



ROLE TRANSITION EXPERIENCE AND LEARNING NEEDS AMONG NOVICE NURSES

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Abstract : This study assessed the role transition experiences and learning needs of novice nurses in private hospitals in Davao City and their predictive relationship to perceived learning needs. Grounded in Benner's Novice to Expert Theory, Bridges' Transition Theory, and Bandura's Self-Efficacy Theory, this quantitative descriptive-predictive study utilized the Revised Casey-Fink Graduate Nurse Experience Survey (2023) with Cronbach's alpha values ranging from 0.80 to 0.98 across subscales. A total of 128 novice nurses participated through purposive sampling. Statistical analyses included descriptive statistics, Spearman rho correlation, and kernel regression analysis. Findings revealed that majority of the respondents were aged 24–26 years, predominantly female, and had between 0–24 months of clinical experience. Nurses reported high experiences of support and preceptorship, although moderate levels of stress and burnout persisted. A significant positive correlation was found between role transition experience and clinical skill confidence ($r = .488$, $p = .000$), indicating that better transition experiences enhance competence. Additionally, there is a significant ($z = 5.15$, $p = 0.00$), positive, and moderate effect of Role Transition on Learning Needs. The findings suggest that improving support systems during role transition can mitigate learning challenges and enhance the professional development of novice nurses. The importance of structured orientation and mentorship programs for novice nurses provide valuable insights for nurse educators and administrators in designing effective training interventions to address learning needs and improve job readiness.

Keywords: *Social Science, Role Transition Experience, Descriptive-Predictive, Davao City*

INTRODUCTION

Nursing serves as the cornerstone of healthcare delivery, yet many novice nurses embark on their professional roles without feeling adequately equipped for the realities of clinical practice. The transition from student to practicing nurse is often marked by heightened stress, gaps in applied knowledge, and a lack of confidence, particularly when institutional support is insufficient (Missen et al., 2021; Walker et al., 2022). When these challenges remain unaddressed, the consequences extend beyond individual nurses to include compromised patient safety, decreased job satisfaction, and increased turnover. Studies across diverse contexts—including Turkey, Finland, and the Philippines—underscore a shared pattern: new nurses frequently report that their undergraduate training did not sufficiently prepare them for clinical demands (Demir & Ekinci, 2020; Najafi & Nasiri, 2023; Kaihlanen et al., 2021). In Metro Manila, for example, 71% of novice nurses experienced transition shock in tertiary hospitals, struggling to translate theoretical knowledge into real-world application (Cabrera & Abella, 2022), while in government and rural health settings, significant deficits in critical care preparedness have been reported (Santos & Reyes, 2021; Delos Reyes, 2020).

In Mindanao, these concerns are even more acute. In Davao City, 68% of novice nurses cited being overwhelmed during their initial months of employment due to limited clinical exposure during training (Gumba & Alamon, 2021). Further, studies revealed persistent difficulties with essential competencies such as post-operative care, emergency procedures, and basic clinical interventions (Tagalog & Francisco, 2020; Montilla & Bacalso, 2022).

NEED OF THE STUDY

Despite growing recognition of the importance of easing this professional transition, the majority of local research remains qualitative, offering limited statistical insight into how transition factors influence novice nurses' learning needs. Dalmacio and dela Peña (2023) highlighted the urgent need for quantitative studies that explore the predictive relationship between role transition and clinical competence. Addressing this gap, the present study investigated the correlation and predictive value of role transition experiences on the learning needs of novice nurses in private hospitals in Davao City. The results aim to inform targeted, evidence-based interventions that not only support novice nurses through their adjustment period but also foster sustainable clinical competence and confidence.

THEORETICAL FRAMEWORK

This study is anchored on three foundational theories—Benner's Novice to Expert Theory, Bridges' Transition Theory, and Bandura's Self-Efficacy Theory—which collectively offer a multidimensional understanding of the role transition and learning needs of novice nurses. Benner's (1984) theory outlines how clinical competence develops through experiential learning, beginning

with rule-based, guided actions typical of novice nurses and evolving into intuitive, expert-level decision-making. This progression emphasizes the importance of real-world exposure and structured support in bridging the gap between theoretical instruction and clinical practice. Complementing this, Bridges' Transition Theory (2004) describes the emotional and psychological stages of change—ending, neutral zone, and new beginning—experienced during major role shifts. The transition from nursing student to practicing professional is particularly challenging without adequate support, as unresolved uncertainty during the neutral zone can hinder growth and engagement.

Adding a motivational dimension, Bandura's Self-Efficacy Theory (1997) underscores how belief in one's ability to perform tasks influences learning behavior and persistence. Novice nurses with higher self-efficacy are more likely to seek challenges and adapt successfully, while those with lower self-efficacy may experience heightened learning needs and dependency on external support. Together, these theories frame the novice nurse experience not merely as a technical adjustment but as a complex interplay of skill development, emotional adaptation, and self-belief. By integrating these perspectives, the study positions the transition into professional nursing as a dynamic, formative process—one that requires intentional, multifaceted support to foster both competence and confidence.

RESEARCH METHODOLOGY

This study employed a quantitative descriptive-predictive design. It utilized structured surveys to collect numerical data on novice nurses' role transition experiences and perceived learning needs. The descriptive component outlined their current challenges and learning gaps, while the predictive aspect examined whether specific transition factors could statistically forecast their learning needs. This approach allowed for both a clear understanding of the present situation and data-driven insights to inform targeted support.

Population and Sample

The study involved 128 novice nurses employed in private hospitals in Davao City, all with two years or less of clinical experience. Participants were selected through purposive sampling to ensure alignment with specific inclusion criteria: full-time registered nurses engaged in direct patient care. This method, supported by Memon et al. (2025) and Bouncken et al. (2025), enhances data relevance by focusing on a targeted subgroup. GPower analysis confirmed that a minimum of 108 respondents was sufficient to achieve 0.80 statistical power at a 0.05 significance level for correlational and regression analyses. Nurses in administrative roles, with over two years of experience, or working in public hospitals were excluded.

Measure

The study employed a structured survey questionnaire adapted from validated tools, specifically the Revised Casey-Fink Graduate Nurse Experience Survey (2023), to assess the role transition experiences and learning needs of novice nurses. The survey had three parts: demographic data (age, sex, area of assignment, clinical experience, and care model), role transition experiences, and perceived learning needs. The instrument, validated through a Delphi Content Validity Index (CVI) with 20 experts, demonstrated strong reliability, with Cronbach's alpha scores of 0.88 for role confidence and 0.98 for preceptorship. It included 48 items across eight subscales—role confidence, patient care management, support, role satisfaction, stress/burnout, resilience, organizational commitment, and preceptorship—providing a comprehensive view of factors affecting novice nurses' transition to practice.

Ethical Considerations

This study upheld strict ethical standards, securing approval from an established ethics committee to ensure participant safety, transparency, and adherence to ethical principles. It offered social value by identifying the learning needs of novice nurses in Davao City, informing targeted training, improving job satisfaction, and enhancing patient care. Participant privacy was protected in line with the Data Privacy Act of 2012 through anonymized data, secure storage, and restricted access. Informed consent was obtained through clear, culturally sensitive communication, ensuring voluntary participation and the right to withdraw without consequence. Recognizing the vulnerability of early-career nurses, the researcher provided a supportive environment and access to emotional support, emphasizing autonomy, beneficence, and non-maleficence throughout the study.

Procedures

The researcher followed a structured process from preparation to completion. Ethical clearance was first obtained from an accredited ethics committee, followed by approval from the graduate school dean and the office of the vice president for academic affairs to access eligible respondents in private hospitals. Informed consent was secured after clearly explaining the study's purpose and procedures. Survey questionnaires were then administered, with support provided to ensure accurate responses. Data collection was conducted via online platforms, with contact details accessed through the alumni office. All responses were kept confidential, checked for completeness, and recorded for statistical analysis.

Statistical tools

To analyze the data, the study used frequency and percentage for demographic profiles, and mean with standard deviation to assess role transition and learning needs. Spearman rho measured correlations between transition experiences and learning needs, while kernel regression identified nonlinear patterns.

RESULTS AND DISCUSSION

Research Question 1. What is the demographic profile of novice nurses in terms of age, sex, area of assignment, length of hospital experience, and nursing care model practiced in the unit?

Table 1. Demographic Profile of the Respondents

Profile		Frequency	Percentage
Age	21-23	33	26.0
	24-26	72	56.0
	27-29	6	5.0
	30 above	17	13.0
Sex	Male	28	22.0
	Female	100	78.0
Area of Assignment	Operating Room	32	25.0
	Heart Institute	6	5.0
	Ward	63	49.0
	Emergency Room	9	7.0
	Intensive Care Unit	11	9.0
	Delivery Room	6	4.0
	Renal Dialysis Unit	1	1.0
Length of Hospital Experience	0-6 months	50	39.0
	7-12 months	16	13.0
	13-18 months	24	18.0
	19-24 months	38	30.0
Nursing Care Model Practiced in the Unit	Primary	68	53.0
	Functional	32	25.0
	Total Patient Care	9	7.0
	Team Nursing	19	15.0
	Total	128	100

Table 1 presents the demographic profile of the 128 novice nurse participants. Most were aged 24–26 (56%) and predominantly female (78%), reflecting global trends in the nursing workforce (Bumbach et al., 2019). Nearly half (49%) were assigned to ward areas, with minimal representation in renal dialysis (1%), aligning with MacIntyre’s (2023) view of general wards as common entry points. In terms of experience, 39% had less than six months in clinical practice, while 13% had 9–12 months. The primary nursing care model was most common (53%), with total patient care least practiced (7%). Overall, most respondents were early-career, female Gen Z nurses with limited experience.

Research Question 2. What is the level of role transition experience of novice nurses in terms of role confidence, organize or prioritize care, support, role Satisfaction, stress or burnout, resilience, organizational commitment, and preceptorship?

Table 2. Level of Role Transition Experience

Indicator	Mean	SD	Description
Role Confidence	3.92	.627	High
Organize or Prioritize Care	4.04	.799	High
Support	4.46	.856	Very High
Role Satisfaction	3.95	.806	High
Stress or Burnout	2.71	.780	Moderate
Resilience	4.06	.929	High
Organizational Commitment	3.77	.828	High
Preceptorship	4.23	.837	Very High
Overall	3.84	.568	High

Legend: 5.00-4.21 -Very High; 4.20-3.41 - High; 3.40-2.61 - Moderate; 2.60-1.81 - Low; 1.80-1.00 - Very Low

Table 2 shows that novice nurses reported a high overall level of role transition experience ($M = 3.84$, $SD = 0.568$). “Support” received the highest mean (4.46, very high), indicating strong perceived backing from colleagues and institutions—an important buffer during early clinical practice (Nijkamp et al., 2023; Narbona-Gálvez et al., 2024). In contrast, “Stress or Burnout” scored lowest (2.71, moderate), reflecting the inherent pressures of transitioning into practice. This aligns with Bakker et al. (2020) and Hricova et al. (2020), who linked unmanaged stress to burnout and reduced professional efficacy.

Research Question 3. Is the level of learning needs of novice nurses in terms of confidence in performing skills?

Table 3. Level of Learning Needs in terms of Confidence in Performing Skills

Skills	Mean	SD	Description
IV starts	3.91	1.104	High
Phlebotomy	2.84	1.232	Moderate
Blood product administration	4.05	1.193	High
Central line care	3.23	1.192	Moderate
PCA pump management	2.95	1.132	Moderate
Nasogastric tube care	3.72	1.115	High
Tracheostomy care	3.12	1.108	Moderate
Giving handoff report	3.82	.984	High
Chest tube care	2.96	1.146	Moderate
EKG/telemetry rhythm interpretation	2.72	1.011	Moderate
Calling a Rapid Response	3.58	1.077	High
Participating in a Code Blue	3.68	1.034	High
Reporting abnormal lab values	4.07	1.005	High
Caring for a dying patient	3.71	1.123	High
Urinary catheter insertion	3.97	1.034	High
Wound care	4.14	.928	High
Documenting a plan of care	4.34	.882	Very High
Patient discharge process	4.16	1.128	High
Suicide screening	2.89	1.044	Moderate
De-escalating a violent patient/family	3.20	1.178	Moderate
Managing ethical dilemmas	3.50	.988	High
Reporting errors in care	3.88	.972	High
Managing patients with substance use withdrawal	3.19	1.121	High
Assessing patients for pressure injury	3.79	1.032	High
Reporting bias/discrimination in the workplace	3.63	1.093	High
Overall	3.56	.717	High

Legend: 5.00-4.21 -Very High; 4.20-3.41 - High; 3.40-2.61 - Moderate; 2.60-1.81 - Low; 1.80-1.00 - Very Low

Table 3 presents novice nurses' learning needs based on self-reported confidence in 25 clinical skills, where higher confidence indicates lower learning needs. The overall confidence was high ($M = 3.56$, $SD = 0.717$), with the highest scores in "Documenting a plan of care" ($M = 4.34$), "Patient discharge process" ($M = 4.16$), and "Wound care" ($M = 4.14$), reflecting comfort with routine tasks (Charette et al., 2020). Lowest confidence was in "EKG/telemetry rhythm interpretation" ($M = 2.72$), "Phlebotomy" ($M = 2.84$), and "Suicide screening" ($M = 2.89$), indicating gaps in complex or specialized skills, consistent with prior findings highlighting the need for simulation and targeted training in these areas (Song & McCreary, 2020; Stirparo et al., 2024; Aydogan & Ulupinar, 2020).

Research Question 4. Is there a significant relationship between the role transition experiences and learning needs of the novice nurses?

Table 4. Test of Relationship Between Role Transition Experience and Learning Needs

INDEPENDENT VARIABLE	Learning needs		
	R_s	p-value	Remarks
Role Transition Experience	.459**	.000	Significant

**. Correlation is significant at the 0.05 level (2-tailed).

Table 4.4 shows a significant moderate positive correlation between role transition experience and confidence in clinical skills (Spearman's $\rho = 0.459$, $p = .000$), indicating that better transition experiences are linked to higher confidence and lower perceived learning needs. This aligns with studies emphasizing the role of structured support, mentorship, and orientation programs in boosting novice nurses' competence, confidence, and clinical readiness (Garcia & Thompson, 2023; Montgomery et al., 2020; Atalla et al., 2022).

Research Question 5. Does the role transition experience significantly predict the learning needs of novice nurses?

Table 5. Test of Influence of Role Transition Experience on Learning Needs

Learning Needs	Observed	Bootstrap			Percentile	
	Estimate	std. err.	z	P> z	[95% conf. interval]	
Mean						
Learning Needs	3.575285	0.075175	47.56	0.00	3.412771	3.672861
Effect						
Role Transition	0.639938	0.124307	5.15	0.00	0.421511	0.856126

Note: Effect estimates are averages of derivatives.

Table 5 reveals that role transition experience significantly predicts learning needs (effect estimate = 0.6399, $z = 5.15$, $p < .001$), explaining 25.28% of the variance. Stronger transition experiences are linked to higher confidence and lower perceived learning needs. This supports prior research highlighting the importance of structured transition programs in enhancing novice nurses' competence and confidence (Reebals et al., 2021).

CONCLUSION AND RECOMMENDATION**Conclusion**

This study underscores the vital role of structured role transition experiences in shaping novice nurses' confidence and learning needs in demanding clinical settings. Despite varied demographics and assignments, novice nurses commonly face similar challenges during their transition into professional practice. While support and preceptorship were rated positively, emotional stress and moderate burnout persisted, highlighting the emotional demands of early clinical roles. Respondents showed high confidence in basic skills but moderate confidence in advanced procedures like EKG interpretation and phlebotomy, indicating areas needing improvement. A significant positive correlation between role transition experience and clinical confidence was found, with transition quality strongly predicting perceived learning needs. These results emphasize that competence is driven not just by experience but by the structure and support of the transition process.

Recommendation

Based on the study's findings, several recommendations are offered:

Nursing administrators and HR units should develop structured, technology-enabled transition programs tailored to Generation Z novice nurses that provide technical training, emotional support, regular feedback, and mentorship to ease both career and identity adjustment. Nurse unit managers and wellness committees should prioritize the emotional well-being of new nurses by integrating mental health support, such as stress management workshops and peer support, to prevent burnout. Education committees should implement targeted simulation-based training for specialized skills like EKG interpretation and suicide risk assessment, addressing confidence gaps. Nurse supervisors must strengthen preceptorship programs by pairing novices with skilled, communicative mentors who can offer consistent guidance. Professional development teams are encouraged to extend transition support beyond orientation through ongoing check-ins and competency reviews to sustain growth. For future research, probability sampling with larger, diverse populations across varied healthcare settings is recommended to enhance generalizability, along with longitudinal studies to explore how transition experiences impact retention and competence, and evaluations of targeted interventions to improve novice nurse outcomes.

Acknowledgment

This study is a testament to the collective strength, guidance, and unwavering support of mentors, panelists, statisticians, institutions, participants, family, friends, and above all, Almighty God, whose faith, encouragement, and grace made this journey and achievement possible.

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