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Lived Experiences of Newly Hired Nurses in Patient Care in a Selected Primary Hospital in Marikina City: A Basis for Onboarding Program Recommendation

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ABSTRACT

This qualitative phenomenological study explored the lived experiences of newly hired nurses delivering patient care in a selected primary hospital in Marikina City, with the goal of recommending a contextualized onboarding program. Guided by the theories of Benner, Roy, and Wiedenbach, the study examined how novice nurses experienced the transition from academic preparation to clinical practice in a resource-constrained setting. Data were obtained from six informants selected through purposive sampling until saturation, gathered through semi-structured, audio-recorded in-depth interviews using a validated aide-memoire, and analyzed using Colaizzi's method, with member checking conducted to establish trustworthiness. Four major themes and twelve sub-themes emerged: Reality Shock of Clinical Practice, Perceived Gap between Education and Clinical Reality, Factors Affecting the Onboarding Program, and Elements of an Effective Onboarding Program. The findings indicate that the successful transition of novice nurses cannot rely on individual resilience alone but requires deliberate, institutionally supported onboarding addressing the emotional, educational, procedural, and organizational dimensions of the transition. The study recommends a structured, contextualized onboarding program featuring graduated clinical exposure, formal mentorship, and hands-on competency development tailored to the realities of primary hospital settings.

Keywords: *Lived experiences, newly hired nurses, onboarding program, theory-practice gap, reality shock, phenomenology.*

INTRODUCTION

The Philippine healthcare system faces severe strain. Despite a record-breaking 90.04% passing rate in the November 2025 Nurse Licensure Examination (PRC, 2025), an abundant supply of licensed nurses does not translate into a stable workforce, as roughly 51% of Filipino nurses emigrate, leaving local hospitals with critical staffing shortages (Mesa et al., 2023). This crisis is most visible among newly hired nurses, whose retention issues stem not only from migration but from a "theory-practice gap" (International Nursing Leadership Forum, 2023). The transition from the textbook-driven classroom to the high-stakes hospital floor leaves many novices unprepared, frequently precipitating early resignation. This study explored the lived experiences of newly hired nurses adapting to a selected primary hospital in Marikina City to uncover the gaps that leave them vulnerable, examine potential misalignment, and assess whether new nurses are prematurely assigned to high-acuity roles.

Statement of the Purpose

This study aimed to gather insights from the lived experiences of newly hired nurses in order to recommend a contextualized onboarding program tailored to the realities of a primary hospital in Marikina City. Specifically, it sought to answer the grand tour question: What are the lived experiences of newly hired nurses in patient care in a selected primary hospital in Marikina City?

Scope and Limitations

This study focused on registered nurses providing direct patient care in a selected primary hospital in Marikina City who had worked there for three to six months, using a qualitative phenomenological approach. Nurses with over one year of prior experience, those in non-clinical roles, and those in facilities outside Marikina City were excluded. Because primary hospitals have distinct resources, acuities, and cultures, the findings may not be broadly generalizable. The study relied on subjective, self-reported narratives and concluded with the perceived recommendation of an onboarding program, not its actual implementation or long-term evaluation.

Review of Related Literature

Effective onboarding is correlated with reduced attrition and improved job satisfaction, familiarizing new employees with organizational culture and protocols (Erickson et al., 2023). Structured onboarding significantly reduces turnover; Kiptulon et al. (2025) linked comprehensive onboarding to enhanced retention and improved patient outcomes. A recurring theme is the theory-practice gap, in which clinical realities differ from academic experiences, causing reality shock, which structured mentorship and preceptor roles can reduce (Storto et al., 2025). However, limited funding, inadequate mentors, understaffing, high patient-to-nurse ratios, and institutional inertia hinder implementation (Pate et al., 2023; Salimi et al., 2025). Burnout is prevalent within the first year, exacerbated by the absence of onboarding and driving errors and attrition (Pappa et al., 2023), positioning structured, mentorship-driven onboarding as a necessary frontline intervention.

Theoretical Framework

This study is anchored in three complementary theories. Patricia Benner's "From Novice to Expert" model holds that nurses progress through the stages of Novice, Advanced Beginner, Competent, Proficient, and Expert; newly hired nurses enter as novices with theoretical knowledge but without the experiential background for high-stakes practice, and are frequently plunged into reality shock. Sister Callista Roy's Adaptation Model views the nurse as an open, adaptive system responding to focal, contextual, and residual stimuli through the regulator and cognator subsystems; the onboarding program stimulates the cognator subsystem to support adaptation within the Role Function and Interdependence Modes. Ernestine Wiedenbach's "The Helping Art of Clinical Nursing" frames the onboarding program itself as a deliberate helping art built on identifying the need for help, ministration, validation, and coordination. Together, these theories frame the transition as a developmental process requiring institutions to identify learning needs, administer mentorship, and validate success.

Conceptual Framework

The framework conceptualizes the transition as an input-process-output flow. The inputs are the novice nurses' academic preparation and lived experiences upon entering a resource-constrained primary hospital, where reality shock and the theory-practice gap surface as central challenges. The process explores these experiences to identify the emotional, educational, procedural, and organizational factors shaping the transition and the elements nurses deem essential. The output is a structured, contextualized onboarding program recommendation designed to bridge academic preparation and clinical practice, strengthening nurse retention and patient care.

METHODOLOGY

Research Design

The study utilized a qualitative phenomenological research design, appropriate for understanding the lived experiences of novice nurses and the meanings they attach to their transition in a resource-constrained environment, serving as a diagnostic tool to uncover systemic gaps and identify the needs for the proposed onboarding program.

Research Steps

An aide-memoire was derived from the purpose statement, validated by three experts in nursing and hospital administration, and pilot-tested with three key informants meeting the inclusion criteria. After securing ethics clearance and written institutional approval, in-depth interviews were conducted, audio-recorded, and transcribed. Data were analyzed using Colaizzi's method, and member checking was performed with informants reviewing the themes and interpretations to verify accuracy.

Data Collection and Sample Collection

A non-probability, purposive sampling technique was used, with data saturation reached at six (6) participants. Inclusion required nurses currently employed as newly hired staff assigned to direct patient care, working three to six months, formally hired, and willing to give informed consent. Data were collected through semi-structured, audio-recorded interviews of 20 to 30 minutes in a quiet, private hospital room. Alphanumeric codes replaced real names, identifying details were removed, and recordings and transcripts were encrypted and stored securely in alignment with the Data Privacy Act of 2012.

Study Limitation and Ethical Consideration

As a phenomenological study confined to a single primary hospital with six participants, the findings capture depth rather than breadth and are not intended for statistical generalization. The study complied with the Declaration of Helsinki. Ethical clearance and written institutional approval were obtained, and the principles of autonomy, beneficence, non-maleficence, justice, veracity, informed consent, data privacy, and fidelity guided its conduct. Participation was voluntary, with the right to withdraw at any time without penalty to employment status.

RESULTS AND DISCUSSION

Six key informants (A1–A6) participated. Analysis of their verbatim accounts yielded four major themes and twelve sub-themes, presented below.

Theme 1. Reality Shock of Clinical Practice

The nurses described intense, conflicting emotions, with excitement coexisting with fear, self-doubt, and physical and emotional exhaustion exceeding expectations. They were jarred by the fast pace and high stakes of the clinical environment and became acutely aware of heavy accountability, recognizing that the safety net of their clinical instructors was gone and that every decision carried direct consequences for a patient's life.

Theme 2. Perceived Gap between Education and Clinical Reality

Heavy workloads, irregular scheduling, and being left to work alone were sources of stress that nonetheless fostered independence. Participants credited their education with providing foundational knowledge, skills, and resilience while describing gradual professional growth. They also encountered role confusion, functioning at times as "all-around nurses" amid unclear professional boundaries.

Theme 3. Factors Affecting the Onboarding Program

Participants reported the absence or insufficiency of a formal program and the lack of a dedicated training officer, leaving them to learn through immediate immersion, with charting and documentation a particular struggle. They identified outdated or insufficient equipment, understaffing, and the constraints of the primary hospital setting as barriers, along with gaps in institution-specific procedures, particularly in high-risk situations.

Theme 4. Elements of an Effective Onboarding Program

Participants regarded senior nurses as their primary source of learning and role modeling while noting the frequent absence of chief nurses at the leadership level. They valued emotional support that normalized fears and mistakes, recommended seminars and workshops, and described a gradual transition as essential. Confidence grew over time; they identified critical thinking as vital and recommended return demonstrations and intradepartmental training as concrete strategies for building hands-on skills.

SUMMARY

This qualitative phenomenological study explored the lived experiences of six newly registered nurses transitioning from the academic setting into clinical practice in a selected primary hospital in Marikina City. In-depth interviews analyzed using Colaizzi's method yielded four major themes and twelve sub-themes. The findings revealed that novice nurses confront intense emotional strain, an overwhelming pace, and a sudden expansion of accountability, compounded by the absence of structured onboarding, a dedicated training officer, adequate resources, and clear role definitions, with support largely informal and dependent on the goodwill of individual senior nurses.

CONCLUSIONS

- The transition from student to registered nurse is marked by reality shock that, if unaddressed, threatens the confidence, well-being, and retention of novice nurses.

- Although nursing education provides an essential foundation, a perceived gap exists between academic preparation and clinical realities, particularly in procedural and technical competence, medication management, and institutional workflows.
- Onboarding experiences are significantly compromised by the absence of structured programs, the lack of a dedicated training officer, resource limitations, and role confusion, all rooted in understaffing and limited resources.
- The successful transition of newly registered nurses cannot be left to individual resilience alone; it requires deliberate, structured, and institutionally supported onboarding through graduated exposure, structured education, and hands-on skills practice.

RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are suggested:

- To Healthcare Institutions and Nursing Administrators: implement a formal, structured onboarding program with a defined orientation and a designated training officer.
- To Nursing Service Departments: institutionalize a formal mentorship system and provide clear written role descriptions to prevent role confusion.
- To Nursing Education Institutions: strengthen procedural and technical curricular components and enhance theory-practice integration through immersion, simulation, and return demonstrations.
- To Newly Registered Nurses: engage actively in learning, seek guidance from senior colleagues, and cultivate critical thinking and self-care.
- For Future Research: include a larger, more diverse sample and conduct longitudinal studies to evaluate onboarding effectiveness over time.

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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 research design, data collection, analysis, interpretation, and conclusions are the original work of the researcher, who takes full responsibility for the content of this paper.

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