

Neophyte Nurses' Journey with Induction Programs of Hospitals in Iligan City

A Thesis
Presented in Partial Fulfillment
of the Requirement for the Degree
BACHELOR OF SCIENCE IN NURSING

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DEDICATION

This study, titled Neophyte Nurses' Journey with Induction Programs of Hospitals in Iligan, is dedicated to the nursing profession, with heartfelt appreciation for the commitment and compassion exhibited by nurses worldwide.

To the neophyte nurses, thank you for your courage, resilience, and unwavering dedication to providing quality patient care. Your experiences and insights form the backbone of this research, illuminating the challenges of transitioning into the nursing profession.

To the administration and staff of Iligan City Hospital, your support for programs that ease the transition of new nurses into the demanding healthcare environment is invaluable and greatly appreciated.

We extend our deepest gratitude to the administrative staff and faculty of the School of Nursing at Adventist Medical Center College for your guidance, mentorship, and dedication to nurturing future nursing professionals.

Lastly, thank you to the families and loved ones of these nurses for your unwavering support, which enables them to pursue their noble calling with passion and dedication. This study stands as a tribute to the collective effort and unwavering spirit of the nursing community.

ACKNOWLEDGEMENT

We sincerely extend our gratitude, warmth, and appreciation to the individuals listed below who contributed to the success of our research. Specifically, all those whose support was essential in the completion of our research study:

First and foremost, we would like to show our thanks to God, our **Almighty Father**, for leading us through our entire research process, for educating our brains in understanding, and for providing us with the strength and bravery to complete our study.

To our beloved **parents**, who have consistently been supportive of us, for all of their efforts, financial aid, prayers, and for putting up with and understanding us when we were depressed. Without their constant and selfless love and support, none of this would have been possible.

We take pride to **Ma. Almira P. Nebres, RN, MAN, PhD**, the Dean of the College of Nursing of Adventist Medical Center College for allowing us to undertake this study and for her intellectual counsel and scientific approach to our research.

To **Ian C. Abordo, LPT, MAED, PhD** our Research Adviser, for his timely inspirations, timely suggestions, politeness, and patience in helping us through our research project. He has been a constant source of encouragement and advice in our search for knowledge. This research study would not have been possible without his leadership, and we will be eternally thankful for his help.

To our distinguished **members of the panel**, headed by Ian C. Abordo, LPT, MAED, PhD, Ma. Almira P. Nebres, RN, MAN, PhD and Raymond Salvador, RN, MN for sharing their views, making ideas, and providing constructive feedback that considerably improved our research study.

To our dear **respondents** a neophyte nurses from Iligan City Hospitals, for their time, support, and active collaboration. This research would not have been possible without their assistance.

Lastly, **the Researchers**, for putting up the effort to complete the thesis and make this study a success.

ABSTRACT

- **Title:** Neophyte Nurses' Journey with Induction Programs of Hospitals in Iligan City
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➤ **Background & Aim:**

In the Philippines, neophyte nurses experience various obstacles in their transition to the field, which lead to low retention rates of nurses among hospitals in our country. This study aimed to explore their experiences, challenges encountered during the transition program, and recommendations to enhance nursing management and reduce retention rates among nurses.

➤ **Methods:**

Data collection involved snowball sampling of ten neophyte nurses who recently underwent transition programs in a tertiary hospital in Iligan City. Through qualitative research methodology, individual interviews explored the viewpoints, experiences, and actions of neophyte nurses in transition. Thematic analysis was utilized to analyze data.

➤ **Results:**

Participants results were themes identified encompassed various dimensions, including the lived body has four themes: training programs for neophyte nurses; burnouts; focused training on specific procedures; empowerment. The lived space has two themes: orientation and shadowing. The lived human relationship has two themes: mentoring and dealing with patient and significant others. The lived thing has one theme: lack of confidence and familiarity. The lived time has one theme: extending training duration.

➤ **Conclusion:**

The transition experience for neophyte nurses was complex, involving multiple dimensions of their lived experiences. Comprehensive training programs were essential to bridge the theory-practice gap, reduce burnout, and empower them. Orientation and shadowing provided direction and familiarity with hospital settings. Mentorship played a vital role in professional growth and navigating patient interactions. Additionally, challenges in confidence and familiarity with procedures underscored the need for supportive environments. Extended mentorship programs were necessary for skill development and confidence building. Overall, these findings emphasized the importance of tailored support mechanisms to facilitate the effective integration of neophyte nurses into the healthcare workforce.

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CHAPTER ONE

INTRODUCTION

The COVID-19 pandemic has significantly transformed the healthcare sector. It led to a dramatic increase in the number of patients requiring treatment worldwide and additional nurses needed to be recruited to ensure quality care for all (Heede et al. 2023). The pandemic has led to staffing shortages in the healthcare sector, highlighting the urgent need for new nurses to replenish and strengthen the workforce (Crismon et al. 2021).

The pandemic has subsided but nursing demands remain high. One of the reasons is the backlog of non-COVID-19 cases, procedures, and routine care (Christensen et al. 2023). This has led nurses to rethink career paths and accelerate retirement plans (Littzen-Brown et al. 2023). The economic and cultural advantages that foreign-educated nurses provide the workforce persuade nursing officers to hire a more diverse pool of nurses than only those with domestic training (Shaffer et al. 2022). The flexibility and adaptability of nurses make them an indispensable contribution to meeting the complex healthcare needs of the post-pandemic era (Gilbert 2023).

In the Philippines, there is a shortage of nursing staff due to undercompensation and contractual practices, which lead to resignations. First, it led nurses to consider other career paths and forced early retirements (Alibudbud 2023). Second, it hinders opportunities for professional growth and development (Dullwer et al. 2023). Third, demanding workloads and long hours contribute to burnout and fatigue (Evangelista et al. 2023). Fourth, a lack of job security and benefits forces them to seek alternative professions that offer greater stability (Tingson & Brazal 2022). Lastly, it created financial strain for many nurses (Villanueva 2023).

Nursing shortages in the Philippines were caused by nurse migration. First, global demand for nurses led to increased opportunities for Filipino nurses abroad (Robredo et al. 2022). Second, there is a significant disparity in compensation (Bentulan et al. 2022). Third, Filipino nurses demand better working conditions, flexible working hours, improved nurse-to-patient ratios, and access to advanced healthcare technology (Sapar & Oducado 2021). Fourth, it provides opportunities for career advancement, professional development, and specialization (Baño et al. 2023).

Prior research focusing on hiring neophyte nurses shows that they face challenges related to the transition to practice. Neophyte nurses experience challenges as they navigate the complexities of a hospital setting (Bradley et al. 2023). Structured hospital transition programs ensure the smooth and successful integration of neophyte nurses into the workforce (Ma et al 2023).

Transition programs were beneficial for neophyte nurses. It provides neophyte nurses with opportunities to develop and enhance their clinical skills in a real-world setting (Phillipis et al. 2023). Then, exposure to diverse patient cases and medical scenarios contributes to the neophyte nurse's clinical competence (Sterner et al. 2023). And lastly, hospital transition programs help neophyte nurses adapt to the unique culture and dynamics of a healthcare institution (Barret 2023).

Transition programs enhance competence and confidence. Hospital transition programs help with skill development and hands-on experience (Block et al. 2022). This helps neophyte nurses enhance their clinical competence and confidence and ensure high-quality patient care (Mammen et al. 2023). The exposure to real-world scenarios under guidance aids in the development of critical thinking and decision-making skills (Nijkamp et al. 2023). Having experienced mentors and preceptors during transition programs provides valuable guidance and support (Fernandez et al. 2018).

Transition programs reduce stress and burnout. Neophyte nurses face high levels of stress and burnout during their initial months in a hospital setting (Chen et al. 2021). Transition programs provide a supportive environment where they can gradually acclimate to the demands of the profession (Lambert et al. 2023). This reduces stress, fosters resilience, and prevents burnout, ultimately contributing to the long-term well-being of the nursing workforce (Raletooane et al. 2022).

Based on our research, we have found no local studies in the Philippines that investigated the hospital transition programs experienced by nurses in the Philippines. Hence, our study will focus on examining local hospitals in Iligan city and their transition programs utilized for neophyte nurses. Additionally, the study explored the identical and distinctive transition programs encountered by nurses that were helpful or detrimental to their practice, which play a pivotal role in influencing the success or failure of these individuals.

A. Research Purpose and Research Questions

The purpose of this study was to determine Iligan city hospitals' post-pandemic transition programs lived experienced by neophyte nurses. The specific questions are:

- What is the context of the lived experiences of neophyte nurses in standard operating procedure of hospitals in Iligan city for the induction/transition?

- What are the lived experiences of neophyte nurses in standard operating procedure of hospitals in Iligan city for the induction/transition?

Table 1 shows a comprehensive broad scan analysis aimed at identifying strategies, interventions, practices and gaps in standard operating procedures of hospitals in induction / transition programs experiences by neophyte nurses.

Table 1: Broad Scan on Standard Operating Procedures of Hospitals in the Transition Programs of Neophyte Nurses

Authors	Aim	Theories	Methods	Findings	Gaps
McKenzie et al. (2021)	This study explored the experiences of NRGNs' clinical and professional learning during their first six-months of post-employment in a neonatal intensive care unit.		In total eight newly qualified registered graduate nurses employed at two Western Australian hospital sites were recruited.	Themes identified: feeling unprepared; requiring a supportive environment and seeking feedback. Participants reported exhaustion, emotional fatigue, concerns for patient safety and for some, fear of early career burnout.	It is important to understand how NRGN's experience their first employment in a NICU in order to identify how to support and enhance their clinical and professional learning.
Chen et al. (2023)	Examined the relationship between transition shock, preceptor support, and nursing competency in a sample of newly graduated registered nurses.		Convenience sampling was used to recruit 215 newly graduated registered nurses, consisting of 184 females and 31 males from six hospitals.	Results revealed that newly graduated registered nurses often experience transition shock and perceive preceptor support as associated with nursing competency.	To improve their competency, hospitals should implement a well-organized transition program including education on transition shock and more support for preceptors.
Lambert et al. (2023)	This study examined whether HFS training improved new nurses' self-confidence and RRT activation when caring for patients with clinical deterioration.		There are 12 nurses who took part in the HFS.	The results revealed that that new nurses express feeling unprepared and lacking in confidence.	The literature review and study findings suggest that incorporating HFS training into a nurse program can enhance self-confidence in caring for patients with clinical deterioration.
Abrahams et al. (2023)	The primary goal of the study was to investigate and characterize the experiences of newly hired professional nurses in relation to their work-life quality.		The study used a qualitative design and purposive sampling to investigate the experiences of newly hired professional nurses at a private hospital in Gauteng	The study revealed positive experiences for newly hired professional nurses, including cooperation, helpful coworkers, and supportive management methods. Negative emotions include demotivation, tension, and irritation. Employers should emphasize the sustainability of good experiences and implement remedial activities to resolve negative experiences.	Research shows that recently employed nurses frequently voice discontent with their workplace conditions, which are often worsened by unfavorable working conditions, resulting in a heavier workload.
Alsalamah et al. (2023)	It aimed to explore the relationship between work readiness and perceived clinical competence among		Recruiting 203 graduate nurses through a purposive sampling technique via	A study revealed that NRP graduates excel in clinical skills and job readiness, highlighting the need for healthcare	Research on the impact of nursing residency programs on newly graduated nurses' performance is

	graduates attending the NRP as compared to nurse interns at one university hospital.		electronic invitations	organizations to investigate transition programs to enhance patient care and prepare new graduates for secure practice.	recommended, with qualitative analysis aiding in designing future work readiness training and influencing national and regional policies.
Eklund et al. (2021)	This study explores the learning processes enacted in a transition program with NGNs implemented in hospitals in western Sweden.		Group interviews with NGNs and ward managers were conducted, with the data analyzed using qualitative thematic analysis.	The findings showed different approaches for how NGNs as learners used supervision, that is, seeking correct advice before acting, securing feedback on their actions on nonroutine tasks, or gathering knowledge from different colleagues to develop their own strategies.	The study also poses further questions on how the learning processes stimulated in the program are integrated after the program is completed.
Mammen et al. (2023)	To explore, identify and integrate the existing knowledge to categorize the characteristics, and consequences of workplace incivility among new nurses.		Peer-reviewed empirical studies that explored the workplace incivility experiences of new graduate nurses were included in this review.	Findings from the literature demonstrate that incivility directed toward newly nurses is prevalent and have a negative impact on their self-esteem and confidence, which impact their workforce decisions and the quality of care.	The study further recommended that organizational leaders, preceptors, educators and fellow nurses to eradicating workplace transitional period as supportive for the new nurses.
Woo et al. (2020)	To investigate the experience of newly graduated registered nurses (NGRNs) in Singapore following their initial 6–12 months of transition from nursing student to registered nurse.		Data were collected via the administration of the online survey to 30 NGRNs. The questionnaire contained 42 items from the four-point Likert scale survey. A group interview was conducted with five NGRNs.	The survey revealed that, despite the fact that most NGRNs (80%) in this study expressed overall satisfaction with their transition, the majority (83.3%) also perceived their transition to professional practice as stressful.	This study recommends the need for closer collaboration between nursing faculties and healthcare institutions in Singapore to plan more focused transition programs that will better account for and be responsive to NGRNs experiences and needs.

B. Significance of the Study

This study aimed to examine Iligan city hospitals' standard operating procedures in the transition programs among neophyte nurses. Furthermore, this study emphasized how the quality of transition programs impacts neophyte nurses' function in their workplace. The result of this study was beneficial to the following:

- *Administrator/head staff.* This study will help them guide neophyte nurses to improve their skills through proper transition programs, seminars, and workshops.
- *Neophyte nurses.* This study will help them to be confident enough and nourish their skills.
- *Future researchers.* This study will be a useful reference for future researchers who plan to make any related study relating to the standard operating procedures of hospitals handling neophyte nurses.

C. Delimitation of the Study

This study was conducted to understand the lived experiences of neophyte nurses in standard operating procedure of hospitals in Iligan city for the induction/transition. Data collection was conducted among participants through a snowball sampling. Participants underwent a transition program in a tertiary hospital in Iligan city regardless of age, gender and previous experiences. Participants were individuals who recently experienced a transition program in <1 year. The study focused on the experiences of nurses in the transition program of a tertiary hospital in Iligan city. The study used a phenomenological design with individual interviews as the primary source of data.

D. Definition of Terms

The following terms are operationally defined for clarity and a better understanding of the study.

- *Neophyte Nurses* refers to our participants to our research.
- *Scrutinizing* refers to examining or inspecting closely and thoroughly.
- *Transition program* refers to the neophyte nurse's performance or experience in the hospital setting.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This is a review of related literature on hospital transition programs experienced by neophyte nurses. The criteria for inclusion include quantitative and qualitative English articles and reports published between 2018 and the present. Using the search term "hospital transition programs experienced by neophyte nurses," this study was included. A total of 74 original articles were used in this research. The following online bibliographic databases were searched to guarantee that all relevant and updated research was found, ScienceDirect consists of 34 articles, PubMed consists of 39 articles and Hindawi consists of 1 article.

A. Nursing Shortage

The landscape of the healthcare sector underwent a profound transformation due to the impact of the COVID-19 pandemic. Globally, there was a substantial surge in the demand for patient care, necessitating the recruitment of a larger nursing workforce to maintain the delivery of high-quality healthcare services (Heede et al. 2023). This surge in demand has, in turn, exacerbated staffing shortages within the healthcare sector, underscoring the pressing requirement for the recruitment of new nurses to replenish and fortify the workforce (Crismon et al. 2021).

While the pandemic has waned, the demand for nursing services persists at a high level. A significant factor contributing to this ongoing demand is the accumulation of non-COVID-19 cases, procedures, and routine care, as highlighted by Christensen et al. (2023). Consequently, nurses are reconsidering their career trajectories and expediting retirement plans, as noted by Littzen-Brown et al. (2023). Recognizing the economic and cultural benefits that foreign-educated nurses bring to the workforce, nursing officers are increasingly inclined to diversify their pool of hires beyond those with domestic training, as observed by Shaffer et al. (2022). In the post-pandemic era, the invaluable flexibility and adaptability of nurses position them as essential contributors to addressing the intricate healthcare needs of the current landscape (Gilbert 2023).

In the Philippines, a scarcity of nursing staff persists due to issues such as inadequate compensation and prevalent contractual practices, resulting in a wave of resignations. Primarily, this has prompted nurses to explore alternative career paths and opt for early retirements (Alibudbud 2023). Additionally, the situation poses obstacles to professional growth and development (Dullwer et al. 2023). The demanding workloads and extended hours contribute to burnout and fatigue among the nursing workforce (Evangelista et al. 2023). Furthermore, the absence of job security and comprehensive benefits compels nurses to seek alternative professions offering greater stability (Tingson and Brazal 2022). Lastly, the shortage has placed significant financial strain on many nurses (Villanueva, 2023).

The depletion of nursing staff in the Philippines was primarily attributed to nurse migration, driven by various factors. Firstly, the global demand for nurses has opened up increased opportunities for Filipino nurses abroad (Robredo et al. 2022). Secondly, a substantial discrepancy in compensation serves as a compelling factor for nurses to seek employment overseas (Bentulan et al. 2022). Thirdly, Filipino nurses are advocating for better working conditions, flexible hours, improved nurse-to-patient ratios, and access to advanced healthcare technology (Sapar and Oducado 2021). Lastly, seeking opportunities for career advancement, professional development, and specialization abroad further contributes to the phenomenon of nurse migration (Baño et al. 2023).

In summary, the COVID-19 pandemic has accelerated the global healthcare sector, causing a surge in demand for patient care and a need for a larger nursing workforce. However, the backlog of non-COVID-19 cases and procedures has led to nurses reconsidering their career paths and accelerating retirements. In the Philippines, a shortage of nursing staff was exacerbated by inadequate compensation, contractual practices, and demanding work conditions, as well as migration driven by global demand and compensation disparities.

B. Transition Programs

This section provides information about the transition program for neophyte nurses. It structured initiatives aimed at easing their entry into professional nursing roles. These programs include orientation, mentorship, specialized training, and exposure to clinical scenarios, focusing on skill development, protocol understanding, and confidence-building, teamwork, communication, and leadership skills, ensuring a smoother transition into the dynamic healthcare setting.

Transition programs facilitate career advancement. It made them balance academic and personal responsibilities (McCoach et al. 2022). Nursing education programs increase the number of nurses trained to enhance workforce capacity (Connelly et al. 2023). Sixty-five percent of nursing students felt their education prepared them for clinical work but required support from a well transition program (Stern et al. 2023). Organizational factors in healthcare impact new nurses' readiness for clinical work and learning needs (Stern et al. 2023). It found that being ready for work was connected to being competent in clinical matters (Alsalamah et al. 2023).

Healthcare organizations establish programs to help newly graduated nurses become professional nurses. Educators and healthcare organizations ensure novice nurses are prepared and equipped with the necessary tools to successfully transition to professional nursing practice (Hampton et al. 2021). Enhanced learning produces learning experiences and nurse leaders that help newly graduated nurses in clinical settings (Dikmen et al. 2021). Newly graduated nursing students' collaborative integration of experiences increased their confidence as nurse leaders (Horowitz et al. 2022).

Transition programs facilitate team integration. Newly professional nurses reported positive experiences with supportive colleagues, teamwork, and management practice (Abrahams et al. 2021). Nurse leaders conducted a program for newly hired nurses to experience different teaching styles and engage in conversations about clinical and nonclinical information (Cockerham et al. 2011). A supportive clinical learning environment significantly impacts the work lives of new graduate nurses; it makes them feel part of the team and recognizes their healthcare role (Ching et al. 2022).

Transition programs retain a skilled workforce. High-fidelity simulation (HFS) training in a nurse residency program revealed nurses' enhanced confidence in handling patients experiencing clinical deterioration (Lambert et al. 2023). During the pandemic, simulation emerged as an effective alternative for nursing students to develop skills when limited hospital placements were available (Bridge et al. 2022). Incorporating objectively and clinically structured examinations into training assessment systems show enhanced training programs for newly registered nurses (Zhang et al. 2023).

Transition programs are a way of assessing the competence of neophyte nurses. Understanding these experiences can aid in transitions and ensure safe patient care despite the challenges they present (Wah et al. 2022). Caring for diverse patients and cultural competence education during nursing education significantly increase confidence in work (Lin et al. 2022). Many recently licensed registered nurses considered their work to be significant and meaningful (Wah See et al. 2023). It was also found that being ready for work was connected to being competent in clinical matters (Alsalamah et al. 2023).

Transitional phases are extremely challenging for nurses. As they progress from student nurses to registered nurses, novice nurses encounter several clinical challenges as they meet the standards of healthcare facilities (Catton 2020). The transition from school to professional practice for new nurses presents significant challenges, including managing patient loads, mastering nursing skills, and juggling multiple tasks efficiently (Graf et al. 2020). When it comes to working independently, recently graduated nurses reported they lack the necessary skills, so during the first few months of their practice as registered nurses, they need support and mentoring (Baumann et al. 2019).

Transition shock and perceptions of preceptor support are common experiences for newly graduated registered nurses. Feeling unprepared, experiencing horizontal aggression, the need for a supportive structural context, and seeking feedback were among the themes that were discovered (McKenzie et al. 2021). Healthcare organizations are predominantly solipsistic and it is not guaranteed that NGRNs will receive reliable assistance or even any help at all (Mellor et al. 2022).

In summary, transition programs for newly graduated nurses are comprehensive initiatives aiming to smoothly integrate them into professional nursing practice. They bridge the gap between theoretical learning and practical clinical demands by offering structured orientations, mentorships, specialized training, and exposure to various clinical scenarios. These programs focus on refining clinical skills, decision-making, protocol understanding, and bolstering confidence in patient care delivery. Emphasizing teamwork, communication, and leadership, these initiatives equip nurses to navigate the healthcare landscape effectively, ensuring they feel supported and capable of delivering high-quality care.

C. Neophyte Nurses

This section provides information about the neophyte nurses in their transition programs. Neophyte nurses are recent graduates entering the nursing profession with limited practical experience. Transition programs support them in adapting theoretical knowledge to real-world healthcare, focusing on skill development and confidence-building for effective practice in clinical settings.

Neophyte nurses encounter challenges during the transition to practice. Nurses have overwhelming feelings of stress, emotional exhaustion, concerns for patient safety and for some, fear of early career burnout (McKenzie et al. 2021). Many nurses find their profession satisfying, despite challenges such as knowledge deficits and overwhelming clinical practice (Wah et al. 2022). Newly registered nurses are challenged on clinical placement by their unfamiliarity with clinical equipment and terminology (Nyhan and Howlin 2021). Challenges related to their transition throughout included psychological effects and a theory practice gap (Matlhaba and Khunou 2022).

Neophyte nurses lack clinical preparedness for their roles in hospital settings. Newly graduated registered nurses in high acuity settings often experience emotional insecurity due to a lack of preparedness from their education (Wakefield and Innes 2023). New nurses express feeling unprepared and lacking in confidence (Lambert et al. 2023). Newly trained registered graduate nurses were found to be clinically unprepared for working in a neonatal intensive care unit (McKenzie et al. 2021). New nurses feel unprepared for the reality of the profession due to the theory-practice gap (Ravik et al. 2023).

Neophyte nurses' experiences of workplace incivility in healthcare settings. Rudeness towards new nurses significantly impacts their self-esteem and confidence, affecting their decisions about entering the sector and enhancing patient care (Mammen et al. 2023). Numerous anecdotal reports reveal the serious health effects of bullying on new graduates in healthcare settings (Shorey et al. 2021). Most violent incidents were verbal and a significant number of nurses have faced physical violence (Wubneh et al. 2023).

Neophyte nurses gain knowledge and polish their experiences through collaboration and guidance from their facility leaders. Neophyte nurses' collaborative integration of knowledge and experiences increased their confidence in their abilities as nurse leaders (Horowitz et al. 2022). The collaboration between healthcare facility leaders and nurse educators is vital in promoting nurses' retention, recruitment, and work satisfaction (Owens et al. 2020). Support services, mentorship, and familiarity with diverse nursing backgrounds help ease role transitions and promote connections for learning (Connelly et al. 2023).

A newly graduated nurse's familiarity is their knowledge, confidence, and proficiency in applying academic information to real-world healthcare situations. It includes clinical skills, critical thinking, communication, adaptation, professionalism, and dedication to ongoing learning (Lambert 2023; Raletooane 2022; Wah 2023).

Enhanced learning produces worthwhile learning experiences, as nurse leaders. It also reported that it helps neophyte nurses in clinical settings (Dikmen et al. 2021). Graduate nurses have broad theoretical knowledge along with practical knowledge (Sighafi et al. 2023). Nurse leaders found out to establish structured mentorship programs to bridge the significant gap in assisting newly graduated nurses in enhancing their confidence (Raletooane et al. 2022).

The professionalism of newly graduated nursing students entails a blend of qualities and behaviors essential for their transition into the nursing profession. It involves adhering to ethical standards, demonstrating clinical competence, communicating effectively, maintaining boundaries, being accountable, embracing diversity, collaborating within teams, showing adaptability, upholding a professional demeanor, and committing to lifelong learning. These aspects collectively ensure they provide excellent care while embodying the values and standards of nursing (Alsalamah 2023; Abrahams 2023).

Neophyte nurses have a comprehensive background of academic knowledge in addition to practical skills. The good experiences were attributed to cooperation, accepting helpful coworkers, and supportive management methods (Abrahams et al. 2023). Preceptorship teams play a crucial role in fostering a sense of belonging and acceptance during the learning journey (Wakefield et al. 2023). Individuals who voluntarily chose their unit found their undergraduate education adequate and effective and felt more competent in nursing practice (Aydogan et al. 2020).

Prioritizing nurses' mental health is critical for addressing difficulties. It mentioned difficulties such as exhaustion and emotional strain (Watson 2023). Burnout among Filipino nurses can result in resignation, a change of profession, and eventual migration to other countries, in addition to lower job productivity (Alibudbud 2022). Work-related stress affects around 83% of American workers and every year, around 38% of nurses and nursing teachers experience burnout (Watson 2023).

There is some evidence to highlight the initial shock and emotional stress experienced by registered nurses during the transition to a new clinical area. However, the influence of formal and informal support systems for such registered nurses is far from conclusive. These findings show that it is needed to examine registered nurse transition into a variety of clinical areas to inform workforce support, policy, and practices (Kingham 2022).

Understanding the specific clinical competency standards and training requisites mandated for newly registered nurses. The clinical competency and training requirements of new nurses in Sweden help with planning, organizing, and deciding on clinical policy in developing introduction programs in acute care settings (Willman et al. 2020). This study indicates that strategies are to minimize the barriers that prevent new graduates from receiving support, such as teaching them communication skills, providing experienced clinical staff, developing competent clinical staff, and so on (Ebrahimi et al. 2016).

A challenge in health care is the scarcity of nurses. Nurses account for 59% of healthcare professionals (WHO 2020). They are critical in containing virus propagation and healing the sick as the mortality rate continues to rise, killing 4,371 Filipinos (CNN Philippines 2020). However, the world is currently experiencing a nurse shortage. The global nursing shortfall has decreased from an estimated 6.6 million in 2016 to roughly 6 million in 2018. The bottom line is that by 2030, there will be a demand for 36 million nurses worldwide. (Woods 2020). There is a lack of 290,000 healthcare staff in the Philippines alone. (Venzone 2020).

As the number of trained nurses continues to drop, the quality of care suffers. According to the Philippine Overseas Employment Agency (POEA), approximately 19,000 attendants leave each year: a total of 92,277 medical attendants have left the country to work overseas since 2012 (Adarlo 2020).

In summary, neophyte nurses encountered challenges like stress, knowledge gaps, and workplace incivility, impacting their transition into nursing. Despite finding fulfillment, they feel unprepared in clinical settings, requiring collaborative learning and mentorship. Professionalism involves applying knowledge to healthcare and lifelong learning. Nurse shortages globally, notably in the Philippines, affect patient care and workforce migration. Solutions include prioritizing mental health, improving support, and strategic planning for nurse training and competence.

D. Analysis of Method

The majority of the 48 articles in this evaluation of related literature were connected to the issue of Iligan City hospitals' transition programs as experienced by neophyte nurses in this study, which mostly employed a qualitative research methodology rather than a quantitative research design. Almost every article was about cause-and-effect analysis, descriptive study, or compare and contrast. The majority of the research was done outside of the Philippines, notably in China, South Africa, and Turkey.

E. Summary

The related literature showed that the transition from nursing education to professional practice was a critical phase that significantly impacts neophyte nurses. Various studies underscore the importance of transition programs in balancing academic responsibilities and preparing new nurses for the clinical environment. These programs were instrumental in enhancing workforce capacity, facilitating team integration, and retaining a skilled workforce. However, neophyte nurses often face significant challenges during this transition.

Issues such as feeling unprepared for clinical practice, encountering workplace incivility, and experiencing transition shock are prevalent. Despite efforts to support them through collaborative integration, mentorship, and enhanced learning experiences, many newly registered nurses' express feelings of stress, emotional exhaustion, fears of burnout, and concerns about their preparedness for the realities of nursing. The global shortage of nurses exacerbates these challenges, impacting the quality of care as experienced healthcare professionals leave their home countries in search of better opportunities.

Addressing these challenges requires collaborative support, training, and prioritizing nurses' well-being. This was imperative for ensuring a competent and resilient nursing workforce to meet the increasing healthcare demands globally.

Furthermore, the theory-practice gap and a lack of preparation for clinical work in hospital settings might contribute to new nurses' sentiments of unease and inadequacy. When accompanied by effective transition programs, neophyte nurses report positive experiences with helpful coworkers, cooperation, and management practices. Collaborative learning environments, mentorship, diverse background familiarity, and readiness in clinical competencies emerge as crucial elements in enhancing new nurses' confidence, retention, and well-being in the nursing profession. The collaboration between healthcare facility leaders and nurse educators is highlighted as vital for promoting nurses' retention, recruitment, and work satisfaction.

Additionally, initiatives such as high-fidelity simulation training and structured assessment systems contribute to enhancing the preparedness and confidence of new nurses in handling clinical situations. However, challenges persist, such as workplace incivility and violence, which significantly impact new nurses' self-esteem, confidence, and decisions about their career paths. Addressing these challenges was crucial for creating a supportive and conducive environment for the professional growth of newly graduated nurses in healthcare settings.

CHAPTER THREE METHODS

This chapter discuss/presents the detailed description of the steps undertaken to conduct the study. Presented herein are the design, data gathering instrument/procedure, data analysis, and ethical considerations.

A. Research Approach

This study used the qualitative research approach. It investigated the viewpoints, experiences, and actions of neophyte nurses in the context of transitions programs. Qualitative research involved collecting and analyzing non-numerical data to understand concepts, opinions, or experiences (Bhandari 2023). It answers the how's and why's instead of how many or how much. It explored and provided deeper insights into real-world problems.

B. Research Design

This research particularly used descriptive phenomenological research to capture lived experiences to better understand the social, cultural, political or historical context in which those experiences occur (Jaikumar 2018). All people included in this study were neophyte nurses at any hospitals in Iligan city. This method was used to explore and understand the lived experiences of individuals within specific contexts or cases. Particularly, it used Van Manen's life existential aspects (Van Manen, 2016).

Phenomenology helps us grasp the significance of people's lived experiences. A phenomenological investigation investigates what people have experienced, and it focuses on perceptions of a phenomenon (Husserl, 2023).

C. Participant Recruitment

Researchers employed purposive sampling to select their participants based on individual preferences. This study was conducted for the purpose of lived experiences of neophyte nurses in standard operating procedure of hospitals in Iligan city for the induction/transition.

In qualitative research, data saturation means the point when getting more participants would not provide any new information (Polit and Beck 2017). For phenomenological studies, researchers estimate that between 10 and 50 participants were usually needed to reach data saturation (Creswell and Creswell 2018). Saturation happens when the interviews just keep repeating the same insights from previous participants instead of giving new information.

The target participants of this study were the neophyte nurses at any hospitals in Iligan city. There were ten (10) neophyte nurses' participants in this study who have undergone transition training for the past 6 months. It focused on the common and distinct standard operating procedures in each hospital. The researchers used semi-structured interviews since this was descriptive research. This adaptable approach allowed for tailoring questions to each participant individually. Researchers asked additional questions for more detailed explanations when necessary. According to Neuman (2000), interviewers should align their questions with their chosen techniques.

D. Semi-Structured Interview

This study used semi-structured interviews that allowed for open-ended questions and flexibility in follow-up questions. Table 2 shows the interview questions asked for neophyte nurses.

Table 2: Interview Questions for Neophyte Nurses

Interview Questionnaires	
Standard Operating Procedure	<p>In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?</p> <p>From your own experience as a new nurse, what kinds of support systems did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?</p>
Challenges during the transition phase	<p>newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses.</p>

Recommendations	<p>As an experience nurses, what advice would you give to help new nurses adjust better when they start working at hospitals?</p> <p>From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?</p> <p>As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?</p>
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E. Data Gathering Procedures

This study utilized the data gathering procedure of George Kuhn (2022) using face-to-face interview. The study sample participated in a face-to-face interview with the goal of conducted the interview personally and studied the participants' behavior and responses in order to get more information. This enabled them to watch the environment in which the research population or sample functions, allowing them to more thoroughly analyze their responses.

- Step 1: Define Objectives. We identified our objectives and the information we aimed to collect. This assisted in shaping and directing our questions, allowing us to acquire as much information as possible.
- Step 2: Choose Type of Format. We selected ideal research interview format based on our objectives, and we ensured it gave the most helpful response and information needed.
- Step 3: Prepare Questions: Using research interview format as a guide, a list of questions was created. We ensured the questions were as neutral as possible to prevent influencing the answers the participants gave.
- Step 4: Choose Participants. We identified and selected ten (10) neophyte nurses as participants based on our research objectives, providing a general basis for their inclusion.
- Step 5: Prepare Interview. We chose a comfortable setting for the interview specifically we decided to conduct the interview within their assigned hospitals. We explained the purpose of the interview and address terms of confidentiality.
- Step 6: Conduct Interview. We conducted the research interview and asked one question at a time. We gave the participants time to answer and allowed them to speak without interruption.
- Step 7: Transcribe Gathered Data. After the interview, we transcribed the participants' responses, ensuring accuracy in the context and language.

Additionally, we translated the transcriptions into English to facilitate better understanding and ensured the accuracy of the transcribed data, we verified it with our participants.

F. Data Analysis

- Thematic Analysis. The study utilized Virginia Braun and Victoria Clarke's thematic analysis method as an iterative process consisting of six steps. Thematic analysis serves as a qualitative data analysis technique, involving the examination of a dataset to identify meaningful patterns and extract themes. This methodology involved an engaged process of reflexivity, where the researcher's subjective experience actively contributes to interpreting the data (Delve and Limpaecher 2020). When the goal was to extract insights from qualitative data related to people's perspectives, opinions, knowledge, experiences, or values, thematic analysis stands out as a robust research approach (Caulfield 2019). These following were the phases followed towards thematic analysis:
- Phase one: Familiarization with the data. In the first phase, researchers engaged deeply with the data to establish familiarity. This step was crucial for identifying potential themes, considering both their nature and abundance. Importantly, this stage lays the groundwork for guiding subsequent analytical steps that may be necessary.
- Phase two: Generating initial codes. After becoming acquainted with the data, the coding stage entails creating a set of preliminary codes that capture the meanings and patterns inherent in the data. Coding, in this context, involves recognizing and emphasizing specific sections of the text, often phrases or sentences, and assigning brief labels or "labels".
- Phase Three: Searching for themes. In this stage, following the approach outlined by Braun and Clarke (2006), the main goal was identifying comprehensive patterns and connections throughout the entire dataset. Essentially, the focus of this step lies in conducting a more extensive analysis of themes as opposed to delving into individual codes.
- Phase four: Reviewing themes. In this phase, a deliberate effort was made to consolidate all identified themes, refining the initially grouped themes and presenting them in a more systematic fashion. The themes undergo a comprehensive review, providing the opportunity for potential renaming, discarding, or merging as needed.
- Phase five: Defining and naming themes. This stage aimed of improving the precision and clarity of themes. It involved identifying the core essence of each theme and determining the specific aspect of the data encapsulated by each theme. The emphasis was on ensuring that each theme was well-supported by data and exhibits distinct characteristics.
- Phase six: Writing report. In the final stage of the analysis, the results were documented in a report. As per Braun and Clarke (2006), a thematic analysis report should effectively showcase the merit and validity of the analysis. Furthermore, it serves the purposed of constructing an argument that aligns with the research objectives. Table 3 shows data triangulation on the three research questions.

Table 3: Data Triangulation

Research Questions	Source 1	Source 2	Source 3
RQ1: Context of the lived experiences of neophyte nurses in standard operating procedure of hospitals in Iligan city for the induction/transition	Interview	Observation	Investigator Triangulation
RQ2: Lived experiences of neophyte nurses in standard operating procedure of hospitals in Iligan city for the induction/transition	Interview	Observation	Investigator Triangulation

G. Ethical Considerations

Following the ethics of research was essential throughout the entire conception of the paper. It aimed to provide accurate data without errors. Adhering to ethical principles necessitates having frank conversations with instructors, peers, and professionals. These ethics demand responsibility, confidence as well as justice and respect. This ensured the rights of contributors and participants in research were safeguarded. Furthermore, ethics can be considered as being responsible to the society (Chetty 2016).

For this research project, the researchers got permission from several authorities. They got permission from the heads of the Adventist Medical Center College's Nursing School and Research Department. Then we move on to the collection of data to our participants. Informed consent was obtained from neophyte nurses who had undergone transition programs in tertiary hospitals in Iligan city.

We kept in mind the safety, privacy, and confidentiality of our participants. To strictly enforce these principles, we will only ask for the respective code names of the participants and their needed demographic information, such as their name, age, gender, and assigned hospital.

The researchers received and recorded the answers of the participant in databases that only the research team can access. Once the study finished, all data and gathered files will be permanently deleted. In addition, all information acquired used only for this research and can only be accessed by the research team and mentor. The data gathered stored in a recording tape, group's email and google drive and kept until the paper was finished. During the data analysis, the researchers only used code numbers for each of the participants to promote confidentiality. Once the data is analyzed and hardbound, all computer data, files, and copies shall be permanently deleted after six (6) months.

H. Reflexivity Statement

The researchers recognized the value of considering each person's unique life and experiences when studying neophyte nurses lived experiences during transition programs. As three nursing students conducting this research, we acknowledge that our perspectives and experiences impact our study. Our knowledge of the induction and transitional procedures for new nurses was shaped by our nursing education and experiences. All things considered, our individual theories on transition programs have been influenced by our own experiences in diverse ways.

We were dedicated to conducting this research with an open and unbiased approach, continuously examining our assumptions and potential biases. Researchers were determined to make every effort not to let these variables influence their research. A collaboration between researcher attempts to understand all perspectives. We ensured that the research was impartial and unbiased. These researchers tried to gather reliable and useful knowledge for everyone by clearly exposing each situation and encouraging new perspectives.

I. Trustworthiness and Authenticity

To ensure trustworthiness of implementing this qualitative research, the researchers used Lincoln and Guba 1985 quality criteria which encompasses credibility, dependability, confirmability, transferability, and authenticity. The researchers used various strategies to maintain trustworthiness throughout the inquiry which allow them to be aware of own unique background and help researchers be well positioned throughout the study. Furthermore, the researchers had careful documentation through audit trail, refer appendix F.

Throughout data collection process, the researchers used strategies such as prolonged engagement wherein returning multiple times to selected hospitals in Iligan city to collect data to have in-depth understanding of the views of the participants. In connection, persistent observation was implemented wherein the situation was being studied with the researchers in the field. Moreover, the study secured audio recordings of the interview questions of neophyte nurses and verbatim transcriptions which was in both Bisaya and English language. After, transcribing, the transcriptions were checked collaboratively and confirmed by the participants.

During, data coding and analysis, the researchers did transcription rigor and data cleaning to increase study credibility in which researchers asked the participants to verify the transcriptions of the interview. Moreover, the researchers did intercoder reliability checks with the use of Copilot and to further strengthen the credibility, the identified codes and themes were confirmed with investigator triangulation wherein the researchers collaborate for the discussion and decisions to reduce possibility of biased interpretations.

CHAPTER FOUR RESULTS

This chapter presents the results obtained from the research data gathering, followed by a detailed discussion of these findings with identified themes. Table 4 shows the participants involved in the study. It consists of ten neophyte nurses with data of their gender, age and assigned hospitals.

Table 4: Description of the Participants

Participants	Gender	Age
Nurse 1	Female	23 years old
Nurse 2	Male	25 years old
Nurse 3	Male	26 years old
Nurse 4	Female	27 years old
Nurse 5	Female	24 years old
Nurse 6	Female	24 years old
Nurse 7	Female	26 years old
Nurse 8	Female	24 years old
Nurse 9	Female	25 years old
Nurse 10	Female	25 years old

Participants' perspectives on the lived experiences of neophyte nurses in standard operating procedure of hospitals in Iligan city for the induction/transition revealed three themes on lived body, two themes on lived space, three themes on live human relationship, one theme on lived thing and one theme on lived time. These themes encompassed their lived experiences from their transition programs as neophyte nurses. The analysis highlighted various aspects of their encounters in the transition programs.

A. Neophyte Nurses Lived Experiences

This section focuses on lived experiences of neophyte nurses in standard operating procedure of hospitals in Iligan city for the induction/transition programs highlighting important concerns related to trainings orientation, shadowing, mentoring, training programs for neophyte nurses and motivation.

➤ Theme 1: Orientation.

All ten neophyte nurses emphasized orientation as an important phase that gave them the knowledge and direction they needed to fulfill their responsibilities in the hospital. The orientation included few lectures and orientation of standard operating procedures, paperworks, orientation of vision, mission, and procedures of the hospital. They said:

- Nurse 6: Basically, prior to being exposed, we were left on our own after a few lectures and briefings on the paperwork and tasks.
- Nurse 7: First, we were given an orientation and given a tour of the facilities. During our first day of orientation, we just observed. All we did for a month was observing to skills, and that's basically how they teach you. We adhere to Standard Operating Procedures, which are accessible for their use and are based on hospital regulations.
- Nurse 9: The hospital nursing council staff was kind enough to orient the do's and don'ts in the hospital, their policies, mission, vision, and objectives. I also went through a process where I have to learn the basics in the clinical setting of the hospital.

Observation. Researchers heard participants relate that they initially received lectures and orientations about paperwork and tasks, followed by independent work. Over a month, they learned basic skills, followed by adherence to hospital policies, and the basics of clinical setting with guidance from nursing council staff.

Investigator Triangulation. After independently analyzing the interview transcripts, three researchers analyzed interview transcripts and found consensus that orientation was crucial for ten neophyte nurses to effectively fulfill their responsibilities. This consensus strengthens the validity of the theme and emphasizes its significant role in their experiences.

➤ Theme 2: Shadowing.

All ten neophyte nurses emphasized the importance of shadowing during their first week on the job. In order to assess protocols for medicine administration and laboratory practices, they had to collaborate with senior nurses. For a month, they watched senior nurses in a range of roles, including administering medicine and serving as charge nurses. Through lectures and hospital orientation, they learnt about emergency room protocols, patient admission processes, and patient interactions. This shadowing experience helped them despite their initial anxiety and apprehension. They narrated:

- Nurse 3: In my experience as a neophyte nurse in the hospital there were a lot of times where I shadowed my senior nurses as they guide how to do such things and how to do the procedures in the hospital. There were times where I floated in different areas to be familiarized on other aspects in the hospital.
- Nurse 7: For one week, we shadowed a senior nurse who taught us where we were assigned, either as a charge nurse or in medicine. If assigned to medicine, the senior nurse instructed us in medications. If assigned as a charge nurse, we learned the process for carrying out laboratory procedures. This continued for one month.
- Nurse 10: First, we were shadowing to learn about the operations in the ER, including how to admit patients. They trained us on how to deal with patients through lectures and hospital orientation before our shadowing experience. Initially, it was anxious and stressful, but as time went on, we adjusted over the course of two months.

Observation. Researchers heard them relate the purpose of the organized shadowing program. They familiarized and rotated to the many departments and operations of the hospital. Neophyte nurses observed senior nurses for a month, either as charge nurses or in medicine. While working as charge nurses, they concentrated on laboratory procedures, while in medicine, they learned how to administer medications. Initially, lectures and hospital orientation were used to complement the focus on ER operations and patient admission processes. Neophyte nurses adjusted despite their initial apprehension.

Investigator Triangulation: Three researchers examined the theme in separate analyses of transcripts from interviews and they compared their results. They found that the importance of shadowing experiences was stressed by all 10 of the neophyte nurses. By means of conversations, they ascertained techniques employed to enable shadowing such as assigning neophyte nurses to more experienced personnel for a certain duration. The theme's validity is reinforced by the researchers' agreement, which also emphasizes how crucial shadowing is to neophyte nurses' training.

➤ *Theme 3: Mentoring.*

All ten neophyte nurses emphasized the need of mentorship as an integral aspect of their professional growth. This theme mentoring fostered confidence, skill development, and decision-making abilities among neophyte nurses. Here are their stories:

- Nurse 1: And it really boosted my confidence because, as someone new, you really need a mentor. They let you do hands-on tasks, but you still feel nervous because the responsibility isn't entirely yours. The mentor is the one accountable if something happens to the patient.
- Nurse 2: I believe that mentoring is indeed important since experience really matters, particularly for those who learn best visually and are performers. This can teach them and provide them with experience. It's critical that students build their self-confidence. And also transmit other strategies. For example, instead of criticizing me, my mentor says, "Sir, let's do this better next time."
- Nurse 6: Because our seniors are mentoring us here, we almost felt like we were having a clinical instructor or CI. You could see improvements and experience an increase in confidence as a result of this mentorship. We were able to make better judgments after the mentorship because we were given the freedom to do so. We no longer feel afraid in emergency circumstances when it comes to confidence. After completing the mentorship program, we no longer felt as scared as we had when we initially started. When we used to worry about making mistakes, we no longer experience the same degree of fear or anxiety. I understand what to do now.

Observation. These researchers heard neophyte nurses relate the benefits of mentorship. It was noted that there was a noticeable increase in confidence, competence, and decision-making skills among those who receive mentoring support.

Investigator Triangulation. Three researchers independently analyzed interview transcripts regarding the theme and compared findings. The researchers discovered consistent theme mentoring throughout the conversation, including higher professional progress, better decision-making, and greater confidence as results of mentoring.

➤ *Theme 4: Training Programs for New Nurses.*

The 10 neophyte nurses voiced out that they were dismayed at the disparities between simulation and real-world experiences in the Emergency Room (ER). They also emphasized the need for practical training. Their recollection was restricted to performing techniques that were different from real ER operations such as IV insertions during live simulations. It was common for neophyte nurses to rely on their peers for help. The lectures that focused on knowledge and abilities such as Basic Life Support (BLS) greatly improved their comprehension. The training duration include lectures on BLS, IV insertion and breastfeeding care and a month of observation and learning. These neophyte nurses' willingness to participate in further training demonstrated how motivated there really were. They said:

- Nurse 4: I recall that during our in-person simulation we only got to practice inserting IVs and other crucial ER duties once. Surprisingly, our simulation's outcomes differed from what I had truly expected to happen at the emergency room.

- Nurse 7: As neophyte nurses, at first, it's like training, of course at first, we don't really know how to do IV insertion in that we have IV therapy by a partner. There are also seminars offered here in hospitals, so after that, it's mostly theories but skills as well, including BLS. You'll start working as a nurse afterward. It's like a cycle of skills, you just listen for a month, and that's basically the process of what they teach.
- Nurse 8: They even let just join after 1 month — lactation management seminars, BLS training sessions and IV insertion. I can't wait to join another set of trainings.

Observation. Researchers heard them relate that neophyte nurses received a lot of training when they first started working. These training programs included IV insertion, BLS, and lactation management. These were extremely important since they helped increase their confidence and competence in practical skills. The researchers discovered that neophyte nurses benefited from both theoretical knowledge and hands-on training, which helped them adapt to real clinical settings.

Investigator Triangulation. Upon reviewing the transcripts, the three researchers found that all 10 of the neophyte nurses had emphasized the need to obtain comprehensive training before beginning their careers. Following these training sessions, the researchers found common themes in the discourse such as improved practical skills, more self-assurance, and improved ability to adjust to real-world clinical situations.

➤ *Theme 5: Motivation:*

The neophyte nurses frequently dealt with the issue of motivation. One motivation to work as new nurses was to excel in their roles. They were also driven by passion to provide patients with the finest care possible. In addition, the opportunities for training and receiving allowances from the hospital management contributed to continue their newfound career. They commented:

- Nurse 2: The hospital itself provided an allowance for us trainees. We receive a daily allowance during our duty hours, and the training is free. They directly provided the allowance throughout the training period.
- Nurse 5: As trainees, our allowance was paid every two weeks, and we were required to clock in every day. Working eight hours a day was the motivation at that time.
- Nurse 10: It's like something motivational. It really helped because new nurses now got an allowance of 2,000, so that really encouraged you to work. Yes, it helped a lot. It motivated you to provide the best care for patients, to take it seriously and treat patients well, putting yourself in their situation. But sometimes, especially here in the ER, your patience is really tested.

Observation. Researchers heard them relate that providing allowances to neophyte nurses during their training period was favorably received by them. Their countenance lighted when narrating the factors contributing to their motivation to continue the training.

Investigator Triangulation. After going over the transcripts, the three researchers discovered that every one of the ten neophyte nurses had talked about how helpful it had been to have allowances during their training. Neophyte nurses were encouraged to carry out their responsibilities efficiently and they gave patients high-quality treatment as a consequence of this financial assistance.

B. Challenges of Neophyte Nurses' Encounter During Their Induction/Transition Phase

This section explored the challenges of neophyte nurses encountered during their transition programs. The themes include dealing with patient and significant others, lack of confidence and familiarity, and burnout.

➤ *Theme 1: Dealing with Patient and Significant Others.*

In all ten responses, neophyte nurses underlined the importance of practical training and highlighted the notable distinctions between simulated and real-world ER visits. They dealt directly with patients and their significant others, often managing challenging behaviors. They quickly learned the skills necessary to insert IVs in actual patients. It was indeed challenging to transport recalcitrant individuals especially in the emergency department. The head nurse advised them to remain calm and avoid making judgmental comments. Neophyte nurses interacted with professionalism and patience even though they were near dangerous patients and SOs. Efficient communication with reserved or unhappy SOs required maintaining composure and decency, particularly during IV insertions. Here are their stories:

- Nurse 5: In the ER, the first skill you'll learn is IV insertion because here you'll practice on every patient you encounter. Then, you'll face patients and significant others (SO) directly, and some can be difficult or have challenging behavior. Transporting patients can be tricky, especially if they're new and seem unruly; it feels like a struggle. Adjusting to the patients, and SOs here in the ER has been difficult. Our head nurse always advises us to "let go and let God," just let things go and don't engage, as it can be exhausting and chaotic. When things get toxic, you don't engage either; you mirror their attitude, explain calmly, and be patient.

- Nurse 6: One of my challenges has been dealing with the same toxicity that patients go through. It upset me because I felt like I was absorbing their negativity. But I tried, with compassion, to understand their situation and responded calmly. I always make sure to act professionally as a nurse and remain composed when I'm around harmful patients or significant others. I tell myself that these are the kinds of situations that I am trained to face as a nurse, and it is my duty to handle them skillfully.
- Nurse 10: Managing patients' significant others can be extremely difficult, particularly if they are excessively nervous to visit the patient's bedside or if we run across a range of attitudes, from kind to impolite. Effectively informing people of the issue is one of the major problems, particularly when it's difficult to express the gravity of the situation. While it's natural to become angry and frustrated, we try to keep our composure and act professionally while interacting with our significant ones. Furthermore, when we put an IV, for example, our significant others may occasionally question our actions or processes. In these situations, it's essential to answer with confidence and respect, making sure they comprehend the circumstances without adding to the already tense scenario.

Observation. Researchers heard them relate that neophyte nurses had difficulties inserting IVs, interacting with patients and their significant others (SO), and moving patients. These difficulties can be emotionally draining since they frequently entail a patient or SO engaging in tough or unpleasant behaviors. Nurses put in a lot of effort in their profession and remain composed under pressure. Their coping strategies included letting go and letting God get through these kinds of situations. Furthermore, it could not constantly be simpler to assist significant others in handling their anxieties or communicating complex medical facts.

Investigator Triangulation. After going over the transcripts, the three researchers discovered that all ten of the neophyte nurses had talked about providing direction and support when faced with challenging circumstances, such toxic patient interactions and problematic behaviors from close ties. The researchers noted recurring themes in the conversation such as the significance of upholding professionalism, exercising patience, and using coping mechanisms to handle these difficulties as they materialized.

➤ *Theme 2: Lack of Confidence and Familiarity.*

The ten neophyte nurses emphasized the difficulties they encountered during the clinical settings. It was the result of overwhelming feelings and a lack of confidence. Prioritizing doctors' orders and understanding complex instructions were some of the challenges they faced as charge nurses. They also had difficulties adjusting to unfamiliar personnel resources and facilities. More pressure was added when self-doubt particularly with regard to administering medications and determining appropriate dilution ratios were to be performed. They showed daily improvement as regards their performance in the clinical settings as they adjusted over time and learned how to deal with these difficulties. They narrated:

Nurse 2: The challenges I encountered during my first exposure in the hospital setting were having lack of confidence and feeling overwhelmed. It really was tough to prioritize the numerous doctor's orders you deal with as a charge nurse, which makes your job complex. We were trained to prioritize prescriptions and do our responsibilities properly, sometimes there was a challenge to comprehend the directions provided by the doctor, particularly if their handwriting made it tough to read. Another challenge is dealing with the pressure to ask questions, even though you know, your confidence can be very low.

- Nurse 3: *I think what gave us neophyte nurse challenges during our transition we were not familiar enough with the staff materials and facilities that were given to us but by the time we were able to grasp the facility we were able to smoothly transition. At first, these challenges gave me a hard time as I was not able to smoothly work on my transition period as time passed by these challenges had given us lessons that would be beneficial to us as we progressed our day-to-day period in the hospital.*
- Nurse 6: *Difficulties that we faced were low self-esteem and administering medication, particularly when you need to dilute a prescription and don't know the right ratio for doing so. Choosing what to do at the emergency room and finishing the required paperwork might seem like a daunting task in these circumstances. It made you doubt your abilities and made worry if you're doing things the right way. These are but a few of the particular difficulties you may face.*

Observation. Researchers heard them relate that neophyte nurses had difficulties due to lack of confidence and familiarity with hospital rules and procedures. It was observed that these issues led to feelings of overwhelm, making it difficult for new nurses to prioritize work and understand doctors' handwriting. Additionally, problems with emergency procedures and dilution ratios for medication were noted. Overall, our results highlighted the importance of providing guidance and support to new nurses during this transition to help them manage these challenges effectively.

Investigator Triangulation. Ten neophyte nurses had emphasized the importance of having guidance and assistance throughout this transition based on the review of the transcripts. The difficulties of giving medication, the need to prioritize tasks and understand doctor's orders because of poor handwriting, and issues with confidence and knowledge with hospital procedures were among the recurrent themes that the researchers found during the interview. These topics highlighted the need for training programs and structured support networks for neophyte nurses.

➤ *Theme 3: Burnout.*

The ten neophyte nurses emphasized the possibility of burnout and the desire to take sick leaves. They frequently went to senior nurses for support during these trying times. A month of observing and learning was part of the ongoing training of skills came. Inadequate nurse-to-patient ratios and understaffing exacerbate burnout and degraded the necessary patient care. In spite of these challenges, they found solace in their close relationships with patients and their network of supportive coworkers. Even in the face of doubt, they remained committed to their nursing journey, finding fulfillment in the recognition of their profession and the gratitude of their patients. They commented:

- Nurse 5: *I do, however, occasionally feel exhausted and am inclined to take a sick day. We rely on older nurses since they have more expertise in these situations, so we just ask them for assistance. After that, you'll begin working as a nurse. It resembles a skill cycle in which all you have to do is listen for a month to learn the material.*
- Nurse 7: *Of course, I experience burnout—everyone does—because we w understaffed and the nurse-to-patient ratio is not adequate. Sometimes there are too many patients and only one nurse, so the quality care we can provide is insufficient due to the limited staff. For example, bedside care that we used to be able to do is not possible now because of the high census. This leads to burnout, not just because of the patients but also because of hospital management issues. In such situations, it depends on how you deal with it. There are many of us here, so you just find colleagues who understand you and who you can talk to.*
- Nurse 8: *So many things have changed since I started working in the hospital setting. I learned to romanticize my work even if sometimes I always want to give up my nursing journey due to burnout. But I look back on why I'm here for a reason and, with a single thank you from my patients and the sentence "discharged in AM" from the physician's order, makes me happy for my patient. You just have to deal with it every day coming from a person who is quite shy.*

Observation. Researchers heard them relate that understaffing and poor nurse-to-patient ratios often resulted in burnout among neophyte nurses. When narrating these, they felt sad and regretful. Despite difficulties such as increased patient loads and understaffing, they found happiness from supportive clinical workers. Despite periods of exhaustion and uncertainty, they remain committed to their nursing path, finding fulfillment in the impact they have on their patients' lives with smiles on their faces.

Investigator Triangulation. The three researchers found, upon reviewing the transcripts, that all ten of the neophyte nurses reported burnout due to understaffing and inadequate patient ratios. The study highlighted the importance of peer understanding and collaboration in stress management, the impact of burnout on patient care quality, and the need for supportive work environments to help neophyte nurses adjust to their roles.

C. *Hospital Procedures to Enhance Nursing Neophyte Nurses Transition Program*

This section explores the hospital procedures of nurses that can enhance neophyte nurses' transition program. This focused on the themes training on specific procedures, and extending training duration.

➤ *Theme 1: Focused Training on Specific Procedures.*

The ten neophyte nurses highlighted the importance of hospital training, seminars, and orientations for specific procedures. They observed deficiencies in the explanation of Standard Operating Procedures in detail and the training processes. Senior nurses in the emergency room provided them adequate advice, focusing on IV insertion instruction and Basic Life Support. They recommended staff nurse meetings to enhance support and communication. Here are their insights:

- Nurse 3: *I think what procedures and initiatives that had effectively contributed to the improvement of neophyte nurses is the trainings and seminars and orientation that the hospital had given to neophyte nurses.*
- Nurse 4: *Training and orientations for new nurses. So far, I couldn't think of any because when I started working, I was immediately assigned to the ER. Although there were certain tasks, I wasn't yet allowed to do like IV insertion, I was still given the workload of a fully qualified nurse. My senior nurses were the only ones who guided me at work. Honestly, I have no idea since we don't practice that at the hospital where I work, but I think having a meeting with all the staff nurses would be a great idea.*
- Nurse 10: *For training, what I would recommend is that you definitely train in BLS, or depending on the hospital's needs. However, they should have oriented us more on the specific procedures and discussed the SOPs thoroughly beforehand. Trainings like BLS, IV training, and the seminars they had us attend are very important.*

Observation. Researchers heard them relate the significance of orientation and training programs for neophyte nurses' careers advancement. These programs provide necessary knowledge and skills, and most nurses believe they need more detailed instruction on specific methods and standard operating procedures. The results underscore the need for comprehensive training and orientation programs to facilitate the effective transition of neophyte nurses into their roles.

Investigator Triangulation. Researchers found that all ten neophyte nurses emphasized the importance of hospital orientation and training programs for their growth and advancement. They also expressed concerns about the suitability of these programs and recommended extensive training on protocols and standard operating procedures, emphasizing the need for thorough training and orientation.

➤ *Theme 2: Extending Training Duration.*

Ten neophyte nurses suggested doubling mentorship time from one to two months, as comprehension and confidence could be developed in a month. The first month was primarily focused on shadowing and getting to know each other. Despite a month-long evaluation, neophyte nurses felt unprepared for the hospital's therapies and facilities. They emphasized the need for more practice time and mentorship to fully understand their responsibilities and prepare for their roles.

- Nurse 6: *Let's extend it because in our case, mentoring only lasts for one month, but I recommend extending it to two months. Our experience shows that one month is not enough; our confidence is still low, and we still lack understanding. Mentoring is really necessary, so it should be extended.*
- Nurse 10: *But if you're really new, one month isn't enough for us, actually. Because we were new too, one month wasn't enough to learn everything. You really need months. In the first week, you're just shadowing, and the next week, you're already thrust into it, like in the second week, you're already in the ward, but you're still being evaluated after one month. After being assessed for readiness, newcomers are thrown into the mix the following week, despite not having enough time. The hospital still performs many procedures, and newcomers feel they don't know everything in every situation. They suggest a longer training period, but newcomers need to get used to it.*

Observation. Researchers heard them relate that neophyte nurses heard pleading for mentorship programs to be extended, pointing out how inadequate the existing one-month period is. Even after one month, it observed poor confidence and a lack of knowledge, so she suggested extending the mentorship time to two months. A month is not enough time to learn everything, Nurse 10 agreed, stressing the importance of extra time to understand protocols and gain confidence.

Investigator Triangulation: Four researchers observed, while analyzing interview transcripts, that two out of ten neophyte nurses highlighted the difficulties posed by the short period of mentorship programs. They emphasized how inadequate the one-month term was and argued in favor of a longer time frame to address poor confidence and provide a better knowledge of nursing procedures.

D. Summary of Themes

These show the summary of themes. The lived body has three (3) themes: (1) burnout; (2) focused training on specific procedures; (3) motivation. The lived space has two (2) themes: (1) orientation; (2) training programs for neophyte nurses. The lived human relationship has three (3) themes: (1) mentoring; (2) dealing with patient and significant others; (3) shadowing. The lived thing has one (1) theme: (1) lack of confidence and familiarity. The lived time has one (1) theme: (1) extending training duration.

Table 5: Summary of Themes Lived Body

Themes	Description
Burnout	This theme revealed on the burnout that neophyte nurses endure as a result of high ratios and understaffing, which results in inadequate, low-quality treatment. In spite of these obstacles, they look to more seasoned colleagues for assistance, knowledge, and inspiration from encouraging patient encounters.
Focused Training on Specific Procedures	This theme neophyte nurses emphasized the importance of training and orientation programs for their development and improvement. Hospital-provided training and seminars are effective, but some express concerns about the adequacy of these programs, suggesting more thorough orientation on specific procedures and standard operating procedures.
Motivation	This theme indicated that neophyte nurses frequently discussed motivation. They are driven to excel in their roles by a variety of factors, such as the desire to provide patients with the finest care possible, training opportunities, and allowances. They also feel motivated.
Lived Space	
Orientation	This theme neophyte nurses emphasized orientation as an important phase that gives them the knowledge and direction they need to fulfill their responsibilities in the hospital. This theme explored the perspectives of neophyte nurses on their first orientation experiences at Iligan City Hospital. It emphasized how much value they put on the orientation and lectures they attended on their first day of employment.
Training Programs for Neophyte Nurses	This theme for neophyte nurses emphasized training prior to starting their first job. These training courses are vital in bridging the knowledge gap between theory and practice, ensuring that neophyte nurses are prepared to fulfill the demands of their roles. Through a range of simulations, lectures, and hands-on experiences, these trainings aim to enhance the skills and confidence of neophyte nurses, serving as a solid foundation for their chosen career path.

Lived Human Relationship	
Mentoring	This theme neophyte nurses emphasized the need of mentorship as an integral aspect of their professional growth. This theme highlights the importance of mentors in fostering confidence, skill development, and decision-making abilities by examining the viewpoints of neophyte nurses on their mentorship experiences.
Dealing with Patient and Significant Others	This theme focused on the difficulties and encounters that arise when engaging with patients and their families. It is consistent with the lived relationship type as it deals with the individual experiences of communication, empathy, and professionalism in the context of patient care
Shadowing	This theme nurses emphasized the importance of shadowing in their first week on the job. They spoke about their observations of senior nurses to learn about the responsibilities and practices of hospitals. Floating to different areas for familiarity were only one of these nurses' numerous unique experiences. Participants in a month-long organized shadowing program were trained in medication administration or laboratory procedures. By covering patient admissions and management in the emergency room, shadowing helped to progressively allay initial anxiety over the course of a two-month adjustment period.
Lived Things	
Lack of Confidence and Familiarity	This theme neophyte nurses focused on facing challenges such as lack of confidence, difficulty understanding hospital procedures, and difficulty in medication administration. These experiences highlight the importance of building confidence and familiarity with hospital facilities during the transitional phase.
Lived Time	
Extended Training Duration	This theme neophyte nurses underlined the necessity of prolonging the duration of mentorship programs in this topic. They argued for a two-month extension, pointing out how inadequate the present one-month period is. They emphasized how crucial it is to provide neophyte nurses enough time to develop their self-assurance and comprehension of their jobs.

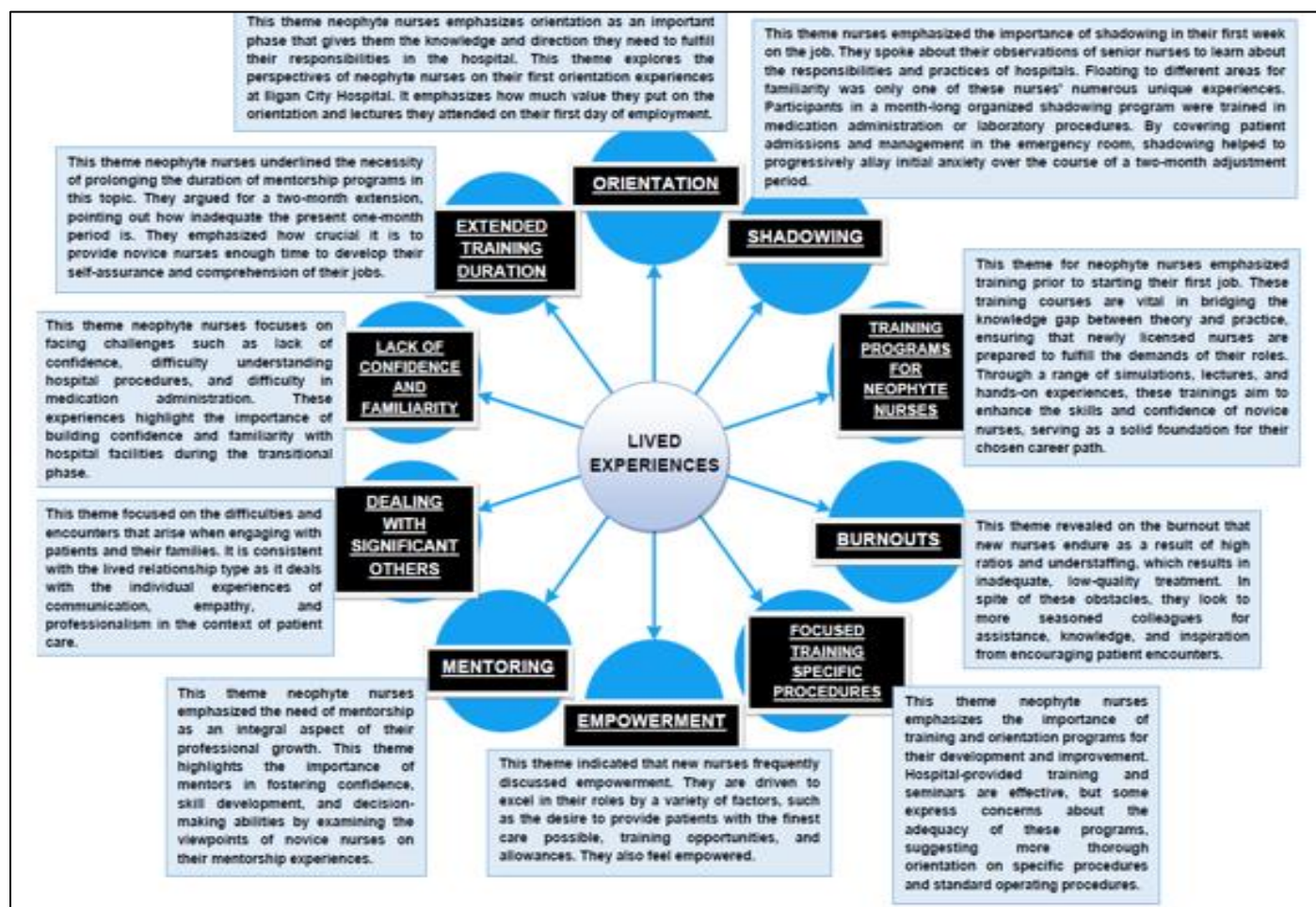


Fig 1: Diagram of the Summary of Themes

CHAPTER FIVE

DISCUSSION

This section discusses the findings of the study based on the data analyzed in the previous chapter. The focus of this study was to explore the lived experiences of neophyte nurses in hospital transition programs.

A. *Summary of Findings*

The findings explored the lived experiences of neophyte nurses in the transition programs of hospitals in Iligan City. The lived body theme was composed of burnouts, training neophyte nurses, empowerment, and focused training for specific procedures that indicate the need for better management of new nurses to reduce understaffing and give quality care. Distinct places were needed for orientation and shadowing to prepare nurses for the actual job in the field.

In lived human relationships, mentoring was needed as an integral aspect of professional growth, and dealing with patients and significant others shaped their social connection and tested their professionalism in dealing with toxic individuals. The lived things center on the lack of confidence and familiarity of neophyte nurses' which highlights the importance of comprehensive briefings and documented hospital procedures that were accessible anytime. And lastly, in lived time it was noted that extended training duration was essential for a smooth transition of neophyte nurses to the field.

B. *Comparison with Earlier Literature*

The findings aligned with existing literature on hospital transition programs on neophyte nurses, underlining similar matters of clinically unprepared nurses, inadequate compensation, toxic patient significant others, and their impact on nurses' experiences. Previous studies have also reported on the effectiveness of transition programs to bolster nurses' confidence in patient care delivery, refining clinical skills, protocol understanding, decision making and smoothly integrating the new nurses in the workforce.

- *Burnout Among New Nurses:* The difficult working conditions - heavy workloads, long hours, lack of job security and benefits - lead to burnout, fatigue, and nurses seeking more stable career alternatives (Evangelista et al. 2023). This study corresponded to the findings of our research.
- *Clinically Unprepared Nurses:* A study conducted by McKenzie et al. (2021) revealed that neophyte nurses lacked the necessary clinical preparation to work in a clinical setting. The theory-practice divide makes aspiring nurses feel unprepared for the realities of the field (Ravik et al. 2023). The results of these researches aligned with the findings of our study.
- *Motivation:* A recent study of Horowitz et al. (2022) gave results that newly graduated nursing students' collaborative integration of experiences increased their confidence as nurse leaders. This study showed corresponding results with our research.
- *Inadequate Compensation:* Previous studies consistently reported that inadequate compensation and contractual practices caused many nurses to resign or retire early which led to nursing shortage in the country (Alibudbud 2023). Duller et al. stressed that the shortage also limits opportunities for professional growth. According to Villanueva (2023) financially, the situation strained many nurses who struggle to make ends meet. These findings aligned to the results of our study. Our study emphasized that addressing compensation, workload, benefits, and providing better career paths helped retained nurses and resolved the staffing crisis.
- *Transition Program for New Nurses:* A study documented by Hampton et al. (2021) revealed that educators and healthcare organizations ensure neophyte nurses were prepared and equipped with the necessary tools to successfully transition to professional nursing practice (Hampton et al. 2021) These studies were in contrast to the findings of our research.

C. *Implications of the Findings*

The study's findings emphasized the need for the nursing management enhanced their transition program among neophyte nurses, the needs extended training durations, focused on understanding and addressed the necessary experience needed among new nurses regarding the period of their transition. These concerns range from building confidence in their new environment and inculcating standards of the hospital affecting new nurses' performance to repeated errors.

For nursing management in the Philippines, this study presented a crucial opportunity to enhance transition program practices. By prioritizing improvements in skill training, such as equipping new nurses with the necessary skills like IV therapy, BLS (Basic Life Support) and ACLS (Advanced Cardiac Life Support). This approach not only improved neophyte nurses' capabilities but also enhanced confidence among them in handling emergency situations.

In addition, the study emphasized the importance of conference spaces and an increased in financial support among neophyte nurses. Financial support made them more motivated and increased job satisfaction, financial security and retention rates. Conference spaces created a conducive environment for sharing endorsements and receiving physician's orders accurately.

Furthermore, the study affirmed the importance of a positive work environment among neophyte nurses. This helped them achieve their fullest potential in their formative years as a nurse. Team building by building trust and coordination within the team and social association training maintained compassionate and effective communication with patients and their family.

By implementing these strategies Philippine healthcare systems can create more comprehensive transition programs and motivate neophyte nurses to work diligently in the field. This showed how important it is for the nursing management to always support and adapt their transition programs for neophyte nurses so that they can meet the changing needs of the healthcare system, and thereby reduce the retention rates among nurses.

D. Strengths of the Study

A key strength of this study was all new nurses of different ages and gender were targeted by the researchers to take part. It was possible for this report to show a full range of actual experiences of neophyte nurses with diverse backgrounds on the transition programs offered by hospitals. This comprehensive approach makes certain that lessons learned from this research are potentially applicable in enhancing orientations for future student nurses in other hospital settings.

The researchers conducted in-depth interviews in order to have a detailed and comprehensive understanding of the experience of neophyte nurses in a hospital transition program. The study was more focused on getting deeper insights and experiences. The study has captured the emotional side of their experiences – challenges, successes, frustrations, and expectations. These personal accounts bring out underlying themes and subtle nuances which cannot be fully represented by statistics alone.

The findings of this study have important practical implications for nursing management of hospitals and hospital transition programs for neophyte nurses. By shedding light on the impact of comprehensive programs for neophyte nurses, low financial compensation, team building, conference spaces and the significance of human connections, the study provided valuable insights that can form the development of targeted interventions to improved hospital transition programs and outcomes in the nursing department.

E. Limitations and Recommendations

Despite the notable strengths of our research, we must recognize and consider specific limitations that may affect how our results were understood and applied. Firstly, our research was limited to 3 local hospitals, which limits the generalizability of our findings to other healthcare settings. As a result, caution should be taken when applying the insights and recommendations from our research to different healthcare settings.

Secondly, our small sample size of ten participants in our study limits the diversity of thoughts and opinions within the nursing profession, weakening the qualitative analysis and generalizability of our results. Future researchers should work towards larger and more diverse samples from multiple medical institutions. This method would deepen our understanding of the subject we're studying and enable us to compare with current research, thus expanding the scope and detail of our results.

Future research could enhance its applicability by including participants from a more diverse set of medical institutions. This will contribute to formulating a more comprehensive transition program that balances the needs of neophyte nurses and hospital resources. In addition, future research should investigate the retention rates, financial support and lack of motivation of neophyte nurses among hospitals, providing a holistic evaluation of their experience. Such studies would advance knowledge in job satisfaction and quality care delivery among neophyte nurses, driving improvements in the nursing practice and nursing management.

F. Conclusion

The study provided valuable insights into the transition experience of neophyte nurses across different dimensions of their lived experiences. The lived body themes emphasized the importance of comprehensive training programs to bridge the theory-practice gap, mitigate burnout, focus on specific procedures, and empower novice nurses. Within the lived space, orientation and shadowing emerge as pivotal components in providing direction and fostering familiarity with hospital settings.

Moreover, the lived human relationship themes emphasized the significance of mentorship in professional growth and the complexities of engaging with patients and their families. The lived thing's theme underscored the challenges of confidence and familiarity of doctors' poor handwriting, problems with emergency procedure and dilution ratios for medication, underscoring the need for supportive environments during the transition phase. Lastly, the lived time theme advocated for extending mentorship programs to allow ample time for skill development and confidence building.

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APPENDIX

APPENDIX A: ETHICS REVIEW APPLICATION



Ethics Review Application

It is the policy of the Adventist Medical Center College that all research projects/endeavors should uphold ethical standards to ensure no harm among research participants. Thus, precautions shall be deemed necessary to safeguard the interest of both the researchers and the study subjects. Thus, the purpose of AMCC's ethics review committee (ERC) is to provide an independent review of research proposals to ensure these standards are upheld by faculty and students. AMCC requires all faculty and students to seek approval from ERB before engaging in data collection from human subjects.

It should be clear that ERB is not responsible for the feasibility of the study. Such concern revolves around the domain or purview of the adviser, the methodologist, and the panel member – the research committee (for undergraduate research). For faculty research, each member of the team shall be responsible for the overall rigor and quality of the research process. ERB will only stretch its hands to provide guidelines for the ethicality of research projects.

Applicant/Researcher's:

Rajne Raphael Lorenzo Ruste

Indira June Ugmad

Andrei Villanueva

Title of Research:

Iligan City Hospitals' Induction / Transition Program Experienced By Neophyte Nurses: A Qualitative Case Study

Committee

Research Advisor: Ian Abordo, PhD

Methodologist: _____

Member: Ma. Almira Nebres, RN, MAN, PhD (Dean, School of Nursing)

Application for Approval (Check appropriately)

a. Application _____

b. Exemption _____

Documents for ERB

1. Summary of Research
2. Research Instruments
3. Informed Consent Forms

ERC Application Guidelines

1. The ERC Application must reach the office of the ERC chairman immediately after the approval of the research committee. The ERC committee will consider applications submitted 5 days before its biweekly regular meetings (every other week). However, ERC may consider applications for review for very special cases, but it will uphold its biweekly meetings and the 7-day rule.
2. The ERC will only process ethics review applications for students and faculty of Adventist Medical Center College.
3. ERC will require review of data gathering activities that pertains to the following:
 - a. Primary data collection involving human subjects
 - b. Research projects that will peruse, scan, or inspect documents of institutions or governing bodies
 - c. Data collection that will focus on personal information from individuals – living or dead – whose disclosure of information may potentially have adverse impact on individuals or groups.
4. The committee will review a proposal based on the documents submitted. If there are changes in the methodology that certainly have consequences on the study subjects, researchers are required to process another ERC application. No matter how minor the changes will be, ERC must still act on such proposed change/s.
5. The complete application form must include the following documents in hard and soft copies:
 - a. A summary (one-page) of the study will briefly describe the basic propositions of the study. It shall also include the following:
 - i. Informed consent document that will be secured before commencing the data collection process.
 - ii. Appropriate measures that will be undertaken to uphold and ensure confidentiality
 - iii. Data collection which are only related to the research questions. No data will be collected that does not have some bearing on the research.
 - iv. Assurance that the participants are not forced to participate when chosen to comprise the sampling frame. A participant can withdraw at any time from his participation without prejudice and penalty.
 - v. Results of the study will be reported in aggregate so that no single individual will be identified, and anonymity is upheld/assured.
 - b. Full draft of the proposal. It is used only when sections of the summary are unclear. Members may examine closely areas of the application which are cross-referenced.
 - c. All research instruments. This refers to interview questions or protocol, survey questionnaires, focused-group discussion questions, standardized tests, and the like.
 - d. Consent forms in English or in English with translations (if applicable)
6. Research advisers for student research shall be responsible for reviewing the ERC application of students before they are forwarded to ERC. All members of the committee will endorse ERC application by their signatures in the application form.
7. ERC will not process applications with incomplete documents. When applications show incompleteness, ERC will return them with Denied or Pending status. ERC will notify applications of the areas missed based on the criteria set above.

APPENDIX B: INFORMED CONSENT FORM**Informed Consent Form**

Name of Principal Investigator/s	Rajne Lorenzo Raphael Ruste Indira June Ugmad Andrei Villanueva
Name of the College	Adventist Medical Center College
Name of Sponsor (if applicable)	None
Name of Project and Version	Iligan City Hospitals' Induction / Transition Program Experienced <u>By</u> Neophyte Nurses: A Qualitative Case Study

PART I: INFORMATION SHEET**INTRODUCTION**

We are a 3rd year nursing student of Adventist Medical Center College, Iligan City. In partial fulfillment of the requirements for our degree Bachelor of Science in Nursing, we are conducting a study focusing on Iligan City Hospitals' Induction / Transition Program Experienced by Neophyte Nurses: A Qualitative Case Study. In this study, you are invited as a participant. This is a voluntary participation, and details of the invitation will be briefly discussed in the succeeding sections of this document.

PURPOSE OF THE RESEARCH

The purpose of the study was to investigate the transition programs experienced by neophyte nurses employed by Iligan City hospitals.

One's Participation and Methods of Data Collection

You will be invited to participate in this study and will be given a set of interviews questions to answer for about 10-30 minutes.

PARTICIPANT SELECTION

This study will only involve extracting ten (10) participant neophyte nurses using snowball sampling from any hospitals in Iligan city. Potential participant who can better represent and share your lived experiences and insights.

VOLUNTARY PARTICIPATION

Your participation is purely voluntary. You may choose to withdraw your participation from the study without consequences to your job or employment standing. If you have already participated in this study and wish to withdraw your responses from the analysis of data, the researchers will respect such a decision.

Confidentiality

Your responses to the interview questions will be kept confidential. Only the researchers will have access to such information. A code will be assigned to your responses to conceal your identity. No information will lead to the potential identification of your name in both print and soft copies (on the Internet). Be assured that the presentation of findings will be in aggregate form drawn from all the participants of this study.

Risks

The researchers have ensured that the survey will not pose any risk to both mental and physical aspects of the participant. Face-to-face surveys will be held in a chosen and agreed place, and the survey will not be done through videos but by pen-and-paper notes. Should emotional strains and discomforts arise during the surveys associated with your responses to the questionnaires, the guidance office with our professional psychologists is open for our services. As mentioned earlier, we will uphold the confidentiality and anonymity of data drawn from you.

Benefits and Reward

This study will be beneficial to all nurses, especially to the Department of Health. Through this research, the government may purposefully discover what are the lived experiences of Neophyte Nurses during the induction/ transition programs. You will not be given monetary reward or material compensation for participating in the study. However, the value that your responses have towards the development of better management regarding neophyte nurses lived experiences during the transition programs.

Procedures

We will follow these procedures when you voluntarily participate in this study after indicating your consent:

1. Orientation. A brief orientation of the process of doing the interview questions will be conducted with you by the researchers.
2. Survey process.
 - a. You and the researchers will agree on a specific and comfortable place for answering the interview questions which will be about 10-30 minutes.
 - b. After answering the survey, the researchers will transcribe the recording that you have answered for data analysis.

WHO TO CONTACT

Feel free to contact the following individuals should you have clarifications and questions:

1. Rajne Lorenzo Raphael Ruste – 09467087094 - Email: rusteap6@gmail.com
2. Indira June Ugmad - 09754144742 - Email: ugmadinirajuneo@gmail.com
3. Andrei Villanueva - 09476461307 - Email: burningvillanueva@gmail.com

STATEMENT BY THE RESEARCHER SECURING INFORMED CONSENT

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. Orientation
2. Survey

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

Print Name of the Researcher Facilitating the Consent Form	
Signature of Researcher Facilitating the Consent Form	
Date:	

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CONSENT of Participant/Respondent

This study described to you in the informed consent document was approved by the Ethical Review Committee of the Adventist Medical Center College. After fully reading and understanding the provisions set for your participation in the conduct of this study and wishes to voluntarily participate, please sign below. You may request a copy of the informed consent for your reference or cut the above segment (The Informed Consent section) and sent the Consent of Participant/Respondent section to the researchers.

[Title of the study]:

"Iligan City Hospitals' Induction / Transition Program Experienced By Neophyte Nurses: A Qualitative Case Study"

Name of Participant and Signature

Date

Name of Principal Investigator and Signature

Date

APPENDIX C: LETTER FOR RESPONDENT



**ADVENTIST MEDICAL CENTER COLLEGE
SCHOOL OF NURSING
SAN MIGUEL, ILIGAN CITY**



January 16, 2024

Adventist Medical Center Iligan (AMCI)
Tibanga, Iligan City, 92000 Lanao del Norte

Dear Ma'am/Sir,

We hope this letter finds you well.

We, the student researchers of AMCC, would like to seek permission to conduct a study titled "Iligan City Hospitals' Induction / Transition Program Experienced by Neophyte Nurses: A Qualitative Case Study".

We plan to visit January 20, 2024 for the interview process. We will appreciate any response from you, and we can be reached through our contact information. We assure you that all collected information will be treated with utmost confidentiality and used solely for the purpose of this research.

Sincerely,

Rajne Lorenzo Raphael Ruste (09467087094)

Indira June Ugmad (09754144742)

Andrei Villanueva (09476461307)

Noted:

Ian Abordo, PhD
Thesis Adviser & Research Coordinator

Ma. Almira Nebres, RN,MAN,PhD
Dean, School of Nursing

APPENDIX D: INTERVIEW QUESTIONNAIRES**Introductory**

Can you introduce yourself and tell me something about your age, ward position, and means of living?

Standard Operating Procedure

- a. In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?
- b. From your own experience as a new nurse, what kinds of support systems and processes did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?

Challenges during the transition phase

- a. Looking back on when you were a newly transitioned nurse, what were some of the biggest challenges you faced during that induction phase? How did those early challenges impact your initial experiences working in the healthcare setting?
- b. Here is one simple, humanized question that merges those two together:
- c. From your personal experience going through the nursing induction and transition period, what kinds of support systems or resources were available to help you overcome any challenges you faced? Based on your experience, do you feel there are plans or room for improving those support mechanisms moving forward?
- d. Thinking back to when you were a newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses?

Recommendations

- a. As an experienced nurse, what advice would you give to help new nurses adjust better when they start working at hospitals?
- b. From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?
- c. As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?

APPENDIX E: TRANSCRIPTS

PARTICIPANT 1

STANDARD OPERATING PROCEDURE

- a. In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?
- b. From your own experience as a new nurse, what kinds of support systems and processes did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?

P1-SA: “*Sa first 2 weeks lecture pani tanan, dadto gikuan sa amoa unsay possible scenarios sa taas sa conference hall man gud mi nag lecture. Si sir taer nag lecture, daghan kaymig gitudlo about sa technicalities like about sa black ug red ug black nga ballpen for V/S(vital signs). After 2 weeks namo nga lecture kay nag exam mi mura siyag evaluation, un ana ba. After ana nga exam dadto na dayun gi base ug pwede naba musaka sa clinical duty jud. 41 mi kabuok gamay rajud mi nakapasar pero di kaayo siya ingon sala jud kaayo. Ang nursing department jud nag initiate ani nga program unya libre rasab siya. After namo gi evaluate nag decide sila maskin naay mga 9 sa amoa wala kapasar sa evaluation test isaka nalang ghapon pero di man pud mi tagsa naa man sab miy pair, partner-partner mi per station. And aside ana naa sab miy mentoring mga senior nurses mao ang mag guide sa amo every step for 2-3 weeks. Tapos aside sa libre pajud amo training kay swerte kaayo kay naa sab miy allowance. Unya naka boost jud pud nis ako confidence kay pareha nako example bag o paka, bag o paka need jud kayo nimo ang mentor, ipa hands on ka pero kana bitawng naa sa imo ang kulba ghapon kay dili biya imo ang responsibility like ang sa mentor biya siya ang managot ug maunsa ang patient. So mao to maka calma ghapon siya di siya maka anxious bitaw nga ikaw ra isa unya ideretcho kag salang nga ikaw najud ana and all. Naay support system jud.*”

CHALLENGES DURING THE TRANSITION PHASE

- a. Looking back on when you were a newly transitioned nurse, what were some of the biggest challenges you faced during that induction phase? How did those early challenges impact your initial experiences working in the healthcare setting?
- b. Here is one simple, humanized question that merges those two together: From your personal experience going through the nursing induction and transition period, what kinds of support systems or resources were available to help you overcome any challenges you faced? Based on your experience, do you feel there are plans or room for improving those support mechanisms moving forward?
- c. Thinking back to when you were a newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses?

P1-SA: “*So far buotan akua mga patients na assign. Pero mangutana sila if nurse ba mi tapos muingon mi nga trainee pami di rapud sila muingon jud nga palihog kog tawag sa nurse jud. Pero naa diay koy isa ka pasyente atung first duty jud namo unya kulbaan kayko kay first duty pagud unya gipa V/S na dayun mi. Unya karun kay nabungol man jud ko like wala ko kadungog bitaw jud sa BP. Unya gipangutana ko pilay BP maam nitubag jud ko wala koy madungog. Unya pag adto namo sa station balikan lang daw namog BP ang patient. Unya pag adto namo sa patient niana siya “pwede kuan kanang nurse jud” niana ang patient. So mao to nigawas nalang mi. Naulaw kayko, kay hala di ko kadungog. One of my support mechanisms jud pag address ato nga challenge kay deretcho jud sa mentor. Kay siya man ang responsible sa amoa trainees. And sa pag cope nakos mga challenges jud kay di nako gina dibdib or take personal ang mga challenges.*”

RECOMMENDATIONS

1. As an experienced nurse, what advice would you give to help new nurses adjust better when they start working at hospitals?
2. From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?
3. As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?

P1-SA: “*Akong ma advice jud kay di jud mag buot-buot. And always ask questions ug dili ka sure kay dira jud na labi na sa IV, kanang pag chart pud kailangan accurate jud mao na biya na lantawon sa doctors. And isa sab sa ako ma share kay kanang sa endorsement bitaw kay ang uban man gud di bitaw sila mag base sa unsay iendorse kay didto sila mag base sa chart na unya ma change biya ang order. Unya sa diet pud dili maindicate if nahurot bajud like for example low salt, low fat diet unya wala na*”

butang if nahurot bajud ug kaon sa patient or half raba or quarter lang ang nahurot so wala jud na indicate man gud. So dapat iindicate jud to be precise jud kay irecord biya na siya mao ako na observahan man gud. Tapos ako ma suggest jud nga collaborative effort kay 2 jud ka nurse aid per station kay di biya makaya kay mag vitals unya mag rounds pa naa biyay mga 17-18 patient is to one nurse ratio.”

PARTICIPANT 2

STANDARD OPERATING PROCEDURE

- In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?
- From your own experience as a new nurse, what kinds of support systems and processes did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?

P2-C: *“The experiences we had on the specific staff and procedures in the transition programs in the hospital is that we had a day of orientation then the following day is a ret demonstration, good for 1 day for ret dem plus charting in terms of kardex, physician orders, prep for med cards, and also pag check sa tambal kung unsay nay na startan, procedures nga na agi an as a medicine nurse kay feeding ug kuan ultrasound. Ang training kay as a whole di siya ingon as medicine or unsa ba so ang pag train una atong orientation of ret dem is automatic as a whole nurse in charge and medicine nurse. Ang other is ang process sa amoang as a transition as trainees kay naa mi exposure atleast 1 month that time shadowing tas nahulog siya 2 months ang kanang total nga 2 months kay nay mentoring na ang shadowing kay 2 weeks before mi gi assign ug mentoring. Ang hospital mismo ga hatag ug allowance as trainees naa mi allowance per day sa duty namo, libre ra ang training sila mismo ga hatag allowance jud within the training period. Para sa akoo ang first ang orientation ug ret dem mura siyag nahulog as charge nurse to na step katong mga pag receive ug patient from ER di kayo nimo ma absorb puro ra what if ang kato nga time check lang jud kas mga doctors order or mga tambal nga ihatag ug unsa pay need ihatag sa patient, mura kog level 1 out of 10 akoo confidence atong gkan sa ret dem namo nga procedure along the way naka experience ko and naka gets and how to picture out the process especially kung unsay role sa imo mentor mao pod imoha sa time nga ga charge nurse siya dtdo nako na picture out nako nga ing ani diay ang way, in the span of 2 months akoo confidence ni abott nag level 8 out of 10. In terms of communication toward sa patient of course di pa kayo ingon nga confident kaayo sa karon sauna ulaw kayo level 2 ra ang confidence nako sa student pako lahi rajud kaayo kay need kayo ka pa bagag nawng kay naa mangud kay requirements sa school sa karon lisod sha kay naa mangud kay license na tas responsibility manpd gud sha lahi najud ang kaulaw ug need nimo nga i build nga confidence nga independent ka bahalag naa kay mentor still initiative nimo mo gain ug confidence ug experience.”*

CHALLENGES DURING THE TRANSITION PHASE

- Looking back on when you were a newly transitioned nurse, what were some of the biggest challenges you faced during that induction phase? How did those early challenges impact your initial experiences working in the healthcare setting?
- Here is one simple, humanized question that merges those two together: From your personal experience going through the nursing induction and transition period, what kinds of support systems or resources were available to help you overcome any challenges you faced? Based on your experience, do you feel there are plans or room for improving those support mechanisms moving forward?
- Thinking back to when you were a newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses?

P2-C: *“The challenges the thing countered first about sa akoo self walay confidence kanang nag libog ko. Challenges jud nako kanang as charge nurse lisod kayo siya knowingly daghan kayog doctors orders mag tapok mag lisod ka kinsa i prio along the way gi teach mi nga urgent medicines ang unahon ug carry out another challenge di masabtan nga agi sa doctor kanang mga lisod jud kayo ug basa pero nay uban along the way ma practice nimo. Bahalag pinaka una di nimo masabtan along the way ma anad raka then ofcourse kanang mangasaba nga doctor ngano wa nahatag ang tambal ngano dugay na carry out of course ang another challenge is pressure sa imo self nga ma ulaw kag sigeg ask though naa kay knowledge mabaw ra kayo jud ang confidence example pag hatag sa tambal specific tambal gi ingon nani daan para ani ivtt or slow or kini nga tambal malimatan nimo so sige jud kag ask isa na ka challenge specially para sa akoo nga dali ra makalimot pero along the way ma kaya ra maka timaan raka nga kini ivtt or unsa ba. Ang kato nga cahllenge ofcourse naa juy times mag breakdown ko kanang maulawon mangud kayko though na timangan ko nga masabtanon nga mentor. Naa japoy times nga ingnan mi nga i put into mind nga di kayo sigeg ask and along the way ma put pod sa akoo self nga challenge nga need nako i step up ajkoo self what if ma abot ang time nga di nami i mentoring ug di mi gaan go signal maka affect jud siya kay naa mangud mi evaluation with mentor head nurse and supervisor and if way go signal sa mentor di mi ma bayaran asng kanang pressure sa imo self nga maulaw ka or maikog ka sa tawo palibot nimo nga ga effort ug tudlo niya ikaw limtanon kayo balag mo hatag kag effort but still now enough para sa akoo*

mag take note ko balag manghanyo ko nga i suwat nako kay slow ko mo process ani nga butang maygani masinabtanon sila and i katawa ra nila nd still i cheer up ko nila ani and other colleagues nako unit kay helpful pod kayo sila pay mo ingon nga ingani ingana grabe ka healthy sa environment so confident rako nga pwede diay mag ask sa uban pero nanghid sa kos mentor nako nga ingani ang ingon ni maam or ni sir so naa nakoy headstart nga initiative so step up balag busy ang mentor pero need japn ka mananghid kay syempre sila poy ma kasab an if ever. Ang stress eating ug breakdown jud akoo coping mechanism kay pressured kayo ko especially 2nd week to 5 week or 6th week kay dira naman gud nga time nga ingnan kag hapit na raba mo with mag with pay nya mag overthink ka nga di ka way kay go signal so sayangan kas time mo train akang wat if nga ma kaya naba nimo ni nga way mentor ang uban pod mechanism nako kay pray jud mag ampo jud ko even during sa time nga nag duty ko unsaon man ko ni lord sampiton jud nakos lord especially sa things nga di pako confident like skin test or other hard procedures nay times nga ma blank akoo utok sampiton nakos lord nga lord i guide ko ani, ang initiative nako first nakita nakos uban is to come early before sa imo shift kay para naa kay headstart let's say alas 3 imo duty pwede kayka mo anhi alas dos para kabalo ka pila patient even though nay endorsement atleast naka headstart naka especially medicine nurse ka daghan ug preperation sa tambal kay nka encounter ko morning shift ato kay super busy toxic ang shift tapos wlaa na preparan ang mo receive kay di man sa ingon nga obligo pero as tabang na ba sa prev shift nga mo receive wa to na preparan balag oral meds ana ko sige ako nalay receive ana kay hago na kayo sila then kumpyansa ra kaayo ko ato dugay pajud ko ka abot mao to ang first day nako as staff then pag receive nako kay daghan man diay kog iv drips iv meds so ang preparation ana it takes 5 to 10 mins especially then ibutang pa nato daghan kog oral meds naa pay feeding lesson learn to sa akoo kay biya kog mga 2 hours dugay ko naka plot then kahadlokana kay what if mag ask ang doctor ngano wala paman siya na hatagan so lesson learn mao to come early sa pag ka sunod initiative na siya to come early at the same time maka balo ka unsay mga meds ihatag and also as a med nurse gi ingon nako ganina if ikaw ang mo hawaay nga med nurse i prepare nalang pod nimo ang mga medicine nga ipanghatag aron maka tabang pod kas mo sunod sa shift abnd also sa noc shift mana especially if wa nakay buhaton wa nay ipang carry out nga order pwede naka mag sugod kay di mana sa charge nurse ug med nurse pwede jud ka mo check ug una aron inig kadlawan ma minus minusan na ang trabaho samot nag charge nurse sila may na assign mo carryout sa medicine and if ang medicine wa nay tambal ihatag pwede kayo sila mo tabang sa charge nurse but if naay mga need ipang order nga crucial or kanang heavy orders inform pod nimo ang charge or balag ang tanan iinform nimo nga kung unsay gi order aron makabalo sila specially ang head nurse kay sila may mo atubang sa patient so isa pod nas imo initiative."

RECOMMENDATIONS

- As an experienced nurse, what advice would you give to help new nurses adjust better when they start working at hospitals?
- From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?
- As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?

P2-C: "Para sa akoo recommendation first jud ang salary di man sa demanding me specially ga start palang mi uhm gaining for experience ang salary jud is need pa iimprove next ang transition prog para sa akoo need lang ingnan ang senior or reinforce nila gina ingnan nila nga be patient pero need pa nila reinforce kay di malikayan sa seniors kay lahi2 tag kinaiya tanan nay uban with attitude nay uban di ma pugngnan nay uban juniors or trainees kay sensitive and dalit ra ma discourage at the end of the day need ramog collab. Para sa akoo kanagn mentoring and shadowing especially diha mangud maka gain ug experience specially kanang mga visual and mga perrfomer kayo nga tawo dira sila maka learn maka gain ug experience need lang jud i boost ang confidence sa ila trainees para sa akoo specially akoo mentor di man sa ingon magngasaba i remind lang ka sir next time pwede pa nato iimprove nay mga diskarte ipang tudlo. Depende ang collabortive things if di busy pero ang ako i recommend sa uban nurse naa mangud uban di kayo makipaghalobilo nay uban workaholic kaayo kay if trabaho trabaho jud nay uban di kayo nimo ma sturyaan about outside topics mura kag maka misinterpret naa lang jud uban need lang sabton but ang sa amoaha unit very okay man kaayo sabay ang tana isa nas positive side nas akoo as a trainee nakalahotay kos 2 months exposure as a atrainee bahalag unsa ka toxic ang patient unsa ka lisod ang challenges akoo na encounter nya akoo environment kay grabe ka positive and mo tabang sa imoha naa pod silay own initiative and effort."

PARTICIPANT 3

STANDARD OPERATING PROCEDURE

- In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?
- From your own experience as a new nurse, what kinds of support systems and processes did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?

P3-A: "In my experience during my as a neophyte nurse in the hospital there were a lot of times where I shadowed my senior nurses as they guide how to do such things and how to do the procedures in the hospital there were times where I floated in different areas to be familiarized on other aspects in the hospital. In my experience during the first week on the hospital they

gave me a probationary period in which I shadow a senior nurse so that i can be familiarized on the day to day work load in a specific area based on my experience what made ensure is smooth integration into the healthcare workforce is the process that they gave us in which they gave us a probationary period and also they gave us a amazing senior nurses As I was about to work in this new workplace of mine our bosses gave us a two week transition period in which in this two weeks we were oriented and they gave us trainings and they let us choose an area in which we were comfortable enough to start, the support mechanism they gave us a highly capable senior nurses that had trained us during our transition period. I think what contributed to our skills and overall success to our roles they gave us a such capable training instructors senior nurses and manageable workload."

CHALLENGES DURING THE TRANSITION PHASE

- Looking back on when you were a newly transitioned nurse, what were some of the biggest challenges you faced during that induction phase? How did those early challenges impact your initial experiences working in the healthcare setting?
- Here is one simple, humanized question that merges those two together: From your personal experience going through the nursing induction and transition period, what kinds of support systems or resources were available to help you overcome any challenges you faced? Based on your experience, do you feel there are plans or room for improving those support mechanisms moving forward?
- Thinking back to when you were a newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses?

P3-A: *"I think what gave us neophyte nurse challenges during our transition we were not familiar enough with the staff materials and facilities that were given to us but the time we were able to grasp the facility we were able to smoothly transition. At first these challenges gave me a hard time as I was not able to smoothly work on my transition period as time passed by these challenges had given us lessons that would be beneficial to us as we progressed our day-to-day period in the hospital. In my experience, I have already trained myself to have mental fortitude as a I traverse the nursing path it didn't bother or didn't gave me a hard time as I deal my emotional and professional challenges as faced my induction phase. I think the best strategy or initiatives for minimizing these challenges for future cohort would be not minding the challenges and moving along as you face these challenges and also by not bringing these challenges when going home as just be fluid like a water."*

RECOMMENDATIONS

- As an experienced nurse, what advice would you give to help new nurses adjust better when they start working at hospitals?
- From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?
- As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?

P3-A: *"I think the specific procedure or practices that would be recommended for experience nurses and hospital to enhance and improve the transition program for neophyte nurses would be the fact that they had to be patient towards neophyte nurses as the neophyte nurses transide from a neophyte to a experience nurse. I think what procedures and initiatives that had effectively contributed to the improvement of neophyte nurses is the trainings and seminars and orientation that the hospital had given to neophyte nurses/ For me team building is one of the collaborative efforts/procedures that could be implemented among nursing staff in the hospital to create a more supportive and conducive environment as it helps build trust and coordination to neophyte nurses and experienced nurses."*

PARTICIPANT 4

STANDARD OPERATING PROCEDURE

- In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?
- From your own experience as a new nurse, what kinds of support systems and processes did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?

P4-L: *"For my personal experience, I am an ER nurse as of the moment and I believe that both adjustment to certain things, and conquering of fears are the challenges that I have encountered, so far. Considering that I am a product of an online class/pandemic era student, at first it was really hard because I haven't had any experiences at the emergency room, not even once, while I was still studying. I remember that we've only done insertion of IV and other important stuff that must be done sa ER once, during our face-to-face simulation. I really thought that what happened during our simulation kay mao sab ma happen sa Emergency Room, but surprisingly it wasn't. What I learned during that simulation was just a shallow part of the iceberg. Knowing that emergency room is a very fast-paced area, when I had my first duty there I was really scared and confused. But*

eventually, I learned to manage both my fear and the adjustments, though it took me a lot of courage to do so. It made me realize that I can do better, and that things can be learned if you got patience and courage. Also, it made me do stuff that are out of my comfort zone, and live by the idea that I am really meant to do the things that I am doing now (which is being a nurse)."

CHALLENGES DURING THE TRANSITION PHASE

- Looking back on when you were a newly transitioned nurse, what were some of the biggest challenges you faced during that induction phase? How did those early challenges impact your initial experiences working in the healthcare setting?
- Here is one simple, humanized question that merges those two together: From your personal experience going through the nursing induction and transition period, what kinds of support systems or resources were available to help you overcome any challenges you faced? Based on your experience, do you feel there are plans or room for improving those support mechanisms moving forward?
- Thinking back to when you were a newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses?

P4-L: *"Thankfully I have a good and healthy environment at work, and all our R.O.Ds and my senior nurses are very much supportive and helpful. It made the challenges that I encountered a lot way easier to deal with. Also, my family is my number one support system when it comes to work, because with them I can share all the struggles and problems that I am dealing with. As for having plans, of course, improvement day by day is a priority especially in our line of work, after all nursing is a continuous learning. With learning comes improvement. I always put in mind the idea that I am meant for this, and of course I wouldn't want to put to waste all those years of struggle that I've endured during my nursing journey, especially sa boards. My answer would be "mind over matter", and gina motivate nako akong self na 'work = sweldo = money (bahala'g underpaid). Siguro, piece of advice (this doesn't only apply to student nurses but to everyone in the healthcare setting) if you are given the chance to do a certain stuff in school or at work, grab the opportunity to do so or volunteer gyud. If you succeed, good enough. If you fail, at least you learned something out from it. Different man ato challenges na ma face in life, but I best believe that having to do these things can somehow boost ones morale, and I believe na helpful jud sha somehow pag naa na sa work setting. Also, be open to learn new things and if you are doing something make sure na your mind is not somewhere else, and keep your focus. To add up, naa gyud sa work and makasab-an ka. It may be doctors, nurses, medtechs, or even imo own patient or ilang SO, pero mind you, just dont take it personally (unless below the belt, pero deal with it professionally), and just continue to do your best saimo work."*

RECOMMENDATIONS

- As an experienced nurse, what advice would you give to help new nurses adjust better when they start working at hospitals?
- From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?
- As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?

P4-L: *"Trainings and orientations for the new nurses. So far, I couldn't think of any kay when I started working diresto nako gi salang sa ER although there are certain things na wala pa gipabuhay saako diresto (like mag IV insertion) pero mao to gipa trabaho gihapon ko ug mga workload nga pang nurse nagyud. My senior nurses are the only ones that guided me (at work). I really have no idea honestly since we don't practice that sa hospital where I work, but I think a meeting with all the staff nurses would be a great idea, I guess."*

PARTICIPANT 5

STANDARD OPERATING PROCEDURE

- In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?
- From your own experience as a new nurse, what kinds of support systems and processes did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?

P5-D: *"First as a trainee pa dili pamo ipa carry out jud like observe sa for three weeks and depende kung asa mo nga na unit na assign like ako na assign ko sa ER wala pami na rotate sa ward so kami gipa familiarize pami aha ang mga gamit and unsay flow like gikan sa triage until diri nga nay order si doc then mag carryout di pajud mi ipa hands on then gipa familiarize mi aha ang mga gamit like needles diri ang needles and after ana mga 3 weeks like okay2 na nag triage gina ingnan mi nga naay guide"*

kani type c okay ra kani type a bc man and then paghuman ana triage dayun adto ka sa admitting office mag inquire ug room after ana mana mig triage name pamig vs di pa kami ang mag assist sa patient naa japyo senior nurse then after ana mura namig mag carryout. Days ra ang orientation man 1 week, pero naa juy mo under nga senior permerte and ayha mo mag carryout. Diba as a trainee mag dtr man everyday mi naay allowance every two weeks naay makuha mao na ang motivation ana nga time, daily mo for 8 hours, ang kuan staff pod ER staff grabe ka accommodating and mo tudlo mo teach jud sige ra silag ingnon kuwaaon mi ganahan rapod mi.”

CHALLENGES DURING THE TRANSITION PHASE

- Looking back on when you were a newly transitioned nurse, what were some of the biggest challenges you faced during that induction phase? How did those early challenges impact your initial experiences working in the healthcare setting?
- Here is one simple, humanized question that merges those two together: From your personal experience going through the nursing induction and transition period, what kinds of support systems or resources were available to help you overcome any challenges you faced? Based on your experience, do you feel there are plans or room for improving those support mechanisms moving forward?
- Thinking back to when you were a newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses?

P5-D: *“Sa ER jud kay first ang makuha nga skill kay ang pag insertion diri jud mo ma hasa tanan patient mo saka kamo mo insert jud dayun ang pag atubang ug SO or patient kay ang uban way lami way batasan jud, oo ni agi mig training IV training and Basic Life Support or BLS . Ang sa pag transport sa patient kay bagohay man nya mura kag kasaban ingana basta bagohay murag daogdaogon, wala man kayo so far diri sa ER wa ko ga lisod adjust sa staff sa patient lang ug sa SO ug sa taas. Ang permerte gina ingon sa amoa head nurse kay let go and let god ipa lapos nalang jud di pod nimo patulan kay mo dako kapoy gubot, pag toxic kay di jud nimo patulan i equal jud nimo iya attitude i explain jud nimog tarong and hinayhinayon nimog sturya taas jud dapat ug pasensya iexplain ug tarong tas ang pasensya then kung mao najud ila batasan di lang mo patol kung mag away lain man paubos nalang jud, isumbong sad sa head nurse. Kung ako ipalapos ra nako akong coping mechanism kay okay hapit na ang 15 days ang sweldo pero naay times nga kapoy lami mag sick leave mag pa help lang mi ug senior kay sila moy nay experience senior lang mi dagan.”*

RECOMMENDATIONS

- As an experienced nurse, what advice would you give to help new nurses adjust better when they start working at hospitals?
- From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?
- As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?

P5-D: *“Kuan mangud limit kayo ang staff nya ga duty mi atong transition ang er staff bali wala kayo staff ma limit ang pag teach walay maka focus jud ug teach bali kami ato mag learn tag ato mag observe ta diri pero mangutana ta diri pero kung daghan ang staff and then naay na assign mag teach sa bagohay and ang uban mag carryout nalang usahay ma biyaan mi kay daghan ug patient wa mi kabalo aha di mi ma guide every step pero kung daghan nurse okay kayo. O kanang i explain nimog tarong hinay nalang jud ka kajut lang sir then pasabton ayha raman sila mo tuman ug mahinay ila baba kung hinhin raka kung okay ra imo approach kay kung imo tumpangan wala jud mag dagkoay jud ug tingog. Okay man nahatag man ang sa hospital like before ka maka insert mo undergo kag trainings ang sa hospital kay ang mga gamit diri kay guba mangud ang uban maka langay then ma lag ang pc dugay ang carry out mga gamit usually maka irritate kayo dugay kayo ma saka tas ecg mag balik2 ka dugay mahuman supposed to be dali ra tas mga computer di ka maka enter ug labs ana lang.”*

PARTICIPANT 6

STANDARD OPERATING PROCEDURE

- In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?
- From your own experience as a new nurse, what kinds of support systems and processes did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?

P6-H: *“So experience namo diri before namo gi expose kay naa mi gamay nga lectures and orientation sa mga papers mga buhatonon human ana kay before mi gi pasagdan like kami najud mura mig nay CI ba mga senior namo diri agi japon mig*

mentoring so pamaagi sa mentoring makita nimo ang improvement ma feel pod nimo ang confidence nimo kuan pod after anang mentoring pasagdan mig kami ra mka decision making jud ka nga labaw naa mig er ma paspas imo decision making. Sa confidence palang daan di nami mahadlok sa kana bitang emergency elosy at first jud naa mi diri with mentoring pato ma ratol pami so paghuman ana wala na kayo kaba ba di naka ma pressure di naka mahadlok pareho sauna ba nga mahadlok ka makasala or unsa ba karon kabalo nako sa akoo buhaton."

CHALLENGES DURING THE TRANSITION PHASE

- Looking back on when you were a newly transitioned nurse, what were some of the biggest challenges you faced during that induction phase? How did those early challenges impact your initial experiences working in the healthcare setting?
- Here is one simple, humanized question that merges those two together: From your personal experience going through the nursing induction and transition period, what kinds of support systems or resources were available to help you overcome any challenges you faced? Based on your experience, do you feel there are plans or room for improving those support mechanisms moving forward?
- Thinking back to when you were a newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses?

P6-H: *"Challenges kay mga kuan jud tambal jud labaw nanang maghatag kag delusion nga tambal wa ka kablo kung pila imo i dilute ani nga tambal unsa imong next step nga buhaton sa ER unsa ang next step nga papers mura kag ma question ba nga ni pasar ba jud kaha ko mga ingana pero mao lage na, lahi pod nga challenges aside sa medication dealing with ano with doctors wa jud problema ang patients ang doctors challenging kay dugay masaka wala sila kabalo sa process sa ER. Impact para sa akoo kay maka pa feel kag kuan sahay sa ka toxic sa patient mura sad kag ma toxic ba kay mura kag mainit imo ulo sa ilaha sahay pod sa kaluoy nimo mo sabot nalang pod ka nila masabtan nimo ila kasuko, basta toxic ang patient or ang SO sapoton jud ko. Akong ginabuhay ana kay nurse man ko naa man ko ana nga field so sila sad naa sila naa nga situation ako nalang jud sabton. Sa mga ingana kung maka deal kag ingana nga patient na man mi seminar man pod sa mga na agian namo nga seminar ang mga learnings ana kay di jud ka mag pa kita ug kasapot di ka mag pakita nga na apektohan ka sa ilang kasuko so imo buhaton ana kana bang ahhh imong instead of masuko ka based sa amoa seminar imo ipakita nga sa ka toxic nila toxic pod ka imo nalang jud dawaton nga ingana ang situation sa patient ug watcher, ang watcher na guol ana sabton lang jud nimo. Sa akoo lang jud based lang sa personal nako go with the flow lang jud, go with the flow lang wa man kay mabuhay nurse man ka so go with the flow lang ka. Isa jud prayers paghuman sa prayers kanang dedication as a nurse so kuan pod inspiration nimo nga inspiration nako sa akoo lang ha inspiration nako kay mo gawas ko ba so if toxic diri mas toxic sa gawas mao rana akoo mindset."*

RECOMMENDATIONS

- As an experienced nurse, what advice would you give to help new nurses adjust better when they start working at hospitals?
- From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?
- As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?

P6-H: *"Dungag nato ato kay sa amoa mangud 1month ra ang mentoring ako ma recommend ana kay dungagan pajud ang 1month ra dapat 2 months amoa na experience kay 1month kapin amoa confidence low japon kulang pajud hadlok japon mentoring mao rajud na additional. Maka share kos amoa initiative katong kuan kato gi share nako nga kami mo handle mig elosy (idk sa spelling pero loss of consciousness siya) loss of consciousness di nami makurat kay amoa najud ni nga trabaho pero kana nga experience kay lisod jud sha kay daghan kaykag papers ana tas ang dapat paspas imo decision making ug kuan medications pod CPR jud ka una elosy man mindset nana nimo nga intervention cpr ka tawag ka doctor ingana mao na ang standard sa hospital. Suggestion nako kay ahh nursing staff kay since kulang ako ma suggest sa hospital kay more hiring kay pareha karon di dapat ko duty kay off ko gitawagan ko kay kulang sila 3 ra so the more nga kulang samot na karon 3-11 tig gawas sa patient so additional staff jud."*

PARTICIPANT 7

STANDARD OPERATING PROCEDURE

- In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?
- From your own experience as a new nurse, what kinds of support systems and processes did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?

P7-T: “First kay gi tour mi diri and kanang apil na dira ang orientation then sa orientation kay first day namo kay ga observe lang to siya, first day namo to kay observe for 1 week shadowing lang naa mi senior gina teach mi kung asa mi gi assign either charge nurse or medicine isa ka asenior ana kay lahi2 man ang nurse ana, kung medicine ka gina tudloan kas meds if charge ka kay sa pag carryout sa mga laboratories ingana ang process for 1 month and then I evaluate mi after one month if okay na ba. Pero naa japon senior, nay times nga kami lang ma partner mi ug both junior nurses kay I evaluate man daan if okay na ba na buy an mi. Bali murag training, naa man mi training, iv training at first kay new nurses di kayo ta kabalo mag insert so mao to naa mi iv therapy by partner karon naa mi senior nag guide sa amoa kung mag insert mi pero sa karon so far na di man all the time maka insert mi diretso pero na improve ang amoa pag insert kay naka observe nami. Feel nako kay wala dili kuan jud nag start mi sa covid mangd nag lack jud mig skills hospital skills more on online classes rami and retedem so diri ra namo start ang enhancement na build namo amoang skills so kung unsa ray naa ray skill ma learn raman nato unsay matudlo nila ma learn raman nato kanang kuan ba maminaw lang jud kag tarong so ma follow rajud nimo naa man poy mga seminars gina offer diri sa hopsitals so after ana theories pero skills japon apil man tanan BLS , mag start najud kag work as nurse, hmmm. Murag kuan raman to oy skills raman to maminaw lang jud ka after a month mao rajud ang process kung unsa ila gina teach para kung unsa rajod ila basic naa pod mga SOPS(standard operating procedures) based sa hospital policies mao rajud I follow nnyo lahi2 man ang uban example nay isa ka procedure complain abdominal pain sa isa ka patient nag order ang patient nga mag ultrasound whole abdomen pwede raka mo basa sa manual procedure kung unsa ang gina follow diri based sa hospital policy so nay uban mag hatag kag Dulcolax tablets or ah suppository or restime pero mag based na sila sa age example diri pedia syempre di ka makahatag ug tableta sa ilaha ug duha ka tabletas diba so usually either suppository nalang na pero pedia nga suppository oh kids lang tapos after ana iinstruct nimo ang patient after 12 midnight na dili na ipa kaon ana btaw tas after ana procedure mga 10 or 11 iinstruct nimo nga full bladder ang imnon nga tubig ingana tapso mag base mis mga cards naa mi color yellow nga cards white kani green so kanang green ma based nimo mga treatment ang white oral meds yellow card mga iv medication pink kung nay ipa import na mainline or side drip nila mag based jud na sa hospital policy.”

CHALLENGES DURING THE TRANSITION PHASE

- Looking back on when you were a newly transitioned nurse, what were some of the biggest challenges you faced during that induction phase? How did those early challenges impact your initial experiences working in the healthcare setting?
- Here is one simple, humanized question that merges those two together: From your personal experience going through the nursing induction and transition period, what kinds of support systems or resources were available to help you overcome any challenges you faced? Based on your experience, do you feel there are plans or room for improving those support mechanisms moving forward?
- Thinking back to when you were a newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses?

P7-T: “Ah wdyam sa first kuan lack of skills syempre covid times man mi so mga new procedures pajud nga wa mi kabalo so mao to mga ngts mga medication pod sometimes kanang mga epeniphrines kay dili bya basic lang hatag meds so challenging sha kay I make sure bya jud nimo nga saktong dose naa kay mga alert meds wa ka kabalo nga mag duka kay sa school biya kay more on theory ra biya kay mag hatag byag meds sa school kay mga basic ra biya diba sap ag pag work nimo diri kay tanan naa nay nor ephiniprines and hala challenging lang siya kay bago bya pero naa may senior so maka ask raka challenging jd siya. Siguro maminaw lang permi pero kung ako ga meds ko ga take mangd kog notes o kanang bago pako pilay I example antibiotic gina sulat jud nako hantod sa na memorize na nako kay ako manpod maikog man ko sigeg ask sa senior so mao na ako gina sulat jud so kung di ko sure ayha rako mag ask, ako kay kuan raman ah maminaw lang kung unsay I tudlo mao ra ambot lang dili kay sa ubos mangud kuan rajud sha nay uban usual routine meds ray I hatag kung naa kay dili kabalo dira raka mag ask mga antiibiotics kung naa pay mga bago syempre dira raka maka ask pero kung mao to ila I tudlo nga tambal ani syempre di lang jud ka pwede mag balik2 ug pangutana imo nalang I analyze pero kung bag o pajud kayo ni nga tambal syempre pwede raka mag pa tabang ask sa ilaha. Syempre maka experience jud kog burnout tanan jud ma burnout jud kay ngano understaff tapos ang nurse patient ratio is dili jud ma kuan sometimes daghan kayo patient nya isa ra ang nurse ang quality care ma give nimo sa patient kay dili enough kay limited ang staff bitaw so example bed side care sauna di na mabuhat karon tungod ana nga census so mao to ma experience nimog burnout di lang tungod sa patient as long as sa management sa hospital so ana btaw so naa poy uban mga kauban nimo or unsa ba depende nalang unsaon nimo pag deal, hmm syempre daghan man jud mi diari mangita nalang kag kauban nga makasabot nlang pod nimo colleagues nga maka sabot rapid nimo ug ma sturyaan nimo mao na sha kay diba ako ga build jud kog relationship sa akoo senior kay kabalo man ko unsa ka busy I know nga tabangan ko nila so ako gina try nako nga ma close nako akoo senior even though di mi parehag age dba kuan naman jud na gina kuan jud nako kay sila man makahatag ug support sa imoha kung naa kay need ba ana lang.”

RECOMMENDATIONS

- As an experienced nurse, what advice would you give to help new nurses adjust better when they start working at hospitals?
- From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?

c. As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?

P7-T: “*Pero kung bago pajud ka di man enough ang 1 month sa amoa actually kay kami bago pa sa amoha di pa enough ang 1 month maka learn nimo ang tanan need jud kag months ang 1 week mangd kay shadow lang ang next ana kay kuan najud I sabak najud like kanang 2nd week pa nimo sa ward pero 1 month ka I evaluate tagaan pero sa pag ka next week nimo kay isabak naka evaluate sha apil pero di pa sha enough time kulang pa sha daghan pa procedure sa hospital dba like di pa nimo ma hibal an kami gani nga 1 year nami pero murag di pa mi like kabalo di nimo ma learn sa isa ka setting nga tanan so murag ana lang need ug time mas nice guro if longer pero if nay bag o need I practice siguro kanang nay for operating room kanang ward mi tapos I endorse sa or kay syempre taas biya ang prep ana ihatag depende nalang kung unsa na nga procedure sa surgeon unya mag refer pa bya kag mga 5 ka doctor depende kung unsay team ana tapos kung unsay before iintake or before i igve nimo sa patient before nimo iiendorse sa OR mga consent ana tapos unsa paman mao raman feel nako kato ra sa or kay kami mangud manual policy SOPs pwede ra namo ma basa so kanang mga procedure like CT scan pwede ra namo ma basa anytime wala sa handbook ang pag endorse sa OR depende rajud na sa order sa doctor depende rapod saimo independent ug dependent kung unsa imo buhaton pero lahi2 mangud ug case ang or nga imo ma encounter tapos ikaw pod wala pod ka kabalo basin diay stat OR nya ikaw wa ka kapanagang so depende rapod na nimo. Siguro ang brainstorming ug communication kay naa mangud uban di nimo ma please ang uban tawo so ikaw kung gusto ka mo communicate og siya dili mao rajud na ang barrier sa kami diir mag tinbangay rajud mi ug meds tabangan pero lahi2 mangud ang attitude sa uban pero show lang professional way communicate lang jud.*”

PARTICIPANT 8

STANDARD OPERATING PROCEDURE

- In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?
- From your own experience as a new nurse, what kinds of support systems and processes did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?

P8-SC: “*Our first 3 days were handled by the head resource department, which they gave out our probationary ID’s, summary of the revised employee handbook, discussed different hospital protocols, and we even had a few icebreakers, such as games and intermission numbers from my batch. Then, the next few days, the introduction of the different heads from different departments. They even discussed one by one, for example, from the infection control head — he tackled how it works when you got punctured accidentally by a needle, something like that. We also had one day training for IV insertion and on the last day we had our evaluation day with the nursing head and 100 item exams good for 1 hour prepared by our nursing supervisors. Orientation process done by the management I applied was a good way to start and ensure a smooth integration to the new nurses. They even let just join after 1 month — lactation management seminars, BLS training sessions and IV insertion. I can’t wait to join another set of trainings. Our nursing supervisors and head resource department were so hands-on at that time. We even had games and a little celebration before we ended our training sessions during the first month. Even when I was still a student nurse at that hospital, what I loved in their environment was how friendly the healthcare workers even up to when I’m now part of them. I guess it was a big help for those nurses starting out their career to have this kind of welcoming experience. It is where we can know more about the company, especially the do’s and don’ts. I never felt left behind or “nangangapa” when we finally our patient load because of the support they showed.*”

CHALLENGES DURING THE TRANSITION PHASE

- Looking back on when you were a newly transitioned nurse, what were some of the biggest challenges you faced during that induction phase? How did those early challenges impact your initial experiences working in the healthcare setting?
- Here is one simple, humanized question that merges those two together: From your personal experience going through the nursing induction and transition period, what kinds of support systems or resources were available to help you overcome any challenges you faced? Based on your experience, do you feel there are plans or room for improving those support mechanisms moving forward?
- Thinking back to when you were a newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses?

P8-SC: “*My biggest challenge when I was a neophyte nurse — adjusting to the “real world” of nursing, which is incredibly difficult to explain and overwhelming at the same time. I can still remember how I always have pre and post anxiety shift (even up to-day but compared to when I was still starting). For example, I can’t sleep thinking if I wasn’t able to sign the medication sheet, or if I was able to regulate the IV Fluid correctly without delaying it. But, later on, to minimize overthinking, I always do*

rounds and check all my assigned patient's charts before I timed out at work. So many things have changed since I started working in the hospital setting. I learned to romanticize my work even if sometimes I always want to give up my nursing journey due to burnout. But, I look back on why I'm here for a reason and, with a single thank you from my patients and the sentence "discharged in AM" from the physician's order, makes me happy for my patient. You just have to deal with it every day coming from a person who is quite shy (hehe). I find comfort with the support system my parents showed even if they're away miles from me and guidance from above, our heavenly father", to survive the day to day basis. My coping mechanism right now is doing pilates and yoga. It recharges my energy. To minimize this challenges I experienced when I was still starting as a nurse, I think you just have to find a way to adjust and a support system that may help and guide you through. A piece of advice to the future nurses who want to jungle the real battlefield in nursing, find courage and strength to hold on when life gets tough. No one ever was prepared for it."

RECOMMENDATIONS

- As an experienced nurse, what advice would you give to help new nurses adjust better when they start working at hospitals?
- From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?
- As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?

P8-SC: *"My recommendation to enhance and improve transition programs for new nurses is to provide them with competency-based orientations and trainings such as IV insertion and Basic Life Support (BLS) that they may use as guiding light in the work field. When I was still a "tailing" nurse to the senior nurses for a month, what I appreciated in the field was that our supervisor always initiated asking us, "Kamusta mo diri?", or "if di mo sure ask gyd ko question di kabalaka kay mo tabang gyd na sila," which is, for me, effective because we felt welcomed even though we were new nurses at that time. In terms of collaborative efforts, the hospital I worked with, every 2 months we have our meetings with our department head and nursing supervisors so that we can tackle some issues in the station which is a big help even to the novice nurses who wants to voice out their concerns."*

PARTICIPANT 9

STANDARD OPERATING PROCEDURE

- In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?
- From your own experience as a new nurse, what kinds of support systems and processes did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?

P9-CJ: *"Induction of new nurses is a good practice since it helps new nurses to adapt, learn, and follow the mission, vision, & goals of the hospital they wanted to work with. The initial period as a nurse was tough and it requires quite a lot of time to adapt to the new clinical setting. While it may take a process, but it actually helped me to build a character of resilience and flexibility since being a nurse is not easy and becoming a competent nurse is the goal. In my new workplace, the hospital conducts a 1month refresher paid training for all new nurses employed. The hospital nursing council staff was kind enough to orient the do's and don'ts in the hospital, their policies, mission, vision, and objectives. I also went through a process where I have to learn the basics in the clinical setting of the hospital. It actually helped me to adjust and familiarize the job that I applied to. It was not easy but the hospital staff including the nursing educators who mentored me made the process smooth and bearable. I can say it was a strong support system since they conducted not just educational learning for post-graduate courses but they also built rapport between the nursing council, the staff, the management, and their newly employed nurses. It was thorough and I was guided the whole time I was under the transition of becoming a competent nurse. The experience taught me to love the job I am in, to accept my calling, to strive to be skillful in all ways possible. The training helped me to be competent and confident despite the doubts I have with myself if I can do the job right or not. It helped me to be equipped to know the right process in dealing with my patients needs. Above all else it taught me empathy, empathizing and having a heart for caring not just to my patients but also the families involved."*

CHALLENGES DURING THE TRANSITION PHASE

- Looking back on when you were a newly transitioned nurse, what were some of the biggest challenges you faced during that induction phase? How did those early challenges impact your initial experiences working in the healthcare setting?
- Here is one simple, humanized question that merges those two together: From your personal experience going through the nursing induction and transition period, what kinds of support systems or resources were available to help you overcome any challenges you faced? Based on your experience, do you feel there are plans or room for improving those support mechanisms moving forward?

c. Thinking back to when you were a newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses?

P9-CJ: *"The challenge for me was whether I did the right thing or not, it was not easy to be working in the healthcare setting. It was also hard to adjust right away but with Gods help everything was truly possible. The transition I went through goes through a process where I have to indulge in some changes. It was hard to become a competent nurse but it was fulfilling when you get there. These challenges helped me to have a good instinct, wearing the right attitude, and allowing myself to have a student heart always, in all ways. I can say that I improved a lot in terms of skills, and attitude. When the heart is humble to be taught, humble to listen to corrections, it is guided with good results. The nursing educators were my real support during this phase, they did their best to help me become better; they trained me to be good at my job and to be presentable to mg patients. I coped by not pressuring myself to learn all the skills and concepts, I forgive myself when there were times that I was too tired to function. I also have so much faith in what God can do through me by making me an instrument to reflect His love unto my patients and their families. It's all about accepting that you make mistakes and that everyday may not always be your absolute best but you can always try again until you make it right. The goal is to strive to be better always in every responsibility given. I know that when I keep trying, I will never be out of place and that I can always see myself growing amidst circumstances."*

RECOMMENDATIONS

- As an experienced nurse, what advice would you give to help new nurses adjust better when they start working at hospitals?
- From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?
- As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?

P9-CJ: *"My recommendation would be pleading for my senior nurses to be a whole lot more patient when teaching the new ones. The neophyte nurse transition program helped me to become better in communicating with my patients and their needs. It helped me to be street-smart, it trained me to be assertive when there are tasks on hand. I was also less pressured when communicating with doctors, I have become more professional in my dealings. I think it's best to have teamwork in the clinical setting. Nurses do not only just help their patient to recover but they also lend a hand to their colleagues. Like, allowing them to nap in between night shift just to have more strength to face the day. Taking an extra shift because your co-worker has to take care of his sick mother. Kindness in all forms is essential when working in the healthcare setting. When we are kind to everyone the blessing radiates."*

PARTICIPANT 10

STANDARD OPERATING PROCEDURE

- In your personal experience, can you walk me through the specific steps and processes your hospital follows to help smoothly transition and integrate new nurses into the healthcare workforce? Does your hospital have an effective induction program that ensures new nurses are properly prepared and assimilated?
- From your own experience as a new nurse, what kinds of support systems and processes did the hospital provide during your induction and transition period? How did those mechanisms help build your skills, confidence, and ability to succeed in your nursing role?

P10-AL: *"Being a student to nurse its a bit of kuan a adjustment kana because when we were still a student ang allowance you know ana, dili man somehow naka adjustment man pod ko right now working girly nami so kanang murag facing na sa adulthood murag maka say nako nga i can stand on my own na. First is gi shadowing pami kung unsay ganap diri sa ER unsaon pag admit ug patient until gi train mi nila nga ingani unsaon pag deal ga lecture mi orientation diri sa hospital before shadowing ila nami gipa experience sa pag handle sa patient ana, kulba kulba sha kulba sha at first but later on naka ano adjust rami for like 2 months ana. Murag pang motivational something? Siguro kanang maka help pod na sha karon mangud sa bago naa silay allowance 2k so mao to maka help jud ganahan ka mag work, hmmm ma hire manjud mi, oo oy yes nakatabang kanang giving at most care sa patient like imo jung seryosohon imo jud tarongon ang patiente pag trato like imo i put imo self sa ila situation but sometimes especially diri sa ER ma test jud imo patience. Kapoy manjud walay trabaho dili kapoy pero laban, laban japan! Kuan lang akao lang is bangon lang show up lang sa imo duty and humanon nako akao trabaho siguro ang mga tawo diri sa ER murag despite sa kakapoy btaw as in lahi rajud ang draining nga kapoy kaayo kaysa kapoy nga maka ginhawa raka tawa tawa ra dayun mo after duty kana sha maka gaan kayo mangaon after no mga coworkers."*

CHALLENGES DURING THE TRANSITION PHASE

- Looking back on when you were a newly transitioned nurse, what were some of the biggest challenges you faced during that induction phase? How did those early challenges impact your initial experiences working in the healthcare setting?

b. Here is one simple, humanized question that merges those two together: From your personal experience going through the nursing induction and transition period, what kinds of support systems or resources were available to help you overcome any challenges you faced? Based on your experience, do you feel there are plans or room for improving those support mechanisms moving forward?

c. Thinking back to when you were a newly transitioned nurse, how did you personally cope with the emotional and professional challenges during that induction phase? Based on your experience, what strategies or initiatives do you think could help minimize those types of challenges for future groups of new nurses?

P10-AL: *“Siguro dealing with the significant other sa patient kay especially atat na kayo sila mo saka sa ila rooms and kuan biya we deal with different people biya sometimes naa jud okay ma sturya sometimes naay mga rude isa na sa dako nga challenge sa amoa the way we speak to the them the way kanang ipasabot sa ilaha ang situation nga dili pa dali dali ma saka mao na ang mga struggle. Frustrated, frustration maka frustrate jud kaayo maka pungot kaayo ma lagot kag apil pero kuan kanang cheka ra japon sa SO pasabton ra japon. Hinuon pod mo tabang man pod for example ma abot ang situation nga di na ma handle namo magpa tawag man pod mig supervisor sila ang mo deal mag pa tabang mig deal ana oo ask jud mi sa taas taas. Like naa man uban like i question oo like naa man SO example mig IV mag insert mig IV ingnan kas SO nga dapat one shot rana ha kami kay murag ikaw nalang insert hahaha, kuan naa rana sa the way nimo i cheka ang significant other.”*

RECOMMENDATIONS

- As an experienced nurse, what advice would you give to help new nurses adjust better when they start working at hospitals?
- From what you've seen, what seemed to work well in helping brand new nurses get up to speed when they start their jobs?
- As an experienced nurse, what things could the nursing staff do to better support and help new nurses when they're just starting out?

P10-AL: *“Ay training kuan ang akua ma recommend kay mag train jud mo daan ug BLS BLS or depende sa hospital, hmm kuan kanang siguro sa orientation ilaha jud unta mig gi taas although understandable nga need kay nila ug nurses as soon as possible pero kato mangud amoa kay gi salang rajud mi within a week orientations orientation whole day one day next day shadowing next day handle namig patient so murag taas taas jud amoa adjustment unsaon mani diri unsaon mani diri pero makuha raman siya ba pero mao lage gi orient unta mi more kung unsa pay unsa pay kuan diri gi discuss before atong mga SOPs. BLS kana BLS unsa paman IV training IV training kana mga training training kana ug katong gipa apil mi nilag mga seminar mga I SHINE, I CARE DIAY WALA PA NG I SHINE, kanang sa I CARE gi chekahan mi nila unsaon pag handle ug patient ana. Oo dira na ang pag handle ug people dira na nga kuan sa I CARE, mura shag seminar unsaon pag deal sa mga clients/patients. Siguro sa taas kanang dugay kayo sila mo receive patient ma dugay diri ma tangum kanang needs improvement oo kanang sa ward. Mao rato siya.”*

APPENDIX F: AUDIT TRAIL

Days and Date	Activity	Data Collection Process	Participants	Form of Data Video/Audio and Transcript	Location of Data	Thoughts during Observation	Initial Codes
Day 1 (Tuesday) March 5 Time: 4:21 PM	Interview	Interview of the participant from AMCI	AMCI Nurse	Audio + Transcripts	Recorder	The participant shows humility towards her actions and still follow SOPs	Sorting challenges, Stigma
Day 2 (Tuesday) March 5 Time: 5:24 PM	Interview	Interview of the participant from AMCI	AMCI NURSE	Audio + Transcripts	Recorder	We observed that the participant lacks confidence during his induction phase which means that the induction phase was short to build confidence on his works	Sorting challenges, Shortage of time during Transition Phase
Day 3 (Saturday) April 6 Time: 4:17 PM	Interview	Interview of the participant from	AMCI Nurse	Audio + Transcripts	Recorder	We've noticed that the participant recommends competency-based orientations and trainings to enhance basic skills	Enhancement of Standard Operating Procedures, Importance of BLS trainings
Day 4 (Wednesday) April 10 Time: 12:27 AM	Interview	Interview of the participant from GTLMH	GTLMH Nurse	Audio + Transcripts	Recorder	We've noticed growth from our participant as He shares aspects of his transition phase from neophyte nurse to a experienced nurse through trainings and orientation from senior nurses	Benefits of transition programs, Importance of BLS trainings
Day 5 (Monday) May 6 Time: 5:42 PM	Interview	Interview of the participant from AMCI	AMCI Nurse	Audio + Transcripts	Recorder	The patient had briefly answered our questions and based from her experiences she really learned a lot in just a short time of transition phase	Shortage of time during Transition Phase
Day 6 (Tuesday) May 7 Time: 5:47 PM	Interview	Interview of the participant from AMCI	AMCI nurse	Audio + Transcripts	Recorder	We observed that the patient complained about the short process of induction phase	Shortage of time during Transition Phase,
Day 6 (Tuesday) May 7 Time 6:00 PM	Interview	Interview of the participant from AMCI	AMCI nurse	Audio + Transcripts	Recorder	We've observed that the participant has his own ways on learning and adapting to certain situations that involves critical thinking	Sorting challenges, Building up confidence,

Day 8 (Friday) May 10 Time: 5:14 PM	Interview	Interview of the participant from AMCI	AMCI Nurse	Audio + Transcripts	Recorder	As we've observed the participant had a hard time learning and adapting , due to the lack of duties as a Student Nurse during the pandemic	Shortage of time during Transition Phase, Stigma
Day 9 (Saturday) May 11 Time: 5:54 PM	Interview	Interview of the participant from AMCI	AMCI Nurse	Audio + Transcripts	Recorder	As we've observed the participant complained about the shortage of nurses on the field and transition programs that needs more months to be learned	Shortage of time during Transition Phase, Enhancement of Standard Operating Procedure, Stigma
Day 10 (Monday) May 20 Time: 9:20 AM	Interview	Interview of the participant from Mercy Hospital	Mercy nurse	Audio + Transcripts	Cellphone + Recorder	We observed that the participant recommends more trainings and orientation for neophyte nurses for a better success in transitioning	Shortage of time during Transition Phase, Enhancement of Standard Operating Procedure, Stigma