

Original Article

# The Experience of Nurses Transitioning to Primary Nursing in Indonesia: A Hermeneutic Phenomenological Study



Septyarani Sitanggang<sup>1</sup>, Gilny Aileen Joan Rantung<sup>1</sup>

<sup>1</sup> Faculty of Nursing, Universitas Advent Indonesia, West Bandung, West Java, Indonesia

## ARTICLE INFO

### Article History

Submit : September 2, 2025  
Accepted : November 8, 2025  
Published : November 15, 2025

### Correspondence

Gilny Aileen Joan Rantung;  
Faculty of Nursing, Universitas  
Advent Indonesia, West  
Bandung, West Java, Indonesia.

### Email:

[gilnyaileen@unai.edu](mailto:gilnyaileen@unai.edu)

### Citation:

Sitanggang, S., & Rantung, G. A. J. . (2025). The Experience of Nurses Transitioning to Primary Nursing in Indonesia: A Hermeneutic Phenomenological Study. *Journal of Applied Nursing and Health*, 7(3), 615–628.  
<https://doi.org/10.55018/janh.v7i3.426>

## ABSTRACT

**Background:** Primary nursing is promoted globally for better continuity, accountability, and engagement, but there is limited evidence from Indonesia on nurses' transition from team to primary care. This study explored the lived experiences of nurses transitioning from team nursing to primary nursing in Indonesia, aiming to understand how they adapt, the barriers they encounter, and the impact of this shift on nurse–patient relationships.

**Methods:** A qualitative approach was used, employing Van Manen's hermeneutic phenomenology. Ten registered nurses working in medical–surgical wards of a tertiary hospital in Bandung, Indonesia, were purposively sampled. Inclusion criteria included registered nurses with experience in both team and primary nursing models. Nurses in managerial roles without bedside duties were excluded. Data were collected through in-depth semi-structured interviews lasting 45–60 minutes, conducted face-to-face or via secure online platforms. These interviews were audio-recorded, transcribed verbatim, and member-checked. Analysis followed Van Manen's reflective approach, with thematic analysis supported by NVivo (QSR International, version 12) for data organization. Trustworthiness was maintained through audit trails, reflexivity, peer debriefing, and thick description. Ethical approval was obtained (No. 513/KEPK-FIK.UNAI/EC/VI/25). Reporting followed COREQ.

**Results:** Three themes emerged: (1) Readiness and adaptation to change, where nurses emphasized mindset and gradual learning as essential to adaptation; (2) Challenges in practice and system limitations, including high nurse-to-patient ratios, administrative burden, delayed support services, and training misaligned with practice; and (3) Strengthened nurse–patient relationships, reflecting improved trust, openness, and professional accountability, which sustained motivation despite systemic barriers.

**Conclusion:** This study reveals how Indonesian nurses manage transitioning to primary nursing. Despite systemic challenges that affect continuity and workload, nurses' commitment and strong patient ties sustain their efforts. The findings highlight the importance of aligning training with practice, improving staffing ratios, and ensuring consistent patient assignments to support primary nursing

**Keywords:** Primary Nursing; Nursing Staff; Nurse–Patient Relations; Workload; Qualitative Research; Hermeneutics.

## Implications for Practice:

- Healthcare Provider Training, Medical professionals should receive training on traditional medicine practices to enhance cultural competence, promote respectful patient engagement, and support safe

## Implications for Practice:

integration of traditional and modern treatments.

- Strengthening clinical practice requires aligning nurse training and workload management to enhance adaptation and sustain continuity in primary nursing implementation.
- Health policy should prioritize adequate staffing ratios, supportive supervision, and consistent patient assignments to optimize the effectiveness of primary nursing models.
- Integrating primary nursing concepts into nursing and midwifery education promotes professional accountability and patient-centered care, offering a practical and scalable approach for Low- and Middle-Income Countries (LMICs) with limited healthcare resources.

## Introduction

Nursing care delivery models are fundamental to ensuring the quality, safety, and continuity of patient care. Globally, healthcare systems have undergone significant restructuring to enhance efficiency, improve patient outcomes, and promote professional accountability among nurses. One such restructuring is the transition from traditional team-based or functional models toward primary nursing, in which a single nurse assumes comprehensive responsibility for the care of an individual patient throughout their hospitalization. This model has been increasingly implemented in various countries due to its potential to enhance patient satisfaction, communication, and continuity of care ([Gonçalves et al., 2023](#); [Parreira et al., 2021](#)).

Despite its promise, the shift to primary nursing remains challenging. Research shows that implementation frequently encounters obstacles such as resistance to change, role ambiguity, and increased workload ([Cheraghi et al., 2023](#); [Harrison et al., 2021](#)). These challenges may reduce the model's effectiveness and undermine the expected benefits for both patients and healthcare providers. In Indonesia, where hospitals are beginning to adopt primary nursing, the evidence base remains limited, and little is known about how nurses experience and adapt to this transition in practice.

The significance of this research lies in the potential of primary nursing to

transform the delivery of nursing care in Indonesia, aligning with global efforts to achieve Sustainable Development Goal 3 (Good Health and Well-being). Understanding nurses' experiences and adaptive strategies is crucial because they are the frontline implementers of this change. If poorly managed, the transition may result in increased stress, inconsistent practice, and risks to patient safety. Conversely, when well-supported, it can empower nurses, improve professional accountability, and enhance patient-centered care ([Cocchieri et al., 2023](#); [Merbawani & Munfadlila, 2021](#)).

However, a research gap still exists. Most international studies on primary nursing focus on structural outcomes such as documentation accuracy, patient satisfaction, or organizational compliance ([Cocchieri et al., 2023](#); [Ventura-Silva et al., 2024](#)). Very few studies explore the lived experiences and psychosocial adaptation of nurses going through this transition, especially in the Indonesian context. The initial interview conducted for this study highlights this gap: while nurses valued the stronger therapeutic relationships enabled by primary nursing, they also reported significant workload challenges, inconsistent patient assignments, and insufficient institutional support. These contradictions emphasize the importance of understanding the subjective meaning of this transition to guide policy and practice.

The study is guided by Van Manen's hermeneutic phenomenology, which

provides a framework for exploring the meaning of lived experiences and reflecting on the core of adaptation in practice. The conceptual foundation links the experience of transition (independent variable) with nurses' adaptation, professional accountability, and patient care outcomes (dependent variables). According to change management theories, adaptation is affected by organizational support, clear role definitions, and workload management (Harrison et al., 2021). Thus, the framework indicates that nurses' experiences of transition directly influence their coping strategies, perceptions of professional growth, and the quality of care they deliver.

This study aimed to explore the experiences and adaptation of nurses undergoing the transition from team nursing to the primary nursing model, in order to identify opportunities and challenges that influence the effectiveness of its implementation in hospital settings.

## Methods

### Study Design

This study employed a qualitative research design using hermeneutic phenomenology, specifically Van Manen's approach (Van Manen, 2017), to explore nurses' lived experiences of transitioning from team nursing to primary nursing. Hermeneutic phenomenology was chosen because it allows for reflective exploration of the meaning embedded in daily practice and adaptation, which cannot be captured through quantitative methods. This design was particularly appropriate for investigating the subjective and psychosocial dimensions of adaptation that are central to the research aim. Reporting followed the COREQ (Consolidated criteria for Reporting Qualitative Research) checklist.

The study was conducted in a large tertiary hospital in Bandung, Indonesia, which had formally implemented the

primary nursing model. The research setting may have influenced findings, as nurses were adapting not only to the new system but also to institutional structures such as staffing ratios, administrative processes, and interprofessional collaboration.

### Research Team and Reflexivity

The research team consisted of SS, a registered nurse and Master of Nursing candidate, and GR, a nurse researcher with a PhD and expertise in qualitative methods and nursing workforce studies. SS was the primary researcher and main author, responsible for conducting all interviews, preparing transcripts, and leading the initial stages of analysis. Together, SS and GR developed the interview guidelines to ensure relevance and methodological rigor. GR also supervised the study, provided methodological guidance, and collaborated with SS during data analysis and interpretation.

**Positionality:** SS had recent bedside experience in medical–surgical nursing, was familiar with team-nursing routines, and was interested in continuity of care and therapeutic relationships. GR had prior scholarship in nursing workforce organization and qualitative methods, with no employment at the study hospital. Both were Indonesian, fluent in Bahasa Indonesia and English, conducting and interpreting interviews in Bahasa to preserve nuance before translating quotations. We recognized assumptions that primary nursing would enhance continuity and accountability, and that workload issues were systemic. These were logged in positionality statements and memos, and actively questioned during analysis by searching for disconfirming cases, testing interpretations, and reviewing transcripts and field notes.

Neither SS nor GR had a direct supervisory or hierarchical relationship

with the participants, although both were colleagues within the same professional nursing community. This minimized potential power imbalances and fostered open dialogue during interviews. Reflexivity was maintained through journals kept by both researchers, regular peer debriefing, and ongoing discussions that questioned assumptions, challenged interpretations, and enhanced analytic rigor. Before analysis, each researcher wrote a positionality statement and documented assumptions, which were bracketed in reflexive memos and revisited as themes developed. Peer review of notes and summaries was recorded, with revisions made by consensus.

### Participants

A total of 10 registered nurses participated in this study. All were directly involved in inpatient care at a private hospital in Bandung, West Java Province, Indonesia, and had experience transitioning from team nursing to primary nursing. Inclusion criteria were: (1) registered nurses working in inpatient wards, (2) experience working under both team and primary nursing models, and (3) willingness to participate and provide informed consent. Exclusion criteria included nurses in purely managerial roles without direct bedside responsibilities.

Participants were purposively recruited with the support of hospital nursing management. All 10 registered nurses who met the inclusion criteria and were approached agreed to participate, resulting in no refusals. They were fully informed about the study's aims and procedures before providing written consent. No incentives were offered for participation.

### Data Collection

Data were collected between June and July 2025. All 10 participants completed one

in-depth semi-structured interview each, conducted either face-to-face in a private hospital meeting room or via secure online platforms, depending on scheduling. Interviews were scheduled outside clinical hours to minimize noise and interruptions; only the interviewer and participant were present, and privacy was maintained throughout. Each interview lasted 45–60 minutes.

The interview guide consisted of open-ended questions exploring participants' experiences, challenges, and adaptive strategies during the transition. Example prompts included:

- “Can you describe your experience when the hospital introduced primary nursing?”
- “What challenges did you encounter in adapting to this model?”
- “How did this change influence your daily interactions with patients and colleagues?”
- “What support did you find helpful, or what support do you think is still needed?”

All interviews were audio-recorded with permission, transcribed verbatim in Bahasa Indonesia, and checked for accuracy against recordings. Field notes were taken to capture contextual and non-verbal observations. Member checking involved sending thematic summaries back to participants for confirmation. Data saturation was achieved by the tenth interview, when no new themes emerged.

### Data Analysis

Data were analyzed using Van Manen's hermeneutic phenomenological approach, which emphasizes reflective interpretation of lived experiences rather than mechanical coding. All interview transcripts were read and reread alongside field notes to gain a holistic understanding, and essential themes were identified through an iterative process of writing, reflection, and rewriting.

NVivo 12 software was used solely to help organize the data, while interpretation was conducted manually to maintain a grounded understanding of participants' narratives. Both researchers were involved in the analysis process and discussed emerging themes collaboratively until they reached a

consensus. Any differences in interpretation were resolved through reflexive dialogue to ensure that the final themes reflected participants' voices and the broader context of their practice. **Table 1** summarizes the analytic workflow from transcripts to themes for transparency.

**Table 1.** Analytic Workflow

| Stage                  | Action   | Output and checks   |
|------------------------|--|---|
| Immersion              | Read transcripts and field notes to contextualize each account.                                      | Holistic case sense; memo noting reflexivity presuppositions.           |
| Meaning units          | Identify key phrases and episodes showing the transition to primary nursing.                         | Provisional meaning units; margin notes in NVivo.                       |
| Thematic statements    | Rewrite meaning units into concise interpretive statements through iterative writing and reflection. | Draft thematic statements with exemplar quotes linked.                  |
| Theme clustering       | Group related statements, compare cases, and analyze contrasts.                                      | Candidate sub-themes and themes; audit-trail entries of decisions.      |
| Returning to the whole | Test themes against transcripts and notes, revising language to preserve participants' meanings.     | Refined themes that "hold" across cases; member-check summary prepared. |
| Writing and re-writing | Compose phenomenologically oriented descriptions that evoke the essence of the experience.           | Final essential themes with quotes and context notes.                   |

**Trustworthiness and Rigor**

Rigor was established by ensuring credibility through member checking, where thematic summaries were returned to participants for confirmation, and by using observational notes to enrich the data. Dependability was maintained through an audit trail that documented each stage of the analysis, while confirmability was supported by reflexive journaling and regular peer debriefing among the researchers. Thick descriptions of the research context and participant experiences were provided to enhance transferability. Triangulation was applied in a contextual sense, not as data triangulation to force convergence, by comparing interview data with field notes and relevant hospital documents to deepen interpretation, consistent with the hermeneutic phenomenological emphasis on meaning-making within lived experience., consistent with the

hermeneutic phenomenological emphasis on meaning-making within lived experience. Discrepancies in coding or theme interpretation were resolved through discussion and consensus between researchers, revisiting transcripts, audio, and notes as needed; disagreements and reasons for final decisions were documented in the audit trail and memos.

**Ethical Consideration**

Ethical approval was received from the Research Ethics Committee of Universitas Advent Indonesia (Approval No: 513/KEPK-FIK.UNAI/EC/VI/25). The participating hospital also granted permission. All participants were informed about the study's purpose, procedures, risks, and benefits, and they provided written informed consent. Anonymizing transcripts ensured confidentiality by assigning participants only numerical codes (e.g., P1, P2) and securely storing audio files



and related documents. Data will be retained securely for five years after publication and then permanently destroyed.

## Results

Ten registered nurses took part in this study. All were female nurses aged between 27 and 37 years, with 7 to 15 years of clinical experience (average of 11 years). Six held a Bachelor of Science in Nursing (BSN) degree, and four held a Diploma in Nursing. All worked in medical–surgical wards and had direct experience with both team nursing and primary nursing models (**Table 2**).

**Table 2. Participant Characteristics**

| Participant ID | Age (years) | Degree  | Years of Experience |
|----------------|-------------|---------|---------------------|
| P1             | 32          | BSN     | 12                  |
| P2             | 30          | BSN     | 10                  |
| P3             | 37          | BSN     | 15                  |
| P4             | 29          | Diploma | 9                   |

|     | P5 | 33      | BSN | 11 |
|-----|----|---------|-----|----|
| P6  | 35 | BSN     | 13  |    |
| P7  | 28 | Diploma | 8   |    |
| P8  | 36 | BSN     | 14  |    |
| P9  | 27 | Diploma | 7   |    |
| P10 | 34 | BSN     | 12  |    |

## Themes

Analysis of the interview transcripts revealed three overarching themes that capture the essence of nurses’ experiences with the transition to primary nursing: (1) readiness and adaptation, (2) challenges of practice and system limitations, and (3) strengthened nurse–patient relationships. From a phenomenological perspective, these themes are not separate categories but lived dimensions of how nurses experienced change, resilience, and professional meaning. The phenomenological essence map is shown in **Figure 1**, and the corresponding theme structure is presented in **Figure 2**.

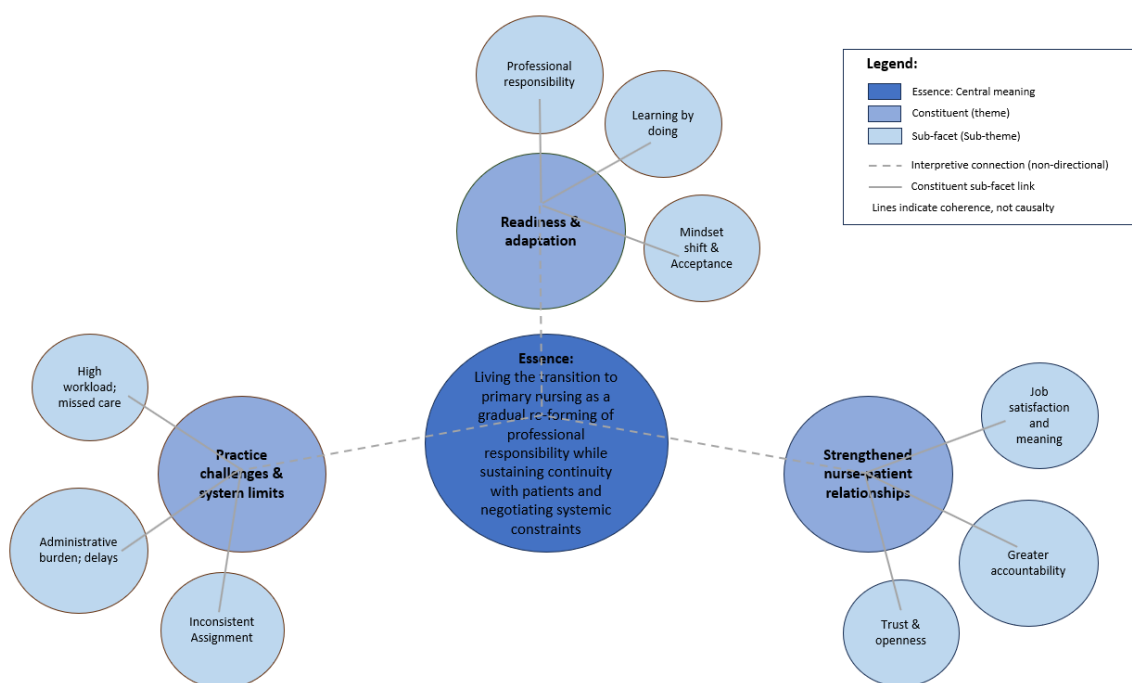


Figure 1. Phenomenological essence map of transition to primary nursing

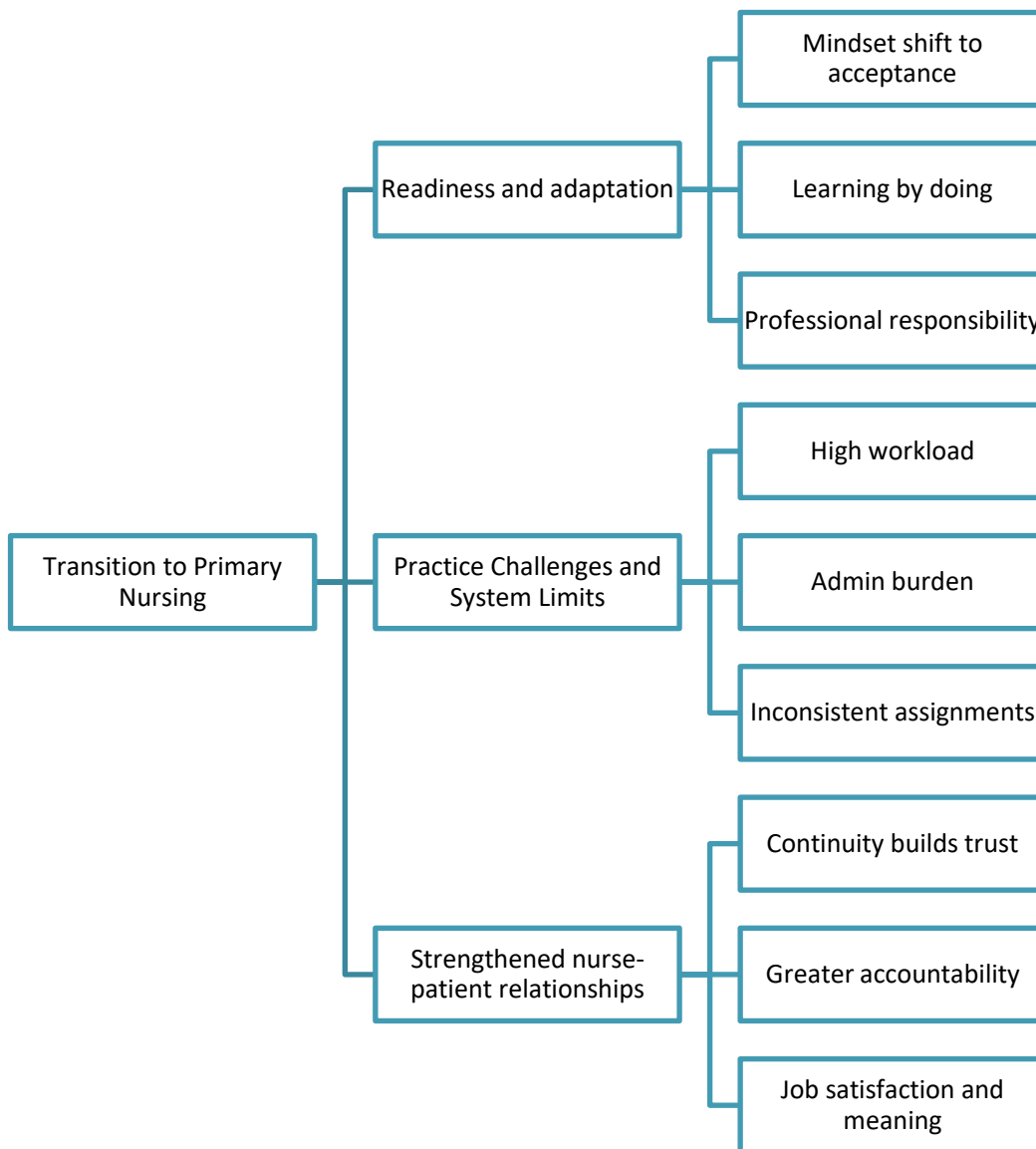


Figure 2. Themes and categories of transition to primary nursing

*Theme 1: Readiness and Adaptation to Change*

Participants consistently described the transition to primary nursing as both inevitable and necessary, yet one that demanded personal adjustment and resilience. They stressed that mental preparation was crucial, viewing the change as something they had no choice but to accept. Embracing the shift in mindset was

seen as the first step in adapting to the new model.

*“We just have to be ready, because times keep changing... it’s more about preparing your mindset, learning, and going through it.” (P3, p.2)*

Although many initially felt unprepared, they recognized the

importance of developing a willingness to learn and adapt to succeed. Nurses often described the early stage of transition as disorienting, with feelings of uncertainty about new responsibilities.

*“At first it was a shock, but over time I got used to it. If we are willing to learn, we can follow the system.” (P7, p.3)*

*“In the beginning, it was confusing, but once I tried it every day, I became more confident in handling patients by myself.” (P5, p.2)*

Adapting to primary nursing was seen as a gradual process of trial and error, where practice over time built confidence. Participants shared that by continuously applying the new model in their daily routines, they gained a clearer understanding of how to manage patient care independently.

*“At the start I felt unsure, but the more I worked with it, the more I understood what was expected of me.” (P8, p.4)*

*“Sometimes I made mistakes at the beginning, but I learned from them. Each day was like trying, correcting, and slowly getting better at handling patients on my own.” (P1, p.2)*

Some also highlighted the role of self-motivation and professional responsibility, noting that adaptation was not just about coping but also about committing to provide the best care under the new system.

*“I kept reminding myself that this is my duty as a nurse, so I pushed myself to adapt and give the best care I could.” (P8, p.3)*

*“Even if it feels difficult at first, we have to adjust, because patients depend on us.” (P6, p.3)*

The significance of these accounts lies in the fact that adaptation went beyond mere technical learning; it entailed a

gradual transformation of professional identity through practice, reflection, and commitment. From a phenomenological perspective, readiness was perceived as an evolving mode of being, wherein a sense of responsibility toward patients endowed the adaptation process with purpose.

### *Theme 2: Challenges in Practice and System Limitations*

While participants valued the autonomy and responsibility embedded in primary nursing, they consistently reported substantial challenges in its implementation. Chief among these was the high nurse-to-patient ratio, which often exceeded the recommended 1:5, leading to missed care or delayed documentation.

*“When there are too many patients, the workload is too heavy... sometimes things get missed.” (P6, p.4)*

*“Ideally, one nurse should care for five patients, but in reality it can be seven or eight. It feels impossible to do everything well.” (P9, p.3)*

*“Sometimes I finish one patient’s care, but another is already waiting. It feels like there is never enough time.” (P7, p. 3)*

Systemic barriers further limited the effectiveness of primary nursing, particularly when hospital support services did not operate efficiently. Participants explained that delays in obtaining medications or other resources frequently interrupted their workflow and prevented them from engaging in direct patient care.

*“Sometimes we need the medicine right away, but we still have to go downstairs, wait in line... it can take up to fifteen minutes. That really slows things down.” (P1, p.2)*

In addition to service delays, nurses identified the burden of administrative requirements and inadequacy of training as

obstacles. They felt that paperwork consumed too much of their time, while the training provided before implementation was overly focused on administrative tasks rather than preparing them for bedside realities.

*“There is too much paperwork and reporting. It takes time away from being with the patients.” (P3, p.4)*

*“The training we received focused a lot on paperwork and calculations, but it didn’t prepare us enough for applying primary nursing in real practice.” (P2, p.5)*

Another challenge was the inconsistency in patient assignments, which diluted the intended continuity of primary nursing.

*“Patients expect to meet the same nurse, but in reality they often get a different one.” (P4, p.2)*

*“I hoped to be with a patient from admission until discharge, but shift scheduling doesn’t always make that possible.” (P10, p.3)*

These accounts reveal a pronounced tension between the principles of primary nursing and the practical realities within hospital settings. From a phenomenological perspective, nurses perceived this discrepancy as frustration, a lived contradiction wherein systemic inefficiencies and workload pressures frequently compromised the ideals of autonomy and continuity. This suggests that the lived experience of primary nursing was influenced as much by organizational context as by individual adaptation.

### *Theme 3: Strengthened Nurse–Patient Relationships*

Despite the difficulties, participants unanimously described a stronger bond with patients under the primary nursing model. They observed that patients were more open and expressed greater comfort

when they were consistently cared for by the same nurse.

*“Patients become more open and more relaxed... most of them are happy because they keep meeting the same nurse.” (P8, p.3)*

*“When patients already know us, they trust us more and are more honest about their complaints.” (P5, p.2)*

This continuity also fostered a stronger sense of accountability among nurses, who felt more responsible for the outcomes of their patients.

*“I feel more responsible, because patients see me as their main nurse. I really have to know their condition.” (P2, p.4)*

Several participants linked this closer relationship with personal job satisfaction, describing it as a rewarding aspect of primary nursing.

*“There is a special satisfaction... I feel closer to patients, and they also seem more satisfied with the care.” (P6, p.4)*

The concept elucidated here indicates that nurse–patient relationships transcended mere professional interactions, evolving into deeply experienced bonds that uphold nurses’ sense of purpose. From a phenomenological standpoint, this closeness in relationships redefined the burden of responsibility into a source of fulfillment, implying that relational elements of care may serve as a protective factor against burnout and stress.

## **Discussion**

This study examined nurses’ lived experiences as they transitioned from team nursing to primary nursing, providing insights into their adaptation, the challenges they encountered, and how this

transition impacted their relationships with patients. The findings align with Van Manen's hermeneutic phenomenology, which interprets lived experience through reflection.

The first theme, readiness and adaptation, underscores the importance of personal willingness to learn and self-motivation in navigating professional change. This resonates with earlier studies that emphasize resilience and openness as critical for adopting new models of care ([Harrison et al., 2021](#)). Our findings further suggest that readiness is not static but develops progressively as nurses gain familiarity and confidence in applying primary nursing, echoing research on the evolution of professional identity ([Cheraghi et al., 2023](#)). A strong professional identity has been linked to greater responsibility, motivation, and job satisfaction, while targeted psychological training enhances stress management, empathy, and teamwork ([Toyirovich, 2025](#)). Similarly, studies have shown that work readiness, organizational justice, and professional identity shape the performance of new nurses ([Jiang et al., 2024](#)) and that professional identity is influenced by self-concept, role expectations, and practice context, evolving over time with professional development ([Philippa et al., 2021](#)). These connections suggest that adaptation to primary nursing is both a personal and developmental process that strengthens as nurses integrate the model into their professional identity.

The second theme, challenges in practice and system limitations, reflects widely reported global barriers, including high workload, administrative demands, and insufficient training. Ventura-Silva et al. (2024) and Cocchieri et al. (2023) documented how inadequate staffing and limited resources hinder primary nursing, while [Estreller et al. \(2025\)](#) found that nurses in resource-limited hospitals in the

Philippines faced heavy workloads, emotional strain, and training gaps. Similarly, [Gitahi et al. \(2024\)](#) reported that poor staffing, underfunding, and supply shortages undermined primary healthcare delivery in Kenya. Evidence also suggests that safe staffing strategies are vital to balancing quality of care, workforce wellbeing, and costs ([Park, 2023](#)).

The accounts of Indonesian nurses in this study echo these findings, with participants citing nurse-patient ratios beyond safe limits, delays in support services, and excessive paperwork as daily obstacles. However, our findings also differ from much of the literature: while international studies often describe training as a facilitator ([Ballangrud et al., 2021](#); [Busca et al., 2021](#)), participants here perceived it as inadequate and misaligned with practice, focusing more on administrative tasks than hands-on preparation. This contrast highlights that training needs to be relevant and practice-oriented to support the effective implementation of successful outcomes.

The third theme, strengthened nurse-patient relationships, reinforces a well-established body of evidence showing that primary nursing fosters therapeutic communication, trust, and patient satisfaction ([Parreira et al., 2021](#); [Gonçalves et al., 2023](#)). A recent scoping review confirmed that the Primary Nursing Care Model improves outcomes by strengthening nurse-patient relationships, improving competence, and fostering a safety culture ([Agustina et al., 2025](#)). Similarly, effective communication has been shown to enhance care quality, patient outcomes, and satisfaction ([Afriyie, 2020](#)). Our findings extend this literature by showing that closer patient relationships not only benefit patients but also serve as a powerful source of professional fulfilment for nurses, motivating them to persist with the model despite systemic pressures. This dual

benefit for both patients and nurses highlights the holistic value of primary nursing.

While workload pressures are commonly linked to burnout and reduced job satisfaction (Dall’Ora et al., 2020; Lee & Chang, 2022), our study complicates this view by suggesting that strong nurse–patient relationships act as a protective factor. Nurses described these bonds as fulfilling and energizing, counteracting the stress of high workloads. This indicates that relational aspects of care may influence how structural challenges affect them, adding depth to the current understanding of how job satisfaction persists under tough conditions.

Overall, this study contributes new insights by situating the transition to primary nursing within the lived realities of bedside nurses in Indonesia. Whereas much of the literature has focused on measurable outcomes such as documentation or patient satisfaction, our findings foreground the personal and professional journeys of nurses. Adaptation emerged through the interplay of mindset, systemic barriers, and relational rewards, supporting the theoretical view that phenomenological reflection can uncover dimensions of practice not captured by quantitative indicators. Importantly, the study demonstrates that while systemic barriers threaten continuity and workload balance, nurses’ professional commitment and strengthened patient relationships provide the counterweight that sustains the model. This underscores that the success of primary nursing depends not only on institutional structures but also on the lived experience and adaptive capacity of nurses themselves.

The themes indicate that adapting to primary nursing is an ongoing identity process, evolving through practice, reflection, and relationships. Readiness develops via learning-by-doing, while

systemic constraints influence but do not determine actions. Strong nurse–patient bonds give meaning, supporting commitment amid pressures. These findings extend van Manen’s phenomenological view by illustrating how adapting to a new care model involves personal growth, organizational factors, and relationships in a resource-limited setting.

This study offers Indonesian-specific insights on transitioning to primary nursing, emphasizing (a) how readiness develops over time as part of professional identity, (b) how misaligned training can hinder implementation despite international support, and (c) how relational continuity offsets workload strain, boosting motivation. Theoretically, it presents a phenomenological view of primary nursing as identity work under constraints, showing that structural investments and relational continuity must progress together to sustain benefits for patients and nurses.

### Implications and limitations

The findings have conceptual implications for nursing science and research, emphasizing adaptation as both a personal and relational process that shapes professional identity and meaning in practice. The study affirms the relevance of phenomenological approaches in capturing the essence of nursing transitions and underscores the need for theoretical frameworks that integrate structural and experiential dimensions of change. Future research should explore cross-cultural and institutional comparisons or examine how patient perspectives align with nurses’ experiences of continuity. Although the sample size provided adequate phenomenological depth, the study was limited to ten female participants from a single hospital, which may restrict broader representation. As with most qualitative

research, the findings are not statistically generalizable but offer transferable insights applicable to similar healthcare settings.

### Relevance to Practice

The findings provide practical guidance for improving the implementation of primary nursing in real-world settings. Healthcare institutions should strengthen nurse preparation, maintain consistent patient assignments, and reduce administrative burdens to enhance continuity and satisfaction in care delivery. Establishing and enforcing nurse-patient ratio standards (such as 1:5 in medical-surgical wards) and providing reflective practice opportunities can foster professional growth and better patient outcomes. For policymakers, investing in training systems and supportive supervision is essential to sustain the relational nature of primary nursing. These strategies are particularly relevant for Low- and Middle-Income Countries (LMICs), where limited resources require cost-effective, person-centered approaches to optimize care quality and workforce resilience.

### Conclusion

This study revealed that nurses' transition to primary nursing involves readiness and adaptation, hindered by systemic challenges but supported by stronger relationships with patients. The findings provide a deeper understanding of how nurses experience and interpret this change, adding to the global literature by placing it in the context of Indonesia. The main point is that the success of primary nursing depends not just on organizational structures but also on nurses' lived experiences, whose dedication and personal connections ultimately determine its effectiveness. Institutional investment in supportive structures is essential to sustain nurses' adaptive commitment and realize

the benefits of primary nursing for patients and staff.

### Funding

This research was funded by a grant from Direktorat Penelitian dan Pengabdian kepada Masyarakat, Kementerian Pendidikan, Kebudayaan, Riset, dan Teknologi (Grant No. 127/C3/DT.04.00/PL/2025). The funding agency had no involvement in the study design, data collection, analysis, interpretation, or the authorship of the manuscript.

### CrediT Authorship Contributions Statement

**Septyarani Sitanggang:** Conceptualization, Investigation, Formal Analysis, Writing - Original Draft

**Gilny Rantung:** Conceptualization, Formal Analysis, Supervision, Validation, Writing - Review & Editing

### Conflicts of Interest

There is no conflict of interest.

### Acknowledgments

The authors would like to thank the nursing management of the participating hospital for their support in facilitating access to participants. Appreciation is also extended to the nurses who generously shared their experiences and made this study possible. The authors also gratefully acknowledge that this research was funded by the Direktorat Penelitian dan Pengabdian kepada Masyarakat, Kementerian Pendidikan, Kebudayaan, Riset, dan Teknologi, Indonesia.

### References

Afriyie, D. (2020). Effective communication between nurses and patients: an evolutionary concept analysis. *British Journal of Community Nursing*, 25(9),

- 438–445.  
<https://doi.org/10.12968/bjcn.2020.25.9.438>
- Agustina, B. L., Ardiana, A., & A'la, M. Z. (2025). Evaluating the Impact of the Primary Nursing Care Model on Nursing Outcomes: A Scoping Review. *Indonesian Journal of Global Health Research*, 7(3), 361–374.  
<https://doi.org/10.37287/ijghr.v7i3.6077>
- Ballangrud, R., Aase, K., & Vifladt, A. (2021). Longitudinal team training program in a Norwegian surgical ward: a qualitative study of nurses' and physicians' experiences with implementation. *BMC Health Services Research*, 21(1), 725.  
<https://doi.org/10.1186/s12913-021-06732-6>
- Busca, E., Savatteri, A., Calafato, T. L., Mazzoleni, B., Barisone, M., & Dal Molin, A. (2021). Barriers and facilitators to the implementation of nurse's role in primary care settings: an integrative review. *BMC Nursing*, 20(1), 171.  
<https://doi.org/10.1186/s12912-021-00696-y>
- Cheraghi, R., Ebrahimi, H., Kheibar, N., & Sahebihagh, M. H. (2023). Reasons for resistance to change in nursing: an integrative review. *BMC Nursing*, 22(1), 310.  
<https://doi.org/10.1186/s12912-023-01460-0>
- Cocchieri, A., Cesare, M., Anderson, G., Zega, M., Damiani, G., & D'agostino, F. (2023). Effectiveness of the Primary Nursing Model on nursing documentation accuracy: A quasi-experimental study. *Journal of Clinical Nursing*, 32(7–8), 1251–1261.  
<https://doi.org/10.1111/jocn.16282>
- Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: a theoretical review. *Human Resources for Health*, 18(1), 41.  
<https://doi.org/10.1186/s12960-020-00469-9>
- Estreller, J. A. N., Fontanilla, J. M. N., Fakhri, M. S., Briones, J. P., & Abante, M. V. (2025). A Phenomenological Study on Nurse Productivity Challenges in a Resource-Limited Primary Hospital in the Philippines. *Advanced Qualitative Research*, 3(1), 31–48.  
<https://doi.org/10.31098/aqr.v3i1.2777>
- Gitahi, E., Kabue, P., & Ambani, E. (2024). Factors affecting Implementation of Primary Health Care Services among Nurses in Level 3 Health Facilities in Kiambu County, Kenya. *East African Journal of Health and Science*, 7(1), 395–406.  
<https://doi.org/10.37284/eajhs.7.1.2156>
- Gonçalves, I., Mendes, D. A., Caldeira, S., Jesus, É., & Nunes, E. (2023). The Primary Nursing Care Model and Inpatients' Nursing-Sensitive Outcomes: A Systematic Review and Narrative Synthesis of Quantitative Studies. *International Journal of Environmental Research and Public Health*, 20(3).  
<https://doi.org/10.3390/ijerph20032391>
- Harrison, R., Fischer, S., Walpola, R. L., Chauhan, A., Babalola, T., Mears, S., & Le-Dao, H. (2021). Where Do Models for Change Management, Improvement and Implementation Meet? A Systematic Review of the Applications of Change Management Models in Healthcare. *Journal of Healthcare Leadership*, Volume 13, 85–108.  
<https://doi.org/10.2147/JHL.S289176>
- Jiang, Z., Su, Y., Meng, R., Lu, G., Liu, J., & Chen, C. (2024). The effects of work readiness, organizational justice and

- professional identity on the work performance of new nurses: a cross-sectional survey. *BMC Nursing*, 23(1), 759.  
<https://doi.org/10.1186/s12912-024-02420-y>
- Lee, H.-F., & Chang, Y.-J. (2022). The Effects of Work Satisfaction and Work Flexibility on Burnout in Nurses. *Journal of Nursing Research*, 30(6), e240.  
<https://doi.org/10.1097/jnr.0000000000000522>
- Merbawani, R., & Munfadlila, A. W. (2021). Implementation of Primary Team Professional Nursing Practice Methods In Hospital: A Systematic Review. *Journal Of Nursing Practice*, 5(1), 55–64.  
<https://doi.org/10.30994/jnp.v5i1.145>
- Park, C. S. (2023). “More is not always better”: Park’s sweet spot theory-driven implementation strategy for viable optimal safe nurse staffing policy in practice. *International Nursing Review*, 70(2), 149–159.  
<https://doi.org/10.1111/inr.12785>
- Parreira, P., Santos-Costa, P., Neri, M., Marques, A., Queirós, P., & Salgueiro-Oliveira, A. (2021). Work Methods for Nursing Care Delivery. *International Journal of Environmental Research and Public Health*, 18(4), 2088.  
<https://doi.org/10.3390/ijerph18042088>
- Philippa, R., Ann, H., Jacqueline, M., & Nicola, A. (2021). Professional identity in nursing: A mixed method research study. *Nurse Education in Practice*, 52, 103039.  
<https://doi.org/10.1016/j.nepr.2021.103039>
- Toyirovich, O. (2025). Future Nurses: The Interrelation Between Professional Identity and Psychological Training. *Jurnal Psikologi*, 2(3), 6.  
<https://doi.org/10.47134/pjp.v2i3.3963>
- Van Manen, M. (2017). Phenomenology in Its Original Sense. *Qualitative Health Research*, 27(6), 810–825.  
<https://doi.org/10.1177/1049732317699381>
- Ventura-Silva, J. M., Martins, M. M., Trindade, L. L., Faria, A. C., Barros, S. C., Castro, S. F., Rocha, C. G., Mendes, M., & Ribeiro, O. M. (2024). Implementation of the Primary Nursing Care Model in a Hospital Service: A Quasi-Experimental Study. *Nursing Forum*, 2024(1).  
<https://doi.org/10.1155/2024/5549115>