

# Charting the Journey: A Phenomenological Study of Novice Nurses' Early Career Transition into Clinical Practice

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**Abstract**

**Introduction:** The transition from nursing education to professional practice is a crucial period marked by significant personal and professional adjustments. Understanding this process offers insights into the challenges, adaptations, and growth experienced by novice nurses as they begin their careers in healthcare. **Objective:** This study aimed to explore and describe the lived experiences of novice nurses during their transition from academic training to clinical practice, and to identify key factors affecting their early professional development. **Methods:** A descriptive phenomenological approach was employed. Ten registered nurses with a Bachelor of Science in Nursing and at least one year of clinical experience were selected through purposive sampling. Data were gathered via face-to-face in-depth interviews using a semi-structured interview guide. Colaizzi's method was used to analyze the data, identifying significant meanings and themes that capture the essence of participants' experiences. **Results:** Six themes emerged: Clinical and Emotional Adaptation, Workload Management, Confidence in Decision-Making, Transition to Autonomy, Handling Initial Hospital Exposure, and Integration into the Workplace. These themes collectively depict a complex transition process characterized by emotional vulnerability, heavy workload, and the gradual development of confidence and independence. Participants' experiences highlighted the interaction between individual coping strategies and workplace factors, emphasizing how mentorship, workload, and organizational culture influence early professional adjustment. **Conclusion:** The findings suggest that the shift from student to professional nurse is not only a personal developmental journey but is also influenced by systemic and organizational factors. In the Philippine context, resource limitations and inconsistent support systems intensify the difficulties of transition, requiring novice nurses to rely on self-regulation and relational support. Strengthening structured transition programs, managing workloads, and improving mentorship are vital to supporting novice nurses, enhancing patient safety, and increasing workforce retention.

## Keywords:

Novice Nurses, Newly Graduated Nurses, Clinical Transition, Workplace Integration, Mentorship, Support

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## INTRODUCTION

The transition from nursing education to professional practice represents a critical and defining stage in the career of newly graduated nurses. During this period, theoretical knowledge acquired in academic settings is applied in clinical environments. In clinical settings, Benner's Novice to Expert Model describes how novice nurses, starting with little experience, gradually gain competence through exposure and guidance (Brown & Sorrell, 2017; Vidal & Olley, 2021). Many new graduate registered nurses enter healthcare settings as "novices." They often feel unsure about institutional policies and struggle with the responsibilities of independent decision-making, which can impact their ability to exercise the "discretionary judgment" needed for complex patient care. The shift from classroom to clinical practice can be challenging as they work to build their confidence and skills (Lyu et al., 2024; Vidal & Olley, 2021). This makes their transition challenging and overwhelming (Lyu et al., 2024; Sedgwick et al., 2017).

Newly graduated nurses often face significant stress, emotional exhaustion, and "transition shock." This term describes the gap between the values and skills they learned in their education and the harsh realities they face in the workplace (Alharbi et al., 2023; Ibrahim et al., 2025; Lay & Masingboon, 2025; Melissant et al., 2024). The COVID-19 pandemic also contributed to these challenges. Due to limited clinical exposure and the suspension of practicum and return demonstrations, many newly graduated nurses began their professional work with limited practical experience and preparation (Lindfors et al., 2022; Ohue et al., 2025; Smith et al., 2022).

Understanding the experiences of novice nurses is important in improving orientation and training programs. However, existing local studies have mostly used quantitative approaches, focusing on confidence levels and core competencies (Ubas-Sumagasyay & Oducado, 2020). Although these studies show that more than 80% of Filipino novice nurses report a need for support, they offer limited insight into how these nurses actually experience their transition into practice (Ubas-Sumagasyay & Oducado, 2020). In addition, while there are international qualitative studies on early-career transitions, their findings are shaped by healthcare systems and educational contexts that differ from those in the Philippines (Factor et al., 2017). However, there remains a lack of in-depth phenomenological studies that capture the lived experiences of novice nurses in Region XII, particularly in the post-pandemic context. This points

to a need for more context-specific qualitative research that reflects the perspectives and realities of Filipino nurses (Alvarez et al., 2025; Labrague et al., 2019).

This study aimed to address this gap by using a phenomenological approach to explore the early-career transition of novice nurses. By focusing on their lived experiences, the study sought to provide insights to inform the development of more relevant transition-to-practice programs and mentorship strategies in the Philippine healthcare setting (Tacuhan, 2026). It also provides context-specific, post-pandemic phenomenological evidence from Region XII, offering a deeper understanding of novice nurses' transition experiences beyond existing quantitative and non-local studies.

## METHODS

## 1. Design

This study utilized a descriptive qualitative-phenomenological research design to explore the experiences of novice registered nurses as they enter clinical practice for the first time. This approach is rooted in the philosophical work of Husserl, who emphasized the importance of bracketing (*epoché*)—the process of setting aside the researcher's "natural attitude" and personal presuppositions to focus on the pure consciousness of the phenomenon (Chan et al., 2015). By employing this descriptive orientation, the study aimed to examine participants' experiences without imposing prior knowledge or bias on the phenomenon (Mcharo et al., 2022).

The study followed a modified Husserlian approach, specifically designed to analyze human experiences through a descriptive psychological lens (Giorgi, 2009; Leigh-Osroosh, 2021). This method ensures that the findings remain faithful to the participants' own descriptions, capturing the "universal essences" or structures of the experience (Rodriguez & Smith, 2018). As noted by Neubauer et al. (2019) phenomenology is particularly valuable in healthcare research because it enables an in-depth exploration of the "essence" of lived experiences and the subjective meanings individuals assign to them. Through this design, the research captures the subjective realities of novice nurses, providing insights into their transition that quantitative measures alone cannot provide.

## 2. Participants and Sampling Technique

The study employed purposive sampling to select ten registered nurses from Region XII, Philippines, each with at least one year of hospital

experience. The inclusion criteria were: (1) completion of a BSN program; (2) passing the Philippine Nursing Licensure Examination; and (3) at least one year of hospital-based clinical experience. The sample size was appropriate for this phenomenological study, as it enabled an in-depth exploration of participants' lived experiences. Data saturation was reached after the tenth participant, as no new themes emerged during analysis, supporting the adequacy of the sample size.

### 3. Instruments

A semi-structured interview guide, validated by three experts in nursing education and qualitative research, served as the primary data collection instrument. The validation process involved reviewing the guide for clarity, relevance, and alignment with the study objectives, followed by revisions in response to experts' recommendations. The instrument consisted of ten (10) main questions designed to explore newly licensed nurses' first-year experiences. Initially, five sub-questions accompanied each main item; however, after pilot testing, three additional questions were incorporated to enhance the depth and quality of the data collected. The interview guide focused on clinical preparedness, emotional challenges, workplace integration, and confidence in decision-making.

### 4. Data Collection Process

Data were collected through face-to-face interviews conducted at locations convenient for the participants, including their residences within Region XII. The timing of the interviews was arranged based on participants' availability to ensure flexibility, particularly given their varying work schedules. Each interview lasted approximately 30 to 60 minutes, allowing the researchers to ask follow-up questions and clarify responses when necessary. A semi-structured interview guide was used to explore the participants' lived experiences, facilitating the collection of rich and in-depth data.

Prior to each interview, participants were fully informed about the purpose of the study, the voluntary nature of their participation, and the measures taken to ensure confidentiality and anonymity. Informed consent was obtained before proceeding. With participants' permission, interviews were audio-recorded to ensure accurate and complete transcription.

To address potential researcher bias, reflexivity was maintained throughout the data collection and analysis process. The researchers engaged in continuous self-reflection, acknowledging their assumptions and preconceptions, and employed bracketing to minimize their influence on data interpretation.

Following data collection, all interviews were transcribed verbatim and systematically reviewed. The data were carefully examined and organized to identify significant statements and extract meaningful insights that reflect the participants' transition experiences.

### 5. Data Analysis

The study applied Colaizzi's method of thematic analysis to interpret qualitative data and derive themes from the lived experiences of newly graduated nurses (Praveena & Sasikumar, 2021; Upendra, 2021). This method follows a systematic seven-step process: (1) familiarization with the data through repeated reading of transcripts; (2) identification of significant statements; (3) formulation of meanings from these statements; (4) organization of formulated meanings into theme clusters; (5) development of an exhaustive description of the phenomenon; (6) identification of the fundamental structure of the experience; and (7) validation of the findings through participant feedback (Gumarang et al., 2021; LeBlanc et al., 2022; Santiago, 2023). This phenomenological approach enabled a deeper understanding of the participants' professional transitions by interpreting the subjective meanings embedded in their lived experiences within a specific context (Neubauer et al., 2019; Upendra, 2021).

To ensure rigor and trustworthiness, Lincoln and Guba's criteria—credibility, transferability, dependability, and confirmability—were applied (Ang et al., 2016; Enworo, 2023). Credibility was established through member checking, wherein participants reviewed and validated the accuracy of the interpreted findings. Dependability was ensured by maintaining an audit trail that documented the research process, including data collection and analysis procedures. Confirmability was achieved through peer debriefing, allowing independent review of the data and interpretations to minimize researcher bias. Transferability was supported by providing rich and detailed descriptions of the research context and participants. These measures ensured the accuracy, consistency, and neutrality of the findings, contributing to a comprehensive understanding of the challenges and professional growth experienced by novice nurses in clinical practice (Ang et al., 2016; Venkatesh et al., 2023).

### 6. Research Ethics

This study was approved by the Notre Dame of Tacurong College Research Ethics Committee (NDTC-REC) (NDTC-REC-NUR-2024-015). Written informed consent was obtained from all participants.

## RESULTS

Through the analysis of responses from 10 novice nurses in Region XII, Philippines, 6 major themes emerged, offering insight into the lived experiences of newly graduated nurses during their first year in clinical practice. These themes include: (1) clinical and emotional adaptation; (2) workload management; (3) confidence in decision-making; (4) autonomy transition; (5) handling first hospital exposure; and (6) integration into the workplace. A total of 19 significant meanings were formulated from the interviews. These themes reveal emotional

challenges, stress management, and coping strategies of novice nurses. Additional insights include adapting to hospital culture, handling pressure, and the vital role of professional relationships, organizational adjustment, and mentorship in successful workplace integration. A summary of the themes and sub-themes is presented in Table 1.

**Table 1:** Summary of Themes and Sub-themes

Themes	Sub-themes
Clinical and Emotional Adaptation	Emotional challenges
	Transition shock
	Interpersonal dynamics
Workload Management	Stress and job satisfaction
	Workload strategies
	Patient care quality
Confidence in Decision-Making	Role of confidence
	Skill enhancement
	Impact on practice
Autonomy Transition	Application of skills
	Challenges to autonomy
	Independent decision-making
Handling First Hospital Experience	Coping strategies
	Emotional regulation
	Cultural adaptation
Integration into the Workplace	Pressure management
	Professional relationships
	Organizational adaptation
	Mentorship and preceptorship

Note. Themes and sub-themes were derived from qualitative analysis. Subthemes within each theme are presented as a semicolon-separated list based on participant responses.

### 1. Theme 1: Clinical and Emotional Adaptation

This theme reflects the emotional and psychological adjustments that novice nurses experience as they transition into clinical practice. It includes three theme clusters: (1) emotional challenges, (2) coping with transition shock, and (3) interpersonal dynamics in clinical settings. Findings indicate that newly graduated nurses encounter significant anxiety, uncertainty, and emotional strain during the early phase of professional practice. As shared by Participant 7:

“Una, nakakakaba kasi nga first time ko and 'di ko alam kung ano yung mangyayari sa akin without the guidance of my clinical instructor.”  
(*At first, it was nerve-racking because it was my first time, and I did not know what would happen to me without the guidance of my clinical instructor.*)

This statement shows that new nurses feel unsure and anxious during the early part of their transition, especially as they move from supervised students to working independently as professionals. This sentiment of vulnerability aligns with Duchscher's Transition Shock Theory, which describes the physical and emotional distress caused

by the gap between academic ideals and the harsh realities of the professional world (Duchscher, 2008). In the Philippine context, this adaptation is often complicated by a "theory-practice gap," in which the resources available in the clinical setting do not match those taught in nursing education (Factor et al., 2017; Labrague et al., 2019).

### 2. Theme 2: Workload Management

This theme highlights the influence of heavy patient assignments on newly graduated nurses' professional adjustment. It is composed of three theme clusters: (1) impact on Stress Levels and job satisfaction; (2) strategies for workload management; and (3) maintaining patient care quality. The findings reveal that high-volume care significantly affects novice nurses' transition to autonomy and independent clinical responsibility.

Participants described the demands in the early stages of work as overwhelming. High nurse-patient ratios contribute to increased stress levels, reduced self-confidence, and challenges in clinical decision-making. Participant 5 shared:

“The workload of new nurses like me can initially be overwhelming, impacting our ability to transition to autonomy and take on independent responsibilities.”

Similarly, Participant 3 emphasized the strain caused by high patient ratios:

“As a newbie nurse, I am having a hard time with the hospital's patient ratio, which is 1:12. It affects my ability to make decisions for my patients' health. There were times that I overlooked some situations and missed the important ones regarding my patient's health.”

Despite these challenges, participants also described strategies to manage their workload effectively. Prioritization and time management emerged as essential coping mechanisms. Participant 10 explained:

“Time management and work prioritization, what needs to happen first, is what I prioritize. That is the strategy I usually use.”

Overall, this theme shows how heavy workload influences stress, autonomy, and the ability to maintain safe, high-quality patient care. This specific ratio (1:12) far exceeds recommended safety limits and contributes to cognitive overload. This is best explained by the Job Demands-Resources Model, which posits those excessive demands (workload) without adequate resources (staffing) lead to burnout (Bakker & Demerouti, 2016; Galanakis & Tsitouri, 2022). To survive, novices like Participant 10 develop "problem-focused coping" strategies, such as time management and work prioritization, to maintain patient care quality (Alvarez et al., 2025).

### 3. Theme 3: Confidence in Decision-Making

This theme highlights the role of self-perception and confidence in the development of clinical judgment among newly graduated nurses. It is composed of three theme clusters: (1) the role of confidence in effective decision-making; (2)

enhancing decision-making skills; and (3) the impact of self-confidence on clinical practice. These themes indicate that confidence is an enabling factor for novice nurses to perform independently and make appropriate clinical decisions. Participant 9 expressed:

“Sa ospital bilang bagong graduate, ang kumpiyansa ay mahalaga talaga sa paggawa ng mga desisyon. Kapag may kumpiyansa ka sa sarili mo, mas madali mong magiging matapang na magdesisyon kahit sa mga mahihirap na sitwasyon. Ito rin yung magpapakita sa iba na kaya mong harapin ang mga hamon at magampanan yung tungkulin mo nang maayos. Kaya kahit baguhan ka pa, dapat may tiwala ka sa sarili mo para makapagdesisyon nang maayos sa ginagawa mo.”

*(In the hospital as a new graduate, confidence is really crucial in making decisions. When you have confidence in yourself, it becomes easier to be brave in making decisions, even in difficult situations. This also shows others that you can face challenges and fulfill your duties well. So even if you are still new, you should have trust in yourself to make good decisions in what you do.)*

Participants also described strategies for strengthening their decision-making abilities. Continuous learning, mentorship, and reflective practice were identified as key mechanisms for growth. Participant 5 added:

*“I improve my decision-making by seeking advice from experienced colleagues, reflecting on past experiences to learn from them, and staying updated on current best practices through continuous education and training.”*

Overall, this theme highlights that confidence is both a product of experience and a critical driver of effective clinical decision-making. This development of "discretionary judgment" supports Benner's Novice to Expert Model, in which clinical competence is seen as an outcome of exposure and experience (Benner, 1984). Participant 5 noted that this competence is further refined through "reflecting on past experiences," an application of Kolb's Experiential Learning Theory, in which knowledge is constructed through a cycle of action and reflection (Kolb, 1984; Tacuhan, 2026).

#### 4. Theme 4: Autonomy Transition

This theme explores the process by which novice nurses move from student roles toward professional independence. It consists of four theme clusters: Application of learned skills in real-world nursing, Challenges in transitioning to autonomy, developing independent decision-making skills, and strategies for overcoming challenges during this period.

Participant 3 described the weight of this responsibility and the fear of making errors:

*“was nervous most of the time, especially when I needed to accompany the doctors during their*

*rounds. It was terrifying because I realized that someone like me, a junior nurse and a newbie in the hospital, is responsible and accountable for other people's lives. Their health and well-being depend on me; one small mistake can put their life and my license in line.”*

Despite these challenges, participants identified that professional autonomy grows as they learn to integrate their theoretical background with practical clinical experiences. Participant 5 highlighted the importance of active engagement and mentorship to bridge the gap between education and practice:

*“I applied my learned skills from school to real-world nursing practice by actively engaging in patient care, seeking guidance from experienced colleagues, and continuously learning and adapting to new situations, allowing me to provide competent and compassionate care to patients.”*

This fear of error is a core element of Meleis's Transitions Theory, which focuses on the subjective meanings and psychological adjustments required when assuming new roles (Meleis, 2018). Success in this stage is achieved when the novice moves from theoretical "knowing that" to practical "knowing how" through active engagement in real-world patient care (Factor et al., 2017).

#### 5. Theme 5: Handling First Hospital Experience

This theme explored the experiences of newly graduated nurses during their first exposure to hospital work. It is organized into three theme clusters: (1) emotion management techniques; (2) culture adaptation skills; and (3) pressure handling strategies. The findings showed that encounters in end-of-life care have an emotional impact on novice nurses.

Participants described their first experiences in managing critically ill and dying patients as emotionally overwhelming. The transition from student observer to responsible practitioner required them to regulate their emotions while maintaining professional composure. Many expressed the need to appear strong and composed in front of patients and families, even when internally distressed. Participant 1 shared:

*“In terms of end-of-life ng patient... magiging manhid ka eh—not literal na manhid pero you have no choice. Hindi mo puwedeng ipakita na mahina ka, pero puwede kang magbigay ng comfort sa family.”*

*(In terms of a patient's end of life, you become numb—not literally numb, but you have no choice. You cannot show weakness, but you can offer comfort to the family.)*

This statement reflects the emotional regulation required in confronting death and dying. While participants described developing a sense of emotional detachment as a coping mechanism, they also emphasized the importance of empathy and providing comfort to grieving families. Overall, this theme highlights the psychological demands of early

hospital exposure and the development of professional resilience. The strategy of being "*numb*" (*manhid*) to maintain professionalism is a classic example of Hochschild's Theory of Emotional Labor (Jeung et al., 2018). Nurses must manage their internal emotions to project a composed outward appearance that meets institutional and family expectations (Labrague et al., 2019). This emotional control is vital for therapeutic communication, yet it requires significant resilience to avoid emotional exhaustion (Tacuhan, 2026).

#### 6. Theme 6: Integration into the Workplace

This theme highlights the process by which newly graduated nurses gradually become integrated into their clinical work environment. It is composed of three (3) theme clusters: (1) establishing relationships with colleagues; (2) adapting to organizational culture, policies, and procedures; and (3) utilizing mentorship and preceptorship. The findings emphasize that workplace integration is a crucial component of successful transition into professional nursing practice.

Participants highlighted the importance of open communication and collaboration with colleagues. Building professional relationships fosters a supportive work environment, enhances learning opportunities, and promotes confidence in clinical performance. Participant 2 shared:

*"Just communicate with them and ask for guidance when you need them."*

In addition to interpersonal relationships, adapting to institutional culture, policies, and procedures emerged as a significant aspect of professional adjustment. Participants described this process as gradual, requiring observation, flexibility, and willingness to learn. Participant 2 further stated:

*"As time passes by, when you are in a workplace, you just adapt to the policies, culture, and procedures naturally."*

The findings suggest that mentorship and preceptorship programs play a vital role in easing the transition process. Guidance from experienced nurses supports skill development, strengthens professional identity, and facilitates smoother integration into the healthcare team. Overall, successful workplace integration depends on effective communication, cultural adaptation, and structured support systems.

This natural adaptation reflects Organizational Socialization Theory, in which individuals internalize workplace norms through social interaction (Tacuhan, 2026). For Filipino novices, structured mentorship and preceptorship serve as essential "scaffolding" that facilitates professional identity and reduces the friction of the transition period (Labrague et al., 2019; Tacuhan, 2026).

## DISCUSSION

The findings from this phenomenological study involving 10 novice nurses in Region XII, Philippines, provide meaningful insights into the complex process of professional socialization during the first year of clinical practice. The emergence of six major themes and 19 significant meanings highlights the multidimensional nature of transition shock, a phenomenon widely documented in contemporary nursing literature (Lay & Masingboon, 2025; Zhang et al., 2024). Consistent with existing evidence, the transition to professional practice is marked by substantial psychological, cognitive, and organizational adjustments (Holtz et al., 2024).

However, the present study offers a contextualized understanding of this process by situating novice nurses' experiences within a post-pandemic Philippine healthcare environment, where structural constraints, workplace dynamics, and relational factors critically influence early professional socialization.

The findings of this study demonstrate that the first year of practice is a critical phase where emotional vulnerability, workload intensity, and confidence development intersect to shape professional identity (Gadin, 2024; Omer, 2024).

The Clinical and Emotional Adaptation identified in Theme 1 highlights the "reality shock" prevalent in contemporary healthcare environments (Holtz et al., 2024; Zhang et al., 2024). Participant 7's description of the experience as "nerve-wracking" (*nakakakaba*) due to the absence of a clinical instructor aligns with recent evidence that transition shock is primarily driven by a mismatch between academic preparation and the realities of independent practice (Baharum et al., 2023; Zhang et al., 2024). Globally, this phenomenon is well-documented, with newly graduated nurses frequently reporting persistent feelings of inadequacy and emotional distress during the early stages of their careers (Baharum et al., 2023; Labrague et al., 2019).

In the Philippine context, this transition is particularly stressful due to the rapid shift from highly supervised student roles to autonomous professional practice (Alvarez et al., 2025; Labrague et al., 2019). The findings suggest that this ongoing psychological pressure leads to significant role ambiguity and drains the nurse's self-regulatory energy (Alvarez et al., 2025; Zhang et al., 2024). This highlights how emotional vulnerability extends beyond individual coping, reflecting the impact of diminished instructional support during the early stages of professional transition.

Workload management emerged as a critical factor influencing both professional adjustment and clinical autonomy among novice nurses, as reflected in theme 2. Participants described high nurse-patient ratios, such as the 1:12 ratio reported by Participant 3, as a significant barrier to effective decision-making. This finding has direct implications for patient safety, as heavy quantitative workloads—characterized by

excessive task demands within limited time—are consistently associated with missed nursing care and increased risk of clinical errors (Babaii et al., 2025; Kurnawan & Yuliaty, 2024).

Although participants employed time management and prioritization as coping mechanisms, existing evidence suggests that such strategies may alleviate immediate psychological strain but do not substantially reduce the actual workload burden in high-demand clinical environments (Kurnawan & Yuliaty, 2024). This indicates that workload should be understood not as an individual limitation but as a structural constraint that restricts both performance and the development of clinical autonomy. Persistent exposure to such conditions during the first year of practice has been identified as a key driver of turnover intention among newly hired nurses, posing long-term challenges to workforce stability (Lyu et al., 2024)

While prior quantitative studies among Filipino novice nurses have documented high levels of occupational stress (Ubas-Sumagasyay & Oducado, 2020), the present findings extend this understanding by revealing how excessive workload directly constrains experiential learning, limits decision-making opportunities, and reinforces dependence despite expectations of autonomy. In contrast to global contexts where structured staffing support and workload distribution mechanisms may partially buffer these effects, the Philippine setting appears to present a more intensified form of workload burden, often exceeding recommended nurse–patient ratios set by the Department of Health. This imbalance contributes to pronounced role strain and perpetuates the theory–practice gap, ultimately impeding the transition to professional competence (Alibudbud, 2023; Alvarez et al., 2025; Labrague et al., 2019).

Another important finding of this study is the foundational role of confidence in clinical decision-making, particularly reflected in Theme 3. Participant 9's emphasis on "bravery" suggests that confidence is not merely a personal trait but a functional resource that enables novice nurses to act despite uncertainty, clinical ambiguity, and fear of error. Existing literature supports this interpretation, indicating that confidence in decision-making is influenced by emotional intelligence, clinical experience, and a sense of belonging within the healthcare team (Baharum et al., 2023; Tang et al., 2025). Conversely, insufficient support and limited integration into the clinical environment may intensify uncertainty, resulting in hesitancy and delayed decision-making among novice practitioners.

Notably, the findings of this study extend existing knowledge by demonstrating that confidence is experienced not only as self-assurance but also as a form of negotiated courage developed amid early professional vulnerability. Rather than emerging solely from competence, confidence appears to function as an adaptive mechanism that enables novice nurses to bridge the gap between theoretical knowledge and real-time clinical action (Baharum et al., 2023). This phenomenological insight highlights

how confidence is actively constructed and enacted in practice, particularly under conditions of pressure and limited guidance.

Compared with global literature, which emphasizes the role of structured transition programs, mentorship, and supportive learning environments in strengthening confidence in decision-making, the present findings suggest a more complex, context-dependent experience in the Philippine setting. Local studies have consistently reported high levels of stress and adjustment difficulty among newly graduated nurses, often associated with staffing shortages and limited supervisory support (Labrague et al., 2019; Ubas-Sumagasyay & Oducado, 2020). Within this context, confidence in decision-making is shaped not only by individual capability but also by the availability of relational and organizational support. Thus, confidence may be better understood as both an individual and systemic construct, reflecting the broader conditions under which novice nurses transition into professional practice.

Furthermore, the autonomy transition identified in Theme 4 reflects a shift from rule-based practice to situated judgment, in which clinical decisions are guided by context rather than strict adherence to protocols (Gautam et al., 2023; Hojjati & Benner, 2025). This transition is not achieved through time alone but through reflective practice and the integration of theoretical knowledge into real clinical situations (Hojjati & Benner, 2025; Vidal & Olley, 2021). Participant 5's reliance on mentorship and continuous learning highlights that autonomy develops through supported experience, consistent with evidence that self-efficacy evolves from academic preparation to clinical application (Alspach et al., 2023; Baharum et al., 2023).

Notably, the findings suggest that autonomy is not solely a marker of readiness but is often negotiated within practice, particularly under conditions of uncertainty. While global literature emphasizes structured mentorship and transition programs in facilitating safe autonomy (Vidal & Olley, 2021), the Philippine context appears to present more variable support, requiring novice nurses to assume independent roles earlier in their transition (Alvarez et al., 2025; Labrague et al., 2019). This indicates that autonomy may emerge not only from competence but also from situational demands, reframing it as a context-dependent process shaped by both individual development and organizational conditions (Labrague et al., 2019; Ubas-Sumagasyay & Oducado, 2020).

The experience of first hospital exposure, particularly in end-of-life care as reflected in Theme 5, requires significant emotional self-regulation among novice nurses. Participant 1's use of professional "*numbness*" (*manhid*) to support grieving families illustrates the emotional labor inherent in early clinical practice (Cao et al., 2021). Existing literature indicates that initial encounters with patient death, especially in the absence of prior experiential frameworks, increase susceptibility to secondary

traumatic stress and emotional exhaustion (Du et al., 2024; Shahzeydi et al., 2025).

The present study suggests that emotional detachment is not merely a coping response but a functional strategy that enables novice nurses to maintain professional composure while managing internal distress. While global literature highlights structured debriefing, mentorship, and emotional support programs as protective mechanisms, such supports may be inconsistently implemented in the Philippine context (Alvarez et al., 2025; Labrague et al., 2019). As a result, novice nurses may rely more heavily on self-regulation strategies to navigate emotionally demanding situations (Du et al., 2024). This underscores that emotional adaptation during first hospital exposure is not solely an individual process but is shaped by the availability of relational and organizational support, emphasizing the need to strengthen supportive transition mechanisms in local clinical settings (Alodhialah et al., 2024; Serafin et al., 2025).

Integration into the workplace emerged as a critical component of novice nurses' transition to professional practice, highlighting the roles of interpersonal relationships, organizational adaptation, and mentorship in shaping early-career experiences as reflected in theme 6. Participants highlighted that effective communication and actively seeking guidance from colleagues were essential strategies for navigating unfamiliar clinical environments. This finding aligns with Organizational Socialization Theory, which explains how individuals internalize workplace norms through social interaction and experiential learning (Tacuhan, 2026).

Beyond confirming existing evidence, the findings suggest that workplace integration is not a passive process but an active and relational experience. Participants relied on colleagues for guidance, indicating that early professional adaptation is supported through shared knowledge, informal teaching, and collaborative practice. Consistent with global literature, coworker support and structured mentorship improve job satisfaction, clinical competence, and retention among newly qualified nurses (Dijkshoorn-Albrecht et al., 2024; Hansen & Zuma, 2024). In addition, social support reduces stress and strengthens confidence within the clinical team (Chen et al., 2024).

This integration occurs as positive collegial relationships serve as psychological buffers, transforming a high-pressure clinical environment into a collaborative learning space. When senior nurses provide guidance and mentorship, they lessen the cognitive and emotional burden on novice nurses. This allows novice nurses to internalize workplace norms without the fear of isolation (Dijkshoorn-Albrecht et al., 2024; Tacuhan, 2026). As a result, transition shock is reduced through a sense of shared accountability.

However, the present findings highlight an important contextual difference. In many global settings, workplace integration is supported through formal transition programs and structured

mentorship. In contrast, in the Philippine context, support systems are often less structured. As a result, novice nurses rely more heavily on informal relationships to adapt to workplace demands (Alvarez et al., 2025; Labrague et al., 2019).

In this context, workplace integration emerges not only as a professional milestone but as a relational survival strategy. Belongingness, peer support, and collaborative engagement become essential mechanisms for sustaining performance, managing stress, and preventing early attrition in resource-constrained clinical environments.

### Implications for Practice and Future Research

The findings of this study have several implications for nursing education and practice. First, healthcare institutions should implement structured transition-to-practice programs that include mentorship, preceptorship, and regular feedback to support novice nurses during their first year. Second, workload management should be addressed at the organizational level, as excessive patient assignments negatively affect both learning and patient safety. Third, emotional support mechanisms, such as debriefing sessions and peer support groups, should be integrated into workplace programs to help nurses cope with emotionally demanding situations. Finally, nursing education should incorporate training on emotional resilience, decision-making, and real-world clinical expectations to better prepare students for professional practice. Overall, the transition of novice nurses emerges as a dynamic interplay between individual adaptation and systemic support, rather than a purely developmental process.

Future research should explore longitudinal transitions of novice nurses and evaluate the effectiveness of structured transition programs in different healthcare settings.

### Limitations

This study has several limitations. The use of a phenomenological design and a small sample size limits the generalizability of the findings. The study was conducted in Region XII, Philippines, and participants' experiences may not reflect those of novice nurses in other regions or healthcare settings. Additionally, the reliance on self-reported data may introduce recall bias or selective reporting. Despite these limitations, the study provides valuable, in-depth insights into the lived experiences of novice nurses that can inform future research and practice.

### CONCLUSION

This study explored the lived experiences of novice nurses in Region XII, Philippines, as they navigated the transition from academic preparation to professional clinical practice. The findings affirm that the first year of practice is a critical period of

professional socialization in which theoretical knowledge evolves into clinical autonomy, often constrained by heavy workloads, emotional demands, and early exposure to high-acuity care. Central to this transition is the development of confidence in decision-making, which functions as a key mechanism for managing uncertainty and establishing professional identity.

Importantly, the study demonstrates that this transition is not solely an individual developmental process but is strongly shaped by organizational conditions, including workload, mentorship, and workplace culture. Strengthening structured onboarding programs, ensuring manageable nurse–patient ratios, and institutionalizing mentorship systems are essential to support novice nurses. These interventions can enhance patient safety, promote resilience, and improve long-term workforce retention, ultimately contributing to the sustainability and quality of healthcare delivery.

#### Author Contributions

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All authors made substantial contributions to the conception, design, data acquisition, analysis, and interpretation of the study; participated in drafting or critically revising the manuscript; approved the final version; and agreed to be accountable for all aspects of the work.

#### Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

#### Conflict of Interest

No conflicts of interest.

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