Nursing Profession Self-Efficacy and Readiness for Practice Among New Graduate Registered Nurses in Medical-Surgical Units at Selected Hospitals in Metro Manila

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Abstract

Transitioning from being a supervised nursing student to an independent professional is one of the most challenging phases for new graduate registered nurses (NGRNs). They often struggle to develop nursing profession self-efficacy (NPSE) and to demonstrate readiness for practice (RFP), especially in high-acuity settings such as medical-surgical units (MSUs). However, evidence from the Philippine context, particularly in Metro Manila, remains limited. This quantitative, descriptive-correlational study examined the NPSE and RFP of 230 purposively sampled NGRNs employed in Level 2 and Level 3 hospitals in Metro Manila. Data were collected using three instruments: a profile section, the Nursing Profession Self-Efficacy Scale–Version 2 (NPSES-2), and the Nursing Practice Readiness Scale (NPRS). Analyses were performed using SPSS, employing Mann-Whitney U, Kruskal-Wallis, and Spearman's rho tests. Findings revealed high NPSE and RFP levels among NGRNs. NPSE was rated very high in care delivery and high in professionalism, while all RFP subscales indicated proficient readiness. Female NGRNs had significantly higher NPSE scores than males. Those with ≤1 year of clinical experience and graduates of private nursing schools scored significantly higher in both NPSE and RFP. RFP was also higher among those who attended more than one annual clinical-focused training. A moderate positive correlation ($\rho = 0.522$, $p < .001$) showed that higher NPSE is associated with greater RFP. Findings affirm the fundamental role of NPSE in shaping NGRNs' RFP. The study highlights the need for strategies that strengthen self-efficacy among NGRNs to support their transition from education to practice. However, as a cross-sectional, self-reported study, causality could not be inferred, suggesting the need for longitudinal or mixed-method research using objective performance measures.

Keywords: *nursing profession self-efficacy, readiness for practice, new graduate nurses, medical- surgical units, transition*

Introduction

Transition refers to the process of moving from one role or state to another, often involving significant adjustments in expectations, responsibilities, and environments (Abel & Carter-Templeton, 2020). For new graduate registered nurses (NGRNs), this transition means shifting from the role of supervised nursing students in a structured learning environment to practicing independently as licensed professionals (Opoku et al., 2020). Kramer (1974) first described this challenging adjustment as "reality shock," referring to the stress that occurs when new nurses encounter the complex realities of clinical practice. Building on this idea, Duchscher (2001, 2008, 2009) developed the Transition Shock Model, which describes the emotional, intellectual, and physical upheaval that novice nurses experience during their first year of professional practice.

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According to Duchscher (2008), transition shock stems from the sudden increase in responsibility and decision-making that accompanies the shift to professional autonomy, often before full confidence and competence are achieved. Historically, many NGRNs face challenges during this complex phase as they struggle to apply the theoretical knowledge acquired in nursing schools to practical, real-world clinical situations (Al-Rawajfah et al., 2023; Al-Yatim et al., 2023; Wildermuth et al., 2020). Consequently, Duckett and Moran (2018) argue that these challenges significantly impact patient care, increasing the likelihood of medical errors due to inexperience. As such, the transition experiences of NGRNs have been a central focus of nursing research for decades, reflecting its critical role in both nursing education and clinical practice (Alaamri et al., 2024; Alghamdi & Baker, 2020; Fawaz et al., 2021; Gautam et al., 2023; Labrague et al., 2019; Tieleman & Cable, 2021; Ubas-Sumagasyay & Oducado, 2020; Woodall, 2024).

A key factor influencing how effectively NGRNs navigate this transition is self-efficacy, defined by Bandura (1986, 1997, 2006) as an individual's belief in their ability to accomplish goals, which in turn shapes their emotions, decisions, and actions (Hu & Shen, 2020). In nursing, Nursing Profession Self-Efficacy (NPSE) refers to a nurse's confidence in performing professional tasks and overcoming challenges in clinical settings (Caruso et al., 2016; Kong et al., 2021; Morales-García et al., 2024; Yoo & Cho, 2020). This trait is particularly vital in high-pressure environments such as medical-surgical units (MSUs), where nurses must make sound clinical judgments and ensure patient safety (Kwak & Hur, 2019). McCabe (2016) found that NGRNs with higher self-efficacy demonstrate greater competence in clinical practice, as their confidence in their abilities strengthen their overall performance. Not only does this confidence help them carry out their duties, but it also fosters a sense of comfort and security for patients. Closely related to self-efficacy is readiness for practice (RFP), a multidimensional construct encompassing cognitive, professional, and clinical competencies, supported by self-efficacy and shaped by maturity, clinical experience, and professional socialization (Mirza et al., 2019). Together, NPSE and RFP form the foundation for a safe, confident, and effective transition into professional nursing practice.

Despite the significance of NPSE and RFP, a review of related literature revealed a gap in empirical studies that concurrently explore these constructs within medical-surgical units (MSUs) in the Philippines. Although transition challenges among NGRNs are well documented, research remains limited in capturing how these two constructs interact in high-demand clinical environments where patient acuity, workload, and nurse-to-patient ratios present unique stressors. Accordingly, the focus on NGRNs in MSUs was deliberate, as these units serve as foundational practice environments where novice nurses cultivate clinical competence, advance technical proficiency, and develop confidence in direct patient care. MSUs are also among the most demanding clinical settings. Evidence indicates that NGRNs assigned to these units experience elevated stress levels due to their fast-paced nature and complex workload demands (Dufour, 2018; Lee et al., 2019; Wong et al., 2018). The Academy of Medical-Surgical Nurses (2017) describes this specialty as encompassing care for patients with diverse and often acute conditions, including those at high risk for complications or recovering from surgery, which requires nurses to manage multiple priorities and coordinate care within interdisciplinary teams. Similarly, Phillips et al. (2014) identified MSUs as among the most challenging nursing specialties, highlighting their distinctive combination of patient acuity, workload intensity, and interprofessional collaboration. Given these characteristics, MSUs provide an ideal context for examining how self-efficacy and readiness for practice influence nurses' capacity to adapt, perform, and thrive during the early phase of professional transition.

Furthermore, although local literature has raised concerns regarding the readiness of NGRNs, few studies have systematically measured their perceived levels of self-efficacy and

readiness for practice upon entry into the workforce. Recognizing the importance of evidence-based insights to inform nursing education, onboarding programs, and workforce development strategies, this study sought to generate empirical data on how NGRNs perceive their NPSE and RFP, as well as to examine the relationship between these constructs within MSUs at selected hospitals in Metro Manila. Specifically, the study addressed this gap by examining self-reported NPSE across five dimensions: (1) clinical judgment and nursing performance, (2) professional attitudes, (3) patient-centeredness, (4) self-regulation, and (5) collaborative interpersonal relationships. It also explored RFP in two domains: (1) care delivery and (2) professionalism. Taken together, these objectives aim to deepen understanding of how NPSE and RFP interact to shape the early professional experiences of NGRNs in high-acuity clinical settings. Finally, the study tested two hypotheses: (1) there are significant differences in the levels of NPSE and RFP among NGRNs when grouped according to their demographic profile, and (2) there is a significant relationship between NPSE and RFP levels.

Methodology

This study utilized a quantitative, non-experimental, descriptive-correlational design to examine Nursing Profession Self-Efficacy (NPSE) and Readiness for Practice (RFP) among NGRNs assigned to MSUs in selected hospitals in Metro Manila. The study population consisted of 230 NGRNs working in MSUs across 20 hospitals in Metro Manila. These facilities, 2 public Level 2, 6 private Level 2, 4 public Level 3, and 8 private Level 3, were purposively selected based on their classification and operational capacity to house MSUs, ensuring they reflected typical clinical environments where NGRNs are deployed. Likewise, participants were selected through purposive sampling to ensure alignment with the study's inclusion criteria. NGRNs were operationally defined as nurses who had completed a Bachelor of Science in Nursing (BSN) and passed the Philippine Nursing Licensure Examination (PNLE) within the past two years. The required sample size was calculated using G*Power 3.1, based on an effect size of 0.5, $\alpha = 0.05$, and power = 0.95, yielding a target of 210 participants. A 10% buffer was added to account for potential attrition, incomplete responses, or withdrawals, increasing the recruitment target to approximately 230 respondents. This adjustment ensured that the final sample size met the required threshold even if some data were excluded.

Context of Onboarding and Transition Programs in the Locale

To contextualize the study and account for institutional differences, an informal survey was conducted with staff nurses from various hospitals within the study locale to review the structures and processes of onboarding or transition programs offered to NGRNs. The findings revealed notable variation in how these programs were organized and implemented across institutions.

Hospital A, a Level 3 private hospital in Manila, offers a one-month, unit-based orientation program that focuses on experiential learning over formal instruction. During the first week, NGRNs shadow senior nurses to observe workflows and patient care practices. In the second week, they manage a limited caseload (1–3 patients) under supervision, gradually assuming more responsibility. By the third week, NGRNs begin working independently while remaining able to seek guidance as needed. At the end of the program, they are expected to manage the standard workload of 8–15 patients.

Hospital B, a Level 3 private hospital in Makati, implements a Nurse Residency and Preceptorship Program (NRPP) that includes one month of didactic and skills-based training,

followed by at least one month of supervised shadowing. The length of shadowing is contingent on the head nurse's assessment of the NGRN's readiness to work independently.

Hospital C, a Level 3 government hospital in Quezon City, implements an eight- week Basic Skills Competency Program for NGRNs. The program begins with two weeks of lectures and demonstrations covering fundamental nursing procedures such as nasogastric tube feeding, suctioning, and catheter insertion. This is followed by six weeks of preceptorship, during which NGRNs are supervised in their assigned units to apply these skills in clinical practice. Both one-on-one and group sessions are conducted, depending on the number of newly hired nurses deployed in each unit.

Hospital D, another Level 3 government hospital in Quezon City, integrates digital training and a buddy system into its onboarding process. The program begins with a one-week didactic phase covering the Basic Total Patient Care Nurse Orientation, along with raining on institutional policies, rules, regulations, and hospital-specific forms, charts, and the referral system. This is followed by a three-week buddy system focused on the clinical aspects of training. During this phase, NGRNs are paired with charge nurses or senior staff, as no specific mentors are formally assigned. The program is designed to help new nurses become familiar with hospital workflows and basic patient care protocols.

Overall, the onboarding programs reflected diverse approaches, ranging from structured mentorship and competency-based training to informal, unit-based assimilation and task familiarization. These contextual variations were taken into account in interpreting the study findings, as inconsistencies in onboarding practices may influence NGRNs' perceived NPSE and RFP.

Instrumentation

This study gathered data using three instruments: a profile section, the NPSES-2, and the NPRS. The researcher requested and secured permission from the original authors to use these tools. To ensure internal consistency, Cronbach's alpha coefficients were computed for the NPSES-2 ($\alpha = 0.70–0.87$) and the NPRS ($\alpha = 0.72–0.94$).

Nursing Profession Self-Efficacy Scale—Version 2 (NPSES-2), a recently developed and validated self-reported tool adapted from Magon et al. (2023). This 7-item scale was a brief version of the original 19-item Nursing Profession Self-Efficacy Scale (NPSES) by Caruso et al. (2016), designed to measure nurses' NPSE across two dimensions: (1) care delivery and (2) professionalism. Respondents rated each item on a 5-point Likert scale, where 1 indicated "strongly disagree" and 5 indicated "strongly agree."

Nursing Practice Readiness Scale, a validated tool adapted from Kim and Shin (2022) to assess the readiness of NGRNs across five dimensions: (1) clinical judgment and nursing performance, (2) professional attitudes, (3) patient-centeredness, (4) self-regulation, and (5) collaborative interpersonal relationships. It was a 35-item self-reported tool in which respondents rated each item on a 4-point Likert scale, where 1 indicated "strongly disagree," and 4 indicated "strongly agree."

Data Collection Procedure

Data collection was conducted from April to May, following the issuance of ethical clearance by the Far Eastern University Ethics Review Committee (FEU-ERC). Institutional permissions were secured from selected Level 2 and Level 3 hospitals in Metro Manila. A pilot test of the data collection procedure was conducted with 15 NGRNs to evaluate the informed consent process, item sequencing, navigation of the Microsoft Forms platform, and average survey completion time. Structured feedback was gathered on the clarity of instructions, ease of platform use, and any

technical or procedural concerns. The researcher also monitored for incomplete or skipped responses to identify problematic survey items. A pre-test of the survey instrument was also conducted to assess its contextual and cultural validity. The instrument was reviewed by experienced clinical nurses and novice NGRNs, who evaluated the clarity of language and the relevance of the constructs within the Philippine nursing context.

Given that the target population comprised Gen Z digital natives (Bhalla et al., 2021), both online and onsite data collection methods were employed to maximize accessibility and engagement. Online surveys were distributed via email, with eligibility screening embedded in the first section. On-site surveys, administered either digitally or on paper, depending on the respondent's preference, were conducted at convenient times during periods of lower unit activity. Completed responses were securely stored in encrypted, password-protected systems. Prior to analysis, all forms were reviewed for completeness.

Statistical Analysis

Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize participants' demographic characteristics and to describe the levels of NPSE and RFP, including their respective subscales. To examine differences in NPSE and RFP across demographic groups, the Mann–Whitney U test was applied for comparisons between two groups, while the Kruskal–Wallis test was used for variables with more than two categories. These non-parametric tests were selected due to violations of the assumptions of normality and homogeneity of variances, as determined through preliminary diagnostic tests. Spearman's rank correlation coefficient was employed to assess the relationship between NPSE and RFP, given the ordinal nature of the data and its non-normal distribution. Statistical significance was set at $p < .05$. All statistical analyses were performed using IBM SPSS Statistics software.

Ethical Considerations

This study complied with the National Ethical Guidelines for Research Involving Human Participants (Philippine Health Research Ethics Board, 2022). Ethical approval was obtained from the Far Eastern University Ethics Review Commission (FEU-ERC) prior to data collection. Informed consent was secured from all participants, with forms outlining the study's purpose, procedures, potential risks, and benefits to ensure voluntary and informed participation.

Results

Profile Variables

In terms of institutional affiliation, most were employed in private Level 3 hospitals (40.9%, n = 94), followed by public Level 3 facilities (31.3%, n = 72), private Level 2 hospitals (17.8%, n = 41), and public Level 2 institutions (10.0%, n = 23). Regarding educational background, the majority (76.5%, n = 176) graduated from private nursing schools, while 23.5% (n = 54) were alumni of public institutions. Engagement in continuing professional development was relatively high, with 78.3% (n = 180) attending more than one clinically focused training or seminar annually. Additionally, 74.4% (n = 171) had participated in a transition or onboarding program as part of their initial employment, while 25.6% (n = 59) had not undergone such a program.

Table 1. Profile Variables of New Graduate Registered Nurses (NGRNs) in Medical-Surgical Units (MSUs)

Demographic Variables			Frequency	Percent
Sex		Male	74	32.2
Female			156	67.8
Duration of Nursing Experience		1 year or less (≤1 year)	148	64.3
		More than 1 year but not exceeding 2 years (>1 to ≤2 years)	82	35.7
School Graduated From	Private	Public	95	41.3
			135	58.7
Hospital-Related Variables				
Type & Level of Hospital		Public, Level 2	23	10.0
		Public, Level 3	72	31.3
		Private, Level 2	41	17.8
		Private, Level 3	94	40.9
Frequency of participating in clinical-focused nursing training		One training/seminar per year	50	21.7

Demographic Variables		Frequency	Percent
and seminars			
	More than one training/seminar per year	180	78.3
Participate in a transition program as part of onboarding process	Yes	171	74.3
	No	59	25.7

Level of Nursing Profession Self-Efficacy (NPSE)

The overall mean score for the Care Delivery subscale was M = 4.67, with a Mdn = 5.00, corresponding to the verbal interpretation of "Completely Agree" and the descriptive interpretation of "Very High NPSE," while the Professionalism subscale had an overall mean of M = 4.20, with a Mdn = 4.00, corresponding to the verbal interpretation of "Agree" and the descriptive interpretation of "High NPSE."

Table 2. Level of Nursing Profession Self-Efficacy (NPSE) Among New Graduate Registered Nurses (NGRNs) in Medical-Surgical Units (MSUs)– Include Over-all and Subscale

Subscale	Mean	Median	Interpretation
Care Delivery	4.67	5.00	Very High NPSE
Professionalism	4.20	4.00	High NPSE

Legend: *1.00–1.80 = Very Low NPSE; 1.81–2.60 = Low NPSE; 2.61–3.40 = Moderate NPSE; 3.41–4.20 = High NPSE; 4.21–5.00 = Very High NPSE*

Based on the median split of the total NPSE score (*Mdn* = 32), 57.4% of respondents were classified as having high NPSE, while 42.6% were categorized as having low NPSE.

Table 3. Overall Level of Nursing Profession Self-Efficacy (NPSE) Among New Graduate Registered Nurses (NGRNs) in Medical-Surgical Units (MSUs)

Interpretation	Frequency	Percent
Low NPSE	98	42.6
High NPSE	132	57.4

Median=32

Level of Readiness for Practice (RFP)

The overall mean score for the Clinical Judgment and Nursing Performance subscale was M = 3.48, interpreted as a "Proficient Level of Readiness," with a Mdn = 4.00, corresponding to

the verbal interpretation of "Strongly Agree." In comparison, the Professional Attitudes subscale had an overall mean of M = 3.36, interpreted as an "Adequate Level of Readiness," with a Mdn = 3.00, corresponding to "Agree." The Patient-Centeredness subscale yielded an overall mean of M = 3.74, also interpreted as a "Proficient Level of Readiness," with a Mdn = 4.00, corresponding to "Strongly Agree." Likewise, the Self-Regulation subscale had an overall mean of M = 3.67, with a Mdn = 4.00, and was likewise interpreted as "Proficient" and "Strongly Agree." Finally, the overall mean for the Collaborative Interpersonal Relationships subscale was M = 3.68, interpreted as a "Proficient Level of Readiness," with a Mdn = 4.00, corresponding to "Strongly Agree."

Table 4. Level of Readiness for Practice (RFP) Among New Graduate Registered Nurses (NGRNs) in Medical-Surgical Units (MSUs) by Subscale

Subscale	Mean	Median	Interpretation
Clinical Judgment and Nursing Performance	3.48	4.00	Proficient Level of Readiness
Professional Attitudes	3.36	3.00	Proficient Level of Readiness
Patient-Centeredness	3.74	4.00	Proficient Level of Readiness
Self-Regulation	3.67	4.00	Proficient Level of Readiness
Interpersonal Relationship	3.68	4.00	Proficient Level of Readiness

Legend: *1.00–2.00 = Inadequate Level of Readiness; 2.01–3.00 = Adequate Level of Readiness; 3.01–4.00 = Proficient Level of Readiness*

Overall, all respondents scored at least 87 points out of 230 on the total scale, indicating sufficient readiness for practice.

Table 5. Overall Level of Readiness for Practice (RFP) among New Graduate Registered Nurses (NGRNs) in Medical-Surgical Units (MSUs)

Interpretation	Frequency	Percent
Insufficient readiness (Below 87)	0	0
Sufficient readiness (Above 87)	230	100

Differences in the Levels of Nursing Profession Self-Efficacy (NPSE) and Readiness for Practice (RFP) of New Graduate Registered Nurses (NGRNs) in Medical-Surgical Units (MSUs) by Profile Variables

The analysis revealed significant differences in NPSE levels based on several demographic and hospital-related profile variables of NGRNs assigned to MSUs. A p-value of 0.015 (r = 0.16), which is below the 0.05 level of significance, supports the rejection of the null hypothesis and indicates a statistically significant difference in self-efficacy levels between male and female NGRNs, with female NGRNs reporting higher levels. A significant difference was also found based on the duration of nursing experience, with a p-value of 0.001 (r = 0.26) indicating that NGRNs with one year or less of experience reported higher self-efficacy than those with more than one year. Likewise, the type of nursing school graduated from showed a significant result, as NGRNs from private institutions reported higher self-efficacy compared to those from public schools.

Conversely, several variables were not significantly associated with NPSE. These include the type and level of the hospital (p = 0.590; r = 0.05), frequency of participation in clinical-focused training or seminars (p = 0.052; r = 0.13), and participation in a transition program as part of the onboarding process (p = 0.273; r = 0.07). These findings suggest that, while personal and educational background characteristics may significantly influence NPSE, certain institutional and training-related factors did not show a statistically significant impact in this study.

Table 6. Significant Differences in the Level of NPSE of NGRNs in MSUs According to Profile

Profile Variables	*Mean Rank*	*Mann Whitney U*	*p value*	*Decision*	*Conclusion*
Sex					
Male	100.090	4631.500	0.015	Reject	Significant
Female	122.810			Ho	
Duration of Nursing Experience					
1 year or less (≤1 year)	128.350				
More than 1 year but not exceeding 2 years (>1 to ≤2 years)	92.310	4166.500	0.001	Reject Ho	Significant
School Graduated From					
Public	76.260	2633.000	0.001	Reject	Significant
Private	127.540			Ho	

Profile Variables	*Mean Rank*	*Mann Whitney U*	*p value*	*Decision*	*Conclusion*
Participation in Clinical-Focused Nursing Training and Seminars					
One training/seminar per year	99.490	3699.500	0.052	Fail to reject Ho	Not significant
More than one training/seminar per year	119.950				
Participation in a Transition or Onboarding Program					
Yes	118.300	4565.500	0.273	Fail to reject Ho	Not significant
No	107.380				

Profile Variables	*Mean Rank*	*Kruskal wallis*	*p value*	*Decision*	*Conclusion*
Type & Level of Hospital					
Public, Level 2	104.520	1.915	0.590	Fail to reject Ho	Not significan
Public, Level 3	113.370				
Private, Level 2	126.770				
Private, Level 3	114.900				

The analysis revealed statistically significant differences in the RFP across profile variables among NGRNs assigned to MSUs. Specifically, the p-value of 0.035 (r = 0.14), below the 0.05 level of significance, indicates the rejection of the null hypothesis and suggests that years of nursing experience are significantly related to readiness. NGRNs with one year or less of clinical experience demonstrated higher RFP than those with more than one year of experience.

In addition, the type of school attended was found to be a significant factor influencing RFP. NGRNs who graduated from private institutions reported significantly higher readiness scores than those from public institutions. Furthermore, participation in professional training also yielded significant results; those who attended more than one training session per year had higher readiness levels than those who participated in only one training annually. Conversely, several variables were found not to be significantly associated with RFP. These include the type and level of the hospital (p = 0.476; r = 0.10), sex (p = 0.668; r = 0.03), and participation in a formal transition program as part of onboarding (p = 0.133; r = 0.10). These findings indicate that while certain personal and educational background factors may influence RFP, institutional variables such as

hospital characteristics and onboarding procedures did not demonstrate a statistically significant effect in this study.

Table 7. Significant Differences in the Level of RFP of NGRNs in MSUs According to Profile

Profile Variables	*Mean Rank*	*Mann Whitney U*	*p value*	*Decision*	*Conclusion*
Sex					
Male	112.770	557.000	0.668	Fail to reject Ho	Not significant
Female	116.790				
Duration of Nursing Experience					
1 year or less (≤1 year)	122.380				
More than 1 year but not exceeding 2 years (>1 to ≤2 years)	103.090	5050.500	0.035	Reject Ho	Significant
School Graduated From					
Public	66.120	2085.500	0.001	Reject Ho	Significant
Private	130.650				
Participation in Clinical-Focused Nursing Training and Seminars					
One training/seminar per year	91.430				
More than one training/seminar per year	122.190	3296.500	0.004	Reject Ho	Significant
Participation in a Transition or Onboarding Program					
Yes	111.630	4382.500	0.133	Fail to reject Ho	Not significant
No	126.720				

Profile Variables	*Mean Rank*	*Kruskal wallis*	*p value*	*Decision*	*Conclusion*
Type & Level of Hospital					
Public, Level 2	105.020	Public, Level 3	116.850		Private,

Level 2 Private, Level 3	104.740 121.720	2.497	0.476	Fail to reject Ho	Not significant

Relationship Between Nursing Profession Self-Efficacy (NPSE) and Readiness for Practice (RFP) of New Graduate Registered Nurses (NGRNs) in Medical-Surgical Units (MSUs)

The analysis revealed a statistically significant moderate positive correlation between NPSE and RFP among NGRNs in MSUs ($r_s = 0.522$, $p = 0.001$). The p-value of 0.001 indicates statistical significance, supporting the rejection of the null hypothesis, which suggests that a higher level of NPSE is significantly associated with a higher level of RFP. Similarly, the correlation coefficient of 0.522 suggests a moderate positive relationship, indicating that as NPSE increases, RFP tends to increase correspondingly.

Table 9. Significant Relationship Between the Levels of Nursing Profession Self-Efficacy (NPSE) and Readiness for Practice (RFP) Among New Graduate Registered Nurses (NGRNs) in Medical-Surgical Units (MSUs)

Nursing Profession Self-Efficacy	***Readiness for Practice***	***Spearman r***	***p value***	***Decision***	***Significance***	***Interpretation***
Overall NPSE	Overall RFP	0.522	0.001	Reject Ho	Significant	Moderate Positive Relationship
Care Delivery	Clinical Judgment and Nursing Performance	0.586	0.001	Reject Ho	Significant	Moderate Positive Relationship
Care Delivery	Professional Attitudes	0.559	0.001	Reject Ho	Significant	Moderate Positive Relationship
Care Delivery	Patient-Centeredness	0.427	0.001	Reject Ho	Significant	Moderate Positive Relationship
Care Delivery	Self-Regulation	0.425	0.001	Reject Ho	Significant	Moderate Positive Relationship
Care Delivery	Collaborative Interpersonal Relationship	0.424	0.001	Reject Ho	Significant	Moderate Positive Relationship
Professionalism	Clinical Judgment and Nursing Performance	0.373	0.001	Reject Ho	Significant	Weak Positive Relationship
Professionalism	Professional Attitudes	0.438	0.001	Reject Ho	Significant	Moderate Positive Relationship
Professionalism	Patient-Centeredness	0.326	0.001	Reject Ho	Significant	Weak Positive Relationship
Professionalism	Self-Regulation	0.290	0.001	Reject Ho	Significant	Weak Positive Relationship
Professionalism	Collaborative Interpersonal Relationship	0.207	0.002	Reject Ho	Significant	Weak Positive Relationship

Discussion

Based on the median split of the total NPSE score, 57.4% of NGRNs reported high NPSE, while 42.6% reported low NPSE. This distribution suggests that most perceived themselves as entering practice with a strong belief in their ability to deliver safe, ethical, and competent nursing care. NPSE reflects nurses' confidence in fulfilling professional roles effectively within complex healthcare environments (Bandura, 1997; Edwards et al., 2015). For NGRNs, this self-perception is particularly important, influencing clinical decision-making, coping strategies, and adaptation

to role expectations during the early stages of practice (Labrague et al., 2019; Kaihlanen et al., 2019). The relatively high proportion of respondents with high NPSE may reflect the benefits of structured academic preparation, competency-based curricula, and early exposure to professional standards, often reinforced by simulations and clinical placements (Ching et al., 2020; Kim & Sim, 2020).

The overall mean score in the Care Delivery subscale was very high. Care delivery refers to providing high-quality, evidence-based, and ethically sound care that safeguards patient well-being. The consistently high ratings across items suggest that NGRNs possess a strong sense of NPSE in areas directly related to patient care, potentially reflecting the integration of core competencies in undergraduate curricula, particularly in ethical practice, clinical decision-making, and legal responsibility (Dagne & Beshah, 2021; Dimailig et al., 2020; Tegegne et al., 2022; Wakibi et al., 2020). Exposure to institutional policies during hospital orientation may also reinforce these competencies.

The item "I can promote patient confidentiality and privacy" received the highest mean score in this subscale, indicating strong NPSE in upholding ethical and legal standards, particularly in safeguarding patient rights. This may be shaped by the reinforcement of legal frameworks such as the Philippines' Data Privacy Act of 2012 (Republic Act No. 10173), which establishes standards for managing personal health information, and the Code of Ethics for Registered Nurses (Board Resolution No. 220, Series of 2004), which mandates strict confidentiality of patient data. Conversely, the lowest-rated item was "Practice evidence-based nursing to deliver safe and effective care." Although still within the high NPSE range, the relatively lower score may reflect challenges NGRNs face in consistently applying EBP in real-time clinical settings. Despite exposure to EBP during college, many may struggle to implement these principles in high-pressure environments such as MSUs, where time constraints, limited institutional support, and restricted access to updated evidence often hinder practical use.

In the Professionalism subscale, the highest-rated item was "Report any abuse or unethical behavior of colleagues to the appropriate regulatory authority." This suggests strong ethical awareness and professional responsibility, particularly in reporting misconduct. Such assertiveness may be reinforced by institutional orientation and legal grounding through the Philippine Nursing Act of 2002 (Republic Act No. 9173), which empowers the Board of Nursing, under Sections 9 and 23, to investigate and discipline nurses found guilty of unethical conduct.

The lowest-rated item in this subscale was "Take part in nursing research." While this still reflects moderate NPSE, it reveals a gap in NGRNs' self-perceived ability to engage in research, a vital aspect of professional nursing. This finding contrasts with Prosen and Ličen (2023), who noted that NGRNs tend to exhibit a high degree of curiosity and motivation to learn, but it aligns with the ethnographic study by Voldbjerg et al. (2017), which found that novice nurses often struggle to translate research knowledge into clinical action and show limited engagement in reflective, research-informed decision-making.

Despite most respondents reporting high NPSE, the finding that 42.6% had low NPSE is a critical point for reflection. While not the majority, this proportion represents NGRNs who may feel less equipped to manage the demands of professional practice. Prior research has linked low NPSE in novice nurses to increased stress, decreased job satisfaction, and higher intent to leave the profession (Pasila et al., 2017; Labrague & McEnroe-Petitte, 2018), especially in high-acuity settings like MSUs.

This result is conceptually consistent with Kramer's (1974) theory of reality shock and Duchscher's (2009) transition shock framework, which describes the emotional dissonance experienced by new nurses upon entering clinical practice. Although all respondents in this study

were classified as having sufficient readiness for practice based on NPRS thresholds, the presence of low NPSE among a significant number highlights an important distinction: being ready to perform clinical duties does not necessarily equate to internalized confidence or psychological preparedness. Some graduates may begin practice with adequate knowledge and skills, but continue to experience uncertainty and self-doubt, hallmarks of transition shock.

The total RFP results showed that all participants scored at least 87 out of 140, exceeding the threshold established by Kim and Shin (2022) for "sufficient readiness." This indicates that all NGRNs perceived themselves as prepared to assume professional roles in medical-surgical settings. This consistent outcome is noteworthy, particularly amid global concerns about transition readiness and competence among novice nurses (Kaihlanen et al., 2019; Labrague & McEnroe-Petitte, 2018). These results point to the possible effectiveness of nursing education and institutional support programs and echo Ubas-Sumagaysay et al. (2020), who found that Filipino NGRNs generally view themselves as equipped with the competencies necessary for safe and effective practice.

In the Clinical Judgment and Nursing Performance subscale, the highest-rated item was "I can provide patient care while implementing safety management guidelines," suggesting that NGRNs felt confident in delivering safe care aligned with established protocols—an essential competency for entry-level practice. In contrast, the lowest-rated item was "I can use the electronic medical record (EMR) system skillfully," indicating lower confidence in navigating digital documentation systems. While the subscale's overall mean reflects a "Proficient Level of Readiness," the relatively lower rating for EMR use highlights a critical area for development, especially given the central role of digital systems in modern nursing (Ramoo et al., 2022).

In the Professional Attitudes subscale, the highest-rated item was "I can professionally respond to patients and caregivers," reflecting NGRNs' confidence in maintaining professionalism in patient and family interactions. This aligns with literature emphasizing that communication and ethical comportment are central to nursing competence (Grande et al., 2022). The lowest-rated item, "I can maintain a balance between work and life," underscores the challenges novice nurses face in sustaining personal well-being while meeting professional demands. The subscale's overall mean corresponds to an "Adequate Level of Readiness," suggesting a generally positive orientation toward professionalism, with room for reinforcement during transition into practice.

In the Patient-Centeredness subscale, the highest-rated item was "I treat patients and medical staff with respect," indicating a strong internalization of nursing values such as dignity, empathy, and respectful behavior. Conversely, "I can be actively engaged in work" was the lowest-rated item, which, though still rated highly, suggests subtle challenges in sustaining consistent engagement. The subscale's overall mean indicates a "Proficient Level of Readiness," suggesting that NGRNs view themselves as aligned with the patient-centered values foundational to quality care.

In the Self-Regulation subscale, the highest-rated item was "I can honestly admit my faults," highlighting NGRNs' perceived capacity for self-awareness and accountability—traits central to professional growth and safe practice. The lowest-rated item, "I can regulate impulsive behavior in stressful situations at work," points to the emotional and psychological demands of the nursing role. The overall subscale mean also indicates a "Proficient Level of Readiness," supporting the notion that self-regulation is a critical resource enabling NGRNs to uphold standards of care in demanding environments (Roczniewska & Bakker, 2021).

In the Collaborative Interpersonal Relationships subscale, the highest-rated item was "I can maintain a good interpersonal relationship with patients and medical staff," reflecting confidence

in relationship-building, a key component of integrated, high-quality care. The lowest-rated item, "I can work in collaboration with an interdisciplinary team," suggests that interprofessional collaboration remains a developing area of confidence for many NGRNs. The overall subscale mean indicates a "Proficient Level of Readiness," aligns with research highlighting the importance of therapeutic and professional relationships in nursing (Feo et al., 2018; Kwame & Petrucka, 2021; Hyun et al., 2020).

Sex was significantly associated with NPSE but not with RFP. Female NGRNs reported significantly higher NPSE than males, aligning with Tawash et al. (2024), who noted that female nurses are more likely to view feedback as a learning opportunity and demonstrate proactive self-improvement, which may enhance NPSE. This result also reflects the gender distribution in nursing, where women comprise the majority both in the Philippines and globally (Elmaco, 2022; Antiporda et al., 2024).

However, this contrasts with findings from Handiyani et al. (2019) and Imus et al. (2017), who reported higher NPSE among male nurses, particularly in leadership and problem-solving. The discrepancy may reflect cultural or contextual differences in gender roles within nursing. Meanwhile, sex was not significantly related to RFP ($p = .668$), suggesting that while confidence may vary by gender, practical readiness may be shaped more by training and experience.

Notably, NGRNs with less than one year of experience reported significantly higher NPSE and RFP than those with more than a year of experience. This challenges the assumption that clinical experience correlates directly with increased NPSE and readiness (Handiyani et al., 2019; Sharour et al., 2021; Mostoles & Alshammari, 2023). Duchscher's (2008) transition theory offers insight, suggesting that early-career nurses often experience high idealism and confidence before the realities of practice set in. Similarly, Benner's (1984) novice-to-expert model proposes that early-stage nurses may feel confident, even if that confidence has not yet matured into mastery. These findings underscore the need to contextualize perceived readiness and NPSE, which early in practice may be influenced more by optimism and recent education than by clinical tenure.

Graduates from private nursing schools reported significantly higher NPSE and RFP than those from public institutions. This aligns with Pilay et al. (2024), who found that private school graduates in the Philippines felt more prepared for practice. The difference may be attributed to variations in institutional resources, curricula, and clinical exposure. According to McGarity et al. (2023) and Lee et al. (2023), private schools often offer access to advanced simulation, more frequent clinical rotations, and closer faculty supervision, all of which enhance competence and confidence. Some also operate affiliated hospitals, giving students early real-world integration. In contrast, public schools may face resource constraints that limit the depth and consistency of clinical training. These disparities appear to shape how NGRNs perceive their readiness and self-efficacy upon entry into practice.

Participation in professional development activities was significantly associated with RFP and marginally with NPSE. NGRNs who attended more than one clinically focused training per year had significantly higher RFP. This supports findings by Xu et al. (2021) and Mlambo et al. (2021), who highlight how ongoing clinical education strengthens practical skills and critical thinking. Brooks and Morphet (2021) also describe lifelong learning as essential for practice readiness. This trend may be influenced by the Continuing Professional Development (CPD) Act of 2016 (Republic Act No. 10912), which promotes ongoing learning among Filipino nurses. While newly licensed nurses are temporarily exempt from CPD requirements, early participation may still foster confidence and preparedness. The near-significant link to NPSE suggests that while clinical training helps, NPSE may also be influenced by factors such as mentorship, work environment, and feedback culture.

Interestingly, hospital type and level and participation in a transition or onboarding

program were not significantly associated with either outcome. This contrasts with previous studies suggesting organizational context plays a key role in nurse outcomes. Barandino and Soriano (2019), for example, found that nurses in private hospitals reported more favorable environments and higher job satisfaction. Likewise, transition programs have been widely endorsed for supporting novice nurses' adaptation (Wildermuth et al., 2020; Ernawaty et al., 2024). The lack of significant association in this study may reflect variability in how onboarding programs and support systems are implemented. While hospitals may offer similar programs in name, their depth, quality, and consistency may differ. Additionally, individual-level factors, such as educational background or voluntary training, may exert a more immediate influence on early perceptions of readiness and NPSE than organizational features, which may take longer to impact professional growth.

From an institutional standpoint, these findings suggest that merely providing transition programs does not automatically translate into higher RFP or NPSE among NGRNs. Institutional policies must therefore go beyond program availability and focus on ensuring their meaningful implementation, mentorship quality, and alignment with actual clinical demands. Moreover, the results imply that institutional differences may have a delayed rather than immediate effect on NGRNs' development, indicating the need for ongoing evaluation and sustained support beyond the initial onboarding period. Hospitals could benefit from establishing standardized competency frameworks and feedback systems that monitor the effectiveness of transition initiatives over time. In this way, organizations can transform structural programs into truly supportive environments that nurture readiness and self-efficacy in practice.

The analysis revealed a statistically significant moderate positive correlation between overall NPSE and RFP, suggesting that higher levels of professional self-efficacy are associated with greater perceived readiness for practice. Consequently, the null hypothesis is rejected. This finding supports the study's theoretical foundation in Bandura's Self-Efficacy Theory, which posits that self-efficacy influences motivation, behavior, emotional regulation, decision-making, and performance (Hu & Shen, 2020; Tong et al., 2024).

At the subscale level, NPSE related to Care Delivery showed the strongest correlations with the RFP dimensions of Clinical Judgment and Nursing Performance ($r_s = 0.586$) and Professional Attitudes. These results suggest that NGRNs who feel confident in providing direct patient care are more likely to demonstrate sound decision-making, professionalism, and adaptability in clinical settings. This supports Kim and Shin's (2022) multidimensional model of readiness, which includes clinical judgment, professional attitudes, patient-centeredness, self-regulation, and interpersonal collaboration—all influenced by self-efficacy. Confidence in clinical abilities enhances performance and decision-making, while belief in one's interpersonal competence underpins teamwork and emotional resilience. These patterns align with Pilay et al. (2024), who found that Filipino NGRNs with more hands-on training and feedback during onboarding reported stronger confidence in care delivery and a smoother transition to professional roles.

Interestingly, while the Care Delivery subscale correlated moderately to strongly across all RFP domains, the NPSE Professionalism subscale showed weaker associations. In particular, its correlations with Collaborative Interpersonal Relationships and Self-Regulation, though significant, were notably lower. This implies that while confidence in clinical tasks develops early, self-efficacy related to professional behaviors such as communication, teamwork, and emotional regulation may take longer to solidify. This trend mirrors the findings of Ubas-Sumagaysay and

Oducado (2020), who observed that although Filipino NGRNs often feel clinically competent, they may struggle with interpersonal dynamics and stress in high-pressure environments. These challenges are reflected in the present study's weaker correlations between NPSE Professionalism and RFP components related to relational and emotional competencies.

Similarly, Sterner et al. (2023) identified a disconnect between theoretical preparedness and practical readiness among NGRNs. While many participants expressed general confidence, fewer felt prepared for real-world demands. The present findings suggest that variability in NPSE may partly explain this gap: those with lower self-efficacy may struggle to translate theoretical knowledge into practice, increasing the risk of reduced readiness and heightened vulnerability to transition shock.

It is important to note that variations observed among subgroups may also be influenced by potential confounding variables. Factors such as institutional support, educational preparation, mentorship availability, and workplace culture could interact with both NPSE and RFP, thereby contributing to differences that are not solely attributable to individual characteristics. For instance, nurses from resource-rich institutions or those who undergo structured onboarding programs may report higher NPSE and RFP, not necessarily because of inherent personal attributes, but due to the quality of training and support received. Similarly, differences in gender representation, clinical exposure, and prior learning opportunities may have compounded subgroup effects. These contextual factors highlight the complex interplay of personal, institutional, and environmental influences on NGRNs' perceived NPSE and RFP.

The concept of transition shock, as articulated by Duchscher (2009), offers a valuable framework for interpreting the observed discrepancies in NGRNs' readiness. Transition shock refers to the emotional, cognitive, and physical distress experienced by novice nurses as they adjust to the realities of clinical practice. Evidence suggests that high levels of NPSE can serve as a buffer, enabling new nurses to manage stress, remain composed under pressure, and demonstrate resilience in challenging situations (Murray et al., 2017; Halpin et al., 2017). These attributes are particularly vital in MSUs, where the fast-paced and unpredictable nature of patient care often heightens the demands placed on early-career nurses. Supporting this, Labrague and De Los Santos (2020) found that transition shock was strongly associated with increased job-related stress and missed care episodes, especially when nurses felt unprepared for their role's interpersonal and organizational aspects. Even when clinical skills are present, inadequate emotional regulation and adaptation can increase burnout and impair performance, underscoring the importance of NPSE as a protective factor during the early stages of practice.

Conclusion

Based on the findings of this study, several conclusions were drawn regarding the NPSE and RFP of NGRNs in MSUs. The study successfully addressed all research objectives and confirmed both alternative hypotheses. It identified statistically significant differences in NPSE and RFP scores based on selected demographic and hospital-related variables and a moderately strong positive correlation between the two variables, offering insights for nursing services (practice and administration), education, and research.

The profile of the respondents revealed that the majority were female, had one year or less of clinical nursing experience, and graduated from private nursing schools. Most were employed in Level 3 hospitals. A substantial number had participated in more than one clinical-focused nursing training or seminar and had completed transition or onboarding programs. However, only some of these profile variables were statistically associated with higher levels of NPSE and RFP. Specifically, female respondents, those with less than one year of clinical experience, and graduates of private institutions tended to report higher NPSE levels. Likewise, higher RFP levels appeared to

be more common among those with limited clinical experience, private school backgrounds, and prior participation in multiple clinical-focused trainings and seminars.

These contextual characteristics reflect common workforce patterns among NGRNs in the country and may help explain observed variations in NPSE and RFP. The results suggest a potential influence of early clinical exposure and educational background on self-efficacy and readiness, although not all forms of institutional support, such as onboarding programs, showed a statistically significant association. These findings lend preliminary support to the first alternative hypothesis, indicating that some demographic and training-related factors may be associated with higher perceived NPSE and RFP levels. Nonetheless, these associations should be interpreted cautiously, as further research is needed to clarify the mechanisms underlying these relationships and account for other contextual factors that may be at play.

Moreover, the results indicated that NGRNs generally perceived themselves as having high levels of NPSE, particularly in the domains of care delivery and professionalism. This suggests that many new nurses enter the workforce with confidence in their ability to provide patient care and uphold professional values. However, comparatively lower scores in research engagement and evidence-based practice (EBP) reveal developmental gaps during the academic-to-practice transition. This discrepancy signals a need to strengthen the integration of research literacy and EBP skills within undergraduate nursing education and institutional orientation programs.

Similarly, although RFP was rated above the benchmark across all domains, specific challenges emerged in using electronic medical records, maintaining work-life balance, and coordinating care with other healthcare professionals. These findings indicate that technical proficiency and workplace adaptation remain areas where targeted support could be beneficial.

Furthermore, the study found a statistically significant, moderately strong positive correlation between NPSE and RFP, supporting the second alternative hypothesis. This relationship suggests that nurses with greater self-efficacy tend to feel more prepared for clinical practice. While causality cannot be confirmed, the findings point to NPSE as a potentially influential factor in practice readiness. Accordingly, targeted interventions such as mentoring and skills development that strengthen NPSE may enhance new graduate nurses' ability to navigate complex clinical environments. NPSE, therefore, appears to function both as a product of education and training and as a critical element in successful role transition. Nonetheless, further research is necessary to clarify the nature of this relationship and identify effective strategies to support early-career nurses.

In addition, several limitations must be acknowledged when interpreting these findings. First, the study was limited to NGRNs working in MSUs at selected Level 2 and Level 3 hospitals in Metro Manila, which may have restricted the generalizability of the findings to other healthcare settings in different regions or countries with varying healthcare systems. Second, the study employed purposive sampling, which, while effective for identifying eligible respondents, may have limited sample diversity and introduced selection bias. The sample might not have fully represented the broader population of NGRNs in Metro Manila, as certain characteristics may have been overrepresented. Third, the reliance on self-reported data introduced the possibility of response bias, as participants may have inaccurately assessed their self-efficacy and readiness due to social desirability or limited self-awareness of their competencies in clinical settings. While self-reported data provided direct insight into the participants perceptions, the study acknowledged the inherent risk of response biases, including social desirability and recall bias. Several strategies were implemented to mitigate these risks and enhance the credibility of the data. To reduce social desirability bias, anonymity and confidentiality were strictly upheld throughout the data collection process, as outlined in the Ethical Considerations section. No identifying information was collected, and participants were assured that their responses would have no impact on their employment status, performance evaluations, or professional standing. The use of secure and private digital submission links further

reinforced this assurance. These safeguards reinforced the voluntary and non-evaluative nature of the survey, thereby encouraging honest responses.

To address recall bias, the questionnaire focused on current perceptions and recent experiences as new graduate nurses in medical-surgical units. Questions were framed to elicit reflections on present circumstances rather than requiring respondents to recall distant or ambiguous past events. Additionally, the instrument employed clear instructions and neutrally worded items to avoid leading responses or misinterpretation. Collectively, these measures were integrated into the methodological design to promote honest, accurate, and reflective answers, thereby strengthening the internal validity and reliability of the data obtained. Nonetheless, future research may strengthen methodological rigor through triangulation by integrating self-reported data with objective measures, such as supervisor evaluations, structured clinical assessments, or standardized competency tests, to further minimize response bias and validate understanding of nurses' NPSE and RFP.

Fourth, as the study employed a descriptive correlational design, it was limited to data collection at a single point in time, which restricted the ability to establish causality between NPSE and RFP. Changes in respondents' perceptions over time were not captured and may have been influenced by evolving clinical experience or external factors. Fifth, while the study explored NPSE and RFP, it did not investigate other potential influencing factors. Personal aspects such as academic standing, clinical rotation experiences, and Philippine Nursing Licensure Examination (PNLE) performance were intentionally excluded. Contextual elements like workload and workplace environment, as well as organizational factors such as staffing ratios, institutional policies, mentorship, and continuing education support, could also have impacted outcomes. Other potential predictors, including resilience and transition experiences, were outside the scope of this study. Future research may consider these variables to provide a more comprehensive understanding of NGRNs' NPSE and RFP.

Sixth, the comparability of this study to other existing research was limited. Although the NPSES-2 and NPRS are validated, they may differ in structure or scope from other tools used in similar studies, which could have affected the alignment of findings across different research contexts. The study's focus on NGRNs assigned exclusively to MSUs within selected Level 2 and Level 3 hospitals in Metro Manila also narrowed the generalizability and comparability of the results to other clinical settings, regions, or countries with differing healthcare infrastructures or educational systems.

Seventh, the demographic distribution of respondents was not uniform. The purposive sampling approach resulted in varying numbers of participants across sex, duration of nursing experience, and school and hospital classifications. This imbalance may have limited the internal representativeness of the findings and affected their comparability to studies with more demographically balanced or randomly selected samples. Such limitations should be considered when interpreting and applying the results to broader NGRN populations.

Lastly, although an a priori power analysis was conducted to determine an adequate total sample size for the main correlational analyses, separate power analyses for subgroup comparisons were not performed. Given the non-experimental, descriptive correlational nature of the study, subgroup comparisons were treated as secondary and exploratory, aimed at providing contextual insight rather than testing predictive or causal relationships. Nonetheless, some non-significant findings at the subgroup level may be attributed to reduced statistical power within smaller subgroups. This limitation should be taken into account when interpreting the results, particularly regarding the generalizability of subgroup trends.

In conclusion, this study contributes to the growing understanding of the role of self- efficacy in the readiness for practice among NGRNs transitioning from the academic setting to clinical practice. It offers insights into how demographic and hospital-related factors influence early

professional development and identifies both areas of strength and those requiring further support. While the overall profile of NGRNs in MSUs reflects competence and promise, gaps remain, particularly in digital literacy, interdisciplinary collaboration, and evidence-based decision-making. These findings highlight critical areas where nursing leaders and educators can focus their efforts to better align academic preparation with workplace demands. Although the results are specific to the selected hospital settings, they provide a meaningful foundation for enhancing institutional strategies that support NGRNs in their early career stages. However, caution must be exercised in extrapolating the results beyond the studied context. Future research should build on these findings to develop targeted, evidence-informed approaches that strengthen

onboarding practices and support successful role transition for the next generation of nurses.

Recommendations

Drawing upon the findings and conclusions of this study, the following recommendations are proposed to inform nursing practice, education, and research. While these suggestions are grounded in the results, they must be interpreted in light of the study's methodological limitations. As such, the proposals aim to strengthen NPSE and RFP among NGRNs in MSUs, while guiding institutions toward actionable, evidence-informed strategies for cultivating competent, confident, and practice-ready nursing professionals. Healthcare institutions are strongly encouraged to strengthen transition support systems for NGRNs through the refinement, standardization, and systematic evaluation of onboarding programs. Although the present study did not establish a statistically significant association between participation in transition programs and levels of NPSE or RFP, the high participation rate highlights their enduring relevance in supporting early professional development. To enhance their effectiveness and ensure consistency across settings, institutions should adopt standardized frameworks delineating clear learning objectives, competency-based milestones, and structured mechanisms for periodic assessment and outcome evaluation.

Regular audits, feedback systems, and outcome tracking can help sustain these programs' responsiveness to institutional priorities and learner needs. Rather than discontinuing transition initiatives in light of non-significant statistical associations, institutions should strengthen them by ensuring they are competency-driven, role-specific, and equipped with continuous evaluative checkpoints. Moreover, institutional leaders should ensure that onboarding programs are not only implemented but are also contextually grounded, comprehensive, and facilitated by trained preceptors. Integrating progressive clinical immersion, regular formative feedback, and reflective learning opportunities can further align program content with the developmental trajectory of novice nurses. By prioritizing standardization and systematic assessment, institutions can foster more coherent, evidence-based onboarding experiences that meaningfully enhance readiness for practice, reinforce self-efficacy, and support the long-term professional growth and retention of early-career nurses.

AUTHOR INFORMATION

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