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# Lived Experiences of Novice Nurses Transitioning from Theory to Practice: A Basis for A Contextualized Onboarding Program

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## ABSTRACT

*This qualitative phenomenological study investigated the lived experiences of novice nurses transitioning from academic theory to clinical practice at Golden Gate Batangas Hospital, Inc. (GGBHI) in Batangas City, Philippines. Anchored in Patricia Benner's Novice to Expert Model and Schlossberg's Transition Theory, the study used purposive sampling to select 9 registered nurses with less than 1 year of clinical experience. Data were gathered through semi-structured, one-on-one interviews using validated open-ended inquiries, and analyzed using Colaizzi's seven-step descriptive phenomenological method. The findings revealed a profound "theory-practice gap," characterized by extreme emotional and professional paradoxes. Novice nurses routinely navigate intense reality shock, administrative burdens (such as endless charting), physical exhaustion from 12-hour shifts, and severe performance anxiety during high-stakes independent tasks like emergency responses and critical physician communications. Conversely, profound professional validation and vocational purpose were driven by successful clinical vigilance, peer support, and direct human connections, as evidenced by patient gratitude. Emerging themes were clustered into four core pillars: Emotional and Psychological Transition to Practice; Navigating Clinical Complexities and Professional Responsibility; Social and Organizational Dynamics in Early Nursing Practice; and Taking Ownership and Growing into Professional Autonomy. The results underscore a critical systemic need to reform the traditional "checkbox" orientation models. This study serves as an empirical basis for a Contextualized Onboarding Program that incorporates strategic mentorship, emotional checkpoints, and adaptive simulation drills tailored to the chaotic operational realities of provincial healthcare delivery.*

***Keywords:*** *Novice nurses, Onboarding program, Phenomenology, Reality Shock, Theory-practice Gap, Transition to practice*

## INTRODUCTION

The transition from nursing education to independent clinical practice represents one of the most tumultuous phases in a nurse's professional trajectory. In academic settings, nursing care is structured, idealized, and closely guided, allowing students to focus on a single patient at a time using comprehensive textbook protocols. However, stepping onto actual hospital floors delivers a harsh reality shock: a fast-paced environment characterized by high-acuity patient overload, systemic understaffing, and heavy administrative demands. This stark dissonance, widely recognized as the theory-practice gap, frequently triggers acute stress, role conflict, moral distress, and severe self-doubt among newly registered nurses.

Globally, this transitional friction compromises patient safety and drives high turnover rates within the first few years of practice. In the Philippines, the issue is magnified. While the country produces over 100,000 nursing graduates annually, structural issues, stressful working conditions, and inadequate institutional support lead to a significant drop in clinical retention compared with higher-income countries. Local clinical simulations in academic programs often fail to replicate the multi-patient care loads and chaotic workflows found on busy provincial hospital floors.

Consequently, nearly 50% of newly registered nurses report feeling overwhelmed and detached from their professional value during their initial year. This study addresses the operational divide by investigating the lived experiences of novice practitioners at Golden Gate Batangas Hospital, Inc., thereby providing a direct diagnostic foundation for designing a contextualized onboarding program that bridges school ideals and workplace realities.

**Statement of the Purpose**

The study sought to answer the question: What are the lived experiences of novice nurses and the transition from theory to practice?

**Scope and Delimitation**

The participant pool was strictly delimited to nine (9) full-time registered bedside nurses with less than twelve (12) months of post-graduation clinical experience. This ensured that the psychological and operational transition remained vivid in their memory. Geographically and institutionally, the study was delimited exclusively to Golden Gate Batangas Hospital, Inc. (GGBHI).

**Review of Related Literature**

Recent scholarship confirms that transitioning into clinical practice is a complex, multi-layered psychological and operational process. The role conflict experienced by novice nurses primarily stems from a sharp clash between structured textbook cases and the unorganized chaos of busy clinical wards, creating confusion around job expectations and threatening patient safety (Toothaker et al., 2022).

To counter these vulnerabilities, structured institutional frameworks like Nurse Residency Programs (NRPs) are vital; they foster critical thinking, bridge competence gaps, and safely integrate Evidence-Based Practice (EBP) through continuous mentorship (McFarland, 2025). Because a novice nurse's self-confidence is highly volatile during their first year, often dropping sharply during acute patient deterioration, generic, "one-size-fits-all" orientations are inadequate (Najafi & Nasiri, 2023). Effective onboarding must leverage strategic, localized mentorship to transform vulnerable beginners into resilient, autonomous professionals.

**Theoretical Framework**

Benner’s Model delineates five stages of clinical competence (novice, advanced beginner, competent, proficient, and expert), asserting that expertise develops as nurses move from rigid reliance on abstract rules to a holistic grasp of patient care.

Schlossberg's Transition Theory complements this with the "4 Ss" framework (Situation, Self, Support, and Strategies), which examines how individuals adapt psychologically and practically to major professional shifts.

## METHODOLOGY

This section presented the methods and procedures the researcher used to conduct the study. This included the types of data collected and the methods used to manage them; the rationale for selecting the subjects; the process for determining sample size; the instruments used and their validation; and the data analysis scheme, including the use of statistical tools to treat the data.

### Research Design

A qualitative, descriptive phenomenological research design was implemented to examine the subjective realities and lived experiences of novice nurses. Descriptive phenomenology focuses strictly on exploring and revealing the raw "essence" of human experiences from the participants' perspective without testing prior hypotheses.

### Research Instrument and Validation

Data collection utilized a semi-structured interview guide composed of open-ended inquiries. This format allowed participants to express thick descriptions of their transitional obstacles, emotional shifts, and practice adaptations without being confined by rigid scales. The content validity of the interview tool was established by an expert panel consisting of the Chief Nurse, a senior clinical nurse, and the Human Resource Department Head to verify alignment with study objectives.

### Data Gathering and Analysis Procedure

Upon securing institutional clearance from the Chief Nursing Officer, purposive recruitment was coordinated through clinical unit managers. Participants received an information sheet and provided written informed consent. Face-to-face, semi-structured interviews were audio-recorded in neutral, quiet spaces and subsequently transcribed verbatim. To verify accuracy, member checking was performed, allowing participants to review and confirm their statements before analysis. The data were analyzed following Colaizzi's seven-step descriptive phenomenological method.

### Study Limitations and Ethical Considerations

This study was limited to nine (9) novice nurses at a single private tertiary facility, Golden Gate Batangas Hospital, Inc. Additionally, because data collection relied on self-reported, semi-structured interviews, the findings are subject to participants' recall and willingness to openly share sensitive professional experiences. The researcher would strictly adhere to the ethical principles outlined in the Declaration of Helsinki and the Philippine National Ethical Guidelines (2022) to ensure the protection of the participants' rights and welfare.

## RESULTS AND DISCUSSION

The phenomenological analysis of the transcripts generated rich, emotionally raw data detailing the transition period. Novice nurses described their daily life as an intense emotional and professional paradox, oscillating between pride in their vocation and extreme vulnerability.

### Theme 1: Emotional and Psychological Transition to Practice

Participants characterized their entry into professional practice as a distressing plunge into the unknown. N1 noted: *"Honestly, I've been like jumping into a pool without knowing how deep it is. Exciting and scary at the same time..."*. This emotional volatility is deeply tied to fluctuating self-esteem driven by minor clinical setbacks. Novices experience an ongoing "imposter syndrome" in which a single mistake can completely erode their confidence.

This psychological distress is further complicated by the acute physical fatigue of 12-hour shifts. N5 shared: *"The biggest shock was realizing how much my feet would hurt and how physically exhausting an average 12-hour shift actually is."*. These findings match modern literature regarding transition shock, confirming that the heavy cognitive and physical load of hospital care frequently causes severe emotional exhaustion early on.

### Theme 2: Navigating Clinical Complexities and Professional Responsibility

A major source of distress for newly deployed nurses is the sudden weight of sole responsibility. In school, the constant presence of a clinical instructor shields students from direct liability. The removal of this safety net marks a jarring pivot point. N1 recounted: *"It hit me when a doctor looked right at me for the plan, and my stomach dropped as I realized there was no instructor to back me up anymore."*

Furthermore, novices find that academic training falls short when dealing with chaotic real-world variables, such as resource limitations, supply-chain failures, and aggressive or uncooperative patient behavior. N1 noted: *"Books teach you how to give a shot, but they don't teach you how to calm down an angry, aggressive patient who is trying to hit you."*. To survive these moments, new nurses rely on muscle memory from orientation, compartmentalize their panic, and isolate short-term safety goals while awaiting backup.

### Theme 3: Social and Organizational Dynamics in Early Nursing Practice

Vertical communication with physicians often causes anxiety. Inconsistent, indifferent, or unsupportive feedback from doctors causes novices to hesitate to speak up, directly threatening patient advocacy. N2 admitted: *"Doctors mostly treat me with respect, but some barely acknowledge me, which makes me hesitant to speak up even when I notice something."*. Conversely, informal peer networks such as eating lunch together and venting with fellow novice nurses serve as vital buffers against daily operational stress.

### Theme 4: Taking Ownership and Growing into Professional Autonomy

Deep vocational purpose is reinforced through direct human connections and patient gratitude. N2 shared: *"Once an elderly patient grabbed my hand and thanked me for just listening to her, and I almost cried right there in the room."* Overcoming imposter syndrome allows new graduates to stop defining themselves by school grades, internalize nursing as an essential life value, and claim their space as equal members of the healthcare team.

## SUMMARY

This qualitative study, which utilized Colaizzi's phenomenological approach, has illustrated the intricate lived experiences of novice nurses transitioning from theoretical education to clinical practice. It presented an emotional rollercoaster, with excitement and anxiety, pride and self-doubt, and moments of vulnerability. Participants also described challenges in reaching the top of the profession due to a stark academic gap and the fast pace of patient care, where administrative and clinical work are intermingled. The emotional pressure of managing patient behavior, family dynamics, and quick decisions is high, and novices face significant cognitive and psychological demands. They also found in this study that social support from senior nurses, peers, and mentors was critical in mitigating stress and in training them to adapt.

## CONCLUSIONS

This study concludes that the transition from nursing student to registered nurse is not merely a procedural step, but a radical transformation of identity that places immense psychological, physical, and professional demands on the individual. The traditional academic curriculum leaves a distinct operational gap, leaving graduates ill-prepared for the chaotic multitasking, administrative burdens, and behavioral complexities of a high-acuity hospital floor.

## RECOMMENDATIONS

Based on the study's findings, the researcher presented practical recommendations to improve the hospital onboarding program for novice nurses. This is based on seeing the multiple needs experienced by new nurses and how these need to be addressed through emotional support, mentorship, practical skills development, and organizational strategies that bridge the theory-practice gap. Healthcare organizations with these evidence-based recommendations can create an environment that will drive novice nurses to stay in their jobs and lead to better patient care results.

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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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