

Clinical Competence and Transition Experiences of Novice Nurses

Dr. Jules Alexis B. Dajay

Head, Research Department, Brokenshire College Socskargen, Inc., General Santos City, Philippines
Corresponding Author Email: dajayjulesalexis22@gmail.com

Abstract

A novice nurse is one with limited work experience who may never have faced real-life problematic situations and their transition process is associated with feelings of confusion, uncertainty, and stress. The study aims to determine novice nurses' clinical competence and transition experiences. This study utilized both quantitative and qualitative methodologies. In this study, thirty (30) new nurses in General Santos Doctors Hospital, General Santos City, Philippines, were purposively sampled who answered the modified "Clinical Competency Questionnaire" and six (6) were randomly selected who participated in the focused-group discussion. The study's results revealed that novice nurses were satisfactorily competent in delivering safe and quality care, communication, collaboration and teamwork, ethical-legal-moral responsibilities, and management of resources and environment. There were five themes emerged after the focused group discussion that described the transition experiences of novice nurses: (1) Difficult and Challenging, (2) Striving and Thriving, (3) Acceptance and Adjustment, (4) Tolerance and Receptiveness, and (5) Fulfilling and Rewarding. The study findings concluded that novice nurses possessed satisfactory competence, signifying low confidence in performing various nursing jobs. Their transition experiences also implied weakness in performing their roles and responsibilities. Therefore, it would be essential to create a transition-to-practice program to provide a support strategy for novice nurses to transition effectively and a leader-preceptor transition would be needed for nurse leaders and managers to provide the necessary skills to precept new nurses and be physically and psychologically prepared and equipped for the role.

Keywords

Clinical Competence, Leader-Preceptor Transitioning, Novice Nurse, Transition Experiences, Transition to Practice Program.

INTRODUCTION

The ultimate aim of health care is to provide safe, high-quality care, placing the clinical competence of nurses in focus (International Council of Nurses, 2019). An important challenge is that newly graduated registered nurses or the so-called novice nurses are expected to take on the same responsibilities and duties as experienced nurses (World Health Organization, 2015). The clinical context of nursing care is rapidly changing concerning where it is carried out [1], patient morbidity is becoming more complex [2], and there is a constant shortage of nurses (International Council of Nurses, 2017), particularly of experienced nurses (National Board of Health & Welfare, 2015). Therefore, the clinical competence of novice nurses and their transition experiences must be adapted to the present context to provide safe and high-quality care to patients.

METHODS AND METHODOLOGY

The study employed both quantitative and qualitative methodologies. A descriptive research design was used to determine the clinical competence of novice nurses in various areas of nursing competencies such as delivering safe and quality nursing care, communication, collaboration and teamwork, ethical-moral-legal responsibilities, and management of resources and environment. The study also engaged with phenomenological research that obtained the transition experiences of novice nurses in the actual clinical setting which drew a better understanding of the practice of

nursing.

The participants in the study were thirty (30) novice nurses in General Santos Doctors Hospital who were hired last January 2023 and just passed the Philippine Nurse Licensure Examination last December 2022. They were selected using the purposive sampling method. In the criteria of selection, the participants should have completed the three (3) months training program and should have accomplished nursing procedures in the competency-based checklist. Out of the thirty (30) novice nurses, six (6) were randomly selected to participate in the focused-group discussion.

"Clinical Competence Questionnaire" was the instrument used to determine the profile of participants in terms of age, sex, school graduated, and related learning experiences at school as well as the clinical competence of novice nurses in terms of delivering safe and quality care, communication, collaboration and teamwork, ethico-moral-legal responsibilities, and management of resources and environment. A "Transition Experiences Focused-Group Discussion Tool" was used to obtain further information on the transition experiences of novice nurses as Registered Nurses.

The data-gathering procedure started by giving a permission letter to the hospital administrator of General Santos Doctors Hospital asking for approval to conduct the study. After obtaining the approval, the "Informed Consent for Answering Questionnaire" was given to the participants to secure their willingness to participate in the study. After obtaining the consent, the questionnaires were given and

collated immediately after answering. Six (6) participants were then selected to participate in the focused group discussion and an “Informed Consent for Focused Group Discussion” was obtained before its conduction. Rapprochement was the first part of the discussion followed by asking open-ended questions about their transition experiences and finally ended by thanking them for participating in the discussion.

On ethical considerations, the study ensured that the participants voluntarily participated in this study. The protection of the privacy and confidentiality of the participants was ensured. The communication about this study was done with honesty and transparency. Any type of misleading information, as well as misrepresentation of primary data findings in a biased way, was avoided. Privacy and anonymity of participants were of paramount importance in conducting this research. Respect for the dignity of research participants was also prioritized.

Data gathered was analyzed using a descriptive statistical treatment. It further used frequency and percentage computations and weighted mean after the data were collated. After identifying the weighted mean, the Likert 5-point scale was used to indicate the descriptions of novice nurses in their clinical experiences. The actual statements of participants generated during the focused group discussion were used to add to the analysis to provide a rich and deeper understanding of the transition experiences of novice nurses on the various aspects of nursing practice. To establish trustworthiness in the qualitative data analysis, credibility, transferability, dependability, and conformability were ensured as it was consistent with the process used by Lincoln and Guba (1989).

RESULTS

Demographics of Participants

Table 1. Age of Novice Nurses

| Age | Frequency (n=30) | Percentage (%) |
|--------------|------------------|----------------|
| 20 years old | 2 | 6.7 |
| 21 years old | 12 | 40 |
| 22 years old | 8 | 26.7 |
| 23 years old | 4 | 13.3 |
| 24 years old | 3 | 10 |
| 25 years old | 1 | 3.3 |

The table above shows the age of novice nurses who participated in this study. It revealed that most of the novice nurses were aged 21 years old with a percentage of 40% while the least were novice nurses aged 25 years old with a percentage of 3.3%.

Table 2. Sex of Novice Nurses

| Sex | Frequency (n=30) | Percentage (%) |
|--------|------------------|----------------|
| Male | 4 | 13.3 |
| Female | 26 | 86.6 |

The table above shows the sex of novice nurses who participated in this study. It revealed that most of the novice nurses were females with a percentage of 86.6% while the rest were males with a percentage of 13.3%.

Table 3. School Graduated

| School Graduated | Frequency (n=30) | Percentage (%) |
|------------------|------------------|----------------|
| NDDU | 4 | 13.3 |
| GSDMSFI | 8 | 26.7 |
| BCSI | 0 | 0 |
| NDMU | 12 | 40 |
| NDTC | 6 | 20 |
| SPC | 0 | 0 |
| SKSU | 0 | 0 |
| SKEI | 0 | 0 |

The table above shows the schools where the novice graduated. It revealed that most of the novice nurses graduated from NDMU with a percentage of 40% while the least number of participants were graduates from NDDU with a percentage of 13.3%.

Table 4. Related Learning Experiences (RLE) in the Hospital

| RLE in the Hospital | Frequency (n=30) | Percentage (%) |
|---------------------|------------------|----------------|
| With RLE | 0 | 0 |
| Without RLE | 30 | 100 |

The table above shows the related learning experiences (RLE) in the hospital of novice nurses. It revealed that 100% of the participants did not have RLE during their college.

Table 5. Clinical Competence of Novice Nurses

| Variables | Overall Mean | Interpretation |
|---|--------------|--------------------------|
| Delivering Safe and Quality Care | 3.40 | Satisfactorily Competent |
| Communication | 3.56 | Satisfactorily Competent |
| Collaboration and Teamwork | 3.32 | Satisfactorily Competent |
| Ethico-Moral-Legal Responsibilities | 3.80 | Satisfactorily Competent |
| Management of Environment and Resources | 3.46 | Satisfactorily Competent |

The table above shows the clinical competence of novice nurses in various areas of nursing care. It revealed that ethical-moral-legal responsibilities obtained the highest mean of 3.80 which was interpreted as satisfactorily while collaboration and teamwork obtained the lowest mean of 3.32 which was interpreted as satisfactory as well.

Transition Experiences of Novice Nurses

Theme 1. Difficult and Challenging

Most of the participants described their overall transition experiences in the actual clinical setting as difficult and challenging. Four (4) of the participants said that performing different nursing procedures was hard for them because it required a certain level of skills and knowledge which they thought was still lacking in them. NN1 said, "*Lisod siya i-perform kay dili pami kabalo unsaon siya buhaton*" (It is difficult to perform because we still do not know how.) while NN4 said, "*Maglisod mi kay wala pa namo na experience i-perform tong college.*" (It is hard for us because we never experienced it during college.) In addition, transitioning into the actual nursing practice is also tough for these new nurses. NN2 said, "*Dili lalim mag work na as a nurse.*" (Working as a nurse is not that easy.) NN5 added, "*Dili sayon mag work na as a nurse kay kani reality najud ug wala na imong CI sauna na mag guide sa imo pero karun naa man gyapon mag guide pero this time license nurse na jud ka*" (Working as a nurse is indeed difficult because there's no more CI to guide. I think this time there is still someone to guide us but now we are already licensed nurses.) About these experiences, two (2) of the participants acclaimed that their clinical experiences are challenging. NN6 said, "*Challenging kaayo siya kay lisod siya iactualize in reality na wala namo siya nabuhatong naga school pami.*" (It is challenging to actualize in reality because we are not able to do it while schooling.) NN3 added, "*Very challenging mag work na sa actual setting kay daghan mi wala na experience tong college pami.*" (It is very challenging to work in the actual setting because there are a lot of things we did not experience at school.)

Theme 2. Striving and Thriving

No matter how difficult and challenging the clinical experiences of novice nurses, they were still doing their best and trying to survive the demands entrusted to their care. NN6 said, "*Ginabuhang lang gyapon namo ang tanan para lang ma survive namo ang duty taga adlaw.*" (We are still doing our best just to survive our day-to-day duty.) Moreover, novice nurses are taking some initiative just to cope with difficult situations and tough times to render the care that their patients need. NN1 said, "*Siguro kailangan namo mag review sa mga concepts para lang makabalo mi unsaon pag take care sa among mga patients labi na kung mag perform nami ug mga procedures sa bedside*" (I think we need to review the concepts for us to know how to take care of our patients most especially in performing procedures at the bedside.) then NN4 thought, "*Oo kailangan jud nimo magbasa pag-uli sa balay para mabal-an nimo ngano ingato ang mga tambal ug ingato ang management sa doctor.*" (Yes, we need to read when we get home for us to know the medications and management of the doctor.)

Theme 3. Acceptance and Adjustment

One of the most significant things that novice nurses have realized working in the actual clinical setting is to accept the

fact that they are new to the situation and they need to adjust to the environment. NN3 said, "*Dawat-dawat na lng ta ani na baguhan jud mi ug kailangan namo mag adjust sa situation.*" (We have to accept that we are new and we need to adjust to the situation.) NN2 supported by saying "*Dawaton namo ang reality na daghan pami dapat mabal-an ug dili pud namo kaila ang mga kauban pa sa trabaho pati mga doctor mao na mag adjust jud mi.*" (We need to accept that there is plenty to learn. Besides, we still need to know our colleagues and doctors so we have to adjust.) NN6 added, "*Kay kami man nanihanglan ug work so mag adjust jud mi.*" (We are the ones who need the job so we have to adjust.) Then NN1 said that their greatest adjustments are the hospital's culture, values, co-workers as well as dealing with doctors and how to carry out doctors' orders, as he said, "*Ang pinakagrabi jud namo na adjustment kay ang mag adjust sa culture, mga values, ug mga katrabaho pati na ang pakikitungo sa mga doctor ug kung paano i-carry out ilang mga orders.*" (Our greatest adjustments are adjusting to the culture, values, and colleagues as well as dealing with physicians and how to carry out their orders.) NN4 supported that her greatest adjustment is to adjust with her seniors with different personalities, as she said, "*Ang pinakagrabi nako na experience na mag adjust kay sa mga seniors na iba-iba ug attitude. Naay bouton na i-guide jud ka. Naa pud kanang patient kaayo magtudlo pero naa jud uban na maldita ug dili kaayo kabalo magtudlo sa amoa. Kanang masuko dayon kung dili namo ma gets dayon.*" (The most intense adjustment that I had experienced was to adjust to seniors with different attitudes. Some are good and patient to teach us, but some are rude to us. They easily get annoyed if we cannot catch up immediately on what they taught.)

Theme 4. Tolerance and Receptiveness

The major responses of nurses towards their actual clinical experience working in the hospital developed a sense of open-mindedness and the ability to withstand hardships and ambiguity. NN2 shared that working in the clinical field requires openness to possibilities. She said, "*Kailangan nimo maging open sa mga posible mahitabo ug dapat ready ka to face them.*" (You need to be open to possibilities and you must be ready to face them.) NN3 added that a nurse requires openness to accept the realities of the nursing profession. He said, "*Kung nurse ka, dapat open ka sa kung unsa jud ang nursing bisan na lng sa imong mga kauban sa work pero dapat open pud sila sa amoa para kabalo mi unsa pa ang kailangan i-improve sa among sarili.*" (You should be open to what is nursing even to your nursing colleagues, but they must also be open to us for us to know the things that we need to improve.) Being receptive also requires tolerance. NN6 said, "*Kung open ka sa mga possibilities, dapat kabalo ka paano nimo ma tolerate ang mga bagay-bagay.*" (If you are open to possibilities, you must know how to tolerate everything.) Proactively, novice nurses also suggest that the authority must not tolerate senior nurses who are not guiding them properly and have bad attitudes toward them. NN1 said, "*Dapat dili i-tolerate sa mga heads ang mga seniors na dili*

kabalo mag handle sa amoa ug nay mga attitude na dili kabalo maging pasensyoso sa amoa." (Head Nurses should not tolerate senior nurses who do not know how to handle us have negative attitudes and do not have patience for us.)

Theme 5. Fulfilling and Rewarding

Amidst many difficulties, plenty of challenges, and various trials that novice nurses had encountered in their actual clinical experiences, they found their job working as licensed nurses to be fulfilling and rewarding. NN1 said, "*Grabi ka fulfilling sa feeling na naga work naka as a nurse bisan paman daghan kaayo mga kalisod ug adjustments sa work.*" (It was truly fulfilling working as a nurse even though there are a lot of difficulties and adjustments at work.) NN5 also acclaimed how blessed he was working in the actual clinical area. He said, "*Paminaw nako blessed kaayo ko na naga work na karun sa hospital bisan paman kabalo ko na lisod jud labi na wala mi experience sa hospital tong college mi.*" (I feel so blessed that I am working in the hospital even though I know that it is hard for us to have no experience in the hospital when we are still in college.) NN4 also supported by saying, "Feeling blessed jud kaayo ko. Daghan kaayo ko natun-an kung unsa ba jud ang maging nurse. Pasalamat ko tanan na nag guide ug help sa akua na ma learn ang mga bagay-bagay." (I am truly blessed. I have learned a lot about how to become a nurse. I am thankful also to all who guided me and taught me everything I need to know.) Novice nurses also find rewards from the patients whom they take care of. NN2 said, "*Daghan kaayo rewards makuha while naga work as a nurse ug dili lang na sa material things pero labi sa tanan ang rewards na makuha nimo gikan sa mga pasyente.*" (You will get many rewards working as a nurse and that is not just in material things but most importantly the rewards we get from our patients.) NN3 supported by saying, "Daghan jud ka blessing makuha from our patients. Bisin kanang simple thank you lang nila kay makawala sa kakapoy sa work. Pasalamat mi na ma recognize pud nila among pag take care sa ilaha." (There are many blessings you get from our patients. Their simple gesture of thank you would vanish our tiredness at work. We are thankful that they recognize our care for them.)

DISCUSSION

Grounded with the results of this study, it was found that most of the novice nurses were female and were aged 21 years old. These nurses were the product of the K-12 program of the Department of Education which added 2 years in the secondary level before proceeding to any baccalaureate degree. More so, most of these novice nurses were graduates of nursing schools who did not have Related Learning Experiences brought by the COVID-19 pandemic. Schools opted to do remote or online platforms of learning methodologies which greatly affected the learning experience of student nurses to handle actual patients in hospitals or various healthcare settings. Although many school districts made efforts to provide instruction during the COVID-19

pandemic which included in-person, remote, and blended or hybrid options, it caused disruptions in the learning experiences of students. This disruption in education has been projected to result in a significant learning loss, which may be particularly profound for students from disadvantaged backgrounds, leading to widening opportunity gaps [3].

In this study, it was found that novice nurses were satisfactorily competent in various areas of nursing competencies. These novice nurses showed weakness in confidence in the performance of various nursing tasks and responsibilities. Nurses' self-confidence is aligned with their ability to communicate, having positive attitudes toward their profession, and their feelings about themselves as professionals, which significantly affects their thinking and practice. The majority of newly graduated nurses or novice nurses are not prepared to work at the bedside; therefore, they may not have the appropriate self-confidence [4].

In terms of delivering safe and quality nursing care, these novice nurses were exposed to a high risk of providing unsafe patient care due to insufficient knowledge of the performance of various nursing tasks. Therefore, these novice nurses were prone to committing errors and mistakes in their job. Novice nurses are frequently left out of professional standards and commit errors, negligence, and ultimately malpractice in clinical environments [5]. The other factor that causes errors in novice nurses is their stress during their first workdays. A review of studies showed that stress and anxiety are directly related to the increase in nursing errors [6].

In the areas of communication, collaboration, and teamwork, novice nurses have expressed difficulty in conveying and relating with colleagues and other members of the health team. These nurses were not trained to communicate because of the lack of hospital exposure where they could interact with patients, nurses, and doctors. Novice nurses are unable to establish appropriate interactions with patients, and companions, and experience challenges with them at the beginning. New nursing graduates encounter interpersonal conflicts at work and are not able to cope with communication challenges in the workplace [7]. One of the reasons for the existence of challenges in the interpersonal communication of novice nurses is lack of experience, therefore, with the passage of time and increasing experience, communication challenges are reduced and, as a result, self-confidence in people increases [8].

Although novice nurses were aware of their responsibilities and accountabilities in their nursing practice, they lacked moral competence as they confronted various nursing dilemmas and work-related challenges which led them to be poor in decision-making. Nurses face conflicting challenges in choosing decisions, especially in critical situations, due to fear of errors and the possibility of making wrong decisions in clinical settings [9]. Insufficient experience in novice nurses is reported to cause uncertainty in decision-making [10]. Frequent errors, and the little experience and knowledge of novice nurses at the time of

starting work, are the factors that increase the errors in decision-making and expose them to many errors in the field of clinical environments [11].

CONCLUSION

It was concluded that novice nurses possessed satisfactory competence which signified a low level of confidence in performing various nursing jobs such as delivering safe and quality nursing care, communication, collaboration, teamwork, ethical-moral-legal responsibilities, and management of environment and resources. The transition experiences of novice nurses also suggested weakness in carrying out their roles and responsibilities. For these novice nurses, the transition to practice was exceedingly stressful as they grappled with the reality of their everyday practice as Registered Nurses.

Therefore, a competency-based training program to assist novice nurses' transition effectively is recommended. A "Transition to Practice Program" is recommended to provide a support strategy to ease the transition from newly graduated nurses to Registered Nurses in the actual clinical setting to increase their confidence and competence, improve professional adjustment, and increase retention. The results of this study also recommend "Leader-Preceptor Transitioning" to assist nurse leaders and managers in teaching novice nurses to develop their nursing competence and transition more effectively in their jobs as Registered Nurses. A "Preceptor Training Program" is needed for nurse leaders and managers to be physically and psychologically prepared and equipped for the preceptor role.

Acknowledgment:

I thank Sr. Mercilyn V. Jabel, SPC for the permission given to conduct the study in the hospital.

Funding Statement:

The author did not receive any financing for the development of this research.

Data Availability:

No new data were created or analyzed in this study.

Conflict of interest:

The author declares that there is no conflict of interest.

REFERENCES

- [1] Lima, S., Jordan, H. L., Kinney, S., Hamilton, B., & Newall, F. Empirical evolution of a framework that supports the development of nursing competence. *Journal of Advanced Nursing*, 2016, 72, 889–899. <https://doi.org/10.1111/jan.12872>
- [2] Dharmarajan, K., Strait, K. M., Tinetti, M. E., Lagu, T., Lindenauer, P. K., Lynn, J., Krumholz, H. Treatment for multiple acute cardiopulmonary conditions in older adults hospitalized with pneumonia, chronic obstructive pulmonary disease, or heart failure. *Journal of the American Geriatrics Society*, 2016, 64, 1574–1582. <https://doi.org/10.1111/jgs.14303>
- [3] Namkung, J., Goodrich, J.M., Hebert, M., et al. Impacts of the COVID-19 Pandemic on Student Learning and Opportunity Gaps Across the 2020–2021 School Year: A National Survey of Teachers. *Sec. Educational Psychology*. 2022; 7, <https://doi.org/10.3389/feduc.2022.921497>
- [4] Najafi, B., Nasiri, A. Explaining Novice Nurses' Experience of Weak Professional Confidence: A Qualitative Study. *SAGE Open Nurs*. 2023; 9, <https://doi.org/10.1177/23779608231153457>
- [5] O'Shea M., Kelly B. The lived experiences of newly qualified nurses on clinical placement during the first six months following registration in the Republic of Ireland. *Journal of Clinical Nursing*, 2007, 16(3), 1534–1542. [10.1111/j.1365-2702.2006.01794](https://doi.org/10.1111/j.1365-2702.2006.01794)
- [6] Kneafsey R., Haigh C. Learning safe patient handling skills: Student nurse experiences of university and practice-based education. *Nurse Education Today*, 2007, 27(8), 832–839. [10.1016/j.nedt.2006.11.005](https://doi.org/10.1016/j.nedt.2006.11.005)
- [7] Washington G. T. Performance anxiety in new graduate nurses: Is it for real? *Dimensions of Critical Care Nursing*, 2012, 31(5), 295–300. [10.1097/DCC.0b013e3182619b4c](https://doi.org/10.1097/DCC.0b013e3182619b4c)
- [8] Andersson P. L., Edberg A. K. The transition from rookie to genuine nurse: Narratives from Swedish nurses 1 year after graduation. *Journal of Continuing Education in Nursing*, 2010, 41(4), 186–192. [10.3928/00220124-20100326-05](https://doi.org/10.3928/00220124-20100326-05)
- [9] Saintsing D., Gibson L. M., Pennington A. W. The novice nurse and clinical decision-making: How to avoid errors. *Journal of Nursing Management*, 2011, 19(3), 354–359. [10.1111/j.1365-2834.2011.01248](https://doi.org/10.1111/j.1365-2834.2011.01248)
- [10] Casey K., Fink R. R., Krugman A. M., Propst F. J. The graduate nurse experience. *JONA: The Journal of Nursing Administration*, 2004, 34(6), 303–311.
- [11] Gillespie M., Peterson B. L. Helping novice nurses make effective clinical decisions: The situated clinical decision-making framework. *Nursing Education Perspectives*, 2009, 30(3), 164–170.