

TRANSITION-TO-PRACTICE PROGRAMS IN NURSING: A NARRATIVE REVIEW OF PROFESSIONAL DEVELOPMENT, RETENTION, AND PATIENT CARE OUTCOMES

Muhammad Habil Zukri Bin Mohd Zain & Yee Bit-Lian

Faculty of Technology and Allied Sciences,
Open University Malaysia, Petaling Jaya, Malaysia

ABSTRACT

The objective of this narrative review is to critically synthesize existing literature on transition-to-practice programs and examine their impact on clinical competence, confidence, professional identity development, job satisfaction, retention, and patient care quality. A comprehensive review of international and regional literature was conducted to examine conceptual frameworks, intervention components, and reported outcomes of structured transition programs. Evidence suggests that structured transition programs reduce transition shock, enhance self-efficacy, and strengthen professional identity formation. Simulation-based training improves perceived clinical competence and decision-making confidence, while mentorship and organizational empowerment are associated with improved job satisfaction and lower turnover intention. Nurse residency programs demonstrate positive effects on retention and workforce stability. However, most studies rely on self-reported measures and cross-sectional designs, limiting causal inference. Research in specialized high-acuity environments and Middle Eastern contexts remains limited. Transition-to-practice programs are critical workforce interventions that influence professional integration and healthcare quality. Future research should incorporate longitudinal designs, objective competence assessments, and culturally

responsive program models to strengthen evidence-based policy development.

Keywords: *Newly Graduated Nurses, Nurse Residency Programs, Nurse Retention, Professional Identity Development, Transition-to-Practice Programs.*

Corresponding author: Yee Bit-Lian can be contacted at yeebl@oum.edu.my

1. INTRODUCTION

The transition from student to practicing nurse can be understood through multiple theoretical lenses. Transition Shock Theory explains the psychological disequilibrium experienced by newly graduated nurses when confronted with discrepancies between academic preparation and clinical realities (Melissant et al., 2024; Tang et al., 2023). Emotional exhaustion, self-doubt, and role ambiguity often characterize this period (Zhang et al., 2024; Zhao et al., 2024).

Benner's Novice-to-Expert framework (Graf et al., 2020; Murray et al., 2018) further contextualizes competence development as a progressive experiential process. Newly graduated nurses function at the novice or advanced beginner level, requiring structured support and experiential learning opportunities to advance toward proficiency (Alaamri et al., 2024; Lim et al., 2024).

Organizational Socialization Theory provides an institutional perspective, emphasizing how structured onboarding, mentorship, and cultural integration influence adaptation and long-term retention (Cable et al., 2012; Hoffmann &

Rasmussen, 2022). Effective TTP programs serve as formal socialization mechanisms, aligning individual competencies with organizational expectations. Together, these frameworks suggest that successful transition programs must address psychological adaptation, skill acquisition, and professional identity formation simultaneously.

Transition-to-practice programs operate at the intersection of individual development and organizational strategy (McAleer et al., 2023). While many studies report improvements in confidence and satisfaction, methodological limitations persist. The reliance on self-administered surveys introduces social desirability bias, and the absence of randomized or comparative designs limits causal attribution. Furthermore, professional identity, frequently cited as a key outcome, which remains inconsistently defined across studies. Some investigations conceptualize identity as confidence, while others equate it with role clarity or professional pride (Burford et al., 2020; He et al., 2024). This conceptual ambiguity complicates synthesis and underscores the need for standardized measurement tools.

Contextual factors also moderate program effectiveness. In healthcare systems heavily reliant on expatriate nurses, cultural integration and language proficiency influence both competence and patient communication quality (Cubelo et al., 2024). Therefore, transition programs must be culturally adaptive rather than universally standardized.

2. NURSE RETENTION, JOB SATISFACTION, AND WORKFORCE INSTABILITY

Nurse turnover remains a complex, multifactorial problem. High workloads, extended work hours, intergenerational workplace conflict, and limited job embeddedness contribute significantly to attrition (Alzahrani et al., 2025; Kiptulon et al., 2025). Global shortages are projected to worsen, placing increased strain on healthcare systems. In Saudi Arabia, workforce instability is further complicated by heavy reliance on expatriate nurses, cultural integration challenges, and national workforce policies such as Saudization (Hakami et al., 2022; Hashish & Alnajjar, 2025).

Job satisfaction plays a pivotal mediating role between workplace conditions and retention outcomes. It is not merely a function of remuneration but reflects nurses' appraisal of environmental, psychological, and professional needs fulfilment (Abuhammad et al., 2025; Khai-Lee et al., 2020; Naholi et al., 2023). Studies consistently demonstrate that supportive leadership, adequate supervision, recognition, and professional development opportunities enhance satisfaction, whereas unmet expectations and structural constraints undermine it (Sharrock et al., 2025; Tafvelin et al., 2019). However, much of the literature relies on cross-sectional designs and self-reported satisfaction measures, limiting causal inference. Furthermore, higher qualifications do not necessarily translate to higher satisfaction, as elevated expectations may intensify dissatisfaction when organizational support is insufficient. These findings suggest that retention strategies must move beyond financial incentives and address structural

empowerment and professional integration (Huang et al., 2023).

3. TRANSITION SHOCK AND PROFESSIONAL IDENTITY DEVELOPMENT

Transition shock describes the emotional, intellectual, and physical stress experienced by newly graduated nurses when confronting the realities of clinical practice (Brook et al., 2023; Ibrahim et al., 2025; Zhao et al., 2023). Discrepancies between academic preparation and workplace expectations often produce anxiety, self-doubt, and reduced confidence (Murokole et al., 2025; Zhang et al., 2024).

Professional identity formation is central to navigating this phase (Dharmarajlu & Anuratha, 2025). Identity development is shaped by professional values, role modeling, ethical practice, technical competence, and workplace culture (Dharmarajlu & Anuratha, 2025; Reissner & Armitage-Chan, 2024). Persistent gender stereotypes and hierarchical healthcare structures continue to influence identity construction, occasionally diminishing nurses' autonomy and professional recognition (Aca et al., 2025; Teresa-Morales et al., 2022).

Importantly, professional identity is dynamic and socially constructed (Abbas et al., 2024). Supportive environments, reflective practice, and structured mentorship enhance identity consolidation (Abbas et al., 2024; Halverson et al., 2022). Conversely, inadequate support, incivility, and role ambiguity may weaken professional self-concept and increase turnover intentions (Fong & Jones, 2024; Toh et al., 2022). Despite recognition of its importance, professional identity remains

under-measured and inconsistently conceptualized in transition research (Cornett et al., 2022).

4. CLINICAL COMPETENCE AND SKILL ACQUISITION IN EARLY PRACTICE

Clinical competence is a multidimensional construct encompassing cognitive, technical, interpersonal, and ethical capabilities (Opoku et al., 2021; Sternszus et al., 2023). While experienced nurses tend to report higher competence and satisfaction, newly graduated nurses often struggle to translate theoretical knowledge into practice (Catarelli et al., 2025; Prosen & Ličen, 2023).

Simulation-based training has emerged as a critical pedagogical strategy during transition (Akselbo et al., 2022; Daneshfar & Moonaghi, 2025). Evidence suggests that repetitive simulation improves critical thinking, decision-making, and self-confidence while minimizing patient risk (Nishimura et al., 2025). Structured debriefing further enhances reflective learning and performance refinement (Hosseini & Ahmady, 2022). However, most competence outcomes in transition studies are self-reported rather than objectively assessed. Few studies incorporate validated performance-based measures or longitudinal follow-up (Peng et al., 2021). This limits understanding of whether perceived competence translates into sustained clinical proficiency.

In Saudi Arabia, workforce diversity introduces additional complexity (Halabi et al., 2020). With a substantial proportion of expatriate nurses, language barriers and cultural differences may affect communication, patient education, and perceived

quality of care (Almutairi, 2015; Alshmemri, 2021). These contextual factors underscore the importance of culturally responsive transition programs (Joensuu et al., 2024).

5. MENTORSHIP, SUPPORT SYSTEMS, AND ORGANIZATIONAL EMPOWERMENT

Mentorship and supervisory support in nursing are consistently identified as protective factors during transition (Gularte-Rinaldo et al., 2022; Melissant et al., 2024). Constructive feedback, psychological safety, and accessible leadership promote confidence and reduce emotional exhaustion among nurses (Kim & Shin, 2020; Tast et al., 2025). However, nursing clinical supervisors often face workload pressures that limit meaningful mentorship engagement (Lysfjord & Skarstein, 2024).

Organizational empowerment which includes access to information, resources, opportunities for professional development, and supportive leadership, also help in moderate transition outcomes (Lysfjord & Skarstein, 2024). When structural empowerment is lacking, nurses report higher dissatisfaction and turnover intention (Ibrahim, 2023).

In Saudi healthcare, national reform initiatives such as healthcare transformation programs aim to enhance quality and workforce stability. Nevertheless, implementation gaps persist, particularly in ensuring structured mentorship for newly graduated nurses (Alshehri & Alodhialah, 2025; Davies et al., 2025). Without adequate institutional support, informal self-directed adaptation may replace guided professional

development, potentially compromising patient safety and nurse well-being (Prosen & Ličen, 2025).

6. IMPACT OF TRANSITION PROGRAMS ON PATIENT CARE QUALITY

Beyond workforce outcomes, TTP programs influence patient care quality. Improved nurse confidence and competence are associated with enhanced adherence to evidence-based practice, better prioritization skills, and reduced error risk (Melissant et al., 2024; Tast et al., 2025; Varghese & Shkrabak, 2024). Nurse residency programs, in particular, are linked to reduced attrition, improved leadership development, and greater professional engagement (Hajri & Battashi, 2023; Han et al., 2021). Peer support interventions further mitigate burnout and foster psychological resilience (Kiptulon et al., 2025; Webb et al., 2024). These mechanisms collectively contribute to improved patient outcomes. However, the literature rarely examines direct patient-level metrics such as morbidity, mortality, or cost reduction. Most studies infer patient benefit indirectly through nurse-reported measures. More rigorous evaluation designs are needed to establish definitive links between transition programs and clinical outcomes (Tyler et al., 2023).

7. GAPS IN THE LITERATURE AND IMPLICATIONS FOR SPECIALIZED SETTINGS

Several gaps emerge from the literature: (1) Limited longitudinal evaluation of transition program outcomes; (2) Heavy reliance on self-reported measures; (3) Inconsistent conceptualization of competence and professional identity; (4) Scarcity of

research in specialized high-acuity environments; (5) Underrepresentation of Middle Eastern and military healthcare contexts.

Specialized settings such as cardiac and military hospitals present additional stressors, including technological complexity, high patient acuity, and hierarchical structures (Alalwi et al., 2025; Villagracia et al., 2026). Yet, evidence examining structured transition programs within these environments remains sparse. Addressing these gaps requires mixed-method longitudinal research, objective competence assessment tools, and culturally adaptive program models tailored to workforce diversity.

8. CONCLUSION

Transition-to-practice programs play a critical role in supporting newly graduated nurses as they navigate transition shock and integrate into professional practice. Evidence suggests that structured residency programs, mentorship, simulation-based training, and organizational empowerment positively influence confidence, competence, professional identity, job satisfaction, and retention. Nevertheless, methodological limitations and contextual gaps constrain the strength of existing conclusions. In particular, specialized and high-acuity settings such as military cardiac centers remain underexplored. Future research should prioritize longitudinal designs, objective performance metrics, and culturally responsive program evaluation to strengthen evidence-based workforce strategies. Strengthening transition programs is not merely an educational intervention but a strategic workforce investment with implications for patient safety, organizational stability, and long-

term healthcare sustainability. Further exploration of the correlation between specific program components, such as supernumerary periods and preceptor availability, is essential to establish a conclusive return on investment.

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