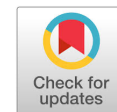


The Role of Nurse Managers in Supporting Novice Nurse Retention: A Phenomenological Qualitative Study



Muhammad Hisyam^{1*}

¹Universitas Megarezky, Makassar, Indonesia

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Correspondence Author

Muhammad Hisyam, S.Kep.Ns.M.Kep

Universitas Megarezky, Indonesia, Jl Antang

Raya, Antang, Kec Manggala, Makassar,

Sulawesi Selatan, Indonesia.90234

Email : muhammadhisyamsvukri@gmail.com

Abstract

Introduction: Retaining novice nurses has become a critical issue in healthcare systems worldwide. High attrition rates among early-career nurses compromise care continuity, increase operational costs, and weaken team cohesion. Nurse managers play a pivotal role in shaping work environments that influence novice nurse retention.

Methods: This phenomenological qualitative study explored the lived experiences of seven nurse managers in supporting novice nurses within a tertiary hospital setting in Indonesia. Data were collected through in-depth semi-structured interviews and analyzed using thematic analysis grounded in Colaizzi's approach.

Results: Three overarching themes emerged: (1) creating a supportive and inclusive environment, (2) facilitating professional development and confidence building, and (3) managing organizational barriers to retention. Participants highlighted the importance of psychological safety, mentorship, and adaptive leadership in enhancing novice nurses' work engagement and retention.

Conclusion: Nurse managers are essential agents in fostering environments conducive to novice nurse retention. Their leadership behaviors, relational competencies, and advocacy within the organization significantly shape retention outcomes. Institutional policies must integrate leadership development programs tailored to novice nurse support.

Keywords: Novice Nurse, Nurse Manager, Retention

INTRODUCTION

The global nursing workforce is facing a significant challenge: retaining novice nurses in clinical practice. As healthcare demands intensify and experienced staff retire, novice nurses become essential contributors to patient care delivery. However, studies consistently report that the highest turnover rates occur within the first one to three years of employment. This turnover threatens patient safety, burdens human resource systems, and imposes high financial costs on healthcare institutions.(1,2) In Indonesia, the issue of novice nurse retention mirrors global patterns, particularly in public hospitals with high patient volumes and limited staffing resources. Many new graduates experience transition shock as they face the realities of complex clinical practice environments. Stressors such as workload, lack of confidence, limited mentoring, and interprofessional communication challenges often lead to early resignation or disengagement .(3,4)

While multiple systemic factors contribute to this phenomenon, leadership particularly at the unit level has emerged as a critical factor influencing early-career nurse retention. Nurse managers are uniquely positioned to bridge the expectations of the organization and the needs of novice staff. They can influence team culture, workload management, opportunities for development, and emotional support, all of which are foundational to retention.(5,6)

General strategies to improve retention include preceptorship programs, continuing education, structured orientation, and supportive supervision. However, these interventions often fail when implemented without attention to the relational and contextual dimensions within which nurse managers operate. The interpersonal dynamics and leadership style of unit managers are frequently underexplored components of such strategies.(7,8) Recent studies have emphasized the importance of transformational and emotionally intelligent leadership in nursing. Managers who demonstrate authenticity, presence, and a commitment to staff development have been shown to inspire engagement and foster retention. For example, Boamah et al. found that nurse leaders who created psychologically safe environments contributed to reduced intent to leave among new nurses.(9) Similarly, Kim et al. highlighted the mediating role of leadership support in reducing burnout and increasing job satisfaction among novice nurses.(10)

Nevertheless, much of the existing literature is quantitative and does not adequately capture the subjective experiences of nurse managers themselves. There is a paucity of qualitative data that explore how these leaders perceive their roles in retaining early-career nurses, especially within the cultural and organizational context of Indonesian healthcare. This study addresses that gap by exploring the lived experiences of nurse managers in supporting novice nurse retention. By adopting a phenomenological lens, we seek to understand the meanings, challenges, and strategies embedded in their daily leadership practices. The findings aim to inform leadership development, workforce policy, and organizational planning to enhance nurse retention outcomes.

METHODS

This study employed a phenomenological qualitative design to explore the lived experiences of nurse managers in supporting the retention of novice nurses. Phenomenology was chosen as the methodological foundation to capture the subjective meanings and interpretations that nurse managers attach to their experiences in clinical leadership and staff support. The goal was to develop a rich, in-depth understanding of the roles, perceptions, and actions of nurse managers that cannot be quantified or generalized but are essential in building contextual knowledge for practice and policy.

Setting and Participants

The study was conducted in a tertiary-level public hospital located in an urban center in Indonesia. The hospital has more than 500 beds and employs approximately 300 nursing staff. Seven nurse managers were purposively selected to participate in the study. Inclusion criteria included: (1) currently holding the position of nurse manager for at least one year, (2) responsible for supervising novice nurses (defined as nurses with <2 years of clinical experience), and (3) willingness to participate in in-depth interviews. The sample size was considered sufficient based on the principle of data saturation in qualitative research.

Data Collection Procedures

Data were collected through semi-structured, in-depth interviews conducted between January and February 2025. Each interview lasted between 45 and 75 minutes and was conducted in a private office within the hospital to ensure confidentiality and minimize distractions. Interviews were audio-recorded with the participants' consent and later transcribed verbatim. The interview guide focused on three core areas: (1) the participants' understanding of their role in supporting novice nurses, (2) the challenges and strategies they encounter in retention efforts, and (3) their perceptions of institutional support and leadership development needs.

Data Analysis

Data were analyzed using Colaizzi's phenomenological method, which involves seven systematic steps: (1) reading all participants' descriptions to acquire a feeling for their experience, (2) extracting significant statements, (3) formulating meanings, (4) clustering meanings into themes, (5) developing an exhaustive description, (6) formulating the fundamental structure, and (7) validating the findings by returning them to participants for member checking. NVivo 12 software was used to assist in coding, organizing, and managing textual data. Throughout the analytical process, the researchers maintained reflexivity by journaling their assumptions, biases, and responses

to the data. This reflexive stance helped ensure that interpretations remained grounded in participants' actual narratives rather than being influenced by the researchers' preconceptions.

Trustworthiness and Rigor

To enhance the credibility of the study, the researchers used member checking, peer debriefing, and prolonged engagement with the data. Transferability was supported by providing thick descriptions of the context, participant characteristics, and methodological procedures. Dependability and confirmability were ensured through audit trails, documentation of analytic decisions, and independent coding checks by two qualitative researchers.

Ethical Considerations

The study was approved by the institutional ethics review board of the participating hospital (Approval No: 015/KEPK-RS/2025). All participants were provided with detailed information about the study's purpose, procedures, and their rights, including the right to withdraw at any time without consequences. Informed written consent was obtained from all participants. Data confidentiality was ensured by anonymizing participant identifiers and securely storing transcripts and recordings. Only the research team had access to the data. This methodological framework ensured that the study remained grounded in the lived experiences of nurse managers while adhering to rigorous ethical and scientific standards. The insights obtained provide a context-sensitive foundation for interpreting the findings presented in the next section.

RESULTS

Thematic analysis of the data from interviews with seven nurse managers yielded three major themes and several subthemes reflecting their lived experiences in supporting novice nurse retention. These themes highlight the multifaceted role nurse managers play in fostering professional integration and addressing challenges in early-career nursing retention.

Creating a Supportive and Inclusive Environment

Participants emphasized the importance of fostering a positive and welcoming work environment as a foundational strategy for retaining novice nurses. A central aspect of this theme was building trust and psychological safety, which helped new nurses feel valued and encouraged to express concerns without fear of judgment. One manager shared,

"I always remind my team that new nurses are not just learners—they are part of us. If we fail to include them, we lose them" (P3).

Another participant echoed this sentiment, stating,

"Simple gestures like greeting them by name, asking how their day was, or listening when they're frustrated can make a big difference. It shows they matter" (P1).

Inclusivity also extended to team integration efforts such as involving novice nurses in ward meetings and decision-making processes. Participants believed these actions enhanced their sense of belonging and professional identity.

Facilitating Professional Development and Confidence Building

Nurse managers described how mentorship, coaching, and continuous learning opportunities were essential to supporting novice nurses' transition into professional roles. Many participants shared experiences of pairing new nurses with experienced staff to guide them through clinical challenges and to develop reflective practice.

"Mentoring is not only about clinical skills but helping them find their confidence. I often tell them, 'It's okay to not know everything today, but keep asking and learning'" (P5).

Several managers described arranging informal learning sessions to address common clinical and communication challenges faced by new nurses. These opportunities were designed to reinforce clinical reasoning, documentation standards, and ethical practice. Confidence-building was also achieved by recognizing and celebrating progress, however small.

"We started weekly case discussions, especially for them. It's a safe space where they can ask questions, even the 'basic' ones, without embarrassment" (P7).

"Sometimes I write them a small note or commend them during staff briefings. I can see how it boosts their spirit" (P2).

Managing Organizational Barriers to Retention

Despite their proactive strategies, participants frequently encountered institutional and systemic challenges that undermined retention efforts. These included high patient loads, inadequate staffing ratios, limited rewards for mentorship, and insufficient administrative support.

"Honestly, the workload is too much. Even if I want to support them more, I'm pulled in ten directions. The system does not always allow the time or space to mentor properly" (P6).

Some participants expressed frustration with the lack of recognition for retention-focused leadership activities.

"When a nurse stays or leaves, no one asks what support they had. Retention is seen as HR's job, not a managerial responsibility" (P4).

"If we want to retain them, we need to change how we evaluate and reward leadership that truly supports staff not just in numbers, but in care" (P3).

Emotional Labor and Advocacy

Beyond managerial functions, participants reflected on the emotional investment required to support novice nurses. They often served as confidants, emotional anchors, and mediators between new nurses and senior staff. This emotional labor was perceived as both fulfilling and draining.

"Sometimes they come to my office crying after a tough shift. I sit, listen, and try to remind them why they chose this profession. It's part of my role, even if no one sees it" (P1).

"I've had to defend them in meetings when errors occurred. Instead of punishment, I argued for more education and supervision" (P5).

This advocacy was perceived as central to building trust and signaling a culture of fairness and learning.

Evolving Leadership Identity

A final emergent theme centered on how nurse managers' own leadership philosophies evolved as they engaged with novice nurses. Participants spoke of becoming more reflective, patient, and collaborative over time.

"I used to be very task-oriented. But working with new nurses reminded me of my own beginnings. I now lead more with empathy and listening" (P6).

Others described the reciprocal nature of the leadership journey.

"They teach me too. Their questions make me rethink things I took for granted. It's a growth process for both of us" (P7).

The themes above illustrate the dynamic, emotionally intensive, and multidimensional roles that nurse managers play in novice nurse retention. Their perspectives offer actionable insights for developing context-sensitive, relationally informed retention strategies in hospital settings

DISCUSSION

This study provides a nuanced understanding of how nurse managers perceive and enact their roles in supporting novice nurse retention. The findings underscore the relational, strategic, and emotional dimensions of leadership at the unit level. Five core themes emerged, offering insight into the day-to-day leadership practices and systemic constraints that shape retention outcomes in hospital settings.

The theme of creating a supportive and inclusive environment resonates strongly with existing literature that identifies psychological safety and team belonging as central to nurse retention. Newman et al. argue that inclusive leadership fosters trust and reduces attrition by building positive interpersonal climates.(11) Similarly, workplace incivility and marginalization have been linked to higher turnover intentions among novice nurses.(12). Participants in this study actively constructed inclusion by engaging in personal interactions and promoting team integration, actions that echo these prior findings.

Facilitating professional development and confidence-building aligns with evidence that structured support such as mentorship, reflective practice, and accessible supervision enhances novice nurses' sense of competence and autonomy.(13) The managers' emphasis on continuous informal learning and recognition also mirrors strategies outlined by Dyess and Sherman for sustaining early-career engagement.(14) Notably, the recognition of small successes and validation of progress were powerful motivators, reflecting theories of intrinsic motivation and self-efficacy.(15)

The theme concerning organizational barriers revealed systemic issues that may undercut even the most committed leadership efforts. Previous research highlights that nurse managers often experience role conflict and resource constraints, limiting their capacity to offer tailored support.(16) Participants' frustration with workload, lack of institutional reward systems, and ambiguous retention accountability is consistent with findings from Tourangeau and Cranley, who identified limited administrative investment as a barrier to retention strategies (17)

Emotional labor emerged as both a leadership practice and a burden. Nurse managers in this study served as emotional buffers for novice nurses, a role often unrecognized by formal organizational metrics. The literature increasingly acknowledges the hidden labor of healthcare leaders in managing staff emotions and sustaining morale.(18) The sense of advocacy and protection offered by participants aligns with servant and transformational leadership models, which prioritize staff well-being and development.(19)

Interestingly, participants described how working closely with novice nurses transformed their own leadership identity. This reciprocal dynamic suggests that novice nurse support is not unidirectional; it becomes a reflective practice that reinforces adaptive and empathic leadership traits. As illustrated by Wong et al., leaders who engage reflectively with their teams demonstrate greater resilience and adaptability.(20) This evolving identity can be viewed as part of a leadership learning cycle informed by practice-based experiences.

Overall, the findings reinforce that retention is not solely a human resources function but a shared leadership responsibility that plays out in micro-level interactions. Organizations that seek to improve novice nurse retention must recognize, support, and systematize the relational work that nurse managers perform. Investments in leadership development, recognition systems, and protected time for mentoring are critical.

Future research should expand on these insights through multi-site qualitative studies and longitudinal exploration of leadership development trajectories. Quantitative studies that test the impact of emotionally intelligent leadership training on novice nurse outcomes could further validate these findings.

CONCLUSIONS

This study explored the lived experiences of nurse managers in supporting novice nurse retention within a tertiary hospital setting. Through phenomenological inquiry, we identified five key themes: creating a supportive environment, facilitating professional development, managing organizational barriers, emotional labor and

advocacy, and evolving leadership identity. These findings underscore the centrality of nurse managers in fostering inclusive, responsive, and empowering practice settings.

Nurse managers do more than implement policy—they actively shape the professional and emotional experiences of novice nurses. Their leadership behaviors influence team culture, learning opportunities, and resilience in early-career nurses. However, their ability to support retention is often constrained by structural and institutional limitations. Addressing these barriers requires organizational recognition of the emotional and relational work inherent in nursing leadership.

Strategic investment in leadership training, protected time for mentorship, and performance indicators that value developmental leadership are needed to strengthen retention efforts. Furthermore, incorporating novice nurse perspectives and leadership narratives into institutional planning can lead to more sustainable workforce outcomes.

In conclusion, nurse managers are pivotal agents in retaining novice nurses. Supporting their leadership journey not only benefits early-career staff but also contributes to a healthier, more stable nursing workforce and safer patient care environments.

AUTHOR'S CONTRIBUTION STATEMENT

Conceptualization: MH; Methodology: MH; Data Collection: MH; Formal Analysis: MH; Writing Original Draft: MH; Writing Review & Editing: MH. All authors have read and approved the final manuscript.

CONFLICTS OF INTEREST

The authors declare no conflict of interest related to this study.

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