

# Enhancing Nurse Integration: The Impact of Buddy-Supported Onboarding Programs among Nurses in Medical-Surgical Units at King Abdulaziz Hospital, Al Ahsa

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## Abstract

**Aim/Objective:** This study aimed to examine how a buddy-supported onboarding program affected early-career nurses in medical-surgical units, focusing on their integration, perceived support, sense of belonging, confidence, competence, and turnover intention. **Background:** Early-career nurses often face significant obstacles when they enter clinical practice, including stress, low self-esteem, and a lack of professional support. These difficulties can increase job dissatisfaction and turnover intention, particularly in demanding settings such as medical-surgical units. Many healthcare organizations have adopted buddy-supported onboarding programs to help new nurses integrate, develop professionally, and stay in their roles.

**Design:** The study used a qualitative phenomenological design. **Method:** The researcher recruited seven registered nurses with fewer than three years of clinical experience in medical-surgical units at King Abdulaziz National Guard Hospital in Al Ahsa, Saudi Arabia, using purposive sampling. Data were gathered through semi-structured, in-person interviews and analyzed thematically using Braun and Clarke's approach. **Results:** The analysis produced six themes: structured onboarding supports early adjustment; buddy support acts as an emotional and practical anchor; a sense of belonging develops gradually and depends on team dynamics; psychological safety strengthens learning and confidence; inconsistent support hinders confidence development; and interpersonal and family-related factors shape turnover intention.

**Conclusions:** Buddy-supported onboarding programs can build early-career nurses' confidence, strengthen their professional integration, and ease their early adjustment. To support nurses' transition and improve workforce retention, healthcare organizations should reinforce structured onboarding frameworks and ensure consistent coaching.

**Keywords:** buddy, early-career nurses, onboarding, sense of belonging, nurse retention.

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## 1. INTRODUCTION

### 1.1 Background

Nurses sit at the core of healthcare delivery and are essential to patient care, safety, and overall health outcomes. Yet nurse turnover and retention are becoming a growing problem for healthcare organizations worldwide. High turnover rates, especially among early-career nurses, impose large costs on healthcare facilities, disrupt continuity of patient care, and add to the workload of the remaining staff (AACN, 2024).

Early-career nurses—those in their first three years of practice—frequently experience stress,

loneliness, low self-esteem, and the overwhelming responsibilities of patient care. Burnout, job dissatisfaction, and a higher likelihood of leaving are common in the early stages of employment (Patel, Varghese, & Hamm, 2024). These issues affect nurses directly, but they also reduce the quality of care and harm organizational culture (Charania & Patel, 2022).

To address these problems, many healthcare institutions have developed buddy programs—structured peer-support networks that pair early-career nurses with more experienced staff to ease the transition into clinical practice. These programs aim to improve clinical

learning, build professional identity, and provide emotional and social support. Such support has been linked to greater job satisfaction, confidence, and retention (Wakefield *et al.*, 2023; LeBlanc & Patel, 2021). Recent research also indicates that early-career nurses with a strong sense of belonging tend to be more competent, confident, and engaged (Fleck *et al.*, 2025).

Despite these efforts, high turnover rates persist across healthcare systems worldwide, particularly among nurses early in their careers (Benner *et al.*, 2022). During the transition to practice, these nurses often report loneliness, stress, low self-esteem, and a lack of clinical support, all of which harm job satisfaction and raise the likelihood of an early exit (Patel *et al.*, 2024). This attrition weakens team cohesion, increases organizational costs, and threatens patient safety (Charania & Patel, 2022).

Buddy-supported onboarding programs have been introduced to address these issues, but little empirical research has examined their effectiveness in medical-surgical units, where the complexity and pace of care can make transitions more difficult. The current study originally planned a full implementation of a buddy-supported onboarding program; however, unanticipated staffing limitations led to only partial execution. As a result, several early-career nurses received uneven or no buddy support during onboarding. This situation points to an important knowledge gap regarding how buddy support affects the integration, confidence, sense of belonging, and retention of early-career nurses. Filling this gap is essential for developing evidence-based onboarding practices that promote workforce stability in demanding clinical settings.

## 1.2 Aim of the Study

To explore the experiences of early-career nurses taking part in a buddy-supported onboarding program in medical-surgical units.

## 1.3 Objectives

### Specific Objective

To evaluate the role of buddy-supported onboarding programs in improving support, sense of belonging, turnover intention, confidence, and competence among early-career nurses in a medical-surgical unit.

### Secondary Objectives

- To explore how the presence of a peer buddy during onboarding shapes early-career nurses' perceptions of emotional and informational support.
- To assess how buddy-supported onboarding programs influence the sense of belonging during the early transition period.
- To evaluate the effect of buddy-supported onboarding programs on clinical confidence and self-assessed competence.

- To determine the effect of buddy-supported onboarding programs on turnover intention among early-career nurses in medical-surgical units.

## 2. METHODOLOGY

### 2.1 Study Design

This study used a qualitative phenomenological design to investigate the experiences of early-career nurses taking part in a buddy-supported onboarding program in a medical-surgical unit. Phenomenology focuses on understanding lived experiences from the perspective of those who have experienced the phenomenon (McLeod, 2024). Rather than measuring variables or testing hypotheses, phenomenological research seeks to understand the essence of participants' lived experiences. Researchers gather detailed accounts of these experiences and analyze them to identify recurring themes that capture the essence of the phenomenon under study (Polit & Beck, 2021).

### 2.2 Study Setting

The study took place in medical-surgical units at King Abdulaziz National Guard Hospital, Al Ahsa.

### 2.3 Study Population

The study population consisted of early-career nurses who had been employed in medical-surgical units for less than three years at the time of recruitment.

### 2.4 Study Subjects

#### Inclusion Criteria

1. Registered Nurses (RNs) employed in medical-surgical units.
2. Less than three years of employment at the time of recruitment.
3. Participation in a buddy-supported onboarding program.
4. Willingness to provide informed consent.

#### Exclusion Criteria

5. Nurses on extended leave during the study period.
6. Nurses who declined participation or withdrew consent.
7. Student nurses, interns, or nursing assistants.

### 2.5 Sample Size

Seven participants were recruited, and thematic saturation was achieved after the seventh interview. Smaller samples are acceptable in qualitative research as long as participants provide rich, detailed information. Data collection continued until thematic saturation was reached—that is, until no new themes emerged from further interviews.

### 2.6 Sampling Technique

The researcher recruited participants who had completed the buddy-supported onboarding program using a purposive sampling technique. In purposive

sampling, participants are not chosen at random. Instead, the researcher deliberately selects people with the most knowledge or experience of the topic in order to gain a deeper understanding of the phenomenon (Polit & Beck, 2021).

### 2.7 Data Collection Methods

The researcher gathered data through semi-structured, in-depth, in-person individual interviews. This method allowed participants to describe their experiences and perspectives in their own words while ensuring that the key areas of interest were covered. The interview guide focused on perceived support, sense of belonging, clinical competence and confidence, and turnover intention.

### 2.8 Data Management and Analysis

With participants' permission, all interviews were audio recorded and transcribed verbatim. To verify accuracy, the transcripts were checked against the recordings. Each participant was assigned a unique identification number to protect privacy. The researcher analyzed the qualitative data manually using thematic analysis, a flexible technique that helps researchers identify and evaluate patterns of meaning across qualitative datasets such as interview transcripts or narratives (Braun & Clarke, 2022).

The researcher read the interview transcripts several times to become familiar with them. During the initial open coding process, she identified meaningful units and assigned descriptive codes. In line with the study objectives, she grouped similar codes into subthemes and organized them into overarching themes. The researcher did not use software such as NVivo, ATLAS.ti, or MAXQDA. Instead, she carefully studied the transcripts, coded them, and manually grouped related concepts.

Only the research team had access to the digital material, which was stored on secure cloud storage and password-protected workstations.

### 2.9 Ethical Considerations

Ethical approval for this study was obtained from the Institutional Review Board (IRB) of King Abdullah International Medical Research Center (KAIMRC), Saudi Arabia (IRB Approval No. 00000225525; Study No. NRA25/017/7). The study received expedited review approval on 18 September 2025. All participants provided informed consent prior to participation. Participants received an information leaflet detailing the study's goals, methods, risks, and benefits. They were free to withdraw at any time without any consequences. Ethical considerations are essential in research involving human subjects, as they safeguard participants' rights, dignity, and well-being throughout the study. To preserve integrity and protect participants, researchers must follow accepted ethical guidelines (Polit & Beck, 2021).

## 3. FINDINGS

The researcher interviewed seven early-career nurses who took part in a buddy-supported onboarding program using a semi-structured approach. Analysis of the interview data produced six main themes related to onboarding support, sense of belonging, confidence and competence, and turnover intention.

### Theme 1: Structured Onboarding Facilitates Early Adjustment

Every participant said the onboarding process helped them prepare for their roles in the medical-surgical units. Most nurses emphasized that the process was methodical and transparent and that it eased their initial uncertainty.

Several participants highlighted its organization and clarity:

*"Excellent and methodical; I didn't feel lost."* (Participant 2)

*"Very understandable and clear."* (Participant 1)

*"Theoretically and practically clear."* (Participant 5)

Others mentioned that onboarding made it easier to understand their everyday duties and expectations:

*"Useful and interesting; I could understand the workplace and what is expected of a nurse."* (Participant 7)

*"It met expectations and was clear about patient ratio and job description."* (Participant 6)

One participant reported only partial alignment because of differences in clinical background, even though most expectations were met:

*"The unit is mixed, so it partially met my expectations because I have a background in oncology."* (Participant 2)

The onboarding program helped early-career nurses adjust to their new roles. Participants reported less confusion at the start of their work because the curriculum was clear, methodical, and structured. After completing onboarding, nurses felt more prepared because they understood their job duties, patient ratios, and the clinical setting. This structured orientation provided both theoretical knowledge and practical training, which strengthened nurses' confidence and readiness for clinical practice.

Although most nurses described positive experiences, one participant noted that onboarding did not fully meet expectations because of a mismatch between her prior clinical background and her current unit assignment. This suggests that onboarding programs do not always account for individual differences in experience or specialization.

### **Theme 2: Buddy Support as a Central Emotional and Practical Anchor**

Every participant identified the buddy as an essential source of guidance and reassurance during onboarding. The buddy relationship went beyond clinical training to include daily practical help and emotional support.

Participants described strong emotional bonds:

*"My buddy brings me peace and is like a sister." (Participant 4)*

*"A buddy who helped me find my way when I was lost." (Participant 7)*

Others stressed the value and consistency of buddy support:

*"Complete assistance from my buddy and mentor." (Participant 1)*

*"Very beneficial, crucial, and encouraging." (Participant 6)*

Buddy support emerged as one of the most important parts of the onboarding process. Participants said their buddies offered guidance, reassurance, and emotional support. The relationship allowed nurses to ask questions, navigate their clinical responsibilities, and feel less overwhelmed during the transition. Some participants even used family language to describe the relationship, which underlines the deep emotional bond and psychological comfort it provided.

This reliance on buddies also suggests that nurses may feel lost or unsupported when regular buddy assistance is missing. The availability and commitment of the assigned buddy or preceptor therefore have a major effect on how well the onboarding program works.

### **Theme 3: Sense of Belonging Develops Gradually and Is Team-Dependent**

Participants' perceptions of belonging varied widely. Some nurses felt welcomed early, while others experienced delayed integration because of interpersonal dynamics and communication difficulties.

**Positive experiences included:**

*"I felt at home." (Participant 3)*

*"A small gathering and a welcome package make you feel so welcome." (Participant 5)*

**Several participants, however, described challenges:**

*"New nurses don't feel welcome, and senior staff members don't communicate well with them." (Participant 2)*

*"It took me two to three months to feel comfortable; I would greet them and they didn't respond." (Participant 4)*

One participant described ongoing difficulties caused by cultural differences:

*"It takes me a year to feel comfortable. It's not really welcoming." (Participant 7)*

Some participants felt their coworkers made them welcome, and they valued gestures such as social events and welcome gifts that helped them feel part of the team. These positive exchanges fostered a sense of belonging and team integration. Other participants, however, felt excluded and experienced delayed integration, especially when they had little connection with senior staff. Some nurses reported that coworkers did not greet or interact with them at first, and in one case cultural differences made it take a long time for a nurse to feel at ease. These results suggest that onboarding alone may not be enough to build a sense of belonging; team culture and communication also matter.

### **Theme 4: Psychological Safety Supports Confidence and Learning**

Most participants said they felt comfortable asking questions and seeking clarification, especially when speaking with buddies, mentors, or supportive teammates. This psychological safety aided learning and the growth of confidence.

Positive experiences included:

*"I always feel free to ask." (Participant 1)*

*"You can ask questions and feel supported." (Participant 2)*

*"It's safe to ask a buddy, a preceptor, or a friendly person." (Participant 7)*

**One participant, however, reported difficulty:**

*"Not at all; I'm having trouble." (Participant 4)*

Most participants said they felt psychologically safe asking questions, particularly when they worked with helpful buddies, mentors, or kind coworkers. Psychological safety is crucial because it allows novice nurses to ask questions, learn from mistakes, and build clinical confidence. A supportive learning environment therefore fosters competence development and professional growth.

One participant said she was uncomfortable asking questions, which shows that not all staff experience psychological safety. Nurses who are reluctant to seek help may learn less and even lose confidence.

### **Theme 5: Inconsistent Support Undermines Confidence Development**

Some participants reported steady support, while others reported inconsistent support that depended on the team members or changes in preceptors, which affected their confidence.

Some observed consistent assistance:

*“There is constant support.” (Participant 3)*  
*“Consistently and fully supported.”*  
*(Participant 6)*

Others noted inconsistencies:

*“It’s inconsistent; it changes over time and depends on who I work with.” (Participant 2)*  
*“Not constant; it evolves over time.”*  
*(Participant 4)*

One participant raised difficulties with preceptor changes:

*“A horrible experience when the preceptor changes.” (Participant 7)*

Some participants received regular help from preceptors and buddies, which allowed them to build competence and confidence in their clinical duties. Ongoing mentoring promoted learning and offered stability. Others, however, complained about uneven support, particularly when preceptors changed or when help differed depending on the staff member they worked with. Preceptor changes broke continuity and made learning less stable. One participant described a particularly bad experience when her preceptor was replaced, highlighting how a lack of continuity in mentoring can harm the building of confidence.

#### **Theme 6: Turnover Intention Is Influenced by Social and Family Factors**

Although most participants planned to stay in their current positions, many said they had thought about quitting at some point. These thoughts were linked mainly to interpersonal relationships and family-related issues rather than to clinical workload.

Participants frequently mentioned interpersonal difficulties:

*“I have occasionally considered leaving, but not because of my job—rather because of the people I work with.” (Participant 2)*  
*“I get frustrated with the relationships between coworkers.” (Participant 7)*

Family-related reasons were also important:

*“My family is not present.” (Participant 4)*  
*“Sometimes, especially after returning from vacation, because of family.” (Participant 6)*

Several participants said they intended to stay despite these concerns:

*“There are no other opportunities.” (Participant 1)*  
*“Not right now.” (Participant 5)*

Despite some difficulties, several participants said they were willing to stay in the unit and had no intention of leaving. This suggests that buddy support and the onboarding approach may strengthen job

commitment and retention. Many participants acknowledged that they had thought about quitting at some point, but their reasons had little to do with workload or clinical duties. Instead, their thoughts of leaving were influenced by:

- Interpersonal disputes with coworkers
- Ineffective working relationships
- Personal circumstances or family separation

These results suggest that social relationships and personal factors, in addition to professional training programs, influence retention.

## **SUMMARY OF FINDINGS**

Overall, the results show that buddy-supported onboarding programs are essential for early adjustment, confidence building, and professional integration among early-career nurses. However, interpersonal ties, cultural dynamics, and family-related factors had a significant impact on retention and on the sense of belonging.

## **4. DISCUSSION**

This qualitative study explored early-career nurses’ views of a buddy-supported onboarding program in a medical-surgical unit, with an emphasis on adjustment, support, sense of belonging, confidence, and turnover intention. The results show that structured onboarding and peer support are crucial, but they also highlight issues with team dynamics, support consistency, and individual characteristics that affect retention.

### **4.1 Structured Onboarding and Early Adjustment**

The results show that a methodical, well-organized onboarding approach promoted early adjustment by reducing ambiguity and clarifying role expectations. Participants generally described the process as methodical and effective in preparing them for clinical responsibilities. This is consistent with research showing that structured onboarding programs improve role clarity, lower stress, and ease transitions for nurses early in their careers (LeBlanc & Patel, 2021; Wakefield *et al.*, 2023). In fast-paced medical-surgical settings, where uncertainty can heighten stress during early practice, a clear orientation to unit structure, expectations, and patient ratios is especially important.

### **4.2 Buddy Support as Emotional and Practical Support**

Buddy support, which offered both practical advice and emotional comfort, became a crucial part of the onboarding process. Participants often described their buddies as approachable, encouraging, and helpful in overcoming everyday obstacles. This finding supports earlier studies showing that peer support increases new nurses’ psychological safety, emotional well-being, and confidence (Wakefield *et al.*, 2023). The emotional dimension of buddy relationships, which participants frequently described in family terms, underscores the

importance of both technical and relational support during early professional integration.

#### 4.3 Development of Sense of Belonging

Interpersonal relationships and team culture strongly shaped the gradual development of a sense of belonging. Some participants experienced delayed acceptance because of communication difficulties and cultural differences, while others felt welcomed right away. These results align with research indicating that workplace relationships and inclusion, rather than formal orientation alone, drive the dynamic process of belonging (Fleck *et al.*, 2025). Even where buddy support was helpful, uneven team engagement meant that some participants' early sense of belonging was not fully fostered.

#### 4.4 Psychological Safety and Confidence Development

Psychological safety strongly supported learning and the development of confidence. Most participants said they felt comfortable asking questions when buddies and preceptors were available to support them, which highlights the importance of approachable mentoring in clinical learning. This is consistent with earlier research showing that psychological safety helps early-career nurses learn, make decisions, and feel confident (Charania & Patel, 2022). Furthermore, previous research has shown that leadership, interpersonal relationships, and individual characteristics influence psychological safety and healthcare professionals' willingness to speak up within teams. Perceived value within the team and previous experiences also affect how psychologically safe individuals feel in the workplace (O'Donovan *et al.*, 2021). The fact that at least one participant did not feel comfortable, however, points to variation in support and the need for consistent mentoring practices.

#### 4.5 Impact of Inconsistent Support

Inconsistent assistance hindered confidence development, especially when preceptors changed or team members varied. Research has shown that maintaining mentorship throughout the transition phase is essential for building competence, confidence, and trust (LeBlanc & Patel, 2021). These results underscore the need for consistency and role clarity among support providers, since uneven support can undermine the benefits of planned onboarding and buddy programs.

#### 4.6 Turnover Intention and Influencing Factors

Although most participants planned to stay in their current positions, many said they had thought about quitting at some point, mostly because of interpersonal relationships and family-related issues rather than workload. This finding is consistent with earlier studies showing that social support, workplace relationships, and personal circumstances strongly influence early-career nurses' intention to leave (Patel *et al.*, 2024). Buddy support appeared to reduce early thoughts of leaving, but

it did not fully resolve issues with workplace relationships and family separation. Nurse managers play a critical role in addressing factors associated with turnover intention among early-career nurses. Given that turnover intention is influenced by workplace relationships, organizational support, and personal circumstances, continuous monitoring and targeted retention strategies are essential to support newly graduated nurses and promote workforce stability (Lyu *et al.*, 2024).

### 5. Implications of the Study

The study's findings suggest that standardized buddy-supported onboarding programs are crucial for helping early-career nurses adjust and build their confidence. As Wakefield, Tanaka, and Clark (2023) note, structured onboarding procedures can help newly hired nurses become more competent, adapt to clinical settings, and experience less stress during transitions. Encouraging psychological safety and setting clear role expectations in clinical settings may further improve learning, professional integration, and the growth of novice nurses' confidence (Fleck, Santos, & Walker, 2025).

From a management standpoint, nurse managers are essential to the success of onboarding programs because they monitor the consistency and quality of buddy and preceptor support. Nurse leaders are instrumental in building a resilient nursing workforce. Nurse leaders play a critical role in fostering resilience among nurses through supportive leadership practices, positive work environments, and professional development opportunities. These strategies not only strengthen the nursing workforce but may also contribute to improved patient outcomes (Wei *et al.*, 2019).

Effective leadership involvement in onboarding has been linked to better staff engagement, professional development, and retention of early-career nurses (Patel, Varghese, & Hamm, 2024). Offering preceptors and buddies formal training can further strengthen mentorship and ensure that newly hired nurses receive consistent guidance during their transition into clinical practice (LeBlanc & Patel, 2021).

Addressing team communication and encouraging inclusion within clinical units may also improve early-career nurses' sense of belonging. From an educational perspective, transition-to-practice preparation should emphasize interpersonal skills and cultural competence. Strengthening cooperation among academic educators, clinical preceptors, and buddy nurses may also improve clinical readiness and support smoother transitions into professional practice.

### 6. Strengths and Limitations

This study offers detailed insights into the lived experiences of early-career nurses in a real clinical context. Its strengths include the use of semi-structured

interviews, verbatim participant quotes, and consistency among the study objectives, data collection, and analysis. The qualitative phenomenological approach allowed the researcher to capture participants' perspectives meaningfully and faithfully.

Several limitations should be considered. Conducting the study in a single medical-surgical unit limited the generalizability of the findings. The small sample size and reliance on self-reported experiences may introduce recall or response bias. In addition, the incomplete implementation of the buddy program may have affected participants' experiences. Although the findings may not be generalizable because of the qualitative design and single-site setting, the rich contextual descriptions provided may allow readers to determine applicability to similar clinical settings.

## 7. Recommendations

Based on the findings, the study offers several recommendations for nursing practice. To ensure consistent and effective support for early-career nurses, healthcare institutions should establish formal buddy-supported onboarding programs with clearly defined roles and responsibilities. Keeping buddy and preceptor assignments consistent throughout onboarding is advisable, as it fosters confidence, trust, and smoother professional integration. Offering preceptors and buddies structured training and protected time may also improve the effectiveness of mentoring and ensure that supportive activities continue alongside clinical duties.

For future research, multi-site studies are advisable to improve the relevance and transferability of the findings across different clinical contexts. Mixed-methods designs that combine qualitative insights with quantitative measures may offer a more thorough understanding of outcomes related to buddy-supported onboarding programs. Studies that compare early-career nurses' experiences with and without buddy support may also provide valuable insight into the effectiveness of these programs and guide the development of best practices for onboarding.

## 8. CONCLUSION

This study highlights how crucial buddy-supported onboarding is for helping early-career nurses in medical-surgical units adapt, gain confidence, and integrate professionally. Although structured onboarding and buddy support offer substantial benefits, interpersonal interactions, team culture, and family-related issues continue to influence belonging and retention. Strengthening inclusive workplace policies and ongoing peer support may improve retention and workforce stability.

## 9. Reflexivity Statement

The primary investigator is a clinical resource nurse with expertise in nursing education and onboarding procedures. This professional background gave her a

useful contextual awareness of the clinical setting and the transition challenges early-career nurses face. To reduce potential bias, the researcher maintained reflexive awareness throughout the study: she followed the interview protocol rigorously, allowed participants to express their views freely, and focused the analysis on participants' own words rather than on predetermined assumptions. Frequent self-reflection and peer discussion supported an objective assessment of the findings.

## 10. Trustworthiness of the Study

In qualitative research, trustworthiness refers to the degree to which the results are reliable, believable, verifiable, and transferable. These standards help ensure that the research process is carried out with methodological rigor and transparency and that the findings accurately reflect participants' lived experiences. In phenomenological research, establishing credibility is essential for improving the study's overall quality, authenticity, and dependability (Polit & Beck, 2021). This study used several techniques to strengthen credibility, dependability, confirmability, and transferability.

### 10.1 Credibility

Credibility is the assurance that the results are accurate and true. This study used in-depth semi-structured interviews to increase credibility by allowing participants to give detailed accounts of their experiences in the buddy-supported onboarding program. Open-ended questions invited participants to share their opinions and experiences openly. To promote transparency in interpreting the data and to represent participants' voices authentically, the researcher incorporated verbatim quotations into the findings. She also carried out member clarification during the interviews, summarizing participants' responses and confirming their intended meaning.

### 10.2 Dependability

Dependability refers to the stability and consistency of the research process over time. To ensure dependability, the researcher kept a thorough audit trail documenting every step of the study, including participant recruitment, interview techniques, data transcription, coding decisions, and theme development. Using the same interview guide for every participant ensured consistency in data collection. These procedures ensured that the study was conducted transparently and methodically, so that other researchers could examine or repeat it (Polit & Beck, 2021).

### 10.3 Confirmability

Confirmability is the degree to which participants' experiences, rather than researcher bias or personal assumptions, shape the research outcomes. This study strengthened confirmability by maintaining a clear link between the codes, the resulting themes, and the raw data, and by grounding the analysis in participants'

verbatim words. The researcher also used reflexive techniques throughout the study to increase her awareness of potential biases. During analysis, peer discussions helped evaluate coding decisions and ensured that interpretations stayed true to the data.

#### 10.4 Transferability

Transferability is the degree to which the results may apply to other contexts or people. Although this study was conducted in a single medical-surgical unit, the researcher provided thorough descriptions of the study context, participant characteristics, and clinical setting so that readers could judge whether the results apply to other healthcare settings. These rich contextual details help readers and future researchers evaluate how the study's findings might transfer to similar clinical settings (Polit & Beck, 2021).

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