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Research paper



From Bedside to Board: Lived Transitions of Novice Nursing Administrators with Postgraduate Degrees in China

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Abstract

Hospitals increasingly promote clinically expert, postgraduate-prepared nurses into first-line administration, yet the transition from bedside to leadership is often under-supported. This descriptive phenomenological study explored early career growth among ten novice nursing administrators (nine head nurses, one nursing-quality officer) in a tertiary public hospital in Henan Province, China. Semi-structured interviews (32-70 minutes) were analyzed with Colaizzi's method in NVivo 12. Trustworthiness was strengthened through member checking, peer debriefing, external audit, triangulation of field notes and reflexive journals, and thick description. Four themes emerged: (1) Challenges encountered in nursing management process; complicated in administration (competing role demands), challenges in innovation, challenges in communication and coordination, and lack of administration and professional experience; (2) Growth in nursing administration process; cognitive transformation in nursing profession, improvement of administration ability, and developing psychological quality (resilience); (3) Advisement for other novice nursing administrators; prepare for role transition, advance professional competence (build technical credibility), seek support actively (mentorship and networks), and investing in higher education (appropriately leverage postgraduate education); and (4) Suggestions for nurses with postgraduate degrees; clarify future career direction, maintain original intentions, avoid assimilation, be willing to dedicate and integrate into the team, and develop versatility, pursue continuous learning. A "*mountain-journey*" simulacrum integrates Self-Leadership Theory, Benner's Novice-to-Expert model, and McClelland's Human Motivation Theory to depict progression from instability to a consolidated leadership identity. Postgraduate preparation confers advantages, but does not substitute for structured transition support; institutions should formalize mentorship, implement competency-based orientation, and align incentives with innovation and evidence-based practice to accelerate safe, confident leadership among novice nurse administrators.

Keywords: *Novice Nursing Administrators; Postgraduate-Prepared Nurses; Phenomenology; Benner Novice-o-Expert; McClelland Motivation; China; Mentorship; Leadership Transition*

1. Introduction

Health systems increasingly promote clinically expert, postgraduate-prepared nurses into first-line leadership to manage complexity, quality, and change. (Esquisábel-Soteras et al., 2025). Yet the leap from bedside to administration is a high-risk transition. (Naylor, 2012)Novices must rapidly master people leadership, cross-boundary communication, and resource negotiation while under scrutiny for their credentials. Evidence indicates that graduate education alone rarely guarantees role readiness. (Jerpseth & Jensen, 2025)Without structured transition support, new nurse administrators experience role ambiguity, stalled innovation, and early attrition.

Research on nursing administration is robust for experienced managers and generic leadership competencies, but thin for the first five years of administrative practice, particularly in China's rapidly evolving hospital sector. Few studies center on the lived experience of postgraduate-prepared novices or trace how personal regulation, developmental stages, and motivational needs interact to shape early career growth. The current study uses a descriptive phenomenology approach to explore how novice nurse administrators with postgraduate degrees in a Chinese tertiary hospital experience challenges, growth, and adaptation. Guided by *Self-Leadership Theory* (Manz, 1986), Benner's (1982) *Novice-to-Expert Model*, and McClelland's (1987) *Human Motivation Theory*, we illuminate mechanisms by which novices transform academic capital into credible administrative identity and derive practice and policy implications for hospitals, education providers, and regulators.

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This study is significant because it translates the often private and under-supported transition from bedside to administration into evidence that institutions can act on. For hospitals, the findings inform the design of competency-based onboarding, structured mentorship, and incentive systems that reward evidence-based improvement, thereby reducing early attrition and stabilizing unit leadership. For graduate programs, results highlight the need to couple advanced content with transition labs, reflective practice, and inter-professional simulations that explicitly rehearse administrative tasks. For accrediting and regulatory bodies, the study offers empirical grounds to strengthen standards that link postgraduate curricula to workplace integration through mandated mentorship and assessment of real-world competencies. For nurses, specifically, those with postgraduate degrees, the themes clarify realistic pathways, common pitfalls (e.g., role assimilation), and self-leadership strategies for sustaining growth. Finally, for policymakers, the study provides inputs for leadership-progression frameworks and funding levers that convert educational investment into system-level capacity, ensuring that advanced preparation yields credible, confident first-line leaders.

The study is grounded in an integrated framework that combines Self-Leadership Theory, Benner's Novice-to-Expert model, and McClelland's Human Motivation Theory. Self-Leadership Theory posits that individuals influence their own behavior and cognition through strategies such as self-goal setting, self-cueing, natural rewards, and constructive thought patterns; for novices, these mechanisms enable cognitive reframing of resistance, deliberate practice of new skills, and persistence amid uncertainty. Benner's model conceptualizes competence as a developmental arc, such concept from a rule-bound novice to a context-sensitive competent and proficient practitioner, which advances through experience, reflection, feedback, and coaching. Applied to administration, it explains the gradual acquisition of systems thinking, prioritization, and political acumen. McClelland's theory adds a motivational lens: the needs for achievement, power, and affiliation interact with ward culture and organizational structures to amplify or dampen leadership behaviors, shaping whether novices press for change, build coalitions, or withdraw. Integrated, these theories suggest that novices progress most rapidly when self-leadership strategies are cultivated, experiential learning is scaffolded along Benner's trajectory, and the organizational milieu aligns with their motivational profile-conditions this study examines through participants' lived accounts.

Research Objectives - The overall objective of this study is to explicate the lived experience of postgraduate-prepared novice nurse administrators during early career growth in a Chinese tertiary hospital and to derive implications for education, management, and policy. More specific research objectives (ROs) are as follows:

- RO1: Describe the challenges novices encounter in nursing administration (roles, communication, innovation, and experience gaps).
- RO2: Explain how novices develop administrative competence (cognitive reframing, skill acquisition, and psychological resilience).
- RO3: Identify strategies novices use or recommend (preparing for role transition, building credibility, seeking support, leveraging postgraduate training).
- RO4: Articulate implications for nurses with postgraduate degrees regarding career direction, team integration, and lifelong learning.
- RO5: Synthesize findings within an integrated framework (Self-Leadership, Benner, McClelland) to propose a practice-informed model of early administrative growth.

2. Review of Related Literature

2.1 Career Growth: Concepts and Scope

The construct of career growth has evolved from early views of psychological maturation, which were typically viewed from dependence to independence. (Lucas, 1997). To a more plural notion, career growth also includes both within-organization and between-organization mobility. (Aydinliyim & Somaya, 2025). Early definitions alternately emphasized outcomes (e.g., promotions, pay, scope of responsibility) (Weng et al., 2010) or processes (e.g., accumulating knowledge, assuming new roles (Hoekstra, 2011). Contemporary work converges on a dual emphasis: (a) progress toward self-set career goals and capability development inside the organization; and (b) transitions across roles or institutions that expand opportunity structures. (Weer & Greenhaus, 2017).

2.2 Measuring Career Growth

The measurement of career growth has shifted from single indicators (e.g., promotion prospects) to multidimensional scales. Managerial growth indices include the number of promotions, management level, span of control, and pay (Keller & Dlugos, 2023; Svanström et al., 2025). Recent studies noted the foreground subjective progress ("this job helped me achieve my career goals"), organizational embeddedness, and perceived development opportunity. (Boned-Galán et al., 2023; Ni et al., 2022; Ruffin et al., 2023). In China, a validated Career Growth Scale demonstrated good psychometrics and, when adapted for nurses, yielded three factors: goal progress, ability improvement, and development opportunity. (Ni et al., 2023). This mix of objective and subjective indicators better captures growth in knowledge-intensive work like nursing.

2.3 Antecedents and Outcomes of Career Growth of Nurses

Antecedents span individual (education, tenure, personality, motivation), organizational (culture, human resource systems, supervisor support), and social (networks, norms) domains. (Sönmez et al., 2021). Education typically predicts access to lower and mid-level roles for women, while social capital remains pivotal for upper-level advancement. (Rozani & Kagan, 2023). Organizational levers such as performance pay, transparent promotion criteria, and developmental human resource management consistently foster growth. (Owolabi et al., 2024; Wang et al., 2024). On outcomes, career growth is positively associated with organizational commitment and inversely with turnover intention, with ability development and reward growth exerting the strongest effects. (Al Balushi et al., 2022).

Moreover, scholarship on nurses has moved beyond organizational planning to individual growth trajectories at key career inflection points. As noted earlier, psychosocial factors such as job support, psychological safety, and proactive disposition have now been able to predict nurse career growth, while role stress undermines it; psychological capital attenuates stress effects. (Zhang et al., 2025). Adaptations of the Career Growth Scale show meaningful variance by age, tenure, education, and rank. (Ni et al., 2023; Ni et al., 2022). While emerging work linking a growth mindset to lower turnover through better workplace adaptability is highly encouraged. (Xue et al., 2025), highlighting the salience of subjective frames in addition to structure.

2.4 Postgraduate Nursing Education: An International Comparative Perspective

Postgraduate nursing pathways (master's and doctoral; academic or practice-focused) aim to produce advanced practice clinicians, educators, researchers, and administrators. (Jerpseth & Jensen, 2025). Across countries, nurses consistently regard Continuing Professional Development (CPD) as essential to professionalism, safe practice, and career longevity, but their participation and the real-world impact of CPD hinge on context. A qualitative meta-synthesis spanning multiple health systems found that organizational culture and a supportive environment are prerequisite conditions; motivation reflects professional values; practical barriers are common; and perceived impact on practice is the core value nurses seek from CPD. (Mlambo et al., 2021). While a systematic review similarly concluded that, regardless of setting, nurses view CPD as relevant across the career span, yet goals, motivations, and needs vary by age and position, underscoring the importance of tailoring CPD to role and stage rather than assuming a one-size-fits-all model (Vázquez-Calatayud et al., 2021).

Evidence from the United Kingdom highlights system-level levers: CPD has the greatest impact when it is self-motivated, highly relevant to day-to-day practice, delivered in or close to the workplace, and backed by enabling leadership and a positive culture, wherein these factors are interdependent and must be addressed together to translate learning into person-centered care improvements. (King et al., 2021). Studies on incentives across European contexts echo this, showing that nurses engage when CPD promises mastery and purpose (intrinsic drivers) while also conferring recognized qualifications and career advantages (extrinsic drivers), suggesting programs should blend personal growth with visible credentials. (Kourkouta et al., 2021).

Chinese studies mirror global themes while surfacing distinct gaps in content and access. A large provincial survey linked participation in a palliative-care CPD program to higher overall knowledge and attitudes, yet found persistent deficits in psychosocial and spiritual care and in family communication, such as areas often underemphasized in curricula despite their practical salience. (Chen et al., 2022). Qualitative work from a tertiary hospital likewise reported positive attitudes toward CPD, but flagged work-family conflict, career-phase differences, and the need for self-directed effort as prominent participation barriers, pointing to time protection and stage-appropriate design as critical enablers in busy Chinese hospital settings. (Yu et al., 2022). Together, these comparisons suggest that while CPD's perceived value is universal, effective implementation depends on aligning delivery with local service pressures, cultural expectations, and nurses' life circumstances.

Internationally, high-impact CPD looks strikingly similar: situated in practice, scaffolded by leadership, and tuned to nurses' motivational profiles. These features map directly into the current study's integrated framework. Workplace-embedded, problem-focused CPD operationalizes Benner's developmental arc by giving novices repeated, real situations through which contextual judgment can mature. By setting proximal goals, offering quick wins, and reinforcing constructive thought patterns, such CPD also activates Self-Leadership mechanisms that help early leaders reframe setbacks and persist amid ambiguity. Finally, programs that blend mastery opportunities, recognized credentials, and team-based learning satisfy McClelland's needs for achievement, power, and affiliation, increasing engagement and sustained behavior change. In sum, across systems, CPD functions as the practical bridge that helps postgraduate-prepared novices convert academic capital into contextualized administrative competence, provided the organizational milieu supplies protected time, mentoring, and culturally relevant content.

2.5 Synthesis

The literature reviewed converges on three insights that frame this study. *First*, postgraduate education expands nurses' knowledge and credibility, but capability does not equal role readiness; for instance, early administrative effectiveness hinges on situated practice, mentoring, and supportive climates rather than credentials alone. *Second*, growth into competent leadership is both developmental and self-regulated. Benner's novice-to-expert trajectory explains why novices initially lean on rules and gradually acquire contextual judgment, while self-leadership mechanisms such as goal setting, self-cueing, and constructive thought patterns help novices reframe setbacks, persist through ambiguity, and translate ideals into action. *Third*, advancement is profoundly contextual, including local human resource systems, social capital, and professional hierarchies that shape access to opportunities and the pace of identity consolidation, with Chinese tertiary hospitals presenting distinctive pathways and constraints. Taken together, these strands justify an integrated theoretical lens in which self-leadership provides the how of individual regulation along Benner's developmental curve, and McClelland's needs for achievement, power, and affiliation explain why progress accelerates or stalls depending on the person-context fit. This synthesis motivates a phenomenological inquiry into how postgraduate-prepared novices convert academic capital into contextualized administrative competence during the first years of leadership.

3. Methodology

3.1 Design

This study employed a descriptive phenomenological design to explore the lived experiences of postgraduate-prepared novice nursing administrators during their early career growth. Phenomenology is suited to questions about the essence of human experience and emphasizes participants' first-person accounts (Abalona et al., 2025; Jimenez et al., 2022; Mapp, 2008). Semi-structured, in-depth interviews were used to elicit rich descriptions of role transition, challenges, and professional development. (Fontana & Frey, 2000).

3.2 Setting and Participants

Participants were Chinese nurses with postgraduate degrees (master's or doctoral) working in first-line nursing administration at a large tertiary public hospital in Henan Province. Inclusion criteria were: (a) novice nursing administrator with a postgraduate degree; (b) ≥6 months and <5 years of administrative experience; (c) employed in a public hospital; (d) able and willing to articulate experiences; (e) voluntary participation with written informed consent; (f) worked alongside senior co-administrators and/or colleagues without postgraduate degrees; and (g) direct involvement in administrative duties (e.g., personnel management, quality control, policy implementation). Exclusion criteria were: (a) having left an administrative post for ≥1 year, or (b) communication barriers.

A nonprobability purposive sampling strategy was used. (Campbell et al., 2020). In collaboration with the hospital's Nursing Department, 28 eligible candidates were identified from personnel records. Fourteen responded positively to invitations; two were excluded during screening for exceeding the 5-year threshold. Twelve were enrolled; two pilot interviews were conducted to refine the guide, and 10

participants completed formal interviews for analysis. Data saturation was achieved by the ninth interview; one additional interview confirmed thematic completeness. (Fusch & Ness, 2015).

Table 1 shows the background summary of the participants. Ten postgraduate-prepared novice nursing administrators from a large tertiary public hospital in Henan Province, China, participated in the study. Pseudonyms are used throughout. Participants ranged in age from 33 to 37 years (Mean: M = 35.20). Nine were identified as female and one as male (Sam). Most were married (n = 6; e.g., Joy, Max, Mia, Sophia, Zoe, Sam), three were single (Ava, Emily, Olivia), and one was divorced (Laura). Regarding education, eight held a master's degree and two held a doctoral degree (Emily, Sam). Nine served as head nurses across clinical and technical units (Internal Medicine: Joy, Max, Mia, Olivia; Surgery: Laura, Sam, Zoe; Medical Technology: Emily, Sophia), and one served in a hospital-wide administrative role as a nursing-quality officer (Ava). Clinical experience as a registered nurse ranged from 5 to 17 years (M = 9.30), while time in administration ranged from 0.5 to 5 years (M = 2.55). Together, the cohort reflected a mix of unit types (internal medicine, surgery, medical technology, and central administration) and a spectrum of early administrative tenure, from very recent appointees (e.g., Laura, Max, Sam, Sophia at 0.5 years) to those approaching the upper bound of novice status (e.g., Emily at 5 years). This heterogeneity supported comparative insights into transition challenges and growth trajectories among postgraduate-prepared novices assuming first-line leadership.

Table 1: Demographic profile of the participants

Pseudonym	Age	Gender	Marital status	Education	Department	Position	Years (nurse)	Years (admin)
Ava	36	Female	Single	Master	Administration	Nursing Officer	5	3
Emily	34	Female	Single	Doctor	Medical technology	Head nurse	8	5
Joy	36	Female	Married	Master	Internal medicine	Head nurse	16	4.5
Laura	37	Female	Divorce	Master	Surgery department	Head nurse	17	0.5
Max	33	Female	Married	Master	Internal medicine	Head nurse	7	0.5
Mia	36	Female	Married	Master	Internal medicine	Head nurse	11	4.5
Olivia	36	Female	Single	Master	Internal medicine	Head nurse	8	4.5
Sam	34	Male	Married	Doctor	Surgery department	Head nurse	5	0.5
Sophia	35	Female	Married	Master	Medical technology	Head nurse	8	0.5
Zoe	35	Female	Married	Master	Surgery department	Head nurse	8	2

3.3 Instruments

A semi-structured interview guide was developed from the literature, the study's theoretical framework (Self-Leadership Theory; Benner's Novice-to-Expert; McClelland's Human Motivation), and insights from two pilot interviews (Ravitch & Carl, 2019). The guide comprised three parts: (a) demographics and background (age, education, years of clinical and administrative experience, current position/department); (b) rapport-building prompts (e.g., "*How did you first become interested in nursing administration?*"); and (c) core questions on transition experiences, challenges, growth, influence of postgraduate education, sources of support, and advice for peers, each with probing prompts (e.g., "*Can you give a specific example?*"). The final guide consisted of a balanced structure and flexibility to allow participants to shape the conversation while ensuring coverage of key domains. (Saldana & Omasta, 2021).

3.4 Approvals and Preparations

Ethical approval was obtained from the University of Mindanao Ethics Review Committee (UMERC). After approvals, the research team coordinated with the Nursing Department to identify and contact eligible staff. Invitation emails outlined the study purpose, voluntary nature, confidentiality, and interview logistics. Written informed consent was obtained before data collection.

Data Collection - Interviews took place from June 2023 to June 2024. Two pilot and one formal interview were conducted face-to-face in a private room within the hospital; the remaining nine formal interviews were conducted online through password-protected DingTalk private meetings. All interviews were conducted in Mandarin Chinese, audio-recorded with permission, and transcribed verbatim within 24 hours. At the start of each session, the interviewer restated the study purpose in plain language, established rapport (e.g., brief neutral small talk), and disclosed her background as a former novice nursing administrator to foster trust. Interviews proceeded with open body language, reflective paraphrasing, and affirmations to support psychological safety. For online sessions, participants were advised to join from a private, quiet location; only the participant and interviewer had access to the meeting. Audio recordings were encrypted; transcripts were anonymized using pseudonyms. Interviews lasted 32 to 70 minutes (Mean ≈ 45 minutes). The interviewer made brief field notes, including salient nonverbal cues (e.g., vocal tone, pace, pauses), to contextualize meanings. (Ravitch & Carl, 2019). Potential benefits included reflective professional learning; minimal risks included transient emotional discomfort when recalling early stressors. Participants could skip questions, pause, or withdraw at any time; the interviewer (trained in basic psychological first aid) offered referral to the hospital's Employee Assistance Program if needed.

3.5 Data Analysis

Transcripts and field notes were imported into NVivo 12 for management and coding. Colaizzi's (1978) Seven-step method guided analysis (e.g., repeated readings, extraction of significant statements, formulation of meanings, clustering into themes, exhaustive description, and member validation). Two investigators independently coded all transcripts ("stepwise replication"), met to reconcile differences. (Tuval-Mashiach, 2021), and refined a shared codebook. Nodes/themes were iteratively reviewed, merged, or reorganized to enhance parsimony and fit. An external auditor, not otherwise involved in the study, examined transcripts, code reports, and analytic memos to assess accuracy and coherence. Preliminary thematic summaries were returned to selected participants for member checking. The final themes were supported by exemplar quotations and an audit trail documenting analytic decisions.

3.6 Rigor and Trustworthiness

Multiple strategies enhanced trustworthiness. (Morse, 2015):

- *Credibility* - Prolonged engagement across a 12-month window; triangulation of data sources (transcripts, field notes, reflexive journals); member checking of preliminary interpretations; and peer debriefing with colleagues experienced in qualitative methods. (Ravitch & Carl, 2019).

- *Dependability* - Stepwise replication (two independent coders) and an inquiry audit by an external reviewer to examine procedures, codebooks, and theme development (Tuval-Mashiach, 2021).
- *Confirmability* - An audit trail (decision logs, memos), reflexive journaling to bracket assumptions, external audit of interpretations, and documentation of how evidence supported each theme (Braun & Clarke, 2006).
- *Transferability* - Thick description of context, participants, and procedures to support readers' judgments about applicability to similar settings (Ravitch & Carl, 2019).
- *Authenticity* - Efforts to represent diverse viewpoints and value positions; transparent sharing of a summary report with participants and openness to their feedback (Natow, 2019).

3.7 Ethical Considerations

The study adhered to ethical principles for human research. Participation was voluntary, with the right to decline questions, pause, or withdraw without penalty. Participants could review and request the withdrawal of their materials. Privacy was protected by assigning unique identifiers in all recordings and transcripts; no visual recording occurred unless explicitly consented to. Audio files were encrypted and stored on a password-protected device accessible only to the investigator; de-identification was completed during transcription. Data will be retained securely and deleted within two years after study completion.

4. Results and Discussions

Drawing on interviews with 10 participants, four main themes emerged: (1) Challenges encountered in the nursing management process, (2) Growth in the nursing administration process, (3) Advice for other novice nursing administrators, and (4) Advice for nurses with postgraduate degrees. Each theme comprises pre-specified subthemes that structure the presentation below. Theme I: Challenges include (1a) Complicated administration, (1b) Challenges in innovation, (1c) Challenges in communication and coordination, and (1d) Lack of administration and professional experience. Theme II: Growth comprises (2a) Cognitive transformation in the nursing profession, (2b) Improvement of administration ability, and (2c) Developing psychological quality. Theme III: Advisement for other novice nursing administrators encompasses (3a) Prepare for role transition, (3b) Advance professional competence, (3c) Seek support actively, and (3d) Invest in higher education. Theme IV: Suggestions for nurses with postgraduate degrees comprises (4a) Clarify future career direction, (4b) Maintain original intentions, avoid assimilation, (4c) Be willing to dedicate and integrate into the team, and (4d) Develop versatility, pursue continuous learning.

4.1 Theme I - Challenges encountered in the nursing management process

All participants described becoming an administrator as a meaningful pivot in their nursing careers, yet most also reported substantial early difficulties. Consistent with Benner's novice-to-advanced beginner stages, challenges clustered around limited contextual judgment and anticipatory foresight; capabilities that typically consolidate at competent and proficient levels (Robinson et al., 2020). From a self-leadership lens, several novices also described self-doubt and learned helplessness when reform efforts met resistance. (McKenna et al., 2025), echoing evidence that self-leadership training improves role adaptation and innovative behavior among early nurse leaders (de Oliveira et al., 2023). Guided by the interview data, four subthemes were identified: (1a) Complicated in administration; (1b) Challenges in innovation; (1c) Challenges in communication and coordination; and (1d) Lack of administration and professional experience.

Subtheme 1a - Complicated in administration

Novice administrators consistently portrayed the role as multifaceted and cognitively demanding, spanning personnel scheduling, quality oversight, teaching and presenting, materials and cost control, and policy implementation. This breadth mirrors Mintzberg's (2018) Managerial roles (interpersonal, informational, decisional) and the need to juggle them fluidly in real time. This was seen with Sophia noted that "*Being an administrator feels very difficult… Most of the time, I am thinking about administration problems, such as finding solutions, preventing new ones. It's mentally costly.*" Similarly, Emily noted that "*My job is actually a bridge; like conveying information. The head nurse supervises teaching, clinical operations, and everything that needs your observation and management. Tasks are very complex and require many abilities.*" Such early overwhelm stemmed less from a lack of clinical skill than from systems-level unfamiliarity; how workflows, budgets, quality indicators, and cross-unit dependencies interact. In McClelland's terms, the role's heavy decisional load can misalign with a novice's dominant motivational profile (e.g., high achievement without sufficient power/coalitional capital), producing strain until credibility and influence accrue.

Subtheme 1b - Challenges in innovation

Participants endorsed the importance of reform and innovation, such as adopting new technologies, updating protocols, and strengthening evidence use, yet they described friction from resource limits, policy uncertainty, and resistance to change. For instance, Olivia noted that "*I have many ideas, but people don't believe me. I ask for a follow-up, and there's no response; …no one helps implement. It feels like learned helplessness*." While Joy mentioned that "*Nurses tend to reject new technologies and knowledge… many are at a novice level with the theory. I motivated them to relearn and improve skills, but interest was not high*." These accounts resonate with literature arguing that successful administrative innovation requires visible, risk-tolerant leadership coupled with practical scaffolds (Zimmermann, 2024). The data suggest that postgraduate preparation supplies technical vision, but implementation authority and psychological safety, which are often shaped by local culture and HR systems, and determine whether innovations "stick."

Subtheme 1c - Challenges in communication and coordination

Nearly all participants framed communication and coordination across professional groups (physicians, nurses, technicians), families, and administrative offices as an early pain point. Problems included message distortion, inconsistent follow-through, and escalated complaints, which drained time and morale. Sophia noted that "*As a junior administrator, I must execute upper-level directives and also guide nurses, assistants, cleaning staff, and many others. Communication and coordination among all parties is the biggest challenge*." While Zoe mentioned that "*The most difficult case was a complaint about costs after a catheter insertion. I had to coordinate the Patient Experience and Nursing Departments and the family. I felt very anxious because I had never handled something like this*." These are consistent with a previous study, wherein novices must adapt communication to follower readiness while navigating medical dominance cultures that may mute nursing voices, especially for female early-career leaders (Askew-Breier & Bl, 2025; Parameshwari et al., 2024). Early success, therefore, hinges on role clarity, structured escalation pathways, and mentored rehearsal of difficult conversations.

Subtheme 1d - Lack of administration and professional experience

Participants emphasized that experience and not credentials alone build administrative confidence and situational judgment. Without it, uncertainty and decision paralysis were common in the first year. Olivia said that "*My biggest difficulty was a lack of confidence. I am young and not proficient in technical and professional aspects. I wasn't sure how to improve services. I felt insecure with colleagues and higher administrators.*" While Sam noted that "*I didn't understand the hospital's operating mechanisms. In clinical administration, I was confused, … didn't know what to do or who to ask next.*" This proves that contextual, hands-on experience is indispensable for translating academic knowledge into effective leadership (Porter-O'Grady et al., 2024). In McClelland's framework, blocked achievement needs through which organizational inertia or weak feedback loops would undercut persistence, whereas early wins and structured feedback can re-energize motivation.

Across subthemes, Theme I portrays developmental gaps that are expected at Benner's novice/advanced-beginner stages: limited contextual judgment (complexity management), fragile self-leadership under resistance (innovation setbacks), immature coalitional power for cross-boundary coordination, and scarce situated experience for confident decision-making. Progress requires scaffolded experience (Benner), deliberate self-regulation (Self-Leadership Theory), and motivational alignment (McClelland), for instance, (a) competency-based onboarding that rehearses Mintzberg-type roles; (b) self-leadership practices (goal setting, constructive self-talk, natural rewards) to counter learned helplessness during change efforts; and (c) structures that satisfy achievement, power, and affiliation needs (early wins, mentorship access, and peer networks). In short, the challenges novices face are not signs of deficit but predictable, theory-consistent waypoints on a trajectory toward competent, confident administrative practice.

4.2 Theme II - Growth in the nursing administration process

Novice nursing administrators with postgraduate degrees described growth along three intertwined dimensions that map onto Benner's developmental arc from competent toward proficient practice, wherein greater contextual reasoning and holistic understanding (Mortimore et al., 2021) And are explicable through Self-Leadership Theory (behavioral and cognitive self-regulation) and McClelland's Human Motivation Theory (achievement, power, affiliation).

Subtheme 2a - Cognitive transformation in the nursing profession

Participants reported a shift from task-oriented nursing to a strategic, evidence-based view of the profession, elevating policy, research, and system improvement alongside bedside excellence (de Oliveira et al., 2023; Harari et al., 2021). Mia mentioned that "*…being a nurse not only do a little bit of work well in the ward, we can do scientific research, we can invent things…, convert clinical needs into patents, or write our experiences into papers and books, …and our nursing discipline is constantly improving, and we have more opportunities to explore*." While, quoiting Zoe "*as 'small' nurses we can still do many meaningful things and realize our own value… After becoming an administrator, you constantly want your professional development to be better, and you can't help but promote the development of the nursing profession.*" This cognitive reframing, which is seeing nursing as a knowledge-driven discipline with research and policy leverage, resonates with work noting that advanced education encourages nurses to redefine professional identity within health systems (Wade, 2020). Through a McClelland lens, participants' dominant achievement needs were re-channeled from "perfecting bedside tasks" to "advancing the discipline," sustaining effort under complexity.

Subtheme 2b - Improvement of administration ability

Early skill gaps gave way to methodical gains in staffing, quality/safety oversight, training design, and policy/process management, consistent with Self-Leadership mechanisms (goal setting, constructive self-talk, self-feedback) that enhance performance and learning on the job. (Aggari et al., 2020). Joy mentioned that "*My administration skills have improved significantly, such as organizational and thinking abilities… I'm more careful than before. Some tasks, if not done thoroughly, have consequences; so, I consider more before doing anything*." Also, Olivia noted that "*I used to be very straightforward about issues without any skills. Now I emphasize approach and method to solve problems… I analyze the impact from various aspects and first understand the problem from multiple angles before deciding where the link failed.*" Participants described moving from linear problem lists to systems analysis, from reactive supervision to planned capacity-building (training aligned to unit needs), echoing the literature that management ability is a critical growth domain for novice nursing administrators (Aggari et al., 2020). In McClelland's terms, early power needs (influence, coalition building) matured alongside competence, enabling follow-through on initiatives.

Subtheme 2c - Developing psychological quality

Administrators reported growth in stress resistance, adaptability, and emotional regulation, such as capabilities that protect functioning during complaints, cross-departmental negotiations, and change efforts. (Siren & Gehrs, 2018). Quoting Emily, "*As a nurse, the picture is smaller. In administration, you see more and encounter more challenges; you become a big-picture thinker… pressure tolerance and response to unexpected events are strengthened—from the strength of your inner core*." Similarly, Mia mentioned, "*Before, I was more impatient and easily got angry. Now my emotions are more stable; when handling problems, I'm less reactive and more tolerant*." Altogether, these accounts align with evidence that self-leadership development fosters cognitive reframing and emotion regulation, buffering burnout during transitional roles (de Oliveira et al., 2023; Harari et al., 2021). Psychologically, participants moved from threat appraisals toward challenge appraisals, enabling sustained engagement with complex administrative demands.

Theme II depicts a mutually reinforcing cycle: cognitive transformation (professional vision) motivates deliberate practice; improving administrative ability generates early wins and credible influence; psychological quality stabilizes performance under pressure. Together, these gains reflect Benner's experiential progression, are powered by Self-Leadership (self-goal setting, constructive thought patterns, natural rewards), and are sustained by McClelland-aligned conditions that satisfy achievement (visible improvement projects), power (mentorship, formal authority, coalition support), and affiliation (peer networks). In short, novices' growth is developmental, self-regulated, and motivationally scaffolded, which is actually the same engine that later enables proficient, context-sensitive leadership.

4.3 Theme III - Advice for other novice nursing administrators

Participants distilled four practical strategies for peers entering first-line leadership: (3a) Prepare for role transition, (3b) Advance professional competence, (3c) Seek support actively, and (3d) Invest in higher education. Their advice emphasizes intentional socialization into the managerial role, credibility through expertise, coalition-based problem solving, and scholarly growth, which are elements echoed in recent work on early leadership development. (Ghidini et al., 2024; Robinson et al., 2020). Importantly, Theme III addresses nurses who are already in first-line administrative roles, translating participants' insights into immediate, on-the-job strategies; Theme IV, by contrast, is aimed at postgraduate-prepared nurses who are contemplating or newly entering administration.

Subtheme 3a - Prepare for role transition

Novices framed transition success as beginning before appointment, which involves mindset shifts and systems thinking (anticipating resources, mapping workflows, rehearsing decisions) (Wyllie et al., 2021). For instance, Zoe noted that "*I used to feel like a junior, newly hired nurse; now I see myself as the core of the team… I must show leadership and positive energy.*" While Sam mentioned that "*The hardest part is the mindset shift. While you are still a nurse, try to view issues from a managerial angle; then the transition feels less abrupt*." Advice focused on anticipatory socialization (shadowing, observing unit flows, reading policies) and creating simple decision playbooks for common incidents (staffing gaps, complaints, safety flags). In Benner's terms, novices can shorten the gap to "competent" by purposefully practicing situated judgments; in self-leadership terms, they prime constructive thought patterns before stressors occur (McKenna et al., 2025).

Subtheme 3b - Advance professional competence

Participants underscored technical credibility as the bedrock of influence, which is achieved through specialty mastery, guideline currency, and visible teaching. (Sundean et al., 2021). Like Olivia, for her, "*You must command professional respect. If you come from the specialty, you have a foundation and can give sound advice; nurses will respect you and doctors will believe in your work*." In addition, for Joy, "*I plan to keep raising my professional level… improve technique, lead the team to perfect our skills, benefit more patients, help the ward develop.*" Competence was linked to implementation success (protocol adoption, quality metrics) and to motivation dynamics: as credibility grows, achievement (doing hard things well) and power (legitimate influence) needs are mutually reinforcing (McClelland). Participants also described moving from case-by-case troubleshooting to programmatic capacity-building (e.g., unit training plans aligned to gaps).

Subtheme 3c - Seek support actively

Strength, they argued, begins with acknowledging limits and building a support portfolio: mentors for organizational navigation, peers for sense-making and emotion work, and interdisciplinary allies for complex cases. This was noted in Sophia's quote, "*We novices have limited insight; mishandled issues can become hidden bombs. Admit shortcomings and seek help.*" Further, Ava also noted that "*In the end, we reported upward and leaders guided us step by step. Now, with the same difficulty, I already have a rough road-map*." Participants advocated scheduled upward feedback loops, crisis shadowing, and rapid debriefs after incidents. This aligns with evidence that graduate preparation elevates policy influence only when paired with mentorship and clear role structures. (Feeg et al., 2022). In Benner's model, guided practice and feedback accelerate movement from rule-bound responses toward contextual judgment.

Subtheme 3d - Investing in higher education

Graduate study was viewed as an accelerator; it can be thought of as expanding research literacy, policy dialogue, and confidence, yet not a substitute for experience. Emily mentioned that "*Our field values academic credentials… Graduate training cultivates autonomous learning—you can search literature and solve problems. Head nurses need that skill.*" Similarly, Max warned against credential-chasing detached from application, "*A degree is only a certificate… holding it doesn't guarantee research or innovation; lacking it doesn't prove you lack them.*" Added Laura, "*Knowledge outweighs credentials. Some cannot pursue a master's yet continue to advance through planning.*" Hospitals were encouraged to provide tuition support and study leave, but to couple opportunities with implementation expectations (evidence projects, quality improvement leadership). This balances achievement (mastery), power (voice and authority), and affiliation (scholarly communities) needs (McClelland).

Overall, Theme III translates growth mechanisms into actionable routines. Self-leadership appears in proactive mindset work, goal setting, and reflective debriefs; Benner's trajectory is operationalized through mentored, situated practice and graduated responsibility; McClelland's needs are harnessed by pairing credibility-building (achievement) with mentorship and formal authority (power) and peer networks (affiliation). Together, role readiness, competence building, help-seeking, and scholarly investment form a practical playbook that helps novices navigate transition shocks while sustaining innovation, like laying the groundwork for competent, context-sensitive leadership.

4.4 Theme IV - Advice for nurses with postgraduate degrees

Interviews with novice nursing administrators yielded four actionable suggestions for postgraduate-prepared nurses navigating early practice and administrative pathways: (4a) Clarify future career direction, (4b) Maintain original intentions, avoid assimilation, (4c) Be willing to dedicate and integrate into the team, and (4d) Develop versatility, pursue continuous learning. The recommendations target both individual career design and organizational talent development. Compared to Theme III, which speaks to current novice nurse administrators, Theme IV is directed to postgraduate-prepared nurses who are considering or newly beginning administrative pathways, thereby preempting audience overlap.

Subtheme 4a - Clarify future career direction

Participants emphasized intentionally choosing among clinical, education, research, and management tracks, which are before opportunities force premature specialization. Mia mentioned that "*Some nurses pursue a master's without knowing whether they want to lead, teach, or research. We end up with talented people in the wrong roles*." Olivia also noted that "*Graduates have an edge for management, but not everyone should go there… I loved research; once in management, I lost time and energy for it.*" Clear direction enables targeted competency building and reduces role ambiguity. Rotations, structured mentoring, and goal-setting were cited as helpful, which are consistent with evidence that articulated mid-term goals lower turnover and improve fit. (El-Sayed et al., 2024).

Subtheme 4b - Maintain original intentions, avoid assimilation

A recurrent risk was role dilution. More specifically, advanced skills (research literacy, critical inquiry) fade into routine tasking when units prize throughput over learning. Emily said that "*Never let yourself be assimilated. Don't focus only on being everyone's friend… proactive, capable people can get isolated—stay purpose-driven.*" Joy also added that "*Graduate nurses start with ambition, but after a year, they're just doing shifts. They stop reading, stop questioning.*" Here, participants urged continuous scholarly engagement (journal clubs, conference attendance) and administrator-created innovation climates so achievement motives are activated rather than suppressed; aligning with McClelland's needs-context interaction and reports of graduate-skill underuse in traditional environments (El-Sayed et al., 2024).

Subtheme 4c - Be willing to dedicate and integrate into the team

Postgraduate training fosters independence, yet administration is collective work. Credibility grows when expertise is paired with service and collaboration. Olivia mentioned that "*A new graduate refused bedside tasks because she was 'research-focused.' That doesn't work here; leadership starts with nursing service.*" In addition, Sophia also mentioned that "*However capable you are, you need team support… study and integrate actively. A degree isn't the sole measure; build teams, follow the big plan, then make your small plan within it.*" Dedication to shared tasks, respect for experiential knowledge, and skillful coordination build trust, which is the foundation for later influence and policy voice (Wyllie et al., 2021).

Subtheme 4d - Develop versatility, pursue continuous learning

Participants framed versatility as protection against rapid system change and as the engine of career mobility. For Emily, "*Today you're a clinical specialist; tomorrow you may lead research or teach. The more adaptable you are, the more valuable you become.*" As for Joy, "*While young, upgrade yourself; academically and clinically. Improve technique first, then deepen substance; …that's the foundation for future management.*" Lifelong learning, like formal study, certifications, leadership programs, and cross-department projects, was portrayed as both personal strategy and organizational responsibility. Hospitals should provide access and time for development and expect applications (evidence projects, quality improvement deliverables).

Theme IV ultimately casts postgraduate education as a launch platform, not a landing zone, and converts the study's frameworks into practice. From a Self-Leadership perspective, clarifying direction and protecting one's intentions, through goal setting, constructive self-talk, and natural rewards, prevents a scholarly identity from eroding under routine pressures. In Benner's Novice-to-Expert terms, rotations, mentored practice, and progressive responsibility help postgraduate nurses situate their knowledge, turning academic capital into context-sensitive competence. McClelland's Human Motivation lens adds that careers flourish when organizations align achievement (visible improvement work), power (voice, mentorship, formal roles), and affiliation (peer and interdisciplinary networks); where conformity is prized, assimilation risk rises, and graduate potential remains under-activated. Managerially, the mandate is to build structured pathways (career ladders, rotations), innovation climates (with protected time), and mentorship ecosystems that channel postgraduate capabilities into tangible unit and system outcomes. Individually, postgraduate nurses who clarify, protect, integrate, and continually evolve their roles are best positioned to translate advanced education into sustained professional impact.

4.5 Simulacrum of themes: A journey to career growth

This simulacrum synthesizes the study's findings into a visual, theory-informed journey for novice nursing administrators (≤5 years in role) with postgraduate degrees. Visualizing the career path as a mountain ascent, a sequence of unstable crossings, firm steps, and summit waypoints, which symbolizes how novices move from instability to a consolidated leadership identity. Progress is developmental, not instantaneous, and emerges from the interaction of internal transformation (self-leadership, competence, resilience) and external coordination (mentorship, team integration, organizational support) (see Figure 1).

The Sun: Guiding Theories (Illumination)

At the horizon, a sun anchors the model - three rays representing the frameworks that "light" the path:

- Self-Leadership Theory - empowering individuals to set goals, shape constructive thoughts, and sustain effort under uncertainty.
- Novice-to-Expert (Benner) - charting progression from rule-bound performance toward context-sensitive, proficient leadership.
- Human Motivation Theory (McClelland) - aligning needs for achievement, power, and affiliation with unit culture, feedback, and opportunity structures.

These theories collectively explain how novices advance (self-regulation), what changes with experience (competence and judgment), and why progress accelerates or stalls (person-context motivational fit).

Steppingstones: Theme I - Challenges Encountered in Nursing Management Process

At the mountain's base, unsteady stepping stones capture the instability of early role entry:

- (1a) Complicated in administration - juggling staffing, quality, teaching, supply, and policy tasks without a mature systems map.
- (1b) Challenges in innovation - encountering resistance, resource limits, and policy ambiguity when introducing change.
- (1c) Challenges in communication and coordination - negotiating across professions, families, and departments; managing complaints.
- (1d) Lack of administration and professional experience - confidence and situational judgment are still forming.

The stones are slippery and uneven, representing cognitive overload, learned helplessness under resistance, and variable influence; typical of novice/advanced-beginner stages.

Steps: Theme II - Growth in Nursing Administration Process

Mid-slope, stones give way to a sturdy staircase, indicating gains that compound over time:

- (2a) Cognitive transformation in the nursing profession - reframing nursing as strategic and evidence-based (policy, research, improvement).
- (2b) Improvement of administration ability - methodical advances in staffing, quality/safety, training, and process management.
- (2c) Developing psychological quality - stronger stress tolerance, adaptability, and emotion regulation.

Here, self-leadership routines (goal setting, reflective debriefs, constructive self-talk) and mentored practice turn experience into competence, moving novices toward contextual reasoning and broader "big picture" thinking.

Way finders: Theme III - Advice for other Novice Nursing Administrators

Along the climb, trail markers offer pragmatic guidance that shortens the route:

- (3a) Prepare for role transition - adopt a managerial lens early; rehearse decisions and workflows.
- (3b) Advance professional competence - build technical credibility to anchor influence.
- (3c) Seek support actively - assemble mentors, peers, and interdisciplinary allies; debrief and shadow.
- (3d) Investing in higher education - leverage graduate training for inquiry and policy voice, avoiding credential-chasing without application.

These practices operationalize Benner's graduated responsibility, activate achievement/power/affiliation needs (McClelland), and stabilize self-leadership under pressure.

Summit Ridges: Theme IV - Suggestions for Nurses with Postgraduate Degrees

Near the crest, four ridgelines orient postgraduate nurses so education converts to impact:

- (4a) Clarify future career direction - choose among clinical, education, research, and management paths.
- (4b) Maintain original intentions, avoid assimilation - protect inquiry and improve identity in task-heavy cultures.
- (4c) Be willing to dedicate and integrate into the team - pair expertise with service, collaboration, and respect for experiential knowledge.
- (4d) Develop versatility, pursue continuous learning - expand roles (clinical, research, teaching) to stay adaptive.

These ridges prevent detours into role dilution, ensuring postgraduate capability is activated rather than absorbed.

What the Simulacrum Conveys

- Trajectory, not a leap: Early instability is expected; competence consolidates via scaffolded experience and self-regulation.
- Interlocking engines of growth: Cognitive reframing → skill wins → psychological resilience → greater influence; each reinforcing the next.
- Motivational alignment matters: When units provide early wins, mentorship access, and peer networks, novices' achievement, power, and affiliation needs are met, accelerating progress.

- Actionable levers for institutions: Competency-based onboarding, formal mentorship, protected time for QI/research, rotational exposure, and clear career ladders move nurses from stones to steps.

In sum, the mountain journey visualizes how Self-Leadership, Benner's developmental stages, and McClelland's motivational dynamics interact across the four themes to transform postgraduate novices from unstable beginners into confident, context-sensitive first-line leaders.



Fig. 1: Simulacrum of themes: A journey to career growth

Figure notes. The mountain-ascent metaphor integrates three guiding frameworks - Self-Leadership Theory, Benner's Novice-to-Expert, and McClelland's Human Motivation Theory, which are represented by the sun overhead. At the base (red labels) are Theme I: Challenges encountered in nursing management process: (1a) Complicated in administration, (1b) Challenges in innovation, (1c) Challenges in communication and coordination, and (1d) Lack of administration and professional experience. Mid-slope (white/green labels) depict Theme II: Growth in nursing administration process: (2a) Cognitive transformation in nursing profession, (2b) Improvement of administration ability, and (2c) Developing psychological quality. Left trail markers list Theme III: Advisement for other novice nursing administrators, (3a) Prepare for role transition, (3b) Advance professional competence, (3c) Seek support actively, (3d) Investing in higher education. Right ridge markers list Theme IV: Suggestions for nurses with postgraduate degrees. (4a) Clarify future career direction, (4b) Maintain original intentions, avoid assimilation, (4c) Be willing to dedicate and integrate into the team, (4d) Develop versatility, pursue continuous learning. The upward pathway signifies progression toward a consolidated leadership identity. Illustration is conceptual and not to scale.

5. Conclusion

This study illuminates how postgraduate-prepared novice nursing administrators in a large tertiary public hospital navigate the journey from instability to a consolidated leadership identity. Across four themes, namely: Challenges encountered in nursing management process, Growth in nursing administration process, Advisement for other novice nursing administrators, and Suggestions for nurses with postgraduate degrees; participants described predictable, theory-consistent hurdles and gains. Early experiences were marked by complicated administrative demands, innovation resistance, and cross-boundary coordination difficulties, intensified by limited situated experience. With time, scaffolded practice, and deliberate self-leadership, novices reframed nursing as a strategic, evidence-based discipline, strengthened administrative skills, and developed psychological resilience. The "mountain-journey" simulacrum integrates Self-Leadership Theory, Benner's Novice-to-Expert model, and McClelland's Human Motivation Theory to show why progress is developmental (experience), how it is sustained (self-regulation), and when it accelerates (motivational alignment with organizational conditions). Postgraduate preparation confers clear advantages, but it does not replace structured transition support; credibility, influence, and contextual judgment consolidate through mentored, situated experience.

Implications. For hospitals and nursing departments, the findings argue for competency-based onboarding tailored to first-line leadership (staffing algorithms, quality/safety dashboards, complaint resolution scripts), formal mentorship ecosystems (shadowing during crises, scheduled debriefs, upward feedback loops), and innovation climates that protect time for quality improvement (QI) and research. Aligning incentives with evidence-based improvement (e.g., linking performance pay or recognition to unit-level outcomes) satisfies achievement and power needs while strengthening affiliation through peer networks, which is precisely the motivational mix that sustains novice leadership. For graduate programs, pairing advanced content with transition labs (simulation of disciplinary meetings, budget scenarios, interprofessional negotiation), reflective practice, and rotational exposure prepares students to convert academic capital into context-sensitive administration. Programs should explicitly teach self-leadership routines (goal setting, constructive self-talk, natural rewards) as protective factors against early learned helplessness. For regulators and accrediting bodies, standards can require mentored integration for novice administrators, assess workplace competencies (not only credentials), and encourage hospital-university partnerships that embed postgraduate nurses in practice-based research and QI pipelines. For individual nurses with postgraduate degrees, four actions are pivotal: clarify a career direction, maintain original intentions to avoid role assimilation, integrate with teams through service and collaboration, and develop versatility through lifelong learning, which are the behaviors that collectively shorten the climb from novice to competent, context-sensitive leader.

Limitations. This descriptive phenomenological study involved ten participants from one tertiary public hospital in Henan Province, which constrains transferability beyond similar settings. Data relied on self-report interviews conducted in Mandarin, transcribed verbatim; while member checking, peer debriefing, and an external audit enhanced trustworthiness, interpretation may still reflect researcher positionality (the interviewer is a postgraduate-trained nurse administrator) and translation nuance when rendering exemplar quotations into English for reporting. The cross-sectional design captures experiences from June 2023 to June 2024 and cannot establish developmental causality or longer-term career trajectories. Finally, the study did not quantify downstream outcomes (e.g., turnover, patient safety metrics, QI throughput), limiting claims about organizational impact.

Future Directions. Future research should pursue multi-site and cross-regional studies to examine how hospital type, culture, and human resource systems condition novice leadership development. Longitudinal mixed-methods designs can track movement along Benner's trajectory and test whether specific supports (e.g., structured mentorship, transition labs, protected QI time) mediate gains in administrative competence and psychological resilience. Intervention trials are warranted: randomized or quasi-experimental evaluations of self-

leadership training, competency-based onboarding, and mentorship models, with outcomes including unit climate, innovation adoption, staff engagement, and patient safety indicators. Incorporating motivational profiling (achievement, power, affiliation) could identify person-context matches that accelerate growth and reduce role assimilation, informing personalized development plans. Finally, comparative studies of postgraduate vs. non-postgraduate novice administrators and international comparisons would clarify which elements of the "mountain-journey" are culturally general versus system-specific, guiding policy for education-practice alignment.

AI and Writing-Assistance Disclosure

In preparing this manuscript, the authors employed Grammarly for language editing (grammar, punctuation, and readability). The tool was not used to generate text, analyze data, or draw conclusions. All substantive content, including study design, data analysis, interpretation, and drafting/revision of arguments, was produced and verified by the authors. No identifiable participant data were uploaded to Grammarly. Consistent with COPE/ICMJE guidance, Grammarly is not listed as an author, and the authors retain responsibility for the work's originality, accuracy, and integrity.

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