

Challenges during transition period in pandemic settings among new nurses

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Abstract

Recent nursing graduates and newly hired nurses find it challenging to transition from theory to practice in situations with significant risks. The pandemic worsens nurses' already stressful jobs. The nurses, one of the primary healthcare systems fighting COVID-19, are at a greater risk of infection due to their essential role in patient diagnosis and treatment. Lack of PPE, hard workloads, inadequate medications, and insufficient assistance make the COVID-19 pandemic more dangerous. This study focused on the three (3) transitional stages, the doing phase, the being phase, and the knowing phase. Duchscher's Stages of Transition Theory and Transition Shock Model in correlation to demographic profiles of the respondents via survey tool at the same time the lived experiences extracted from the semi-structured questionnaire were utilized in the study. Moreover, in order to help new nurses through the transition and improve retention rates, the researcher recommended this study to examine the difficulties they confronted. By means of a mixed method approach, the study utilized descriptive correlational and thematic analysis to evaluative the results. The purpose of descriptive studies was to describe the nature of the phenomenon under investigation after a survey of current trends, practices and conditions that relate to that phenomenon while the qualitative was to generate themes that will view the lived experiences of newly-hired nurses and their challenges during the transition period of pandemic. Sixty of eighty-four (60/84) respondents completed the survey questionnaire, and five were interviewed using purposive sampling. Private and government Lipa City hospitals have been investigated. In the aftermath of the COVID 19 pandemic, accurate and up-to-date information and guides were essential for patient and healthcare staff safety. When divided into demographic profiles based on age, sex, civil status, hospital type, and years of experience, there was no statistically significant difference in the level of transitional challenges they confronted in the doing, being, or knowing phases. However, connecting the "doing" and "being" phases yielded considerably different results for the allocated nursing department. The knowing phase demographic variable showed no statistically significant difference between the two groups. Thus, new nurses faced the same learning challenges regardless of their nursing area. In the thematic

approach, based on Giorgi's Existential Phenomenological research method, three themes were generated in each of the transitional stages. The themes under the doing phase were adjusting to new roles and responsibilities, Integration into Team-Oriented Environment, and Factorial Uncertainty and Jeopardizing Patient Care. The Being Phase comprised themes such as Rapid Shift of Critical Thinking, Upgrade of Knowledge, and Skills Competency and Context of Role Transition as a Learning Opportunity, and lastly, the Knowing phase themes were Intensified Personal and Professional Well-Being, Stress-Resilient Nurse in the Making and Positive Sense of Professional Responsibility all generated from the transcribed responses that came from the participants.

Keywords: COVID-19 pandemic, newly-hired nurses, safety performance, transition challenges

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1. Introduction

The demanding and possibly high-stress circumstances in which nurses work get increasingly more challenging when the pandemic begins. Nurses have a significant risk of infection owing to their direct engagement in the diagnosis and administration of patient care as one of the key healthcare systems at the forefront of the fight against COVID-19. Inadequate personal protective equipment, workload pressure, a lack of effective drugs, and insufficient support all add to the difficulties and dangers of the COVID-19 pandemic setting. Since the pandemic began in 2020, it had an impact on the area of nursing, particularly nursing education. Tens of thousands of nursing students' education was being radically changed, with onsite teaching being replaced with online synchronous education and minimal face-to-face learning. Furthermore, most hospitals and clinics were in a critical state, necessitating the hiring of both experienced and novice nurses, as well as an increase in duty and pressure. Furthermore, transferring information from a nursing degree to a clinical context was a difficult undertaking since nurses needed time to acclimate to their new identities, tasks, and responsibilities. However, because of the necessity, the epidemic had made it more difficult for new nurses to adjust.

The process of shifting from one state of being to another is known as transition. For new nursing graduates and newly recruited nurses, the shift from theory to practice is the most difficult, emotionally taxing, and nerve-racking experience since they are expected to offer careful nursing care in a high-risk setting. Numerous studies have found that the transition phase produces stress, which can lead to burnout and higher nurse turnover. Furthermore, studies believe that the pressures connected with the transition from nursing school to practice have the greatest influence in the first year, but they may have long-term implications for nurses' careers. This is mostly due to heavy workloads, a lack of mentoring, and a sense of being unprepared for practice, particularly when caring for patients with complicated medical diseases like COVID-19. As a result, healthcare organizations must understand how changes in the healthcare environment affect new graduate nurses joining the field. This research investigates the barriers to successful integration of new nurses into the workplace, as well as potential solutions.

In the ever-changing healthcare industry, one thing that remains is the demand for nurses, and the need is more critical now than ever before. Clinical practices are under added pressure to operate in a lean, efficient manner due to shrinking reimbursements, increased regulatory oversight, and increased consumerism. This pressure demands that education programs produce nurses who are work-ready from the moment they flip their tassels. With these obstacles in nursing education and the status of nurses exacerbated by the pandemic, the researcher, as one of the nurses, sought to identify the challenges of the transition phase encountered by newly hired nurses during the pandemic. The researcher presented this study to examine the issues that new nurses confront in order to give insights to clinical trainers in order to smooth the transition and boost retention rates.

Objectives of the Study - This study aimed to determine the challenges encountered during the transition period among newly hired nurses in order to provide insights to clinical trainers to facilitate the transition, and to increase the retention rate. Specifically, this study described the profile of the respondents in terms of age, sex, civil status, type of hospital affiliated, nursing department assigned, and years of working experience. It also determined the extent of transitional challenges the newly hired nurses experienced during the pandemic in terms of the doing phase, being phase, and knowing phase. Furthermore, it determined if there was a significant difference in the transitional period of the respondents when grouped according to profile and evaluated if the transitional period during the pandemic significantly affected the performance of newly hired nurses. Lastly, it proposed interventions based on the findings

Theoretical Framework - The study centered on Duchscher's Stages of Transition Theory and Transition

Shock Model, which considered reality shock, transition theory, role adaptability, and growth in the development of new graduate nurses. According to the Stages of transformation Theory, transformation occurs in three stages: doing, being, and knowing. Graduate nurse role transition, according to Duchscher, is a nonlinear transformation process that takes the new practitioner through many developmental, professional, intellectual, emotional, skill, and role-relationship adjustments. The three phases are framed as transition shock which occurs in the first three to four months of transition, and transition crisis occurs approximately eight to nine months into the new graduate registered nurses' (NGRNs) initial twelve months of clinical practice. The first three to four months of practice are referred to as the "doing" phase. During this stage, you will be adapting to new duties and responsibilities as well as integrating into a team-oriented workplace. The "being phase" lasts four to five months and is marked by a rise in knowledge level, skill proficiency, and critical thinking that is constant and quick. When a new nurse realizes a shift in personal and professional socialization, acknowledges the consequences of stress on oneself, and moves from a position of uncertainty and abilities to irritation with the system and is at the bottom of the pecking order, they have reached the "knowing" phase. This theory emphasizes the significance of the work environment and conditions that new graduate registered nurses experience.



Figure 1. Duchscher's Stages of Transition Theory

Casey, et. al., (2021) study on the lived experiences of graduate nurses transferring to professional practice during the pandemic demonstrates that graduate nurses experienced rapid-fire growth in their transition to practice. This highlights the significance of graduate nursing support and an educational basis for role transition into professional practice, especially during a pandemic. Another research conducted by Wynne, et. al., (2021) discovered that rookie nurses had considerable obstacles during the doing phase due to a lack of experience and confidence. During the being phase, rookie nurses experienced emotional tension and worry as a result of their participation in COVID-19 care. Finally, during the knowing phase, rookie nurses struggled to sift contradictory information and keep up with the pandemic's quickly changing nature.

Conceptual Framework - This framework shows the overall outline of the study. It can be expressed by using the input-process-output (IPO). The researcher's aim was to assess the challenges of the transition period of newly hired nurses during the pandemic in hospitals in Lipa City. The conceptual framework illustrated the main thrust of the study. It consisted of the researcher's stance on the problem after being exposed to various theories that have a bearing on the problems. The Input-Process-Output model was used in Figure 2 to show the study's direction. Figure 2 depicts the conceptual paradigm that the researcher used to examine the transitioning phase during the pandemic. Input-Process-Output was appropriate for the study since the researcher's primary objective was to provide intervention techniques that identified the obstacles faced by newly recruited nurses throughout the transition period.

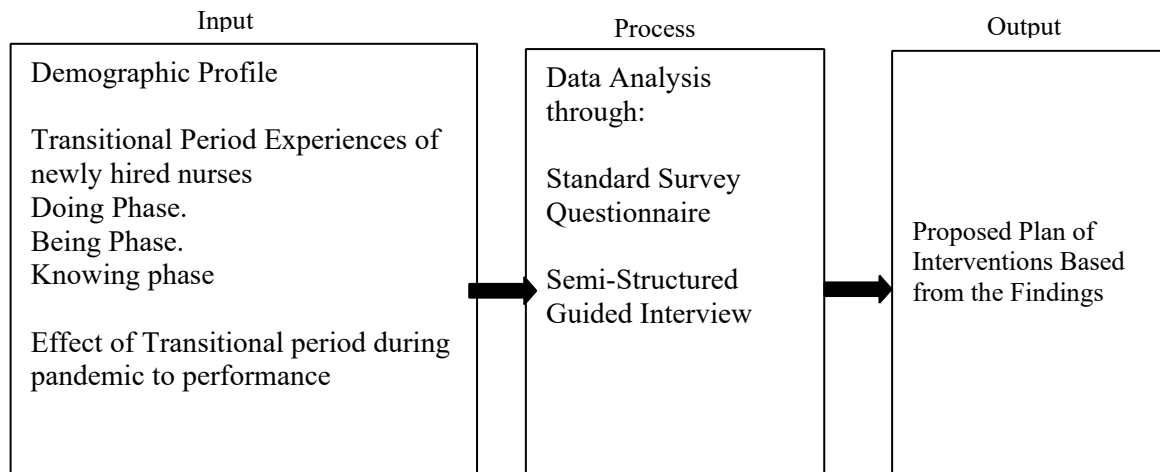


Figure 2. Conceptual Framework

The researcher addressed the issues raised in this chapter by assessing the demographic data of the respondents as well as the transitioning period experience of newly employed nurses in Lipa City hospitals. The researcher intends to develop intervention strategies to provide insights to clinical trainers to facilitate the transition and increase the retention rate using questionnaires created by the researcher and interpreted using the statistical treatment that resulted in the study's analysis and evaluation.

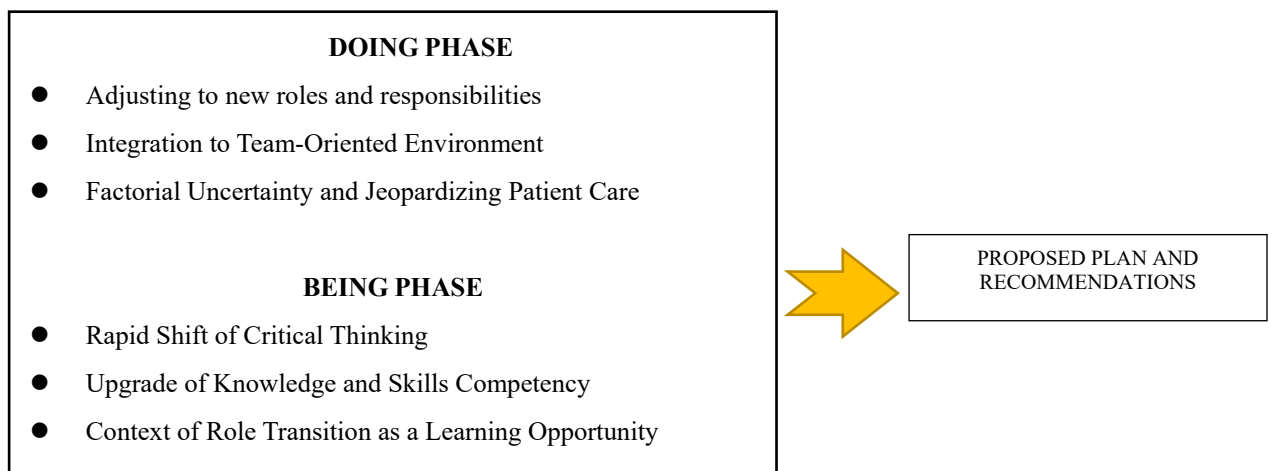


Figure 3. Thematic Analysis

The above table illustrates the study's topic analysis. In conjunction with the study's inclusion criteria and the goal of analyzing the transitional phase during the pandemic, the researcher interviewed five (5) newly-hired nurses to further expand their understanding of the transitional stage during the pandemic. It was compiled from the raw transcribed replies based on Giorgi's Existential Phenomenological research approach. Three themes were generated in each of the transitional stages. Under doing phase were Adjusting to new roles and responsibilities, Integration to Team-Oriented Environment, and Factorial Uncertainty, Jeopardizing Patient Care. Being Phase was composed of themes such as Rapid Shift of Critical Thinking, Upgrade of Knowledge, Skills Competency, and Context of Role Transition as a Learning Opportunity. Lastly, the knowing phase themes were Intensified Personal and Professional Well-Being, Stress-Resilient Nurse in the Making, and Positive Sense of Professional Responsibility all generated from the transcribed responses that came from our participants.

2. Methods

Research Design - This study was designed to determine the challenges during the transition period in pandemic settings of new nurses in Lipa City with the end of proposing intervention strategies. With this, mixed method of research was fit to use by the researcher. According to George (2022), mixed methods research combines quantitative and qualitative research aspects to solve your research issue. Because it incorporates the strengths of both methodologies, mixed methods can provide a more comprehensive picture than solo quantitative or qualitative research. It is frequently utilized in behavioral, health, and social sciences research, particularly in interdisciplinary settings and complicated situational or societal studies. Mixed methods research designs are classified into several sorts. The distinctions between them are related to the purpose of the research, the timing of data collection, and the weight given to each data type. In relation to the study, the researcher used a convergent parallel design, in which quantitative and qualitative data were collected concurrently and then evaluated independently. Following the completion of both studies, the data were compared to reach general conclusions.

The quantitative technique was employed for objectives 1, 2, and 3; a descriptive correlational research design was used to evaluate associations between variables without the researcher influencing or modifying any of them. The degree and/or direction of the association between two (or more) variables was reflected in the correlation. A correlation's direction might be either positive or negative (Bhandari, 2022). According to the research, this entails describing, recording, analyzing, and interpreting the current nature, composition, or processes of phenomena of the nurse's demographic profile, determining the extent of transitional challenges in terms of doing, being, and knowing phase, and determining the correlation between the variables. Whereas a qualitative technique was employed to address the objective of research number 4. The interpretation of transcribed replies from the target five (5) respondents acquired via a semi-structured interview guide was used in this study. The individuals' distinct living experiences were highlighted using a qualitative phenomenological technique. This form of qualitative design, according to Grand Canyon University (2017), citing Polit and Beck (2012), leverages exploratory research to provide insight into attitudes, motivations, and underlying causes. This section of the study looked into and reported the lived experiences of newly employed nurses during the pandemic in Lipa City, Batangas.

Setting and Participants - Based on a census conducted prior to data collection, the study's target respondents were eighty-four (84) nurses who were employed and began working in the year 2020 or later. The responders were drawn from several hospitals in Lipa City. Unfortunately, owing to a variety of issues such as participant unavailability (some were on leave) and clashing schedules, it was limited to sixty (60) responders. Prior to statistical interpretation, the thesis adviser and statistician were notified to guarantee that the data analyzed were legitimate to support the study. In connection with this, purposive sampling was also used to generate a list of possible respondents who were qualified to participate in the study. Purposive sampling is most effective when the study demands a specific answer from subject matter experts, which fits the respondents of the study because they have lived experiences as clinical nurses.

Data Gathering Instrument - A researcher-made questionnaire was used as the main instrument for gathering information from the selected hospital nurses in Lipa City, on top of which was a semi-structured questionnaire with open-ended questions to further evaluate the challenges experienced by newly hired nurses. To create the questionnaire items, the researcher used books and other sources. After designing the questionnaire, the researcher presented it to the adviser and academic experts for feedback, ideas, and recommendations. The researcher performed and disseminated the questionnaire to the intended respondents after receiving approval. In addition, the researcher interviewed clinical nurses to acquire a deeper grasp of their experiences and narratives. The researcher utilized semi-structured questions to interview study participants.

Data Collection Procedures - The researcher obtained relevant information and facts from various publications, journals, paper reviews, electronic data, and other researchers' investigations. Before distributing the

questionnaires, the researcher had them validated and approved by the advisor. The researcher then met with the Medical Director and the Human Resources Department to obtain approval to perform the study. Following the completion of the research instrument, the researcher conducted the real survey using a Google form, tallied the replies, conducted the statistical analysis, and wrote the relevant findings. The researcher followed ethical guidelines when conducting the study and appropriately obtained consent from the respondents to be the topic of the investigation.

Data Analysis - The respondents' profile was described using frequency and percentage distribution in terms of hospital type, department, age, gender, civil status, and years of experience. The weighted mean and rank were used to assess the problems faced by newly employed nurses throughout the transition period in terms of the doing phase, being phase, and knowing phase. The Shapiro-Wilk Test revealed that the p-values for all variables were less than 0.05, indicating that the data set was not regularly distributed. As a result, the Mann-Whitney test was utilized as a non-parametric test to evaluate significant differences between the two groups. SPSS version 25 was used for all analyses. Meanwhile, the open-ended questions interview used to assess the experiences of newly employed nurses were meticulously evaluated and collated to support survey questionnaire findings.

Giorgi's Existential Phenomenological Research Method

This section of the research was examined and interpreted using Giorgi's phenomenological technique, as shown in Figure 4. Giorgi's descriptive phenomenological research was used to investigate the lived experiences and fundamental structure of five (5) newly-hired nurses during the pandemic era in chosen hospitals in Lipa City, Batangas. Giorgi's technique emphasized disclosing the vivid meaning of the participants' experiences; it detailed each participant's unique experience; and it combined the participant's full experience based on changes in context, relationships, time, and viewpoints to deduce a general structure.

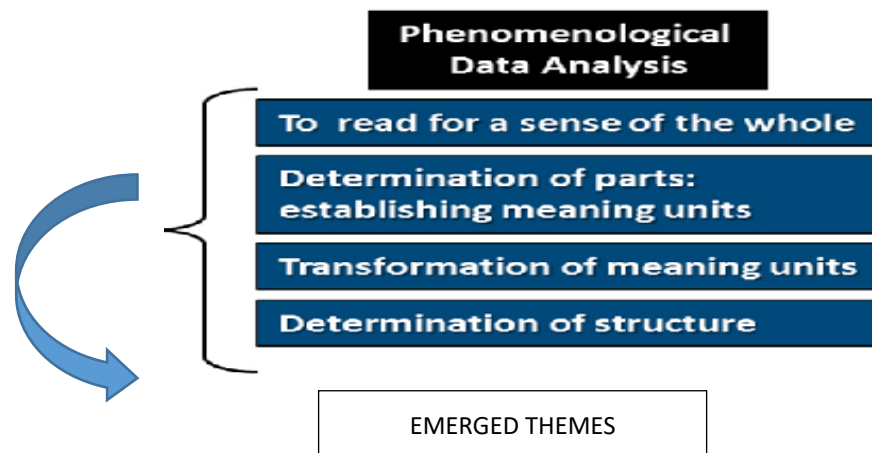


Figure 4. Giorgi's (1985) 4-step method to Phenomenological Data Analysis (cited from Christensen, M. (2017). *The empirical-phenomenological research framework: Reflecting on its use. Journal of Nursing Education and Practice, 7, 81.*)

Figure 4 displays Giorgi's analytical methods for descriptive phenomenology, which will be employed for data analysis. Meaning units will be extracted from obtained data throughout the encoding procedure. A specific analytical procedure was used.

First, the collective statements of each of the five (5) target participants were evaluated multiple times from start to finish to identify the general inflection of the data. This phase's purpose was to determine the overall relevance of the data, which served as the foundation for subsequent research. The researcher deliberated the meanings implied by the statements with a phenomenological perspective after repeatedly listening to the recording and reading the manuscript in order to comprehend the meanings expressing the experiences of the

participants from their perspectives while maintaining as much validity and reliability as possible.

The second phase necessitates distinguishing meaning units from a phenomenological psychology perspective by focusing on the phenomena addressed by the study topic. Regardless of communication and vocabulary techniques, those statements judged relevant in expressing the work experiences of on-shore and off-shore nurses will be separated as meaning units. Throughout this approach, several essential remarks related to the experiences of the participants will be recovered. In the following step, participants' real experiences were converted into academic descriptions while the meaning units developed for theme development were examined. The method's heart was in the third step. The researcher validated the findings by substituting overlapping meaning units with a single meaning unit. By putting these units in a table, the researcher was able to compare them to one another and associate them with an overarching meaning, transforming them into the most appropriate phrases. As mentioned by Giorgi, terms and idiomatic phrases that are sufficiently appropriate in real life were used, and where an academic term was unavailable, the meaning units were grouped using the participant's terminology.

Finally, the fourth stage included discovering the substance of the units by defining and integrating the phenomenon's core structure based on the revised meaning units. The classification and categorization judgments were incorporated and modified by the researcher into the themes. Following that, a review was undertaken to see if the themes were present in each participant's remarks, and these themes were combined to describe the core structure. Furthermore, different researchers engaged in transcendental phenomenology employed various ways to obtain these reductions. In combination with this analysis, the researcher employed Giorgi's Existential Phenomenological Research Method (Neubauer, et. al., 2019). Rather of focusing on what is expected of an experience and basing it on previous beliefs and prejudices, phenomenological research elucidates what the experience really gives.

Ethical Consideration - The research instrument proponent, hospital administration, and the research ethics committee all had to approve the study before it could begin. A letter of consent was issued to the respondents for legal consideration in order for the researcher to collect the respondents' viewpoints. The goal of the study was explained to the nurses who took part in this study. Participants were advised that they may opt out of the research if they did not intend to finish it. Furthermore, all nurses who participated in this study provided legal consent while maintaining their identity and confidentiality.

3. Results and discussion

Table 1

Summary Table on Level of Transitional Challenges Experienced by Newly Hired Nurses

Key Result Area	Composite Mean	VI	Rank
Doing Phase	2.95	Experienced	2
Being Phase	2.79	Experienced	3
Knowing Phase	3.25	Experienced	1
Grand Composite Mean	3.00	Experienced	

Table 1 presented the summary table on level of transitional challenges experienced by newly hired nurses. It is important to understand how nurses experience different phases of transition particularly during the COVID-19 pandemic. In all the key result areas, nurses faced challenges related to knowing (i.e., acquiring knowledge and skills) which got the top rank with a mean of 3.25 followed by the doing phase (i.e., putting knowledge and skills into practice) with a mean of 2.95 and the being phase (i.e., developing a professional identity and sense of belonging) having the most least composite mean of 2.79 all verbally interpreted as experienced. The grand composite mean of the three phases is 3.00 which is also verbally interpreted as experienced. In terms of the knowing phase, Papathanasiou et al. (2019) observed that nurses' attitudes and

perceptions on change were important determinants in their adaptation to unfamiliar conditions. Positively minded nurses were more likely to learn new skills and adjust to changing circumstances. Regarding the doing phase which ranks next, Khater et al. (2018) stressed the importance of organizational support in allowing nurses to integrate evidence-based practice throughout the doing phase. Nurses may require additional assistance and resources during the COVID-19 pandemic to execute new infection control and patient care standards and procedures. And lastly, a study by Esmailpour, et. al., (2019) stressed the relevance of professional identity creation throughout the initial period of nursing practice in their study. It may be difficult for nurses to preserve their professional identity and sense of connection to their colleagues during the COVID-19 pandemic, when social distancing techniques and other circumstances may restrict possibilities for in-person engagement. During the COVID-19 pandemic, nurses may have difficulties in the stages of doing, being, and knowing. Nonetheless, organizational support, openness to change, and the formation of a professional identity can assist nurses in adapting and evolving throughout this period.

Table 2

Difference of Responses on Level of Transitional Challenges Experienced by Newly Hired Nurses When They Are Grouped According to Profile

Profile Variables	U	p-value	Interpretation
Age			
Doing Phase	409.500	0.807	Not Significant
Being Phase	392.000	0.609	Not Significant
Knowing Phase	379.500	0.483	Not Significant
Sex			
Doing Phase	374.500	0.955	Not Significant
Being Phase	339.000	0.527	Not Significant
Knowing Phase	317.500	0.327	Not Significant
Civil Status			
Doing Phase	401.500	0.589	Not Significant
Being Phase	375.000	0.347	Not Significant
Knowing Phase	403.500	0.609	Not Significant
Type of Hospital			
Doing Phase	57.000	0.103	Not Significant
Being Phase	73.500	0.252	Not Significant
Knowing Phase	95.000	0.613	Not Significant
Nursing Department Assigned			
Doing Phase	289.000	0.020	Significant
Being Phase	245.000	0.003	Significant
Knowing Phase	325.000	0.072	Not Significant
Years of Working Experience			
Doing Phase	326.500	0.077	Not Significant
Being Phase	356.500	0.184	Not Significant
Knowing Phase	400.500	0.502	Not Significant

It was significant in this study to explore whether demographic factors, such as age, sex/gender, civil status, type of hospital affiliation, nursing department assigned, and years of nursing experience, had an impact on nurses' ability to navigate the different phases of the pandemic transition.

Table 2 above revealed that there was no statistically significant difference on the level of transitional challenges experienced by newly hired nurses in terms of doing phase, being phase, and knowing phase when they were grouped according to age, sex, civil status, type of hospital and years of working experience because the computed p-values were greater than 0.05. Moreover, the level of transitional challenges experienced by newly hired nurses in terms of three phases was the same regardless of the demographic variables age, sex, civil status, type of hospital affiliated, and years of work experience. A study by Al Thobaity and Alshammari (2020) discovered that demographic factors such as sex/gender and years of nursing experience were not significantly associated with nurses' knowledge, attitude, and practice regarding infection prevention and control during the COVID-19 pandemic.

On the other hand, the above table showed that in terms of nursing department assigned, there is a significant difference under doing and being phase revealing computed values less than 0.05. While on the contrary, statistically wise the knowing phase in correlation to the demographic variable nursing department assigned was found to have no significant difference because the computed p-values were greater than 0.05. Thus, the level of transitional challenges experienced by newly hired nurses in terms of knowing phase is the same regardless of their nursing department assigned. In connection to this, It counts to determine whether the assignment of the nursing department to a special area or a ward affects nurses' ability to navigate the various phases of pandemic transition.

According to research, the relationship to the doing and being phase of pandemic transition may fluctuate significantly depending on the nursing department's assignment. Sun et al. (2020), for example, observed that during the COVID-19 pandemic, nurses working in intensive care units (ICUs) reported greater levels of stress, worry, and weariness than those working in other hospital departments. According to Iyengar et al. (2020), nurses working in COVID-19 classified units reported greater levels of tension, anxiety, and depression than those working in non-COVID-19 designated units. These studies imply that assigning nurses to a unique location or a ward may have a significant impact on their ability to traverse the many stages of pandemic transformation. Variables such as exposure to high-risk patients, workload, and the availability of personal protective equipment (PPE) may affect nurses' tension, anxiety, and well-being during the pandemic, depending on the nursing department's assignment. Overall, these findings highlight the importance of considering the nursing department's assignment when assessing nurses' ability to navigate the various phases of pandemic transition and when providing appropriate support and resources.

Table 3

Thematic Analysis of Responses of Participants

Themes	Participant's Responses	Related Literature
DOING PHASE		
<p>1. Adjusting to new roles and responsibilities.</p> <p>In the nursing profession, transitions refer to the process of adapting to new roles and responsibilities, which can occur during any point in a nurse's career. The</p>	<p>Respondent A: " Working on long hours mam, tapos nung nagstart po ako, May, tumaas ulit ang cases that time mam. Akala ko wala ng Covid, pero ang dami pa din."</p> <p>Respondent B: " Hmmm, hardest part is going to patient on PPE and wearing PPE for long hours."" nasanay na lang po ako mam, pero noon iniisip ko palagi, this is my protection, i need to be more</p>	<p>Wang et al. (2021) investigated the effect of nurses wearing PPE for lengthy periods of time during the pandemic. According to the study, long-term usage of PPE was related with higher physical and psychological suffering among nurses. However, the purpose of PPE is to protect nurses and their families from work dangers, to limit the</p>

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<p>COVID-19 pandemic has had a significant impact on nursing, resulting in rapid changes in practice, increased workload, and increased stress levels for nurses. These changes have highlighted the importance of effective nursing transitions, particularly during times of crisis.</p>	<p><i>vigilant”.</i></p> <p>... “ <i>Adjusting to new SOP and protocols. Madaming dapat tandaan, lalo na mam that time mataas cases ng covid natin, laging updated ka dapat sa mga protocols.”</i></p> <p>Respondent C: “<i>Haha parang batang nalgaw mam noong una. kasi overwhelming po ang mga dapat gawin. ang dami pala. Nakakaculture shock noong mga unang araw talaga.”</i></p> <p>Respondent E: “<i>...Blending with new people and different people.”</i></p> <p>“<i>...Learning all the protocols and policies. Iba iba pa noon mam, pag mababa na cases iba na protocols natin, pag tumaas magiiba ulit.so dapat nagbabasa talaga lagi ng mga memos.”</i></p>	<p>transmission of infections in hospital settings, and to reduce the formation of antimicrobial resistance (Thompson, et. al., 2018).</p> <p>Another research (Sak-Dankosky, Andreatta, Griswold-Theodorosn, Lavin, and Patterson, 2020) investigates the difficulties nurses had when learning new protocols during the pandemic. The authors discovered that nurses suffered tension and anxiety when adjusting to new guidelines, which was exacerbated by the quick rate of change. It is critical to give continual support, training, and feedback in order to minimize stress and improve nurses' capacity to adjust to new guidelines.</p>
<p>2. Integration to Team-Oriented Environment</p>	<p>Respondent A:</p> <p>“ <i>Siyempre noong una ang dami kong dapat tandaan mam, saan ang xray, saan eto dadalhin, anong dapat gawin dito. Ligaw noong una kaya dapat talaga laging focus ka.”</i></p> <p>...“<i>Maganda kung talaga maorient ka muna, yung di man agad mamerize pero maintroduce man lang sayo anong meron at ano ba talaga ang pinasukan mo. Although given naman na talaga na bilang nurse, expect mo talaga mahirap. Iba pa din yun may kadamay ka at may alam kang pwede nong lapitan pag nahihirapan talaga.”</i></p> <p>Respondent B:</p> <p>“ <i>Wala naman pong nagimula ng madali, ako more on natakot po ako kasi sa makakasama. I always pray po na sana ok po ang makasama ko sa duty.”</i></p> <p>.....“<i>Pakikisama po talaga mam. Kapag marunong kang makisama magiging madalai. Siyempre ako po yung bago, ako yung makikisama at ako ang dapat makinig”</i></p> <p>Respondent C: “<i>Working in fear. I stayed on dorm and limit myself in exposing my family to possible infection that i might passed on them. Takot ako mam talaga kasi may senior din akong kasama sa bahay yung lolo ko. ”</i></p>	<p>Integration into a team-oriented workplace and environmental awareness are crucial variables in the doing phase of pandemic nurse transfer. Lee et al. (2019) discovered that perceived teamwork among nurses was positively connected with patient safety culture and organizational commitment, emphasizing the necessity of cooperation in providing safe and effective patient care.</p> <p>Another study by Prestia,et. al., (2019) titled "Developing a team-based culture in healthcare: Implications for nursing leadership" highlights the role of nursing leadership in promoting a team-based culture in healthcare, which can lead to improved patient outcomes, increased job satisfaction, and lower staff turnover. Furthermore, this policy assessment emphasizes the need of nurses being aware of their surroundings, including physical, social, and cultural elements, while dealing to the problems provided by the COVID-19 pandemic (Harris, et. al., 2021).</p>

	<p>Respondent E: “My transition is good since my seniors guide me properly. I manage it by listing notes and asking questions when needed.”</p>	
<p>3. Factorial Uncertainty and Jeopardizing Patient Care</p>	<p>Respondent A: “Nakaka adapt naman po, yun nga lang mam siyempre di na naiiwasan na talagang naiiwan ako magisa, magtatanong na lang talaga ako pag di sigurado pero mostly talaga maiiwan kang magisa eh, madaming pasyente, kunti naman ang nurse.”</p> <p>Respondent B: “More on psychological impact due to working long hours. Exposure to covid 19, it made me anxious all the time, puting your family esp children at risk.”</p> <p>... “Mahirap ng umabsent, or magrequest ng off kasi kulang na kulang kayo. Wala masyadong pahinga, laging pagod, laging puyat.”</p> <p>Respondent D: “.. yung fear ko po namadala ko sa anak ko kung ano mam meron dito sa hospital, yun po yung hardest part tala, yung takot talaga po.”</p>	<p>Greenberg, et. al., (2020) published an article titled "Managing mental health challenges faced by healthcare workers during the COVID-19 pandemic," which discusses the impact of factorial uncertainty on healthcare workers during the COVID-19 pandemic, highlighting the challenges faced by nurses in managing their own mental health and well-being in the face of uncertainty.</p> <p>On the other hand, Borgen, et. al., (2019) discovered that role stressors, such as workload and insufficient staffing, can jeopardize patient care and undermine nurses' ability to provide high-quality care, which can impact their transition stage.</p> <p>Furthermore, Hasson et al. (2018) explore the influence of changing healthcare systems on the role of healthcare assistants in patient care, emphasizing the importance of excellent communication and collaboration among healthcare workers to guarantee safe and effective patient care.</p>
<p>BEING PHASE</p>		
<p>1. Rapid Shift of Critical Thinking</p>	<p>Respondent A: “ Ngayon dito ako sa ICU nakaassign. Pero naassign na din ako sa er at sa Covid ward.”</p> <p>... “ Ako kasi wala pa talaga ako experience as a nurse, nagcall center muna ako pagkagraduate, tapos nagcovid so sabi ko subukan ko, mahirap pala talga mam.”</p> <p>Respondent C: “Ang sipag pala dapat ng nurse mam. Walang ubos ang trabaho. Hahah”</p> <p>Respondent D: “...hindi talaga nayakap sa</p>	<p>The global spread of COVID-19 has prompted rapid changes in critical thinking among healthcare professionals, particularly nurses. Loke, et. al., (2020) conducted a rapid literature review on nurses' responses to disease outbreaks and discovered that nurses play an important role in responding to outbreaks, including quickly shifting their critical thinking to address emerging challenges and adapt to changing</p>

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	<p><i>anak ko pagkakadating. Talaang naliligo muna ako bahala na po kahit mapasma ako basta po wag ko lang madala sa bahay yung virus.”</i></p>	<p>circumstances.</p> <p>As a result, Hsieh et al. (2019) conduct a systematic review and meta-analysis on problem-based learning, which is regarded to be beneficial in a rapidly changing healthcare environment, such as a pandemic. To summarize, a rapid shift in critical thinking during a pandemic has significant implications for nurses during the transition phase. During a pandemic, increasing critical thinking skills via education and training can assist nurses in adapting to changing situations and providing high-quality patient care.</p>
<p>2. Upgrade of Knowledge and Skills Competency</p>	<p>Respondent A: <i>“Nakiking talag ako mam, kasi kami naman sabak agad, although may kasama ga po kaming senior na nurse na kasama kaso yun lang dalawa lang po kami talaga madalas.”</i></p> <p>Respondent C: <i>“Ako pinapanood ko mga senior ko, mga ksama ko, iba ibang diskarte, pero talagang at the end of the day mam, fulfilling kasi alam ko nakatulong ako. Mahirap pero kelngan pag aralan talaga, sa una mahirap talaga pero ngayon mam, nakakain na ako sa duty. Hahaha”</i></p> <p>Respondent D: <i>“...takot po talaga ako, pero good thing po kasi di niyo po kami pinabayaan sa training.”</i></p> <p>Respondent E: <i>“Lagi ko po pinapanuod yung video na binigay samen, para madali sa doning and doffing noon. Hanggang sa sanay na din ng naka PPE buti na laang ngaun hindi na madami case. bihira na lang talaga.”</i></p>	<p>The COVID-19 pandemic has underlined the importance of nurses constantly updating their knowledge and skill proficiency in order to respond to quickly changing healthcare settings throughout the world. Wang et al.'s research. The study "Effects of COVID-19 on Chinese nurses' job satisfaction and turnover intention: A comparison between Wuhan and non-Wuhan nurses" by et al (2021) evaluated the job satisfaction and turnover intention of nurses in China's Wuhan and non-Wuhan areas during the COVID-19 pandemic. According to the study, nurses who improved their knowledge and technical proficiency were more likely to have better work satisfaction and a lower desire to leave.</p> <p>Another research by Liu et al. (2020), updating knowledge and skill competence was critical for nurses to effectively manage the pandemic, which included recognizing and managing COVID-19 cases, protecting themselves and others from infection, and</p>

		<p>communicating with patients and their families. Furthermore, in order to successfully handle developing issues and offer high-quality patient care during a pandemic, nurses must upgrade their knowledge and skills proficiency. Continuously improving knowledge and abilities via education and training can assist nurses in adapting to changing situations while also improving work satisfaction and retention.</p>
<p>3. Context of Role Transition as a Learning Opportunity</p>	<p>Respondent A: “ <i>Hindi agad ako nakapasa sa board. nung nakapasa naman ako ng 2019 nag call center muna ako tapos sumabog na ang taal, nagcovid na, ayun sabi ng tiyuhin ko try ko daw magapply sa Oslip, sa Awa ng Diyos, natanggap naman.</i>”</p> <p>Respondent C: “<i>It makes me fear the disease and be more cautious to avoid transmitting the infection to my family mam. Lahat naman po natakot noon, as a nurse mam ako natakot din lalo na newly passer ako, pero yung covid mam, naging inspiration ko din siya nung nagtake ako board, kasi sana po makapasa ako, mahirap pa naman maghanap ng work noon mam.</i>”</p> <p>....” <i>Praning ako mam, siguro ganun ko siya hinandle, sa [giging praning kumbaga sobrang cautious kasi magwotwork ako para maktulong sa may sakit so ayoko na ako ang may sakit.</i>”</p> <p>Respondent D: “<i>Nakakatakot mam noong una dumuty na sa ward, ang dami pong tinuro pero parang nawala nung nasa area na po tayo mismo, pero good thing po is andiyan po si Mam Gretch. Kahit minsan nahihya na po ako kasi tanong ako ng tanong. pero sabi niyo nga po mas ok tanong ng anong kesa hindi sigurado. sa dami po ng dapat tandaan.</i>”</p> <p>Respondent E: “<i>Doing things without my seniors since there is shortage, I am left to act as a senior.</i>”</p>	<p>The COVID-19 epidemic has created a one-of-a-kind framework or grounds for role transition for newly recruited and returning to practice nurses, giving chances for learning and growth. According to Carney's (2020) research, the COVID-19 pandemic has the potential to act as a learning opportunity for nurses, emphasizing the significance of reflection and debriefing to support learning and growth at this period. Furthermore, according to the research of Bai, et. al., (2020), role transition provided opportunities for learning and personal growth, such as developing resilience and problem-solving skills, improving communication and teamwork, and enhancing professional identity and confidence. As nurses adapted to their new tasks and responsibilities, gained new skills and competencies, and built resilience and adaptation, the pandemic offered a unique environment for learning and growth.</p>

KNOWING PHASE		
1. Intensified Personal and Professional Well-Being	<p>Respondent A: “2 lang kami na item, plus noong 2020, hindi naman masyado naghhire. mas more sa mga facilities sila naglalagay”</p> <p>... “it makes me realize how important nurses and other healthcare workers are and how important it is also to take care of ourselves. Malaki ang naging epekto niya po mam talaga...”</p> <p>... “Ibaang iba siyempre mam, buhay na hawak natin, tapos siyempre madaming dapat gawin, madaming dapat kausapin. Overwhelming ika nga..”</p> <p>Respondent D:” ... it makes me realized how important nurses and other healthcare workers are and how important it is also to take care of ourselves.”</p> <p>Respondent E: “Working on a PPE for long time. Learning how to properly don and doff PPE. especially kapag bedside tapos full PPE, lalo na pag nagddialysis ng positive patient mam.”</p>	<p>Zeng et al (2021) conducted a research named "The impact of COVID-19 on nurse identity: A qualitative study" to investigate the impact of the COVID-19 pandemic on nurse identity, including how nurses adjusted to new roles and duties during the epidemic. According to the findings of the study, the process of role transformation during a pandemic can give possibilities for learning and growth, such as the development of new skills, the strengthening of professional identity, and the cultivation of resilience and adaptation. This demonstrates that the COVID-19 pandemic has had a significant impact on nurses' emotional and professional well-being, particularly as they shift to new roles and duties in response to the worldwide pandemic.</p>
2. Stress-Resilient Nurse in the Making	<p>Respondent A: “ Paano nga ba? pahinga pag may time mam, kakain pag may chance. Lalo na sa amin, government hospital po, madami talagan pasyente tapos kelangan asikasuhin sila.”</p> <p>Respondent B: “ this time kasi kaya mo ng magisa so hindi ka na ganun katakot maiwan. Somehow naadapt mo na yung process and flow of your new work.”</p> <p>Respondent C: “Madami ako laging tanong mam, misan di ko mabasa sulat ng doctor, or pag may tinanong yung pasyente hindi ko alam anong isasagot ko agad. lalo ga mam yung mga maliligalig na pasyente bagos alam ga mam na bago ka pa lang lalo ng nanonoxic eh.”</p> <p>Respondent D: “Para kaming kinder na iniwan sa school, pero bawal umiyak. This is the part na nurse na nga talaga kami, naghahandle na kami ng 6-8 patients, dose oras na kami, hindi na kami nakakain ng tama sa oras, napapagod na talga ang katawang lupa mam. Yan</p>	<p>The randomized controlled trial examines the effects of a mindfulness-based stress reduction intervention on nurses working in emergency departments in a study by Li et al (2021) titled "The pandemic of COVID-19 has had an enormous effect on the personal and professional well-being of nurses, especially as they transition to new roles and responsibilities in response to the worldwide outbreak." The intervention had a favorable influence on nurses' psychological well-being, stress levels, and burnout, according to the study, emphasizing the necessity of treatments to support nurses' personal and professional well-being throughout the pandemic.</p> <p>A related research on staff resilience by Chou, et. al., (2021) explores nursing home</p>

	<p><i>yung hindi ka na dapat puro tanong kasi tapos na yun sa training. At first mam natakot talaga pero still, mabait ang head, yung mga senior nagtuturo talaga saka po aalalayan ka at tutulungan sa pasyente mo. Iba talaga mam pag may nagguide sa duty.”</i></p>	<p>staff resilience during the COVID-19 pandemic, including the methods in which employees coped with the hardships of the pandemic and maintained their well-being. The study discovered that interventions to enhance employee well-being, such as mental health resources and self-care opportunities, are crucial for preserving staff resilience and guaranteeing high-quality treatment.</p> <p>Thus, approaches to promote nurses' well-being, such as mindfulness-based interventions, mental health resources, and self-care opportunities, can have a favorable influence on newly hired nurses' psychological well-being, stress levels, burnout, and overall resilience.</p>
<p>3. Positive Sense of Professional Responsibility</p>	<p>Respondent A: <i>“kaya mabilis ngayun ako na kahit papaano ang nagtuturo sa mga bago, after 7 months ok naman, tapos nasa post pandemic or ika nga po ay new normal na, kumbaga madali na eto, kasi feeling ko nasurvived ko na ang mahirap na part. ”</i></p> <p>Respondent C: <i>“asaya na at nakakasahod na mam eh. Kapagod pero worth it naman. Nakakaya ko ng magexplainsa relative, maalam na kong mambola sa mga maliligalig na pasyente. Naiintindihan ko na din sina doctor. Kasi sila din naman mam nagtuturo din sa mga bago.”</i></p> <p><i>..”Medyo mayabang ika nga.kasi kelangan mong matuto agad kasi ang buhay na hawak ko mam hindi ako hihintayin. sa dapat lahat mabilisan na. Pero in a good way mam. Mas confident na ako ngaun, somehow nakakapgturo na din ako sa mga bago. Pero minsan mam nagtatanog pa din ako lalo na sa head ko kasi sa dami ng dapat gawin minsan sasbihin nila eto unahin mo then saka mo dalhin si ganito sa ganyan at ibigay ang ganito. Yun na ako ngaun kumbaga, prioritizing na ung importante sa stage na yun kasi ikaw na lang minsan eh. Wala ka ng</i></p>	<p>The study "Nursing students' experience of caring for patients with COVID-19: A qualitative study" by Wu,et. al., (2021) examines nursing experiences of caring for patients with COVID-19, including the ways in which the pandemic has impacted their role transition and learning opportunities. During their job shift in the pandemic environment, nurses were able to gain crucial skills and competences like as communication and teamwork, problem-solving, and critical thinking, according to the study.</p> <p>Another research by Arslan, Yildirim, and Tanhan (2020) investigates nurses' requirements, concerns, and perceived assistance during the COVID-19 epidemic. Despite the dangers to their own health and safety, nurses felt a great sense of professional obligation to care for their patients throughout the epidemic, according</p>

	<p><i>kasama."</i></p> <p>Respondent E: "... it inspires me to strive more and help others."</p>	<p>to the study. During the pandemic transition period, the study emphasizes the need of recognizing and supporting nurses' feeling of professional responsibility. While Saly, Jackson, Anders, Davidson, and Hutchinson's (2020) research titled "Who advocates for nursing? COVID19 emphasizing leadership deficiencies," this study highlights the issues experienced by nurses during the COVID-19 epidemic, including the necessity for nurses to advocate for their patients and themselves. The remark emphasizes the need of a strong sense of professional responsibility among nurses in advocating for high-quality care and the resources necessary to provide that care.</p> <p>To summarize, despite the dangers to their own health and safety, nurses feel a great sense of obligation to care for their patients and preserve public health. Recognizing and supporting nurses' professional intuition can assist to assure high-quality treatment and the resources needed to provide such care throughout the pandemic.</p>
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Table 4
Proposed Plan of Interventions

Implementation Procedures:	Progress Monitoring Results:
<p>1. Infection Control Education.</p> <p>Create and execute an infection control education program for newly recruited nurses that includes information on the most recent infection control procedures as well as how to use personal protective equipment (PPE) effectively.</p> <p>2. Orientation Program Assessment.</p> <p>Examine the outcomes of the orientation program for newly recruited nurses to identify areas for improvement and to ensure that they are appropriately equipped to function in a pandemic setting.</p> <p>3. Assistive Leadership.</p>	<ul style="list-style-type: none"> ● Identifying and Monitoring Key Performance Indicators: Identifying and monitoring key performance indicators, such as infection rates, staff turnover, job satisfaction ratings, and adherence to infection control practices and PPE use, can provide insight into the plan's progress and whether it is meeting its objectives. ● Regular Interaction with Newly recruited Nurses and Nursing Administrators: Regular interactions with newly recruited nurses and nursing administrators may offer feedback on the plan's competency and determine whether

<p>Encourage nursing supervisors to offer regular feedback and emotional support to newly recruited nurses throughout their transition phase in order to reduce tensions and increase self-confidence.</p> <p>4. Program for Preceptorship.</p> <p>Assign experienced nurses to act as preceptors for newly recruited nurses, advising and mentoring them as they adjust to their new duties.</p> <p>5. Assess staffing levels and workload management.</p> <p>Create ways to keep newly recruited nurses from being overworked during their transition phase, as this can lead to weariness and reduced levels of job satisfaction.</p> <p>6. Use of flexible work arrangements.</p> <p>Provide part-time or remote work choices to newly employed nurses who may be having problems owing to family responsibilities or other external causes.</p> <p>7. Ongoing Education and Training.</p> <p>Develop and execute continuing education and training programs that stress infection control procedures and PPE usage in order to improve newly recruited nurses' knowledge and abilities and keep them up to speed on the most recent best practices.</p> <p>8. Communication Approaches.</p> <p>Create effective communication tactics, such as frequent team meetings and open-door policies, to ensure that newly recruited nurses feel supported and that they can express their concerns or questions to nursing supervisors and other team members.</p>	<p>changes are required.</p> <ul style="list-style-type: none"> ● Evaluating Newly recruited Nurses' Knowledge and Abilities: Assessing newly recruited nurses' knowledge and abilities in infection control procedures and PPE usage on a consistent basis can assist identify areas of deficit and guide continuing education and training programs. ● Evaluating the success of orientation programs: Preparing newly recruited nurses for work in a pandemic setting can help identify areas for improvement and influence future editions of the training. ● Monitoring the Use of Social Support and Mentorship Strategies: Monitoring the use of social support and mentorship strategies, such as assigning preceptors or conducting regular check-ins with nursing managers, can help determine whether these strategies are effective and whether adjustments are necessary.
<p>Evaluation Plan: There are numerous ways to evaluate the plan for addressing the transitional period of newly-hired nurses. These consist of:</p>	
<p>1. Assessing newly recruited nurses' knowledge and capabilities regarding infection control procedures and personal protective equipment (PPE) use in accordance with World Health Organization (WHO) standards.</p>	<p>Collecting Quantitative and Qualitative Data: Using a mixed-methods approach to collect both quantitative and qualitative data can assist in providing a more comprehensive review of the strategy. Surveys and questionnaires, for example, can be used to collect quantitative data on knowledge and abilities, work satisfaction, and other metrics, whereas interviews and focus groups can collect qualitative data on experiences and perspectives.</p>
<p>2. Evaluating the effectiveness of orientation programs in preparing newly recruited nurses for employment in a</p>	<p>Conducting an outcome evaluation can help determine whether the strategy is meeting its objectives. This may require tracking</p>

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pandemic setting.	important performance measures including as infection rates, employee attrition, and job satisfaction ratings over time.
3. Identifying the challenges and barriers that newly employed nurses confront during their transition phase, such as increased workload, isolation, and fear of getting the virus.	Process Evaluation: A process review can assist in identifying areas for improvement in the implementation of the strategy. This might include looking at characteristics like infection control procedures, involvement in education and training programs, and the quality of mentorship and support given to newly recruited nurses.
4. Creating measures to give social support and mentorship to newly recruited nurses throughout their transition phase, such as appointing preceptors and meeting with nursing management on a regular basis.	Stakeholder Feedback and Input: Gathering feedback and input from stakeholders such as newly recruited nurses, nursing administrators, and other healthcare professionals may help identify the plan's strengths and limitations and guide future enhancements.
5. Investigating the pandemic's long-term influence on newly hired nurses' competence and job satisfaction.	Comparing the plan's outcomes and procedures to those of other healthcare organizations or units might aid in identifying best practices and areas for improvement.
6. Evaluating the impact of continuous education and training programs aimed at improving newly recruited nurses' knowledge and abilities in infection control procedures and PPE use.	
7. Identifying variables that contribute to the smooth transition of newly employed nurses, such as mentorship, social support, and good communication.	
8. Creating interventions, such as burden management, emotional support, and flexible work arrangements, to address the challenges that newly recruited nurses encounter.	

4. Conclusion and recommendations

Participants were 25-53 years old, females, single, from private hospitals, and had only 1-2 years of experience. In the aftermath of the pandemic of COVID 19, accurate and up-to-date information and guidelines were critical for ensuring the safety of both patients and healthcare workers. In the event new nurses were allocated into demographic profiles based on age, sex, civil status, hospital type, and years of experience, there was no statistically significant difference in the level of transitional challenges they confront in terms of the doing phase, the being phase, or the knowing phase. There was no statistically significant difference between the two groups. Thus, newly employed nurses have the same number of transitional obstacles in terms of the knowing phase regardless of the nursing department to which they were assigned. When measuring the quantity and intensity of transitional challenges they experienced during the doing phase, newly employed nurses recognized and acknowledged how hospitals oriented and familiarized them with their new surroundings and provided them with new learning opportunities. Nurses struggled the most in all critical outcome areas during the knowing phase, which had the highest mean score of 3.25.

The nurses noticed the effects of the transformation at this point. The emergence of COVID-19 has had an enormous impact on the nursing profession. There was an immediate need for proper training, orientation, longer

training durations, and efficient transition programs to ensure that newly employed nurses effectively integrate into the healthcare team and maintain outstanding patient care. The researcher proposed an intervention strategy for identifying the crucial period of adjustment for newly hired nurses. Utilization of the suggested intervention strategy to boost newly-hired nurses' retention, competency, and work satisfaction; to assist newly-hired nurses in obtaining the essential knowledge, skills, and confidence to provide high-quality patient care throughout and after the pandemic. Using evaluation methods that can assess the effectiveness of their plan and make evidence-based modifications to improve outcomes and processes over time, healthcare organizations should be able to assess the quality of their plan to support newly-hired nurses during the pandemic and make evidence-based modifications to improve outcomes and processes over time. Trainers should evaluate the respondents' direct recommendations in regard to the semi-structured interview that was done. A solid transition program, as well as adequate training and orientation, may give the essential support and tools to assist new nurses adjust to their new workplace, overcome common obstacles, and build a sense of belonging and professional identity.

For future researchers, the following were recommended: Investigate the support systems and resources available to new nurses during the transition period in pandemic settings. Explore the effectiveness of existing orientation programs, mentorship initiatives, and other forms of support in helping new nurses navigate the unique challenges of working in a pandemic. Examine the role of educational institutions and nursing programs in preparing new nurses for the challenges they may face during the transition period in pandemic settings. Assess the adequacy of curricula and clinical experiences in equipping new nurses with the necessary knowledge and skills to adapt to the demands of pandemic healthcare. Explore strategies and interventions aimed at addressing the challenges faced by new nurses during the transition period in pandemic settings. This could involve evaluating the effectiveness of resilience training programs, stress management techniques, and peer support networks in promoting the well-being and professional growth of new nurses. Investigate the long-term impact of the transition period in pandemic settings on the career trajectory and job satisfaction of new nurses. Assess whether the challenges faced during this period influence their decision to continue working in healthcare or pursue alternative career paths.

Compare the experiences of new nurses in different healthcare settings (e.g., hospitals, long-term care facilities, community settings) during the pandemic transition period. Identify any variations in challenges, support systems, and outcomes to gain a comprehensive understanding of the topic. Conduct a comparative study between new nurses and experienced nurses to examine the unique challenges faced by new nurses during the transition period in pandemic settings. Identify any gaps in knowledge, skills, or support systems that could be addressed to improve the transition experience for new nurses. Explore the role of leadership and organizational culture in supporting new nurses during the transition period in pandemic settings. Assess the impact of effective leadership, communication, and teamwork on the well-being and success of new nurses in these challenging environments. Develop evidence-based recommendations and guidelines for healthcare organizations, educational institutions, and policymakers to better support new nurses during the transition period in pandemic settings. These recommendations should address the identified challenges, promote resilience, and foster a positive and supportive work environment. By addressing these recommendations, future research can contribute to a deeper understanding of the challenges faced by new nurses during the transition period in pandemic settings and provide valuable insights and strategies to support their well-being and professional development.

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