

ORIGINAL ARTICLE


Perception of Role Transition among Final Year Nursing Students in Selected Colleges of Lalitpur

Shusma Acharya¹  , Rabeena Gurung²¹Department of Nursing, Manmohan Memorial Institute of Health Sciences, Soalteemode, Kathmandu, Nepal²Department of Nursing, Manmohan Cardiovascular and Transplant Centre, Maharajgunj, Kathmandu, Nepal

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 Shusma Acharya,
Department of Nursing, Manmohan Memorial Institute of Health
Sciences Soalteemode, Kathmandu, Nepal
Email: acharyashusma@yahoo.com

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ABSTRACT

Introduction: Role transition is a critical phase for nursing students, marking the shift from academic learning to professional practice. This period is pivotal in shaping their professional identity which influences their future careers in nursing. Thus, the study aimed to assess the final year nursing students' perception of role transition and association with their socio-demographics variables.

Method: Descriptive cross-sectional study design with cluster random sampling method was used. Three CTEVT (Council for Technical Education and Vocational Training) affiliated nursing colleges; Nepal Institute of Medical Science and Technology (NIMST), Shankarapur Academy, and Green Tara College of Health Sciences (GTCHS) were selected. A total number of 105 Nursing students studying in final year, where 34 from NIMST, 36 from Shankarapur Academy, and 35 from GTCHS were included in the study. Standard modified perceptions and expectations of role transition questionnaire was used for measuring the perception of role transition. Descriptive and inferential statistics was used for the analysis. Ethical approval was taken from Nepal Health Care Co-operative Limited/Institutional Review Committee. Data was collected from 2024/06/02 to 2024/06/14.

Result: Out of 105 final year nursing students, 69.5% were ≥ 19 years. Mean age of respondents was 19 ± 1.12 . Regarding gender; 99% respondents were female and unmarried. Nursing students with positive perception of role transition was 47.6%. There was no significant association of perception of role transition with socio-demographic variables.

Conclusion: Less than half of nursing students have a positive perception of role transition. There was no any significant association between perception of role transition and socio-demographic characteristics of nursing students.

Key words: Role transition; Perception; Nursing students

INTRODUCTION

Moving from the role of a student to that of a staff nurse is a multifaceted process that impacts an individual's physical, mental, and social well-being as they move from student into professional practice^{1,2}. This specific period is a vital stage for growth, allowing new graduates to evolve into their identities as professional healthcare providers³. Perceptions of this change are typically measured through several lenses: how prepared they feel, their clinical competency, the support provided by their organization, their emotional state, and their expectations of the role. During this phase, nurses focus on solidifying their skills and socializing within the healthcare team to become truly competent in their specific clinical environment. This socialization begins during their academic program and typically continues until they have completed their first full year of professional work⁴. While often seen as an exciting milestone, this period is frequently described as stressful, daunting, and difficult⁵. Much of this strain stems from issues like poor orientation, heavy workloads, vague job descriptions, and unsupportive work cultures⁶. Furthermore, many new nurses face "reality shock" when their job duties don't match their expectations, or "transition shock" when university values clash with the practical demands of the working areas⁷.

Because the modern healthcare system is so complex, these skewed perceptions of nursing often lead to high turnover rates among new staff. To mitigate this and reduce transition shock, it is vital that novel nurses are clearly informed

of their future professional duties⁸. Improving academic readiness and providing thorough orientation programs that clarify roles and expectations can help bridge this gap⁴. Consequently, this study seeks to evaluate how new nurses perceive their role transition and determine how this relates to their individual backgrounds.

METHODS

Descriptive cross-sectional research design was used to assess perception of role transition among final year nursing students of Lalitpur District. Cluster sampling method was used for the study. At first, the name list of certificate level nursing college in Lalitpur district was collected from CTEVT office. There were total 5 colleges. Among five colleges, three colleges were selected through probability simple random techniques which were Nepal Institute of Medical Science and Technology College, Shankarapur Academy, Green Tara College of Health Sciences (GTCHS). There were 34, 36 and 35 NIMST, Shankarapur Academy and GTCHS respectively nursing students were studying in third year at the time of data collection. Sample size was identified by using Cochran's formula which was 105. Cluster census method was used to collect the data. Perception of role transition was measured using standard Modified Perceptions and Expectations of Role Transition Questionnaire which is 38 items scale categorized under 5 sub scales under 5- point Likert scale. Five sub scales includes Perception of role preparation transition, Perception of role competencies transition,

Perception of organization and support role transition, Perception of emotional issues transition and Perception of Role expectation transition. The minimum score was 38 and maximum score was 190. So, the scores ranged from 38-190. Mean cut off value was considered to differentiate the level of perception which was 149. Standard Modified Perceptions and Expectations of Role Transition Questionnaire is a tool for measuring the perception of role transition and adopted by Doody, et al. (2012), permission was taken via mail with the authors. For this study, questionnaire was pretested among 10 final year nursing students of Hospital for Advanced Medicine & Surgery (HAMS) Nursing College. Ethical approval was taken from NEHCO/IRC (Ref.080/190). Written informed consent was taken from the participants. The collected data were coded, entered and analyzed in Statistical Package for Social Science (SPSS IBM version 25). Descriptive and inferential statistics was used for analysis of data. The level of perception as classified as positive perception \geq mean score (149) and negative perception $<$ mean score (149).

RESULTS

Table 1: Socio- demographic Characteristics of the Respondents

Characteristics	Number	Percent
Age (in completed years)		
< 19	32	30.5
\geq 19	73	69.5
Mean\pm SD = 19 \pm 1.12		
Gender		
Female	104	99.0
Male	1	1.0
Marital status		
Never married	104	99.0
Married	1	1.0
Health professional member in family		
No	53	55.2
Yes	47	44.8
Reason for Choosing Nursing		
Self interest	75	71.4
Recommended by close person	20	19.0
High employment rate	10	9.5

SD: Standard Deviation

Table 1 represents the socio-demographic characteristics of respondents where majority (69.5%) of the respondents were above 19 years old and the mean age of respondents was 19 \pm 1.12 SD. Regarding the gender, almost all (99%) respondents were female and never married. It is also seen that more than half (55.2%) of the respondents didn't have health professional member in the family. When asked for the reason of choosing nursing, majority (71%) of the respondents revealed that they studied nursing due to their own self-interest.

Table 2 represents the respondent's mean score of perception on role preparation domain was 24.35 \pm 1.91. They had highest mean score (4.26 \pm 0.77) in adequately prepared for taking up a post of registered nurse statement and lowest mean score (3.52 \pm 0.96) in expect that the transition from students to registered nurse will be unproblematic statement.

Table 2: Respondents' Perception on Role Preparation

Statement	SD(%)	D(%)	N(%)	A(%)	SA(%)	mean	Sd
Adequately prepared for taking up a post of registered nurse (RN).	1 (1.0)	-	15 (14.3)	43 (41.0)	46 (43.8)	4.26	0.77
Course content is relevant to future role.	1 (1.0)	3 (2.9)	10 (9.5)	62 (59.0)	29 (27.6)	4.09	0.75
Afforded the opportunity to develop skills.	1 (1.0)	-	6 (5.7)	64 (61.0)	34 (32.4)	4.23	0.64
Afforded the opportunity to discuss the transition from student to RN.	2 (1.9)	1 (1.0)	6 (5.7)	59 (56.2)	37 (35.2)	4.21	0.75
Had sufficient opportunities to develop management skills.	-	3 (2.9)	20 (19)	51 (48.6)	31 (29.5)	4.04	0.77
Expect that the transition from students to RN will be unproblematic.	-	16 (15.2)	37 (35.2)	33 (31.4)	19 (18.1)	3.52	0.96

Mean \pm SD=24.35 \pm 1.91

Table 3 depicts the respondent's mean score on perception of role competence domain was 36.98 \pm 2.09. Respondent's had highest mean score (4.28 \pm 0.75) in having effective interpersonal skills and lowest mean score (3.92 \pm 0.75) in having good time management skills.

Table 3: Respondents' Perception on Role Competence

Statement	SD(%)	D(%)	N(%)	A(%)	SA(%)	mean	Sd
I work effectively within a multi/ interdisciplinary team.	-	-	23 (21.9)	49 (46.7)	33 (31.4)	4.09	0.72
I have good time management skills.	-	4 (3.8)	22 (21.0)	57 (54.3)	22 (21.0)	3.92	0.75
I am confident that I can successfully manage my workload.	-	1 (1.0)	12 (11.4)	62 (59.0)	30 (28.6)	4.15	0.64
I am proficient in prioritizing care delivery.	-	-	21 (20.0)	61 (58.1)	23 (21.9)	4.01	0.65
I will feel confident delegating aspects of patient care to colleagues upon registration.	-	-	14 (13.3)	66 (62.9)	25 (23.8)	4.10	0.60
I have effective interpersonal skills.	1 (1.0)	1 (1.0)	10 (9.5)	48 (45.7)	45 (42.9)	4.28	0.75
I feel competent in my ability to make ethical nursing decisions.	-	1 (1.0)	26 (24.8)	53 (50.5)	25 (23.8)	3.97	0.72
I am competent in providing relevant health information to clients/patients and families.	-	2 (1.9)	5 (4.8)	62 (59.0)	36 (34.3)	4.25	0.63
I am competent in educating clients/patients and families regarding health issues.	1 (1.0)	-	16 (15.2)	46 (43.8)	42 (40.0)	4.21	0.77

Mean \pm SD= 36.98 \pm 2.09

Table 4 shows the respondent's mean score on perception of organization and support domain was 59.66 \pm 2.86. They had highest mean score (4.22 \pm 0.65) in they would be supported to develop full potential as a registered nurse and lowest mean score (3.57 \pm 0.97) in working hours would be flexible.

Table 4: Respondents' Perception on Organization and Support

Statement	SD(%)	D(%)	N(%)	A(%)	SA(%)	mean	Sd
I will be supported by the RN in the ward/unit.	1 (1.0)	1 (1.0)	18 (17.1)	53 (50.5)	32 (30.5)	4.08	0.77
I will be supported by the Nursing incharge in the ward/unit.	-	1 (1.0)	24 (22.9)	50 (47.6)	30 (28.6)	4.03	0.74
I will be supported by the multidisciplinary team.	-	-	32 (30.5)	54 (51.4)	19 (18.1)	3.87	0.68
I will receive constructive feedback from registered nurses on ward/unit	-	2 (1.9)	22 (21.0)	59 (56.2)	22 (21.0)	3.96	0.70
I will receive constructive feedback from the Nursing incharge.	-	6 (5.7)	16 (15.2)	56 (53.3)	27 (25.7)	3.99	0.80
My contribution to the nursing team will be valued.	-	3 (2.9)	17 (16.2)	58 (55.2)	27 (25.7)	4.03	0.73
My contribution to multidisciplinary team will be valued.	1 (1.0)	2 (1.9)	21 (20.0)	58 (55.2)	23 (21.9)	3.95	0.76
I will be facilitated to introduce new evidence based initiatives.	1 (1.0)	2 (1.9)	19 (18.1)	67 (63.8)	16 (15.2)	3.90	0.70
I will be feel respected.	2(1.9)	9(8.6)	18 (17.1)	46 (43.8)	30 (28.6)	3.88	0.98
There will be open and supportive communication channels in the ward/unit where I work.	-	-	23 (21.9)	64 (61.0)	18 (17.1)	3.95	0.62
There will be an open and supportive communication channels in the hospital where I work.	-	1 (1.0)	29 (27.6)	57(54.3)	18 (17.1)	3.87	0.68
Working hours will be flexible.	3 (2.9)	11 (10.5)	29 (27.6)	45 (42.9)	17 (16.2)	3.57	0.97
I will be oriented to the ward/unit.	-	1 (1.0)	10 (9.5)	66 (62.9)	28 (26.7)	4.15	0.61
I expect to be oriented to new role.	-	-	8 (7.6)	66 (62.9)	31 (29.5)	4.21	0.57
I expect that I'll be supported to develop my full potential as a Registered Nurse.	1 (1.0)	-	7 (6.7)	63 (60.0)	34 (32.4)	4.22	0.65

Mean ± SD= 59.66 ± 2.86.

Table 5 represents the respondent's mean score on perception on emotional issues domain was 12.21 ± 2.21 where respondent's had highest mean score (3.72±1.01) on enthusiasm on becoming registered nurse whereas lowest mean score (2.65±1.13) in anxiety on taking up post of registered nurse.

Table 5: Respondents' Perception on Emotional Issue

Statement	SD(%)	D(%)	N(%)	A(%)	SA(%)	mean	Sd
Current level of stress in relation to anticipated role as staff nurse	8 (7.6)	19 (8.1)	49 (46.7)	15 (14.3)	14 (13.3)	3.07	1.08
Enthusiasm on becoming a registered nurse	1 (1.0)	8 (7.6)	42 (40)	22 (21.0)	32 (30.5)	3.72	1.01
Anxiety on taking up a position as a registered nurse	17 (6.2)	33 (1.4)	31 (29.5)	17 (16.2)	7 (6.7)	2.65	1.13
Confidence in ability to work as a registered nurse	19 (18.1)	22 (21.0)	38 (36.2)	16 (15.2)	10 (9.5)	2.77	1.19

Mean ± SD = 12.21 ± 2.21

Table 6 illustrates the respondent's mean score of perception on role expectations domain was 15.55±1.79. They had highest mean score (4.22±0.75) in working as a registered nurse would fulfill their desire to help others statement and had lowest mean score (3.38±1.18) in they would be financially well rewarded for the work statement.

Table 6: Respondents' Perception on Role Expectations

Statement	SD(%)	D(%)	N(%)	A(%)	SA(%)	mean	Sd
I expect that most of my time will be spent providing direct patient/client care	1 (1.0)	1 (1.0)	20 (19.0)	54 (51.4)	29 (27.6)	4.03	0.77
I anticipate that a large proportion of my time will be spent interacting with the patient/client	-	4 (3.8)	26 (24.8)	49 (46.7)	26 (24.8)	3.92	0.80
Working as a registered nurse will fulfill my desire to help others	-	3 (2.9)	11 (10.5)	50 (47.6)	41 (39.0)	4.22	0.75
As a registered nurse I will be financially well rewarded for my work	7 (6.7)	19 (18.1)	27 (25.7)	31 (29.5)	21 (20.0)	3.38	1.18

Mean ± SD =15.55±1.79

Table 7 depicts perception level of respondents' with mean score (149). Out of 105 respondents, just more than half (52.4%) respondents had negative perception

Table 7: Respondents' Level of Perception on Role Transition

Level of Perception	Number	Percent
Positive perception (≥149)	50	47.6
Negative perception (<149)	55	52.4
Total	105	100

Table 8 illustrate that there was no statistically significant association between participant's level of perception of role transition with age, gender, marital status, health professional member in family and reason for choosing nursing.

Table 8: Association between Perception on Role Transition and Socio demographic Characteristics of the Respondents

Characteristics	Perception on Role Transition		P-value
	Positive (%)	Negative (%)	
Age (in completed years)			
< 19	11 (34.4)	21 (65.6)	0.072
≥ 19	39 (53.4)	34 (46.6)	
Gender			
Female	49 (47.1)	55 (52.9)	0.0476##
Male	1 (100.0)	0(0.0)	
Marital status			
Never married	49 (47.1)	55 (52.9)	0.0476##
Married	1 (100.0)	-	
Health Professional member in family			
Yes	18 (38.3)	29 (61.7)	0.085
No	32(55.2)	26 (44.8)	
Reason for choosing Nursing			
Self Interest	38 (50.7)	37 (49.3)	0.389
Others#	12 (40.0)	18 (60.0)	

Significant p value<0.05, ##- Fisher Exact test, Others#(Recommended by close person, High employment rate)

DISCUSSION

In the present study, the overall mean score of perception of role transition obtained by the participants was 144±17.36 and those of role preparation, role competence, organization and support, emotional issues and role expectation were 24.35±1.91, 36.98±2.09, 59.66±2.86, 12.21±2.21, 15.55±1.79 respectively. The present study findings are in congruence with another study conducted in nursing college in Manglore, India¹, but differed with organization and support. The mean score of role transition was 23.3±3.72, 31.9±4.19, 16.5±2.22, 29.4±3.5, 16.3±2.2 respectively. This variation might be due to difference in sample size.

Current study showed that 52% of nursing students had negative perception of role transition. This finding of the study is aligned with the study conducted in Egypt where 51% of participants had low perception or negative perception of role transition⁸. The present study’s findings agree with another qualitative study conducted by Missen et al. in Australia, found that nursing graduates had negative perception of role transition⁹. A study conducted in Iran among 131 novel nurses, different result was found in comparison to present study where, participants had scored 3.05±0.64 out of 5 score which was interpreted as a positive perception of role transition¹⁰.

The findings of the study revealed that there was no statistically significant association of level of perception of nursing students with their age, gender, marital status, health professional member in family and reason for choosing nursing. Study conducted in India showed that there was no statistically significant association between

level of perception and gender, health professional member in family¹ Study conducted in Egypt by Amina et al there was no significant association between level of perception and age, marital status but there was significant association with gender (0.002, p=0.05)⁸.

CONCLUSION

Less than half of the nursing students of nursing colleges had positive perception of role transition. The highest mean percentage was in perception of organization and support followed by role competition. There was no any association between level of perception of role transition and socio demographic characteristics. This transition phase from student to nurse is an important time when new graduates grow and develop as professional nurses. Transition period is most stressful.

On the basis of research findings, it is recommended to future researcher, conduct longitudinal studies, since role transition is a process that can take up to a year, future researchers should follow a cohort from the start of their internship through their first year of practice to see how perceptions evolve over time. Secondly, interventional research, future studies should evaluate the effectiveness of specific interventions, such as a dedicated preceptorship program. Third is, multicenter studies, expanding the sample size and across different types of healthcare facilities (private vs. government) would help determine if the negative perception is a localized issue or a broader systemic trend.

It is also recommended to foster positive role transition to shift the current negative trend, Educational institutions and healthcare organizations should collaborate to provide comprehensive pre-internship orientation programs that clearly define professional roles and responsibilities, helping to bridge the gap between academic theory and clinical reality. Since “emotional issues” and “role expectations” received the lowest scores, future nurses would benefit from targeted resilience training and formal mentorship programs that offer psychological support and guidance during the first year of practice. Strengthening clinical competency through continued hands-on simulation and ensuring equitable support for all graduates, regardless of their demographic background, will be vital in reducing turnover and fostering a more positive professional outlook.

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AUTHOR CONTRIBUTIONS

Both the authors worked parallel from conception of research idea to the completion of the study. The first authors led the manuscript writing with significant contribution from the second author.

CONFLICT OF INTEREST

The authors declare no competing interests

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