

NAVIGATING TRANSITION SHOCK: EXPERIENCES OF NEWLY QUALIFIED NURSES IN LIMPOPO PUBLIC HOSPITALS

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Keywords

Limpopo, Newly Qualified Nurses, Nursing, Nursing Management, Public Hospitals, Schlossberg's Transition Theory, Transition Shock

ABSTRACT

Background: The transition from a protected student environment to professional nursing practice is a critical juncture marked by significant psychological and professional stress. In resource-constrained public healthcare settings within South Africa, this phase frequently manifests as transition shock, accelerating early career burnout and turnover.

Objectives: To explore and describe the experiences of transition shock among newly qualified registered nurses in selected public regional hospitals in the Limpopo Province, South Africa.

Method: A qualitative, exploratory, descriptive, and contextual research design was deployed. Purposive sampling was used to select newly qualified registered nurses ($N = 15$) with less than three years of professional experience working in public regional hospitals. Data were gathered through in-depth, semi-structured individual interviews and analysed using Tesch's inductive open-coding thematic framework.

Results: Four central themes emerged from the thematic analysis: (1) contextual triggers of transition shock, characterized by a sharp theory-practice gap and overwhelming workloads; (2) emotional and professional responses, including acute anxiety and fear of clinical responsibility; (3) systemic barriers worsening transition shock, notably horizontal violence and absent mentorship; and (4) factors easing transition shock, highlighting the buffering capacity of peer support and informal orientation.

Conclusion: Newly qualified nurses encounter profound transition shock exacerbated by structural deficiencies and unsupportive workplace cultures. While informal peer networks offer temporary relief, systemic interventions are urgently required.

Contribution: This study highlights the need for structured, formal residency frameworks within provincial public hospitals to safeguard the professional integration and retention of new graduates.

INTRODUCTION

The global nursing workforce faces unprecedented strain, characterized by escalating shortages, high turnover rates, and systemic burnout, all of which directly threaten patient safety and the quality of clinical care (Hallaran et al. 2023). Within this precarious landscape, the entry of newly qualified registered nurses into the professional workforce represents a vital lifeline for healthcare systems. However, the period of professional entry is notoriously volatile. Instead of experiencing a seamless integration, newly graduated nurses frequently encounter a jarring discrepancy between their educational preparation and the realities of independent clinical practice—a phenomenon conceptually defined as "transition shock" (Duchscher 2009). This initial shock phase is characterized by immediate vulnerability, role confusion, and emotional exhaustion as the newly qualified nurse transitions from the secure, supervised boundaries of academia to the high-stakes, unbuffered accountability of professional practice.

In South Africa, this transition is further complicated by deep-seated structural issues within the public healthcare sector. Public hospitals, particularly regional facilities, operate under severe resource constraints, severe nursing shortages, and high patient volumes (Abiodun et al. 2019). Newly qualified registered nurses in these environments are routinely thrust into advanced responsibilities, often managing complex wards or making critical clinical decisions without the benefit of a progressive acclimation period. While national policies mandate community service and professional integration, the implementation of structured support remains fragmented and unevenly distributed across provincial jurisdictions like Limpopo. Consequently, the entry experience in these regions is frequently defined by survival rather than growth, leading to premature exit from the public health system or the nursing profession altogether.

While international literature extensively documents the transition experiences of new nurses, a notable scientific gap persists within localized, resource-constrained African contexts. Much of the existing scholarship originates from well-resourced global North settings (Riches et al. 2024), which fails to capture the unique operational realities of rural or under-funded public regional hospitals in South Africa. Specifically, there is limited qualitative evidence illuminating how structural shortages, institutionalized workplace dynamics, and regional cultural factors intersect to shape the subjective experience of transition shock among new graduates in the Limpopo Province. Understanding these localized dynamics is essential for designing target-oriented clinical governance frameworks capable of mitigating litigation risks and stabilizing the workforce.

To capture the multi-dimensional nature of this phenomenon, this study is theoretically grounded in Nancy Schlossberg's Transition Theory (Schlossberg 1981). Schlossberg's model posits that an individual's ability to cope with a major life or professional transition depends on the interaction of four distinct variables, collectively known as the "4S" framework: Situation, Self, Support, and Strategies.

- **Situation** examines the timing, control, and role alterations associated with the transition, which in this study relates to the structural environment of the Limpopo public hospitals.
- **Self** investigates the internal characteristics, emotional readiness, and psychological coping capacity of the individual nurse.
- **Support** evaluates the presence, availability, and quality of external resources such as structured mentorship, institutional orientation, and peer networks.

- **Strategies** focus on the specific behaviours and coping mechanisms implemented by the individual to navigate the transition.

By applying Schlossberg's framework, this study systematically unpacks how internal personal dynamics and external institutional realities interact to shape the newly qualified nurse's experience. Therefore, the primary aim of this study is to explore and describe the qualitative experiences of transition shock among newly qualified registered nurses in selected public regional hospitals within the Limpopo Province, South Africa.

RESEARCH METHODS AND DESIGN

Study Design

This study adopted a qualitative, exploratory, descriptive, and contextual research design. This approach allowed the researchers to engage directly with the subjective realities of the participants, capturing their lived experiences within the natural setting of their daily professional practice without manipulating the operational environment.

Setting

The study was conducted across selected public regional hospitals located within the Limpopo Province of South Africa. These facilities serve as primary referral hubs for surrounding district clinics and hospitals, making them high-volume, high-acuity environments characterized by chronic staff shortages, infrastructure backlogs, and substantial socio-economic pressures.

Population and Sampling

The target population comprised newly qualified registered nurses who had completed their undergraduate training and were currently practicing in the selected regional hospitals. Purposive sampling was utilized to recruit participants who met the following inclusion criteria: holding professional registration as a nurse, possessing less than three years of post-qualification experience within the public hospital sector, and being actively deployed in acute clinical wards. A sample size of 15 participants was achieved, at which point data saturation was verified, as no new thematic dimensions or subthemes emerged from successive interviews.

Data Collection

Data were gathered using in-depth, semi-structured individual interviews conducted between March and April 2024. An interview guide aligned with Schlossberg's 4S framework was utilized, initiating with a broad, open-ended question: *"Could you kindly describe your experience of transitioning from a student nurse to a newly qualified registered nurse in this hospital?"* Probing questions were subsequently deployed to explore specific environmental pressures, emotional responses, and coping mechanisms. Interviews were conducted in private hospital boardrooms to ensure confidentiality, lasted between 45 and 60 minutes, and were audio-recorded with the explicit written consent of the participants.

Data Analysis

The audio-recorded interviews were transcribed verbatim and subjected to qualitative thematic analysis guided by Tesch's eight-step inductive open-coding framework (Creswell & Creswell 2018). The researchers independently read through all transcripts to acquire an immersive sense of the whole, subsequently identifying underlying clusters of meaning. Similar topics were grouped into codes, which were then organized into distinct subthemes and overarching themes. An external co-coder experienced in qualitative nursing scholarship independently reviewed the transcripts to validate the codebook and ensure analytical consensus.

Trustworthiness

The trustworthiness of the findings was rigorously maintained using Lincoln and Guba's evaluative criteria:

- **Credibility** was established through prolonged engagement with the participants, member-checking of transcribed data, and regular peer debriefing sessions.
- **Transferability** was secured by providing a dense, thick description of the contextual setting, participant demographics, and the research process, allowing future scholars to assess applicability to comparable contexts.
- **Dependability** was maintained through a detailed audit trail documenting every stage of raw data transformation, coding decisions, and analytical interpretations.
- **Confirmability** was reinforced through reflexivity, ensuring that the findings strictly reflected the voices of the participants rather than the subjective biases or preconceptions of the research team.

Ethical Considerations

Ethical clearance was granted by the institutional research ethics committee, and formal operational permission was obtained from the Limpopo Department of Health and the respective hospital chief executive officers. Participation was entirely voluntary, and individuals retained the right to withdraw at any stage without penalty. Anonymity was strictly preserved by assigning alphanumeric codes (e.g., Participant LH1) to all data. Informed written consent was obtained prior to data collection, and access to the raw digital records was restricted via password protection.

RESULTS

The thematic analysis yielded four interrelated themes and nine distinct subthemes that comprehensively reflect the multi-dimensional nature of transition shock within Schlossberg's 4S framework.

Theme 1: Contextual Triggers of Transition Shock

Participants described an immediate, unsettling confrontation with the institutional realities of public regional hospitals, illustrating a stark misalignment between their idealized academic training and actual practice.

Subtheme 1.1: Misalignment Between Theory and Practice

Participants consistently emphasized that their undergraduate education did not adequately prepare them for the resource-depleted realities of public hospital wards. The meticulous, step-

by-step procedures taught in the classroom were unviable due to chronic equipment shortages and high patient volume.

"They oriented me on the physical layout of where I am working... but in regard to the technical procedures, I was not satisfied" (LHP7).

"As students, we do not know plenty of things, we struggle to correlate theory into practice... that is why we need to be orientated" (THP4).

"They never orientate us. What they do is like telling you things like, the toilet is over there, and such. Here, orientation can be for like ten minutes, and according to me, that is not orientation" (THP2).

"We were also given a tour of the wards and what to do in the wards, but unfortunately, we were not shown the stock room where we should get supplies... This made it difficult to continue with my job if I ran out of supplies" (LHP1).

Such remarks highlight how the lack of structured, meaningful orientation left newly qualified nurses struggling to bridge the gap between academic learning and workplace demands. The lack of continuity between classroom preparation and practical expectations created feelings of uncertainty and role ambiguity, reinforcing what the literature describes as transition shock.

Subtheme 1.2: Role Ambiguity

New graduates were frequently unable to distinguish the boundaries of their new professional roles. They reported being pulled between performing basic tasks due to a shortage of auxiliary staff and being forced into advanced managerial roles without prior preparation.

"When I started here, it was challenging, I was not oriented, some of the things you learn along the way." (THP11)

"Often you have to know the ventilator and how it functions to work on your own, they will expect you to know... I need knowledge so that I do not find myself confused" (THP4).

Subtheme 1.3: Overwhelming Workload

The structural reality of extreme nurse-to-patient ratios emerged as a primary driver of transition shock, converting daily shifts into exercises in crisis management.

"The workload is simply soul crushing. According to me, I was oriented, but it was very little, because I work in a busy section, as you know, there are many patients." (LHP9)

"There is very little time for orientation. In most cases, you orient yourself as you work, even though they have already did that summary of orientation" (THP3).

"Eish... Because by that time there was a lot of shortage in the unit, they were forced to tell me just a little bit of my job description... I must just follow others and continue to observe" (LHP3).

Theme 2: Emotional and Professional Responses to Transition

The severe institutional environment directly triggered debilitating psychological and professional distress among the participants, directly corresponding to Schlossberg's Self dimension.

Subtheme 2.1: Anxiety and Lack of Confidence

The sudden removal of the student safety net left participants feeling exposed and inadequate, resulting in pervasive performance anxiety.

"It is so frustrating to work for a month without orientation, you feel like lost every day as you don't know the environment, every day you are like a visitor. Every single morning before I report for duty, my stomach is in knots. I sit in my car and fight back tears. The internal pressure to look competent when you secretly feel completely empty and terrified is exhausting." (LHP3)

Subtheme 2.2: Fear of Responsibility and Legal Litigation

Operating in a highly litigious medical environment, participants expressed profound dread regarding the legal and professional consequences of an inadvertent clinical error.

"The biggest fear is your registration number. You realize that any mistake you make due to exhaustion or rushing could end your career or put you in front of the nursing council. You feel completely unprotected." (LHP2)

Theme 3: Systemic Barriers Worsening Transition Shock

Rather than finding an institutional sanctuary, participants encountered an organizational culture that compounded their vulnerability, representing a breakdown in structural Support.

Subtheme 3.1: Inadequate Orientation and Poor Mentorship

Formal orientation programs were described as either non-existent or reduced to brief, superficial administrative exercises that failed to address clinical realities.

"If there were staff, a senior would be available to explain to me how the ventilator works, but since they too would be having patients to look after, it is impossible" (THP4).

"I was left to figure out procedures on my own... seniors were too busy attending to patients" (LHP5).

"Sometimes you just hope you are doing things correctly because there is no one to guide you" (THP3).

Subtheme 3.2: Horizontal Violence and Bullying

Participants frequently reported being targeted by senior nursing personnel, who deployed exclusionary practices, harsh public criticisms, and unreasonable demands.

"Sometimes I just keep quiet because I feel others will judge me if I ask... it is easier to try on my own" (LHP6).

Such experiences transform the workplace from a site of support into a source of stress, leaving new nurses to navigate complex clinical situations without reassurance.

Theme 4: Factors Easing Transition Shock

Despite systemic challenges, participants identified specific adaptive buffers within Schlossberg's Support and Strategies dimensions that mitigated their distress.

Subtheme 4.1: Peer Support and Shared Vulnerability

Informal networks established among fellow new graduates served as an essential psychological sanctuary, offering validation and shared coping strategies.

"What kept me sane was my WhatsApp group with other newly qualified nurses. Being able to vent at night and realize that everyone else is also crying and struggling made me feel less isolated. We became each other's support system." (TPH7)

Subtheme 4.2: Guided Orientation by Supportive Supervisors

In rare instances where unit managers actively practiced empathetic, structured leadership, the severity of transition shock was markedly reduced.

"Yes, we benefited a lot from the orientation. If, say, for instance, we are to put the patient to sleep, we should know. Around that time, everybody is busy running, and because of the orientation knowledge, we can work well, and everything is in the trolley" (THP6).

DISCUSSION

The findings of this study offer a granular, qualitative exploration of transition shock among newly qualified registered nurses working within the public healthcare apparatus of the Limpopo Province. By filtering these narratives through Schlossberg's Transition Theory, this discussion illuminates how the imbalance between environmental pressures (Situation) and internal readiness (Self), compounded by deficient institutional support (Support), shapes the newly qualified nurse's adaptive mechanisms (Strategies).

The immediate confrontation with severe resource shortages and structural deficits identifies the Situation as fundamentally hostile. The pronounced theory-practice gap identified by participants mirrors the foundational work of Duchscher (2009), who articulated that transition shock is catalysed by the sudden realization that the idealized, holistic principles of nursing academia are largely incompatible with the high-velocity, task-oriented demands of understaffed clinical wards. In Limpopo public hospitals, this gap is widened by chronic equipment stock-outs and overwhelming workloads, forcing newly qualified nurses to routinely practice through improvisation. This aligns with findings by Abiodun et al. (2019) in other South African contexts, which demonstrated that extreme patient-to-nurse ratios rapidly erode the professional confidence of new graduates, shifting their clinical focus from comprehensive patient care to basic task survival.

The psychological toll documented under the Self dimension—specifically acute anxiety and a pervasive fear of litigation—is a direct consequence of this situational stress. As Mtegha et al.

(2021) observed, when newly qualified nurses are thrust into advanced administrative and clinical leadership roles prematurely, they experience a form of "role overload" that cripples their professional identity development. In South Africa's public sector, where medico-legal claims have escalated significantly, the fear of professional ruin or losing one's nursing council registration acts as a continuous source of distress. This psychological burden is not merely an internal affective state; it functions as a structural impediment that stifles critical clinical reasoning and proactive decision-making.

Furthermore, the study highlights a profound failure in institutional Support mechanisms. The lack of structured orientation and the absence of clinical mentors mean that the transition is unbuffered. This finding corresponds with Hallaran et al. (2023), who established that unstructured or absent residency frameworks are primary predictors of early-career turnover. This institutional neglect is worsened by the pervasive presence of horizontal violence and bullying by senior nursing staff. This destructive dynamic, often described as the profession "eating its young," has been documented across various global healthcare settings (Riches et al. 2024). Within the hierarchical framework of South African public hospitals, horizontal violence functions as a defense mechanism for overworked senior nurses, but it completely undermines the psychological safety necessary for a new graduate to transition successfully.

In terms of Strategies, because formal organizational mechanisms are largely absent, newly qualified nurses are forced to rely heavily on informal, self-initiated peer support networks. The reliance on peer WhatsApp groups and informal debriefing sessions underscores the adaptive resilience of these newly qualified nurses. However, as noted by Duchscher (2009), while peer validation mitigates emotional isolation, it cannot replace structured clinical mentorship or rectify systemic structural deficits. When positive, empathetic leadership was present—such as supportive unit managers—it served as a powerful counterweight to transition shock. This reinforces the assertions of Hallaran et al. (2023) that targeted, supportive leadership within the ward environment is the single most effective modifiable factor in ensuring the successful retention and professional maturation of newly qualified nurses.

Strengths and Limitations

A major strength of this study lies in its rich, contextual, qualitative insights, which capture the unvarnished lived experiences of newly qualified nurses operating within highly strained, resource-constrained public regional hospitals. This provides a clear empirical basis for targeted local interventions.

However, a noted limitation is that the study was conducted exclusively within selected public regional hospitals within the Limpopo Province. Consequently, the findings may not fully represent the transition dynamics present within private healthcare institutions or highly specialized tertiary academic complexes where resource allocations and staffing models differ significantly.

Implications for Nursing Practice and Governance

The empirical insights generated by this study carry profound implications for clinical governance, nursing administration, and policy reform:

- **Formal Residency Frameworks:** Provincial Departments of Health must move away from ad-hoc, unstructured orientation periods and mandate the implementation of standardized, formal transition-to-practice residency frameworks.

- **Structured Clinical Mentorship:** Hospitals must establish formalized, non-punitive mentorship programs where experienced, trained preceptors are allocated dedicated, non-clinical hours to guide, support, and evaluate new graduates.
- **Empathetic Leadership Development:** Unit managers and senior nursing personnel must undergo leadership training focused on emotional intelligence, psychological safety, and the eradication of horizontal violence within clinical wards.
- **Clear Role Delineation:** Hospital administrations must implement strict operational guidelines that protect newly qualified nurses from being placed in sole charge of complex, high-acuity wards during their initial six months of professional practice.

CONCLUSION

This study demonstrates that newly qualified registered nurses in Limpopo public regional hospitals encounter a profound, multifaceted transition shock that threatens both their psychological well-being and professional longevity. Grounded in Schlossberg's Transition Theory, the findings clarify that this shock is not merely a reflection of individual inadequacy, but rather a direct product of an unaligned system where extreme environmental demands are met with deficient institutional support systems and an unsupportive workplace culture. While informal peer networks provide vital emotional insulation, they are insufficient to address structural institutional challenges. Mitigating this transition shock requires a systemic shift toward structured residency pathways, protected clinical mentorship, and the cultivation of supportive, psychologically safe clinical environments. Implementing these interventions is essential to safeguard new nursing professionals, retain them within the public health sector, and protect the quality of patient care.

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Competing Interests

The authors explicitly declare that they have no financial, personal, or professional relationships that could have inappropriately influenced or biased the writing of this manuscript.

Author Contributions

A.G.M. conceptualized the study, designed the methodology, conducted data collection, performed qualitative thematic analysis, and drafted the manuscript. M.A.B., T.E.M., and M.M.R. acted as academic supervisors, critically reviewed the study design, validated the qualitative codebook, and refined successive drafts of the final manuscript.

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Data Availability

The qualitative datasets generated and analysed during the current study are not publicly accessible due to strict ethical restrictions regarding participant anonymity and institutional privacy, but they are available from the corresponding author upon reasonable request.

Disclaimer

The views, interpretations, and conclusions expressed in this manuscript are solely those of the authors and do not reflect the official policy, position, or endorsement of the University of Limpopo or the provincial Department of Health.

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