

Transition shock, organizational support, clinical competence, and retention intention among Generation Z Filipino newly registered nurses

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Abstract

Aim: This study examined the relationships among transition shock, organizational support, clinical competence, and retention intention among Generation Z Filipino newly registered nurses in selected tertiary and secondary hospitals in Pampanga and Bulacan provinces, Central Luzon, Philippines.

Methods: A descriptive-correlational research design was employed involving 150 newly registered nurses selected through purposive sampling. Data were collected using adapted and validated self-administered questionnaires measuring transition shock, perceived organizational support, clinical competence, and retention intention. Descriptive statistics and Spearman's rank correlation analysis were used at a 0.05 level of significance

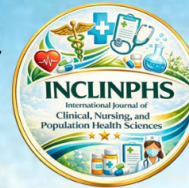
Results: Most respondents were aged 24–26 years with 6–12 months of clinical experience. Findings revealed a moderate level of transition shock, primarily manifested as physical and emotional exhaustion, with low social disconnection from colleagues. Perceived organizational support was high, particularly in mentorship access, training opportunities, and supervisory feedback, though affective dimensions remained moderate. Clinical competence was high across all domains, notably in ethical decision-making and collaborative practice. Retention intention was moderate, reflecting stronger professional commitment than organizational commitment. Correlation analysis revealed that transition shock was not significantly associated with clinical competence, organizational support, or retention intention. Conversely, organizational support ($p = 0.561$, $p < .001$) and clinical competence ($p = 0.390$, $p < .001$) showed significant positive correlations with retention intention.

Conclusion: Transition shock, while present, does not directly influence competence or retention intention among Generation Z Filipino newly registered nurses. Organizational support and clinical competence are the primary drivers of retention, emphasizing the need for sustained mentorship, emotionally responsive leadership, and continuous professional development to strengthen workforce stability in Philippine healthcare institutions.

Keywords: *Generation Z, Newly Registered Nurses, Transition Shock, Organizational Support, Clinical Competence, Retention Intention, Filipino Nurses, Philippines*

INTRODUCTION

The global nursing workforce faces substantial challenges as newly registered nurses experience transition shock during their critical first years of practice. A meta-analysis across eight countries revealed that turnover intention among new nurses ranged from 6% to 61%, with a pooled prevalence of 36% and a significant moderate association with transition shock (effect size = 0.489; Myint Lay & Masingboon, 2025). Transition shock significantly influenced job outcomes — including satisfaction, stress, burnout, and intent to leave — while also affecting patient outcomes such as missed care and adverse events (Labrague & De Los Santos, 2020). Nurses remained in positions when they experienced job satisfaction and organizational commitment, with these factors varying across generational cohorts and career stages (Pressley & Garside, 2023). Clinical competence development during



transition also played a critical role, as newly graduated nurses assessed their competence as highest in team collaboration and ethical decision-making while identifying professional development and direct clinical practice as areas requiring further training (Willman et al., 2020). The consequences of poor retention extend beyond workforce instability, as high turnover among newly registered nurses disrupts continuity of care, increases workload for remaining staff, and compromises patient safety through higher rates of missed nursing care and adverse clinical events (Labrague & De Los Santos, 2020).

The Philippines, a major international supplier of nursing professionals, faced a critical domestic shortage of approximately 127,000 nurses as of 2023, with projections indicating this gap could escalate to 250,000 by 2030 (Alibudbud, 2023). Structural factors contributing to nurse burnout and turnover included low salaries, chronic understaffing, heavy workloads, job insecurity, and delayed benefit disbursements, resulting in reduced hospital operational capacity and compromised healthcare delivery (Alibudbud, 2023).

Despite extensive global research on transition shock, organizational support, and retention among newly graduated nurses, the simultaneous examination of these variables alongside clinical competence within the Philippine healthcare context remained unexplored. Newly graduated nurses demonstrated commitment to their profession and workplace when they received sufficient support and professional growth opportunities during transition (Kaldal et al., 2024); however, the absence of empirical research investigating these interrelated factors among Filipino newly registered nurses represented a significant knowledge gap, particularly given the escalating workforce shortage and persistent migration challenges facing the Philippine healthcare system.

This study aimed to examine the relationships among transition shock, organizational support, clinical competence, and retention intention among Generation Z Filipino newly registered nurses in selected hospitals in Central Luzon. Specifically, this study sought to: (1) determine the demographic profile of respondents; (2) assess levels of transition shock; (3) determine levels of perceived organizational support; (4) assess clinical competence across six dimensions; (5) determine retention intention levels; and (6) examine relationships between these variables. This research addressed a critical need in Philippine nursing workforce development by generating empirical evidence on modifiable organizational factors influencing retention decisions during the vulnerable first years of practice, contributing to evidence-based human resource strategies, orientation program design, and organizational support initiatives.

Review of Related Literature and Studies

Transition Shock and Newly Graduated Nurses

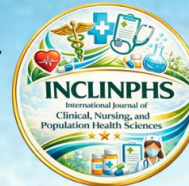
Transition shock is a multidimensional phenomenon characterized by physical discomfort, psychological anxiety, and heightened need for social support during newly graduated nurses' initial year of practice (Yao et al., 2023). Chen et al. (2021) demonstrated that transition shock negatively influenced nursing competency development, with the emotional dimension exerting the strongest impact on professional performance. Yao et al. (2023) similarly reported moderate levels of transition shock among new nurses, with the psychological dimension requiring the most targeted intervention. Longitudinally, Kim and Yeo (2021) found that transition shock levels remained significantly elevated throughout the first 12 months, accompanied by declining job satisfaction. Gusar et al. (2023) further identified that employment waiting period, stress levels, and perceived support availability significantly influenced transition shock intensity, underscoring its multifactorial nature.

Perceived Organizational Support and Retention Intention

Perceived organizational support is a critical determinant of nurses' retention intentions. A meta-analysis involving 40 studies (N = 23,451) examining the effects of work engagement and perceived organizational support on turnover intention revealed that both variables were inversely associated with nurses' turnover intention, with perceived organizational support yielding a pooled correlation coefficient of $r = -0.32$ (Zhu et al., 2023). Chang and Cho (2023) confirmed through longitudinal evidence that organizational-level factors significantly influenced both turnover intention and actual retention among newly licensed nurses during their first employment year. Duong et al. (2024) further established that perceived organizational support influenced nurses' intention to stay through mediating pathways of psychological well-being and organizational commitment among Vietnamese nurses.

Clinical Competence Development Among Newly Graduated Nurses

Clinical competence development during the transition period is fundamental to successful professional integration. Södersved Källestedt et al. (2020) emphasized the critical importance of systematic residency programs, adequate supervision, and supportive learning environments in facilitating competence acquisition. Charette et al.



(2023) demonstrated that transition programs incorporating structured support, skills training, and preceptorship effectively enhanced clinical competence, job satisfaction, and perceptions of support among new graduates. Lindfors et al. (2022) found that preceptor education interventions positively influenced competence development, particularly when preceptors received systematic training in clinical teaching and supportive relationship building.

Synthesis of Literature

The literature consistently showed that transition shock is a prevalent challenge among newly graduated nurses (Chen et al., 2021; Gusar et al., 2023; Yao et al., 2023), perceived organizational support exerts robust protective effects against turnover intention through direct and mediated pathways (Chang & Cho, 2023; Duong et al., 2024; Zhu et al., 2023), and clinical competence development is intertwined with supportive organizational environments and structured transition programs (Charette et al., 2023; Lindfors et al., 2022; Södersved Källestedt et al., 2020). However, existing evidence is largely drawn from international contexts. The Philippine nursing landscape—marked by an estimated shortage of 127,000 nurses, widespread migration, low salaries, chronic understaffing, and resignation rates reaching 40% in private hospitals (Alibudbud, 2023)—necessitates culturally grounded investigation. The simultaneous examination of transition shock, organizational support, clinical competence, and retention intention among Generation Z Filipino newly registered nurses remained unexplored, representing the critical gap this study addressed.

Theoretical Framework

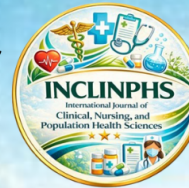
This study was anchored on three complementary theories. Duchscher's (2009) Transition Shock Theory served as the foundational framework, positing that new graduates encountered physical, intellectual, emotional, developmental, and sociocultural changes that mediated the intensity and duration of the transition experience. These changes manifested through anxiety, insecurity, inadequacy, and instability as new nurses' roles, responsibilities, relationships, and knowledge qualified the early stage of professional role adaptation (Duchscher, 2009). This perspective directly addressed the transition shock variable. Eisenberger et al. (1986) Organizational Support Theory proposed that employees formed beliefs about the extent to which their organization valued their contributions and cared about their well-being, which through social exchange processes influenced organizational commitment, performance, and turnover intention. Meta-analytic evidence confirmed its strong negative association with turnover intention and positive association with job satisfaction (Kurtessis et al., 2017). This framework informed the organizational support and retention intention variables. Benner's (1984) Novice to Expert Theory, derived from the Dreyfus Model of Skill Acquisition (Dreyfus & Dreyfus, 1980), proposed that nurses progressed through five proficiency levels—novice, advanced beginner, competent, proficient, and expert—with clinical competence developing through the refinement of theoretical knowledge by encountering actual practical situations. Newly graduated nurses typically functioned at the novice or advanced beginner stages (Benner, 1984), directly addressing the clinical competence variable.

The relationship between organizational support and transition shock can be understood through the buffering hypothesis inherent in Organizational Support Theory, wherein perceived organizational support fulfills employees' socioemotional needs, reducing psychological distress during challenging work situations (Eisenberger et al., 1986). Mechanisms such as mentorship, adequate orientation, and supervisory feedback may mitigate transition shock intensity by addressing newly graduated nurses' developmental, emotional, and professional needs during role adaptation (Duchscher, 2009).

The integration of these three theories created a comprehensive framework for examining the study variables. Collectively, they suggested that organizational support might buffer transition shock, while transition shock, organizational support, and clinical competence interacted to influence newly graduated nurses' retention intentions, providing a robust theoretical foundation for investigating these relationships within the Philippine healthcare context.

Statement of the Problem

The transition from nursing student to professional practitioner represents a critical period during which newly registered nurses experience transition shock, requiring adequate organizational support and clinical competence development to sustain retention in the workforce. In the Philippine healthcare system, the shortage of nurses has intensified due to migration, heavy workloads, and limited organizational support structures, yet limited empirical research has simultaneously examined how transition shock, organizational support, clinical competence, and retention intention interact among Filipino newly registered nurses. This study was conducted to examine the



relationships among these variables among Generation Z Filipino newly registered nurses working in selected tertiary and secondary hospitals in Pampanga and Bulacan provinces, Central Luzon, Philippines

Objectives

This study aimed to examine the relationships among transition shock, organizational support, clinical competence, and retention intention among Gen Z Filipino newly registered nurses from selected tertiary and secondary hospitals in Pampanga and Bulacan provinces, Central Luzon, Philippines. Specifically, this study sought to:

1. Determine the demographic profile of Gen Z Filipino newly registered nurses in terms of:
 - 1.1 Age;
 - 1.2 Sex;
 - 1.3 Educational attainment;
 - 1.4 Marital status;
 - 1.5 Hospital setting;
 - 1.6 Length of clinical experience as a registered nurse;
 - 1.7 Employment status; and
 - 1.8 Area/unit of assignment.
2. Assess the level of transition shock experienced by Gen Z Filipino newly registered nurses.
3. Determine the level of organizational support perceived by Gen Z Filipino newly registered nurses.
4. Assess the level of clinical competence among Gen Z Filipino newly registered nurses in terms of:
 - 4.1 Direct clinical practice;
 - 4.2 Professional development;
 - 4.3 Ethical decision-making;
 - 4.4 Clinical leadership;
 - 4.5 Cooperation and consultation; and
 - 4.6 Critical thinking.
5. Determine the level of retention intention among Gen Z Filipino newly registered nurses.
6. Examine the relationships between the following variables among Gen Z Filipino newly registered nurses:
 - 6.1 Transition shock and clinical competence;
 - 6.2 Transition shock and retention intention;
 - 6.3 Organizational support and transition shock;
 - 6.4 Clinical competence and retention intention; and
 - 6.5 Organizational support and retention intention.

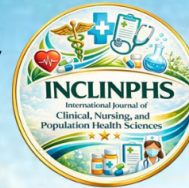
The following null hypotheses were tested at 0.05 level of significance (95% confidence level):

- H₀₁: There is no significant relationship between transition shock and clinical competence among Gen Z Filipino newly registered nurses.
H₀₂: There is no significant relationship between transition shock and retention intention among Gen Z Filipino newly registered nurses.
H₀₃: There is no significant relationship between organizational support and transition shock among Gen Z Filipino newly registered nurses.
H₀₄: There is no significant relationship between clinical competence and retention intention among Gen Z Filipino newly registered nurses.
H₀₅: There is no significant relationship between organizational support and retention intention among Gen Z Filipino newly registered nurses.

METHODS

Research Design

This study employed a descriptive-correlational research design, a non-experimental quantitative approach that examines relationships between variables without manipulation or control of independent variables (Curtis et al., 2016). This design was appropriate as it enabled the description of transition shock, perceived organizational support, clinical competence, and retention intention levels among Generation Z Filipino newly registered nurses, while determining the strength and direction of relationships among these variables using statistical measures (Sousa et al., 2007). The design facilitated the investigation of whether and to what extent transition shock, perceived organizational support, and clinical competence were related to retention intention among the target population.



Population and Sampling

Generation Z was operationally defined as individuals born between 1997 and 2012. Given the inclusion criteria requiring a valid nursing license and 6 to 24 months of clinical employment, the eligible age range was effectively narrowed to 21 to 29 years old at the time of data collection in 2025. Newly registered nurses were defined as those who obtained their nursing license and commenced clinical practice within 6 to 24 months prior to data collection, a timeframe selected based on literature indicating that transition shock and adaptation challenges were most pronounced during the first two years of practice (Labrague & De Los Santos, 2020). The population included nurses working across various clinical units within the participating hospitals. Since the exact number of Generation Z newly registered nurses employed across participating hospitals was unknown, a non-probability sampling technique was utilized.

Inclusion and Exclusion Criteria

Inclusion criteria were: (1) Filipino citizenship; (2) born between 1997 and 2012; (3) currently employed as a staff nurse in a participating hospital in Pampanga and Bulacan; (4) possession of a valid Philippine Nursing License from the Professional Regulation Commission; (5) employment duration of 6 to 24 months; (6) direct patient care responsibilities; and (7) voluntary informed consent. Exclusion criteria were: (1) less than 6 months or more than 24 months of clinical experience; (2) administrative, educational, or managerial positions without direct patient care; (3) prolonged leave exceeding one month; (4) nursing students, aides, or unlicensed personnel; (5) cumulative experience exceeding 24 months from previous healthcare facilities; and (6) incomplete responses or withdrawal of consent.

Sampling Technique

This study employed purposive sampling, specifically criterion-based sampling, a non-probability technique wherein participants are selected based on predetermined criteria relevant to the research objectives (Palinkas et al., 2015). This approach was appropriate as it allowed deliberate selection of Generation Z nurses in their transition period who possessed characteristics essential to answering the research questions. The researchers coordinated with hospital nursing departments to identify eligible participants. While purposive sampling limits generalizability, it enhances depth and relevance by ensuring all participants share critical characteristics central to the study (Etikan et al., 2016).

Sample Size Determination

Sample size determination followed established guidelines for correlational research with unknown population size. Fraenkel et al. (2012) established a minimum of 30 participants for correlational studies, Roscoe (1975) recommended between 30 and 500 for behavioral research, and Hair et al. (2019) recommended at least 100 for meaningful correlational analysis. A priori power analysis based on Cohen's (1988) framework was conducted using a two-tailed test at $\alpha = 0.05$, statistical power of 0.80, and a small-to-medium effect size of $r = 0.23$, yielding a required minimum of 147 participants. The target sample size was set at 150 respondents, exceeding all established thresholds and ensuring adequate statistical power for detecting significant bivariate correlations using Spearman's rank correlation while accounting for potential incomplete responses or participant withdrawal.

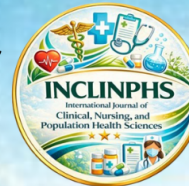
Instruments

The study utilized a multi-part research questionnaire composed of five sections. All instruments underwent adaptation and validation procedures appropriate for the Filipino context.

Part I: Demographic Profile Questionnaire. A researcher-developed questionnaire collected background information including age, sex, educational attainment, marital status, hospital affiliation, length of clinical experience, employment status, and area of assignment.

Part II: Transition Shock Scale. Adapted from the Casey-Fink Graduate Nurse Experience Survey (Casey et al., 2004; Casey et al., 2021), which reported Cronbach's alpha values of 0.73 to 0.94 across five factors ($N = 71,919$). The adapted instrument consisted of 15 items on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree) assessing physical discomfort, psychological anxiety, professional inadequacy, theory-practice gap, fear and insecurity, and emotional exhaustion. Higher scores indicated higher transition shock. The original 4-point scale was expanded to a 5-point scale and items were contextualized for Filipino newly registered nurses.

Part III: Organizational Support Scale. Combined items from the Survey of Perceived Organizational Support-Short Form (Eisenberger et al., 1986; Rhoades & Eisenberger, 2002) with researcher-developed items. Kurtessis et al. (2017) confirmed strong psychometric properties across 558 studies. The adapted instrument consisted of 14 items on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Items 1–8 were adapted from the SPOS-SF; Items 9–14 were researcher-developed to assess orientation adequacy, preceptorship



availability, supervisor feedback, continuing education access, resource availability, and leadership support. Higher scores indicated higher perceived organizational support. Item 3 required reverse scoring.

Part IV: Clinical Competence Assessment Scale. Adapted from the Nurse Competence Scale (Meretoja et al., 2004; Flinkman et al., 2017) and the Professional Nurse Self-Assessment Scale (Finnbakk et al., 2015). The NCS reported Cronbach's alpha of 0.61 to 0.97 (average 0.83–0.92) across 30 studies; the ProffNurse SAS demonstrated alpha values of 0.737 to 0.940. The adapted instrument consisted of 25 items across six domains on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree): Direct Clinical Practice (5 items), Professional Development (4 items), Ethical Decision-Making (4 items), Clinical Leadership (4 items), Cooperation and Consultation (4 items), and Critical Thinking (4 items). Higher scores indicated higher self-assessed clinical competence.

Part V: Retention Intention Scale. Adapted from the Turnover Intention Scale-6 (Bothma & Roodt, 2013), which reported Cronbach's alpha of 0.80 and established criterion-predictive validity (N = 2,429). The adapted instrument consisted of 8 items on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Items 3 and 4 required reverse scoring. Higher scores (after reverse coding) indicated stronger retention intentions. All adapted instruments underwent content validity assessment through expert panel review to ensure clarity, cultural appropriateness, and relevance to the Filipino nursing context prior to implementation.

Data Collection

Prior to data collection, the researchers obtained permission from the hospital administrators of participating institutions in Pampanga and Bulacan and coordinated with the nursing service directors to identify eligible participants and schedule data collection activities.

Potential participants who met the inclusion criteria were approached and provided with comprehensive information about the study's purpose, procedures, risks, benefits, voluntary nature of participation, and their right to withdraw at any time without penalty. Those who agreed to participate provided written informed consent before receiving the questionnaires (World Medical Association, 2013). The researchers ensured participants understood that participation was entirely voluntary and their responses would remain confidential.

Data collection was conducted through self-administered questionnaires distributed to participants during their break times or after duty hours to avoid disruption of patient care services. The researchers remained available to clarify any questions regarding the questionnaire items. Completed questionnaires were retrieved immediately and checked for completeness. The entire data collection process was completed within the specified timeframe, ensuring adequate response rate for statistical analysis.

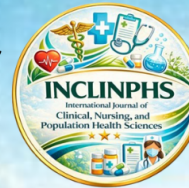
Treatment of Data

The collected data were encoded, organized, and analyzed using appropriate statistical software in two phases. Descriptive statistics—frequency distributions, percentages, means, and standard deviations—were computed to describe demographic characteristics and levels of each study variable (Sousa et al., 2007). For inferential analysis, Spearman's rank correlation coefficient (ρ) was computed to determine the strength and direction of relationships among transition shock, perceived organizational support, clinical competence, and retention intention (Curtis et al., 2016). Spearman's rank correlation was selected because the Likert-scale data yielded ordinal-level measurements that do not satisfy the interval-level assumption required by parametric tests such as Pearson's correlation (Devi et al., 2022). As a non-parametric alternative, it does not require assumptions of normality or linearity, making it suitable for examining monotonic relationships between ordinal variables (Cohen, 1988). The magnitude of significant correlations was interpreted using Cohen's (1988) benchmarks: small ($\rho = 0.10\text{--}0.29$), medium ($\rho = 0.30\text{--}0.49$), and large ($\rho \geq 0.50$). All correlations were evaluated at the 0.05 significance level.

For scales containing reverse-worded items—specifically Item 3 of the Organizational Support Scale and Items 3 and 4 of the Retention Intention Scale—reverse coding was applied prior to computing composite and grand means. In item-level analysis, individual item means are reported in their original wording and scaling to preserve interpretive transparency.

Ethical Considerations

The study adhered to ethical principles governing research involving human subjects in accordance with the Declaration of Helsinki. The research protocol was reviewed and approved by the institutional research ethics committee of the participating hospitals. All participants provided voluntary written informed consent after receiving comprehensive information about the study's purpose, procedures, risks and benefits, confidentiality measures, and their right to withdraw at any time without consequences. Questionnaires were coded numerically to ensure anonymity, and no personally identifiable information was collected; data files were password-protected and



accessible only to the research team, with all identifying information permanently deleted upon study completion. The research involved minimal risk, utilizing only self-administered questionnaires with no invasive procedures or interventions. Participation was entirely voluntary with no coercion, and refusal or withdrawal did not affect participants' employment status or professional relationships.

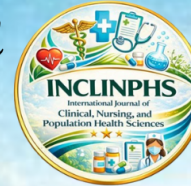
RESULTS and DISCUSSION

This section outlines the study's results and offers a detailed discussion of findings from data gathered from 150 Generation Z Filipino newly registered nurses. It combines the analysis of statistical outcomes with their relevance to nursing practice, organizational management, and workforce retention. The findings are structured around key variables, including demographic profile, transition shock, perceived organizational support, clinical competence, retention intention, and the relations among these variables. Collectively, the findings underscore the importance of structured support and continuous reflection in promoting professional development, enhancing retention, and establishing a robust foundation for future nursing professionals.

Table 1

Demographic Profile of Generation Z Filipino Newly Registered Nurses (N = 150)

Variable	Category	f	%
Age	21–23	44	29.33
	24–26	104	69.33
	27–29	2	1.33
	Total	150	100.00
Sex	Female	114	76.00
	Male	36	24.00
	Total	150	100.00
Educational Attainment	Bachelor of Science in Nursing	146	97.33
	With Master's Degree Units	3	2.00
	With Completed Master's Degree	1	0.67
	Total	150	100.00
Marital Status	Single	139	92.67
	Married	11	7.33
	Total	150	100.00
Hospital Setting	Private Hospital	113	75.30
	Public Hospital	37	24.70
	Total	150	100.00
Length of Clinical Experience	6–12 months	81	54.00
	13–24 months	69	46.00
	Total	150	100.00
Employment Status	Regular	102	68.00
	Contractual	30	20.00
	Probationary	18	12.00
	Total	150	100.00
Area/Unit of Assignment	Hemodialysis	25	16.67
	Medical Surgical Ward	22	14.67
	Operating Room	19	12.67
	General Ward	17	11.33
	Emergency Room	16	10.67
	NICU	12	8.00
	ICU	9	6.00
	Labor and Delivery Room	9	6.00
	Internal Medicine Ward	8	5.33
	Surgery Ward	6	4.00
	Ambulatory Surgical Unit	3	2.00
	OB-GYN Ward	3	2.00
	OPD	1	0.67



Total

150

100.00

Table 1 presents the demographic profile of the 150 Generation Z Filipino newly registered nurses. The majority belonged to the 24–26 age group (69.33%), were female (76.00%), held a Bachelor of Science in Nursing degree (97.33%), and were single (92.67%). Most respondents were employed in private hospitals (75.30%), had 6–12 months of clinical experience (54.00%), and held regular employment status (68.00%). The most common unit assignments were Hemodialysis (16.67%), Medical Surgical Ward (14.67%), and Operating Room (12.67%).

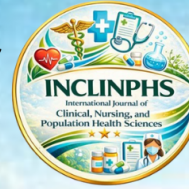
The female predominance in this sample reflects the historically gendered composition of the nursing profession, a pattern consistent both in the Philippines (Alibudbud, 2023) and globally, as Gusar et al. (2023) similarly reported a female-dominated gender distribution among newly employed nurses that corresponded to the usual composition of the nursing workforce. The concentration of respondents in the 24–26 age range with predominantly 6–12 months of experience is consistent with the profile of newly graduated nurses most susceptible to transition challenges during their initial practice period. Kim and Yeo (2021) confirmed that transition shock levels remained significantly elevated throughout the first 12 months, while job satisfaction concurrently declined, underscoring the vulnerability of nurses within this experience range. The high proportion of respondents in private hospitals corresponds with the documented tendency of private institutions to actively recruit new graduates, despite conditions that have contributed to resignation rates reaching 40% in such settings (Alibudbud, 2023). Furthermore, the distribution of respondents across diverse clinical units—from hemodialysis and medical-surgical wards to operating rooms and emergency departments—aligns with the findings of Willman et al. (2020), who noted that newly graduated nurses were deployed across various acute care settings where clinical competence development and support needs varied considerably. This deployment pattern reflects the staffing demands of participating hospitals and suggests that newly registered nurses in this sample were exposed to a broad range of clinical complexities during their transition period.

Table 2

Level of Transition Shock Experienced by Gen Z Filipino Newly Registered Nurses

Transition Shock	Mean	SD	Verbal Interpretation
1. I feel overwhelmed by my responsibilities as a new nurse.	3.70	1.11	High
2. I experience anxiety about my ability to perform nursing tasks correctly.	3.68	1.13	High
3. I feel unprepared for the realities of nursing practice despite my education.	3.02	1.26	Moderate
4. I frequently worry about making mistakes that could harm patients.	3.73	1.17	High
5. The transition from student to professional nurse has been more difficult than I expected.	3.52	1.19	High
6. I feel stressed by the amount of new information I need to learn.	3.23	1.17	Moderate
7. I question my decision to become a nurse.	2.45	1.35	Low
8. I feel inadequate in my clinical skills and knowledge.	2.81	1.10	Moderate
9. I experience physical and emotional exhaustion from my work.	3.87	1.08	High
10. I feel frustrated by the differences between what I learned in school and actual practice.	3.43	1.11	High
11. I have difficulty managing multiple patient care demands simultaneously.	3.07	1.17	Moderate
12. I feel unprepared to handle emergency or unexpected situations.	2.97	1.06	Moderate
13. I experience fear and insecurity when working independently.	2.83	1.16	Moderate
14. I feel disconnected from my colleagues and the healthcare team.	2.01	1.07	Low
15. The pace and intensity of work is overwhelming for me.	2.77	1.05	Moderate
Grand Mean	3.15	0.79	Moderate

Table 2 presents the level of transition shock experienced by Gen Z Filipino newly registered nurses. The highest mean pertains to physical and emotional exhaustion from work (Mean = 3.87; SD = 1.08), interpreted as High, indicating that physiological and psychological fatigue is the primary manifestation of transition shock. This corroborates Zhao et al. (2024), who found that newly graduated nurses are susceptible to exhaustion from multifaceted pressures of adapting to new environments. Wang et al. (2024) similarly identified a "physical fatigue–lack of knowledge" subgroup among new graduates who maintained perpetual work at the expense of rest. In the



Philippine context, Labrague (2024) demonstrated that transition shock among novice emergency room nurses contributed to heightened emotional exhaustion, adverse patient events, and diminished care quality.

Closely following are worry about making mistakes (Mean = 3.73; SD = 1.17) and feeling overwhelmed by responsibilities (Mean = 3.70; SD = 1.11), both High, reflecting heightened performance anxiety. Frustration over the theory-practice gap (Mean = 3.43; SD = 1.11) and the transition being more difficult than expected (Mean = 3.52; SD = 1.19) were also High. These align with Duchscher's (2009) identification of primary fears among new graduates — being exposed as clinically incompetent and inadvertently harming patients. Factor et al. (2017) further noted that Filipino nursing students discover significant discrepancies between classroom instruction and actual practice, intensifying error-related anxiety during transition.

Seven items received Moderate interpretations: feeling stressed by new information (Mean = 3.23; SD = 1.17), difficulty managing multiple demands (Mean = 3.07; SD = 1.17), feeling unprepared for practice realities (Mean = 3.02; SD = 1.26), feeling unprepared for emergencies (Mean = 2.97; SD = 1.06), fear when working independently (Mean = 2.83; SD = 1.16), feeling inadequate in clinical skills (Mean = 2.81; SD = 1.10), and the pace of work being overwhelming (Mean = 2.77; SD = 1.05). This cluster indicates that while respondents acknowledge gaps in clinical preparedness and workload management, these concerns have not escalated to critical levels, suggesting adaptive coping.

The lowest mean was recorded for feeling disconnected from colleagues (Mean = 2.01; SD = 1.07), interpreted as Low, suggesting adequate team integration attributable to Filipino cultural values of *pakikipagkapwa* (shared identity) and *kapamilya* (familial closeness). Zhang et al. (2024) similarly emphasized that diversified social support is crucial in mitigating transition shock. Questioning the decision to become a nurse (Mean = 2.45; SD = 1.35), also Low, indicates resilient professional commitment, consistent with Kaldal et al. (2024), who identified sustained vocational commitment as a critical protective factor against turnover during the first year of employment. The grand mean of 3.15 (SD = 0.79), interpreted as Moderate, aligns with Myint Lay and Masingboon (2025), who reported that transition shock among nurses is generally at a medium level, and is consistent with Duchscher's (2009) Transition Shock Theory. The moderate rather than severe experience suggests that while these nurses encounter expected challenges of professional role transition, buffering factors — particularly collegial support and sustained vocational commitment — help temper the overall shock experience.

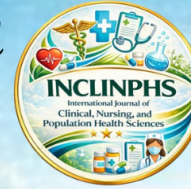
Table 3

Level of Organizational Support Perceived by Gen Z Filipino Newly Registered Nurses

Organizational Support	Mean	SD	Verbal Interpretation
1. The hospital values my contribution to its well-being.	3.61	1.04	High
2. The hospital strongly considers my goals and values.	3.55	0.99	High
3. The hospital shows very little concern for me. (R)	2.70	1.04	Moderate
4. The hospital cares about my opinions.	3.14	1.09	Moderate
5. The hospital is willing to help me when I need a special favor.	3.21	1.01	Moderate
6. Help is available from the hospital when I have a problem.	3.46	0.97	High
7. The hospital really cares about my well-being.	3.21	0.98	Moderate
8. The hospital takes pride in my accomplishments at work.	3.29	0.93	Moderate
9. I received adequate orientation to my unit and responsibilities.	3.82	0.91	High
10. I have access to a designated preceptor or mentor when needed.	4.08	0.99	High
11. My supervisor provides regular feedback on my performance.	3.87	0.96	High
12. Training and continuing education opportunities are available to me.	3.89	0.98	High
13. The hospital provides resources necessary for me to do my job well.	3.57	1.04	High
14. I feel supported by nursing leadership in my professional development.	3.78	0.93	High
Grand Mean	3.51	0.61	High

Note. (R) = reverse-scored item. For reverse-scored items, lower raw means indicate more positive perceptions. Item 3 was reverse-coded when computing the grand mean.

Table 3 presents the level of perceived organizational support among Gen Z Filipino newly registered nurses. The highest mean pertains to having access to a designated preceptor or mentor (Mean = 4.08; SD = 0.99), interpreted as High, signifying robust and accessible mentorship structures within the selected hospitals. Choi and Yu (2022) found that preceptors' mentoring function positively influenced novice nurses' self-efficacy and organizational commitment, while Chen et al. (2021) recommended maintaining fixed one-on-one preceptor relationships as essential for safe skill performance and mitigating transition shock. This aligns with broader evidence that mentoring



programs minimize stress, guide careers, and facilitate skill retention among recent graduates (Mínguez Moreno et al., 2023).

Other High-rated items include training and continuing education opportunities (Mean = 3.89; SD = 0.98), supervisory feedback (Mean = 3.87; SD = 0.96), adequate orientation (Mean = 3.82; SD = 0.91), nursing leadership support (Mean = 3.78; SD = 0.93), the hospital valuing contributions (Mean = 3.61; SD = 1.04), providing necessary resources (Mean = 3.57; SD = 1.04), considering nurses' goals (Mean = 3.55; SD = 0.99), and availability of help (Mean = 3.46; SD = 0.97). These results indicate that structural and developmental dimensions of support are the areas where respondents perceive the strongest institutional investment, consistent with Charette et al. (2019), who identified orientation programs, unit stability, and workload management as key factors influencing newly graduated nurses' competency development.

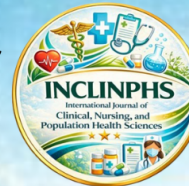
In contrast, five items received Moderate interpretations, all pertaining to affective and relational dimensions: the hospital taking pride in accomplishments (Mean = 3.29; SD = 0.93), caring about well-being (Mean = 3.21; SD = 0.98), willingness to help with special favors (Mean = 3.21; SD = 1.01), caring about opinions (Mean = 3.14; SD = 1.09), and the reverse-worded item indicating little concern (Mean = 2.70; SD = 1.04). This divide between High structural support and Moderate affective support is consistent with Wang et al. (2023), who found that instrumental support scores were higher than emotional support scores among nurses. The reverse-coded item's raw mean of 2.70 indicates general disagreement with the negative statement but not strong disagreement, suggesting room for hospitals to demonstrate more visible personal concern.

The grand mean of 3.51 (SD = 0.61), interpreted as High, demonstrates that Gen Z Filipino newly registered nurses perceive a high level of organizational support overall. This is meaningful in light of Eisenberger et al.'s (1986) Organizational Support Theory, which posits that perceived organizational valuation strengthens commitment and reduces turnover. Pu et al. (2024) corroborated this, noting that high perceived organizational support increases commitment, reduces burnout, and improves retention among nurses. However, the pattern reveals a notable gap: while respondents perceive strong investment in professional development infrastructure, the affective dimensions — valuing opinions, recognizing accomplishments, and demonstrating genuine concern — remain moderate. This represents a critical opportunity for hospitals to strengthen emotional support mechanisms to meet the expectations of Generation Z nurses, who prioritize collaborative decision-making and institutional responsiveness (Tussing et al., 2024).

Table 4

Level of Clinical Competence Among Gen Z Filipino Newly Registered Nurses

Clinical Competence	Mean	SD	Verbal Interpretation
A. Direct Clinical Practice			
1. I can independently perform systematic health assessments of patients.	3.93	0.72	Competent
2. I can identify and prioritize patient care needs appropriately.	4.07	0.73	Competent
3. I can develop individualized nursing care plans based on patient assessments.	4.03	0.73	Competent
4. I can implement nursing interventions safely and effectively.	4.19	0.68	Competent
5. I can recognize and respond appropriately to changes in patient conditions.	4.05	0.70	Competent
Sub-mean	4.06	0.63	Competent
B. Professional Development			
1. I actively seek opportunities to improve my clinical knowledge and skills.	4.41	0.70	Highly Competent
2. I reflect critically on my nursing practice to identify areas for improvement.	4.41	0.71	Highly Competent
3. I keep myself updated with current evidence-based nursing practices.	4.15	0.84	Competent
4. I participate in continuing education and professional development activities.	4.21	0.81	Highly Competent
Sub-mean	4.27	0.66	Highly Competent
C. Ethical Decision-Making			
1. I can identify ethical issues in patient care situations.	4.08	0.71	Competent
2. I advocate for patients' rights and preferences in healthcare decisions.	4.35	0.70	Highly Competent



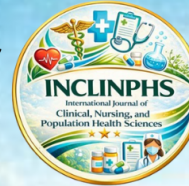
3. I maintain patient confidentiality and privacy in all situations.	4.57	0.68	Highly Competent
4. I practice nursing within professional and legal standards.	4.51	0.67	Highly Competent
Sub-mean	4.37	0.62	Highly Competent
D. Clinical Leadership			
1. I can delegate tasks appropriately to other healthcare team members.	3.92	0.81	Competent
2. I take initiative in improving patient care processes in my unit.	4.20	0.73	Competent
3. I can manage my time effectively to meet patient care demands.	4.07	0.81	Competent
4. I demonstrate accountability for my nursing actions and decisions.	4.33	0.77	Highly Competent
Sub-mean	4.12	0.66	Competent
E. Cooperation and Consultation			
1. I communicate effectively with physicians and other healthcare professionals.	4.32	0.69	Highly Competent
2. I collaborate well with the healthcare team in providing patient care.	4.35	0.71	Highly Competent
3. I seek consultation from senior nurses when needed.	4.49	0.73	Highly Competent
4. I contribute constructively to team discussions about patient care.	4.25	0.74	Highly Competent
Sub-mean	4.35	0.66	Highly Competent
F. Critical Thinking			
1. I can analyze patient situations and make sound clinical judgments.	4.06	0.66	Competent
2. I can anticipate potential complications in patient care.	4.05	0.73	Competent
3. I use evidence-based practice to guide my nursing interventions.	4.09	0.75	Competent
4. I can evaluate the effectiveness of nursing interventions and modify as needed.	4.15	0.72	Competent
Sub-mean	4.09	0.64	Competent
Grand Mean	4.21	0.55	Highly Competent

Table 4 presents the level of clinical competence among Gen Z Filipino newly registered nurses across six domains. Ethical decision-making obtained the highest sub-mean (Mean = 4.37; SD = 0.62), interpreted as Highly Competent, with maintaining patient confidentiality and privacy receiving the highest individual item score across all domains (Mean = 4.57; SD = 0.68). This is consistent with Willman et al. (2020), who found that newly graduated Swedish nurses assessed their competence as highest in ethics and team collaboration. However, identifying ethical issues received the lowest score within this domain (Mean = 4.08; SD = 0.71), which Lockertsen and Mo (2024) attributed to the experience-based moral sensitivity required for recognizing subtle ethical dilemmas in real-time clinical scenarios.

Cooperation and consultation ranked second (Mean = 4.35; SD = 0.66), with seeking consultation from senior nurses scoring highest (Mean = 4.49; SD = 0.73), indicating active recognition of expertise limits and alignment with the Filipino cultural value of *kapwa* (shared identity). This is consistent with Willman et al.'s (2020) findings. Professional development ranked third (Mean = 4.27; SD = 0.66), with actively seeking improvement opportunities and critically reflecting on practice both scoring highest (Mean = 4.41). Notably, this contrasts with Willman et al. (2020), who reported professional development as among the lowest-rated domains among Swedish nurses — the stronger orientation among Filipino respondents may reflect career-driven motivations tied to licensure renewal and career advancement in the Philippine context.

Clinical leadership (Mean = 4.12; SD = 0.66) was interpreted as Competent, with delegation scoring lowest in this domain (Mean = 3.92; SD = 0.81). This corroborates Joseph et al. (2022), who reported that 55% of new graduate nurses lacked confidence in delegation, consistent with Clarke's (2021) finding that delegation is rarely practiced during undergraduate education. Critical thinking obtained the lowest sub-mean (Mean = 4.09; SD = 0.64), with anticipating potential complications scoring lowest (Mean = 4.05; SD = 0.73). Willman et al. (2020) similarly found critical thinking consistently rated lowest and the only domain that did not significantly increase over the first 15 months of practice, while Lindfors et al. (2022) noted these competencies rely heavily on accumulated clinical experience.

Direct clinical practice (Mean = 4.06; SD = 0.63) showed highest scores for implementing interventions safely (Mean = 4.19; SD = 0.68) and lowest for independently performing health assessments (Mean = 3.93; SD = 0.72), a pattern consistent with Benner's (1984) novice-to-expert framework wherein advanced beginners are more proficient in executing prescribed interventions than conducting comprehensive autonomous assessments.



The grand mean of 4.21 (SD = 0.55), interpreted as Highly Competent, demonstrates a competency profile consistent with existing literature: strongest in ethics, collaboration, and professional development, while direct practice, leadership, and critical thinking represent areas still developing. This hierarchy reflects Duchscher's (2008) description of the early "doing" stage, wherein newly graduated nurses prioritize protocol adherence and seek guidance before gradually developing autonomous judgment and leadership capacities.

Table 5
Level of Retention Intention Among Gen Z Filipino Newly Registered Nurses

Retention Intention	Mean	SD	Verbal Interpretation
1. I intend to remain working at this hospital for at least the next year.	3.43	1.11	High
2. I am committed to building my nursing career in this organization.	3.57	1.04	High
3. I frequently think about leaving my current position. (R)	3.19	1.04	Moderate
4. I am actively looking for job opportunities at other hospitals. (R)	3.01	1.28	Moderate
5. I plan to stay in nursing as a profession for the long term.	4.06	0.99	High
6. I would recommend this hospital as a good place to work for new nurses.	3.60	1.06	High
7. I see a future for myself at this institution.	3.09	1.03	Moderate
8. I am satisfied enough with my current position to want to stay.	3.15	1.13	Moderate
Grand Mean	3.38	0.49	Moderate

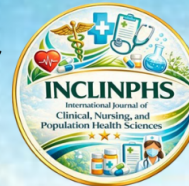
Note. (R) = reverse-scored item. For reverse-scored items, lower raw means indicate stronger retention intention. Items 3 and 4 were reverse-coded when computing the grand mean.

Table 5 presents the level of retention intention among Gen Z Filipino newly registered nurses. The highest mean pertains to planning to stay in nursing as a profession for the long term (Mean = 4.06; SD = 0.99), interpreted as High, revealing a clear distinction between professional and organizational commitment. This pattern is consistent with Kaldal et al. (2024), who reported that newly graduated Danish nurses viewed their first employment as a "springboard" before moving to other settings. In the Philippine context, this professional-over-organizational orientation is further shaped by the country's migration culture, wherein nursing is historically regarded as a pathway to overseas employment (Labrague et al., 2018).

The next highest means — recommending the hospital as a good workplace (Mean = 3.60; SD = 1.06), commitment to building a career in the organization (Mean = 3.57; SD = 1.04), and intending to remain for at least the next year (Mean = 3.43; SD = 1.11) — were all interpreted as High but positioned at the lower threshold, reflecting conditional rather than wholehearted institutional endorsement. Pressley and Garside (2023) similarly identified that nurses stay when they experience both job satisfaction and organizational commitment, with these factors weighing differently across generations.

Four items received Moderate interpretations, indicating ambivalence. Seeing a future at the institution (Mean = 3.09; SD = 1.03) and being satisfied enough to stay (Mean = 3.15; SD = 1.13) suggest that present experience does not translate into long-term institutional attachment. Tan and Chin (2023) found that Generation Z nurses place significantly greater emphasis on work-life balance and desire recognition despite their young age, indicating that traditional retention approaches may be insufficient. The reverse-coded items — actively looking for opportunities elsewhere (Mean = 3.01; SD = 1.28) and frequently thinking about leaving (Mean = 3.19; SD = 1.04) — further illustrate this indecision, representing a critical intervention window before latent dissatisfaction crystallizes into actual turnover. Myint Lay and Masingboon (2025) reported a pooled turnover intention prevalence of 36% among new nurses across eight countries, underscoring this workforce segment's vulnerability.

The grand mean of 3.38 (SD = 0.49), interpreted as Moderate, demonstrates that overall retention intention is precarious and conditional. This closely mirrors Labrague et al. (2018), who reported moderate organizational commitment (3.13 ± 0.24) among Filipino nurses in rural hospitals, suggesting a systemic rather than situational phenomenon. Galanis et al. (2024) further established a moderate negative correlation between organizational support and turnover intention (r = -0.32, n = 5,754 nurses), indicating that strengthening support mechanisms can meaningfully influence retention. The divergence between high professional commitment and moderate organizational retention signals that these nurses possess vocational dedication but their institutional attachment remains contingent upon whether organizations meet their expectations for growth, support, and recognition.

**Table 6***Spearman's Correlational Analysis among Gen Z Filipino Newly Registered Nurses*

Variables	Spearman's Rho	p-value	Decision of Ho	Verbal Interpretation
Transition Shock * Clinical Competence	-0.170	0.073	Fail to Reject Ho	Not Significant
Transition Shock * Retention Intention	-0.082	0.390	Fail to Reject Ho	Not Significant
Organizational Support * Transition Shock	-0.007	0.940	Fail to Reject Ho	Not Significant
Clinical Competence * Retention Intention	0.390***	<.001	Reject Ho	Significant
Organizational Support * Retention Intention	0.561***	<.001	Reject Ho	Significant

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 6 presents the Spearman's rank correlation analysis among transition shock, organizational support, clinical competence, and retention intention. No significant relationships were found between transition shock and clinical competence ($\rho = -0.170$, $p = .073$), transition shock and retention intention ($\rho = -0.082$, $p = .390$), or organizational support and transition shock ($\rho = -0.007$, $p = .940$); thus, the null hypotheses H_{01} , H_{02} , and H_{03} fail to be rejected. These findings indicate that transition shock operates independently of the other study variables among the respondents.

Although the inverse trend between transition shock and clinical competence fell short of significance, it warrants contextual consideration. Chen et al. (2021) found a significant but weak negative correlation ($r = -0.21$, $p < .01$) among Chinese newly graduated nurses, with only the emotional and sociocultural-developmental subscales significantly correlated with competency. Tong et al. (2024) similarly reported a modest negative impact of core competency on transition shock ($\beta = -0.151$, $p = .026$), with self-efficacy mediating 57.34% of the total effect. The borderline result in the present study suggests the relationship may be attenuated by mediating variables such as self-efficacy or collegial support.

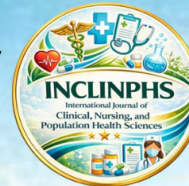
A significant positive relationship was found between clinical competence and retention intention ($\rho = 0.390$, $p < .001$), a medium effect size per Cohen's (1988) benchmarks, leading to the rejection of H_{04} . This is consistent with Ko and Gu (2020), who reported a significant positive correlation ($r = .33$, $p < .001$) among 232 Korean new graduate nurses. The association underscores the role of professional self-efficacy in sustaining retention — nurses who feel clinically competent develop greater confidence that reinforces organizational commitment (Benner, 1984).

Organizational support and retention intention yielded the strongest association ($\rho = 0.561$, $p < .001$), a large effect size, resulting in the rejection of H_{05} . This aligns with Galanis et al.'s (2024) meta-analytic pooled correlation ($r = -0.32$, 95% CI: -0.42 to -0.21 , $n = 5,754$ nurses), with the present study's larger effect size likely reflecting the heightened salience of institutional support during the early career stage. Pu et al. (2024) similarly demonstrated that perceived organizational support significantly increases nurses' intention to stay, partially mediated by psychological resilience. The larger effect size for organizational support compared to clinical competence suggests that institutional mechanisms exert a stronger influence on retention than self-assessed proficiency among this population.

The near-zero correlation between organizational support and transition shock ($\rho = -0.007$, $p = .940$) aligns with Duchscher's (2009) conceptualization of transition shock as a normative developmental process that occurs regardless of environmental conditions. This implies that organizational support cannot eliminate transition shock but may help nurses navigate it without negatively impacting competence or retention. The overall pattern confirms that transition shock is decoupled from retention and competence, while organizational support and clinical competence independently drive retention intention. Future research should explore whether emotional versus instrumental support differentially influences transition shock dimensions, as Wang et al. (2023) demonstrated that these dimensions function distinctly in nurses' perceptions of institutional care.

Conclusions

This study examined the relationships among transition shock, organizational support, clinical competence, and retention intention among Generation Z Filipino newly registered nurses in selected tertiary and secondary



hospitals in Pampanga and Bulacan provinces, Central Luzon, Philippines. The respondents experienced moderate transition shock, predominantly manifested as physical and emotional exhaustion, with low social disconnection from colleagues — suggesting that Filipino cultural values of collectivism serve as protective factors during role transition.

Perceived organizational support was high, particularly in structural dimensions such as mentorship access, training opportunities, and supervisory feedback; however, affective dimensions — including recognition, well-being concern, and responsiveness to opinions — remained moderate, indicating a gap between instrumental and emotional support. Clinical competence was self-assessed as high, with strengths in ethical decision-making and collaborative practice, while critical thinking and clinical leadership represented areas for continued growth. Retention intention was moderate, reflecting stronger professional commitment than organizational commitment.

Spearman's correlation analysis revealed that transition shock was not significantly associated with clinical competence, retention intention, or organizational support. In contrast, organizational support and clinical competence demonstrated significant positive correlations with retention intention, with large and medium effect sizes, respectively. These findings indicate that retention among Generation Z Filipino newly registered nurses is driven not by the absence of transition shock, but by the presence of strong institutional support and professional self-efficacy.

Recommendations

Hospital administrators may strengthen the affective dimensions of organizational support by establishing recognition programs, creating channels for voicing workplace concerns, and training nurse managers in emotionally responsive leadership. Staffing adequacy and workload distribution may also be evaluated to mitigate the physical and emotional exhaustion identified as the highest-rated transition shock dimension.

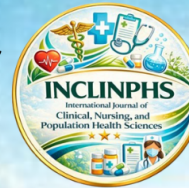
Nursing education and training departments may emphasize continuing education in advanced clinical judgment, emergency preparedness, and evidence-based decision-making, as critical thinking was the lowest-rated competency domain. Regular competency assessments with constructive feedback beyond initial orientation would help sustain professional confidence throughout the first year of practice.

Healthcare institutions may formalize preceptor-mentee relationships beyond orientation and develop retention-focused strategies — including career pathway programs, professional growth incentives, and work-life balance initiatives — that address moderate organizational commitment and align with Generation Z workplace expectations. Newly registered nurses are encouraged to actively engage with available mentorship and professional development opportunities to strengthen organizational belonging.

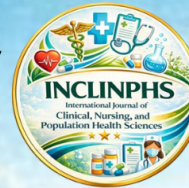
Future researchers may consider longitudinal designs tracking changes in the study variables over time, qualitative approaches exploring the distinction between professional and organizational commitment, and investigations into whether emotional versus instrumental support differentially influences transition shock dimensions. Expanding the study across multiple provinces and diverse hospital settings would enhance generalizability.

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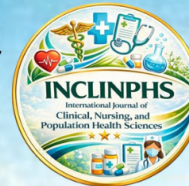
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