ijomahip
International Journal of Medicine and Health Innovations Perspectives

ORIGINAL RESEARCH | e-Published: *13 September 2026* ***Open Access***

TRANSFORMATIVE JOURNEY OF BECOMING A NURSE: FROM EMOTIONAL STRUGGLES TO PROFESSIONAL PURPOSE

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Article #: *2026-02-02-06* Paper ID: *IJOMAHIP_32qhVSC8*
International Journal of Medicine and Health Innovations Perspectives Vol. 2, No.2 (2026) DOI: *10.69481/EVYH6487*
Page No.: *114-128* Pages: *15*
Submitted: *12 July 2026* *Resubmitted: 11 September 2026* Accepted: *12 September 2026*
Similarity Index: *<10.00%* Originality: *90.00%*

Abstract

Background. Transitioning from student life to registered nursing practice is a critical period marked by new clinical responsibilities, emotional demands, workplace expectations, and professional identity formation. This study described how newly registered nurses in Surigao City, Philippines understood their early professional experiences and the meanings they attached to becoming a nurse.

Methods. A qualitative descriptive phenomenological design was used, philosophically situated in Husserlian transcendental phenomenology and analyzed through Giorgi's descriptive method. Fifteen Paulinian nurses selected through purposive criterion sampling. Face-to-face semi-structured interviews were audio-recorded, transcribed verbatim, and analyzed manually by reading for the whole, identifying meaning units, transforming them into discipline-sensitive expressions, and synthesizing the structure of the experience.

Results. Six themes emerged: emotions in early nursing experience; motivation through supportive work relationships; work-related stress; stress coping mechanisms; professional growth through experiential learning; and the essence of nursing through service. Participants described joy, fear, anxiety, emotional sensitivity, workload pressure, exhaustion, and difficulty gaining patients' and families' trust. Guidance from senior nurses, positive workplace relationships, prayer, emotional regulation, cognitive reframing, and repeated clinical exposure supported confidence, adaptability, accountability, and a service-oriented identity.

Conclusion. Entry into nursing practice was emotionally demanding yet professionally formative. The experience was understood as movement from vulnerability toward confidence, resilience, and professional purpose. Structured transition programs, consistent preceptorship, psychologically safe supervision, resilience preparation, and stronger academic-practice collaboration are recommended for nurses throughout their critical first year of clinical employment.

Keywords: *Clinical adjustment; newly registered nurses; nursing identity; phenomenology; Philippines; transition to practice*

Cite this Article (APA): Mejasco, Doneta Lyn S. and Teves, Lucy L. (2026). Transformative journey of becoming a nurse: From emotional struggles to professional purpose. *International Journal of Medicine and Health Innovations Perspectives, 2*(2), 114-128. DOI: 10.69481/EVYH6487.

Research Highlights

What is the current knowledge?

- The transition from student nurse to registered nurse is widely recognized as a challenging period characterized by transition shock, emotional stress, fear of making errors, and increased professional accountability.
- Newly registered nurses commonly experience high workloads, role ambiguity, emotional exhaustion, and a gap between academic preparation and the realities of clinical practice, particularly during their first year of employment.
- Supportive transition strategies, such as mentorship, preceptorship, structured orientation, and positive workplace relationships, have been shown to improve confidence, competence, adaptation, and retention among novice nurses.
- Coping strategies, including emotional regulation, reflective learning, peer support, resilience, and spirituality or prayer, help newly graduated nurses manage workplace stress and sustain professional commitment.

What is new in this study?

- Provides the first phenomenological exploration of the lived experiences of newly registered nurses in the Surigaonon healthcare context, offering context-specific evidence that has been largely absent from the nursing literature.
- Demonstrates how experiential learning, supportive workplace relationships, coping strategies, and spirituality interact to shape the development of professional identity, rather than examining these factors independently.
- Develops a novel conceptualization of the transition to practice as a "transformative journey from emotional struggle to professional purpose," integrating emotional, professional, and service-oriented dimensions into a single explanatory framework.
- Generates an evidence-based thematic framework consisting of six interconnected themes that comprehensively explain the transition process of newly registered nurses.
- Offers context-specific recommendations for nursing education and healthcare organizations by identifying practical strategies to strengthen transition-to-practice programs, mentorship, emotional resilience, and school–hospital partnerships for newly registered nurses.

INTRODUCTION

The transition from student nurse to registered nurse is a decisive stage of professional formation. Graduates must convert supervised academic preparation into accountable clinical practice while learning institutional routines, responding to complex patients, communicating across professions, and making time-sensitive decisions. This developmental passage is widely described as stressful because novice nurses simultaneously experience excitement about professional entry and uncertainty about their competence (Baharum et al., 2023; See et al., 2023).

Early practice can expose a gap between what was learned in school and what is demanded in clinical settings. Workload, unfamiliar procedures, documentation, fear of error, and responsibility for patient outcomes may produce emotional strain and self-doubt (Hampton et al., 2021; Labrague & De Los Santos, 2020; Woo & Newman, 2020). These pressures are especially salient during the first six months to one year, when nurses are still developing prioritization, clinical judgment, and confidence.

This transition has consequences beyond individual discomfort. Difficult adaptation can affect psychological well-being, job satisfaction, retention, professional identity, and the safety and continuity of patient care. Conversely, self-efficacy and resilience can protect professional identity when novice nurses experience transition shock (Li et al., 2024). Understanding the transition therefore has educational, managerial, and workforce implications.

Workplace relationships are central to successful adjustment. Supportive preceptors, mentors, senior nurses, and peers provide technical guidance, reassurance, role modeling, and permission to ask questions. Reviews of transition interventions show that structured orientation and practice support can strengthen competence and confidence, although program components and outcomes vary across settings (Kenny et al., 2021; Weller-Newton et al., 2022).

The experience is also emotional and relational. Newly registered nurses encounter suffering, demanding interactions, fatigue, and fear of disappointing patients or colleagues. Coping may involve help-seeking, emotional regulation, reflective learning, peer support, resilience, and spirituality (Henshall et al., 2020; Pinho et al., 2021; Shin et al., 2020). In a Philippine setting, faith and relational support may be particularly important resources through which clinical difficulty is interpreted and endured.

Philippine evidence has described newly graduated nurses' transition as demanding but capable of fostering resilience, learning, and commitment when appropriate support is available (Labrague et al., 2019). However, published evidence remains limited for nurses beginning practice in Surigao City. Local institutional culture, workplace relationships, spiritual practices, and available clinical environments may shape the meaning of transition in ways that are not visible in international or metropolitan studies.

This study addresses that contextual and experiential gap by examining Paulinian newly registered nurses in their first six months to one year of clinical employment in Surigao City. Rather than measuring predetermined transition outcomes, it attends to how participants described emotional struggle, workplace support, coping, learning, service, and identity formation. This focus provides locally grounded evidence for nursing education and clinical transition support.

Aim of the Study

This study described the lived experiences of Paulinian newly registered nurses as they transitioned from student nurse life to professional nursing practice in clinical settings in Surigao City, Philippines.

This study was guided by the following questions:

1. How do newly registered nurses experience and understand the nursing profession?
2. How do these experiences and understandings of nursing practice inform and shape the phenomenon of becoming a nurse?
3. What essence and meanings may be derived from the lived experiences of the informants?
4. What themes may be formulated from the essence and meanings of the informants' experiences?

LITERATURE REVIEW

Transition Shock and the Theory-Practice Gap

Transition to practice is a developmental passage rather than a simple change in employment status. Benner's novice-to-expert perspective positions new graduates as advanced beginners who require guided experience before they can demonstrate the situated judgment of competent practitioners (Benner, 1984). Contemporary reviews similarly show that newly registered nurses may enter practice with theoretical preparation but feel overwhelmed by knowledge gaps, workload, competing priorities, and responsibility (Baharum et al., 2023; Graf et al., 2020; See et al., 2023). The discrepancy between structured learning and unpredictable clinical reality can produce fear, inadequacy, and transition shock (Labrague & De Los Santos, 2020; Woo & Newman, 2020).

Emotional Demands and Professional Identity

Fear of error, anxiety during handover, distress after patient deterioration or death, difficult family encounters, and exhaustion can shape how novice nurses understand themselves as professionals (Carnesten, 2023; Gustafsson et al., 2020; Sital et al., 2023). Emotional sensitivity is not merely a personal weakness; it reflects the moral and relational demands of patient care. Recent evidence also links transition shock with weaker professional identity, while self-efficacy and resilience support identity development (Kim & Shin, 2022; Li et al., 2024). Becoming a nurse therefore involves emotional maturation alongside clinical competence.

Workplace Support and Transition Programs

Workplace support is a consistent protective factor. Preceptorship, structured orientation, mentoring, and supportive supervision can improve integration, role clarity, competence, and confidence (Hoffart et al., 2021; Kaihlanen et al., 2019; Walker et al., 2020). Systematic and rapid reviews indicate that transition programs are most useful when support is sustained, individualized, and connected to the realities of the clinical unit, although heterogeneity limits certainty about which single model is best (Kenny et al., 2021; Weller-Newton et al., 2022). Senior nurses also serve as role models who normalize uncertainty and create psychological safety for help-seeking.

Coping, Resilience, and Spirituality

New nurses use problem-solving, cognitive reframing, emotional regulation, reflective learning, peer support, and resilience to manage early-career stress (Henshall et al., 2020; Shin et al., 2020). Spiritual coping and prayer may provide meaning and perseverance during demanding clinical situations (Mirzaei et al., 2022; Pinho et al., 2021). These resources are relevant in the Filipino context, where relational and faith-based practices may coexist with professional coping. However, individual coping should complement, not replace, organizational responsibility for safe staffing, supervision, and supportive learning environments.

Experiential Learning, Service, and the Local Gap

Repeated clinical exposure helps new nurses connect theory with practice, develop adaptability, assume responsibility, and build confidence (Fukada, 2020; Kieft et al., 2020). Qualitative synthesis further suggests that new nurses may find nursing meaningful despite the physical and psychological demands of practice (See et al., 2023). Philippine research has documented stressful transition in resource-constrained settings (Labrague et al., 2019), but little is known about how nurses in Surigao City integrate emotion, workplace relationships, spirituality, learning, and service into a coherent professional identity. The present phenomenological study addresses this gap by describing the locally situated meanings and essence of becoming a nurse.

METHODOLOGY

Design

This study used qualitative descriptive phenomenology guided by Giorgi's method. Constructivist ontology recognizes that participants assign multiple, context-dependent meanings to transition. Within this ontological position, Husserlian transcendental phenomenology provides the disciplined descriptive stance: the researcher attends to experience as presented and uses bracketing to restrain assumptions. Giorgi's method translates that stance into analysis by moving from the whole account to meaning units, discipline-sensitive transformations, and a synthesized structure. The design was appropriate because the inquiry sought the shared essence of becoming a nurse without imposing a predetermined explanatory model.

Philosophically, the study adopts a constructivist view that participants' accounts express multiple, contextually situated meanings. Husserlian transcendental phenomenology supplies the descriptive orientation: experience is examined as it appears to consciousness, with the researcher practicing epoché or bracketing to restrain prior assumptions. Giorgi's descriptive phenomenological method operationalizes this orientation through disciplined movement from whole transcripts to meaning units, transformed expressions, and a synthesized structure of experience (Giorgi, 1997). Thus, constructivism locates meaning in context, Husserlian phenomenology defines the descriptive stance, and Giorgi provides the analytic procedure.

Figure 1.

Philosophical and Methodological Lenses of the Study

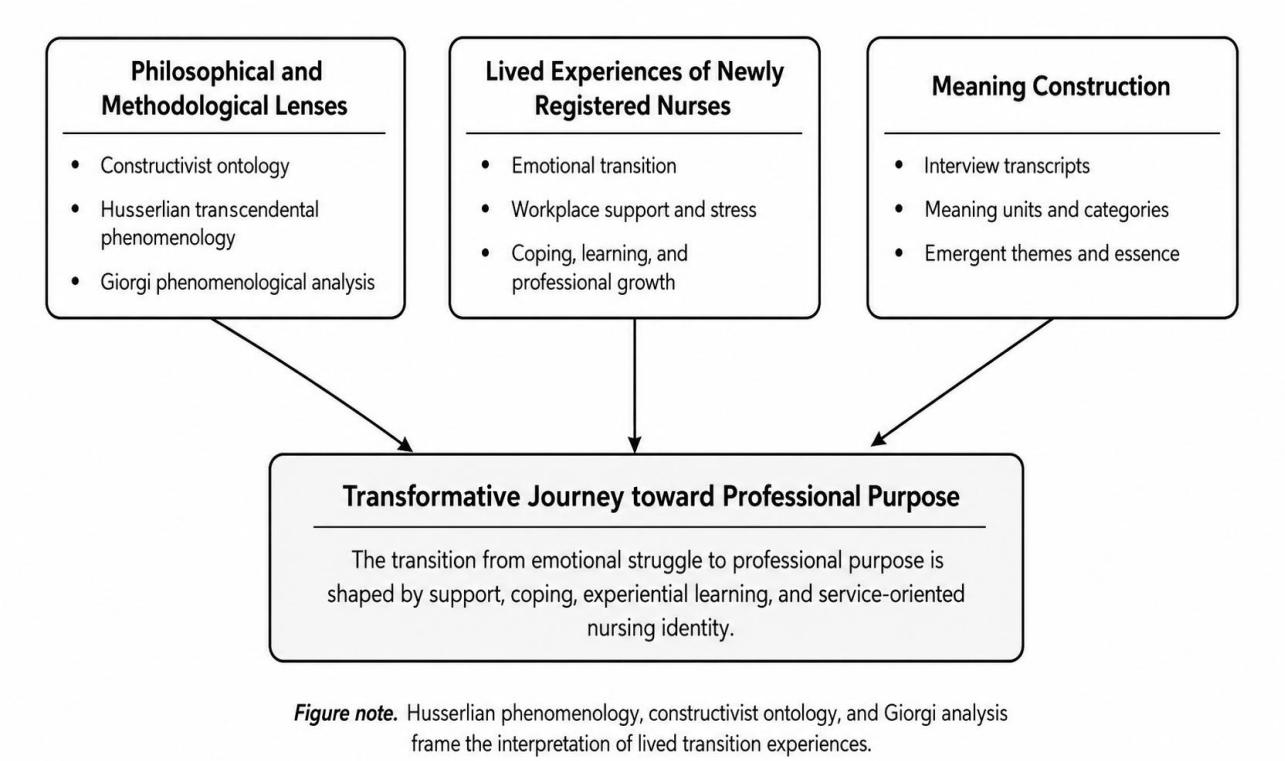

Figure note. Husserlian phenomenology, constructivist ontology, and Giorgi analysis frame the interpretation of lived transition experiences.

Figure 1 shows how the philosophical and methodological lenses guide the movement from participants' accounts to meaning units, themes, and the central essence of transition. It depicts becoming a nurse as a transformative journey in which emotional struggle, workplace relationships, coping, experiential learning, and service-oriented identity converge into professional purpose.

Environment and Temporal Context

The study was conducted in Surigao City, Surigao del Norte, Philippines. Interviews took place from July to September 2025 in private locations convenient to participants, including St. Paul University Surigao Hospital and selected private settings. Reporting the city, clinical context, interview period, and venues provides the context needed to judge the transferability of the findings.

Participants and Sampling

Fifteen newly registered nurses participated. They graduated from St. Paul University Surigao in school years 2022-2023 or 2023-2024 and had six months to one year of first-time clinical employment in hospitals, clinics, or rural health units in mainland Surigao City. Purposive criterion sampling was used. Eligibility required registered-nurse status, age 21-28 years, current clinical employment in Surigao City, first-time nursing practice within the stated period, and informed consent. Recruitment continued until additional interviews no longer produced substantively new

meanings relevant to the phenomenon. Statistical power analysis was not applicable to this phenomenological design.

Researcher and Interview Guide

The researcher was the primary instrument and used a semi-structured interview guide. The grand-tour question was, "Can you describe your lived experiences as a newly registered nurse?" Probes explored initial emotions, workplace challenges, coping, relationships with senior nurses and coworkers, professional growth, and the meaning of nursing. The open-ended format supported consistency across interviews while allowing participants to develop personally important meanings. The source study record did not document a separate pilot test or formal expert-validation procedure; therefore, no psychometric or validation claim is made. The questions' alignment with the aim and their capacity to elicit detailed accounts were assessed during interviewing, with neutral probes used for clarification.

Data Collection and Reflexivity

After institutional permission and ethical clearance, eligible nurses received study information and provided written informed consent. Face-to-face interviews were conducted privately, audio-recorded with permission, supplemented by field notes, and transcribed verbatim. The researcher practiced bracketing before and during data collection and analysis by identifying prior beliefs about new-graduate transition and returning analytic attention to participants' words. This reflexive stance was especially important because the researcher served as the instrument of data collection and interpretation.

Data Analysis

Analysis followed Giorgi's descriptive phenomenological procedure. First, each transcript was read repeatedly to develop a sense of the whole. Second, shifts in meaning relevant to the phenomenon were marked as meaning units. Third, everyday expressions were transformed into discipline-sensitive descriptions while retaining their experiential meaning. Fourth, transformed meanings were compared and clustered into subthemes and themes. Finally, the themes were synthesized into a general structure expressing the essence of transition. Analysis was completed manually; no computer-assisted qualitative data analysis software was used. Audio recordings, verbatim transcripts, and field notes constituted the evidentiary record supporting the analysis.

Trustworthiness

Trustworthiness was addressed using Lincoln and Guba's criteria. Credibility was supported by in-depth interviews, verbatim transcription, repeated engagement with each account, and representative quotations. Transferability was supported through description of the locale, time period, eligibility criteria, and participant characteristics. Dependability was strengthened by applying the same interview focus and the explicit stages of Giorgi's analysis across transcripts. Confirmability was supported by bracketing, field notes, preservation of recordings and transcripts, and a traceable relationship between participant quotations, subthemes, themes, and the synthesized essence. Authenticity was supported by presenting both distressing and growth-oriented accounts rather than reducing transition to a single positive or negative narrative.

Ethical Considerations

Permission was obtained from relevant institutional authorities, and ethical clearance was granted by the hospital's Ethics Review Committee. The available study record did not include an approval/reference number; this information should be supplied to the journal if one was issued. Participants gave informed consent for participation, recording, and publication of anonymized excerpts. Participation was voluntary, and withdrawal was permitted without penalty. Codes I1-I15 replaced names. Recordings, transcripts, and field notes were securely retained and used only for research. The manuscript follows the confidentiality principles of Republic Act No. 10173, or the Data Privacy Act of 2012.

RESULTS

This section presents the findings of the phenomenological analysis of the lived experiences of newly registered nurses in Surigao City.

Demographic Profile of Informants

Table 1 shows that the informants were 23 to 25 years old and came from two recent graduating batches. Eight informants belonged to Batch 2022-2023, while seven belonged to Batch 2023-2024. This distribution provided accounts from newly registered nurses who had comparable educational preparation but varied early clinical exposure. Their narratives therefore captured a focused yet sufficiently diverse description of early transition experiences among Paulinian newly registered nurses in Surigao City (Table 1).

Table 1.

Demographic Profile of Informants

Code	Age	Batch
I1	25	2022-2023
I2	24	2022-2023
I3	23	2023-2024
I4	24	2022-2023
I5	23	2023-2024
I6	24	2023-2024
I7	24	2022-2023
I8	24	2022-2023
I9	24	2023-2024
I10	25	2022-2023
I11	23	2023-2024
I12	24	2023-2024
I13	24	2022-2023
I14	25	2022-2023
I15	23	2023-2024

Major Themes and Subthemes Emerging from the Lived Experiences of Newly Registered Nurses

The most frequent thematic pattern was professional growth through experiential learning, followed by emotions in early nursing experience and motivation through supportive work relationships. (Table 2). This pattern suggests that the transition experience was initially emotional and stressful but became formative through hands-on practice, supportive relationships, and meaning-making. The findings are consistent with literature showing that early professional practice is a developmental phase in which novice nurses build competence through experience, support, and adaptation (Baharum et al., 2023; Kieft et al., 2020; Walker et al., 2020).

Across the six themes, transition appeared as a movement rather than a fixed state. Participants entered practice with fulfillment and uncertainty, encountered work demands that exposed vulnerability, relied on supportive relationships and coping resources, and developed competence through repeated experience. These processes gradually changed the meaning of nursing from an anticipated occupation into a lived professional purpose. Emotional struggle did not disappear; it became integrated into a more resilient and accountable identity. The general essence of the experience is therefore a transformative journey from emotional struggle to professional purpose, shaped by workplace support, coping, experiential learning, and service.

Table 2.

Emergent Themes and Subthemes from the Phenomenological Analysis

Emergent Theme	Subthemes	Meaning Frequency
Emotions in Early Nursing Experience	Joy and fulfillment; fear and anxiety; emotional sensitivity and empathy	32
Motivation through Supportive Work Relationships	Encouragement and guidance from senior nurses; positive work environment; role modeling	29
Work-Related Stress	Stressful encounters; struggles in gaining patients' and significant others' trust; exhaustion and burnout	21
Stress Coping Mechanism	Cognitive strategies; strength through prayer; emotional regulation	12
Professional Growth through Experiential Learning	Theoretical-to-practical application; adaptability and flexibility; independence and responsibility; clinical knowledge and skills enhancement; clinical confidence	49
Essence of Nursing through Service	Nursing as a calling of service; joy and fulfillment in serving the needy and vulnerable; sacrifice beyond work	18

Interpretive Themes and Representative Evidence

The interpretive essence of each theme is presented using concise representative evidence. The findings show that newly registered nurses experienced transition as a movement from emotional vulnerability to professional purpose. Initial joy and fulfillment were followed by fear of error, anxiety over responsibility, and emotional responses to patient suffering. However, these difficulties were mediated by senior-nurse guidance, workplace support, prayer, self-regulation, and learning from experience (Table 3). This supports the argument that transition is not simply a period of deficiency but a meaning-making process in which novice nurses learn accountability, resilience, confidence, and service-oriented identity (Kim & Shin, 2022; Li et al., 2024; McCalla-Graham & De Gagne, 2024).

Table 3.

Essence of the Lived Experiences of Newly Registered Nurses

Theme	Brief Description	Representative Evidence
Emotions in Early Nursing Experience	New nurses experienced joy after licensure but also fear, anxiety, and emotional sensitivity as they confronted accountability and patient care realities.	"I was really happy... but when I started working... I felt overwhelmed." (I1)
Motivation through Supportive Work Relationships	Supportive senior nurses, coworkers, and a healthy workplace strengthened confidence, motivation, and adjustment.	"My senior nurses were very supportive and helped me a lot." (I11)
Work-Related Stress	Informants struggled with workload, difficult patient interactions, documentation, trust-building, fatigue, and burnout.	"Duties were exhausting... I felt like I had no one to talk to as an outlet for burnout." (I14)
Stress Coping Mechanism	Informants coped through asking guidance, reframing problems, prayer, emotional regulation, and persistence.	"Every night... I prayed—not for an easy duty, but for good coworkers." (I10)
Professional Growth through Experiential Learning	Clinical exposure developed adaptability, independence, skills, accountability, and confidence.	"My knowledge and skills have improved, but I still feel the need for more improvement." (I12)
Essence of Nursing through Service	Nursing was understood as a calling grounded in compassion, sacrifice, and service to patients and families.	"For me, nursing is a calling." (I12)

DISCUSSION

Emotions in early nursing experience captured the simultaneous fulfillment and vulnerability of professional entry. Passing the licensure examination brought joy, but accountability for patient outcomes introduced fear, pressure, and self-doubt. This pattern supports evidence that transition is marked by knowledge gaps, overwhelming clinical demands, and emotional strain rather than a smooth transfer of classroom competence (Labrague & De Los Santos, 2020; See et al., 2023; Woo & Newman, 2020). In the present study, emotional sensitivity also signaled growing awareness of the human consequences of care.

Supportive work relationships functioned as both learning resources and emotional protection. Senior nurses offered instruction, reassurance, and role modeling that enabled participants to ask questions and act with increasing confidence. This finding is consistent with evidence favoring sustained preceptorship, mentoring, and structured transition support (Hoffart et al., 2021; Kenny et al., 2021; Weller-Newton et al., 2022). It also suggests that psychological safety is a practical component of clinical learning: novices develop more effectively when uncertainty can be disclosed without humiliation.

Work-related stress remained substantial. Participants described workload, documentation, difficult interactions, trust-building, fatigue, and burnout. These accounts show that individual confidence alone cannot resolve organizational demands. Transition support should therefore combine personal development with reasonable assignment progression, accessible supervision, constructive feedback, and safe staffing practices. The finding corresponds with literature linking early practice to emotional exhaustion and adjustment difficulty (Carnesten, 2023; Sital et al., 2023; Xie et al., 2022).

Coping was cognitive, relational, emotional, and spiritual. Participants sought guidance, reframed problems, regulated emotion, persisted, and prayed. These findings align with studies on resilience, emotional regulation, and spiritual coping among nurses (Henshall et al., 2020; Mirzaei et al., 2022; Pinho et al., 2021; Shin et al., 2020). Prayer was not described as a substitute for competence; it was a meaning-making resource used alongside help-seeking and deliberate learning.

Experiential learning produced adaptability, independence, knowledge, responsibility, and confidence. This supports Benner's developmental view and current evidence that competence grows through situated experience rather than theoretical preparation alone (Benner, 1984; Fukada, 2020; Kieft et al., 2020). As participants learned to manage clinical demands, they also interpreted nursing as compassion, sacrifice, and service. The resulting essence—movement from emotional struggle to professional purpose—integrates competence with moral and service-oriented identity.

The study extends international transition literature by showing how workplace relationships, spirituality, experiential learning, and service were woven together in a Surigaonon context. Rather than presenting stress and growth as opposites, the findings show growth developing through supported engagement with difficulty. This contextual interpretation may inform locally responsive academic-practice partnerships and first-year transition policies.

Strengths and Limitations

A strength of the study is its in-depth phenomenological focus on an underrepresented local context,

supported by verbatim accounts and a transparent link from meaning units to six themes and a synthesized essence. The narrowly defined early-career group also produced focused accounts of the first year of practice. Nevertheless, all participants were alumni of one university and worked within Surigao City, limiting transferability to other institutions, regions, and health systems. Purposive self-selection may have favored nurses willing to discuss their experiences. The findings rely on retrospective self-report and may be influenced by recall or social-desirability effects. The researcher was the primary instrument; although bracketing and an evidentiary record were used, interpretation cannot be completely separated from researcher positioning. The cross-sectional interviews also capture one period rather than change over time. These boundaries should guide application of the findings and support multi-site and longitudinal research.

CONCLUSION

The study concludes that the transition of Paulinian newly registered nurses from student life to professional practice is a transformative journey marked by emotional struggle, workplace adjustment, coping, experiential learning, and the gradual formation of professional purpose. The informants initially experienced joy, fulfillment, fear, anxiety, emotional sensitivity, and self-doubt as they entered clinical practice and encountered real accountability for patient care. However, supportive senior nurses, positive workplace relationships, faith, emotional regulation, and repeated clinical exposure enabled them to develop competence, confidence, adaptability, independence, and a deeper understanding of nursing as service. The essence of the experience is therefore the movement from vulnerability to professional purpose, where emotional difficulty becomes a pathway toward resilience, clinical maturity, and service-oriented nursing identity.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are offered:

Nursing Practice. Newly registered nurses should be encouraged to seek guidance, practice reflective learning, strengthen emotional regulation, and cultivate healthy coping strategies.

Nursing Policy. Healthcare institutions should establish a structured first-year transition policy that combines staged workload progression, named preceptors, protected feedback meetings, competency review, psychosocial referral pathways, and psychologically safe channels for questions and incident learning. Nursing administrators should ensure supportive staffing practices, psychologically safe communication channels, and opportunities for novice nurses to ask questions without fear of judgment.

Nursing Theory. The findings also support a theoretical view of transition as an interaction among emotional demands, relational resources, coping, experiential learning, and service-oriented identity, rather than a deficit located solely within the novice nurse.

Nursing Education. Nursing schools and clinical partners should formalize academic-practice collaboration through transition-focused simulation, clinical judgment exercises, handover and documentation practice, resilience preparation, post-clinical debriefing, and early-career follow-up.

Future Nursing Research Directions. Future researchers may conduct longitudinal, multi-site, or mixed-methods studies to examine how mentorship, workplace culture, spirituality, and institutional transition programs influence nurse confidence, retention, and professional identity formation.

List of Abbreviations

None

Declarations

Ethical approval and consent to participate

The study observed ethical procedures, including institutional permission, informed consent, voluntary participation, confidentiality, anonymization of informants through code names, and secure handling of interview recordings and transcripts. The informants were informed of their right to withdraw from the study without penalty.

Consent for publication

All informants provided informed consent for the publication of anonymized data and study findings. The manuscript contains no personally identifiable information, ensuring the confidentiality and privacy of all participants.

Availability of data and materials

Data supporting the findings of this study are available from the author upon reasonable request, subject to ethical restrictions on confidentiality and informant privacy.

Funding

This research was funded through the personal resources of the author. No external funding agency provided financial support for the conduct of the study.

Acknowledgements

The author gratefully acknowledges the invaluable support and guidance of Dr. Nikko T. Ederio, research instructor for his expertise, insightful guidance, patience, and unwavering mentorship throughout the conduct of this study.

The author also extends sincere gratitude to all the research informants for their time, openness, and willingness to share their lived experiences.

Declaration of Generative AI and AI-assisted Technologies

AI-assisted tools, including ChatGPT (Open AI), were used for language refinement, organization, and formatting support. The author reviewed, verified, and approved the final content of the manuscript.

Competing Interests

The authors declare no competing interests related to this study.

Author's contributions

The author conceptualized and designed the study, developed the methodology, conducted the formal analysis, prepared the original draft of the manuscript, and created the visualizations. Dr. Lucy L. Teves, as the research adviser, provided expert guidance, critical review, and scholarly supervision throughout the research process. The author read and approved the final manuscript.

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