

From Classroom to Clinic: A Qualitative Study on Newly Graduated Nurses' Transition to Practice

HADI JAFARIMANESH^{1,2} , MASOUMEH ZAKERIMOGHADAM² ,
SHAHRZAD GHIYASVANDIAN² 

¹Department of Nursing, Shazand School of Nursing, Arak University of Medical Sciences, Arak, Iran

²Department of Medical-surgical Nursing, School of Nursing and Midwifery,
Tehran University of Medical Sciences, Tehran, Iran

ABSTRACT: Background: The global nursing shortage and high turnover rates among newly graduated nurses (NGNs) pose significant challenges to their transition into professional roles. Understanding NGNs' experiences is crucial for identifying the factors contributing to turnover and developing targeted strategies that facilitate their integration into clinical practice, ultimately promoting long-term retention. While extensive research has explored this transition in developed countries, there remains a notable gap in studies focusing on NGNs' experiences in developing nations. This study aims to explore the lived experiences of NGNs during their transition to clinical practice (TCP), offering valuable insights to inform policy development and improve support mechanisms in healthcare settings. Design: This study employed a qualitative inductive content analysis approach to explore NGNs' transition experiences. Conducted in three hospitals affiliated with Tehran University of Medical Sciences, the study recruited 21 NGNs with less than one year of work experience through purposive sampling. Data were gathered via semi-structured face-to-face interviews and analyzed using the Graneheim and Lundman framework. To ensure the trustworthiness of findings, Lincoln and Guba's criteria were rigorously applied. Data management and analysis were facilitated by MAXQDA (version 20). Results: Three main categories emerged from the data analysis: magnetic experiences, non-magnetic experiences, and transition period outcomes. Conclusion: The findings underscore the complex and multifaceted nature of NGNs' transition experiences, encompassing both magnetic (supportive) and non-magnetic (challenging) factors that significantly influence patient care quality, job satisfaction, and retention decisions. These findings align with transition theory and transition shock models, emphasizing the urgent need for structured, evidence-based support programs to optimize the transition process. This study provides critical insights for designing targeted interventions, fostering attractive work environments, and enhancing nursing workforce retention strategies.

KEYWORDS: Job retention, magnet hospitals, newly graduated nurses, patient safety, professional transition, qualitative research.

Background

The global nursing shortage has posed significant challenges to healthcare systems worldwide.

Among these, the transition of NGNs into professional roles has become a critical concern for health policymakers and nursing managers [1].

The transition from academic training to clinical practice is a pivotal phase in a nurse's professional journey [2].

During this period, NGNs encounter unfamiliar and demanding experiences, which Kramer described as "Reality Shock" and Duchscher later conceptualized as "Transition Shock" [3,4].

This transition often causes stress, anxiety, and insecurity, which are worsened by high workloads, a lack of confidence, and the gap between theory and practice—all of which increase the likelihood of high turnover rates [5-7].

Despite various interventions aimed at enhancing NGNs' experiences, attrition rates

among these nurses remain alarmingly high during their first year of practice [8].

Reports indicate that the turnover rate of NGNs ranges from 30-70% in the United States, 28-30% in Canada, 18-60% in Australia, 24.5-35.3% in South Korea, and 20-53% in Iran [9-13].

Such high turnover rates exacerbate the nursing shortage, compromise patient care quality, and escalate healthcare costs [14,15].

While concerns regarding NGNs' readiness persist [16,17], limited research has explored their transition experiences from their own perspectives in developing countries such as Iran.

This gap underscores the need for further investigations to provide context-specific insights.

Previous studies have highlighted workplace challenges such as humiliation, blame, and insufficient organizational support, all of which negatively impact patient safety, organizational efficiency, and the overall reputation of the nursing profession [18].

Ford et al. (2024) emphasized that mitigating the global nursing shortage crisis necessitates a

comprehensive understanding of NGNs' experiences and the implementation of educational support programs to improve retention [19].

Likewise, Aldosari et al. (2021) underscored the importance of examining NGNs' experiences in depth to design tailored support programs that effectively address their needs [20].

Kreedi et al. (2021) revealed that, given the cultural, educational, and organizational differences between developed and developing nations, further research on NGNs' transition experiences in developing contexts is imperative [21].

The Magnet Hospital Model is an organizational framework initially developed in the United States to address work-related challenges and job burnout.

This model has been associated with enhanced staff retention, reduced burnout, and improved patient satisfaction [22].

At its core, the Magnet Model aims to support nurses in delivering high-quality patient care while fostering a positive work environment [23].

A key priority for nursing managers and policymakers is to enhance nursing work environments by employing effective assessment tools tailored for Magnet hospitals [24].

Understanding NGNs' transition experiences is critical for designing strategies that create a supportive work environment and facilitate workforce retention.

Despite an expanding body of research on nursing transition, few studies have explored NGNs' experiences through the lens of both "magnetic" (supportive) and "non-magnetic" (challenging) factors.

This study aims to fill this research gap by examining NGNs' experiences within this framework, thereby offering insights with practical implications for nursing management and policy development.

To develop effective support programs and improve nurse retention, it is essential to examine NGNs' lived experiences and the factors influencing their transition.

Understanding these challenges-such as high workloads, lack of structured orientation programs, and workplace culture-will enable healthcare policymakers to create supportive work environments, ultimately facilitating a smoother transition into professional practice [21].

This study explores NGNs' transition experiences and identifies the key challenges they encounter during this critical phase.

Methods

Research Design

This qualitative study employed an inductive content analysis approach to gain a deeper understanding of NGNs' experiences during their transition to clinical roles (TCRs) in their first year of practice.

The study adhered to the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ) to ensure rigor and transparency in qualitative reporting [25].

Recruitment and Participants

This study was conducted in three hospitals affiliated with Tehran University of Medical Sciences, located in Tehran, Iran's political and economic hub.

A total of 21 NGNs were selected using purposive sampling. Initially, a list of novice nurses with ≤ 12 months of work experience was obtained from the nursing managers of the selected hospitals.

Subsequently, eligible candidates were contacted via phone and invited to participate in the study.

Participants were required to meet the following inclusion criteria: being a nurse with ≤ 12 months of work experience, having experience transitioning into a clinical nursing role, being at least 18 years old, and demonstrating willingness and readiness to engage in the study.

Exclusion criteria included voluntary withdrawal of consent at any stage of the study.

The participant selection process in qualitative research continued until data saturation was reached.

Data saturation occurs when additional data collection fails to alter or expand existing categories and when the researcher repeatedly encounters similar perspectives among participants [26].

After conducting 21 interviews, data saturation was achieved.

Data Collection

Data collection commenced on October 23, 2023, and concluded on February 23, 2024.

Data were collected through semi-structured interviews with NGNs.

Each interview lasted between 60 and 80 minutes.

The interview questions (presented in Table 1) were developed based on findings from previous studies [17,27].

To ensure the validity of the interview questions, the researcher conducted two pilot interviews with NGNs.

The results of these pilot interviews were excluded from the final study analysis.

All interviews were audio-recorded using a mobile phone, with prior informed consent obtained from each participant.

Table 1. Interview Questions.

No	Questions
1	Could you please describe your feelings when you first started working as a nurse in the hospital?
2	How did these feelings impact your personal and professional life?
3	How does a newly graduated nurse adapt to these experiences?
4	Exploratory questions, such as "What do you mean?" "How?" "In what way?" and "Can you give an example?" were used to probe the interviews further.

Interview recordings were transcribed verbatim within 48 hours of each session and reviewed multiple times to enhance comprehension and ensure data accuracy.

Additionally, nonverbal cues and observed behaviors during the interviews were incorporated into the written transcripts to provide a richer contextual understanding of participants' experiences

Data Analysis

Data analysis was conducted using conventional content analysis, following the approach outlined by Graneheim and Lundman [28,29].

The first and second authors independently coded the interviews to ensure rigor and minimize bias.

To enhance inter-coder reliability and reduce the potential for subjective interpretation, the researchers compared the extracted codes.

Any disagreements were discussed within the research team until a consensus was reached.

The data analysis process followed a structured approach, including transcribing the interviews and repeatedly reviewing them to develop a comprehensive understanding of the data, extracting meaning units and categorizing condensed meaning units, assigning appropriate codes to each meaning unit, grouping condensed meaning units into categories and subcategories, and assigning relevant titles to the categories to reflect their content accurately.

Demographic data, including age, gender, marital and housing status, academic grade point average, work shifts, work experience, monthly working hours, and the ward of employment, were collected using a demographic survey.

Data management and organization were facilitated using MAXQDA software (version 20).

Trustworthiness and Rigor

To ensure rigor and trustworthiness, this study adhered to the criteria proposed by Lincoln and

Guba, including credibility, transferability, dependability, and confirmability [30,31].

Credibility was established through prolonged engagement with participants, allowing the researcher to develop rapport and gain a deeper understanding of their experiences.

Additionally, member checking was employed by revisiting some participants after data analysis to validate the accuracy of the transcripts and findings, ensuring that their perspectives were accurately captured.

Transferability was ensured by providing a rich and detailed description of the research context, data collection, and analysis processes.

This comprehensive approach enhances the potential applicability of findings to other settings.

Dependability was reinforced through comprehensive documentation of the research methodology and peer debriefing sessions.

Confirmability was established by incorporating direct participant narratives to support the identified subcategories, ensuring that the findings were grounded in the data rather than researcher bias.

Results

A total of 21 NGNs participated in this study.

The participants' ages ranged from 23 to 34 years, with a mean age of 26.62 ± 3.76 years.

Most participants were female ($n=17$, 81.0%) and single ($n=16$, 76.2%).

Regarding housing status, 11 participants owned their residence (52.4%), while 10 lived in rented accommodation (47.6%).

The participants' GPA ranged from 13.94 to 19.18, with a mean of 17.32 ± 1.23 .

Their work experience ranged from 1 to 12 months, with a mean of 7.38 ± 3.50 months.

Most participants worked rotational shifts ($n=18$, 85.7%), while three participants worked fixed shifts (14.3%).

The average monthly working hours ranged from 140 to 280 hours, with a mean of 195.05 ± 35.96 hours (Table 2).

Table 2. Participants' characteristics.

Participants ID	Gender ^a	Age (years)	Marital status ^b	Housing tenure status ^c	Grade Point Average (GPA)	Working Shift ^d	Work Experience (months)	Average working (hours per month)	Hospital department
P1	F	24	S	O	18.12	R	2	209	Nephrology
P2	M	24	S	R	16.72	R	4	280	General Surgery
P3	F	23	S	O	17.50	R	9	160	Cardiology
P4	F	24	S	O	18.00	R	7	210	Nephrology
P5	F	24	S	O	16.50	R	1	176	Orthopedic
P6	F	25	M	R	16.00	R	1	186	ENT
P7	F	25	S	O	18.69	R	5	190	Women's Cancer Surgery
P8	F	24	S	O	17.93	R	8	200	Internal Medicine
P9	F	24	M	R	16.50	R	11	180	Women's Surgery
P10	M	28	S	R	16.01	R	12	240	General Surgery
P11	F	31	M	O	16.57	F	7	140	Surgery
P12	F	33	S	R	18.24	R	5	260	Surgery
P13	F	32	S	R	18.00	R	10	190	Neurology
P14	M	34	M	O	17.46	F	12	175	Internal Medicine
P15	F	24	S	R	19.18	R	6	180	Cancer
P16	F	33	S	R	13.94	R	11	190	Dermatology
P17	F	23	S	R	16.50	R	6	230	Surgery
P18	F	24	S	O	18.50	R	9	180	Women's Dermatology
P19	F	24	S	O	17.30	R	7	220	General Surgery
P20	F	28	S	R	19.00	F	11	140	General
P21	M	28	M	O	17.00	R	11	160	General

a: Gender: F=Female, M=Male

b: Marital status: S=Single, M=Married

c: Housing tenure status: O=Owned, R=Rented

d: Working Shift: R=Rotational, F=Fixed

The analysis of 593 initial codes identified three main categories: non-magnetic experiences (9 subcategories), magnetic experiences (2 subcategories), and outcomes of the transition period (5 subcategories) (Table 3).

Table 3. Main categories and subcategories of NGNs' TCP experiences.

Main categories	Subcategories
Non-Magnetic Experiences	Physical and Psychological Challenges
	Abuse and Discrimination
	Unrealistic and Overwhelming Expectations
	Work-Life Conflict
	Theory-Practice Gap
	Feelings of Inefficacy and Inadequacy
	Toxic Work Environment
	Insufficient Income
	Lack of Orientation Programs
Magnetic Experiences	Educational Empowerment
	Professional Mentoring
Outcomes of the Transition Period	Reduced Patient Safety and Quality of Care
	Intentions to Leave the Job and Relocate
	Intentions to Migrate
	Personal and Professional Growth Adaptation

Non-Magnetic Experiences

Non-magnetic experiences accounted for 420 of the 593 final codes (70.8%).

During their first year of employment, NGNs encountered multiple non-magnetic experiences that negatively affected their job satisfaction, psychological well-being, and professional development.

This main category comprised nine subcategories: physical and psychological challenges (117 codes; 27.9%), abuse and discrimination (93 codes; 22.1%), unrealistic and overwhelming expectations (49 codes; 11.7%), work-life conflict (47 codes; 11.2%), the theory-practice gap (24 codes; 5.7%), feelings of inefficacy and inadequacy (24 codes; 5.7%), a toxic work environment (23 codes; 5.5%), insufficient income (22 codes; 5.2%), and the absence of structured orientation programs (21 codes; 5.0%).

These negative experiences contributed to job dissatisfaction, professional burnout, and an increased intent to leave the nursing profession.

Physical and Psychological Challenges

NGNs frequently reported high levels of stress, anxiety, occupational depression, fear of making mistakes, burnout, and physical discomfort in their early careers.

Many participants indicated that their workplace stress extended into their personal lives, disrupting their relationships and daily activities. In confirmation of this finding, one participant stated:

"At the beginning of my work, I felt a lot of stress and anxiety. The stress even continued outside the hospital. It disrupted my communication with others and caused me to forget even the simplest concepts." (Participant 2).

Additionally, the physical demands of nursing, including sleep disturbances, fatigue, leg pain, and body aches, also contributed to NGNs' distress.

A participant described the impact of these factors, stating:

"I'm often tired. I usually wake up multiple times at night and cannot keep up with daily chores. For instance, my room is messy, and I cannot bring myself to tidy it up." (Participant 7).

Abuse and Discrimination

Many NGNs experienced abuse and discrimination, which manifested as humiliating behaviors, exclusion by colleagues, negative feedback, and a lack of respect from senior staff.

These experiences contributed to low self-confidence and professional dissatisfaction. One participant confirmed this, stating:

"My colleagues looked at me as if I were an inexperienced girl who does not know what she is doing. Everyone's view of me turned negative. They all think I am clumsy and incapable of handling my tasks." (Participant 15).

Moreover, the lack of collegial support and workplace hostility exacerbated the challenges NGNs faced.

This was reflected in the statement of another participant:

"When I first joined the ward, my colleagues treated me poorly instead of orienting me and understanding my situation. For about a month, I would go home crying. I hated going to work." (Participant 4).

Unreasonable and Overwhelming Expectations

NGNs frequently reported unrealistic expectations from their colleagues and supervisors, often being assigned tasks beyond their experience level.

Many were expected to perform as efficiently as experienced nurses, leading to high stress and self-doubt.

Supporting this, one participant noted:

"Experienced colleagues see you as a fresh horse. I say 'horse' because you must run around the ward like one." (Participant 15).

Work-Life Conflict

NGNs reported significant challenges in balancing work and personal life, as heavy workloads and irregular shifts strained their relationships with family and friends.

This was confirmed by a participant who described how work pressures affected their home life:

"I had issues in my relationship with my parents because I could not manage everything together." (Participant 20).

Theory-Practice Gap

NGNs frequently reported a noticeable disconnect between theoretical education and clinical practice.

Many participants struggled to apply knowledge acquired at university in real-world clinical settings.

One participant highlighted this gap:

"What they teach us at university differs greatly from what we do. We can't work the way they taught us." (Participant 3).

Feelings of Inefficacy and Inadequacy

Due to high patient loads and challenging work environments, many NGNs felt ineffective and inadequate in their roles.

This sense of professional self-doubt was reflected in the statement of a participant:

"You feel no difference between you and someone who has not studied in this field. It is like you are not as useful in the ward as you thought you would be." (Participant 7).

Lack of Orientation Programs

The absence of structured orientation programs left NGNs unfamiliar with hospital protocols and responsibilities.

Supporting this, a participant shared their experience:

"I did not have an orientation program. When I joined the ward, they said, 'You are on the evening shift; put on your coat and start working.' That was the entirety of my orientation program!" (Participant 10).

Toxic Work Environment

Many NGNs described their work environment as toxic, highlighting lack of

support, negative competition, and unsympathetic leadership.

This was confirmed by a participant who expressed their dissatisfaction:

"Our work environment is toxic. Supervisors bother you a lot, and colleagues give you a hard time. Unfortunately, the head nurse or supervisor does not understand you at all. There is no appreciation for your efforts." (Participant 17).

Insufficient Income

Low wages were a common concern among NGNs, as many felt underpaid for the demands and responsibilities of their job.

Supporting this, a participant mentioned:

"The income we earn is very low. For example, you cannot even mention how much we get paid for overtime. This wage is minimal compared to the effort we put in." (Participant 4).

Magnetic Experiences

Magnetic experiences accounted for 71 of the 620 initial codes (11.5%).

This main category comprised two subcategories: educational empowerment (43 codes; 60.6%) and professional mentoring (28 codes; 39.4%).

The findings highlighted that, during their first year of practice, NGNs perceived these two subcategories as key facilitators of TCRs.

Participants suggested that structured support mechanisms could help mitigate adverse transition outcomes, such as intentions to leave the profession, job changes, and migration.

Educational Empowerment

Participants emphasized that educational empowerment is essential in preventing job turnover and enhancing NGNs' preparedness for clinical practice.

They advocated for pre-employment educational and psychological empowerment programs to boost confidence and efficiency among NGNs.

In support of this, one participant stated:

"If empowerment programs for NGNs are prioritized, many of these job turnovers will stop, and the workforce attrition we see now will significantly decrease." (Participant 15).

Additionally, participants emphasized that tailored educational programs, specifically designed for the wards where NGNs are assigned, could better address their professional development needs.

Supporting this, another participant explained:

"These educational programs should be tailored to the ward and based on the identified needs of newly recruited nurses." (Participant 8).

Professional Mentoring

Study participants underscored the critical role of structured professional mentoring in helping NGNs adjust to the clinical environment.

They highlighted that assigning a dedicated mentor in each ward would provide necessary guidance and support, reducing confusion and stress during the transition period.

One participant expressed this need, stating:

"In my opinion, during the orientation period, someone in the ward should be assigned to train you fully. Not that you constantly have to ask your colleagues how to do things, and they respond reluctantly." (Participant 17)

NGNs further highlighted the qualities of an effective mentor, noting that consistency, extensive experience and knowledge, effective communication skills, and a willingness to address trainees' concerns were crucial.

However, they also pointed out that inconsistent mentorship, lack of interest, and insufficient time for teaching were common challenges.

In confirmation of this, one participant described their frustration with inconsistent mentoring:

"Having one nurse orient you today and another tomorrow disrupts the learning process and causes confusion." (Participant 13)

Outcomes of the Transition Period

Outcomes of the transition period accounted for 102 of the 620 initial codes (16.5%).

This main category comprised four subcategories: reduced patient safety and quality of care (42 codes; 41.2%), intentions to leave the profession (38 codes; 37.3%), professional growth and adaptation (17 codes; 16.7%), and aspirations to migrate (5 codes; 4.9%).

According to participants' experiences, the transition from graduation to professional nursing practice was among the most challenging phases of NGNs' careers.

It was associated with both positive and negative outcomes.

Reduced Patient Safety and Quality of Care

NGNs reported that the absence of structured orientation programs and excessive workloads negatively impacted the quality of patient care.

They often struggled to complete essential nursing tasks efficiently, compromising patient safety.

The overwhelming workload also limited their ability to establish meaningful communication with patients, affecting patient-centered care.

Confirming this, one participant noted:

"You become so preoccupied with routine tasks like administering medications, sending patient lab tests, and completing the information in the hospital's IT system that you do not have time to connect with your patients." (Participant 15).

Intentions to Leave the Job

The results indicated that job dissatisfaction and workplace stressors significantly contributed to NGNs' intentions to leave the profession or transfer to other wards.

Factors such as heavy workloads, low income, mandatory overtime, and stressful initial working conditions intensified their desire to leave the profession.

Supporting this, one participant shared:

"Because of the pressure I was under, I did not want to work in nursing. The ward where I started was very demanding. Several times, I applied for a transfer, but they told me there was not enough staff, so I had to continue working in that ward." (Participant 9).

Intentions to Migrate

High workloads, stressful environments, lack of motivation, and low salaries motivated many NGNs to consider migration in search of better job opportunities and improved living conditions.

Participants frequently mentioned discontent with their current working conditions, highlighting migration as an attractive alternative.

Confirming this, one participant noted:

"I can say that many nurses currently working in these wards are considering leaving the profession. When you talk to them, they complain about the current situation and plan to migrate." (Participant 15)

Professional Growth

Despite the challenges of the transition period, some NGNs experienced professional growth as they gained increased experience, clinical competencies, and a deeper understanding of their roles.

Positive emotions such as motivation, excitement, and hope played a significant role in driving personal and professional development.

A participant expressed how entering the nursing profession fostered motivation and ambition:

"When I entered nursing, it gave me a good feeling. I became more motivated and tried to develop myself within the system and contribute to the organization's growth." (Participant 21)

The findings also revealed that adaptation to workplace challenges was a positive outcome of the transition period.

NGNs who successfully adapted reported increased self-confidence, resilience, and motivation to continue in their professional journey.

One participant described the sense of independence and fulfillment gained through adaptation:

"It feels great to have become independent, and I feel excellent about it. Even though the initial work conditions were tough, I tried to adapt to the circumstances." (Participant 4)

Discussion

The primary objective of this qualitative study was to explore the experiences of NGNs during their TCRs in their first year of practice.

Using an inductive content analysis approach, this study identified both magnetic (favorable) and non-magnetic (unfavorable) experiences that influence NGNs' intentions to remain in or leave the profession.

Additionally, the research examined the various outcomes of the transition from education to clinical practice.

This study is among the first to comprehensively examine NGNs' magnetic and non-magnetic experiences, contributing to a broader understanding of nursing transitions in the Middle Eastern region.

The findings of this study have implications for the development of Magnet hospitals and enhancing transition theories.

The results align with Judy Duchscher's Stages of Transition Theory and Transition Shock Model, which propose that NGNs undergo extensive physical, intellectual, sociocultural, emotional, and developmental changes during their initial phase of clinical practice [32].

Furthermore, the findings are consistent with Marlene Kramer's Reality Shock Theory, which identifies the difficulties NGNs face during their transition period as a primary factor in their decision to leave the profession [4].

In this study, NGNs predominantly described their experiences as non-magnetic and expressed dissatisfaction with their transition period.

However, contrasting findings have been reported in previous studies.

For instance, research by Woo et al. (2020) and Ten Hoeve et al. (2018) indicated that magnetic experiences outweighed non-magnetic ones, resulting in higher satisfaction among participants [17,33].

These discrepancies may be attributed to variations in organizational, peer, and supervisor support, as well as the presence of mentorship or preceptorship programs.

Specifically, in the study by Ten Hoeve et al. (2018), conducted in the Netherlands, participants reported receiving constructive feedback and strong support from their teams and supervisors.

Similarly, the study by Woo et al. (2020), conducted in Singapore, found that organizational support and structured preceptorship programs contributed to positive transition experiences.

In contrast, participants in the present study expressed dissatisfaction with the lack of organizational support and empowerment programs, which may have exacerbated their feelings of transition shock and professional uncertainty.

Non-Magnetic Experiences

Non-magnetic experiences refer to factors that diminish job satisfaction, increase turnover, and heighten NGNs' intention to leave the profession.

Participants in this study reported various non-magnetic experiences, each presenting unique challenges.

The complexity and diversity of these experiences underscore the urgent need for comprehensive support systems to facilitate NGNs' transition into clinical practice.

Psychological challenges, including stress, anxiety, depression, fear, burnout, and frustration, were frequently reported by participants.

These findings align with studies conducted by Kreedi et al. [34], Zheng et al. [35], Woo & Newman [17], Ford et al. [19], and Han et al. [36], all of which highlighted the prevalence of psychological distress among NGNs.

According to Duchscher's Transition Theory, psychological distress peaks between one and four months after entering clinical practice [37].

Additionally, Han et al. (2019) emphasized that without structured interventions, these challenges may persist up to the 24th month [36].

These findings highlight the necessity of structured support programs to mitigate the psychological impact of transition.

Han et al. further suggested that severe stress and depression may require targeted psychological interventions [36].

Moreover, nursing schools should integrate stress management training into their curricula to better prepare NGNs for workplace challenges.

One effective strategy is to incorporate psychological empowerment programs into transition-to-practice initiatives, helping NGNs manage stress, enhance resilience, and improve both care quality and job satisfaction.

Participants also emphasized physical challenges, including body aches, fatigue due to workload pressures, and sleep disturbances.

Supporting these findings, Kreedi et al. (2022) identified heavy workloads as a major contributor to fatigue and exhaustion [34].

These findings suggest the need for educational content focused on improving NGNs' physical well-being within empowerment programs.

Additionally, nursing policymakers should consider strategies such as increasing staff recruitment and optimizing the nurse-to-patient ratio to alleviate excessive workload pressures.

Another significant non-magnetic experience reported by participants was abuse and discrimination. NGNs frequently described experiences of discriminatory, humiliating, and destructive behaviors from colleagues and supervisors.

These findings are consistent with those of Hallaran et al. (2023), who highlighted an unsupportive workplace culture and a lack of managerial support [16].

The lack of peer and managerial support identified in this study suggests an urgent need for qualitative research to explore the underlying reasons for workplace hostility.

Understanding these dynamics could help develop evidence-based interventions to improve NGNs' transition experience.

A mismatch between expectations and readiness emerged as a major challenge, contributing to psychological distress and feelings of inadequacy.

The findings of this study align with Kreedi et al. (2022), Woo & Newman (2020), and Duchscher's Transition Theory (2009), all of which emphasize that the disparity between NGNs' abilities and workplace expectations can reduce self-confidence and increase burnout [17,34,37].

To address this issue, nursing policymakers and managers must align workplace expectations with NGNs' readiness levels.

Providing organizational support and implementing empowerment programs can create an environment in which NGNs gradually adapt to their professional responsibilities.

Participants also reported a noticeable gap between their theoretical nursing education and

the practical expectations of clinical environments.

This discrepancy contributed to anxiety, self-doubt, and inefficacy.

These findings are consistent with those of Hallaran et al. (2023), Ford et al. (2024), and Kreedi et al. (2022), who identified the misalignment between academic training and real-world clinical practice as a major challenge [16,19,34].

To bridge this gap, academic nursing programs should incorporate more hands-on training, real-world simulations, and exposure to clinical environments [21].

Additionally, structured preceptorship and mentorship programs in healthcare settings could facilitate a smoother transition from academia to practice.

Another major challenge NGNs faced was working in a toxic environment, characterized by unsupportive colleagues, unhealthy competition, and a lack of empathy from supervisors.

These findings align with Innes & Calleja (2018), who reported that exclusion and lack of peer support significantly hinder successful transitions [38].

The hospital work environment plays a critical role in influencing NGNs' stress levels, burnout risk, and turnover intentions.

Therefore, hospitals must prioritize improving workplace culture to foster a supportive and inclusive environment for NGNs [39].

One recommended approach is to adopt Magnet Hospital principles, which have been shown to enhance job satisfaction, improve retention, and foster a more positive work environment [40].

Magnetic Experiences

In contrast to non-magnetic experiences, magnetic experiences refer to factors that enhance motivation, job satisfaction, and workforce retention among NGNs.

The findings of this study emphasized that educational empowerment and professional mentoring play a crucial role in facilitating NGNs' transition to clinical roles.

The results of this study align with those of Reebals et al. [41], Kenny et al. [42], and Zheng et al. [35], who reported that empowering training programs during the TCP are essential for nurses' professional development.

Standardized training not only enhances clinical competencies but also directly contributes to workforce retention.

Moreover, Kreedi et al. (2022) argued that successful transition strategies should be anchored in strong organizational support.

Healthcare organizations must provide continuous training to strengthen NGNs' social and clinical competencies, thereby increasing retention rates [34].

In this regard, universities should not bear sole responsibility for NGNs' preparedness; rather, all stakeholders, including healthcare institutions and policymakers, share responsibility for addressing this issue [41].

Participants in this study further identified mentoring as a key factor in ensuring a successful TCR.

This finding is consistent with the results of Ford et al. (2024), Hallaran et al. (2023), and Speight et al. (2019), all of whom highlighted the critical role of mentors and preceptors in supporting NGNs' transition into professional practice [16,19,42].

Ford et al. (2024) further emphasized that individualized mentoring programs tailored to NGNs' specific needs are more effective at reducing transition shock and improving adaptation.

Therefore, before designing mentorship programs, it is essential to assess NGNs' needs from their own perspectives, ensuring that support initiatives align closely with their real-world challenges and working conditions.

Outcomes of the Transition Period

According to participants' experiences, an unsuccessful transition period can lead to reduced quality and safety of patient care, increased turnover intention, and increased aspirations to migrate.

These negative outcomes were often linked to non-magnetic experiences, such as high workloads, lack of support, and the absence of structured orientation programs.

Conversely, a successful transition period can foster both personal and professional growth, leading to better adaptation to clinical environments.

In this study, NGNs highlighted the absence of orientation programs and excessive workloads as key factors contributing to a decline in the quality of nursing care and increased patient safety risks.

These findings align with Ford et al. (2024), who identified high workloads as a major contributor to reduced quality of patient care [19].

To mitigate these risks, healthcare institutions should implement structured orientation programs, reduce workloads, and balance

administrative and clinical responsibilities to ensure that NGNs can provide high-quality, patient-centered care.

These findings are consistent with those of Ford et al. (2024) and Kreedt et al. (2022), who identified psychological stressors such as fear, anxiety, and burnout as major contributors to job turnover [19,34].

Additionally, Zhao et al. (2021) linked burnout, physical injuries, and lack of social support to increased turnover among NGNs [43].

To enhance recruitment and retention, healthcare policymakers and managers must create supportive organizational environments, implement motivational incentives, increase salaries, and optimize workload management.

Despite these challenges, some NGNs in this study reported professional growth, skill enhancement, and improved adaptation as positive outcomes of the transition period.

This is consistent with Zheng et al. (2023), who found that NGNs, despite facing transition challenges, recognized opportunities for growth and professional development [35].

Similarly, Duchscher's Transition Theory (2009) highlights the development of clinical skills and professional competencies during this phase [37].

These findings suggest that while the transition period presents significant difficulties, it also offers learning opportunities that equip NGNs with essential professional skills and resilience.

To enhance retention, support programs should be designed to reinforce magnetic experiences and minimize non-magnetic experiences.

The earlier these programs are implemented, the easier it will be for NGNs to adapt to their profession while maintaining their health and well-being [36].

Furthermore, implementing Magnet Hospital programs can significantly improve workplace conditions, job satisfaction, and overall well-being among nurses in hospital settings [40].

This study has some limitations. First, reliance on self-reported data may introduce social desirability bias.

Additionally, only NGNs' perspectives were considered, potentially limiting a comprehensive understanding of the transition process.

Future research should incorporate the viewpoints of clinical supervisors, hospital managers, and educators to provide a broader perspective on NGNs' transition experiences.

Conclusion

This study highlighted that NGNs experience both magnetic and non-magnetic influences during their transition period, which influence their job satisfaction, retention, and career decisions.

Non-magnetic experiences, such as psychological challenges, high workloads, a lack of structured orientation programs, and toxic workplace culture, contributed to burnout, job turnover, and reduced quality of patient care.

Conversely, magnetic experiences, including empowerment programs and mentoring, fostered confidence, professional development, and smoother adaptation to clinical environments.

To ensure a successful transition, nursing managers and policymakers must foster supportive work environments and integrate Magnet Hospital principles to enhance nurse retention and patient care quality.

Acknowledgments

We extend our heartfelt appreciation to all participants who graciously shared their experiences and contributed to the advancement of this study.

We also sincerely thank the Vice Chancellor for Research at Tehran University of Medical Sciences for their support and guidance throughout this study.

Author Contributions

J.H.: Conceptualization, Methodology, Investigation, Software, Data curation, Writing, Original draft preparation; Z.M: Conceptualization, Project administration, Supervision, Writing, Reviewing and Editing; G.S: Conceptualization, Supervision, Validation, Writing, Reviewing, and Editing.

Funding

The Tehran University of Medical Sciences funded this work.

Conflict of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Institutional Review Board

This article is based on the findings of the doctoral dissertation in nursing of Hadi Jafarimanesh, which was approved by the Research Ethics Committee of the School of Nursing and Midwifery and the School of Rehabilitation, Tehran University of Medical Sciences, Iran, with the ethical code

IR.TUMS.FNM.REC.1402.010 and the project code 9811199002.

Consent Statement

Throughout data collection and analysis, all ethical principles outlined in the Declaration of Helsinki (1975, revised in 2008) were strictly adhered to.

Participants were informed of the study's purpose, that participation was voluntary, that data would be kept confidential, and of their right to withdraw at any stage.

Written informed consent was obtained from all participants before data collection.

Data availability

All data are available upon request to the corresponding author.

References

1. Labrague LJ, De los Santos JAA. Transition shock and newly graduated nurses' job outcomes and select patient outcomes: A cross-sectional study. *Journal of nursing management*, 2020, 28(5):1070-1079.
2. Doughty L, McKillop A, Dixon R, Sinnema C. Educating new graduate nurses in their first year of practice: The perspective and experiences of the new graduate nurses and the director of nursing. *Nurse Education in Practice*, 2018, 30:101-105.
3. Duchscher JEB. Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *J Adv Nurs*, 2009, 65(5):1103-1113.
4. Graf AC, Jacob E, Twigg D, Nattabi B. Contemporary nursing graduates' transition to practice: A critical review of transition models. *Journal of clinical nursing*, 2020, 29(15-16):3097-3107.
5. Labrague LJ, McEnroe Petite DM, Leocadio MC, Van Bogaert P, Tsaras K. Perceptions of organizational support and its impact on nurses' job outcomes. *Nursing forum*, 2018, 53(3):339-347.
6. Chen F, Liu Y, Wang X, Dong H. Transition shock, preceptor support and nursing competency among newly graduated registered nurses: A cross-sectional study. *Nurse Education Today*, 2021, 102:104891.
7. Willman A, Bjuresäter K, Nilsson J. Insufficiently supported in handling responsibility and demands: Findings from a qualitative study of newly graduated nurses. *Journal of clinical nursing*, 2021, 30(1-2):83-92.
8. Wakefield E, Innes K, Dix S, Brand G. Belonging in high acuity settings: What is needed for newly graduated registered nurses to successfully transition? A qualitative systematic review. *Nurse Education Today*, 2023, 121:105686.
9. Duclos-Miller PA. Successful graduate nurse transition: Meeting the challenge. *Nurse Leader*, 2011, 9(4):32-49.
10. Kim S, Lee K. Predictors of turnover among new nurses using multilevel survival analysis. *Journal of Korean Academy of Nursing*, 2016, 46(5):733-743.
11. Kovner CT, Djukic M, Fatehi FK, Fletcher J, Jun J, Brewer C, Chacko T. Estimating and preventing hospital internal turnover of newly licensed nurses: A panel survey. *International Journal of Nursing Studies*, 2016, 60:251-262.
12. Rezaei S, Karami Matin B, Hajizadeh M, Soroush A, Nouri B. Prevalence of burnout among nurses in Iran: A systematic review and meta-analysis. *International nursing review*, 2018, 65(3):361-369.
13. Hussein R, Salamonson Y, Hu W, Everett B. Clinical supervision and ward orientation predict new graduate nurses' intention to work in critical care: Findings from a prospective observational study. *Australian Critical Care*, 2019, 32(5):397-402.
14. Bae SH. Noneconomic and economic impacts of nurse turnover in hospitals: A systematic review. *International Nursing Review*, 2022, 69(3):392-404.
15. Kim Y, Han K. Longitudinal associations of nursing staff turnover with patient outcomes in long-term care hospitals in Korea. *Journal of Nursing Management*, 2018, 26(5):518-524.
16. Hallaran AJ, Edge DS, Almost J, Tregunno D. New nurses' perceptions on transition to practice: A thematic analysis. *Canadian Journal of Nursing Research*, 2023, 55(1):126-136.
17. Woo MWJ, Newman SA. The experience of transition from nursing students to newly graduated registered nurses in Singapore. *International journal of nursing sciences*, 2020, 7(1):81-90.
18. Hawkins N, Jeong S, Smith T. New graduate registered nurses' exposure to negative workplace behaviour in the acute care setting: An integrative review. *International journal of nursing studies*, 2019, 93:41-54.
19. Ford K, Watson FA, Ross A, Glascott M, Crosland MK, Wortley MJ, McCall CJ. Understanding the experiences of transition for newly qualified mental health nurses and their potential to stay in the role: A qualitative exploration. *Nurse Education in Practice*, 2024, 80:104105.
20. Aldosari N, Prymachuk S, Cooke H. Newly qualified nurses' transition from learning to doing: A scoping review. *International journal of nursing studies*, 2021, 113:103792.
21. Kreedi F, Brown M, Marsh L, Rogers K. Newly Graduate Registered Nurses' Experiences of transition to clinical practice: a systematic review. *American Journal of Nursing Research*, 2021, 9(3):94-105.
22. Chen Y-M, Johantgen ME. Magnet Hospital attributes in European hospitals: A multilevel model of job satisfaction. *International Journal of Nursing Studies*, 2010, 47(8):1001-1012.
23. Svensson I, Bridges J, Ellis J, Brady N, Dello S, Hooft J, Kleine J, Kohnen D, Lehane E, Lindqvist R. Laying the foundations for implementing Magnet principles in hospitals in Europe: A qualitative analysis. *International Journal of Nursing Studies*, 2024, 154:104754.
24. Gu L-Y, Zhang L-J. Assessment tools of nursing work environment in magnet hospitals: A review. *International Journal of Nursing Sciences*, 2014, 1(4):437-440.
25. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International journal for quality in health care*, 2007, 19(6):349-357.

26. Rahimi S. Saturation in qualitative research: An evolutionary concept analysis. *International Journal of Nursing Studies Advances*, 2024, 6:100174.
27. Kim JH, Shin HS. Exploring barriers and facilitators for successful transition in new graduate nurses: A mixed methods study. *Journal of Professional Nursing*, 2020, 36(6):560-568.
28. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse education today*, 2004, 24(2):105-112.
29. Graneheim UH, Lindgren B-M, Lundman B. Methodological challenges in qualitative content analysis: A discussion paper. *Nurse education today*, 2017, 56:29-34.
30. Guba EG, Lincoln YS. Epistemological and methodological bases of naturalistic inquiry. *Ectj*, 1982, 30(4):233-252.
31. Elo S, Kääriäinen M, Kanste O, Pölkki T, Utriainen K, Kyngäs H. Qualitative content analysis: A focus on trustworthiness. *SAGE open*, 2014, 4(1):2158244014522633.
32. Duchscher JB, Windey M. Stages of transition and transition shock. *Journal for Nurses in Professional Development*, 2018, 34(4):228-232.
33. Ten Hoeve Y, Kunnen S, Brouwer J, Roodbol PF. The voice of nurses: Novice nurses' first experiences in a clinical setting. A longitudinal diary study. *Journal of clinical nursing*, 2018, 27(7-8):e1612-e1626.
34. Kreedi F, Brown M, Marsh L. The experience of the transition from a student nurse to a registered nurse of Kuwaiti newly graduated registered nurses: a qualitative study. *Healthcare*, 2022, 10(10):1856.
35. Zheng S, Yang L, Zhou N, Zhu H. New nurses' experience during a two year transition period to clinical practice: A phenomenological study. *Nurse Education Today*, 2023, 121:105682.
36. Han K, Kim YH, Lee HY, Cho H, Jung YS. Changes in health behaviours and health status of novice nurses during the first 2 years of work. *Journal of Advanced Nursing*, 2019, 75(8):1648-1656.
37. Duchscher JEB. Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of advanced nursing*, 2009, 65(5):1103-1113.
38. Innes T, Calleja P. Transition support for new graduate and novice nurses in critical care settings: An integrative review of the literature. *Nurse education in practice*, 2018, 30:62-72.
39. Barasteh S, Rassouli M, Karimirad MR, Ebadi A. Future challenges of nursing in health system of Iran. *Frontiers in Public Health*, 2021, 9:676160.
40. Rodríguez-García MC, Márquez-Hernández VV, Belmonte-García T, Gutiérrez-Puertas L, Granados-Gómez G. How magnet hospital status affects nurses, patients, and organizations: A systematic review. *AJN The American Journal of Nursing*, 2020, 120(7):28-38.
41. Flinkman M, Salanterä S. Early career experiences and perceptions-a qualitative exploration of the turnover of young registered nurses and intention to leave the nursing profession in Finland. *Journal of nursing management*, 2015, 23(8):1050-1057.
42. Speight C, Firnhaber G, Scott ES, Wei H. Strategies to promote the professional transition of new graduate nurse practitioners: A systematic review. *Nursing forum*, 2019, 54(4):557-564.
43. Zhao Y, Wang H, Sun D, Ma D, Li H, Li Y, Zhang X, Xie Z, Sun J. Job satisfaction, resilience and social support in relation to nurses' turnover intention based on the theory of planned behaviour: A structural equation modelling approach. *International journal of nursing practice*, 2021, 27(6):e12941.

Corresponding Author: Hadi Jafarimanesh, Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Arak University of Medical Sciences, Basij Square, Payambar Azam Complex, Arak, Iran, e-mail address: nurse_science@yahoo.com

Shahrzad Ghiyasvandian, Department of Medical-surgical, School of Nursing and Midwifery, Tehran University of Medical Sciences, Towhid Square, Mirkhani Street, Tehran, Iran, e-mail: shghiyas@yahoo.com