

Preparedness and Challenges in the Transition from Medical Students to Interns: A Cross-Sectional Study of Junior Doctors in Rivers State, Nigeria

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DOI: <https://doi.org/10.62154/ajhcer.2025.021.01020>

Abstract

Medical education combines theoretical and practical components; it is often considered an apprenticeship. While medical schools strive to provide a comprehensive foundation, the transition to internship introduces a new set of challenges and opportunities. This study assessed the transition from the interns' perspective to inform the development of targeted interventions and mentorship programs. A cross-sectional study design was used to survey ninety-eight (98) medical interns educated in the tertiary institutions in Rivers State, using a semi-structured self-administered questionnaire, built on Google Forms. Data was collected through the interns' WhatsApp group after obtaining ethical approval (PUMS/REC/2024/005). Quantitative data were analysed using IBM SPSS version 27 and was presented in the form of frequencies and percentages (%). Qualitative responses were analysed using inductive and deductive content and thematic analysis. Most respondents were within the age group 25 to 29 years, 59 (60.2%), 50 (51.0%) were females, and 9 (9.2%) were married. The study found that 87 (88.8%) had a good preparedness level for hospital practice, 43 (43.9%) had orientation before commencement of internship, and wished for more training before the internship. Emotional challenges were reported by 53 (54.1%) of interns, psychological challenges by 29 (29.6%), and only 13 (13.3%) found it easy/very easy to manage emotional well-being. The study revealed good preparedness for hospital practice among interns; gaps remain in pre-internship orientation, emotional readiness, and psychological support. Most interns received no emotional support. Advice, mentorship, and emotional encouragement were the most appreciated forms of support among those who received any.

Keywords: Interns' Perspective, Transition, Medical Students, Interns, Nigeria.

Introduction

The journey from medical student to intern represents an important juncture in the professional development of healthcare practitioners. This transition marks the initiation of hands-on clinical experience, increased responsibility, and the application of theoretical

knowledge to real-world patient care scenarios (Sturman et al., 2017). Medical education is a multifaceted process encompassing both theoretical and practical components; it is often considered an apprenticeship. While medical schools strive to provide a comprehensive foundation, the transition to internship introduces a new set of challenges and opportunities (Giri & Parhar, 2012). The shift from classroom-based learning to direct patient care requires a seamless integration of theoretical knowledge with practical skills (Bhandari et al., 2022).

The internship, also known as housemanship, bridges academic learning and professional practice (Bhandari et al., 2022). During this period, interns or house officers are exposed to a diverse range of medical conditions, contributing to the development of clinical skills and a deeper understanding of disease management (Giri & Parhar, 2012), (Bhandari et al., 2022). It is often a one-year in-training period after the final Bachelor of Medicine and Bachelor of Surgery (MBBS) examinations. As they conclude their university education and pass the final examination, the Medical and Dental Council of Nigeria (MDCN), the regulatory body, issues a provisional licence to the successful students during an induction ceremony; this brief ceremony marks the beginning of the transition from students to interns. The MDCN has designed the guidelines and rotations required by the interns and has recently been involved in the posting of interns to various hospitals for the internship period. Interns are expected to rotate through the various departments in the hospital as designated by the MDCN. (Eze et al., 2023; Scicluna et al., 2014) The period is expected to help them shape their future professional interests and prospects. (Scicluna et al., 2014) Assessing the specific challenges and learning opportunities that arise during this integration phase can shed light on the factors influencing the effectiveness of clinical training.

The healthcare landscape is characterised by collaboration among professionals, necessitating effective communication and teamwork. Interns may find it difficult to navigate these interdisciplinary relationships while delivering optimal patient care (Carlsson et al., 2023). Medical training is one of the most demanding programs at the university. To succeed in the program and graduate, every medical student must possess resilience, mental toughness, and physical health (Ijah, Onodingene, et al., 2023). Stress response is known to be determined by genetic and environmental influences; therefore, beyond the acquisition of medical knowledge and technical skills, the transition from medical student to intern can have a psychosocial impact.

Evidence exists to suggest that structured orientation programs before internship significantly improve preparedness and smooth the transition from student to practising doctor (Cleven et al., 2016; Eze et al., 2023; Z, 2017a). However, direct studies on structured orientation programs are limited, inconsistent or largely absent for medical interns in Nigerian hospitals (Eze et al., 2023). They are not routinely implemented or documented. Many early-career doctors (interns) enter clinical practice through informal, "on-the-job" learning rather than formal induction. This reflects significant gaps in organized transitional support within Nigerian hospitals (Akinpelu et al., 2022; Eze et al., 2023). Similar findings

among Nigerian medical and dental graduates further demonstrate persistent unmet needs for pre-internship preparation and structured orientation (Oginni et al., 2025).

Interns often face emotionally challenging situations, including difficult diagnoses and patient outcomes. (Carlsson et al., 2023), (Chaou et al., 2021) Understanding how interns cope with these emotional stressors and develop resilience can inform strategies for supporting their mental well-being throughout their careers (Winn et al., 2021).

The internship period plays a pivotal role in shaping the professional identity of healthcare practitioners.(Yu et al., 2021) (Yao et al., 2022) Exploring how interns perceive their roles within the healthcare system, their evolving sense of responsibility, and the factors influencing their professional identity formation can contribute to the development of targeted interventions and mentorship programs.

Exploring how interns navigate this transition can offer insights into the effectiveness of medical education programs and identify areas for improvement. Understanding this pivotal phase from the interns' perspective is important for medical educators, healthcare institutions, and policymakers aiming to enhance training programs and support structures. Few studies have evaluated the change from medical student to intern, and little is known about the steps that must be taken to support intern development. (Z, 2017b)

This study assessed the transition from medical students to interns from the Nigerian interns' perspective, as this is essential for policymakers in the field of education and medical education curriculum development experts, as it will provide evidence-based information for optimising medical education, orientation programs and enhancing support structures. This study aimed to assess the preparedness, challenges and opportunities interns encounter during the transition from medical students to interns, ultimately contributing to the continuous improvement of medical training and the overall quality of patient care.

Methods

Study Design: The study employed a descriptive cross-sectional study design.

Study Area: The study area is Rivers State, South-South, Nigeria. It has tertiary institutions that produced medical graduates in Rivers State in the year 2023, and their graduates are doing internships. The University of Port Harcourt is a Federal Government-owned institution with a quota to graduate 150 per each time (though it graduated about 120 doctors in 2023), and the PAMO University of Medical Sciences is a private institution that produced its pioneer set of medical graduates, a total of 40 doctors. Medical graduates from other universities in the country are also posted to tertiary hospitals in Rivers State, like the University of Port Harcourt Teaching Hospital and recently the Rivers State University Teaching Hospital for internship. The PAMO University of Medical Hospital has yet to commence internship programmes. Their medical graduates are posted elsewhere as House Officers/Interns.

Study Population: The study population comprised medical interns from tertiary institutions doing their internship program in Rivers State.

Inclusion Criteria: Medical graduates who are undergoing internship (housemanship) in tertiary teaching hospitals in Rivers State.

Exclusion Criteria: Interns who were too ill to complete the questionnaire at the time of the study.

Sample Size: The sample size formula for cross-sectional studies was used. Cochran's formula for determining the sample size in a descriptive study, as outlined by (Israel, 2013) $n = \frac{Z^2 pq}{e^2}$. In this equation, n represents the desired sample size, Z represents the normal curve, 1.96 at the 95% Confidence Interval, e denotes the precision margin (5%), P represents the proportion of interns who were prepared for their duties and responsibilities (84%, 0.84), and q equals 1-p (16%, 0.16) derived from a similar study (Z, 2017b). Inputting the formula, gave a sample size of approximately 207. A non-response rate of 10% was factored in bringing the sample size to 230. Considering that the total population of medical interns in Rivers State is less than 10,000 the correction factor $N_f = n / 1 + n/N$. Where N_f = corrected sample size, n = is the sample size determined when the total population is > 10,000 and N = is the size of the population from which the sample is to be selected. In this case, 160 doctors. Imputing the correction formula reduced the sample size to approximately 95. Therefore, the required sample size of 95 and was used for this study.

Sampling Technique: A purposive sampling technique was used. A Google Form link was sent to the WhatsApp platforms of the interns in the University of Port Harcourt Teaching Hospital and the Rivers State University Teaching Hospital, with regular reminders from November 2024 to January 2025.

Study Instrument: The study tool was a semi-structured self-administered questionnaire designed by the Researchers after reviewing the literature (Hill et al., 1998; Scicluna et al., 2014; Yu et al., 2021) to gather interns' perspectives on the transition from medical students to interns. then, sending the links to the WhatsApp groups of the medical interns. The questionnaire has three (3) sections: section A is sociodemographic characteristics, section B is on "Preparedness for Hospital Practice, and transition experience. Section C is on Workload, Time Management and Emotional Well-being.

Data Collection Methods: The questionnaire was built using Google Forms, and data was collected by sending the link to the WhatsApp group of house officers in Rivers State.

Measurement of Variables: A 5-point scale was used. The decision rule for the 5-point Likert scale was based on the "criterion mean" score. Values of 3.00 and above were considered as a benchmark. For preparedness, 6 items (total score of 30), a score of zero to 17 was categorised as poor, while 18 and above was categorised as good.

Data Analysis: Data was retrieved from the questionnaires, cleaned, sorted, and pre-processed in Microsoft Excel version 2016, before being imported and analysed using IBM SPSS version 27 by IBM Corporation, Armonk, New York, United States. Categorical data was presented in the form of frequencies and percentages (%). The Chi-square (χ^2) test was utilized to assess the association between independent variables and level of preparedness with significant level at $P \leq 0.05$. Qualitative data analysis for open-ended responses was done after verbatim transcription, through repeated reading by the authors and

familiarisation, open coding, inductive and deductive content and thematic analysis. Inter-rater reliability statistics such as Cohen's kappa were not calculated because the qualitative data were coded by a single analyst. However, analytical rigour was maintained through a systematic thematic analysis employed, including iterative coding, and regular debriefing with authors to review and refine codes and themes, then supported with verbatim quotations to boost transparency and trustworthiness.

Ethical Considerations: Ethical approval was sought and obtained from the Research and Ethics Committee of the PAMO University of Medical Sciences (PUMS/REC/2024/005). Informed consent was sought and obtained from the participants, who were assured of confidentiality

Results

Table 1: Sociodemographic characteristics of the respondents

Variable	Frequency No. n=98	Percentage (%)
Age group		
20-24	25	25.5
25-29	59	60.2
30-34	12	12.2
35-39	2	2.0
Mean = 26 ± 2.9		
Sex		
Female	50	51.0
Male	48	49.0
Medical School attended		
OTHERs	34	34.7
PAMO	10	10.2
UNIPORT	54	55.1
Department of the current rotation		
Medicine	21	21.4
Obstetrics and Gynaecology	19	19.4
Paediatrics	32	32.7
Surgery	26	26.5
Marital Status		
Married/Cohabiting	9	9.2
Single	89	90.8
Have children		
No	92	93.9
Yes	6	6.1

Table 1 showed that most of the respondents were within the age group 25 to 29 years, 59 (60.2%), 50 (51.0%) were females, and 9 (9.2%) were married.

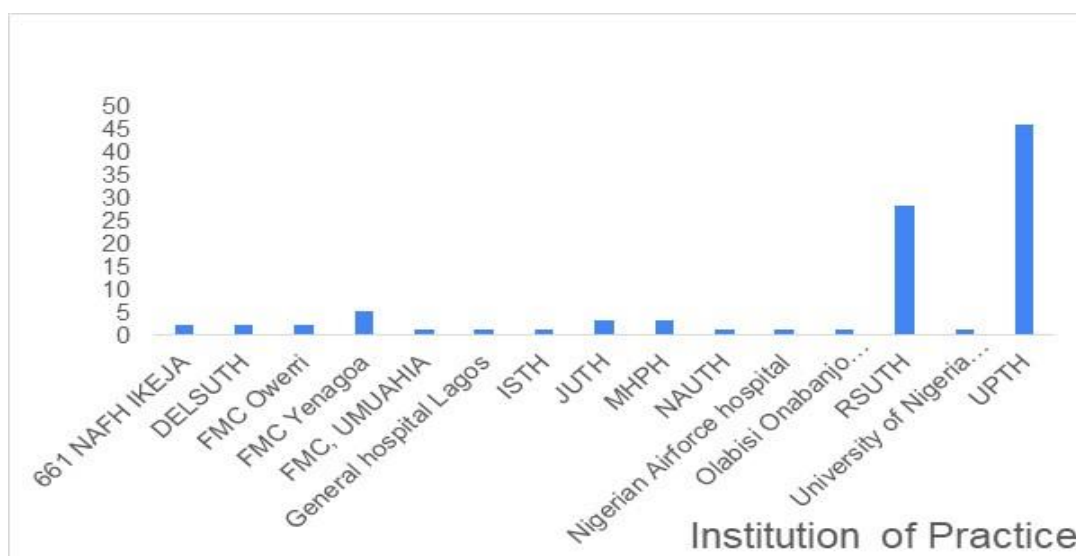


Figure 1: Institution of practice.

Majority of the interns were practising in UPTH and RSUTH.

Table 2: Preparedness for Hospital Practice of the respondents.

Variable	Frequency No. n=98	Percentage (%)
Your medical school adequately prepared you		
Strongly disagree	5	5.1
Disagree	11	11.2
Neutral	30	30.6
Agree	31	31.6
Strongly Agree	21	21.4
Confidence about clinical skills		
Strongly not confident	1	1.0
Not confident	4	4.1
Neutral	25.5	25.5
Confident	48.0	48.0
Strongly Confident	21.4	21.4
Ability to perform essential procedural skills (Grade 1-5)		
Grade 1 (very low)	2	2.0
Grade 2	6	6.1
Grade 3	30	30.6
Grade 4	36	36.7
Grade 5	24	24.5
Ability to pass a nasogastric tube		
Grade 1 (very low)	13	13.3
Grade 2	6	6.1
Grade 3	21	21.4
Grade 4	35	35.7
Grade 5	23	23.5

Variable	Frequency No. n=98	Percentage (%)
Ability to insert an IV cannula		
Grade 1 (very low)	3	3.1
Grade 2	3	3.1
Grade 3	16	16.3
Grade 4	44	44.9
Grade 5	32	32.7
Ability to insert a urethral catheter		
Grade 1 (very low)	2	2.0
Grade 2	4	4.1
Grade 3	19	19.4
Grade 4	33	33.7
Grade 5	40	40.8
Overall Preparedness Level		
Poor	11	11.2
Good	87	88.8

Source: Field Survey, 2024-2025.

Table 2 shows that overall, 87 (88.8%) had a good preparedness level for hospital practice.

Table 2b: Factors associated with the level of preparedness among medical interns.

Variable	Preparedness level (Freq%) n=98		Total (%)	Chi-square (P-value)
	Good =87	Poor =11		
Age group				3.768 (0.288)
20-24	20 (80.0)	5 (20.0)	25 (100.0)	
25-29	53 (71.0)	6 (29.0)	59 (100.0)	
30-34	12 (100.0)	0 (0.0)	12 (100.0)	
35-39	2 (100.0)	0 (0.0)	2 (100.0)	
Sex				0.062 (0.804)
Female	44(88.0)	6 (12.0)	50 (100.0)	
Male	43 (89.6)	5 (10.4)	48 (100.0)	
Marital status				1.253 (0.263)
Married/cohabiting	9 (100.0)	0 (0.0)	9 (100.0)	
Single	78 (87.6)	11 (12.4)	89 (100.0)	
Medical School attended				2.160 (0.340)
OTHERs	31 (91.2)	3 (8.8)	34 (100.0)	
PAMO	10 (100.0)	0 (0.0)	10 (100.0)	
UNIPORT	46 (85.2)	8 (14.8)	54 (100.0)	
Had an orientation				0.284 (0.594)
No	48 (87.3)	7 (12.7)	55 (100.0)	
Yes	39 (90.7)	4 (9.3)	43 (100.0)	

Source: Field Survey, 2024-2025.

As shown in Table 2b, overall preparedness level was not statistically significantly associated with medical school attended ($\chi^2 = 2.160$; $p = 0.334$), or any sociodemographic variable. However, all those within the age 30 to 39 years had good preparedness, likewise those who were married/cohabiting as well as all those who attended PAMO University of medical Sciences (PUMS). A higher proportion of those who had orientation 39 (90.7) had good preparedness compared to those who did not 48 (87.3).

Table 3: Transition Experience of the respondents.

Variable	Frequency No. n=98	Percentage (%)
Readiness for administrative responsibilities		
Strongly not ready	1	1.0
Not ready	8	8.2
Neutral	32	32.7
Ready	31	31.6
Very Ready	26	26.5
Had orientation		
No	55	56.1
Yes	43	43.9
Wish for more training before the internship		
No	55	56.1
Yes	43	43.9
Believe that support systems will enhance the intern experience		
No	67	68.4
Yes	31	31.6

Source: Field Survey, 2024-2025.

Table 3 shows that 43 (43.9%) had orientation before commencement of internship and wished for more training before the internship, 57 (58.15) were ready/very ready, 43 (43.9%) wished for more training.

Table 4: Workload, Time Management, Emotional Well-being and Challenges encountered by interns

Variable	Frequency No. n=98	Percentage (%)
Emotional		
No	45	45.9
Yes	53	54.1
Psychological		
No	69	70.4
Yes	29	29.6

Variable	Frequency No. n=98	Percentage (%)
Ever received feedback on your performance		
Never	6	6.1
Occasionally	56	57.2
often	36	36.7
Had opportunities for professional development		
Never	38	38.8
Occasionally	50	51.0
often	10	10.2
Workload compared to expectations		
Very Difficult	13	13.3
Difficult	21	21.4
Fair	31	31.6
Easy	20	20.4
Very Easy	13	13.3
Emotional well-being and managing stress		
Very easy	3	3.1
Easy	10	10.2
Fair	32	32.7
Difficult	40	40.8
Very difficult	13	13.3

Source: Field Survey, 2024-2025.

Table 4 shows that 53 (54.1%) experienced emotional challenges, while 29 (29.6%) had experienced psychological challenges, and only 13 (13.3%) found it easy/very easy to manage emotional well-being

Findings from the qualitative content and thematic analysis of the open-ended responses to the question on transition experience transitioning from a medical student to an intern:

One of the open-ended questions requested the interns to describe their overall experience. 57 (58.1%) described their experiences as amazing, good, best, and exciting. Another 10 (10.2%) described their experience as overwhelming at first, but it improved over time. Six (6), 6.1% of them described it as bad and stressful. Some quotes from the interns are stated, "I feel 'thrown' into it. Although tutelage is written on paper, it's not done, and if not done properly. At least in the department I started with. I've been told other departments put you through before expecting certain things of you. Being the only HO in my unit is also a big downside, no one to shadow and see how it's done; of course, there's little my senior colleagues can do—considering how long it's been since they observed their own". Another interns' response was "I was not ready for the stress but, it is a beautiful experience"

Another said, "it was chaotic. I think it's important to have an open mind, have options of institutions to do your internship, so if your first choice doesn't work out, you can immediately pursue your 2nd or 3rd choice"

Another said, "It's a process where you seize every chance to learn the most you can. The Greatest enforcer of gaining adequate knowledge is working under an easily approachable senior, especially a consultant, who is knowledgeable and skilled, and willing to teach, exhibits patience and understanding of the learning level that we are and doesn't correct in a negative way."

Table 5: Areas where they felt further training or support was needed

Themes and categories	Examples of responses	Frequency (percentage)
Procedural and clinical skills	IV cannulation, lumbar puncture, suturing, NG tube, phlebotomy, chest tubes	21 (45.7)
Surgery and surgical skills	Surgery, surgical procedures, and more surgical skills	5 (10.9)
Prescription and medication	Giving meds (digoxin, vancomycin), and prescription writing	3 (6.5)
Administrative and documentation	Administration, securing a space, and documentation	3 (6.5)
Patient communication and soft skills	Counselling, communicating with patients, being patient, and managing stress	5 (10.9)
Emergency management	Management of common emergencies	1 (2.2)
Specialty areas	Paediatrics, cardio-thoracic training, and medicine	3 (6.5)
System adaptation and transition	Differences in international training systems (e.g., Ukraine)	1 (2.2)
Social support and life skills	Social life	1 (2.2)
No response/ unclear	None, not sure	3 (6.5)

Source: Field Survey, 2024-2025.

Some quotes: "Hands-on skills, schooling overseas didn't help as that's not the system in Ukraine. Those are entirely post-grad privileges". "Hospital procedures, central cannulation, documentations, chemotherapy process, chest tube insertion, etc"

Table 6: Support or resources received during this transition period.

Theme	Frequency (n = 85)	(percentage)
Guidance & Advice	16	18.8
Mentorship	7	8.2
Encouragement & Emotional Support	6	7.1
Training/Education	5	5.9
Clinical Tools/Exposure	4	4.7
Material Support	3	3.5

Theme	Frequency (n = 85)	(percentage)
Peer/Colleague Support	3	3.5
Mixed Experiences	2	2.4
No Support	39	45.9

Source: Field Survey, 2024-2025.

Guidance and advice were the most common support reported to have been received, some of them also reported formal/informal mentorship relationships, some revived emotional or motivational and peer supports. A large proportion reported no support at all. There were also a few nuanced responses about poor orientation but helpful senior colleagues. One of the respondents said, "The support in terms of orientation, I believe, is too inadequate. We weren't told about medications like Dopamine, Vancomycin, etc, and one could easily make a mistake giving these for the first time. You learn most things by yourself from asking or from a bad experience; luckily, I had none".

For emotional and psychological challenges, interns who responded in the affirmative specified the emotional and psychological challenges they encountered:

Some of the themes / categories and quotes include patient death/loss, "Death of a patient", "Sudden loss". Toxic work culture/abuse, "Toxic Consultant", "Insults", "Verbal abuse". Burnout and workload, "Burnouts", "Staying up at night". Difficult patients/relatives, "Patient abuse", "Troubles from relatives". Psychological distress, "Depression", "Financial stressor". Systemic/institutional problems, "Extra weeks", "Unfair questioning". No clear challenges/ unclear input, "None yet", "Nothing", "Omo".

Table 7: Coping methods for emotionally challenging encounters interns employed.

Themes and categories	Examples of responses
Religious coping	Praying, trusting God, introspection, prayer, combined with advice/comfort
Emotional Suppression / Avoidance	"Just move on", "let it go", "I avoid it", "just looked away", "I haven't yet", "I just let things be"
Emotional release	Crying, letting out bottled emotions, crying a lot
Social Support	Talking to friends, speaking with superiors or parents, "we talk over it"
Distraction and Relaxation	Listening to music, playing football, visiting family, sleeping
Self-talk / Reflection	Reassurance, introspection, self-motivation, understanding it's part of the job
Professional Attitude and Growth	Accepting it as "part of the process", outlining shortcomings and improving, patience/perseverance
Minimal or No Coping	Responses like "not good", "nothing", "suppressed", "Omo" (indicating distress or disbelief)
	"Time handles it", "I slept over it", "give it time"
Unclear / Ambiguous Responses	"Co morbidities", "unable to help a patient", "losing a patient not under my unit" (describe events, not coping)

Source: Field Survey, 2024-2025.

Table 8: Interns’ recommendations for medical schools to better prepare students for the transition.

Themes and categories	Examples of responses
Emphasis on Hands-On Clinical Skills	"More hands-on clinical practice and experience"
Increased Clinical Exposure (Including Night Calls)	"Clinical skills like IV Canulations, sample collections, prescriptions, etc", "Hands-on teaching approach" "Adequate clinical exposure. Especially night calls. "Attend calls and get a lot of clinical experience" "More exposure to deep clinical practice while in school"
Improved Teaching and Supervision	"Improve the quality of teaching", "Increase the number of staff for better tutoring" ", Teaching clinical skills in final year"
Orientation and Preparation	"Orientation for final medical student", "Just be ready to face the real world", "Organising workshops and seminars to boost their clinical skills"
Support and Encouragement	"Support" "Advise medical students", "Always draw all medical students close"
Curriculum and Policy Suggestions	"Setting procedure requirements as part of the criteria going to the next class", "If they can reduce medical school to four years", "To add computer training"
Non-Responses and Ambiguous	"None ", "Nothing", "NA"

Source: Field Survey, 2024-2025.

Other quotes from interns are: "I think med schools' curriculum is fine; however, a period of shadowing/observer ship should be mandatory before official duty commences. It's really not nice learning the ropes while you're already in the heat of it." "Have small group discussions and good functioning skills lab to help out" "If they can reduce medical school to a four-year program" "Improve the quality of teaching" "Increase the number of staff for better tutoring", "Medical schools should teach and allow medical students to perform hands-on procedural skills. Medical schools should monitor students during call period to ensure they are learning adequately and not roaming about."

Discussion

The findings in this study revealed that majority of the interns had good preparedness level for hospital practice. This agrees with the findings of the study on "Interns Preparedness for Hospital Practice" which reported 37% were prepared for professionalism before intervention and improved to 90 % post intervention(Z, 2017b): The preparedness for internship increased from 30.7% to 42.5%. This suggests that the academic training and clinical exposure they received while in the university before internship were largely effective in preparing students with the basic competencies needed for the transition to professional practice. However, despite good preparedness level, it did not eliminate the desire for further capacity building.

The paradox of high perceived preparedness among Nigerian medical interns despite limited formal orientation can be explained through both educational theory and the peculiarity of local context. Experiential learning theory suggests that competence develops through active engagement and reflection on real-world clinical responsibilities (Sugarman, 1987), and Nigerian interns often acquire substantial hands-on experience during undergraduate rotations (Oginni et al., 2025). A Nigerian study highlights that interns frequently rely on informal guidance from senior colleagues and peer support rather than structured orientation, highlighting the compensatory role of practical exposure (Mato et al., 2022). However, such informal mechanisms may foster clinical confidence, they may not address emotional readiness or system navigation, which are important components of comprehensive internship orientation.

Remarkably, less than half of the respondents had undergone any orientation before commencing their internship, and a similar proportion expressed a clear need for additional training. This highlights a gap in pre-internship transitional support that needs to be strengthened to foster confidence and readiness for real-world clinical responsibilities. In terms of perceived readiness, a little over half felt ready or very ready for the internship experience. While this is encouraging, it also implies that a significant proportion remained uncertain or insufficiently prepared, reinforcing the importance of structured and comprehensive orientation programs. The study by Zayapragassarazan et al., showed that structured orientation improved interns' preparedness and readiness for hospital practice (Z, 2017b).

Furthermore, the emotional and psychological dimensions of preparedness revealed notable challenges. More than half of the respondents experienced emotional difficulties during the internship period, and nearly one-third (29.6%) reported psychological challenges. The majority felt they received no support, which suggests a significant gap in transition preparedness for interns. However, advice, mentorship, and emotional encouragement were the most appreciated forms of support among those who received any. The supports were mostly informal, such as guidance from seniors or peers. Formal resources (orientation, booklets, training) were infrequently mentioned and sometimes criticised as inadequate. Skills that needed further training were procedural and hands-on dominated the responses (e.g., IV access, NG tubes, suturing, etc.). This finding was similar to that from previous studies which showed that some of the house officers had difficulty with these skills, even though they had clinical skills laboratory in their medical schools (Ijah, Aaron, et al., 2023; Mato et al., 2022). There is a moderate demand for surgical skills, particularly among those preparing for theatre rotations. A significant minority sought training in communication and emotional intelligence, an often-overlooked area. Administrative tasks (e.g., securing a space, documentation) emerged as a surprising theme, suggesting students feel unprepared for non-clinical duties.

A study in East Africa shows that studies reveal that interns face inadequate supervision, insufficient support, and stress, indicating that support and transition challenges are not

unique to Nigeria but are also prevalent in resource-constrained health systems regionally (Zhao et al., 2023).

In contrast, UK foundation (1 year) doctors receive more formalised transitional support mechanisms such as induction programmes designed to promote preparedness and confidence in hospital systems, though many still report deficits in practical skills and confidence in areas like prescribing and hospital systems during early clinical practice (Gale & Khalil, 2022).

Thematic Categories of Challenges

The findings from this study agree with other studies (Kassim et al., 2016; Sitobata & Mohammadnezhad, 2022), which stated that intern doctors are faced with several challenges during their internship such as:

- i. **Losing patients:** This was one of the most reported challenges. It evokes feelings of helplessness, grief, and self-doubt; some interns feel responsible or powerless. "Death of a patient", "Sudden loss of patient", "Seeing someone die", "Losing a patient", "was questioned concerning a mortality".
- ii. **Toxic Work Environment and Abuse:** Hierarchical abuse and toxic supervision are significant psychological stressors. Interns reported humiliation, emotional trauma, and a lack of support from superiors. Some of their responses include "Emotional abuse from residents", "Insults from seniors", "Harassment", "Verbal abuse", "Toxic Consultant... power drunk Medical Officer".
- iii. **Overwork and Burnout:** Long work hours and heavy responsibilities, without adequate rest or support, contribute to exhaustion and burnout. Responses include - "A very stressful call", "The workload", "High workload and scolding", "Burnouts", "Staying up at night"
- iv. **Difficult Patients and Relatives:** Dealing with uncooperative or abusive patients and their families adds emotional strain and can disrupt clinical work. "Attitude of some patients", "Patient abuse", "Disturbance of patient relative", "Patient relative trouble"
- v. **Psychological Distress:** Emotional breakdowns, financial difficulties, or vague responses (like "Omo") suggest emotional overload, apathy, or mental health decline. "Depression", "Financial stressor", "Nothing", "Omo"
- vi. **Systemic Challenges and Injustice:** Unfair policies or arbitrary punishments create feelings of powerlessness and resentment, indicating systemic gaps in intern welfare. Some of the responses include "Staying 3 extra undue weeks for no good reason", "Questioned concerning a mortality"

With these overwhelming challenges, only a small proportion (13.3%) found it easy to manage their emotional well-being, suggesting that coping strategies and mental health support services may be inadequate or underutilized.

Overall, these findings underscore the need for institutions and health facilities to provide more robust transition support systems, including mandatory structured pre-internship

orientation, mentorship programs, and accessible mental health support. Institutions having a policy of zero tolerance for patient relative abuse of staff and posting them in several strategic locations in the Hospital, for instance, would discourage patients' relatives from verbally attacking staff and help protect interns. Strengthening these components may not only enhance preparedness and professional competence but also improve emotional resilience and well-being among interns.

Limitations and Strength of the Study

The study used a cross-sectional design which captured perceptions and experiences at a single point in time, which limits the ability to establish causality or observe changes over time. Also, the relatively small sample size limits the generalizability of the findings. However, due to the depth and breadth provided from the open ended /qualitative responses, the findings' richer context that reflect real-life experiences of interns, and deeper understanding of the emotional and psychological challenges reported make the results useful for institutions and policymakers seeking to improve internship training programs.

Conclusion

This study reveals that while most of the participants reported good preparedness for hospital practice, gaps remain in pre-internship orientation, emotional readiness, and psychological support. Although over half felt ready to begin internship, a considerable proportion desired further training, and many experienced emotional and psychological challenges during the transition to clinical practice. There is need for structured pre-internship orientation, supervisory support, and accessible mental health resources within training institutions and healthcare facilities. Strengthening these areas may enhance both professional competence and emotional resilience, thereby improving the overall internship experience and quality of care delivered. Future research could build on this work using longitudinal designs to assess how preparedness and coping evolve throughout the internship period.

Declaration of Interests: Authors declare no conflict of interests.

Source of Funding: The research was self-funded.

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