



Transition and Challenges of Newly Employed Nurses: A Review

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Abstract

Introduction. The adaptation of newly graduated nurses to clinical practice is a complex process characterized by the so-called transition shock, which occurs when expectations of a new professional role significantly differ from reality.

Aim. This paper aims to identify the main challenges faced by newly employed nurses during the transition to clinical practice and to summarize strategies used to facilitate adaptation.

Methods. This study is based on a narrative review. The available literature was analyzed using a combination of key terms related to topic, without imposing formal restrictions on specific databases. Keywords included: newly employed nurses, transition shock, nurse adaptation, challenges, and strategies. Inclusion criteria: peer-reviewed articles in English addressing experiences, challenges, or strategies of newly employed nurses or nurses in new environments.

Results. Key identified challenges include lack of self-confidence, difficulties in collegial relationships, limited independence, demanding work environments, organizational challenges, and communication with physicians. Mitigation strategies include structured orientation programmes, mentoring, a healthy work environment, regular feedback, and stress management techniques. The literature also emphasizes that transition shock is experienced not only by new nurses but also by experienced staff when they are exposed to new or stressful working conditions.

Conclusion. Lack of self-confidence, difficulties in collegial relationships, limited independence, demanding work environments, organizational challenges, and communication with physicians were key presented challenges. Structured support, mentorship, and feedback are crucial in reducing transition shock, enhancing nurses' confidence, and promoting successful adaptation and retention in clinical practice.

Introduction

Employment after completing formal education presents a challenge for every individual, particularly due to the adaptation process (1-3), which is not linear and requires continuous confrontation with new obstacles (4). For certain professions, such as nursing, this adaptation can be especially demanding. As early as 1974, Marlene Kramer described inadequate adjustment to a new work environment using the term "reality shock" (5). Kramer defines a state that occurs when expectations regarding a new professional role significantly diverge from reality (5). This phenomenon often leads to leaving a workplace or even the profession itself (6), and some studies report that between 30-70% of nurses express an intention to leave the profession within the first few years of practice (7, 8). Stress, interpersonal relationships, a sense of not belonging, and a lack of skills have been identified as key contributing factors (6, 9), while some research points to the increasingly complex nature of the problem (10-12). According to the World Health Organization (13), there is currently a global shortage of approximately 6 million nurses, a number that is projected to rise to 13 million by 2030. In Croatia alone, there is a shortage of around 4,000 nurses (14). In addition to these consequences, reality shock also contributes to a shortened career span of employees (5). Judy Duchscher's model of transition shock outlines that newly employed nurses typically go through three main phases: the honeymoon phase, lasting approximately the first three to four months. It is characterized by enthusiasm and optimism, accompanied by a limited understanding of the actual challenges of the profession. The shock or crisis phase, usually occurring between the fourth and fifth month, is marked by a discrepancy between expectations and reality, often accompanied by stress, professional burnout, and doubts about the decision to pursue the profession. The resolution phase, generally lasting until the twelfth month of employment, during which newly employed nurses develop coping strategies, regain enthusiasm and self-confidence, and begin to progress professionally (4). However, the author also emphasizes that the adaptation process is not linear, and regressions between phases are possible. Stable interpersonal relationships, appropriate work assignments, support from col-

leagues and supervisors, as well as opportunities for professional development, increase the likelihood of a healthy transition into clinical practice (4). Although they possess formal competencies, newly employed nurses often feel unprepared for their new role, which can undermine their self-confidence and performance in carrying out professional duties (15). Discrepancies between expectations and the actual level of responsibility contribute to stress, which frequently leads to leaving the workplace or even the profession altogether (15-17). The most common challenges include unrealistic expectations from colleagues, conflicts in professional values, fear of failure, and a lack of support (6). The first few months of employment are typically characterized by a focus on personal learning and performing tasks delegated by others, reliance on theoretical knowledge, and fear of making independent decisions (16, 17). However, after two to three months, nurses generally begin to develop critical thinking skills and the ability to plan care independently, while after five to six months, they are usually able to provide comprehensive, holistic, and individualized nursing care (15, 16).

Appropriate support for nurses during their transition is crucial, especially given the ongoing shortage of nurses in the healthcare system, which increases pressure on new and experienced staff. Clearly, information about challenges and strategies can be helpful to reduce the transition shock, current high turnover rates among nurses, and ensure the long-term sustainability of the healthcare system.

Aim

This paper aims to identify the main challenges faced by newly employed nurses during the transition to clinical practice and to summarize strategies used to facilitate adaptation.

Methods

This manuscript is based on a narrative review of literature addressing the adaptation of newly employed nurses to clinical practice and the phenomenon of *transition shock*.

Relevant sources were identified through a search of available publications in databases. As this study is based on a narrative review, the available literature was analyzed using a combination of key terms related to topic, without imposing formal restrictions on specific databases using keywords such as: *newly employed nurses, transition shock, nurse adaptation, challenges, and strategies*.

Inclusion criteria were: published in peer-reviewed journals, written in English, focused on experiences of newly employed nurses or nurses in new clinical environments, and addressing challenges and strategies related to transition shock. Studies were excluded if they did not meet these criteria or were not accessible in full text. Data from the included studies were analyzed thematically, identifying major themes and patterns related to challenges and strategies in the transition process. Findings were interpreted in the context of relevant literature. Although this is a narrative review, this search strategy, clearly defined inclusion/exclusion criteria, and thematic synthesis aim to enhance the transparency of the review. The selection of sources was guided by their relevance to the topic. Priority was given to studies that discuss the experiences of newly employed nurses or experienced nurses working in new and/or stressful environments, as well as those describing challenges and strategies related to transition shock.

Results

The review reveals that newly employed nurses commonly face several significant challenges, including low self-confidence, difficulties in building collegial relationships, limited professional autonomy, demanding work environments, organizational obsta-

cles, and communication challenges with physicians. Various strategies have been proposed to mitigate these issues, such as structured orientation programs, mentoring, fostering a supportive work environment, providing regular feedback, and implementing stress management interventions. Importantly, transition shock is not limited to newly employed nurses; evidence suggests that even experienced nurses may encounter similar difficulties when exposed to new or particularly stressful working conditions, such as those arising during the COVID-19 pandemic. Identified challenges and strategies are summarized in Table 1.

Table 1. Challenges and Strategies

| Challenges | Strategies |
|---|---------------------------------|
| Lack of self-confidence | Structured orientation programs |
| Relationships with colleagues | Mentorship |
| Independence | Healthy work environment |
| Work environment | feedback |
| Organization and prioritization skills | Stress management |
| Communication with physicians | |
| Transition shock in new work conditions | |

Discussion

The aim of this paper was to identify the main challenges faced by newly employed nurses during the transition to clinical practice and to summarize strategies used to facilitate adaptation. Many challenges have been found in the literature that accompany this period, such as: lack of self-confidence, independence, and relationships with team members. In addition, the literature cites difficulties experienced nurses face when changing jobs. Structured orientation, mentorship, healthy work environments, feedback, and stress management consistently improve adaptation outcomes and reduce transition shock.

Challenges in the transition period

The adaptation period for newly employed nurses typically lasts around 12 months, with the signs and effects of adjustment generally diminishing after approximately six months (15, 16). Nevertheless, even within this relatively short period, the rate of attrition from the profession can be significant (7, 8). Researchers have sought to categorize the factors that hinder this transition to develop effective solutions. One of the key contributions to understanding this phenomenon was provided by the research of Casey et al., who, using open-ended questions, identified six major challenges (18). These findings, including lack of self-confidence, difficulties in relationships with colleagues, limited independence, and challenges associated with the work environment, are not unique to a single region but have also been corroborated by studies conducted in Croatia (3, 6, 9). The consistency of these findings, regardless of geographical location, highlights the universal nature of transitional shock and underscores the need for global solutions.

Lack of Self-Confidence

Professional self-confidence is a key attribute for newly employed nurses (19). While formal education provides only the foundation, the workplace environment often demands a high level of independence and competence. Newly employed nurses frequently experience a perceived gap between theoretical knowledge and clinical practice, which further contributes to diminished self-confidence (20, 21). Ortiz identified seven factors that influence self-confidence: effective communication, making mistakes, the theory-practice gap, independence, interpersonal relationships, positive feedback, and experience (20). Negative events, such as errors in patient care and treatment, can significantly undermine self-confidence and lead to stress and anxiety (20). Conversely, positive feedback and experience substantially enhance professional self-confidence, increasing motivation and commitment to the profession (20).

Relationships with Colleagues

A sense of belonging within the workplace and the healthcare team has a positive impact on feelings of safety, self-confidence, and overall effectiveness (22). Nurses who develop supportive and collegial

relationships at work tend to acquire new professional knowledge more quickly and feel emotionally supported, whereas poor relationships increase stress and anxiety and hinder the transition into the profession (23-25). On the other hand, positive relationships with colleagues and physicians can mitigate the negative effects of transition shock and strengthen the self-confidence of newly employed nurses (6, 20).

Independence

The transition from education to an autonomous professional role requires and entails assuming responsibility and making independent decisions. Conversely, a lack of independence in the early stages of employment can lead to feelings of being overwhelmed and increased anxiety, whereas achieving autonomy fosters professional satisfaction and strengthens self-confidence (18) which is a key attribute for newly employed nurses (19).

Work Environment

The adaptation of newly employed nurses is influenced by both the physical and organizational work environment, which includes factors such as shift length (8-12 hours, day/night), nurse-to-patient ratios, and the availability of equipment and medications (18). Twelve-hour shifts contribute to increased fatigue, while chronic understaffing intensifies workload and stress. Furthermore, extended shifts can contribute to work-family conflict, which affects social relationships and overall quality of life (26). Employees also report feelings of fatigue and cognitive impairment, which can exacerbate mental health problems (27). Positive work environments that encourage autonomy and collaboration are associated with greater job satisfaction, while negative experiences can lead to burnout and exhaustion (28).

Organization and Prioritization Skills

Newly employed nurses initially experience difficulties in establishing work routines and setting priorities, which significantly prolongs the time required to complete tasks and generates stress. Newly graduated nurses struggle with prioritization due to limited clinical experience, which is critical for effective decision-making in fast-paced environments (29). In this

sense, the mentoring process is of great importance, as mentors, through their knowledge and experience, can facilitate the understanding of work organization and assist in setting appropriate priorities (30). After 8-12 months, their organizational skills improve considerably (18).

Communication with Physicians

Effective communication with physicians is crucial for patient safety and the professional development of nurses. During the first six months, newly employed nurses are often uncertain about how to communicate appropriately with physicians or which physician to contact in specific situations. Over time, these barriers are gradually overcome (18). Newly employed nurses often face challenges such as difficulty asserting themselves, lack of clarity in communication, and feelings of undervaluation compared to physicians, which can lead to unresolved disagreements and hinder effective collaboration in patient care (31).

Strategies for mitigating challenges

Challenges to the adaptation of newly employed nurses induce stress, feelings of being overwhelmed, and reduced professional self-confidence, which in turn increase the intention to leave the profession. Research has identified potential strategies to mitigate these barriers, including enhanced communication with mentors, structured orientation programs, emotional support, timely feedback, stress management, and continuing education (32).

Structured Orientation Programs

Orientation programs begin with an introduction to the new role, followed by familiarization with the institution's mission, values, and organizational culture, which helps newcomers align with workplace goals (32). These programs refresh essential nursing skills (patient assessment, medication administration, wound care, infection control) and include workshops on interpersonal collaboration. They also define team members' roles and responsibilities, promote a multi-disciplinary approach, and empower newly employed nurses to integrate effectively into the team (32). Orientation programs that focus on socializing new employees into the organizational culture can lead to higher levels of engagement (33).

Mentorship

Mentorship programs reduce the intention to leave the profession and increase job satisfaction (30, 34). Mentors assist in applying theoretical knowledge, alleviating stress, and building self-confidence. Programs are typically conducted on a one-to-one basis and include observation, skill demonstration, discussion, reflection, and the development of interpersonal skills (30). Evaluations indicate reduced turnover intentions, improved nursing competencies, skill enhancement, and higher job satisfaction (30). By providing support and guidance, mentoring increases job satisfaction and helps new nurses feel more integrated and valued within their organizations, making it an effective strategy for retaining nursing staff (35). Effective mentoring provides essential support, guidance and opportunities for continuous professional development (36).

Healthy Work Environment

A healthy work environment supports both nurses and patients. A healthy environment reduces nurse burnout, which in turn positively impacts patient care and outcomes (37). Standards include effective professional communication, genuine collaboration, sound decision-making, adequate nurse staffing, mutual respect, and strong leadership. Strong leadership, characterized by transparency, integrity, empathy, and adaptability, has a positive influence on interpersonal relationships and workplace policies (38). Newly employed nurses in supportive work environments learn more quickly and bridge the theory-practice gap more effectively. A systematic review showed that a good work environment leads to fewer patient complications and improved quality of care (37). Therefore, a positive and supportive work environment in health-care has been shown to contribute to safer practices and enhanced quality of patient care.

Feedback

Constructive and timely feedback is essential for newly qualified nurses as it significantly increases their confidence, motivation, and professional satisfaction. Effective feedback fosters a supportive learning environment, enabling nurses to self-assess their skills and identify areas for improvement, which is essential for their professional growth (39). A lack of feedback can reduce self-confidence and prolong the

adaptation period. Reasons for absent feedback often include insufficient mentor competence, an unsupportive work environment, or a lack of time. In such circumstances, seeking feedback from other colleagues or changing mentors is recommended (38). Although the importance of feedback is well-recognized, its practical implementation often falls short of the ideal. This deficiency can be ascribed to a combination of organizational and individual factors, such as limited mentor competence, insufficient support within the workplace, and time-related constraints.

Stress Management

Stress is inevitable, therefore, it is essential to develop coping strategies. Mechanisms include controlling and preventing stressful situations, seeking help and support, regulating personal reactions, avoiding specific situations, and relying on faith or relaxation techniques (40). Controlling situations involves heightened attention, supervision, double-checking, and consultation with more experienced colleagues. Psychological support and self-directed strategies (exercise, recreation, positive thinking) are crucial for reducing the negative impact of stress and facilitating the transition (41).

Transition shock in new work conditions

Previous research has predominantly studied the occurrence of transition shock in newly employed nurses moving from the role of student or trainee to that of a professional worker. The main contributing factor is novelty, which includes a new work environment, colleagues, and job tasks. However, novelty can also trigger transition shock in experienced nurses (9). A 2023 study conducted during the COVID-19 pandemic (9) demonstrated that transferring nurses to COVID-19 wards induced transition shock even in those with prior professional experience. The results indicated that, regardless of gender, marital status, education, or length of work experience, personal and professional stressors were positively correlated with the level of transition shock. Age and gender were associated with a greater perception of transition shock and a higher intention among nurses to leave the profession (9). These findings suggest that transition shock is not limited to the transition from education to professional practice but can also occur in the context of workplace changes within the same profession, highlighting the need for further research on its prevalence.

Finally, the intensity and nature of transition shock vary according to workplace conditions, support systems, and individual nurse characteristics. The findings underscore that interventions should address both individual and organizational factors to mitigate stress and improve adaptation. Surely, the effectiveness of mentioned strategies depends on institutional context, availability of resources, and quality of implementation. Tailored interventions appear most effective, highlighting the need for flexible and context-sensitive approaches in practice.

Despite presenting important information, this traditional narrative review did not include a systematic literature review, which could have influenced the author's subjectivity in the selection of literature. Therefore, in future research, it is planned to apply a systematic review of the literature as well as a combination of qualitative and quantitative approaches, which would ensure a deeper insight into the present circumstances.

Conclusion

Newly employed nurses face multiple challenges during the transition to professional practice, including low self-confidence, difficulties in workplace relationships, limited autonomy, and organizational obstacles. Strategies such as structured orientation programs, mentorship, supportive work environments, timely feedback, and stress management consistently facilitate adaptation. Transition shock can affect both new and experienced nurses, particularly in novel or high-stress conditions. Tailored interventions addressing both organizational and individual factors are critical for improving nurse adaptation, satisfaction, and retention.

Author contributions

Conceptualization and methodology (SS, IG); data curation and formal analysis (SS, MLJ, SŠ, IG); investigation and project administration (SS, MLJ, SŠ, IG); and writing - original draft and review & editing (SS, MLJ, SŠ, IG). All authors have approved the final manuscript.

Conflict of interest

The authors declare no conflicts of interest.

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References

1. Smokrović E, Kizivat T, Bajan A, Šolić K, Gvozdanović Z, Farčić N, et al. A Conceptual Model of Nurses' Turnover Intention. *Int J Environ Res Public Health.* 2022;19(13):8205. <https://doi.org/10.3390/ijerph19138205>
2. de Vries N, Boone A, Godderis L, Bouman J, Szemik S, Matranga D, et al. The Race to Retain Healthcare Workers: A Systematic Review on Factors that Impact Retention of Nurses and Physicians in Hospitals. *Inquiry.* 2023;60:469580231159318. <https://doi.org/10.1177/00469580231159318>
3. Gusar I, Peroš E, Šare S, Ljubičić M. Transition Shock of Newly Employed Nurses: A Cross-sectional Study. *Open Access Maced J Med Sci.* 2023;11(G):82-8. <https://doi.org/10.3889/oamjms.2023.11658>
4. Duchscher JB, Windey M. Stages of Transition and Transition Shock. *J Nurses Prof Dev.* 2018;34(4):228-32. <https://doi.org/10.1097/NND.0000000000000461>
5. Kramer M. *Reality Shock: Why nurses leave nursing.* Saint Louis: C.V.Mosby; 1974.
6. Gusar I, Šijan D, Sorić T, Šare S, Županović M, Ljubičić M. Predictors of Croatian nurses' turnover intention: A cross-sectional study. *Health Policy.* 2025;151:105198. <https://doi.org/10.1016/j.healthpol.2024.105198>
7. Duclos-Miller PA. Successful Graduate Nurse Transition: Meeting the Challenge. *Nurse Leader.* 2011;9(4):32-5. <https://doi.org/10.1016/j.mnl.2011.05.006>
8. Kim S, Lee K. Predictors of turnover among new nurses using multilevel survival analysis. *J Korean Acad Nurs.* 2016;46(5):733-43. <https://doi.org/10.4040/jkan.2016.46.5.733>
9. Nakić D, Gusar I, Franov I, Sarić MM, Ljubičić M. Relationship between Transition Shock, Professional Stressors, and Intent to Leave the Nursing Profession during the COVID-19 Pandemic. *Medicina.* 2023;59(3):468. <https://doi.org/10.3390/medicina59030468>
10. Boamah SA, Read EA, Spence Laschinger HK. Factors influencing new graduate nurse burnout development, job satisfaction and patient care quality: a time-lagged study. *J Adv Nurs.* 2017;73(5):1182-95. <https://doi.org/10.1111/jan.13215>
11. Halfer D. Job Embeddedness Factors and Retention of Nurses With 1 to 3 Years of Experience. *J Contin Educ Nurs.* 2011;42(10):468-76. <https://doi.org/10.3928/00220124-20110601-02>
12. Kim JH, Shin HS. Exploring barriers and facilitators for successful transition in new graduate nurses: A mixed methods study. *J Prof Nurs.* 2020;36(6):560-8. <https://doi.org/10.1016/j.profnurs.2020.08.006>
13. Almas B, Zeeba M. *Global Critical Shortage of Nurses: Pathway to Solution.* IntechOpen; 2023.

14. Dubois H, Leončikas T, Molinuevo D, Wilkens M, Llave OV, Weber T, et al. Long-term care workforce: Employment and working conditions [Internet]. Luxembourg; 2020. Available at: www.eurofound.europa.eu
15. Jasper M. The first year as a staff nurse: the experiences of a first cohort of Project 2000 nurses in a demonstration district. *J Adv Nurs.* 1996;24(4):779-90. <https://doi.org/10.1046/j.1365-2648.1996.25517.x>
16. Duchschler JE. Out in the real world: Newly graduated nurses in acute-care speak out. *J Nurs Adm.* 2001;31(9):426-39. <https://doi.org/10.1097/00005110-200109000-00009>
17. Haffer AG, Raingruber BJ. Discovering Confidence in Clinical Reasoning and Critical Thinking Development in Baccalaureate Nursing Students. *J. Nurs. Educ.* 1998;37(2):61-70. <https://doi.org/10.3928/0148-4834-19980201-05>
18. Casey K, Fink RM, Krugman M, Propst J. The Graduate Nurse Experience. *J Nurse Adm.* 2004;34(6):303-11. <https://doi.org/10.1097/00005110-200406000-00010>
19. Burke B. Nurses in a SNAP: Increasing Self-Confidence for Competent Nursing Practice through a Student Nurse Employment Model. *Norton Healthcare Medical Journal.* 2023;1(1). <https://doi.org/10.59541/001c.77923>
20. Ortiz J. New graduate nurses' experiences about lack of professional confidence. *Nurse Educ in Pract.* 2016;19;19-24. <https://doi.org/10.1016/j.nepr.2016.04.001>
21. De S. An Analysis of Theory Practice Gap in Nursing De. *Nursing and Healthcare International Journal.* 2022;6(5). <https://doi.org/10.23880/nhij-16000276>
22. Gusar I, Tokić A, Lovrić R. Development of nursing students' professional identity in different mentoring approaches during clinical training: A quasi-experimental study. *Nurse Educ Tod.* 2025;144:106459. <https://doi.org/10.1016/j.nedt.2024.106459>
23. Baldwin A, Bentley K, Langtree T, Mills J. Achieving graduate outcomes in undergraduate nursing education: Following the Yellow Brick Road. *Nurse Educ Pract.* 2014;14(1): 9-11. <https://doi.org/10.1016/j.nepr.2013.06.011>
24. Levett-Jones T, Lathlean J. Belongingness: A prerequisite for nursing students' clinical learning. *Nurse Educ Pract.* 2008;8(2):103-11. <https://doi.org/10.1016/j.nepr.2007.04.003>
25. Melia K. *Learning and Working.* Taylor & Francis; 1987.
26. Moreira da Silva FH, Greggi Sticca M. Does a 12-hour Shift Affect Brazilian Workers' Mental and Physical Health. In: Nancy L, Black, W. Patrick Neumann IN, editor. *Proceedings of the 21st Congress of the International Ergonomics Association (IEA 2021)* [Internet]; Springer Nature; 2021. p. 21-7. Available at: <https://link.springer.com/book/10.1007/978-3-030-74608-7>
27. Brown JP, Martin D, Nagaria Z, Verceles AC, Jobe SL, Wickwire EM. Mental Health Consequences of Shift Work: An Updated Review. *Curr Psychiatry Rep.* 2020;22(2):7. <https://doi.org/10.1007/s11920-020-1131-z>
28. Ferrero C, Bergesio G. The level of job satisfaction in a sample of newly graduated nurses. *Dissertation Nursing.* 2023;2(1). <https://doi.org/10.54103/dn/18712>
29. Hendry C, Walker A. Priority setting in clinical nursing practice: Literature review. *J Adv Nurs.* 2004;47(4):427-36. <https://doi.org/10.1111/j.1365-2648.2004.03120.x>
30. Chen-Mei C, Lou M-G. The effectiveness and application of mentorship programmes for recently registered nurses: a systematic review. *J Nurs Manag.* 2014;22(4):433-42. <https://doi.org/10.1111/jonm.12102>
31. Burke M, Boal J, Mitchell R. Communicating for better care: improving nurse-physician communication. *Am J Nurs.* 2004;104(12):40-7; quiz 47-8. <https://doi.org/10.1097/00000446-200412000-00024>
32. Reebals C, Wood T, Markaki A. Transition to Practice for New Nurse Graduates: Barriers and Mitigating Strategies. *West J Nurs Res.* 2022;44(4):416-29. <https://doi.org/10.1177/0193945921997925>
33. Xie D, Zong Z. How orientation training socializes newcomers: The mediating role of learning in reducing turnover and boosting performance among new salespersons. *Int J Train Dev.* 2024;28(3):255-74. <https://doi.org/10.1111/ijtd.12322>
34. Leurer MD, Donnelly G, Domm E. Nurse retention strategies: advice from experienced registered nurses. *J Health Organ Manag.* 2007;21(3):307-19. <https://doi.org/10.1108/14777260710751762>
35. Camveren H, Kocaman G. Mentorluk Programının Hemşirelerin İşte Kalma ve İşten Ayrılmaları Üzerine Etkisi Konusunda Bir Derleme. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi.* 2019;12(2):152-60. [Turkish]
36. Salizar ML. Outcome of mentorship programs based on six specific criteria of registered nurses in Malaysia. *MJN.* 2019;11(1):45-56. <https://doi.org/10.31674/mjn.2019.v11i01.007>
37. Copanitsanou P, Fotos N, Brokalaki H. Effects of work environment on patient and nurse outcomes. *Br J Nurs.* 2017;26(3):172-6. <https://doi.org/10.12968/bjon.2017.26.3.172>
38. Shirey MR. Authentic Leaders Creating Healthy Work Environments for Nursing Practice. *Am J Crit Care.* 2006 May;15(3):256-67. <https://doi.org/10.4037/ajcc2006.15.3.256>
39. Panneerselvam S. Feedback among Nursing Professionals: A Narrative Review. *International Journal of Health Sciences & Research* [Internet]. 2018;8(2):266. Available at: www.ijhsr.org
40. Clynes MP, Raftery SEC. Feedback: An essential element of student learning in clinical practice. *Nurse Educ in Pract.* 2008;8(6):405-11. <https://doi.org/10.1016/j.nepr.2008.02.003>
41. Muzakky A, Ilmi MF, Rostika R, Nurazizah S, Safawi WS, Ridwan H, et al. Strategi Manajemen Stres Di Kalangan Perawat: Pengaruhnya Terhadap Produktivitas dan Kualitas Pelayanan. *JUKEJ: Jurnal Kesehatan Jompa.* 2024;3(2):9-43. <https://doi.org/10.57218/jkj.Vol3.Iss2.1243> [Indonesian]