New Nurses' Transition Experiences in Participating in the Preceptorship Program at the Hospital Training Center

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ABSTRACT
The transition of newly graduated nurses into professional practice is a complex phase and is highly vulnerable to transition shock, particularly in type C hospitals with high work demands. A preceptorship program was developed to support newly graduated nurses in adapting to the work environment; however, their experiences during and after participation in the program still need to be explored in depth. This study aimed to explore the experiences of newly graduated nurses during and after participating in the preceptorship program at the Training Center of Hospital X. This study employed a qualitative approach with a descriptive phenomenological design. Participants were selected purposively using the principle of maximum variation sampling and involved 18 participants, consisting of 10 newly graduated nurses as the main participants, 3 preceptors, and 5 head nurses as triangulation informants. Data were collected through semi-structured in-depth interviews conducted both offline and online, and were analyzed using Colaizzi's seven-step method with the support of NVivo 15. Data credibility was strengthened through source triangulation and member checking. The findings generated five major themes: newly graduated nurses' feelings during the preceptorship program, the support they received during the transition process, the barriers they encountered, the adaptive strategies or responses they employed, and the nature of transition after completing the preceptorship program. Overall, the transition occurred gradually, beginning with initial enthusiasm, followed by anxiety and pressure, and eventually developing into courage, self-confidence, and readiness to perform the professional role. In conclusion, the preceptorship program served as an important bridge in supporting clinical readiness, emotional adaptation, and the formation of professional identity among newly graduated nurses.
Keywords: newly graduated nurses; preceptorship; professional transition; descriptive phenomenology; hospital

INTRODUCTION
The early phase of professional practice for newly graduated nurses represents a critical and highly sensitive transition period, during which they must rapidly adjust to clinical workloads, patient-safety responsibilities, professional communication demands, and the expectations of service standards. Insufficient readiness to face the complexity of real-world practice often triggers *transition shock*, a multidimensional response encompassing physical, emotional, cognitive, and social reactions that emerge when nurses enter their first professional role. Study [1] explains that this condition may lead newly graduated nurses to experience substantial adaptive pressure, including diminished self-confidence, uncertainty regarding professional values, difficulties in establishing social relationships, and even intentions to resign from their positions [2]. Globally, approximately 36% of newly graduated nurses report an intention to leave their jobs, with a range of 6% to 61% across eight countries [3]. These data indicate that transition shock is a significant issue because it can reduce clinical competence and increase turnover risk among novice nurses. Study [4] further emphasizes that preceptor support plays a pivotal role in facilitating adaptation and enhancing clinical skills during this vulnerable period.

In Indonesia, particularly in type-C hospitals, newly graduated nurses also encounter substantial adaptation challenges due to limited facilities, high work demands, and clinical coaching systems that are not always well-structured. A well-implemented preceptorship program; through systematic clinical mentoring can improve job satisfaction, strengthen retention, and reduce stress during the adjustment period. Conversely, ineffective preceptorship may heighten psychological pressure, role confusion, and difficulties in meeting clinical practice expectations [5]. Weak coaching and training systems may also lead to poor nursing documentation, reduced service quality, and compromised patient safety [6]. Study [7] adds that preceptorship programs have been shown globally to reduce stress, strengthen clinical skills, and prevent work fatigue during the transition shock phase.

A similar phenomenon is observed at RS "X," the site of this study. As a type-C hospital, RS "X" faces challenges such as limited clinical mentors, constrained learning facilities, and insufficient supporting infrastructure, while newly graduated nurses are still expected to deliver safe, timely, and standardized care. To bridge the gap between graduate readiness and clinical demands, RS "X" established a Training Center as an initial transition space and a structured preceptorship platform. The program includes orientation (induction), theoretical learning (SAP), practical training (PPB 1), skill-lab sessions, and pooling prior to placement in service units.

Despite the implementation of preceptorship, internal data from RS "X" indicate that the adaptation process among newly graduated nurses remains suboptimal. The 2025 Training Center report shows that the resignation rate during preceptorship reached 10.1%, exceeding the hospital's target of ≤1%. Meanwhile, the average competency score was 90.6 and the average SAK score was 85.7. These findings suggest that high quantitative competency scores do not necessarily reflect comprehensive readiness for transition. In practice, newly graduated nurses still experience anxiety, fear of making mistakes, confusion, low confidence, and difficulties integrating theory into clinical practice.

The preceptorship program at RS "X" has undergone several model adjustments. Initially, the unit-based approach required newly graduated nurses to master 326 competency indicators within three months, with a minimum of five assessments and a perfect score of 100 for each skill. This model was considered overly demanding and unrealistic given the intense clinical workload. The current standard has been revised to 124 competency indicators with two to three assessments and a score of 100. RS "X" also experimented with a dedicated preceptor model, assigning specific preceptors to provide more personalized mentoring. However, implementation challenges persisted due to limited preceptor numbers and the distribution of newly graduated nurses across multiple units. This aligns with studies [7,8], which highlight that limited mentoring resources are a major barrier to effective clinical coaching.

When preceptorship is not optimally implemented, the impact extends beyond newly graduated nurses to service quality, patient safety, and organizational burden. Insufficient readiness may increase the risk of clinical errors, delayed interventions, and missed nursing care [9,10]. From a managerial perspective. Study [11] reports that recruitment and training costs for a newly graduated nurse can exceed USD 61,000, and each

1% increase in turnover may result in losses of up to USD 289,000 annually. These data illustrate that ineffective preceptorship can significantly affect nurse retention, patient safety, and hospital resource efficiency.

Afaf Meleis's Transition Theory provides a relevant framework for understanding the experiences of newly graduated nurses, as transition encompasses not only technical competence but also individual readiness, social support, work environment, professional identity, confidence, and coping strategies. Transition is a complex and multidimensional process [12]. Preceptorship should therefore be understood as a mentoring process that supports the formation of professional identity and readiness to meet work demands [13,14]. Several studies, including [15,16], show that organizational support, residency programs, and clinical mentoring can improve retention, confidence, communication, and clinical decision-making among newly graduated nurses. However, most of these studies rely heavily on quantitative data, which may not fully capture the personal experiences of newly graduated nurses during transition. Study [17] emphasizes the need for qualitative inquiry to explore anxiety, role confusion, clinical pressure, social support, and coping strategies experienced during the first year of practice.

The core problem in this study lies in the absence of a comprehensive and structured exploration at RS "X" regarding the experiences of newly graduated nurses during and after preceptorship. Nursing Corporate RS "X" reports that newly graduated nurses continue to face challenges after placement, including complaints related to communication, insufficient procedural competence, and suboptimal time management. Moreover, research specifically examining the experiences of newly graduated nurses in type-C hospitals in Indonesia remains limited, as most previous studies were conducted in teaching hospitals or type-A hospitals with more robust resources. Therefore, a phenomenological approach is needed to deeply explore the lived experiences of newly graduated nurses, including the meaning of received support, encountered barriers, adaptive responses, and strategies used to build professional readiness.

Based on this description, the main problem in this study is the persistent gap between the structured preceptorship program and the actual experiences of newly graduated nurses undergoing transition at RS "X." Although competency scores and SAK values appear satisfactory, the resignation rate remains above the hospital target, and newly graduated nurses continue to experience anxiety, low confidence, communication difficulties, limited procedural competence, and time-management issues. Furthermore, no prior research has deeply explored transition shock experiences among newly graduated nurses during and after preceptorship at RS "X." Therefore, the research problem is formulated as: "How do newly graduated nurses experience transition shock during and after participating in the preceptorship program at RS 'X'?"

Aligned with the identified problem, this study aims to explore in depth the lived experiences of newly graduated nurses as they navigate transition shock during and after participating in the preceptorship program at RS "X." The objective is to uncover how nurses interpret their transition process, the forms of support they perceive, the barriers they encounter, the emotional and cognitive responses that emerge, and the strategies they employ to adapt to clinical demands. Through a phenomenological lens, this study seeks to illuminate the meaning of preceptorship in shaping professional readiness, identity formation, and coping mechanisms among newly graduated nurses in a type-C hospital context. By capturing these nuanced experiences, the study intends to provide insights that can inform improvements in preceptorship design, mentoring practices, and organizational support systems to strengthen nurse retention, enhance clinical performance, and promote safer patient care.

METHODS

This study employed a qualitative approach with a descriptive phenomenological design. This design was selected to enable an in-depth exploration of the lived experiences of newly graduated nurses after completing the preceptorship program and transitioning into their professional roles within the hospital setting. Through this approach, the researcher sought to understand the feelings, forms of support, barriers, and adaptive strategies experienced by participants from their own perspectives. Throughout the research process, bracketing was applied through reflective notes, field notes, and an audit trail to minimize researcher bias and maintain the authenticity of participants' narratives.

The study was conducted from August 2025 to April 2026 across five type-C hospitals within the RS "X" network, which serve as placement sites for newly graduated nurses after completing the Training Center preceptorship program. Data collection took place both offline; within private discussion or consultation rooms and online when face-to-face interviews were not feasible. In total, 8 offline and 10 online interviews were conducted.

Participants were selected using purposive sampling with a maximum variation sampling strategy. The study involved 18 informants: 10 newly graduated nurses as primary participants, and 3 preceptors along with 5 head nurses as triangulation informants. Inclusion criteria for newly graduated nurses included: 1–12 months of work experience in type-C hospitals within the RS "X" network, completion of the Training Center preceptorship program, current placement in a clinical unit, ability to communicate in Indonesian, and willingness to sign informed consent. Exclusion criteria included nurses who were ill, still undergoing preceptorship, had more than 12 months of work experience, or had prior work experience exceeding two years. The study focused on exploring transition shock experiences after preceptorship, including feelings during transition, perceived support, encountered barriers, adaptive strategies, and experiences of role change from preceptee to fully practicing nurse. Perspectives from preceptors and head nurses were incorporated to strengthen data credibility through source triangulation.

Data were collected through in-depth semi-structured interviews guided by an interview protocol developed based on Meleis's Transition Theory and relevant literature. Prior to the main data collection, the interview guide was piloted with one newly graduated nurse, one preceptor, and one head nurse. Each interview lasted approximately 45–60 minutes, was audio-recorded with participant consent, and subsequently transcribed verbatim. Field notes were used to document interview context, nonverbal responses, and researcher reflections. Data analysis followed Colaizzi's method with the assistance of NVivo 15 software. The analytical steps included repeated reading of transcripts, identification of significant statements, formulation of meanings, clustering of meanings into themes, development of an exhaustive description, extraction of the essential structure of the experience, and validation through member checking. Data trustworthiness was ensured through source triangulation, member checking, thick description, audit trail, code-recode procedures, reflective notes, and peer debriefing.

RESULTS

A total of 18 participants were involved in this study, consisting of 10 newly graduated nurses, 3 preceptors, and 5 head nurses. The majority of participants were female and held a professional nursing degree (Ners). Newly graduated nurses had between 1 and 7 months of work experience, whereas preceptors and head nurses had substantially longer professional experience, ranging from 14 to 26 years and 7 to 22 years, respectively (Table 1). This composition reflects a sufficiently diverse and information-rich participant pool, as the primary experiences of newly graduated nurses were complemented by the perspectives of preceptors and head nurses, thereby strengthening triangulation and enhancing the credibility of the findings related to the transition process following the preceptorship program.

Table 1. Demographic characteristic of participants

No	Code	Educational background	Gender	Job description	Length of employment
1	P1	Ners	Female	Head nurse	16 Years
2	P2	Ners	Female	Newly graduated nurse	5 Months
3	P3	Ners	Female	Preceptor	19 Years
4	P4	Ners	Female	Newly graduated nurse	3 Months
5	P5	Ners	Female	Newly graduated nurse	5 Months
6	P6	Ners	Female	Newly graduated nurse	1 Month
7	P7	Ners	Male	Preceptor	14 Years
8	P8	Ners	Female	Preceptor	26 Years
9	P9	Ners	Female	Newly graduated nurse	7 Months
10	P10	Ners	Male	Newly graduated nurse	3 Months
11	P11	Ners	Female	Newly graduated nurse	6 Months
12	P12	Diploma in nursing (D3)	Female	Head nurse	22 Years
13	P13	Ners	Female	Head nurse	10 Years
14	P14	Ners (in progress)	Female	Head nurse	7 Years
15	P15	Ners	Male	Newly graduated nurse	6 Months
16	P16	Ners	Female	Newly graduated nurse	6 Months
17	P17	Ners	Female	Newly graduated nurse	4 Months
18	P18	Ners (in progress)	Female	Head nurse	13 Years

The analysis of the qualitative data in this study generated several overarching themes that collectively illustrate the transition experiences of newly graduated nurses after completing the Preceptorship Program at the Training Center of RS "X." The themes identified include: (1) Nurses' emotional experiences evolved progressively in accordance with the dynamic stages of the preceptorship program; (2) Technical and emotional support was obtained from both the workplace environment and family; (3) Learning barriers, technical challenges, and personal readiness issues emerged as obstacles in the journey toward professional maturation; (4) Time management, emotional regulation, and communication strategies were adopted as key adaptive approaches; and (5) The transition process gradually fostered independence and the development of a professional identity following preceptorship. These five themes are elaborated in greater depth based on insights derived from in-depth interviews with primary participants and triangulation informants.

Theme 1: Nurses' emotional experiences progressively evolve in alignment with the dynamic stages of the preceptorship program

The analysis revealed that newly graduated nurses experienced a gradual and dynamic evolution of emotions throughout each stage of the preceptorship program. Their feelings shifted in response to the learning demands, interpersonal interactions, and expectations embedded within every phase of the Training Center's structured pathway.

During the induction stage, participants described mixed emotional reactions. Some expressed enthusiasm and curiosity as they were introduced to the hospital environment and various professional roles. As one participant stated, *"During the induction period, I felt happy because I gained many new experiences and met different professionals"* (P4). In contrast, others reported heightened stress and apprehension, particularly related to interactions with senior staff. This was reflected in the statement, *"During induction, I felt very stressed and afraid of being scolded by senior nurses"* (P6). These contrasting emotions illustrate how early exposure to the clinical environment can simultaneously generate excitement and anxiety among novice nurses.

In the theoretical learning stage (SAP), emotional fluctuations became more pronounced. Several participants initially struggled to understand the structured learning materials, as reflected in the comment, *"At first I was confused with SAP, but after studying it, I finally understood"* (P10). However, others found this stage particularly overwhelming, with one participant noting, *"The part that stressed me the most was studying SAP"* (P5). This indicates that theoretical mastery, although essential, can be a significant source of cognitive pressure during early transition.

The practical training stage (PPB 1) and skill-lab sessions intensified emotional challenges. Participants described increased stress due to the need to master standard operating procedures (SOPs) and achieve high performance scores. One participant shared, *"Applying SAP and PPB increased my stress because I had to master the SOPs and meet high scoring requirements"* (P17). Another added, *"During preceptoring, I often felt anxious and overthink because I faced a strict preceptor"* (P11). Skill-lab activities also contributed to emotional strain, as reflected in the statement, *"Skill lab made me more stressed because I had to master SOPs and achieve perfect scores"* (P17). Some participants described psychological barriers such as overthinking and fear, which affected their performance during assessments: *"My biggest obstacle was overthinking and fear, which made me blank during exams"* (P9). These narratives highlight how performance expectations and evaluative pressures can amplify emotional distress during hands-on learning.

During the pooling stage, emotional responses shifted toward greater comfort and reassurance. Participants appreciated supportive preceptors and the presence of peers, which helped reduce anxiety. As one participant expressed, *"During pooling, I felt comfortable because I was guided by a supportive preceptor"* (P16). Another added, *"During pooling, I felt happier because I was still with my friends"* (P5). However, triangulation informants noted that despite this comfort, many newly graduated nurses continued to experience fear, low confidence, and worry about making mistakes: *"They often feel afraid, lack confidence, and worry about making errors"* (P8). This suggests that while social support can ease emotional tension, underlying insecurities may persist.

In the final consolidation and placement stage (hiring), participants began to experience the emergence of professional identity and growing confidence. One participant stated, *"My professional identity started to form during the consolidation period through guidance from the head nurse"* (P10). Another shared, *"After pooling, my confidence started to increase even though anxiety was still there"* (P7). Triangulation informants confirmed this gradual development: *"After consolidation, their confidence begins to grow, but they still need mentoring"* (P12). These accounts demonstrate that the transition toward professional independence is progressive and requires sustained support.

Overall, the findings indicate that the preceptorship program plays a crucial role in shaping emotional adaptation and the formation of professional identity among newly graduated nurses. However, the transition period remains a complex and emotionally demanding experience, underscoring the need for continuous mentoring and structured support to ensure successful integration into professional practice.

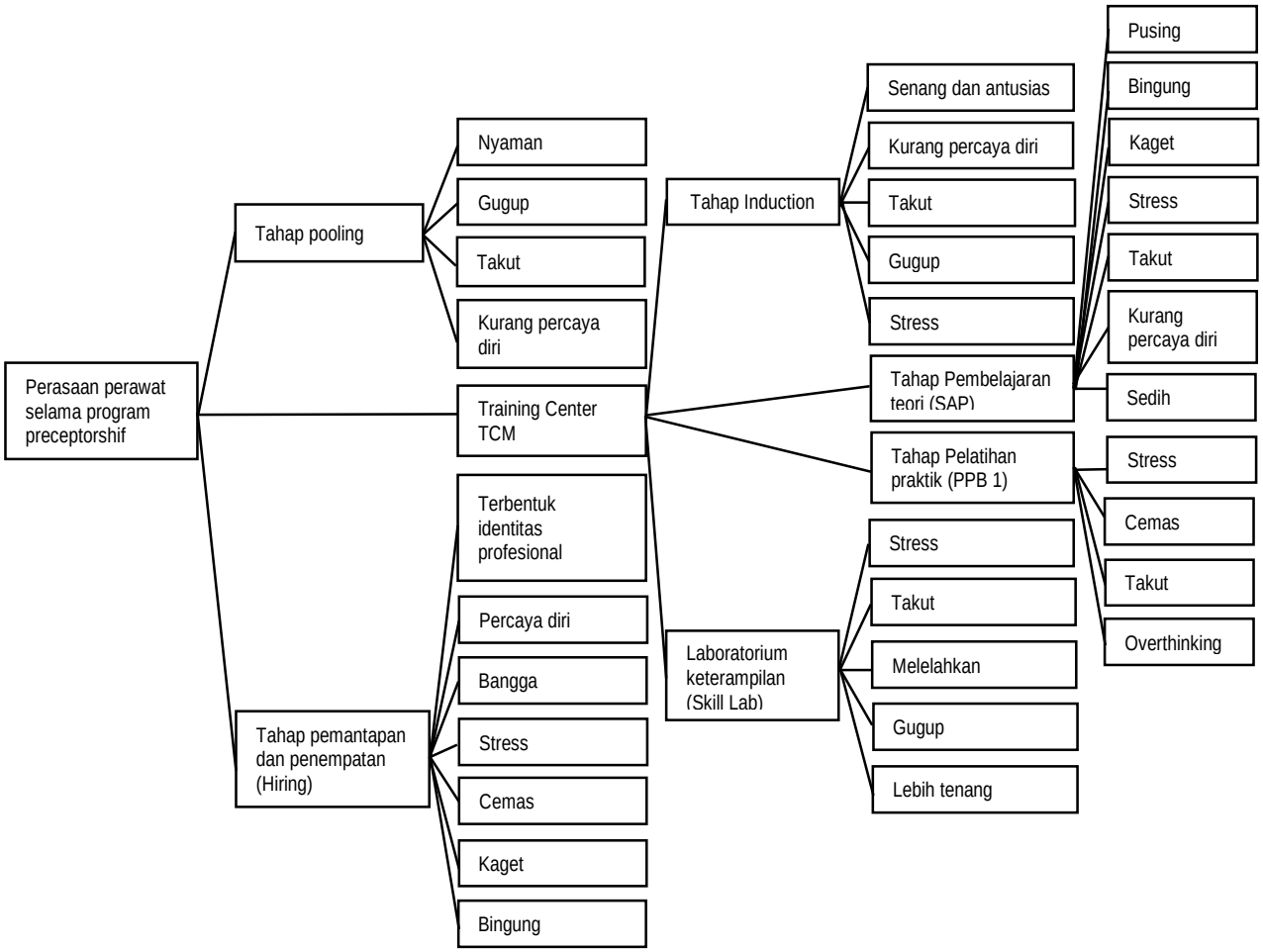

Figure 1. Nurses' emotional experiences progressively evolve in alignment with the dynamic stages of the preceptorship program (in the Indonesian version)

Theme 2: Technical and emotional support derived from the workplace environment and family

The analysis demonstrates that the support received by newly graduated nurses throughout the preceptorship program was multidimensional, evolving in accordance with the specific stages of the program. This support encompassed technical guidance, emotional reassurance, social encouragement, managerial facilitation, organizational resources, and family involvement, all of which collectively contributed to the nurses' adaptation during their transition into professional practice.

During the Training Center stage, participants described receiving extensive support that helped them internalize organizational values, strengthen social connectedness, and build foundational clinical competence. Support was provided through repeated technical coaching, constructive managerial feedback, peer assistance, and affective and spiritual encouragement. One participant reflected positively on the induction experience, stating, "*The induction period was enjoyable because I could get to know various professions*" (P4). Another participant emphasized the role of induction in shaping organizational understanding: *"Induction helped me learn about the organizational culture and service excellence at RS X"* (P7). Technical guidance was also highlighted, as expressed by a participant who noted, *"I studied the SAP repeatedly with intensive guidance from my preceptor"* (P17). Preceptors played a crucial motivational role, as illustrated by the statement, *"We continuously motivated them to be confident when performing procedures according to the SOP"* (P3). The Training Center model itself was perceived as beneficial, with one informant stating, *"Preceptorship at the TCM helped me feel more prepared because I already had experience before starting work"* (P13). These accounts underscore the importance of structured learning environments in building early confidence and readiness.

During the pooling stage, support became more interpersonal and collaborative, originating from preceptors, senior nurses, unit teams, peers, the organization, and family. Participants described how preceptors facilitated bedside teaching once they demonstrated readiness: *"After they felt ready, they immediately followed bedside teaching with patients"* (P8). Preceptors also provided guidance with sensitivity, as reflected in the statement, "*I reminded them wisely without scolding them in front of the patient's family*" (P3). Emotional reassurance was particularly valued, with one participant noting, *"During pooling, I felt comfortable because I was accompanied by a preceptor who was embracing and supportive"* (P16). Senior nurses and unit teams contributed through collaborative practice, task involvement, and openness to questions, creating a psychologically safe learning environment. Peers offered mutual encouragement, shared learning materials, and emotional solidarity. Meanwhile, organizational and family support included access to facilities, training opportunities, moral reinforcement, and financial assistance. These layers of support collectively strengthened the nurses' confidence and reduced anxiety during the transition.

In the consolidation and placement stage (hiring), sustained support was provided by department heads, senior nurses, unit structures, and mentors. Participants described receiving psychological support and a safe environment that facilitated adaptation: *"We provided psychological support and created a safe environment to help their adaptation"* (P1). Confidence-building was a central focus, as illustrated by the statement,

"We built their courage and confidence by giving support and trust" (P12). Newly graduated nurses also felt embraced and trusted by senior staff, as one participant shared, *"The seniors accepted, embraced, and trusted me"* (P11). These narratives highlight the critical role of ongoing mentorship and supportive leadership in fostering professional growth and reducing transition-related stress.

Overall, the findings indicate that the successful adaptation of newly graduated nurses is not solely determined by formal training, but is deeply influenced by the continuity of technical, emotional, social, managerial, organizational, and familial support throughout the transition period. The presence of consistent and multidimensional support systems enables newly graduated nurses to navigate the complexities of early professional practice, build confidence, and gradually develop their professional identity.

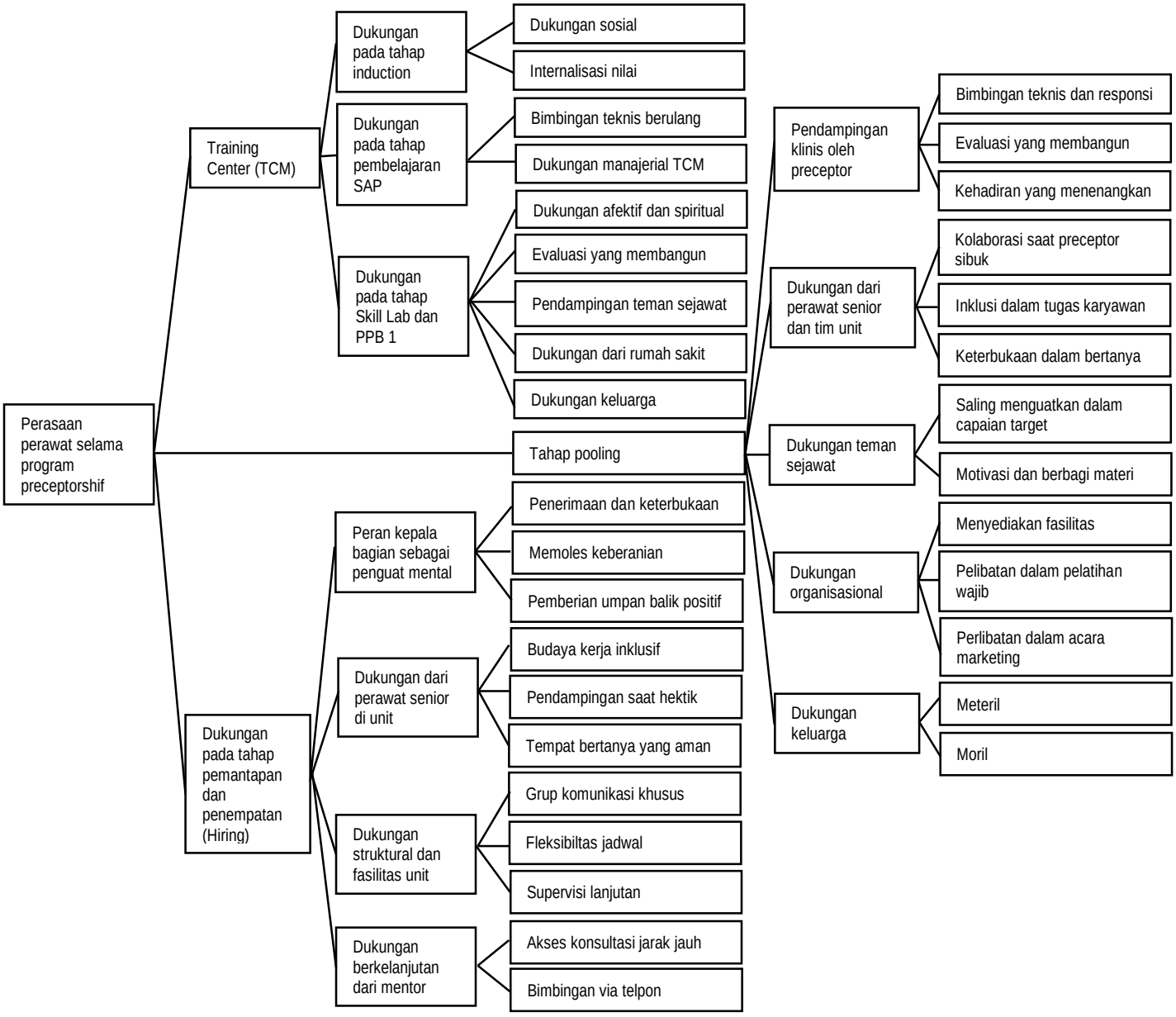

Figure 2. Technical and emotional support derived from the workplace environment and family (in the Indonesian version)

Theme 3: Barriers in learning processes, technical performance, and personal readiness toward professional maturation

The analysis revealed that newly graduated nurses encountered a wide range of barriers throughout the preceptorship program, with challenges emerging at every stage of the Training Center pathway. These barriers were not only technical in nature but also psychological, situational, operational, and organizational, illustrating the multidimensional complexity of early professional transition.

During the Training Center stage, which includes induction, theoretical learning (SAP), PPB 1, and skill-lab activities, participants described substantial cognitive and emotional strain. Several nurses reported feeling overwhelmed by the volume of competencies that needed to be mastered within a limited timeframe. As one participant stated, *"The large number of competencies that must be achieved in a short period became a pressure for me"* (P11). The theoretical component, particularly SAP, posed additional challenges due to language and memorization demands: *"SAP was difficult to use because it was in English and required memorizing T-codes"* (P15). Emotional fatigue also surfaced, with participants expressing fear, confusion, and exhaustion when facing consecutive examinations: *"I felt scared, confused, and tired dealing with the series of exams"* (P9). Interactions with strict preceptors intensified anxiety, as reflected in the statement, *"A strict preceptor made me overthink before practice"* (P11). Triangulation informants further noted gaps in preparation, explaining that *"They only wrote without studying the IE beforehand, so they became blank during procedures"* (P3). These accounts highlight how cognitive overload, linguistic barriers, and evaluative pressure can hinder early learning.

In the PPB 1 and skill-lab stages, additional barriers emerged related to instructional methods and psychosocial readiness. Participants described group demonstrations as less effective for individualized learning, and inadequate preparation contributed to heightened stress. Psychosocial conditions deteriorated for some, with anxiety and self-doubt becoming more pronounced as practical expectations increased. These findings suggest that hands-on learning environments, while essential, can become emotionally taxing when instructional strategies and learner readiness are misaligned.

During the pooling stage, barriers shifted toward readiness for real clinical practice. Participants reported anxiety, pressure, and fear when performing procedures under observation. One participant shared, *"At first I felt nervous because I was being monitored by the preceptor"* (P4). Preceptors confirmed similar reactions: *"They became nervous and afraid when asked questions"* (P3). Fear of making mistakes and low confidence were recurring themes, as expressed by *"I felt scared and lacked confidence because I worried about making errors"* (P11). Structural barriers also emerged, such as uneven availability of clinical cases, which limited opportunities to achieve certain competencies: *"Some competencies were difficult to achieve because the cases were not available during pooling"* (P2). Communication challenges persisted, with informants noting that *"Initially, they were still lacking confidence and appeared awkward when communicating"* (P13). Operational issues, including heavy workloads, administrative constraints, and personal stressors, further complicated the transition.

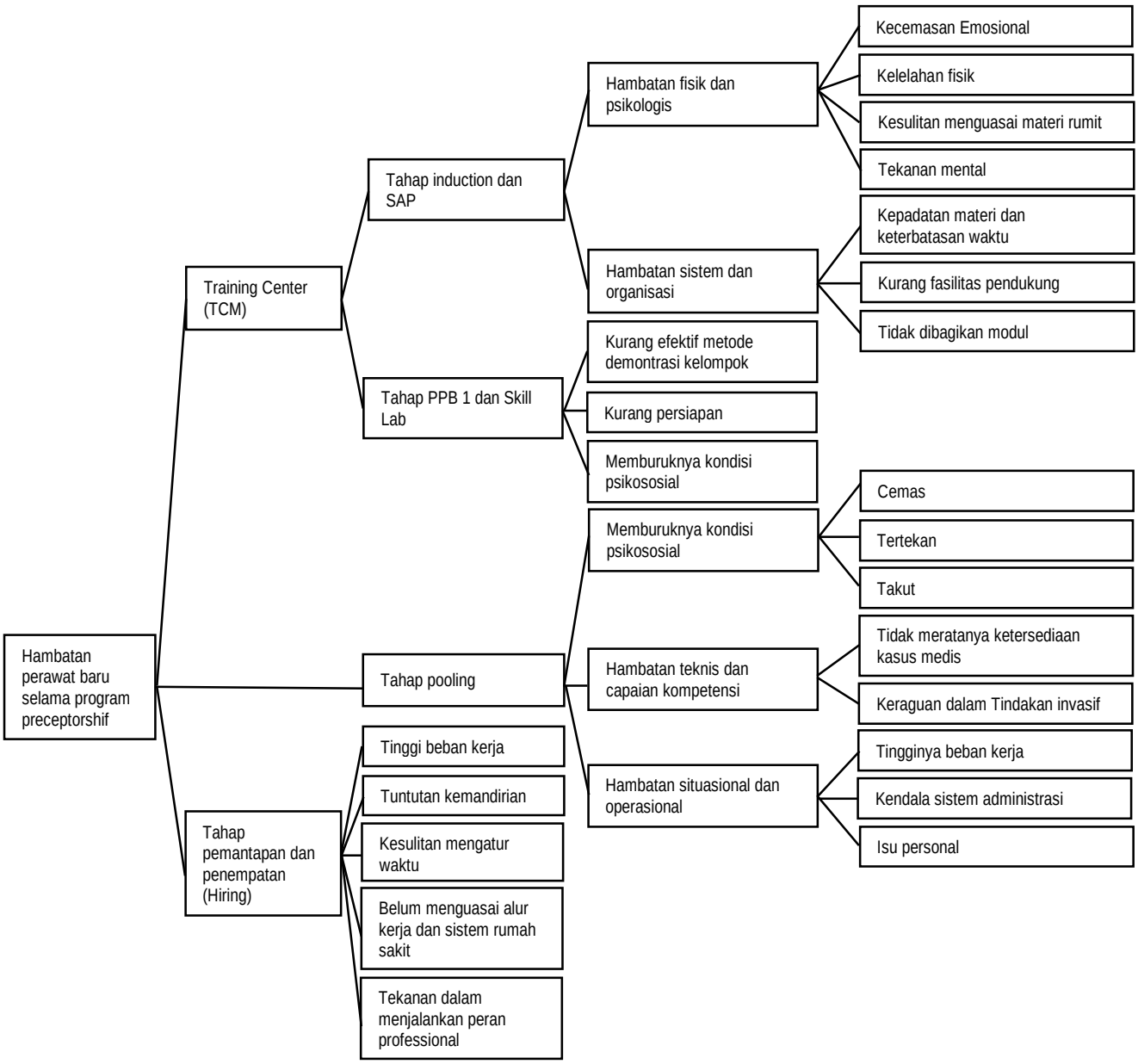

Figure 3. Barriers in learning processes, technical performance, and personal readiness toward professional maturation (in the Indonesian version)

In the consolidation and placement stage (hiring), newly graduated nurses faced intensified demands as they transitioned into independent practice. Participants described feeling overwhelmed by workload expectations, with one stating, *"The workload in the unit made me feel overwhelmed to the point of crying"* (P16). Sudden exposure to full responsibilities created shock and emotional strain: *"At the beginning of consolidation, I was very surprised when I had to immediately take on shift duties"* (P11). Informants noted that the first three months remained a critical period of adjustment: *"During the first three months, transitioning to a primary nurse was still a challenge"* (P1). The absence of continuous mentoring heightened anxiety, as reflected in the statement, *"I felt anxious and scared because I no longer had a mentor"* (P6). Persistent overthinking and fear of errors continued to affect performance: *"I often overthink and worry about making mistakes"* (P2). These narratives illustrate how the shift from supervised learning to autonomous practice can expose gaps in readiness, confidence, and system familiarity.

Overall, the findings indicate that barriers experienced by newly graduated nurses during transition are multifaceted, encompassing physical fatigue, psychological distress, technical difficulties, situational constraints, operational challenges, and organizational limitations. These multidimensional obstacles underscore the need for structured, continuous, and context-sensitive support systems to facilitate smoother professional maturation.

Theme 4: Time management, emotional regulation, and communication strategies as key adaptive approaches

The analysis indicates that newly graduated nurses actively developed a wide range of adaptive strategies throughout the preceptorship program. These strategies evolved progressively across the Training Center, pooling, and hiring stages, reflecting the nurses' efforts to navigate cognitive demands, emotional pressures, interpersonal challenges, and professional expectations. Overall, adaptation emerged as an intentional, multifaceted process involving learning readiness, emotional self-management, communication competence, time organization, and the strengthening of clinical capacity.

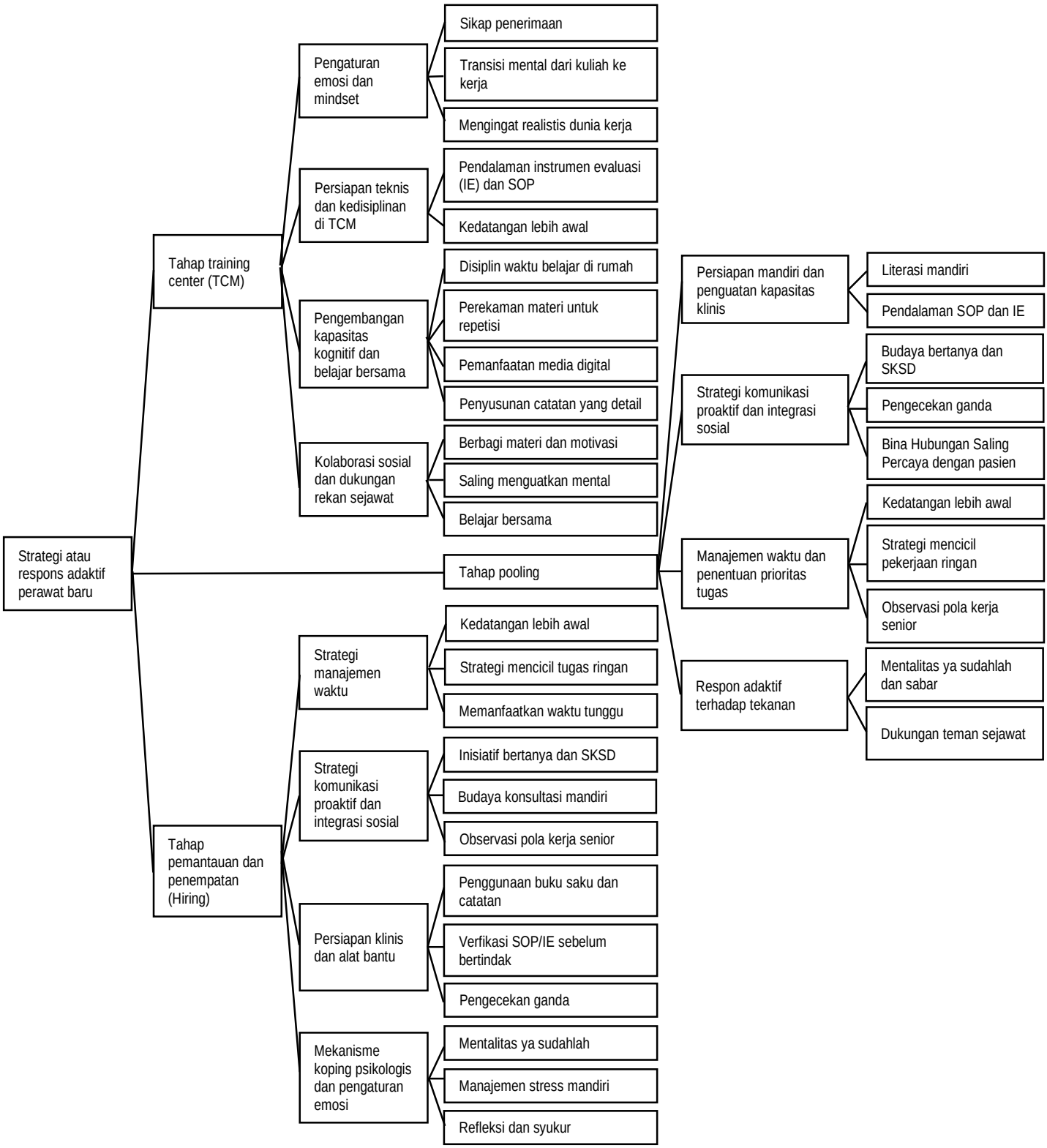

Figure 4. Time management, emotional regulation, and communication strategies as key adaptive approaches (in the Indonesian version)

During the Training Center stage, participants described employing foundational strategies to transition from an academic environment to the realities of clinical practice. These strategies included emotional regulation, mindset adjustment, technical preparation, disciplined study routines, independent learning, systematic note-taking, the use of digital media, and collaboration with peers. These approaches helped them cope with the structured learning modules and performance expectations. One participant explained, *"I recorded the SAP materials and studied them repeatedly through the videos"* (P4), demonstrating the use of digital tools for reinforcement. Another participant emphasized consistent study habits: *"I studied routinely for 2–3 hours every day, not only before exams"* (P2). Structured note-taking also emerged as a key strategy, as reflected in the statement, *"I prepared complete SAP notes as my learning strategy"* (P16). Participants recognized the need to shift their mindset from student to practitioner, as illustrated by "*I kept learning to adapt from college life to the working environment"* (P15). These strategies highlight how early adaptation requires both cognitive and behavioral adjustments.

During the pooling stage, adaptive strategies became more clinically oriented. Newly graduated nurses strengthened their readiness by engaging in independent literature review, deepening their understanding of SOPs and evaluation instruments, cultivating a habit of asking questions, performing double-checks, and building trust with patients. Time management and task prioritization also became essential, with participants arriving earlier, breaking down tasks into manageable steps, and observing senior nurses' workflow patterns. Coping strategies were used to manage pressure, including patience, acceptance, and seeking peer support. Participants described these efforts in various ways: *"I started with independent learning through Google and articles"* (P2); *"I studied the procedures first through YouTube as preparation"* (P15); *"I reviewed the SOP and confirmed it with the preceptor before performing the procedure"* (P17); and *"My strategy is to ask actively and not hesitate to request guidance"* (P16). These narratives illustrate how nurses combined self-directed learning with interpersonal engagement to build confidence and competence.

In the consolidation and placement stage (hiring), adaptive strategies became more advanced and integrated into daily practice. Participants described using structured time management, proactive communication, independent consultation, pocketbooks and personal notes, SOP verification before procedures, double-checking, self-directed stress management, reflective practice, and gratitude as coping mechanisms. These strategies helped them navigate increased workload, independent responsibilities, and the absence of continuous mentoring. Informants noted, "*They arrived earlier to prepare themselves"* (P12), highlighting proactive time management. Another participant shared, *"I completed tasks gradually, starting from the lightest ones"* (P10). Communication strategies remained essential, as reflected in the repeated emphasis on active inquiry: *"My strategy is to ask actively and not hesitate to request guidance"* (P16). Technical accuracy was reinforced through verification practices: *"I studied the SOP and ensured its correctness with the preceptor before seeing the patient"* (P17). These strategies demonstrate how newly graduated nurses progressively internalized professional behaviors and developed autonomy.

Overall, the findings show that adaptation among newly graduated nurses is an active, intentional, and evolving process. It involves not only acquiring clinical skills but also cultivating emotional resilience, communication competence, time management abilities, and reflective practice. These adaptive strategies enable nurses to navigate the complexities of transition, build confidence, and strengthen their professional identity as they move toward full integration into clinical roles.

Theme 5: The transition process of newly graduated nurses progressively develops toward independence and professional identity after preceptorship

The analysis indicates that the transition experiences of newly graduated nurses, particularly in relation to the *nature of transition*, unfolded gradually across multiple stages. Their journey reflects a progressive shift in mindset, emotional readiness, cognitive maturity, and professional identity formation as they moved from the structured environment of the Training Center to autonomous practice in clinical units.

During the early transition stage, nurses described a significant shift from the academic world to the professional environment. This phase was characterized by mindset adjustment, initial shock, organizational value internalization, lingering feelings of being a student, and recalibration of learning capacity. Participants expressed the need to continuously adapt, as illustrated by the statement, *"I kept learning to adapt from college life to the working environment"* (P15). The accelerated pace of competency acquisition created additional pressure: *"Even though I had graduated, I still had to repeat many competencies in a short time"* (P11). The intensity of theoretical learning also contributed to early shock, with one participant noting, *"At first I was shocked because I had to study a lot of SAP materials in a short time"* (P6). For some, the program served as a corrective learning space: "*This program became a medium to repeat learning to prevent mistakes and complaints"* (P4). These narratives highlight how early transition involves cognitive overload, emotional adjustment, and the gradual internalization of professional expectations.

During the pooling stage, the transition became more clinically oriented. Nurses moved from practicing on phantom models to performing procedures on real patients, marking a critical shift in responsibility and emotional intensity. Participants described feeling like "guided students," still dependent on preceptors while navigating real clinical scenarios. This stage involved performance pressure, competency achievement demands, emerging identity shifts, and adaptation to workplace culture and hospital systems. One participant shared, *"I felt scared and lacked confidence when shifting from practice to direct patient care"* (P11). Another described heightened anxiety under observation: *"At first I felt nervous because I was being watched by the patient and the preceptor"* (P15). Social support played a role in easing the transition, as reflected in *"During pooling, I felt more comfortable because I was with friends and still accompanied by a preceptor"* (P5). Yet, evaluative pressure remained evident: *"I felt pressured and nervous when being observed*" (P2). These accounts illustrate how the pooling stage serves as a bridge between guided learning and emerging professional autonomy.

During the placement or hiring stage, the transition evolved into a fully professional transition. Nurses described experiencing shock as they confronted the realities of independent practice, including workload intensity, decision-making responsibility, and reduced supervision. This phase involved a shift from dependence to independence, the emergence of professional identity within the unit, cognitive transformation in clinical reasoning, and the beginning of role stabilization. Participants expressed emotional strain, as one noted, *"After hiring, I felt shocked and pressured facing the working environment"* (P5). The absence of continuous mentoring heightened anxiety: *"I felt anxious and scared because I no longer had a mentor"* (P6). The development of independence was evident in statements such as, *"As a new employee, I started learning to be more independent because I was no longer supervised intensively"* (P15). Cognitive maturation also emerged, with one participant stating, "*The change I felt was an increase in critical thinking when making decisions"* (P18). These narratives demonstrate how the hiring stage marks the consolidation of professional identity and the strengthening of autonomous practice.

Overall, the findings illustrate that the transition of newly graduated nurses after completing the preceptorship program is a gradual, layered process. It involves shifts in thinking patterns, clinical readiness, adaptation to workplace culture, the formation of professional identity, and the

development of independence in fulfilling nursing roles. This progression underscores the importance of sustained support and structured guidance to ensure successful integration into professional practice.

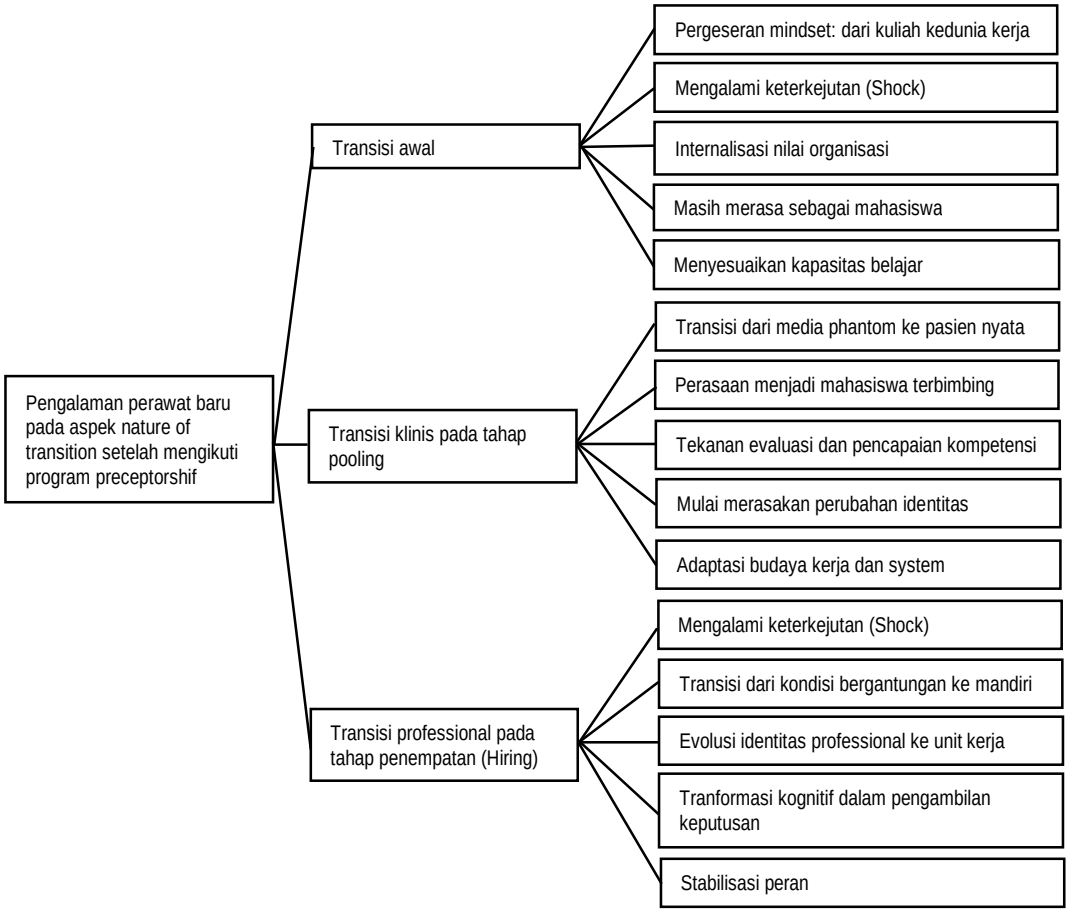

Figure 5. The transition process of newly graduated nurses progressively develops toward independence and professional identity after preceptorship (in the Indonesian version)

DISCUSSION

The findings of this study demonstrate that the transition experiences of newly graduated nurses after completing the preceptorship program constitute a gradual, multifaceted, and deeply layered developmental process. This transition is not merely a linear progression toward clinical competence, but rather a complex interplay of emotional, cognitive, social, organizational, and professional dimensions. The journey from student to practicing nurse unfolds across several interconnected phases; beginning with structured learning at the Training Center, progressing into the clinical immersion phase during pooling, and culminating in the assumption of autonomous professional responsibilities during the consolidation and placement (hiring) stage. These findings strongly align with Meleis's Transition Theory, which conceptualizes transition as a multidimensional process influenced by personal readiness, social support, environmental conditions, and evolving role identity [12]. In this study, the transition of newly graduated nurses is reflected through emotional fluctuations, the nature of support received, encountered barriers, adaptive strategies, and the gradual development of independence and professional identity.

Emotional trajectory across transition stages

The first theme illustrates that the emotional experiences of newly graduated nurses evolved progressively in response to the dynamic demands of each preceptorship stage. At the outset, nurses expressed excitement, enthusiasm, and pride as they entered the professional environment. These emotions reflected a sense of achievement and anticipation for new learning opportunities. However, as the program advanced; particularly during theoretical instruction, competency evaluations, and hands-on clinical practice these initial positive emotions gradually shifted toward confusion, fear, anxiety, stress, diminished confidence, and emotional exhaustion. The emotional turbulence experienced by participants underscores that preceptorship is not merely a technical training process but also an emotional transition that shapes readiness and resilience.

Over time, with accumulated experience, repeated exposure to clinical situations, and sustained support from preceptors, peers, and family, these negative emotions gradually transformed into calmness, courage, and growing confidence. This emotional progression is consistent with the literature, which emphasizes that professional transition involves adjustment to new environments, work relationships, and evolving roles [18]. Fear and uncertainty during early transition tend to diminish as individuals gain familiarity with clinical practice and begin to internalize professional norms [19]. Study [17] further highlights that newly graduated nurses often experience anxiety, role confusion, and clinical pressure during their first year, but can adapt effectively through social support and appropriate coping strategies. Thus, emotional adaptation emerges as a central component of the transition process.

Multidimensional support systems

The second theme emphasizes that technical and emotional support from the workplace and family plays a crucial role in facilitating the transition process. Support was provided by preceptors, head nurses, senior nurses, Training Center staff, peers, the organization, and family members. These support systems operated at multiple levels; technical, emotional, social, managerial, and organizational reflecting the multidimensional nature of transition.

Technical support included structured guidance, repeated demonstrations, constructive feedback, and opportunities for supervised practice. Emotional support involved reassurance, encouragement, acceptance, and moral reinforcement. Social support emerged through peer collaboration, shared learning, and informal mentoring. Organizational support included access to facilities, structured training modules, and clear competency frameworks. Family support provided emotional stability and motivation outside the workplace.

These findings align with study [20], which states that feeling accepted, well-prepared, and supported by the work environment significantly eases the transition into clinical practice. Studies [13,14] further explain that preceptorship not only enhances clinical skills but also strengthens professional identity and self-confidence among newly graduated nurses. Thus, support systems serve as protective factors that buffer the emotional and cognitive demands of transition.

Barriers across transition phases

The third theme reveals that the transition process is fraught with challenges that emerge at every stage. During the Training Center phase, nurses faced dense learning demands, difficulties understanding SAP, limited facilities, high evaluation standards, and uneven opportunities for practice. These challenges created cognitive overload and emotional strain, particularly for nurses who were still adjusting to the pace and expectations of professional practice.

In the pooling phase, barriers shifted toward clinical pressures, including fear of making mistakes, low confidence, limited case availability, hesitation in performing invasive procedures, and communication challenges. These barriers reflect the complexity of transitioning from simulated practice to real patient care, where the stakes are higher and the emotional demands more intense.

During the hiring phase, barriers became more pronounced as nurses began working independently. They encountered high workloads, time-management difficulties, incomplete understanding of workflow systems, and pressure associated with professional responsibilities. These challenges are consistent with study [21], which identifies heavy workloads, role unpreparedness, and internal psychological barriers as common challenges for newly graduated nurses. Study [6] also emphasizes that workload, time management, and reduced support contribute to stress among novice nurses. Additionally, study [22] explains that reality shock arises when newly graduated nurses realize that actual work demands are far more complex than anticipated.

Adaptive strategies for professional adjustment

The fourth theme highlights the adaptive strategies developed by newly graduated nurses to navigate the demands of the preceptorship program and clinical practice. These strategies evolved progressively across the Training Center, pooling, and hiring stages, reflecting the nurses' efforts to manage cognitive demands, emotional pressures, interpersonal challenges, and professional expectations.

During the Training Center phase, strategies included independent study, recording materials, note-taking, using digital media, arriving early, reviewing SOPs, and collaborative learning with peers. These strategies helped nurses cope with structured learning modules and performance expectations.

In the pooling phase, strategies evolved into independent preparation before procedures, re-reading SOPs, consulting senior nurses, performing double checks, building trust with patients, organizing time, breaking tasks into smaller steps, and observing senior nurses' workflow. These strategies reflect the increasing complexity of clinical practice and the need for proactive learning.

During the hiring phase, adaptive strategies became more advanced, focusing on sustaining independent performance through time management, proactive communication, self-consultation, use of pocket notes, repeated verification, and psychological coping such as acceptance, stress management, reflection, and gratitude. These findings align with studies [2,23], which describe the transition period as marked by psychological pressure, uncertainty, and the need for active adjustment. Study [4] also emphasizes that supportive interactions during early practice help newly graduated nurses adapt and enhance clinical skills.

Development of independence and professional identity

The fifth theme illustrates that the transition process ultimately leads to the development of independence and professional identity. In the early phase, nurses experienced a shift from the academic environment to the professional world, recognizing differences in work rhythm, service standards, responsibilities, and organizational culture. During pooling, the transition became more clinically oriented, marked by the shift from phantom-based practice to direct patient care. Although this phase elicited fear and low confidence, it also helped nurses become more flexible, calmer, and increasingly confident through guided mentoring.

In the hiring phase, the transition matured into a professional transition. Nurses began performing roles more independently, facing real responsibilities, making clinical decisions, and gradually feeling integrated into the work team. These experiences align with Meleis's Transition Theory, particularly process indicators such as feeling connected, interacting, being situated, developing confidence and coping, and outcome indicators such as mastery and fluid integrative identities. Thus, the development of professional identity emerges as the culmination of the transition process.

Overall interpretation and implications

Collectively, the findings demonstrate that the preceptorship program plays a vital role in supporting newly graduated nurses as they transition from academic graduates to professional practitioners. However, the transition does not end with initial training or competency achievement. Newly graduated nurses continue to require sustained support after entering clinical units, particularly in emotional regulation, professional communication, time management, clinical competency reinforcement, and professional identity formation. These findings reinforce the perspective of study [16], which states that preceptorship enhances confidence, communication skills, and clinical decision-making among newly graduated nurses. Therefore, preceptorship should be understood as a continuous mentoring process rather than a short-term orientation program, ensuring that newly graduated nurses can adapt safely, confidently, and professionally within the hospital environment.

Study limitations

This study has several limitations. The researcher's limited experience in applying phenomenological approaches may have influenced the depth of data exploration, probing techniques, and interpretation of participants' experiences. Additionally, the researcher's long-standing professional background in hospital settings may have shaped data interpretation, despite efforts to minimize bias through bracketing, self-reflection, and reflective memo writing throughout the research process. These limitations should be considered when interpreting the study's findings.

CONCLUSION

The findings of this study indicate that the transition experiences of newly graduated nurses after completing the preceptorship program represent a gradual, dynamic, and multidimensional professional process. This transition is not limited to the attainment of clinical competencies, but also encompasses emotional development, adaptive capacity, and the formation of professional identity. Newly graduated nurses experienced shifts in emotion; from initial enthusiasm to feelings of anxiety, fear, and pressure which gradually evolved into greater calmness and confidence as their experience increased.

Throughout this process, they received both technical and emotional support from preceptors, colleagues, head nurses, and family members. Such support enhanced their sense of security and facilitated their adaptation to the clinical environment. However, newly graduated nurses also encountered various barriers, including dense learning demands, high work expectations, limited personal readiness, and technical challenges during practice. To overcome these obstacles, they developed adaptive strategies involving time management, emotional regulation, and effective communication within the workplace. Overall, the preceptorship program plays a crucial role in guiding newly graduated nurses toward independence, practice readiness, and the development of a professional identity as they assume their nursing roles.

Ethical consideration, competing interest and source of funding

-Ethical approval for this study was granted by the Health Research Ethics Committee of STIK Sint Carolus Jakarta (No. 046/KEPPKSTIKSC/II/2026). Research permission was also obtained from RS "X" through letter No. 100/CHCD/KADEP/EKS/III/2026. All participants received clear explanations regarding the study's purpose, procedures, benefits, risks, rights to refuse or withdraw, and confidentiality assurances before signing informed consent.
-The author declares that there is no conflict of interest associated with this study. All research procedures were carried out objectively without any influence from individuals, groups, or organizations that could compromise the integrity or independence of the research findings.
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