

From Classrooms to Crash Carts: Navigating the Transition of New Nurses into Clinical Practice

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ABSTRACT

This descriptive-correlational-comparative study examined the relationships among structured preceptorship, clinical competency, and transition challenges among newly hired graduate nurses (N = 84) in selected primary and secondary hospitals in Bulacan, Philippines. A researcher-developed questionnaire was pilot-tested (N = 20; total-scale $\alpha = .870, .809$, and $.849$). Preceptorship ($M = 3.45$), competency ($M = 3.34$), and challenges ($M = 2.65$) were moderate, with emergency and technical domains weakest. Preceptorship was positively associated with competency ($r = .442, p < .001$) and negatively with challenges ($r = -.376, p < .001$); competency and challenges were also negatively associated ($r = -.363, p < .001$). Sex differed only in competency ($t(82) = 2.70, p = .008, d = 0.84$). Findings informed a hospital-wide onboarding enhancement.

Keywords: Structured preceptorship, clinical competency, transition challenges, newly hired graduate nurses, onboarding program

INTRODUCTION

Newly hired graduate nurses face a challenging transition from nursing education to clinical practice. A meta-analysis reported a global nurse turnover rate of 16%, rising to 19% in Asia (Ren et al., 2024), while the nursing shortage in the Philippines further strains hospital onboarding. However, limited evidence exists on how structured onboarding influences preceptorship, clinical competency, and transition challenges in Philippine primary and secondary hospitals.

Statement of the Problem

This study determined the relationship among structured preceptorship, clinical competency, and transition challenges among newly hired graduate nurses in selected primary and secondary hospitals in Bulacan. Specifically, it sought to answer: (1) What is the demographic profile of the respondents? (2) What is the extent of structured preceptorship received? (3) What is the level of clinical competency? (4) What is the degree of transition challenges? (5) Is there a significant relationship between structured preceptorship and clinical competency? (6) Between structured preceptorship and transition challenges? (7) between clinical competency and transition challenges? (8) Is there a significant difference in the three constructs when respondents are grouped by demographic profile? And (9) what onboarding enhancement may be proposed based on the findings?

Scope and Delimitations

The study included newly hired registered nurses with less than one year of clinical experience in selected Level 1 and Level 2 hospitals in Bulacan. Data were collected from May to June 2026 using total enumerative sampling. The study was limited by its cross-sectional design and did not examine patient outcomes or cost-effectiveness.

Review of Related Literatures

The transition from student to professional nurse is often marked by transition shock (Duchscher, 2009). Evidence shows that structured preceptorship improves clinical competency and transition outcomes (Lindfors et al., 2022; Joseph et al., 2022). However, few studies, particularly in the Philippine context, have examined structured preceptorship, clinical competency, and transition challenges together.

Theoretical Framework

The study was anchored on three theories. Benner's (1984) Novice to Expert Theory, whose advanced beginner stage describes new graduates, grounds the competency variable; Duchscher's (2009) Transition Shock Theory grounds the transition challenges variable; and Roy's (2009) Adaptation Model frames the nurse as an adaptive system in which preceptorship acts as a contextual stimulus supporting adaptation.

Conceptual Framework

INPUT	PROCESS	OUTPUT
•Demographic profile of newly hired graduate nurses •Extent of structured preceptorship received:	•Administration of the researcher-developed questionnaire (N = 84) •Statistical analysis: Descriptive statistics, Pearson r, Hotelling's T^2 / one-way MANOVA	•Level of clinical competency •Degree of transition challenges

METHODOLOGY

This chapter presents the methods used in the study, including the research design, respondents, research instrument, data collection procedures, ethical considerations, and statistical analysis. These methods ensured the valid, reliable, and ethical examination of structured preceptorship, clinical competency, and transition challenges among newly hired graduate nurses.

Research Design

This study employed a descriptive-correlational-comparative design—a non-experimental quantitative method that describes variables, examines relationships, and determines group differences without manipulation or causal inference (Polit & Beck, 2021).

Research Steps

The study proceeded from instrument development and validation to sampling, data collection, and analysis. It was conducted in selected Level 1 (primary) and Level 2 (secondary)

hospitals in Bulacan that employ newly hired graduate nurses in direct patient care; participating hospitals were coded (Hospital A, Hospital B, etc.) to protect confidentiality.

Data Collection and Sample Selection

Total population sampling invited all newly hired graduate nurses meeting the inclusion criteria: licensed BSN graduates employed less than six months to one year in direct patient care. G*Power 3.1 set the minimum sample at 84 ($r = 0.30$, $\alpha = .05$, power = .80). The instrument used 5-point Likert scales: Demographic Profile; Structured Preceptorship (Casey et al., 2004); Clinical Competency (Benner, 1984); and Transition Challenges (Duchscher, 2009). Validation yielded a minimum I-CVI of 0.80 and S-CVI/Ave of 0.90;

Data Analysis Methods

Data were analyzed in SPSS 26.0 at $\alpha = .05$. Descriptive statistics addressed SOPs 1–4 and Pearson r addressed SOPs 5–7 after normality was confirmed. For SOP 8, Hotelling's T^2 tested two-group variables and one-way MANOVA tested area of assignment, with significant effects followed by univariate tests at a Bonferroni-adjusted α of .0167.

Research Hypotheses and Validation

Four null hypotheses were tested at $\alpha = .05$: no relationship between preceptorship and competency (H_{01}), preceptorship and challenges (H_{02}), or competency and challenges (H_{03}); and no difference in the three constructs by demographic profile (H_{04}). Correlational hypotheses were evaluated with Pearson r and 95% confidence intervals, and comparative hypotheses with Hotelling's T^2 and MANOVA.

Study Limitations and Ethical Considerations

The study followed the Belmont Report ethical principles and received Institutional Ethics Review Committee approval before data collection. Its cross-sectional design, self-reported data, and non-probability sampling limit causal inference, objectivity, and subgroup analysis.

RESULTS AND DISCUSSION

SOP 1. What is the demographic profile of newly hired graduate nurses in terms of age, sex, civil status, area of assignment, and length of employment? Respondents were predominantly female ($n = 72$, 85.7%) and single ($n = 76$, 90.5%), with a mean age of 25.57 years ($SD = 1.76$). The Medical Ward held the largest share ($n = 23$, 27.4%), and most had been employed six months to one year ($n = 50$, 59.5%). This young, early-career cohort aligns with Duchscher's (2009) vulnerable first-year stages and Benner's (1984) advanced beginner level; the single Separated respondent precluded inferential testing of that subgroup.

SOP 2. What is the extent of structured preceptorship received in terms of orientation program, mentorship support, clinical supervision, and emergency response training? Preceptorship was received to a Moderate Extent overall ($M = 3.45$, $SD = 0.58$). Orientation Program was the only Great Extent component ($M = 3.77$); Emergency Response Training was weakest ($M = 3.20$), with Mentorship Support and Clinical Supervision at $M = 3.44$. Orientation was well established, but the developmental and emergency-focused components lagged—

within Roy's (2009) model, a contextual stimulus of only moderate strength, consistent with preceptor support correlating positively with competency ($r = .56$; Chen et al., 2021).

SOP 3. What is the level of clinical competency in terms of knowledge, skills, values and attitude, and emergency response readiness? Competency was Moderate overall ($M = 3.34$, $SD = 0.59$). Values and Attitude was the only High domain ($M = 3.67$), while Emergency Response Readiness was lowest ($M = 3.15$), with Knowledge ($M = 3.27$) and Skills ($M = 3.25$) between them. The gradient fits Benner's (1984) advanced beginner, whose values form faster than clinical judgment, and echoes Chen et al. (2021); emergency readiness and applied skills—not professional attitude—are the competency gap.

SOP 4. What is the degree of transition challenges experienced? Challenges were Moderate overall ($M = 2.65$, $SD = 0.57$). Technical Skills and Equipment Handling was most challenging ($M = 2.92$), followed by Managing High-Acuity and Emergency Situations ($M = 2.83$), while Adaptation to Organizational Culture ($M = 2.32$) and Communication ($M = 2.47$) were Low Degree. Difficulty concentrated in technical and high-acuity domains rather than social integration, fitting Duchscher's (2009) doing stage and paralleling Joseph et al. (2022); these are the same domains where preceptorship was thinnest and competency lowest.

SOP 5–7. Relationships among the constructs. Preceptorship was positively associated with competency ($r = .442$, $p < .001$, 95% CI [.252, .600]) and negatively with challenges ($r = -.376$, $p < .001$, 95% CI [-.547, -.176]); competency and challenges were negatively associated ($r = -.363$, $p < .001$, 95% CI [-.536, -.161]). H_{01} - H_{03} were each rejected. The coherent triad aligns with Chen et al. (2021) and, within Roy's (2009) model, positions preceptorship as a contextual stimulus supporting adaptation; the moderate strengths match Lindfors et al. (2022).

SOP 8. Is there a significant difference in the three constructs when respondents are grouped according to demographic profile? The multivariate effect was non-significant for age group ($F[3, 80] = 0.54$, $p = .655$), length of employment ($F[3, 80] = 0.13$, $p = .939$), and area of assignment (Wilks' $\Lambda = .894$, $F[18, 212] = 0.48$, $p = .966$), and significant for sex ($F[3, 80] = 3.02$, $p = .035$). Follow-up located the difference in competency only: female nurses scored higher ($M = 3.41$, $SD = 0.56$) than male nurses ($M = 2.92$, $SD = 0.63$), $t(82) = 2.70$, $p = .008$, $d = 0.84$. The constructs were largely equitable across subgroups; the sex difference warrants caution given the small male cell ($n = 12$) and self-report measure (Lindfors et al., 2022).

SOP 9. Based on the findings, what onboarding program enhancement may be proposed? Findings showed that weaker preceptorship, lower competency, and higher transition challenges were evident in emergency and technical domains. Preceptorship was significantly associated with competency ($r = .442$) and transition challenges ($r = -.376$). The proposed enhancement emphasizes simulation, mentorship, technical-skills training, and competency checkpoints; however, its effectiveness was not evaluated.

SUMMARY

Among 84 newly hired graduate nurses in selected Bulacan hospitals, structured preceptorship, clinical competency, and transition challenges were moderate, with emergency and technical domains identified as weaker areas. Preceptorship was positively associated with competency and negatively associated with transition challenges, while competency was also negatively associated with challenges ($p < .001$). Only sex showed a significant difference in competency; other demographic variables showed no significant differences.

CONCLUSIONS

Structured preceptorship, clinical competency, and transition challenges were moderate among newly hired graduate nurses. Preceptorship was positively related to competency and negatively related to transition challenges, while competency was also negatively related to transition challenges. These findings support an enhanced onboarding program that strengthens experiential learning and emergency-focused preceptorship.

RECOMMENDATIONS

Hospitals may adopt the proposed enhancement, prioritizing the emergency-response and simulation track, since emergency response training was the weakest preceptorship component and emergency readiness the lowest competency domain. Preceptors may concentrate supervised practice on technical skills and equipment handling, the highest challenge. Future research may employ a longitudinal, larger, multi-region design and evaluate whether the proposed enhancement produces measurable gains.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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