developing competence; and developing competence, practicing accountability, and ensuring safe and reflective patient care. The study concludes that these lived experiences significantly impact novice nurses' professional growth, underscoring the need for holistic support to mitigate transition shock and enhance resilience. Healthcare institutions may implement structured mentorship programs and supportive work environments to facilitate a smoother transition and promote patient safety.

Keywords: clinical transition, novice nurses, professional development, resilience, workplace adaptation

INTRODUCTION

The nursing profession in the Philippines is experiencing significant growth, with a substantial influx of new graduates entering the healthcare workforce annually. According to the Commission on Higher Education (CHED), thousands of Bachelors of Science in Nursing (BSN) students completed their degrees across regions in academic year 2023–2024, reflecting the continued popularity of nursing education as both a local and global career pathway (CHED, 2024). This trend is further supported by the record number of Filipino graduates who took the U.S. licensure examination (NCLEX-RN) for the first time in 2023, reaching 36,410 examinees the highest in history demonstrating the strong international demand for Filipino nurses (Manila Standard, 2024).

In terms of national licensure, the Professional Regulation Commission (PRC) reported that 7,749 out of 11,116 examinees successfully passed the May 2024 Philippine Nurse Licensure Examination (PNLE). Later that year, the November 2024 examination saw a remarkable increase, with 29,349 passers out of 34,534 examinees, yielding a passing rate of nearly 85% (PRC, 2024a, 2024b). These results highlight that a significant number of graduates transition to becoming licensed nurses each year, adding to the potential healthcare workforce pool.

Employment outcomes vary considerably among graduates. Tracer studies from Philippine nursing institutions indicate that while a majority are able to secure nursing positions, a considerable proportion remain underemployed or shift to non-nursing work. Austria (2023) reported that approximately 68% of graduates found

employment as nurses, with the remaining 32% either unemployed, engaged in unrelated jobs, or preparing to work abroad. This suggests that although the country produces and licenses large cohorts of nurses annually, its healthcare system has limited absorptive capacity, pushing many graduates toward alternative pathways.

Despite the continuous influx of new nurses, the Philippine healthcare system is still marked by a critical shortage of nursing professionals. Estimates suggest a deficit of more than 120,000 nurses nationwide, leading to overstretched hospital staff, unsafe nurse-to-patient ratios, and workforce burnout (Alibudbud, 2023). Poor compensation, short-term contractual arrangements, and limited opportunities for professional advancement further drive the mass migration of nurses overseas (Hartigan-Go et al., 2024). As Tan-Lim (2024) emphasizes, this shortage undermines the implementation of universal health care and widens disparities in service delivery, particularly in rural and underserved areas.

Thus, while the nursing profession in the Philippines demonstrates strong growth in graduate output and licensure success, persistent issues of employment mismatch, workforce migration, and systemic inadequacies hinder the country's ability to meet its healthcare needs. Within this context, the flight of new nurses from the classroom to the clinical setting becomes a pivotal stage, as their transition from students to practicing professionals determines not only their career trajectories but also the resilience of the nation's healthcare workforce (Delos Reyes & Santos, 2021). Understanding their lived experiences in this crucial period sheds light on the challenges and opportunities that shape their retention, adaptation, and contributions to patient care.

In recent years, the demand for nurses has remained high due to both local and international shortages in healthcare staffing (Garcia & Cruz, 2020). This trend highlights the importance of understanding the transition challenges faced by novice nurses as they enter professional practice. The transition from being a novice nurse to engaging in actual clinical practice is a critical phase in professional development (Benner, 1984). Novice nurses often enter the workforce with strong theoretical knowledge but limited practical experience, making them reliant on rules, structured guidelines, and supervision as they adjust to the complexities of patient care. Understanding this transition is essential because it highlights the challenges novice nurses face in developing clinical judgment, adapting to the demands of healthcare environments, and gradually moving toward competence and independence in their professional roles.

Novice nurses often experience emotional stress when moving into clinical roles. Labrague et al. (2019) found that Filipino nurses working in rural healthcare settings encounter "transition shock," anxiety, and pressure from heavy workloads. A recent systematic review confirmed that time management, excessive workloads, and interpersonal conflicts are common stressors for new nurses worldwide (Pérez-Fernández et al., 2024). These emotional burdens can lower job satisfaction and increase the risk of early turnover.

Adjustment to professional roles presents another challenge for novice nurses, many of whom report feeling unprepared to make complex clinical decisions, particularly in resource-limited hospitals (Labrague et al., 2019). Pérez-Fernández et al. (2024) also emphasized that unclear role expectations and insufficient mentoring worsen feelings of incompetence. Support systems, effective preceptorship, and institutional guidance are therefore critical to ease this transition.

Cultural context strongly shapes how novice nurses adapt to their work environments. In the Philippines, values such as *pakikisama* (maintaining harmony) and *hiya* (modesty or avoidance of shame) influence how nurses interact with peers and superiors (Jose et al., 2024). While these cultural traits may foster cooperation, they can also discourage nurses from speaking up or asking for help. Understanding these dynamics is essential for creating supportive and culturally sensitive transition programs. Yet, despite recognition of these cultural influences, little is known about how novice nurses in regional government hospitals experience and navigate their transition, highlighting a gap that this study seeks to address.

Existing literature has widely examined nurse burnout, turnover, and workplace stress, with much of the focus on experienced nurses in large, urban hospitals. Labrague et al. (2019) studied novice nurses in rural areas but not specifically in government tertiary hospitals. International research further shows that new nurses often face "transition shock," emotional stress, and difficulties adjusting to professional roles (Pérez-Fernández et al., 2024;

Woo & Newman, 2020). While these studies highlight important challenges, they tend to emphasize stress and adaptation in broad contexts, overlooking the unique realities of government healthcare institutions.

Government hospitals in the Philippines, particularly in regional areas like Zamboanga del Norte, face staff shortages, limited resources, and overcrowding, which place heavy demands on novice nurses (Alibudbud, 2023). These conditions create steeper learning curves, heavier workloads, and fewer support systems compared to private or metropolitan hospitals. However, there is limited qualitative research that explores how novice nurses personally navigate their transition in these constrained environments. This study addresses a *knowledge gap* by examining the lived experiences of novice nurses in a regional government hospital. While previous research has focused on burnout, turnover, and adaptation in urban and private settings, little is known about the unique realities of novice nurses working in resource-constrained public hospitals. Filling this gap will generate insights that can guide mentorship, retention, and policy strategies tailored to strengthen regional healthcare systems. Hence, this study explored the lived experiences of novice nurses in a government hospital in Dipolog City to understand their emotional, social, and professional transition into clinical practice.

This study is significant because it will provide valuable insights into the lived experiences of novice nurses in regional government hospitals. By uncovering the challenges, coping strategies, and personal meanings attached to their transition, the findings will help nursing administrators and policymakers design better support systems. Hospital leaders may use the results to improve mentorship programs, workload distribution, and retention strategies, ultimately enhancing the quality of healthcare delivery in resource-constrained settings.

The study will also benefit nursing educators, professional organizations, and future novice nurses. For educators, the findings can inform curriculum adjustments that better prepare students for real-world hospital conditions. Professional organizations may use the results to advocate for stronger policies that address staffing shortages and workplace support. Finally, novice nurses themselves will benefit through the development of culturally sensitive programs and workplace practices that support their adaptation, confidence, and long-term career growth.

METHODOLOGY

Design. This study employed a qualitative phenomenological research design. Qualitative research sought to understand and interpret human experiences by capturing rich, descriptive accounts rather than relying on numerical data. Creswell and Poth (2018) explained that qualitative inquiry provided depth and context to how individuals constructed meaning from their everyday realities, making it particularly suitable for studies that aimed to explore complex human experiences. Transcendental phenomenology, as articulated by Moustakas (1994), focused on the study of human experiences with the intent of uncovering their essence through systematic reflection and analysis. It emphasized describing rather than explaining, allowing the phenomenon to reveal itself as it was experienced by individuals.

Setting. The study was conducted in a government hospital in Dipolog City, Philippines. This hospital serves as a regional healthcare facility catering to a diverse patient population and is characterized by high patient volume, limited resources, and workforce constraints. These contextual conditions provide a realistic environment for examining the transition experiences of novice nurses, particularly in resource-constrained public healthcare settings.

Participants. The participants of this study were novice nurses employed in a government hospital in Dipolog City. A total of 12 participants were selected through purposive sampling, with the final number determined by data saturation, or the point at which no new themes or insights emerged. The inclusion criteria were (1) newly registered nurses with less than two years of clinical experience and no prior employment, (2) currently employed in the hospital, and (3) willing to share their lived experiences. Exclusion criteria included (1) nurses with more than two years of work experience, (2) those assigned to purely administrative roles, and (3) those unwilling to provide informed consent. This selection process ensured that the study gathered rich, authentic narratives reflecting the transition of novice nurses from students to professional practitioners. This study utilized purposive sampling to obtain rich and in-depth accounts from novice nurses within a government hospital; however, this approach may limit the transferability of the findings to other contexts. The experiences described

by participants may differ from those of nurses working in private hospitals, urban medical centers, or other regions with varying resources and organizational cultures. Additionally, the relatively small sample size, while appropriate for phenomenological inquiry, may not fully capture the diversity of experiences across broader healthcare settings. Despite these limitations, the study provides valuable contextual insights that may inform future research and practice in similar environments.

Instrument. The study utilized a semi-structured interview guide as its primary research instrument to explore the lived experiences of novice nurses, focusing on their transition, challenges, and emotional and psychological experiences. The guide was developed through an extensive review of relevant literature and refined with expert feedback to ensure its clarity and relevance (Alhazmi & Kaufmann, 2022). In addition, a demographic questionnaire collected data on participants' age, gender, educational background, and nursing experience to contextualize the findings. Field notes were also taken during interviews to capture additional insights and enhance the depth of the qualitative data.

Data Gathering Procedure. The data-gathering procedure for this study was conducted through several key stages, beginning with obtaining necessary permissions and culminating in data collection through interviews with novice nurses. The researcher obtained formal permissions from the Dean of the Graduate School at Misamis University and the Chief of the Hospital where the study was conducted. After securing ethical approval, purposive sampling was used to recruit novice nurses who had recently entered clinical practice. Recruitment strategies included posting flyers in healthcare facilities, contacting nursing schools, and leveraging professional networks. Eligible participants received detailed information on the study's objectives, procedures, and ethical considerations, and each provided written informed consent prior to participation.

Ethical Considerations. To ensure ethical conduct, this study implemented several measures throughout the research process. Ethical approval was obtained from the Misamis University Research Ethics Committee (MUREC) following the submission of a detailed protocol outlining the study's purpose, procedures, potential risks and benefits, and steps to protect participant confidentiality. The researcher acted strictly as an investigator and not as a healthcare provider for participants in the mentorship programs. This role separation was essential to maintain objectivity and uphold ethical standards. Participants were informed that their involvement in the study would not affect their healthcare services or relationships with healthcare providers. Permissions were also sought from relevant authorities, including the healthcare institution where the study was conducted. Written consent was obtained, detailing the study's purpose, procedures, intended use of collected data, and clear assurances regarding confidentiality.

Informed consent was acquired from each participant before participation. Participants received comprehensive information about the study, including its objectives, procedures, potential risks and benefits, and their rights. They were given the opportunity to ask questions and clarify concerns before consenting, with consent documented through signed forms or recorded verbal consent during audio interviews. During orientation, participants were reminded of their rights, including the voluntary nature of participation and the option to withdraw at any time without consequences. Confidentiality and anonymity were emphasized, ensuring that responses remained confidential and no personally identifiable information was disclosed in reports or publications. Data were anonymized during analysis and reporting to further protect participant confidentiality.

Data Analysis. Data were analyzed using Clark Moustakas' (1994) transcendental phenomenological approach, involving epoche (bracketing), phenomenological reduction, imaginative variation, and synthesis. To ensure methodological rigor, the process of epoche or bracketing was carefully undertaken. The researcher consciously set aside personal assumptions, prior experiences, and preconceived notions about novice nurses' transition to clinical practice. This was achieved through reflective journaling, maintaining field notes, and engaging in continuous self-reflection throughout the data collection and analysis process. By doing so, the researcher aimed to approach the participants' narratives with openness, allowing the essence of their lived experiences to emerge without undue influence from researcher bias.

The researcher set aside biases, repeatedly reviewed transcripts and recordings, and identified significant statements, which were clustered into meaning units guided by the existential dimensions of embodiment, temporality, spatiality, relationality, materiality, and causality. Imaginative variation was used to explore

structural meanings and contextual influences, while synthesis integrated the themes into a comprehensive description of the essence of novice nurses' transition to clinical practice in a government hospital.

RESULTS AND DISCUSSIONS

The study involved twelve (12) novice nurses from a government hospital in Dipolog City, selected through purposive sampling based on their status as newly registered nurses with less than two years of clinical experience. The participants were between 23 and 26 years old, with most being single and two married, representing both early-career professionals and individuals balancing work and family life. Their length of clinical experience ranged from less than six months to two years, capturing varied stages of transition from orientation and skill familiarization to increasing clinical independence.

Data were analyzed following the transcendental phenomenological approach of Clark Moustakas (1994). Through horizontalization, significant statements were identified and treated with equal value. These were clustered into meaning units, which formed the basis of the emerging themes. The themes presented reflect the textural descriptions (what was experienced) of novice nurses, while interpretive statements provide structural descriptions (how the experiences occurred). These processes led to a deeper understanding of the essence of their transition from classroom to clinical practice.

Theme 1. Experiencing Fatigue, Building Resilience, and Managing Emotional Labor in Transitioning to Nursing Practice

Novice nurses experience the transition into clinical practice as physically and emotionally demanding, where fatigue, disrupted rest, and emotional strain shape their everyday realities. Long shifts, continuous movement, and exposure to emotionally intense patient situations contribute to bodily exhaustion and psychological burden. Despite these challenges, nurses sustain themselves through meaningful patient outcomes and adaptive coping strategies. Evidence shows that sleep deterioration affects quality of life (Kim & Lee, 2022), while resilience supported by self-care and peer support enables adaptation (Han et al., 2024).

The physical demands of nursing work are clearly reflected in participants' descriptions of exhaustion and bodily strain. These accounts demonstrate how prolonged shifts and continuous activity directly affect energy levels and physical well-being. Such experiences highlight that fatigue is not only physical but deeply embodied in their daily practice. Research supports that physical exhaustion is a common experience among novice nurses during transition (Kim & Lee, 2022).

"I often feel exhausted from the long shifts, with my body aching and my energy drained by the end of the day." (P1)

"Physically, I often feel exhausted from the long shifts and constant activity. But emotionally, I feel motivated and fulfilled whenever I see positive outcomes in my patients' recovery." (P2)

"Physically, I often feel exhausted from the long shifts and constant activity." (P3)

Beyond physical fatigue, the inability to rest highlights how work-related stress extends into nurses' personal time. Participants described difficulty sleeping and relaxing even after completing their shifts. This indicates that the demands of clinical work continue to affect them beyond the workplace. Studies confirm that sleep disturbances are strongly linked to reduced well-being and increased turnover intention among new nurses (Kim & Lee, 2022; An et al., 2022).

"I also find it hard to sleep after my shifts, and sometimes I struggle to relax even when I'm already at home." (P1)

"I often experience sleep disturbances ... it usually takes me some time to unwind because my mind is still focused on the things that happened at work." (P2)

“After my shifts, I sometimes have trouble sleeping and find it difficult to fully relax.” (P3)

To cope with emotional demands, novice nurses actively engage in strategies such as reflection, peer support, and self-care. These coping mechanisms help them manage emotional labor while maintaining professional functioning. Such practices demonstrate their efforts to sustain balance and resilience in challenging environments. Research indicates that peer support and reflective practices play a critical role in building resilience among novice nurses (Han et al., 2024).

“I usually seek support from my colleagues or supervisors.” (P5)

“I also prioritize self-care activities like exercise and mindfulness.” (P12)

“I try to reflect on my feelings and process them in a healthy way.” (P2)

Despite these challenges, novice nurses also experience moments of strength and competence, particularly in demanding situations. These experiences reflect their growing confidence and ability to respond effectively under pressure. The coexistence of fatigue and strength highlights the dual nature of their transition experience. Studies show that resilience acts as a protective factor against burnout among new nurses (Han et al., 2024; O’Callaghan et al., 2023).

“I felt strong when I was able to lift a patient safely.” (P5)

“I felt weak after a long, exhausting shift, but strong when I was able to respond quickly during an emergency.” (P8)

These findings imply that healthcare institutions must prioritize comprehensive wellness and support systems for novice nurses. Implementing structured rest periods, manageable workloads, and mental health programs can help reduce fatigue and burnout. Encouraging peer support and reflective practices can further strengthen resilience and professional growth. Ultimately, promoting both physical and emotional well-being is essential to ensure safe and high-quality patient care.

Structurally, these experiences occurred within high-demand clinical environments characterized by long shifts, heavy workloads, and emotionally intense patient interactions. These conditions shaped how novice nurses simultaneously experienced fatigue and resilience, as both were embedded in the realities of their daily clinical responsibilities.

Theme 2. Growing Through Time from Training to Challenges and Professional Becoming.

The transition of novice nurses reflects a temporal journey shaped by past preparation, present challenges, and future aspirations. Many nurses experience a gap between academic preparation and clinical realities, leading to feelings of unpreparedness and transition shock. This disconnect highlights the difficulty of applying theoretical knowledge in dynamic healthcare settings. Research supports the persistence of the theory–practice gap and its influence on early professional experiences (Saifan et al., 2021; Narbona-Gálvez et al., 2024).

Reflections on past training reveal perceived inadequacies in preparation, particularly in handling real clinical demands. These experiences suggest that academic learning does not always fully align with the complexities of actual practice. Limited hands-on exposure contributes to reduced confidence among novice nurses. Studies emphasize the need for enhanced clinical exposure and simulation-based training to bridge this gap (Saifan et al., 2021; Koukourikos et al., 2021).

“In school, everything felt different compared to the actual setting. It’s like you are not fully prepared once you enter the ward.” (P1)

“My clinical instructors were very helpful, but when I finally started my duty, the pressure in the real setting was completely different.” (P3)

“If only I had more exposure during my training, I think I would be more confident now.” (P4)

“I feel like I was trained, but not enough for the real hospital set-up.” (P8)

Present challenges are characterized by heavy workload, high expectations, and emotional pressure, which shape early professional experiences. These conditions often lead to stress, fatigue, and feelings of being overwhelmed. However, such challenges also serve as opportunities for learning and adaptation. Evidence shows that job stress and workload significantly affect novice nurses' adjustment and retention (Narbona-Gálvez et al., 2024).

“The workload is really difficult; sometimes it feels like I can't even breathe.” (P2)

“I feel overwhelmed especially when we are understaffed.” (P5)

Despite these difficulties, novice nurses demonstrate a strong orientation toward future growth and professional development. Their aspirations reflect a commitment to continuous learning and improvement in their practice. These forward-looking perspectives help sustain motivation despite present challenges. Research indicates that career aspirations and professional development opportunities enhance engagement and retention among new nurses (MacPhee et al., 2024).

“I'm planning to take the NCLEX in the future because I want to grow more professionally.” (P4)

“All I want is to improve one step at a time.” (P6)

These findings suggest the need to strengthen transition-to-practice programs and bridge the gap between theory and clinical practice. Providing realistic training experiences and structured mentorship can enhance preparedness and confidence. Supporting continuous professional development can further promote long-term competence and retention. Overall, addressing temporal challenges is essential in facilitating successful professional transition among novice nurses.

Structurally, these experiences unfolded across time, where past academic preparation, present clinical challenges, and future aspirations interacted to shape professional development. The gap between training and practice, combined with workplace demands, influenced how novice nurses perceived their readiness and growth.

Theme 3. Adjusting to and Navigating Clinical Spaces Toward Confident Practice

Novice nurses experience the clinical environment as both overwhelming and formative, where the hospital is perceived as a demanding space requiring constant adjustment. The physical, social, and organizational structures of the hospital contribute to feelings of stress, intimidation, and uncertainty during early transition. This reflects how space is not merely physical but relational and experiential, shaping how nurses feel and function in practice. Studies support that work environment and leadership significantly influence adaptation and job embeddedness among novice nurses (Fan et al., 2024; Narbona-Gálvez et al., 2024; Baharum et al., 2024).

Early exposure to clinical settings highlights the intensity and pressure of hospital environments, particularly in high-acuity areas. These experiences require novice nurses to quickly develop situational awareness, decision-making skills, and adaptability. The fast-paced nature of clinical work contributes to stress and feelings of intimidation, especially during initial assignments. Research indicates that high workload, time pressure, and unfamiliar environments significantly increase stress among novice nurses (Fang et al., 2022; Wei et al., 2024).

“I felt most challenged when I was assigned in a busy ICU, where patients needed close and continuous monitoring.” (P1)

“As a new nurse, I feel like I'm still learning the ropes and trying to understand the culture of the hospital. The environment can be stressful and intimidating at times.” (P2)

As novice nurses begin adjusting, they experience uncertainty in navigating resources, workflows, and unit dynamics within the clinical environment. This sense of disorientation reflects how unfamiliar spaces can limit confidence and hinder independent functioning. However, gradual exposure and willingness to seek help contribute to their adaptation over time. Studies confirm that unfamiliar environments and lack of guidance increase stress, while workplace support improves adjustment (Fang et al., 2022; Chung et al., 2021; Walker & Costa, 2023).

“No, I don’t really feel comfortable yet because I often feel overwhelmed and unsure about where to find the resources I need.” (P1)

“I’m gradually getting used to the workspace... I do feel comfortable asking for help.” (P2)

Support from colleagues and supervisors plays a crucial role in transforming the clinical environment into a more manageable and supportive space. As relationships are established, novice nurses begin to feel more secure, confident, and integrated within the team. This supportive environment allows them to navigate clinical tasks more effectively and enhances their sense of belonging. Evidence shows that collegial support and leadership significantly improve confidence, reduce stress, and facilitate adaptation (Chung et al., 2021; Walker & Costa, 2023; Gottlieb et al., 2022).

“Yes, I feel comfortable and supported by my team and supervisors. They’re approachable and willing to assist whenever I need guidance or clarification.” (P4)

“I really appreciate the camaraderie among my colleagues—it makes a big difference in how I handle the challenges of the job.” (P5)

As familiarity with routines, workflow, and unit culture develops, novice nurses become more confident in navigating clinical spaces. Understanding the physical layout, relational dynamics, and organizational expectations helps them function more effectively. This familiarity reduces anxiety and enhances their ability to provide patient-centered care. Research indicates that increased familiarity with clinical environments improves self-efficacy, confidence, and performance among novice nurses (Fang et al., 2022; Wei et al., 2024).

“I feel like I’m still learning the ropes and trying to understand the culture of the hospital.” (P2)

“I’m getting used to the workspace and learning its dynamics, though the constant noise and activity can be overwhelming at times.” (P9)

Novice nurses also experience varying levels of confidence depending on the familiarity and demands of the clinical environment. Familiar wards provide a sense of stability, predictability, and confidence, while unfamiliar or high-pressure areas require rapid adaptation and increase stress. These contrasting experiences highlight how spatial familiarity influences performance and emotional responses. Studies confirm that familiarity with clinical settings enhances competence and reduces anxiety among new nurses (Kelly et al., 2021; Laschinger & Read, 2020; Wei et al., 2024).

“I felt most confident when I was working in a familiar ward, where I knew the routines and the team well.” (P2)

“I felt most challenged when I was assigned in a busy ICU.” (P1)

These findings imply that healthcare institutions should prioritize structured orientation and supportive work environments for novice nurses. Providing guided exposure to clinical settings and ensuring accessible mentorship can reduce stress and enhance confidence. Designing well-organized and supportive clinical spaces can improve adaptation and performance. Ultimately, fostering supportive spatial environments is essential for safe, effective, and confident nursing practice.

Structurally, these experiences were shaped by the physical, social, and organizational features of the clinical environment. The unfamiliarity of hospital spaces, combined with workload and team dynamics, influenced how novice nurses navigated, adapted, and gradually developed confidence in their practice.

Theme 4. Building Supportive Relationships with Colleagues and Patients in Clinical Practice

Novice nurses' transition into clinical practice is shaped by the quality of their relationships with colleagues, mentors, and patients. These interpersonal connections provide guidance, emotional support, and a sense of belonging that help ease adjustment in complex healthcare environments. Relational support allows novice nurses to navigate responsibilities more confidently while developing their professional identity. Studies confirm that supportive work environments and mentorship significantly enhance competence, confidence, and transition outcomes among new nurses (Azad et al., 2023; Taylor et al., 2023; Lee et al., 2024).

Support from colleagues and mentors plays a central role in helping novice nurses adjust to clinical practice. Guidance, encouragement, and shared knowledge create a collaborative environment that fosters learning and confidence. These relationships also promote teamwork and help novice nurses feel integrated within the clinical setting. Research shows that mentorship and collegial support reduce anxiety and improve skill development and professional socialization (Azad et al., 2023; Taylor et al., 2023).

“As a new nurse, I feel supported and guided by my colleagues and mentors. Their help and encouragement make it easier for me to adjust and learn in the clinical setting.” (P1)

“I feel like I’m part of a team and that I can rely on my colleagues for help and guidance.” (P2)

“As a new nurse, I feel supported and guided by my colleagues and mentors.” (P3)

“I feel supported and guided by my colleagues and senior mentors, who are always willing to share their knowledge and experiences.” (P12)

Mentorship further strengthens novice nurses' competence by providing opportunities for guided learning and skill development. Through hands-on instruction, feedback, and demonstration, experienced nurses help novices refine their clinical abilities and decision-making skills. This process enables them to integrate theoretical knowledge into practice more effectively. Studies indicate that mentorship programs significantly improve clinical competence, confidence, and professional growth among novice nurses (Fitzpatrick et al., 2021; Chen et al., 2022; Ebrahimi et al., 2023).

“I remember a time when a colleague helped me with a difficult procedure... which really boosted my confidence and learning.” (P1)

“A mentor introduced me to a new skill and technique... which helped me expand my expertise.” (P2)

“A colleague helped me with a difficult procedure and a mentor gave valuable feedback.” (P4)

“A mentor introduced me to new techniques that expanded my clinical skills and confidence.” (P12)

Relationships with patients also play a vital role in shaping novice nurses' confidence and professional growth. Positive patient responses, trust, and appreciation reinforce nurses' sense of competence and motivation. These interactions highlight the reciprocal nature of care, where trust enhances both patient outcomes and nurse development. Research indicates that patient–nurse trust is strongly associated with perceived quality of care and professional satisfaction (Lee et al., 2024).

“Most of the patients I’ve handled seem comfortable with me, and they show trust in my abilities.” (P1)

“Patients seem to appreciate my enthusiasm and dedication to my work.” (P2)

“Patients seem comfortable with me and trust my abilities... they feel more involved in their care.” (P5)

“Patients usually respond positively to me... and I involve them in their care.” (P12)

Novice nurses also experience both inclusion and exclusion within their teams, reflecting the complexity of workplace relationships. Feelings of inclusion foster belonging and confidence, while experiences of exclusion may create uncertainty and emotional strain. These mixed experiences influence their adjustment, identity formation, and engagement in practice. Studies show that inclusive work environments enhance belonging and reduce turnover, while exclusion can increase stress and hinder integration (Zhang et al., 2024; Ching et al., 2022; Wakefield et al., 2022).

“I’ve experienced both support and exclusion from my team... sometimes I feel left out.” (P2) *“I’ve felt excluded at times... but my colleagues have helped me integrate.” (P3)*

“I’ve generally felt included and valued by my team.” (P4)

“There were moments of exclusion, but also many times I felt genuinely supported.” (P12)

These findings imply that healthcare institutions should prioritize fostering supportive and inclusive relational environments for novice nurses. Implementing structured mentorship programs and promoting teamwork can enhance confidence, competence, and professional growth. Encouraging open communication and inclusive practices can reduce feelings of exclusion and strengthen belonging. Ultimately, strong interpersonal relationships are essential for improving nurse well-being, retention, and patient care outcomes.

Structurally, these experiences emerged through interpersonal interactions within the workplace, where relationships with colleagues, mentors, and patients created conditions that either supported or challenged adaptation. These relational dynamics shaped novice nurses’ sense of belonging, confidence, and professional identity.

Theme 5. Navigating Technology, Adapting to Challenges, and Developing Competence in Clinical Practice

Novice nurses’ engagement with hospital technology reflects a dynamic process of adaptation, learning, and competence development within complex clinical environments. Technologies such as ventilators, electronic health records, and medical equipment both facilitate patient care and introduce challenges, particularly during early transition. These tools can enhance efficiency but may also create anxiety when unfamiliar or malfunctioning. Research indicates that technological competence is influenced by training, system usability, and support structures, which shape nurses’ confidence and performance (Abdolkhani et al., 2023; Hui et al., 2023; Gaughan et al., 2022).

Positive experiences with hospital technologies contribute to increased efficiency and growing confidence among novice nurses. Familiarity with commonly used equipment enables them to perform clinical tasks more effectively and safely. Support from colleagues also plays a key role in helping them learn how to use and troubleshoot equipment. Studies suggest that continuous exposure and guidance enhance technological competence and clinical performance (Hui et al., 2023).

“My experience with using hospital equipment and technologies has been positive.” (P1)

“I feel very confident in using most of the hospital tools and technologies.” (P2)

“I’ve learned to troubleshoot common equipment issues with the help of my colleagues.” (P3)

“I’ve learned how to troubleshoot common equipment issues, often with guidance from colleagues.” (P4)

Despite these positive experiences, novice nurses encounter challenges such as equipment malfunction and limited resources, which can disrupt workflow and increase stress. These situations require immediate problem-solving, coordination, and adaptability to ensure patient safety. Such challenges highlight the unpredictable nature of clinical environments and the need for preparedness. Research shows that technological issues and

resource shortages increase cognitive load and stress among nurses (Abdolkhani et al., 2023; Gaughan et al., 2022).

“There was a time when a ventilator malfunctioned... it was a stressful situation.” (P1)

“I’ve faced situations with a lack of resources or malfunctioning equipment.” (P2)

“Limited availability of PPE during an outbreak made my work more challenging.” (P3)

“A malfunctioning ventilator caused delays and required manual intervention.” (P4)

In response to these challenges, novice nurses develop resourcefulness and adaptability to maintain patient care. They coordinate with other departments, improvise solutions, and utilize available resources effectively. These experiences strengthen their problem-solving skills and clinical judgment over time. Studies confirm that resourcefulness and adaptive strategies are essential competencies in managing technological and environmental constraints (Mirzaei Alavijeh et al., 2024; Cho et al., 2023; Huerta González et al., 2024).

“I was able to find alternative solutions to continue providing care.” (P1)

“I coordinated with other departments and improvised methods to continue patient care.” (P2)

“I made sure to document these issues and provide recommendations.” (P3)

“I coordinated resources to ensure patient care was delivered effectively.” (P4)

Learning to use complex technologies is an ongoing process that contributes to the development of competence and confidence among novice nurses. Initial uncertainty gradually decreases as they gain experience and familiarity with equipment and systems. Continuous practice and support help transform unfamiliar tools into essential components of clinical work. Research shows that repeated exposure and training significantly improve technological self-efficacy and reduce technostress (Hedberg et al., 2023; Alshammari & Alenezi, 2023; Purvis et al., 2023).

“I’m somewhat confident in using hospital tools, but I’m still learning how to operate some equipment.” (P1)

“I’m still learning how to use some equipment properly.” (P3)

“I’m still learning about some of the equipment and how to use it effectively.” (P4)

“I’m still familiarizing myself with the hospital’s electronic medical records system.” (P6)

These findings imply that healthcare institutions should prioritize continuous training and support in the use of clinical technologies. Providing hands-on workshops, mentorship, and accessible technical assistance can enhance competence and confidence among novice nurses. Ensuring the availability of functional equipment and resources is essential for safe and efficient patient care. Ultimately, strengthening technological readiness contributes to improved clinical performance and patient outcomes.

Structurally, these experiences were influenced by the availability, functionality, and complexity of clinical technologies within the healthcare setting. Resource limitations, technical challenges, and workplace support systems shaped how novice nurses adapted and developed competence in using technology.

Theme 6. Developing Competence, Practicing Accountability, and Ensuring Safe and Reflective Patient Care

Novice nurses develop competence and accountability as they recognize that their actions directly influence patient outcomes. This awareness reflects a growing understanding of responsibility, where present decisions shape future patient safety and care quality. Through experience, reflection, and feedback, nurses begin to

internalize accountability as part of their professional identity. Research shows that non-punitive safety cultures and clinical competence significantly enhance accountability and patient safety outcomes (He et al., 2023; Zaitoun et al., 2023; Lee et al., 2025).

Novice nurses demonstrate responsibility through careful attention to patient care and recognition of the impact of their actions. They ensure accurate medication administration, monitor patient progress, and intervene promptly when potential risks are identified. These practices reflect their developing competence and commitment to safe care. Studies indicate that responsibility and professionalism are central to emerging nursing identity and patient safety culture (Lundqvist et al., 2023; Johansen & Eriksen, 2021; Lee & Jang, 2023).

“I remember ensuring timely medication administration for a patient, and seeing their condition improve made me feel responsible for their care... I identified a potential medication error and was able to prevent harm.” (P3)

“I felt responsible when collaborating with the team to create a care plan that led to a successful discharge... I identified a potential medication error.” (P8)

“I made sure to administer medications on time, and the patient showed noticeable improvement.” (P6)

“There have been several moments when I felt deeply responsible for my patients’ outcomes... identifying a potential medication error early on prevented harm.” (P12)

Reflection plays a crucial role in helping novice nurses evaluate their actions and improve their practice. By monitoring patient outcomes and seeking feedback, they are able to adjust their care and enhance effectiveness. This reflective process strengthens their clinical judgment and supports continuous learning. Evidence suggests that reflective practice and feedback are essential in developing competence and improving patient safety (Munn et al., 2023; Wang et al., 2023).

“I try to make sense of the results of my decisions and actions by seeking feedback from my colleagues and supervisors.” (P2)

“I reflect on patient outcomes and adjust my care plan to improve my practice.” (P4)

“I monitor patient progress and evaluate the effectiveness of my interventions.” (P10)

“I reflect on patient outcomes, consider feedback, and adjust my care accordingly.” (P8)

Experiences of near errors further strengthen accountability and commitment to patient safety among novice nurses. Rather than ignoring mistakes, they report incidents, reflect on them, and implement strategies to prevent recurrence. These actions demonstrate ethical awareness and responsibility in clinical practice. Research shows that supportive environments and psychological safety encourage error reporting and learning among nurses (Braiki et al., 2024; Munn et al., 2023; Wang et al., 2023).

“There was a time when I almost administered the wrong medication, but I caught the error just in time.” (P2)

“I reported the incident to my supervisor and followed the hospital protocol to ensure patient safety.” (P3)

“I reflected on the experience and sought additional training to address my knowledge gaps.” (P6)

“I took it as a learning opportunity and identified strategies to prevent it in the future.” (P9)

Novice nurses prioritize patient safety and actively seek guidance to ensure accurate and effective care. Recognizing their limitations, they rely on experienced colleagues and continuous learning to improve their practice. This openness to learning reflects humility and commitment to professional growth. Studies confirm that supportive environments and teamwork enhance safety practices and encourage help-seeking behavior among nurses (He et al., 2023; Lee & Jang, 2023; Wu et al., 2023).

“I always prioritize patient safety above everything else and seek guidance from more experienced colleagues.” (P1)

“I recognize that learning is a lifelong process while ensuring that my patients remain safe.” (P2)

“I continuously strive to stay updated on best practices.” (P9)

“Being honest about my limitations helps me grow while protecting my patients.” (P12)

These findings imply that healthcare institutions should strengthen systems that promote accountability and reflective practice among novice nurses. Providing mentorship, debriefing sessions, and non-punitive reporting environments can enhance learning and patient safety. Encouraging continuous professional development and feedback mechanisms can further improve competence and decision-making. Ultimately, fostering accountability and reflective practice is essential for delivering safe, high-quality patient care.

Structurally, these experiences were shaped by organizational expectations, patient safety demands, and the ethical responsibilities inherent in nursing practice. These conditions influenced how novice nurses developed accountability, engaged in reflective practice, and ensured safe patient care.

The findings of this study offer significant theoretical contributions when examined through the lens of Patricia Benner’s *Novice to Expert Model* and Judith Duchscher’s *Transition Shock Theory*. The themes reflect the progression of novice nurses from rule-dependent beginners toward increasing competence, as evidenced by their growing confidence, clinical judgment, and adaptive strategies in complex care environments. Simultaneously, the emotional, psychological, and physical challenges experienced by participants strongly align with the concept of transition shock, particularly during early exposure to real-world clinical demands. These findings support both frameworks by demonstrating that professional competence and emotional adaptation occur concurrently during transition. Moreover, the study extends these theories by emphasizing the critical role of organizational and relational support systems such as mentorship, peer collaboration, and supportive work environments, as mediating factors that ease transition shock and accelerate movement toward competence. This suggests that professional development is not solely an individual process but is significantly shaped by institutional contexts and support structures.

Essence of the Lived Experience

The essence of the transition from classroom to clinical practice among novice nurses is a complex and evolving process of becoming, where physical exhaustion, emotional strain, and professional uncertainty coexist with resilience, learning, and growth. This transition occurs within demanding clinical environments that require continuous adaptation, relational engagement, and reflective practice. Over time, novice nurses move from dependence and self-doubt toward increasing confidence, competence, and accountability. Their experiences reveal that professional development is shaped not only by individual effort but also by the support systems, workplace conditions, and relationships that influence their journey toward becoming competent and responsible practitioners.

CONCLUSIONS

The findings revealed that novice nurses experience the transition into professional practice as both physically and emotionally demanding, where the body becomes vulnerable to exhaustion and emotional strain; however, their emerging resilience and capacity for emotional labor enable them to persist and deliver compassionate care. The transition from student to professional nurse was shown to be a gradual and transformative process shaped by experience, reflection, and adaptation, leading to the development of stronger professional identities, increased confidence, and enhanced competence over time. Clinical environments, which initially evoked anxiety and disorientation, eventually became spaces of familiarity and professional growth as novice nurses gained comfort, spatial awareness, and confidence in their practice. Furthermore, supportive relationships with colleagues, supervisors, and patients played a crucial role in easing this transition, fostering learning, emotional support, and a sense of professional belonging. Engagement with technology and clinical tools, although initially

challenging, became more manageable with experience, contributing to improved confidence and efficiency in patient care. Ultimately, novice nurses developed a growing sense of accountability through experience, reflection, and ethical awareness, which strengthened their clinical judgment and ensured safer, more conscientious patient care.

RECOMMENDATIONS

Based on the findings, it is recommended that healthcare institutions consider implementing a structured mentorship program to support novice nurses during their transition to clinical practice. This may help provide guidance, build confidence, and ease adjustment to workplace demands. In addition, wellness and psychosocial support initiatives, such as mental health check-ins and peer support activities, may be introduced to help nurses manage stress and transition-related challenges. Strengthening orientation and transition-to-practice programs through guided clinical exposure, simulation activities, and regular competency feedback may also improve preparedness and performance. For continued development, institutions are encouraged to provide opportunities for ongoing training, reflective practice, and discussions on ethical decision-making. Establishing supportive workplace practices and maintaining consistent evaluation processes may further contribute to professional growth, retention, and the delivery of safe and quality patient care.

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