

## Stories of Newly Employed Nurses in Iloilo City, Philippines

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**ABSTRACT:**

Nurses play a crucial role in healthcare as caregivers, educators, and advocates. However, newly employed nurses often face significant challenges during their transition into the workforce, including adjusting to new environments, managing workloads, and meeting professional expectations. This study explored the transition-to-practice stories of six newly employed nurses in Iloilo City using Connelly and Clandinin's (1990) narrative inquiry framework. Through in-depth interviews and four-phase narrative analysis, five themes emerged: (1) Threads of Care, (2) Balancing the Load, (3) Adapting in Transition, (4) Evolving Competence, and (5) Caring Beyond Skill. The findings revealed emotional strain, gradual competence development, and the pivotal role of mentorship. The study underscores the need for structured transition programs and preceptorship models to enhance professional readiness and retention among novice nurses.

**Background:** Transitioning from student nurse to professional practice represents a pivotal phase in a nurse's career. Newly employed nurses often experience emotional turbulence, self-doubt, and skill adaptation while adjusting to the realities of healthcare settings. In the Philippine context, particularly in Iloilo City, there remains limited literature exploring how new nurses make sense of their transition journey. **Objective:** This study aimed to explore and interpret the lived employment experiences of newly employed nurses in Iloilo City, focusing on their emotional, professional, and adaptive processes during the early months of practice. **Methods:** A qualitative narrative inquiry guided by Connelly and Clandinin's (1990) framework was utilized. Six newly employed nurses were purposively recruited through snowball sampling. Data were gathered via semi-structured, in-depth interviews conducted from March to April 2025. Narratives were analyzed using the four-phase narrative analysis: (1) field text collection, (2) interim text reconstruction, (3) interpretation, and (4) creation of final research texts. Trustworthiness was ensured through member checking, audit trail documentation, and reflexive journaling. **Results:** Five central themes emerged: (1) Threads of Care – A Nurse's Becoming, (2) Balancing the Load, (3) Adapting in Transition, (4) Evolving Competence, and (5) Caring Beyond Skill. Participants initially experienced fear, anxiety, and uncertainty, but progressively developed confidence, adaptability, and clinical competence. Mentorship and teamwork were crucial in easing their transition. Emotional resilience and compassionate care were identified as vital foundations of professional identity. **Conclusion:** The study highlights that the transition to practice among Filipino nurses is a deeply emotional and developmental process shaped by mentorship, reflective learning, and cultural values of compassion. Structured preceptorship and mental health support are recommended to sustain readiness and retention.

**Keywords:** Narrative inquiry, Newly employed nurses, Transition to practice, Dreyfus Skill Acquisition, Connelly & Clandinin, Iloilo City

**1) Introduction:**

Nurses play a critical role in the lives of patients. As primary caregivers, educators, and advocates, their contributions are indispensable in healthcare systems worldwide. However, the transition of new nurses into clinical practice represents a pivotal phase in their careers. Newly employed nurses face various challenges during their first year of employment including adapting to new environments, understanding unfamiliar work cultures, managing heavy workloads, and balancing professional expectations. This transitional phase feature often brings role ambiguity, stress, and a steep learning curve, making it essential to understand the dynamics influencing their professional adjustment (Kelly & Ahern, 2009)[2]. The first year of nursing employment is a crucial period, where newly employed nurses face a disconnect between their academic training and the actual demands of clinical practice. Many nurses are successful in transitioning during this period, while others experience significant challenges leading them to "reality shock" (Calleja et al., 2019)[3]. In many cases, new nurses report feeling underprepared to handle the fast-paced and high-stakes environment, leading to increased stress, decreased job satisfaction, and, in some cases, early career burnout (Boamah & Laschinger, 2016) [4]. In the global context, the demand for skilled nurses has increased because of the aging populations, improvements in medical technology, and the active effects of the COVID-19 pandemic (Jraschek, 2019)[5]. In the Philippines, particularly in Iloilo City, a regional healthcare hub, newly employed nurses are essential to the smooth operation of its numerous hospitals and clinics. However, there exists a notable gap in understanding the specific challenges faced by these nurses within this local context, particularly regarding their mental, emotional, and social well-being (Oducado & Ubas-Sumagaysay., 2020)[6].

While existing studies emphasize competence and retention, few have examined the *stories* that illuminate how novice nurses construct meaning from their early employment. Drawing from Connelly and Clandinin's (1990) narrative inquiry framework, this study sought to explore how newly employed nurses in Iloilo City navigate their emotional, social, and professional transformations, and how these stories reflect their evolving nursing identity. The research aligns with Sustainable Development Goal (SDG) 3, Good Health and Well-being, by advancing nurse workforce development and psychological resilience.

**2) Methods and Methodology:**

**Research Design.** This qualitative study utilized a narrative research design approach to delve into the experiences of newly employed nurses. Narrative research design seeks to explore and conceptualize human experiences, which can be taken from transcripts of in-depth interviews (Delve, 2020)[7]. This strategy is especially suitable in this study as it reveals the extensive details of a situation or life experience, which is the core essence of this study. This approach focused on understanding and interpreting the stories that individuals share about their early employment. Through collection and analysis of the participants' narratives, the study was able to decipher meanings and insights found in their narratives. This design employed a rich, nuanced understanding that provided valuable insights into how newly employed nurses adapt to their roles and the challenges they face. Furthermore, the findings of this narrative study can contribute to the development of nurses in their practice.

**Setting of the Study.** This study was conducted in Iloilo City, Philippines, a regional healthcare hub in Western Visayas. Data collection took place from March to April 2025.

**Sample and Sampling Scheme.** A snowball sampling technique was used to recruit participants. Six participants were eventually recruited, ensuring diversity in hospital affiliation and employment setting. Recruitment continued until data saturation was reached.

A general inclusion criterion was followed when selecting participants. They were:

- newly employed nurse
- currently employed in a (government or tertiary) hospital in Iloilo City
- with less than 1 year of experience
- Filipino citizen
- willing to participate in face-to-face interviews

**Research Instrumentation.** Data were collected using a semi-structured interview guide with open-ended questions designed to elicit rich narratives about participants' early employment experiences. The tool comprised two parts: (1) demographic information (age, sex, and length of service) and (2) guided questions on transition experiences, coping, and professional growth. Interviews were conducted in English and Hiligaynon, depending on participants' preference, and lasted 30–45 minutes each. Probing questions elicited participants' emotions, coping strategies, and professional reflections. Field notes were used to capture nonverbal cues and contextual details.

**3) Results:** Present the findings of the research paper in this section. Data were analyzed following Connelly and Clandinin's (1990) four-phase narrative analysis[1]: (1) collecting field texts, (2) reconstructing field texts into interim research texts, (3) analyzing and interpreting narratives, and (4) creating final

research texts. Thematic analysis was conducted manually to identify recurring ideas, emotional expressions, and shifts in professional identity. Member checking ensured credibility and authenticity of the narratives.

Five central themes emerged from participants' narratives, capturing the essence of their transition experiences.

**Theme 1: Threads of Care – A Nurse's Becoming:** The first few weeks were marked by anxiety, fear of errors, and self-doubt. One participant shared, "Despite early struggles, confidence gradually increased with the help of supportive mentors and peers."

**Theme 2: Balancing the Load:** Participants described the pressure of handling multiple responsibilities while ensuring patient safety. One nurse said, "Way back, I was just a student. Today, I am now the one who is responsible for the patient." They developed emotional resilience and task prioritization.

**Theme 3: Adapting in Transition:** Participants highlighted the shift from being supervised students to independent professionals. Mentorship, teamwork, and feedback were instrumental in building competence and morale. "There are seniors that really guide and motivate me. If they're not there, I wouldn't be able to do it."

**Theme 4: Evolving Competence:** Across narratives, participants reflected on progressing from novice to advanced beginner and nearing competence, consistent with Benner's (1982) model. Through exposure and reflection, they learned to prioritize, make independent decisions, and manage complex situations.

**Theme 5: Caring Beyond Skill:** Participants eventually recognized that nursing extends beyond procedures, it involves compassion, empathy, and accountability. One participant said, "Nursing is not just about skills; it's about being there for your patient." They equated professional success with the ability to care holistically and humanely.

**Table 1. Summary of Themes and Core Meanings**

Theme	Core Meaning	Illustrative Quote
Threads of Care – A Nurse's Becoming	Early experiences marked by anxiety, self-doubt, and fear of mistakes.	"I cried on my first week; I thought I wasn't good enough."
Balancing the Load	Learning to juggle patient care, documentation, and expectations.	"Before, I was a student. Now, every decision affects a life."
Adapting in Transition	Role shift from supervised learner to autonomous nurse; mentorship vital.	"If not for my senior who guided me, I would've given up."
Evolving Competence	Growth from novice to advanced beginner; improved critical thinking.	"Little by little, I learned to trust my judgment."
Caring Beyond Skill	Compassion and presence define real nursing beyond technicalities.	"It's not just procedures—it's connecting with patients."

**4] Discussion** – Provide detailed interpretations and implications of the results. This study explored how newly employed nurses in Iloilo City described their transition from student to practicing nurse, revealing that professional growth is both a developmental process and a narrative journey of becoming. Employing Connelly and Clandinin's (1990) narrative inquiry framework, we examined the participants' narratives via three dimensions: interaction (social and personal), continuity (past, present, and future), and situation (context). Within this interpretive framework, the nurses' experiences demonstrated both the improvement of clinical abilities and the transformative importance of nursing identity. The findings revealed that newly graduated nurses commence their roles at the novice stage of the Dreyfus Model, characterized by rule-based actions, heightened emotions, and a lack of self-trust. The reports from the first 30 days revealed disorientation, anxiety, and self-doubt, consistent with the "narratives to live by" that define the early stages of professional identity development (Clandinin et al., 2007). These emotions illustrate the contradiction between institutional expectations and individual capabilities, indicating the extent to which the rookie depends on external authority. As participants went to the novice stage, their narratives evolved from perplexity to pattern identification and relationship learning. The concepts of "trial and error" and "learning from mistakes" showed the process of meaning building through experience. This stage signifies the transformation of field texts (raw experience) into research texts (interpreted learning), demonstrating how reflection allowed participants to reconceptualize early problems as opportunities for growth. Mentorship and co-workers' support emerged as crucial narrative elements that connected disparate experiences, a finding supported by Woo and Newman's (2022) study on preceptorship as relational storytelling. At the competent level, nurses' narratives emphasized autonomy, prioritization, and ethical accountability. Narrative continuity was evident: individuals regarded their early worries as significant and perceived themselves as competent practitioners. The subject of Evolving Competence included not just technical proficiency but also a redefining of identity, shifting from "a student striving to endure" to "a professional responsible for care." This corresponds with Clandinin's (2013) notion that narrative inquiry aims to understand "lives in motion," in which individuals continuously navigate their identities within professional environments. Certain individuals exhibited signs of the adept level, as indicated by the theme Caring Beyond Skill. Their narratives surpassed simple actions, incorporating empathy, moral reasoning, and interpersonal relationships. This alteration signifies that the experiential evolution of the Dreyfus Model is now integrated into the narrative aspect of ethical development. Compassion served as a moral compass that directed intuitive care and rendered the therapeutic encounter more humane. These findings jointly demonstrate that the Dreyfus Model provides a structural framework for understanding nurses' skill development, while narrative inquiry clarifies the motivations and contextual significances underlying this development. The model outlines the stages of competence, whereas narrative inquiry clarifies the intricacies of experience, the emotions, connections, and reflections that confer meaning onto those stages. Thus, the accounts of newly employed nurses are not straightforward paths but intricate tales that intertwine personal resilience, social support, and professional development over time. This integration highlights that professional identity in nursing is created before standardization occurs. The attainment of competency is not achieved merely by repetition and mentorship; it is co-constructed through relational discourse, reflection, and shared storytelling, essential to both Filipino cultural values and the narrative inquiry paradigm.

**5] Conclusion** – Summarize the main outcomes and their significance.

This narrative inquiry revealed that the journey of newly employed nurses in Iloilo City is both a developmental and storied transformation. Anchored on the Dreyfus Model of Skill Acquisition, the participants' narratives traced their progression from *novice* to *advanced beginner* and toward *competence*, a trajectory defined by growing independence, confidence, and professional judgment. Yet, beyond skill progression, their stories embodied the narrative dimensions of learning, emotion, relationship, and reflection that shape what it truly means to "become a nurse." Through the narrative lens, this transition was not experienced as a series of discrete skill milestones but as an unfolding story of becoming, co-authored through mentorship, peer relationships, and moments of self-realization. The interplay between *external guidance* and *internal reflection* shaped nurses' identities as compassionate, accountable practitioners. Their stories affirm that competence in nursing is not solely technical mastery but a narrative achievement, a product of lived experience, cultural meaning, and moral engagement. In practice, this study emphasizes that transition-to-practice programs should not only assess competencies but also provide spaces for reflective storytelling, mentorship dialogues, and debriefing sessions that help nurses make sense of their experiences. Nurse educators and leaders are encouraged to use *narrative pedagogy*, journaling, dialogue circles, and story-based mentoring to help novices articulate their experiences and internalize their professional values.

Ultimately, the integration of the Dreyfus Model and Narrative Inquiry underscores that nursing competence develops in two intertwined dimensions: (1) as a progressive acquisition of skill and decision-making capacity, and (2) as a continuous reconstruction of meaning and identity through lived stories.

Newly employed nurses evolve not only through what they learn to do but also through the stories they tell, and retell, about who they are becoming. This insight reaffirms that in nursing, to learn is to live a story, and to practice is to continue rewriting it with empathy, courage, and grace.

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**8] Data Availability:** Due to ethical restrictions and participant confidentiality, full interview transcripts cannot be shared publicly. Data supporting the findings of this study are available in summarized or de-identified form from the corresponding author upon reasonable request and with permission from the St. Paul University Iloilo Ethics Review Board (Protocol No. SPU-2025-NURS-013).

**9] Conflict of interest:** The authors declare no conflict of interest regarding the publication of this paper.

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