

A Qualitative Study on the Workplace Adaptation Experience of Newly Hired Nursing Graduate Students

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Abstract

Objective: To explore the authentic experiences of newly employed nursing graduates in adapting to the workplace, with the aim of providing a reference for developing targeted intervention strategies and personalized training programs.

Methods: A descriptive qualitative research design was adopted, using purposeful sampling to select 12 newly employed nursing graduates from tertiary hospitals in Anhui Province for semi-structured interviews. Colaizzi's seven-step analysis method was applied to extract themes.

Results: Four main themes and 11 subthemes were identified: multidimensional manifestations of the adaptation experience (role transition conflict, hidden heavy workload, significant mental exhaustion, and expectation gaps arising from multiple roles); ineffective coping with professional challenges (barriers in clinical communication, lifestyle imbalance, and diminished professional confidence); perception of and seeking support systems (lack of supportive resources and sense of belonging); and reshaping through adversity: adaptation and transformation (self-adjustment, seeking supportive resources, changes in professional perception, and shifts in self-perception).

Conclusion: The level of workplace adaptation among newly employed nursing graduates is crucial to their future career development. Nursing managers should pay attention to their adaptation experiences and provide individualized interventions to help reduce occupational maladjustment, enhance clinical coping and communication skills, and thereby strengthen professional identity.

Introduction

With the continued expansion of higher education in nursing, the educational structure of China's nursing workforce is constantly improving. As of the end of 2024, the total number of registered nurses in hospitals nationwide reached 4.02 million, of whom 28,151 held master's degrees (accounting for 0.7%), marking a gradual transition of the nursing talent pool toward higher levels of education^[1]. Workplace adaptation is a dynamic process of coordination between an individual and their work environment, job tasks, and interpersonal relationships, with its core lying in achieving a positive interaction between the individual and the workplace^[2]. For newly hired nurses^[3], the gap between academic education and clinical practice, coupled with a lack of clinical experience and skills, can lead to varying degrees of workplace maladjustment during the role transition. This manifests as occupational burnout, self-doubt, and even a tendency to resign^[4–5]. Compared to new nurses with bachelor's or associate's degrees, new nurses with master's degrees face more complex and multifaceted role pressures. Hospitals place high expectations on nursing graduate students, requiring them not only to quickly become proficient in demanding clinical work but also to play a leading role in research, innovation, and department management. Under these multifaceted role pressures, this group is more prone to deeper adaptation difficulties. Although existing studies have explored the impact of factors such as social support^[6], psychological capital^[7], and other factors on the workplace adaptation of new nurses, they generally

lump nurses of different educational levels together and lack a focus on the dynamic adaptation experiences of new nurses with master’s degrees. Based on this, this study employs a descriptive qualitative research design to deeply explore the authentic adaptation experiences of newly hired nursing graduate students during their clinical work, with the aim of helping this group smoothly navigate the adaptation period and enhance their professional identity.

Methods

Study design

A qualitative phenomenology design was used in this study.

Participants

Purposive sampling was used to select newly hired nursing graduate students from a Grade III Class A hospital in Anhui Province as the study participants. Inclusion criteria: ①Full-time Master’s degree in nursing; ②Currently employed and registered nurses; ③Have worked at the current hospital for≥6 months and<2 years; ④Provided informed consent and voluntarily participated in this survey. Exclusion criteria: ①Interns or nurses on advanced training;②Those absent from work due to leave or illness during the survey period; ③Those who had taken≥3 months of continuous leave within the past year. The most representative subjects were selected using the maximum difference method. The sample size was determined when no new interview themes emerged and data saturation was achieved. Ultimately, 12 valid cases were included, and respondents were randomly assigned numbers N1-N12. General information about participants is presented in Table 1.

Table 1 General information of the research subjects

ID	Current Department Department	Hours Worked (per month)	Employment Type
N1	Neurosurgery	9	Contract-based
N2	Cardiology	10	Civil Service Position
N3	Respiratory Medicine	10	Contract-based
N4	Orthopedics	12	Contract-based
N5	Emergency Department	8	Contract-based
N6	General Surgery	11	Civil Service Position
N7	Intensive Care Unit	8	Contract-based
N8	Operating Room	10	Contract-based
N9	Thoracic Surgery	12	Contract-based
N10	Gynecology	11	HR Agent
N11	Neonatal Department	9	Contract-based
N12	Gastroenterology	10	Contract-based

Data Collection

This study employs a descriptive qualitative research method. Prior to the interview, contact was made with the participants to establish a relationship of trust, and a time and location for the interview were agreed upon. Before the interview began, the research objectives and significance were explained to the participants, along with the fact that the interview would be audio-recorded. The interview commenced only after the participants gave their full consent and signed an informed consent form. Interviews were limited to 30–60 minutes. Throughout the process, the interviewer maintained a neutral stance, avoided using leading questions, and carefully recorded the participants' nonverbal cues, such as facial expressions, tone of voice, and body language. At the conclusion of each interview, the interviewer expressed gratitude to the participant.

The research team formulated the interview guide based on the stated research objectives, review of literature, and discussion amongst team members. Two newly hired nursing graduate students were selected for pilot interviews, and the interview outline was revised based on the results of these pilot interviews. The pivotal questions featured within the interview guide are enumerated in Table 2.

Table 2 Outline of the semi-structured in-depth interview

Number	Main focus
1	How do you think you have adapted to your job since you started working here?
2	Since joining the company, have you experienced any particular difficulties in any aspect? Could you elaborate on it?
3	What impacts has poor workplace adaptation had on you? What do you think are the reasons for the poor adaptation experience?
4	How did you adjust or cope with the adverse experiences in the workplace?
5	Do you have any other feelings or suggestions that you would like to share?

Data Analysis

Immediately after the interview, the audio recording was transcribed into text, with the interviewee's nonverbal cues during their responses clearly annotated. Text analysis was conducted using Colaizzi's seven-step analysis method^[8] in conjunction with NVivo 11.0 software. Two researchers independently and repeatedly reviewed the interview data to extract meaningful statements, from which they further refined and synthesized themes. Where ambiguities or uncertainties arose, they sought clarification from the interviewees to ensure the completeness and reliability of the data.

Ethical considerations

This research has been approved by the First Affiliated Ethics Committee of Anhui University of Science and Technology. The researchers adhered to all ethical principles, including written informed consent, confidentiality, privacy, anonymity, and the right of participants to withdraw from the study. All participants gave informed consent to participate in the study voluntarily.

Results

A total of 12 newly recruited nursing graduate students were included in the study—including 3 males and 9 females. The youngest participant was 24 years old, and the oldest was 27 years old. The shortest working period was 8 months, and the longest was 12 months. Two of the participants were married, and the rest were unmarried. Other general information about participants is presented in Table 1.

Multidimensional Characteristics of the Adaptation Experience

Conflict in Role Transition

As they transition from school to clinical practice, newly hired nursing graduate students face a shift in their roles from students to nurses. Due to differences between academic education and clinical practice, coupled with insufficient professional knowledge and a lack of clinical experience, this group encounters obstacles in their role transition, which to some extent affects their adaptation to the workplace.

"I think the biggest challenge I've faced since starting this job is how to shift my mindset from that of a student to that of a nurse. During my graduate studies, I mostly engaged in research-related work, so I've become out of practice with clinical work. Now that I'm on the job, I need to independently take charge of a ward and manage patients. I feel a lot of psychological pressure and worry that I won't be able to handle it." (N2).

"Every time I'm transferred to a new department, I feel quite anxious. I feel like there's so much professional knowledge to learn, and I'm on edge every day at work, terrified of making a mistake." (N12).

"When I get home after a day's work, I feel really down. I don't want to do anything—I just want to lie down and clear my mind. I feel like working is much more exhausting than going to school. The pressure since starting work has been immense; I often have headaches and trouble sleeping. Sometimes, when patients or their families don't trust me, I feel wronged and tend to doubt myself." (N5).

Heavy Hidden Workload and Significant Mental Exhaustion

In this study, most respondents indicated that while fulfilling their primary job duties, they also had to juggle hidden tasks such as training, evaluations, and research. The heavy work pressure left them physically and mentally exhausted, exacerbating their experience of poor workplace adaptation.

"Every quarter, the hospital holds practical and theoretical training sessions and exams for new nurses. Most of the time, we have to sacrifice our rest time to complete these training requirements. Sometimes, we have to go straight to work immediately after training, which feels so exhausting." (N1).

"Every time I rotate to a new department, there are department-level practical and theoretical exams, as well as assessment requirements from the Nursing Department, which unknowingly add to our stress. After my shift, I'd like to rest, but the head nurse calls me in for department meetings or other matters—there's simply no way to decline." (N6).

"I used to think that graduate students wouldn't have to work night shifts, but it turns out I'm no different from everyone else. Not only do I have to handle my daily nursing responsibilities, but I also have to help senior faculty members and the head nurse with some research work. I'm already exhausted from my daily shift, and after work, I have to use my rest time to do extra work—doing the work of several jobs for a single salary. It feels really pointless." (N7).

Expectation Gaps Amid Multiple Roles

Society often holds a biased perception of nursing graduate students, assuming they should possess comprehensive professional competence. These high expectations mean they must not only fulfill their job duties but also take on additional tasks such as research, competitions, management, and teaching. However, their extra contributions are not reflected in their compensation or career development, creating a significant gap between expectations and reality.

"I feel like the title of 'graduate student' has put me on a pedestal. My own research capabilities are limited, but my superiors have very high expectations of me. I thought that once I graduated, I wouldn't have to do research so often, but it turns out I still have to do it—and I also have to do a good job in clinical work, juggling multiple roles."(N11).

"My status as a graduate student means the head nurse has high demands and expectations of me, but I don't feel I live up to the title. I still have much to learn, and these high expectations put a lot of pressure on me. Sometimes I regret it and wish I had just entered the workforce after earning my bachelor's degree." (N9).

The research skills learned during graduate school are difficult to directly apply in clinical practice, resulting in a disconnect between theory and practice.

"It's hard to find opportunities to apply the research knowledge gained during graduate school in clinical settings. They (senior nurses) have already developed fixed ways of thinking about their work. Even when I suggest what the guidelines require, they won't listen. Instead, because my clinical skills aren't as good as theirs, they belittle me, asking, 'What's the point of a graduate degree? You don't know anything anyway.'" (N4).

Ineffective Professional Coping

Barriers to Clinical Communication

The quality of nurse-patient communication is directly linked to the effectiveness of nursing care, yet a lack of adaptability in communication has become a major issue for newly hired nursing graduate students, exacerbating their difficulties in adapting to the workplace.

"When I'm on duty alone, I'm terrified of encountering emergencies. I feel my ability to communicate and coordinate with patients isn't sufficient yet, and I'm very worried that my handling of situations will leave patients dissatisfied."(N3).

"I'm on rotation—I'm not from this department. Sometimes patients ask very detailed questions. Although I can understand them, I don't know how to respond, and I don't dare to say anything off the cuff. I can only offer some hollow words of comfort and then tell the patient to go see a doctor."(N5).

"Not long after starting work, I realized how important nurse-patient communication is. A patient's dissatisfaction might stem from just one sentence. I tend to speak quite directly, and sometimes what I say isn't the answer the patient wants to hear, leading to misunderstandings. This has left me unsure of how to communicate with patients. I really admire the senior nurses in my department—they communicate with patients so smoothly. I feel my communication and adaptability skills still need improvement."(N8).

Imbalance in Life Rhythm

The unique nature of nursing work and the irregular shift schedules have, to a certain extent, restructured nurses' time, causing them to lose control over their personal time.

"Ever since I started clinical work, working on weekends and holidays has become the norm. My days off don't align with my friends', so I can't attend their get-togethers. Before I started working, I really enjoyed hiking, but now, because my work schedule is so irregular, I haven't gone out to have fun in a long time. Every day, it's just a back-and-forth between the hospital and home (sighs). My friends all say I'm so 'work-obsessed.'"(N12).

"Night shifts are really hard on the body. Every time I finish a night shift, I feel completely drained. All I want to do is sleep; I don't have the energy for social activities. When the ward is busy, I only get one day off after a night shift—I can't do anything but sleep—and the next day, the same routine starts all over again..."(N9).

"Even when I finally get two days off, I still have to attend department meetings, nursing rounds, and other activities. My personal time is completely taken up by work—I have absolutely no freedom, let alone time to pursue hobbies. Every day after work, all I want to do is just lie down. The thought of having to live like this for decades to come is just despairing."(N4).

Undermined Professional Confidence

Due to their young age, youthful appearance, and limited experience, some respondents reported frequently feeling a lack of trust from both patients and senior nurses, which undermined their professional confidence and intensified their sense of not fitting in at work.

"Every time I need to perform a procedure or provide health education to a patient, there's always a family member or patient who asks me how many years I've been working or if I'm new on the job. Their tone is full of suspicion, and some even outright refuse to let me perform the procedure. This kind of behavior has deeply shaken my self-confidence and makes me feel a great deal of pressure in my daily work."(N10).

"Last time I was inserting an IV catheter for a patient in the ward, the puncture failed. The patient immediately asked if I was using him as a practice subject and demanded that a more experienced nurse take over. To this day, I cannot forget his tone and expression at that moment."Newly hired nursing graduates typically receive standardized, simulated training in school; however, in clinical practice, they often encounter various unexpected situations and complex patients. The gap between textbooks and reality shatters their preconceived notions, leading to self-doubt. (N5).

"During scenario simulations at school, I was able to perform exceptionally well, but after starting work, I discovered that clinical practice is even more complex than I imagined, and sometimes I can't keep up with the pace."(N9).

"Once, a patient in my ward suddenly went into cardiac arrest. I panicked immediately—my mind went blank. Even the emergency protocols I knew by heart were overwhelmed by panic. Faced with questions from the

patient's family, I didn't know how to respond. A deep sense of helplessness made me question whether I was truly capable of shouldering the responsibilities of a nurse."(N6).

Perception and Seeking of Support Systems

Lack of Supportive Resources

Newly hired nursing graduate students entering clinical practice are often subject to high expectations from supervisors and colleagues, yet the supportive resources available to them are relatively scarce. This imbalance between "high demands and low support" significantly undermines their ability to adapt to the workplace.

"Although the head nurses in our department have extensive clinical experience and strong management skills, there are no graduate students in their department, and the hospital currently lacks a training program for graduate students. This has led to high expectations for graduate students, but the corresponding support resources haven't kept pace."(N7).

"They (senior nurses) always talk about how they did things back in the day; they don't understand the confusion and uncertainty I feel as a newcomer to clinical practice. They always expect me to be able to work independent shifts immediately after joining the department. I hope my preceptor can give me more positive and constructive feedback; rather than criticism, I'd much rather know how I should go about doing things."(N12).

Some interviewees pointed out that due to their own heavy clinical workload, preceptors find it difficult to provide systematic and in-depth guidance, causing the mentoring process to become merely a formality.

"My mentor is so busy. When I run into a problem and want to ask for advice, I look back and see that they're running around nonstop—they hardly have time for me. They usually fit mentoring into spare moments, so it can't really be systematic." In their interactions with supervisors or senior nurses in the department, respondents generally reported feeling undervalued. N1: "I've been in the department for several months, but the head nurse hasn't once discussed my career plan with me. Some staff members haven't even remembered my name. I feel very lost and don't know which direction to take."(N10).

Lack of a Sense of Belonging

Clinical departments vary significantly, requiring newly hired nursing graduate students to possess strong communication and adaptability skills when facing complex and ever-changing clinical environments. However, unfamiliar surroundings and an unestablished work rhythm create barriers to their integration into the department, leading to a lack of a sense of belonging and weakening their intrinsic motivation to adapt to the job.

"I had absolutely no sense of belonging during my rotations. Just when I finally got used to a ward, it was time to move on. There seemed to be a generation gap with the ward staff; I couldn't fit into their circle."

When they talked about family and children, I couldn't join the conversation at all—I felt like an outsider." (N3).

"Every time I'm assigned to a new department, I have to spend time re-learning the environment and workflows. The senior nurses are also quite cold; they're merciless when criticizing us junior nurses. The entire department is overwhelmed with patients and IV drips, and the pace is frenetic. Every day at work, I feel like I'm struggling to keep up—it's really grueling."(N2).

"Not having a fixed department is like being a rootless duckweed. I only stay in each department for three months, and I always feel a sense of distance from the senior nurses. The atmosphere in some departments isn't very good either, so I really don't want to stay any longer. It would be great if the hospital could adopt a system where we're assigned to a specific department first before rotating—that would help us improve our professional skills more quickly."(N11).

Rebuilding Amid Setbacks: Adaptation and Transformation

Self-Adjustment and Seeking Supportive Resources

Despite varying degrees of adjustment difficulties during the initial period of employment, the vast majority of respondents demonstrated positive resilience in the face of stress. Not only were they able to grow personally through setbacks, but they were also adept at proactively engaging diverse support systems to effectively manage their mental well-being.

"I've gradually adapted to the pace of clinical work now. When I encounter frustrating situations at work, I vent to my friends. Meeting up and chatting with them is like recharging my batteries—it greatly alleviates my negative emotions."(N1).

"Sometimes when I'm feeling frustrated, I remind myself that I made it through the difficulties of graduate school, so I'm confident I can handle clinical work too. My family also calls me often to ask about my work and life, and they frequently come to visit me. Their companionship and support give me a sense of security, making my rotation much more bearable."(N9).

"Although the pressure at work is intense and there are many frustrating things, I make plans with my 'workhorse' colleagues to go out and relax during my time off. We vent to each other about the things we've encountered, and having my colleagues by my side makes me feel like I'm no longer fighting this battle alone." (N7).

"After work or during my time off, I like to scroll through Douyin and Xiaohongshu to take my mind off things. Sometimes, when I'm unsure about something, I'll confide in my advisor, and she'll offer me some guidance."(N4).

Shifts in Career Perception

Some interviewees reduced their internal conflict and workplace discomfort by lowering their career expectations and establishing professional boundaries.

"I don't like mixing work and personal life; I prefer to have my own independent space. Colleagues are just colleagues—I maintain a proper distance and keep our interactions professional at work. When sharing daily updates online, I block my colleagues so they don't know about my personal matters. Maintaining these boundaries gives me a sense of peace of mind."(N2).

"The job market is so tough right now. There are more and more graduate students, and a degree no longer gives you an edge when job hunting. No matter how much I dislike this job, I have no choice but to grit my teeth and keep going. Whenever I feel like I can't take it anymore, I tell myself that finding a job isn't easy, and it's all the same wherever you work—as long as I get paid on time, that's all that matters (wry smile)." (N8).

Finding fulfillment and a sense of accomplishment at work can effectively reduce feelings of maladjustment and the desire to quit, helping respondents develop a sense of professional identity and achieve a shift in their professional perception.

"It's very rewarding to receive recognition from patients, their families, and my supervising instructors at work. Since I've chosen this profession, I have to be responsible for my patients and do my very best. I believe that through everyone's efforts, this industry will gradually improve."(N12).

Transformation of Self-Perception

Some interviewees did not remain confined by their current circumstances but actively transformed cognitive conflicts into intrinsic motivation. Through independent study and self-improvement, they continuously strengthened their sense of self-efficacy, achieving a dual reshaping of their professional roles and thought patterns.

"I usually carry a notebook with me. Whenever I encounter new concepts or things I don't understand at work, I jot them down right away. I also take the time to organize my workflows, and gradually I've been able to keep up with my mentors' way of thinking. I believe that if others can do it, so can I. If there's something I don't know, I'll just ask more questions, listen more, and learn more." Difficulties adapting to the workplace often manifest as physical exhaustion and mental drain, but positive self-affirmations can effectively mitigate the impact of negative emotions. (N10).

"It's normal to feel pressure; what matters is not letting that pressure overwhelm you. I relieve stress by binge-watching TV shows and scrolling through videos, and I often remind myself not to get bogged down in self-doubt."(N3).

"I don't want to settle for the status quo. In my free time, I push myself to write articles, apply for research grants, and study professional knowledge. Keeping a full schedule of tasks helps me avoid getting caught

up in negative work-related emotions and is also crucial for my future career development. I view the hard work I'm putting in now as a way to build up experience."(N6).

Discussion

The results of this study indicate that the workplace adaptation experiences of newly hired nursing graduate students are multidimensional and dynamic, including role transition conflicts, heavy invisible burdens, and discrepancies between multiple expectations. This is consistent with the findings of a study by He et al.^[9] on the clinical adaptation experiences of nine master's degree graduates in nursing. The reason for this may lie in the dual-role dilemma stemming from their status as graduate students, which complicates their adaptation experiences. Some respondents mentioned that heavy clinical workloads and additional research tasks led them to experience internal conflict and self-doubt, resulting in diminished professional confidence. This is similar to the findings of Mesk et al.^[10]. The disconnect between theory and practice requires a certain adjustment period. Hospitals should assign rotation departments based on the capabilities and professional specializations of newly hired nursing graduate students and allow them sufficient time to transition into their new roles^[11]. In this study, respondents indicated that although they held advanced degrees, their limited knowledge base and practical skills resulted in limited influence in their daily work. Their research skills could not be directly applied to clinical practice, and they were required to work night shifts just like undergraduate students, rendering their educational advantage meaningless and leading to a sense of failure due to high effort and low return. Research by Shannon et al.^[12] indicates that respecting nurses' voice can not only alleviate workplace stress and burnout but also strengthen the foundation of professional identity by reawakening a sense of value. Hospitals should establish personalized career development pathways for nursing graduate students early in their careers and incorporate research output and innovative achievements into the performance evaluation system to recognize their value and contributions. At the same time, they should grant them an appropriate level of voice to enhance their sense of self-worth and professional identity. A survey by Han Yingting et al.^[13] indicates that psychological training based on the Reality Shock Theory can help newly hired nurses alleviate role conflict and work-related stress while increasing their sense of professional identity. This suggests that nursing managers should prioritize this group's workplace adaptation experience, establish "mental health stations," and conduct psychological training for new hires on an irregular basis to help them clarify their career development paths. Additionally, they should guide graduate students to apply their research capabilities to solving practical clinical problems, thereby resolving the "disconnect between academic learning and practical application" and facilitating a smooth transition through the professional adaptation period.

This study found that hospital administrators have high expectations for newly hired nursing graduate students, expecting them to quickly adapt to clinical work while also producing innovative research. However, insufficient training in research capabilities and a lack of support systems have left respondents generally caught in a dilemma of high expectations and low support, further exacerbating their difficulties in workplace adaptation. These findings are consistent with the research results of Liu

Shunfang et al.^[14] .This study found that insufficient support from leadership, negative evaluations from senior nurses, societal prejudice against nursing, hidden work tasks, and a lack of a sense of belonging are hidden sources of stress during this group's workplace adaptation process. Meanwhile, multifaceted organizational support can mitigate the impact of these multiple stresses on this group, helping them reduce emotional exhaustion and enhance psychological capital^[15]. In the study by Kaldheim et al^[16], participants emphasized that support from leaders and colleagues played a crucial role in their successful transition to clinical practice; positive feedback from others can boost new hires' professional confidence and promote the group's ongoing professional development. Therefore, hospitals should proactively address the "high expectations–low support" dilemma faced by nursing graduate students by providing an effective support system in the workplace. This can be achieved through the implementation of a mentorship program^[17] to compensate for the self-exhaustion caused by a lack of mentoring support. At the same time, efforts should be made to strengthen the retraining of this group's research capabilities, provide multi-channel learning pathways, and reasonably schedule research tasks based on individual abilities and time availability, so that they feel valued and respected, thereby enhancing their workplace adaptation. Furthermore, by shaping the professional image of the nursing profession and clarifying the role of nurses, the public can be guided toward a correct understanding of the value of nursing, and external recognition can be internalized as professional momentum driving continuous development.

Although newly hired nursing graduates generally experience maladjustment and frustration during workplace adaptation, most respondents did not passively endure these challenges. Instead, through active self-adjustment, they proactively sought supportive resources, established professional boundaries, and restructured their perceptions—demonstrating the importance of intrinsic motivation in workplace adaptation. This aligns with the research by Pavlacic et al.^[18] .Intrinsic motivation is an endogenous driving force that originates from an individual's own needs and is fueled by positive psychological capital such as self-efficacy and a sense of personal responsibility; it can guide individuals to take appropriate actions to fulfill their needs and achieve functional adaptation^[19] .In this study, when faced with workplace maladjustment, some participants—driven by their own intrinsic motivation—tended to shift their mindset and adopt proactive coping strategies, which to some extent alleviated negative emotions and occupational burnout. For newly graduated nurses, strengthening the cultivation of intrinsic motivation is crucial for coping with the challenges of their new roles.A study by Ibrahim et al.^[4] indicates that strong intrinsic motivation correlates well with professional identity, helping individuals develop a sense of professional responsibility and believe in their ability to effect change in the workplace, thereby reducing feelings of workplace maladjustment and helplessness. Kim et al.^[20] found that self-efficacy plays a crucial role in helping newly hired nurses adapt to the clinical environment, improve job satisfaction and retention intentions, and overcome stress and burnout. This suggests that managers should take appropriate measures to help newly hired nursing graduate students stimulate their intrinsic motivation, identify positive psychological capital, and enhance self-efficacy. This will encourage this group to actively engage in self-adjustment and cognitive restructuring, thereby reducing

feelings of workplace maladjustment and promoting the stability and sustainable development of the nursing workforce.

Conclusions

Through semi-structured interviews, this study thoroughly explored the workplace adaptation experiences of newly hired nursing graduate students, providing a reference for the development of targeted intervention strategies. When newly hired nursing graduate students first enter clinical practice, they are prone to challenges such as role transition conflicts, poor workplace adaptation, and diminished professional confidence. They must continuously adjust themselves amid these conflicts to adapt to the complex and ever-changing clinical environment. Managers should prioritize this group's workplace adaptation experiences, provide multi-channel supportive resources, and help them adapt to the clinical environment as quickly as possible while strengthening their professional identity and sense of belonging. This study has certain limitations; the sample was drawn exclusively from Anhui Province, which may affect the generalizability of the results. It is recommended that future studies expand the sources and number of interviewees to enhance the applicability of the findings. Additionally, longitudinal studies could be conducted to investigate trends in the workplace adaptation experiences of newly hired nursing graduate students at different stages, thereby providing a more comprehensive understanding of this group's workplace adaptation experiences.

Declarations

Ethics approval and consent to participate

This research has been approved by the First Affiliated Ethics Committee of Anhui University of Science and Technology. The study was conducted in accordance with the guidelines of good clinical Practice and the recommendations of the Declaration of Helsinki developed by the World Medical Association. Participation in this survey is voluntary, no personal data is collected and remains anonymous at all times. All potential participants received written information about the study (reason for the study, purpose, process, data protection) and had the opportunity to contact the investigator at any time during the study. Informed consent was obtained from participants prior to participating in the study.

Consent for publication Not applicable.

Availability of data and materials

The authors confirm that the Data supporting the findings of this study are available within the article.

Competing interests

The authors declare no competing interests.

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Authors' contributions

Wen-hui Li: Brewing and design research, implementation research.

Wen-hui Li, Xiaoli Xing: Paper writing and revision.

Wen-hui Li, Bu Xu: Data collection and analysis.

RONG Xiangxia, Xiaoli Xing: Brewing and design research, critical review of the intellectual content of the article.

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