



# Developing and Testing the Validity of a Needs-Based Communication Program for New Korean Nurses' Organizational Adaptation

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## Abstract

**Background:** We developed a needs-based communication program for fostering the organizational adaptation of new Korean nurses. It tested the program's effects on their intentions to stay in their job, burnout, fear of negative evaluations, self-encouragement, workplace friendships, communication, and nonviolent communication.

**Methods:** The communication program was developed based on the nonviolent communication approach. Its effectiveness was tested using a non-equivalent control group pretest-posttest design. The participants were Korean nurses with less than six months of experience working in general hospitals located in Busan City and Gyeongsangnam-do Province, Republic of Korea. The experimental group, comprising 49 participants, underwent the needs-based communication program consisting of daily workshops and weekly practice sessions for eight weeks. The control group, comprising 44 participants, received no treatment. The data were collected from May to July, 2025, and analyzed using descriptive statistics,  $\chi^2$  test,  $t$ -test, analysis of covariance, ranked analysis of covariance, Wilcoxon signed-rank test, Fisher's exact test, and McNemar's test.

**Results:** Compared to the control group, the experimental group showed significantly improved intentions to stay in the job, self-encouragement, workplace friendships, communication, and nonviolent communication ( $P < 0.05$ ). However, burnout and fear of negative evaluations did not differ between the two groups ( $P > 0.05$ ).

**Conclusion:** The needs-based communication program can be applied to new nurses' introductory training curricula and is expected to enhance their adaptation to clinical practice.

**Keywords:** Burnout; Communication; Fear; Friendship; Self-encouragement; Workplace

## Introduction

Nurse shortages are threatening the sustainability of healthcare systems, with the Republic of Korea being no exception. According to the 2022 Korea Hospital Nurses Association, the average nurse resignation rate was 15.8%, and among

these, 52.8% of nurses resigned within one year of appointment (1). Premature turnover among new nurses transcends abandoning one's career—it hampers organizational operations and patient safety. Notably, job maladjustment and



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transfers are leading causes of this turnover, and general hospitals report the highest rates (1). To tackle nurse shortages, it becomes imperative to improve nurses' intentions to stay and enhance their adaptability (2).

Adapting to a job is a continuous process wherein individuals strive to maintain harmony with their work environment (3). New nurses undergo intense training within a short period to enhance their knowledge and technical skills. Coupled with this, high stress and excessive workload can cause burnout, and even lead to hospitalization (4). Furthermore, new nurses face challenges in applying school-learned knowledge to clinical practice, leading to reduced confidence and a fear of being negatively evaluated (4). These factors can impede organizational adjustment and prompt premature turnover among new nurses.

Self-encouragement, which cultivates confidence and a positive mindset, and workplace camaraderie, which fosters closeness and a sense of solidarity among colleagues (5), are key to organizational adjustment. If new nurses maintain confidence during stressful moments and feel connected with their peers, they will be better equipped to navigate workplace integration. Similarly, effective communication plays a salient role in organizational adaptation. New nurses, stemming from Generation Z, are accustomed to digital and online interactions, thus lacking in face-to-face interactions (6). This creates challenges in interacting with peers and patients and can even cause delayed or inappropriate treatment. Therefore, there is a need for programs that facilitate new nurses' organizational adaptation.

Nonviolent communication is a needs-based communication approach that promotes mutual respect and empathy through observation, feelings, needs, and requests. This approach aids conflict resolution, enhances teamwork, and prevents burnout (7). Rosenberg & Chopra (7), the developer of nonviolent communication, suggests that needs drive personal growth, and recognizing one's needs can enable individuals to

explore options and take meaningful action. Therefore, identifying one's needs through non-violent communication may help new nurses adapt to the organization.

Previous study has examined the effectiveness of one-time or short-term needs-based communication programs (8). However, there is a dearth of studies that develop and evaluate the effectiveness of nonviolent communication-based programs for new nurses' organizational adaptation. Therefore, we developed a needs-based communication program aimed at enhancing the organizational adaptation of nurses having less than one year of experience and working in general hospitals. Furthermore, the study tested the program's effects on new nurses' intentions to stay in the job, burnout, fear of negative evaluation, self-encouragement, workplace friendships, communication, and nonviolent communication. With these objectives, the study sought to address the limitations of existing research and provide empirical insights into new nurses' clinical adaptation.

## Materials and Methods

### *Developing the needs-based communication program*

The needs-based communication program was designed by referring to the Nonviolent Communication Workshop (8), Rosenberg's Nonviolent Communication (7), and the Nonviolent Communication Workbook (9). The program comprised daily workshops (220 minutes) and weekly practice sessions (60 minutes) for eight weeks. The workshops comprised three parts (Table 1). The first part introduced the concept of nonviolent communication. The second part focused on the nonviolent communication model. The third part concluded the workshop by providing guidance on needs-based communication practices.

**Table 1:** Structure of workshops for developing the needs-based communication program

Part	Duration (min)	Subject	Content	Methods	Supplies
1	50	Introduction of nonviolent communication	Self-connection meditation Icebreaking Principles of nonviolent communication	Meditation Lecture Team activity	Card Meditation commentary
2	140	Nonviolent communication model Needs-based communication	Distinguishing between observation and judgment Distinguishing between feelings and thoughts Distinguishing between requests and demands Recognizing one's feelings Identifying one's needs Connecting one's feelings with needs	Lecture Team activity Individual activity Role play Group discussion	Workbook Card Meditation commentary
3	30	Closing Self-reflection	Guidance on nonviolent communication practices	Reflection	Workbook

The practice sessions consisted of an introduction (10 minutes), reflection and practice (30 minutes), and the sharing of thoughts (20

minutes) (Table 2). These sessions were structured to gradually teach the identification and expression of needs.

**Table 2:** Structure of practice sessions

Session	Content	Methods	Duration (min)	Activity materials
1	Distinguishing between observation and evaluation	Practice	Introduction: 10 minutes  Self-reflection and practice: 30 minutes	Workbook, Needs meditation commentary, Needs exploration guide
2	Observing one's thoughts and feelings	Practice, team activity		
3	Noticing one's feelings	Practice, team activity		
4	Exploring one's needs	Practice, team activity		
5	Exploring one's needs	Practice, team activity	Introspective writing and sharing: 20 minutes	
6	Recognizing one's needs	Practice, team activity		
7	Expressing one's needs	Practice, team activity		
8	Concluding the program	Team activity		

Following Lynn's criterion of 3–10 experts, content validity was verified by two nursing professors, one counseling psychology professor, and one expert instructor in a related field. The validity of each item was evaluated with “not at all valid” (1 point), “not valid” (2 points), “valid” (3 points), or “extremely valid” (4 points). The experts were asked to freely provide comments or other opinions. Items that were rated with “not at all valid” or “not valid” were deleted, whereas the rest were retained.

### *Testing the effectiveness of the needs-based communication program*

#### *Design and participants*

This study used a non-equivalent control group pretest–posttest design to compare the effects of the program between the experimental and control groups based on quantitative study. The researcher targeted general hospitals located in Busan Metropolitan City and Gyeongsangnam-do Province. From the cooperating hospitals, the researcher selected nurses who had been working at the hospital for less than six months, had no physical or mental difficulties with verbal or non-verbal communication, understood the study purpose, and willingly agreed to participate. To prevent potential inter-subject bias, the cooperating general hospitals were randomly assigned to the experimental and control groups.

This study used nonviolent communication as the main variable to measure the effectiveness of the needs-based communication program. The achieved power was calculated to verify the mean difference between the two groups. Using G\*Power 3.1.9.2 software (Heinrich-Heine-University, Düsseldorf, Germany), effect size  $d=0.63$ , significance level  $\alpha=0.05$ , and sample size (experimental group=49, control group=44) were applied to the two-tailed independent samples  $t$ -test. The achieved power ( $1-\beta$ ) was 0.86, exceeding the generally recommended power of 0.80 and confirming sufficient power (10).

#### *Procedure*

The experimental group underwent the needs-based communication program. The control group received no treatment but on-site thank you gifts for participating in the pre- and post-surveys. The pre-test was administered before the experimental treatment, with participants filling out a structured questionnaire. The post-test was conducted eight weeks after the experimental treatment. The questionnaire took approximately 15–20 minutes to complete. Data were collected from May to July, 2025.

The experimental group was divided into eight teams of five to six participants. The workshops were conducted in a comfortable setting at the training center of the hospital where the participants worked, with snacks, drinks, and lunch provided. They were conducted by one nursing professor and one instructor specializing in a related field. After the workshop, the researcher provided a needs exploration guide, a workbook, and needs-based meditation content to encourage self-practice and reflection on needs-based communication. Research suggests that reflection helps manage internal emotional changes (11). Kember et al (12) reported four levels of reflective thinking: habitual action, understanding, reflection, and critical reflection. Accordingly, this study guided reflective thinking to progress from habitual actions to critical reflection.

They were led by two counseling psychology majors who had completed at least three semesters of counseling psychology. To facilitate team activities in the practice sessions, they participated in a workshop on the Needs-Based Communication Program and received at least two rounds of training on team activities from two experts. The researcher participated in the first, third, and sixth practice sessions and monitored their progress.

#### *Instruments*

##### *Intentions to stay in the job*

Intentions to stay in one's job were measured using the Nurses' Retention Index developed by Cowin (13). The instrument comprises six items

rated on an 8-point Likert scale ranging from 1 ("not at all") to 8 ("very much"). Higher scores indicate greater intentions to stay in one's job. At the time of development, the tool demonstrated a Cronbach's  $\alpha$  of 0.98.

### ***Burnout***

Burnout was measured using a tool developed by Pines et al (14) for general workers. The tool comprises three subscales: physical, emotional, and mental exhaustion. However, this study focused on emotional exhaustion. The items are rated on a 5-point Likert scale ranging from 1 ("never") to 5 ("always"), with higher scores indicating greater burnout. At the time of development, the tool exhibited a Cronbach's  $\alpha$  of 0.92.

### ***Fear of negative evaluations***

Fear of negative evaluations was measured using the Brief Fear of Negative Evaluation II developed by Carleton et al (15). The items are rated on a 5-point Likert scale ranging from 1 ("not at all") to 5 ("very much"), with higher scores indicating greater fear of negative evaluation. At the time of development, the tool demonstrated a Cronbach's  $\alpha$  of 0.94.

### ***Self-encouragement***

Self-encouragement was measured using the self-encouragement scale developed and validated by No & Jeong (5). This scale consists of 30 items rated on a 5-point Likert scale ranging from 1 ("not at all") to 5 ("very much"), with higher scores indicating higher levels of self-encouragement. At the time of development, the tool exhibited a Cronbach's  $\alpha$  of 0.95.

### ***Workplace friendships***

Workplace friendships were measured using the Two-Dimensional Workplace Friendship Scale developed by Nielsen et al (16). This tool consists of 12 items rated on a 5-point Likert scale ranging from 1 ("not at all") to 5 ("very much"). Higher scores indicate stronger workplace friendships. At the time of development, the tool demonstrated a Cronbach's  $\alpha$  of 0.89.

### ***Communication***

Communication was assessed using the Interpersonal Communication Competence Scale developed by Rubin and Martin (17). The instrument comprises 15 items rated on a 5-point Likert scale ranging from 1 ("not at all") to 5 ("very much"). Each item represents a specific sub-concept: self-disclosure, empathy, social tension reduction, assertiveness, concentration, interaction management, expressiveness, supportiveness, immediacy, efficiency, social appropriateness, coherence, goal seeking, responsiveness, and noise control. Higher scores indicate greater communication competence. At the time of development, the tool exhibited a Cronbach's  $\alpha$  of 0.86.

### ***Nonviolent communication***

Nonviolent communication was assessed using the Nonviolent Communication Scale developed by Rosenberg and Chopra (7). The scale comprises 16 items rated on a 5-point Likert scale ranging from 1 ("not at all") to 5 ("very much"). Higher scores indicate better nonviolent communication. At the time of development, the tool demonstrated a Cronbach's  $\alpha$  of 0.84.

### ***Data analysis***

Categorical data were presented as frequencies and percentages, and continuous data were presented as means and standard deviations. Analysis of covariance or ranked analysis of covariance were performed to determine between-group differences in continuous variables, adjusting for age and baseline values. Within-group differences in continuous variables were investigated using paired *t*-tests were used when the assumption of normality was met and Wilcoxon signed-rank tests when the assumption was not met. Chi-square and Fisher's exact tests were used to test between-group differences in categorical variables, whereas McNemar's tests were used to determine within-group differences. All statistical analyses were two-sided at a significance level of 0.05 and performed using SPSS version 29.0 (IBM Corp., Armonk, NY, USA).

### Ethical considerations

This study was approved by the Institutional Review Board of Dongseo University, Busan, Republic of Korea (IRB No:1041493-A-2025-006). It was conducted according to the Declaration of Helsinki. Written informed consent was obtained from all participants before their inclusion in the study.

### Results

#### General characteristics and homogeneity between the two groups

Table 3 presents the general characteristics of the two groups and the results of testing homogeneity between them.

**Table 3:** General characteristics and the results of testing homogeneity between the experimental and control groups (n=93)

Variable	Categories	Experimental group (n=49)	Control group (n=44)	$\chi^2$ or z	P
Age (years)		23.9 $\pm$ 1.34	23.5 $\pm$ 1.34	-2.255	0.024 <sup>a</sup>
Sex	Female	45 (91.8)	43 (97.7)	1.581	0.209 <sup>b</sup>
	Male	4 (8.2)	1 (2.3)		
Religion	Christianity	1 (2.0)	1 (2.3)	2.343	0.504 <sup>b</sup>
	Catholicism	4 (8.2)	4 (9.1)		
	Buddhism	0 (0.0)	2 (4.5)		
	Other	0 (0.0)	0 (0.0)		
	None	44 (89.8)	37 (84.1)		
Completion of communication courses	Yes	43 (87.8)	42 (95.5)	1.748	0.186 <sup>b</sup>
	No	6 (12.2)	2 (4.5)		
Participation in communication education	Yes	34 (69.4)	31 (70.5)	0.013	0.911 <sup>b</sup>
	No	15 (30.6)	13 (29.5)		
Work department	Nursing unit	26 (53.1)	36 (81.8)	12.994	0.003 <sup>c</sup>
	Emergency room	3 (6.1)	2 (4.5)		
	Intensive care unit	7 (14.3)	5 (11.4)		
	Other	13 (26.5)	1 (2.3)		
Stressor	Health issues	17 (34.7)	9 (20.5)	12.017	0.009 <sup>c</sup>
	Interpersonal conflicts	2 (4.1)	7 (15.9)		
	Family issues	0 (0.0)	1 (2.3)		
	Financial issues	6 (12.2)	0 (0.0)		
	Work environment issues	24 (49.0)	27 (61.4)		

Data are expressed as frequency (percentage) or mean $\pm$ standard deviation.

<sup>a</sup>The P value was derived from Mann-Whitney's U test.

<sup>b</sup>The P value was derived from chi-square test.

<sup>c</sup>The P value was derived from Fisher's exact test



### Effects of the needs-based communication program

Compared to the control group, the experimental group showed a significantly greater improvement in intentions to stay in the job ( $F=8.625$ ,  $P=0.004$ ), self-encouragement ( $F=15.178$ ,

$P<0.001$ ), workplace friendships ( $F=6.232$ ,  $P=0.014$ ), communication ( $F=14.729$ ,  $P<0.001$ ), and nonviolent communication ( $F=13.905$ ,  $P<0.001$ ) (Table 4). However, burnout and fear of negative evaluation did not differ between the two groups ( $P>0.05$ ).

**Table 4:** Results of testing between- and within-group differences in outcome variables ( $n=93$ )

Variable	Time	Group		Change from baseline							
		Experimental group ( $n=49$ )	Control group ( $n=44$ )			Experimental group ( $n=49$ )		Control group ( $n=44$ )			
				F	P	Difference	P	Difference	P	F	P
Intentions to stay in the job	Pretest	6.45±0.97	6.16±1.20	3.008	0.086 <sup>a</sup>	-	-	-	-		
	Posttest	6.66±1.02	5.95±1.05	9.620	0.003 <sup>b</sup>	0.21±0.88	0.125 <sup>c</sup>	0.20±1.07	0.290 <sup>c</sup>	8.625	0.004 <sup>b</sup>
Burnout	Pretest	1.99±0.52	2.19±0.61	3.085	0.082 <sup>a</sup>	-	-	-	-		
	Posttest	1.84±0.42	2.13±0.60	6.687	0.011 <sup>b</sup>	-	0.537 <sup>c</sup>	0.06±0.62	0.788 <sup>c</sup>	1.617	0.207 <sup>b</sup>
Fear of negative evaluation	Pretest	2.92±0.79	3.31±0.81	5.951	0.017 <sup>a</sup>	-	-	-	-		
	Posttest	3.22±0.97	3.39±0.74	1.613	0.207 <sup>b</sup>	0.31±1.03	0.080 <sup>c</sup>	0.08±0.58	0.378 <sup>d</sup>	0.583	0.447 <sup>b</sup>
Self-encouragement	Pretest	3.85±0.37	3.73±0.49	2.386	0.126 <sup>a</sup>	-	-	-	-		
	Posttest	4.14±0.45	3.73±0.48	12.218	<0.001 <sup>b</sup>	0.29±0.51	<0.001 <sup>c</sup>	0.00±0.47	0.953 <sup>d</sup>	15.178	<0.001 <sup>b</sup>
Workplace friendships	Pretest	3.64±0.39	3.56±0.51	0.435	0.511 <sup>a</sup>	-	-	-	-		
	Posttest	3.98±0.62	3.69±0.50	4.833	0.030 <sup>b</sup>	0.34±0.70	0.004 <sup>c</sup>	0.13±0.59	0.215 <sup>c</sup>	6.232	0.014 <sup>b</sup>
Communication	Pretest	3.96±0.33	3.93±0.37	0.023	0.880 <sup>a</sup>	-	-	-	-		
	Posttest	4.27±0.46	3.97±0.45	13.565	<0.001 <sup>b</sup>	0.31±0.45	<0.001 <sup>c</sup>	0.04±0.32	0.334 <sup>c</sup>	14.729	<0.001 <sup>b</sup>
Nonviolent communication	Pretest	4.05±0.38	4.01±0.41	0.130	0.719 <sup>a</sup>	-	-	-	-		
	Posttest	4.36±0.52	3.98±0.55	9.670	0.003 <sup>b</sup>	0.31±0.54	<0.001 <sup>c</sup>	-	0.586 <sup>c</sup>	13.905	<0.001 <sup>b</sup>

Data are expressed as mean±standard deviation.

<sup>a</sup>The  $P$  value was derived from analysis of covariance or ranked analysis of covariance adjusted for age.

<sup>b</sup>The  $P$  value was derived from analysis of covariance or ranked analysis of covariance adjusted for age and baseline values.

<sup>c</sup>The  $P$  value was derived from Wilcoxon signed-rank test.

<sup>d</sup>The  $P$  value was derived from paired  $t$ -test

## Discussion

New nurses often experience difficulties adapting to clinical practice and performing nursing duties because of unclear roles and lack of knowledge (18). If these challenges are not properly addressed at the start of their nursing career, it can lead to maladjustment and turnover. In this study, the needs-based communication program increased new nurses' intentions to stay in their job by facilitating their organizational adaptation, thus producing clinically salient results. Research suggests that assessing why nurses choose to stay has a more positive impact on nurse retention than examining why they might leave (19). Therefore, future research should compare intentions to stay and actual retention rates among nurses who participated in this study.

Burnout levels and fear of negative evaluations did not differ significantly among the two groups. Participants' burnout scores were below average (ranging from 1.84 to 2.19 points on a 5-point scale), whereas their scores for fear of negative evaluations were above average (ranging from 2.92 to 3.39 points on a 5-point scale). In a study that used the same instrument, new nurses' burnout scores were similar to those reported in this study (2.25 points) (20). Burnout is a work-related stress response that occurs when one can no longer cope with persistent work stress (21). Nursing requires high emotional engagement owing to continuous interaction; thus, burnout is high (22). Therefore, among new nurses, burnout must be explored in terms of not only emotional exhaustion but also physical and mental exhaustion. New nurses enter the workforce with ex-

citement and anticipation. However, they often experience negative evaluations of their competence due to insufficient knowledge, limited nursing skills, and discrepancies between theoretical learning and practical application (21,22). In this study, it seems that over time, the fear of being negatively evaluated intensified among new nurses.

New nurses often experience discouragement due to insufficient knowledge and skills, the gap between theoretical knowledge and clinical practice, and the resulting poor situational awareness (23). Encouragement can help individuals understand their worth and avoid comparison with others (24). This study provided a workbook, a needs exploration guide, and needs meditation content that encouraged new nurses to explore their needs and reflect on their values, what matters to them, and what they need. This is believed to have contributed to the improvement in the experimental group's self-encouragement levels. One study found that self-encouragement reduces the negative effects of job-seeking stress in college students and improves their adjustment to school life (25). It is likely that the experimental group experienced improved self-encouragement and organizational adaptation in a similar manner. Workplace friendships is a key factor influencing effective human resource management within a team (16). In this study, workplace friendships improved significantly from 3.64 to 3.98 points in the experimental group. In a study using the same tool, workplace friendship scores for nurses were 3.17 points (26). Comparing this study with previous study, workplace friendship scores for nurses with 82.5 months of experience were lower than for new nurses with less than 12 months of experience. However, for experienced nurses, workplace friendship was reported to be higher with age and experience (26). Future research should examine differences across career stages by distinguishing between "workplace friendship-building opportunities," which foster initial intimacy, and "workplace friendship expansion," which deepens psychological stability after intimacy is established.

In this study, communication skills improved from 3.96 to 4.27 points in the experimental group. In another study using the same instrument, nursing students' communication skills improved from 3.73 points before the intervention to 3.91 points after the intervention and then to 4.04 points afterward (27). The needs-based communication program used in this study differs from those used in previous studies in terms of its content and duration—it focuses on exploring needs using communication skills. Communication involves technical and attitudinal aspects. Effective communication methods must encompass both technical and attitudinal aspects, while communication skills must emphasize both aspects (7,17,27). Therefore, it is believed that communication skills significantly improved in this study.

In this study, nonviolent communication skills improved in the experimental group. This is a communication method in which, instead of expressing one's thoughts in the usual way, one "observes" specific behaviors that affect them, expresses "feelings" about those observations, identifies the "needs" that cause those feelings, and "requests" specific actions. By understanding one's needs, one can request specific actions from others, and others can respond accordingly (7). A one-day, 390-minute nonviolent communication program (comprising lectures, practical exercises, activities, role-playing, discussions, and reflection) significantly improved nursing students' nonviolent communication skills, especially the "observation" sub-factor (8). In this study, a one-day, 220-minute needs-based communication program (consisting of lectures, individual activities, group activities, role-playing, and reflection) significantly improved new nurses' nonviolent communication skills. Because the program guided new nurses to explore and reflect on their salient needs, it markedly enhanced the "needs" sub-factor of nonviolent communication. This study confirmed the effectiveness of a needs-based communication program in enhancing new nurses' intentions to stay in their jobs, self-encouragement, workplace friendships, communication, and nonviolent communication.



These results suggest that the program will positively impact their organizational adjustment. The limitations of this study are as follows. First, because this study recruited new nurses from a single province through convenience sampling, the results may not be generalizable to all new nurses in the Republic of Korea. Second, given the relatively short intervention period in this study, future studies should employ a sufficient intervention period and consider organizational aspects and mid-to-long-term outcomes. Third, although the research tools were verified for their effectiveness, they were self-report questionnaires, which have limitations. Nevertheless, the strength of this study is that it does not indirectly measure the outcome variables in the needs-based communication intervention, but clearly confirms the change in dialogue as the outcome variable and identifies the effect. Through this, needs-based communication program was emphasized and educated.

## Conclusion

The needs-based communication program developed in this study effectively improves new nurses' intentions to stay in their job, self-encouragement, workplace friendships, communication, and nonviolent communication. However, it does not impact burnout or fear of negative evaluations. To further validate the program's effectiveness, a randomized controlled trial should be conducted with a larger sample. Second, the effectiveness of the program should be assessed using a longitudinal design and categorizing new nurses' adjustment. Third, to confirm the program's effectiveness at the organizational level, future studies should also include experienced nurses who face adjustment difficulties due to rotational work.

## Journalism Ethics considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission,

redundancy, etc.) have been completely observed by the authors.

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## Conflict of Interest

The author declares no conflicts of interest.

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