

**TRANSITION FROM CLASSROOM TO CLINICAL PRACTICE:
LIVED EXPERIENCES OF NOVICE NURSES
IN A GOVERNMENT HOSPITAL**

A Thesis Presented to
the Faculty of the Graduate School
Misamis University
Ozamiz City

In Partial Fulfilment
of the Requirements for the Degree
Master of Arts in Nursing
Major in Nursing Education Administration

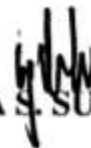
by

JANYVIE M. AGALOT

May 2026

APPROVAL SHEET

This thesis entitled, **“TRANSITION FROM CLASSROOM TO CLINICAL PRACTICE: LIVED EXPERIENCES OF NOVICE NURSES IN A GOVERNMENT HOSPITAL,”** prepared and submitted by **Janyvie M. Agalot** in partial fulfilment of the requirements for the degree of **Master of Arts in Nursing major in Nursing Education Administration**, has been examined and is recommended for acceptance and approval for Oral Examination.


CYNTHIA S. SUPERABLE, EdD, DScN
Adviser

Approved by the Thesis Committee on Oral Examination with a grade of Passed.


SAMMY B. TAGAYOY, PhD
Member


HAYDEE D. VILLANUEVA, PhD
Chairperson


JUDY JANE S. REVELO, MAN
Member

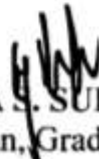

MERASOL O. DUYAG, PhD
Member

Accepted and approved in partial fulfillment of the requirements for the degree
Master of Arts in Nursing major in Nursing Education Administration.

Date of Comprehensive Examination: May 2-3, 2025

Date of Thesis Proposal: September 20, 2025

Date of Oral Defense: December 6, 2025


CYNTHIA S. SUPERABLE, EdD, DScN
Dean, Graduate School

Date: May 2026

ABSTRACT

Transition from classroom to clinical practice represents a critical phase for novice nurses, marked by challenges that shape their professional identity and competence. This study aims to explore the lived experiences of novice nurses during this transition to professional practice. Utilizing a transcendental phenomenological approach, the study was conducted in a government hospital in Dipolog City. Twelve novice nurses, selected through purposive sampling, participated in semi-structured interviews to share their transition experiences. Data were analyzed using Moustakas' phenomenological reduction techniques to extract significant themes and insights. The findings reveal five interconnected themes: Each theme highlights aspects such as The Body as a Site of Fatigue, Resilience, and Emotional Labor ; Growing Through Time: From Training to Challenges to Becoming ; Negotiating and Experiencing Space: From Stressful Adjustment to Confident Practice ; Building Supportive Relationships with Colleagues and Patients ; Mastering the Clinical Landscape: Technology, Challenges, and Adaptation ; and Cultivating Competence and Accountability in Safe and Reflective Care . The study concludes that these lived experiences significantly impact novice nurses' professional growth, underscoring the need for holistic support to mitigate transition shock and enhance resilience. It is recommended that healthcare institutions implement structured mentorship programs and supportive work environments to facilitate a smoother transition and promote patient safety.

Keywords: clinical transition, novice nurses, professional development, resilience, workplace adaptation

ACKNOWLEDGMENT

The researcher wishes to express her deepest gratitude to everyone who has provided unwavering support and guidance throughout this research endeavor.

First and foremost, she is profoundly thankful to her adviser Dr. Cynthia S. Superable for her invaluable guidance, expertise, and encouragement. As her adviser, her patience, insightful advice, and steadfast support have been instrumental at every stage of this journey, inspiring me to strive for excellence and push beyond her limits.

She also extends special thanks to the esteemed members of her panel—Dr. Mirasol O. Duyag, Dr. Sammy B. Taghoy, Prof. Judy Jane S. Revelo, and Chairperson Dr. Haydee D. Villanueva for their constructive feedback, thoughtful suggestions, and rigorous evaluation. Their input has significantly enhanced the quality and depth of this work.

Her sincere appreciation goes to Zante Provincial Hospital for offering the necessary support, resources, and access to the novice nurses who participated in this study. Their cooperation was essential to the successful execution of the research.

Finally, she is deeply grateful to her family, friends, and colleagues for their constant encouragement and understanding during this challenging process. Their belief in her has been a source of strength and motivation.

Janyvie

DEDICATION

This thesis is dedicated to

My family, whose unwavering love and encouragement

have been the foundation of my journey;

My parents, for instilling in me the values of perseverance and curiosity;

My siblings, for their constant support and belief in my dreams;

My loved ones, for reminding me

that every challenge is an opportunity to grow;

to the novice nurses

at Zamboanga del Norte Provincial Hospital,

whose dedication to patient care and resilience

in the face of adversity inspired this research.

May this study contribute

to a better understanding of their experiences

and the advancement of nursing education.

To all who have touched my life and

fueled my passion for knowledge this is for you.

Janyvie

TABLE OF CONTENTS

TITLE PAGE	i
APPROVAL SHEET	ii
ABSTRACT.....	iii
ACKNOWLEDGEMENT.....	iv
DEDICATION.....	v
TABLE OF CONTENTS	vi
LIST OF FIGURES	vii
 CHAPTER 1 INTRODUCTION	
Rationale of the Study	1
Theoretical Framework	6
Conceptual Framework	12
Statement of the Problem	22
 CHAPTER 2 REDEARCH METHODOLOGY	
Design	23
Setting	23
Participants	24
Instrument	24
Data Gathering Procedure	25
Ethical Considerations	25
Data Analysis	27

CHAPTER 3 RESULTS AND DISCUSSIONS

Core Theme 1: The Body as a Site of Fatigue, Resilience, and Emotional Labor in the Transition to Nursing Practice	29
Subtheme 1: Physical Exhaustion / Bodily Strain.....	30
Subtheme 2: Sleep Disturbances and Difficulty Resting.....	31
Subtheme 3: Emotional Labor and Coping.....	31
Subtheme 4: Embodied Strength / Competence in Crisis.....	32
Core Theme 2: Growing Through Time	35
Subtheme 1: Reflection on Past Training.....	35
Subtheme 2: Navigating Present Challenges.....	41
Subtheme 3: Envisioning Future Growth.....	43
Core Theme 3: Negotiating and Experiencing Space.....	49
Subtheme 1: Stressful, Intimidating Environment	50
Subtheme 2: Comfort, Support, and Y=Team Assistance.....	53
Subtheme 3: Learning the Ropes, Culture, and Workspace.....	55
Subtheme 4: Confidence and Challenge in Familiar	58
Core Theme 4: Building Supportive Relationships.....	62
Subtheme 1: Support from Colleagues and Mentors.....	63
Subtheme 2: Mentorship and Guidance in Skill Development.....	65
Subtheme 3: Patient Interaction and Feedback.....	66
Subtheme 4: Inclusion and Exclusion Experiences	68

Core Theme 5: Mastering the Clinical Landscape.....	71
Subtheme 1: Positive Experiences with Hospital Equipment.....	72
Subtheme 2: Challenges and Malfunctioning Equipment.....	73
Subtheme 3: Resourcefulness and Adaptation to Equipment Shortages...	74
Subtheme 4: Learning and Familiarity with Complex Technologies.....	76
Core Theme 6: Cultivating Competence and Accountability.....	79
Subtheme 1: Responsibility and Pride in Patient Care.....	80
Subtheme 2: Reflection and Learning from Patient Outcomes.....	81
Subtheme 3: Correcting Mistakes and Ensuring Safety.....	83
Subtheme 4: Prioritizing Patient Safety and Seeking Guidance.....	84
CHAPTER 4 SUMMARY, FINDINGS, CONCLUSIONS AND	
RECOMMENDATIONS	
Summary	88
Findings	89
Conclusions	90
Recommendations	91
REFERENCES	93
APPENDICES	
Appendix A: Interview Guide	98
Appendix B: Interview Transcript	102
Appendix C: Informed Consent	123
CURRICULUM VITAE	127

LIST OF FIGURES

Figure 1 Schematic Diagram of the Study	21
---	----

Chapter 1

INTRODUCTION

Rationale of the Study

The nursing profession in the Philippines is experiencing significant growth, with a substantial influx of new graduates entering the healthcare workforce annually. According to the Commission on Higher Education (CHED), thousands of Bachelors of Science in Nursing (BSN) students completed their degrees across regions in academic year 2023–2024, reflecting the continued popularity of nursing education as both a local and global career pathway (CHED, 2024). This trend is further supported by the record number of Filipino graduates who took the U.S. licensure examination (NCLEX-RN) for the first time in 2023, reaching 36,410 examinees, the highest in history, demonstrating the strong international demand for Filipino nurses (Manila Standard, 2024).

In terms of national licensure, the Professional Regulation Commission (PRC) reported that 7,749 out of 11,116 examinees successfully passed the May 2024 Philippine Nurse Licensure Examination (PNLE). Later that year, the November 2024 examination saw a remarkable increase, with 29,349 passers out of 34,534 examinees, yielding a passing rate of nearly 85 percent (PRC, 2024a, 2024b). These results highlight that a significant number of graduates transition to becoming licensed nurses each year, adding to the potential healthcare workforce pool.

Employment outcomes vary considerably among graduates. Tracer studies from Philippine nursing institutions indicate that while a majority are able to secure nursing positions, a considerable proportion remain underemployed or shift to non-nursing work. Austria (2023) reported that approximately 68 percent of graduates found employment as

nurses, with the remaining 32 percent either unemployed, engaged in unrelated jobs, or preparing to work abroad. This suggests that although the country produces and licenses large cohorts of nurses annually, its healthcare system has limited absorptive capacity, pushing many graduates toward alternative pathways.

Despite the continuous influx of new nurses, the Philippine healthcare system is still marked by a critical shortage of nursing professionals. Estimates suggest a deficit of more than 120,000 nurses nationwide, leading to overstretched hospital staff, unsafe nurse-to-patient ratios, and workforce burnout (Alibudbud, 2023). Poor compensation, short-term contractual arrangements, and limited opportunities for professional advancement further drive the mass migration of nurses overseas (Hartigan-Go et al., 2024). Shortage undermines the implementation of universal health care and widens disparities in service delivery, particularly in rural and underserved areas (Tan-Lim, 2024).

Thus, while the nursing profession in the Philippines demonstrates strong growth in graduate output and licensure success, persistent issues of employment mismatch, workforce migration, and systemic inadequacies hinder the country's ability to meet its healthcare needs. Within this context, the flight of new nurses from the classroom to the clinical setting becomes a pivotal stage, as their transition from students to practicing professionals determines not only their career trajectories but also the resilience of the nation's healthcare workforce (Delos Reyes and Santos, 2021). Understanding their lived experiences in this crucial period sheds light on the challenges and opportunities that shape their retention, adaptation, and contributions to patient care.

In recent years, the demand for nurses has remained high due to both local and international shortages in healthcare staffing (Garcia and Cruz, 2020). This trend highlights

the importance of understanding the transition challenges faced by novice nurses as they enter professional practice. The transition from being a novice nurse to engaging in actual clinical practice is a critical phase in professional development (Benner, 1984). Novice nurses often enter the workforce with strong theoretical knowledge but limited practical experience, making them reliant on rules, structured guidelines, and supervision as they adjust to the complexities of patient care. Understanding this transition is essential because it highlights the challenges novice nurses face in developing clinical judgment, adapting to the demands of healthcare environments, and gradually moving toward competence and independence in their professional roles.

Novice nurses often experience emotional stress when moving into clinical roles. Labrague et al. (2019) found that Filipino nurses working in rural healthcare settings encounter “transition shock,” anxiety, and pressure from heavy workloads. A recent systematic review confirmed that time management, excessive workloads, and interpersonal conflicts are common stressors for new nurses worldwide (Pérez-Fernández et al., 2024). These emotional burdens can lower job satisfaction and increase the risk of early turnover.

Adjustment to professional roles presents another challenge for novice nurses, many of whom report feeling unprepared to make complex clinical decisions, particularly in resource-limited hospitals (Labrague et al., 2019). Unclear role expectations and insufficient mentoring worsen feelings of incompetence. Support systems, effective preceptorship, and institutional guidance are therefore critical to ease this transition (Pérez-Fernández et al., 2024).

Cultural context strongly shapes how novice nurses adapt to their work environments. In the Philippines, values such as *pakikisama* (maintaining harmony) and *hiya* (modesty or avoidance of shame) influence how nurses interact with peers and superiors (Jose et al., 2024). While these cultural traits may foster cooperation, they can also discourage nurses from speaking up or asking for help. Understanding these dynamics is essential for creating supportive and culturally sensitive transition programs. Yet, despite recognition of these cultural influences, little is known about how novice nurses in regional government hospitals experience and navigate their transition, highlighting a gap that this study seeks to address.

Existing literature has widely examined nurse burnout, turnover, and workplace stress, with much of the focus on experienced nurses in large, urban hospitals. Labrague et al. (2019) studied novice nurses in rural areas but not specifically in government tertiary hospitals. International research further shows that new nurses often face “transition shock,” emotional stress, and difficulties adjusting to professional roles (Pérez-Fernández et al., 2024; Woo and Newman, 2020). While these studies highlight important challenges, they tend to emphasize stress and adaptation in broad contexts, overlooking the unique realities of government healthcare institutions.

Government hospitals in the Philippines, particularly in regional areas like Zamboanga del Norte, face staff shortages, limited resources, and overcrowding, which place heavy demands on novice nurses (Alibudbud, 2023). These conditions create steeper learning curves, heavier workloads, and fewer support systems compared to private or metropolitan hospitals. However, there is limited qualitative research that explores how novice nurses personally navigate their transition in these constrained environments. This

study addresses a *knowledge gap* by examining the lived experiences of novice nurses in a regional government hospital. While previous research has focused on burnout, turnover, and adaptation in urban and private settings, little is known about the unique realities of novice nurses working in resource-constrained public hospitals. Filling this gap may generate insights that can guide mentorship, retention, and policy strategies tailored to strengthen regional healthcare systems.

This study is significant because it may provide valuable insights into the lived experiences of novice nurses in regional government hospitals. By uncovering the challenges, coping strategies, and personal meanings attached to their transition, the findings will help nursing administrators and policymakers design better support systems. Hospital leaders may use the results to improve mentorship programs, workload distribution, and retention strategies, ultimately enhancing the quality of healthcare delivery in resource-constrained settings.

The study may also benefit nursing educators, professional organizations, and future novice nurses. For educators, the findings can inform curriculum adjustments that better prepare students for real-world hospital conditions. Professional organizations may use the results to advocate for stronger policies that address staffing shortages and workplace support. Finally, novice nurses themselves may benefit through the development of culturally sensitive programs and workplace practices that support their adaptation, confidence, and long-term career growth.

Theoretical Framework

This study was anchored the following theories: Jean Watson's *Theory of Human Caring* (1979), Patricia Benner's *Novice to Expert Theory* (1984), Florence Nightingale's Environmental Theory (1859), and Hildegard Peplau's *Interpersonal Relations Theory*, (1952).

Jean Watson's *Theory of Human Caring*, first published in 1979, is a foundational nursing theory that emphasizes the moral, philosophical, and relational dimensions of nursing practice. The theory posits that caring is the essence of nursing, and it occurs through transpersonal interactions that honor the dignity, humanity, and subjective experiences of both the nurse and the patient. Central to Watson's theory are the *Carative Factors* (later evolved into the *Caritas Processes*), which guide nurses in cultivating authentic presence, compassion, empathy, and holistic care. The theory underscores that healing extends beyond the physical body, encompassing emotional, spiritual, and existential aspects of human life, while nurturing the harmony of mind, body, and soul.

Watson's theory aligns closely with the theme "*The Body as Resilience, and Emotional Labor in the Transition to Nursing Practice*", as it acknowledges the deep emotional and embodied experiences inherent in nursing work. Transitioning into the profession requires novice nurses to navigate demanding physical responsibilities while carrying profound emotional labor, comforting distressed patients, managing fears, and balancing personal well-being. Watson's emphasis on authentic presence and caring consciousness provides a framework for understanding how resilience is formed not only through physical capability but also through the development of emotional maturity and reflective practice. Her theory supports the idea that when nurses cultivate self-awareness,

compassion, and interconnectedness, they are better equipped to withstand stressors, manage emotional labor, and preserve their own well-being amidst the realities of clinical practice.

Several studies have utilized Watson's Theory of Human Caring to explore nursing practice and professional development. Turkel, Watson, and Giovannoni (2018) applied the theory to examine how caring science supports nurses in navigating organizational challenges, showing that Watson's principles enhance resilience and moral grounding in complex work environments. Pajnkihar et al. (2020) used Watson's theory to investigate caring behaviors among nurses, finding that the Caritas Processes foster empathy, emotional connection, and improved patient experiences, all essential competencies for new nurses managing emotional labor. Wei and Watson (2022) explored the role of caring science in promoting nurse well-being and reducing burnout, demonstrating that reflective caring practices strengthen emotional resilience and coping. Collectively, these studies illustrate that Watson's theory is not only foundational but also empirically relevant in addressing the emotional demands and resilience-building required during the transition to nursing practice.

Patricia Benner's *Novice to Expert Theory*, first published in 1984, is a developmental model that explains how nurses progress through five stages of skill acquisition: novice, advanced beginner, competent, proficient, and expert. Drawing from the Dreyfus Model of Skill Acquisition, Benner emphasized that clinical competence develops over time through experience, situated learning, and deep engagement with real-world nursing contexts. The theory highlights that nursing expertise is not merely technical but involves intuitive grasp, holistic understanding, and situational decision-making.

Benner's work underscores that nurses grow through experiential learning, reflective practice, mentorship, and the gradual internalization of clinical judgment and professional identity.

Benner's theory directly supports the three subthemes identified in this study, which emphasizes how novice nurses evolve as they face real clinical challenges and increasing responsibilities. In the relational dimension of their experiences with colleagues and patients, Benner's model explains how new nurses initially depend on rules and guidance but gradually develop the relational sensitivity and clinical intuition needed for effective collaboration and compassionate care. The theme's emphasis on cultivating competence and accountability reflects Benner's assertion that true competence emerges when nurses integrate technical skills with reflective judgment, ethical responsibility, and relational attunement. As novice nurses transition into practice, each challenge, whether managing patient care, engaging in teamwork, or navigating ethical tensions, becomes an opportunity to move toward higher levels of competence and professionalism. Thus, Benner's model provides a clear lens for understanding how new nurses build confidence, relational skills, and commitment to safe, reflective patient care as part of their journey toward becoming expert practitioners.

Several studies have applied Benner's Novice to Expert Theory to explore nursing development and professional identity formation. Thomas and Kellgren (2017) used Benner's model to investigate the transition experiences of new graduate nurses, highlighting how workplace support and experiential learning accelerate progression toward competence. Fero et al. (2020) utilized the theory to assess clinical decision-making in novice and competent nurses, finding that reflective practice and mentorship

significantly improved skill acquisition and accountability. Meanwhile, Lee and Yang (2019) applied Benner's framework to examine relational competence among early-career nurses, revealing that supportive interactions with colleagues and patients were critical in developing confidence, communication skills, and moral grounding. Collectively, these studies demonstrate that Benner's theory continues to provide an essential foundation for understanding how nurses cultivate competence, resilience, relationality, and accountability throughout their professional journey.

Florence Nightingale's *Environmental Theory*, first introduced in 1859 through her pioneering work *Notes on Nursing*, emphasizes that the environment plays a central role in promoting healing, preventing disease, and supporting the performance of nurses. Nightingale argued that optimal conditions, such as proper ventilation, adequate light, cleanliness, reduced noise, and efficient spatial arrangement, are essential to health and recovery. She believed that the nurse's role is to manipulate the environment so that nature can act to restore health. Beyond physical surroundings, Nightingale also emphasized the importance of psychological and social environments, noting that orderliness, calmness, and supportive interactions enhance both patients' well-being and nurses' efficiency. Her theory continues to serve as a foundational framework for understanding how environmental factors shape health outcomes and nursing practice.

Nightingale's Environmental Theory aligns directly with the theme "*Negotiating and Experiencing Space: From Stressful Adjustment to Confident Practice*," as it highlights how the environment influences nurses' ability to perform and adapt. For novice nurses, entering a clinical setting often means confronting unfamiliar, high-pressure environments characterized by noise, crowded spaces, unpredictable workflow, and

complex interprofessional interactions. These environmental stressors contribute to anxiety, sensory overload, and uncertainty, which can hinder performance during the initial adjustment phase. As they gain experience, novice nurses learn to navigate the physical layout, utilize resources effectively, communicate within the team, and create a sense of order amidst chaos, mirroring Nightingale's emphasis on environmental mastery. Through this adaptation, nurses move from feeling overwhelmed to becoming confident practitioners who understand how to use space, structure, and environmental cues to deliver safe and competent care.

Several contemporary studies have applied Nightingale's Environmental Theory to understand nursing practice, workplace adaptation, and patient safety. Sönmez and Uskun (2020) used the theory to evaluate hospital environmental conditions and found that improved ventilation, cleanliness, and noise management significantly enhanced nurse performance and patient satisfaction. Haque (2019) applied Nightingale's concepts to modern infection control practices, demonstrating that adherence to environmental principles, particularly sanitation and airflow, reduces hospital-acquired infections and supports safe practice for both novice and experienced nurses. Meanwhile, Fardellone et al. (2018) used the environmental framework to explore how workspace design affects nurse fatigue and workflow efficiency, revealing that supportive environments reduce stress and improve clinical decision-making. These studies confirm that Nightingale's 1859 theory remains relevant today, providing valuable insight into how nurses negotiate and thrive within complex healthcare environments.

Hildegard Peplau's *Interpersonal Relations Theory*, first published in 1952, is one of the earliest and most influential nursing theories centered on the nurse–patient

relationship as the foundation of effective care. Peplau viewed nursing as an interpersonal process involving interaction, communication, and therapeutic engagement between the nurse and the patient. The theory outlines four sequential phases—orientation, identification, exploitation, and resolution and highlights the nurse’s roles as a stranger, resource person, teacher, leader, surrogate, and counselor. Peplau emphasized that through meaningful relationships, nurses help patients understand their needs, reduce anxiety, and promote growth. The theory underscores that both nurse and patient learn and grow throughout their interactions, making the relationship itself a catalyst for healing and professional development.

Peplau’s theory is highly relevant to the theme “*Building Supportive Relationships: Novice Nurses’...*” as it describes how interpersonal encounters shape the early professional experiences of nurses. Novice nurses often enter practice with anxiety, uncertainty, and limited clinical confidence—making supportive relationships essential for adaptation and role clarification. In Peplau’s orientation phase, novice nurses depend heavily on colleagues, mentors, and preceptors as “resource persons” who provide guidance, emotional reassurance, and opportunities for dialogue. As they progress, they develop their own interpersonal competency, learning to communicate effectively with patients, collaborate with co-nurses, and manage interactions across interdisciplinary teams. Through these relational experiences, novice nurses move from dependence toward autonomy, confidence, and professional identity. Peplau’s framework thus helps explain how relational support fosters emotional stability, reflective practice, and the development of a confident, therapeutic nursing presence.

Numerous studies have applied Peplau’s Interpersonal Relations Theory to explore

relationship-building in nursing practice. Forchuk and Brown (2021) examined nurse–patient interactions using Peplau’s phases and found that relational clarity significantly improved communication and patient trust, especially among novice nurses learning therapeutic roles. Alaca and Öz (2020) used the theory to guide mentorship and preceptorship interventions, reporting that structured relational support enhanced new nurses’ confidence, clinical decision-making, and teamwork skills. Meanwhile, Senn (2019) applied Peplau’s interpersonal framework to analyze workplace stress among early-career nurses, demonstrating that supportive relationships with colleagues reduced anxiety and strengthened nurses’ sense of belonging. Collectively, these studies affirm the theory’s enduring relevance in shaping how novice nurses build supportive, growth-enhancing relationships that are essential for their adjustment and professional development.

Conceptual Framework

Novice nurses in government hospitals face a complex transition marked by high patient acuity, heavy workloads, and limited resources. Using Moustakas Existential Dimensions, this study explores their lived experiences of fatigue, resilience, adaptation, and professional growth. From these experiences, six themes were developed: the body as a site of fatigue, resilience, and emotional labor (lived body); growing through time: from training to challenges to becoming (lived time); negotiating and experiencing space: from stressful adjustment to confident practice (lived space); building supportive relationships with colleagues and patients (lived relations); mastering the clinical landscape: technology, challenges, and adaptation (lived things/objects); and cultivating competence and accountability in safe and reflective care (lived causality/responsibility).

The Body as a Site of Fatigue, Resilience, and Emotional Labor in the Transition to Nursing Practice. This theme captures how novice nurses experience the physical and emotional demands of adapting to clinical roles, highlighting the interplay between bodily strain, exhaustion, and the development of resilience. This theme reflects how nurses' bodies are not merely vessels for performing tasks but are intimately connected to their professional and emotional experiences, shaping their responses to stress, workload, and patient care responsibilities. Aligned with Moustakas Embodiment (Lived Body) existential, this theme emphasizes that the body serves as both the medium through which challenges are experienced and the site where coping strategies, endurance, and professional growth are enacted. Within this theme, four subthemes emerged: physical exhaustion / bodily strain, sleep disturbances and difficulty resting, emotional labor and coping, and embodied strength / competence in crisis, which together illustrate the multifaceted ways novice nurses' bodies are affected and strengthened during their transition into practice.

These themes portray the lived body of novice nurses as a dynamic field of vulnerability, struggle, adaptation, and growth. At the onset, many experience their bodies as sites of exhaustion, disturbed rest, and emotional burden; yet, through coping, resilience, support, and reflection, their embodied experience gradually shifts toward strength, competence, and grounded presence. Using Moustakas' transcendental phenomenology, this experience can be understood as a process of intentional meaning-making in which fatigue, sleep disruption, emotional labor, and resilience are not external conditions, but essential, lived dimensions of how individuals consciously construct and experience their becoming as nurses. This thematic articulation offers deeper insight into the embodied

transition of novice nurses, how their bodies absorb stress, negotiate limits, and eventually, through lived experience, become vessels of care, compassion, and professional identity. Recognizing the body in this way can guide nursing education, support systems, and institutional policies to better sustain novice nurses' transition, well-being, and long-term competence.

Growing Through Time: From Training to Challenges to Becoming. This theme reflects the temporal journey of novice nurses as they move from the structured environment of training, through the unpredictable and demanding early stages of clinical practice, toward the development of professional competence and identity. Moustakas concept of *lived time* emphasizes that human experience is not just sequential but deeply felt: the past, present, and future are interwoven in the nurse's perception of self, skills, and growth. Novice nurses interpret their early experiences of learning and adaptation not as isolated events, but as a temporal continuum where past preparation informs present decision-making and shapes expectations for future development. This theme captures the essence of professional maturation, highlighting how nurses inhabit time as a lived, reflective, and anticipatory process. Within this overarching temporal journey, three subthemes emerge: Reflection on Past Training, Navigating Present Challenges, and Envisioning Future Growth.

The temporal journey of novice nurses is a dynamic interplay of past preparation, present challenges, and future aspirations, highlighting how time is experienced as a lived, continuous phenomenon. Reflection on past training allows nurses to anchor their current practice in foundational knowledge and skills, fostering confidence and informed decision-making. Navigating present challenges, from high patient acuity to complex clinical tasks,

situates novice nurses in a tension-filled yet formative phase was experiential learning and adaptive coping strategies shape professional competence. Looking toward the future, envisioning growth and career development provides purpose and motivation, guiding current actions and promoting resilience amidst ongoing stressors. Through Moustakas lens of *lived time*, these temporal experiences are not isolated; rather, they are interwoven into the embodied consciousness of the nurse, shaping professional identity, self-efficacy, and relational engagement with patients and colleagues. Together, the subthemes of reflecting on past training, confronting present challenges, and anticipating future growth illustrate how novice nurses inhabit and negotiate time as a medium for learning, adaptation, and professional becoming.

Negotiating and Experiencing Space: From Stressful Adjustment to Confident Practice. This theme captures how novice nurses experience the hospital environment as a lived space that shapes their adaptation, learning, and sense of professional competence. Moustakas concept of *lived space* emphasizes that space is not only physical but also relational and psychological: how nurses perceive and inhabit their work environment affects their comfort, stress, confidence, and interactions with colleagues and patients. Novice nurses often navigate a transition from perceiving the hospital as intimidating and overwhelming to gradually inhabiting the space with confidence, familiarity, and purpose. Within this overarching theme, four subthemes emerge: Stressful, Intimidating, and Fast-Paced Hospital Environment, Comfort, Support, and Team Assistance, Learning the Ropes, Culture, and Getting Used to the Workspace, and Confidence and Challenge in Familiar vs Unfamiliar Environments.

Novice nurses experience the hospital as a dynamic and multifaceted *lived space* that shapes their professional adaptation, learning, and confidence. Initially, the hospital environment can feel stressful, intimidating, and fast-paced, contributing to anxiety and transition shock as novices navigate unfamiliar layouts, patient loads, and organizational norms. Over time, supportive interactions with colleagues and preceptors transform the hospital space into a psychologically safe and navigable environment, where guidance, mentorship, and teamwork foster comfort and engagement. Concurrently, learning the operational routines, unit culture, and workspace norms enables novice nurses to occupy their environment with purpose, reducing uncertainty and increasing efficiency. Ultimately, as familiarity and competence grow, nurses develop confidence in both familiar and unfamiliar clinical contexts, demonstrating adaptability, autonomy, and resilience. Through Moustakas lens of *lived space*, these subthemes collectively illustrate that space is not merely physical but deeply experiential, relational, and developmental; novice nurses actively negotiate, inhabit, and transform their work environment as they progress from initial adjustment to confident practice.

Building Supportive Relationships: Novice Nurses' Experiences with Colleagues and Patients. These theme highlights how novice nurses navigate professional and interpersonal relationships in clinical settings, emphasizing the relational dimensions of their work. Moustakas *lived relations* underscores that human experience is fundamentally shaped through interactions with others; novice nurses' perceptions of competence, confidence, and belonging are mediated by their relationships with colleagues, mentors, and patients. Establishing supportive and meaningful connections helps novice nurses manage stress, develop skills, and integrate into the healthcare team.

Four subthemes emerged under this theme: support from colleagues and mentors, mentorship and guidance in skill development, patient interaction and feedback, and inclusion and exclusion experiences.

Novice nurses' professional development is deeply influenced by the relational spaces they inhabit, encompassing interactions with colleagues, mentors, and patients. Initially, supportive relationships with peers and mentors provide essential guidance and reassurance, helping nurses navigate the complexities of clinical practice and alleviating transition-related stress. Structured mentorship and constructive feedback further facilitate skill development, professional identity formation, and confidence, enabling novice nurses to translate theoretical knowledge into practical competence. Meaningful patient interactions reinforce relational learning, empathy, and self-efficacy, while experiences of inclusion or exclusion within the healthcare team shape belonging, motivation, and engagement. Through Moustakas lens of *lived relations*, these relational experiences are lived, embodied, and felt; they are not merely social exchanges but foundational to professional growth. Collectively, the subthemes—support from colleagues and mentors, mentorship in skill development, patient interaction and feedback, and inclusion or exclusion experiences—illustrate how novice nurses actively negotiate, inhabit, and are shaped by relational spaces, fostering confidence, resilience, and competence in their early practice.

Mastering the Clinical Landscape: Novice Nurses' Journey Through Technology. This theme emphasizes how novice nurses interact with and adapt to the material environment of healthcare, including technology, equipment, and resources. Moustakas concept of *lived things/objects* highlights that objects are not neutral tools but

are experienced relationally and materially, shaping nurses' competence, confidence, and workflow. Novice nurses encounter a range of material realities, from mastering hospital equipment to coping with malfunctioning devices or limited resources, which influence their learning, decision-making, and professional growth. Four subthemes emerged under this theme: positive experiences and confidence with hospital equipment, challenges and malfunctioning equipment, resourcefulness and adaptation to equipment shortages, and learning and familiarity with complex technologies.

Novice nurses' interactions with the material aspects of healthcare, including technology, equipment, and resources, are central to their professional adaptation and competence. Initially, positive experiences with hospital equipment foster confidence and a sense of efficacy, while challenges such as malfunctioning devices or limited resources require problem-solving, resilience, and adaptability. Learning to navigate equipment shortages and resource constraints enhances critical thinking, collaboration, and resourcefulness, illustrating how material limitations can simultaneously challenge and strengthen professional growth. Over time, repeated exposure and guided practice with complex technologies, from electronic health records to advanced monitoring devices, cultivate mastery, autonomy, and confidence in clinical decision-making. Through Moustakas lens of *lived things/objects*, these material interactions are not neutral but are experienced relationally and embodied, shaping the nurse's skills, professional identity, and engagement with the clinical environment. Collectively, the subthemes, positive experiences with equipment, challenges and malfunctioning tools, resourcefulness in shortages, and familiarity with complex technologies, illustrate how novice nurses inhabit and negotiate the material landscape of healthcare, transforming challenges into

opportunities for competence, confidence, and professional growth.

Cultivating Competence and Accountability: Novice Nurses' Commitment to Safe and Reflective Patient Care. The theme highlights how novice nurses experience responsibility as an essential dimension of their professional growth, focusing on safe, reflective, and ethical patient care. Moustakas concept of *lived causality* emphasizes that individuals perceive themselves as agents whose actions have consequences, and novice nurses' sense of responsibility is closely linked to their awareness of how their decisions affect patient outcomes. Developing competence and accountability is both a reflective and practical process, where nurses integrate learning from past experiences, respond to challenges, and actively seek guidance to ensure high-quality care. Four subthemes emerged under this theme: Responsibility and Pride in Patient Care, Reflection and Learning from Patient Outcomes, Correcting Mistakes and Ensuring Safety, and Prioritizing Patient Safety and Seeking Guidance.

Novice nurses' early professional experiences are deeply shaped by a sense of responsibility and accountability, where their actions have direct consequences for patient safety and care outcomes. Initially, embracing responsibility and pride in patient care motivates careful, conscientious practice, while reflection on patient outcomes allows nurses to learn from successes and challenges, shaping future decisions. Correcting mistakes and ensuring safety fosters both competence and confidence, reinforcing the importance of vigilance, ethical practice, and reflective learning. Moreover, prioritizing patient safety and actively seeking guidance from mentors and colleagues demonstrates a proactive approach to professional development, highlighting the relational dimension of accountability. Through Moustakas lens of *lived causality*, these experiences are embodied

and moral, illustrating that novice nurses perceive themselves as agents whose actions have consequences for patients, colleagues, and the healthcare environment. Collectively, the subthemes, responsibility and pride, reflection and learning, correcting mistakes, and prioritizing safety, illustrate how they cultivate competence, ethical awareness, and professional accountability as they transition into competent and reflective practitioners.



Figure 1. Schematic Diagram of the Study

Statement of the Problem

This study explored the lived experiences of novice nurses in a government hospital in Dipolog City to understand their emotional, social, and professional transition into clinical practice. Specifically, it sought answers to the following questions:

1. How do novice nurses experience and respond to the physical and emotional demands of transitioning into professional nursing practice? (Embodiment)
2. How do novice nurses reflect on their past training, navigate present challenges, and envision their future growth in nursing practice? (Temporality)
3. How do novice nurses perceive and experience the clinical environment as they adapt to professional nursing roles? (Spatiality)
4. In what ways do novice nurses build and navigate relationships with patients, mentors, colleagues, and the broader healthcare team? (Relationality)
5. How do novice nurses experience and interact with medical tools, technologies, and resources in shaping their professional practice? (Materiality)
6. How do novice nurses understand the causes, consequences, and responsibilities of their actions in delivering safe and ethical patient care? (Causality)

Chapter 2

RESEARCH METHODOLOGY

Design

This study employed a qualitative phenomenological research design. Qualitative research sought to understand and interpret human experiences by capturing rich, descriptive accounts rather than relying on numerical data. Creswell and Poth (2018) explained that qualitative inquiry provided depth and context to how individuals constructed meaning from their everyday realities, making it particularly suitable for studies that aimed to explore complex human experiences. Transcendental phenomenology, as articulated by Moustakas (1994), focused on the study of human experiences with the intent of uncovering their essence through systematic reflection and analysis. It emphasized describing rather than explaining, allowing the phenomenon to reveal itself as it was experienced by individuals.

Setting

This study employed a qualitative phenomenological research design. Qualitative research sought to understand and interpret human experiences by capturing rich, descriptive accounts rather than relying on numerical data. Creswell and Poth (2018) explained that qualitative inquiry provided depth and context to how individuals constructed meaning from their everyday realities, making it particularly suitable for studies that aimed to explore complex human experiences. Phenomenology, as articulated by Moustakas (1994), focused on the study of human experiences with the intent of uncovering their essence through systematic reflection and analysis. It emphasized

describing rather than explaining, allowing the phenomenon to reveal itself as it was experienced by individuals.

Participants

The participants of this study were novice nurses employed in a government hospital in Dipolog City. A total of 12 participants were selected through purposive sampling, with the final number determined by data saturation, or the point at which no new themes or insights emerged. The inclusion criteria were (1) newly registered nurses with less than two years of clinical experience and no prior employment, (2) currently employed in the hospital, and (3) gave informed consent to share their lived experiences. Exclusion criteria included (1) nurses with more than two years of work experience, (2) those assigned to purely administrative roles, and (3) those unwilling to provide informed consent. This selection process ensured that the study gathered rich, authentic narratives reflecting the transition of novice nurses from students to professional practitioners.

Instrument

The study utilized a semi-structured interview guide as its primary research instrument to explore the lived experiences of novice nurses, focusing on their transition, challenges, and emotional and psychological experiences. The guide was developed through an extensive review of relevant literature and refined with expert feedback to

ensure its clarity and relevance (Alhazmi & Kaufmann, 2022). In addition, a demographic questionnaire collected data on participants' age, gender, educational background, and nursing experience to contextualize the findings. Field notes were also taken during interviews to capture additional insights and enhance the depth of the qualitative data.

Data Gathering Procedure

The data-gathering procedure for this study was conducted through several key stages, beginning with obtaining necessary permissions and culminating in data collection through interviews with novice nurses. The researcher obtained formal permissions from the Dean of the Graduate School at Misamis University and the Chief of the Hospital where the study was conducted. After securing ethical approval, purposive sampling was used to recruit novice nurses who had recently entered clinical practice. Recruitment strategies included posting flyers in healthcare facilities, contacting nursing schools, and leveraging professional networks. Eligible participants received detailed information on the study's objectives, procedures, and ethical considerations, and each provided written informed consent prior to participation.

Ethical Considerations

To ensure ethical conduct, this study implemented several measures throughout the research process. Ethical approval was obtained from the Misamis University Research Ethics Committee (MUREC) following the submission of a detailed protocol outlining the

study's purpose, procedures, potential risks and benefits, and steps to protect participant confidentiality. The researcher acted strictly as an investigator and not as a healthcare provider for participants in the mentorship programs. This role separation was essential to maintain objectivity and uphold ethical standards. Participants were informed that their involvement in the study would not affect their healthcare services or relationships with healthcare providers. Permissions were also sought from relevant authorities, including the healthcare institution where the study was conducted. Written consent was obtained, detailing the study's purpose, procedures, intended use of collected data, and clear assurances regarding confidentiality. Informed consent was acquired from each participant before participation. Participants received comprehensive information about the study, including its objectives, procedures, potential risks and benefits, and their rights. They were given the opportunity to ask questions and clarify concerns before consenting, with consent documented through signed forms or recorded verbal consent during audio interviews. During orientation, participants were reminded of their rights, including the voluntary nature of participation and the option to withdraw at any time without consequences. Confidentiality and anonymity were emphasized, ensuring that responses remained confidential and no personally identifiable information was disclosed in reports or publications. Data were anonymized during analysis and reporting to further protect participant confidentiality.

Data Analysis

Data analysis in this study followed Moustakas' (1994) transcendental phenomenological approach, which emphasized describing participants lived experiences through systematic steps of reduction, imaginative variation, and synthesis. Central to Moustakas' approach were the processes of *epoche* (bracketing), in which the researcher set aside personal biases; phenomenological reduction, which focused on identifying significant statements and meaning units; imaginative variation, which explored structural meanings; and synthesis, which integrated them into a unified description of the essence. Lived experiences were interpreted through essential existential dimensions: *embodiment* (lived body), reflecting how participants experienced and expressed the world through their bodies; *temporality* (lived time), capturing how experiences unfolded over past, present, and anticipated future; *spatiality* (lived space), addressing the influence of physical and social environments; *relationality* (lived relations), highlighting participants' understanding of themselves in relation to others; *materiality* (lived things/objects), encompassing the impact of tools, equipment, and resources; and *causality* (lived causality/responsibility), illustrating how participants made sense of events, decisions, and consequences. This approach was particularly suitable for uncovering the essence of novice nurses' transition into professional practice in a regional government hospital.

The researcher began with *epoche*, consciously setting aside personal assumptions to engage openly with the participants' narratives. Transcripts were read and re-read, and audio recordings were listened to multiple times to capture tone, emotions, and nuances of the novice nurses' experiences. *Phenomenological reduction* was conducted by identifying

significant statements—phrases and sentences describing experiences such as physical fatigue (embodiment), the progression of learning over time (temporality), adaptation to hospital spaces and workflow (spatiality), interactions with colleagues, mentors, and patients (relationality), engagement with equipment and resources (materiality), and reflections on professional accountability and decision-making (causality).

The significant statements were then *clustered into meaning units* according to recurring patterns across participants, guided by the six existential dimensions. Imaginative variation was applied to explore structural meanings and different perspectives, considering how contextual factors, personal intentions, and interpersonal relationships shaped the nurses' experiences. The researcher examined how the physical environment influenced practice, how mentorship and collaboration affected emotional support, and how responsibilities and professional expectations guided decision-making.

Finally, *synthesis* was performed, integrating the clustered themes into a comprehensive, rich description of the lived experience. Through iterative reflection, repeated engagement with the data, and comparison with relevant literature, the researcher captured the essence of novice nurses' transition to clinical practice, providing insight into both the challenges and growth experienced across embodiment, temporality, spatiality, relationality, materiality, and causality.

Chapter 3

RESULTS AND DISCUSSIONS

The study involved twelve (12) novice nurse participants employed in a government hospital in Dipolog City, selected through purposive sampling based on their status as newly registered nurses with less than two years of clinical experience. The participants were between 23 and 26 years old, with most being single and two married, representing both early-career professionals and individuals balancing work and family life. Their length of clinical experience ranged from less than six months to two years, capturing varied stages of transition from orientation and skill familiarization to increasing clinical independence. Overall, the group reflects a diverse yet focused sample of novice nurses navigating the shift from academic preparation to professional practice, providing rich perspectives on adaptation, confidence building, and professional identity formation during the early years of nursing employment.

The Body as a Site of Fatigue, Resilience, and Emotional Labor in the Transition to Nursing Practice (*Embodiment (Lived Body)*)

The lived body of new graduate nurses during their early transition into professional practice can be understood as a profound site of tension between vulnerability and resilience. Physically, these nurses bear the demands of long shifts, constant movement, and patient handling, which lead to fatigue, muscle strain, and general bodily depletion. At the same time, emotionally, they carry the burden of caring for suffering patients, which can be draining. Yet within that same embodied experience, new nurses also find sources of strength. Positive patient outcomes, moments of decisive clinical action, and self-care

practices become embodied anchors, helping them to reconnect with their purpose and sustain their energy. This duality reveals how the body is not only a site of suffering but a resource for growth.

From a structural and practical standpoint, this embodied experience has significant implications. The physical exhaustion/bodily strain, sleep disturbances and difficulty resting, emotional labor and coping and embodied strength / competence in crisis if unaddressed, increase the risk of burnout and turnover among novice nurses. Research has highlighted that sleep deterioration during the transition period strongly correlates with declines in quality of life (Kim & Lee, 2022). Meanwhile, resilience fostered through self-care, peer support, and reflective practices serves as a buffer and a mechanism for adaptation. These insights suggest that interventions for new nurses should go beyond psychological support to include holistic, body-centered strategies: structured recovery time, mentorship, reflective debriefing, and resilience-building embedded in everyday practice.

Physical Exhaustion / Bodily Strain. Nurses' bodies are not merely tired, but physically aching and drained, indicating that endurance in their role is tested through their very flesh and movement. These quotes reflect a deeply embodied fatigue:

“I often feel exhausted from the long shifts, with my body aching and my energy drained by the end of the day.” (P1)

“Physically, I often feel exhausted from the long shifts and constant activity. But emotionally, I feel motivated and fulfilled whenever I see positive outcomes in my patients’ recovery.” (P2).

“Physically, I often feel exhausted from the long shifts and constant activity.” (P3).

The phenomenological import here is that the body is the “lived locus” of stress it is not only a tool but a felt horizon of exhaustion. Empirical evidence supports this embodied burden. Kim and Lee (2022) conducted a cohort study of 88 new graduate nurses and found that their sleep quality significantly deteriorated within four months of entry into practice, which in turn was associated with a decline in quality of life. Their findings highlight that the physical symptoms (e.g., fatigue, sleep disruption) are not isolated but part of a broader decline in well-being during the transition.

Sleep Disturbances and Difficulty Resting. Novice nurses’ reflections suggest that the boundary between work and rest is blurred: even after the physical shift ends, their bodies remain “on,” replaying the day and preventing real rest. This illustrates how their lived body remains occupied, haunted by work stress even in supposed downtime.

“I also find it hard to sleep after my shifts, and sometimes I struggle to relax even when I’m already at home.” (P1)

“I often experience sleep disturbances ... it usually takes me some time to unwind because my mind is still focused on the things that happened at work.” (P2).

After my shifts, I sometimes have trouble sleeping and find it difficult to fully relax.”, (P3).

This aligns with research indicating that sleep disturbances among new graduate nurses are not simply a symptom but a critical factor influencing their professional retention. An et al. (2022) found that among recent nurses, sleep disturbance was significantly related to turnover intention. Kim and Lee (2022) reported that deterioration in subjective sleep quality predicted lower quality of life during the first months of practice.

Emotional Labor and Coping. Participants statements show that new nurses do not simply suppress emotional strain. Instead, they engage in active emotional regulation through

reflection, peer support, and self-care.

“When I deal with emotional situations, like caring for very ill patients.” (P1)

“I usually seek support from my colleagues or supervisors.” (P5)

“I also prioritize self-care activities like exercise and mindfulness.” (P12)

“I try to reflect on my feelings and process them in a healthy way.” (P2)

“When caring for very ill patients, I seek support from colleagues or supervisors whenever I need it. I also try to reflect on my emotions and process them in a healthy way to stay balanced.” (P3)

“I prioritize self-care activities like exercise or mindfulness to cope. I also reflect on my emotions and try to process them in healthy ways.” (P7)

“I take time to reflect on my emotions and process them in a healthy way.” (P8).

Their bodies, in turn, become sites for coping exercise, mindfulness, and conversation allow emotional stress to be processed somatically, not just cognitively. This embodied coping is well substantiated in recent studies. Han et al. (2024) examined Generation Z newly graduated registered nurses and described how their resilience was co-constructed through peer support, team help, and reflective practices during their transition. Also, a qualitative meta-synthesis by Han et al. (2022) identified “somatic and emotional responses” as one of the core descriptive themes, and highlighted coping resources (including self-care and support) used by new nurses.

Embodied Strength / Competence in Crisis. Their reflections reveal a paradox of strength: despite bodily depletion, the participants also embody competence and agency in critical moments. Their bodies do not just give way under stress; they also mobilize strength, focus, and efficacy when needed, especially in emergencies.

“I felt strong when I was able to lift a patient safely.” (P5)

“I felt weak after a long, exhausting shift, but strong when I was able to respond quickly during an emergency.” (P8)

“I felt strong when I was able to respond quickly and effectively during an emergency situation.” (P9)

“There are moments when my body feels weak—especially after consecutive long shifts—but there are also times when I feel strong and empowered, such as when I am able to respond quickly and effectively during emergencies. These experiences remind me of both the physical toll and the emotional fulfillment that come with being a nurse.” (P12)

This dynamic of vulnerability and resilience is echoed in the qualitative study of Gen Z new nurses by Han et al. (2024), who found that transformational leadership, team support, and personal reflection helped nurses reconstruct their sense of competence and self-efficacy during high-pressure moments. Moreover, the cross-sectional study by O’Callaghan et al. (2023) (though not exactly qualitative) demonstrated that new graduate nurses’ moderate resilience was related to lower burnout levels, indicating that resilience acts as a protective resource in early career stress.

The theme *“The Body as a Site of Fatigue, Resilience, and Emotional Labor in the Transition to Nursing Practice”* highlights how new nurses experience their work as a profoundly embodied reality, where physical exhaustion, emotional strain, and moments of strength and competence coexist. Connecting this to Moustakas’ existential of *Embodiment (Lived Body)*, the findings illustrate that the body is not merely a biological entity but the lived medium through which nurses encounter the demands and rewards of clinical practice. Participants’ narratives reveal that long shifts, patient care tasks, and emotionally challenging situations are physically felt in fatigue, muscle strain, and disrupted rest, while simultaneously being the site where resilience, professional

competence, and fulfillment are experienced. This duality of vulnerability and empowerment underscores Moustakas assertion that the lived body is inseparable from experience it is through the body that nurses feel, respond, and make meaning of their practice. The study, therefore, affirms that supporting the embodied well-being of novice nurses is essential not only for their health but also for sustaining compassionate and effective patient care.

Watson's Theory of Human Caring strongly supports the theme "*The Body as a Site of Fatigue, Resilience, and Emotional Labor in the Transition to Nursing Practice*" by emphasizing that nursing is an embodied, holistic, and relational profession where the nurse's physical, emotional, and spiritual experiences are inseparable from caring for others. The theme reflects how new nurses endure physical exhaustion, emotional strain, and moments of resilience experiences that Watson interprets as natural outcomes of engaging in authentic, compassionate, and human-to-human caring encounters. Watson highlights that caring requires emotional presence and intentionality, which can lead to emotional labor and fatigue, especially among novice nurses who are still adapting to clinical realities. At the same time, her theory stresses that caring interactions are mutually transformative, reinforcing nurses' sense of purpose and strengthening resilience, aligning with participants' descriptions of feeling motivated and uplifted by positive patient outcomes. Equally important, Watson asserts that self-care is an ethical obligation, underscoring the necessity for nurses to protect their own well-being through rest, mindfulness, reflection, and supportive relationships strategies that were evident in participants' narratives. Recent studies affirm that Watson's caring science framework enhances nurses' resilience, reduces burnout, and promotes holistic well-being, making it

deeply relevant in explaining the embodied experiences of new nurses as they transition into professional practice (Fitzpatrick et al., 2022).

The findings of this study imply that the transition into nursing practice is a deeply embodied experience marked by significant physical fatigue, emotional labor, and emerging resilience, underscoring the need for healthcare institutions to strengthen support systems that protect and sustain the well-being of new nurses. The theme reveals that long shifts, physical strain, and emotionally intense patient interactions can compromise nurses' health and performance, highlighting the urgency of implementing structured wellness programs, manageable workloads, and accessible psychological support. At the same time, the resilience displayed by new nurses fueled by positive patient outcomes, teamwork, and self-care practices suggests that fostering a supportive, caring, and collaborative work environment can enhance motivation, retention, and professional growth. These insights emphasize that nursing leadership must prioritize policies that promote self-care, mentorship, safe staffing, and reflective practice to ensure safer patient care, healthier work environments, and more sustainable nursing careers.

Growing Through Time: From Training to Challenges to Becoming (Time–Temporality - Lived Time)

Novice nurses' professional lives unfold as a temporal journey, where reflections on the past, the strains of the present, and aspirations for the future are deeply interconnected, resonating existential notion of *lived time (temporality)*. Many new graduates report a profound “transition shock” as they move from academically structured training to the unpredictable realities of clinical practice: (Manttari-van der Kuip et al., 2023) cited that recent graduates often feel underprepared for the complexities of patient

care and leadership demands, which underscores how their past education while foundational is perceived as insufficient for real-world demands. Empirical and systematic evidence further reveals that those early days and months of practice are particularly taxing: Narbona-Gálvez et al. (2024), in a systematic review, identified job stress, sleep disturbances, and high turnover intention among new nurses, showing how the present is experienced as emotionally and physically draining. In high-acuity settings such as ICUs, newly graduated nurses face unique challenges; a recent qualitative study in China described their transition as a “double shock” in both physiology and psychology, pointing to the rapid acceleration of responsibility and the burden of expectations (Xiao et al., 2025).

Through the lens of Moustakas temporality, these findings show that novice nurses do not simply react to their circumstances but reconstruct their identities across time drawing on memories of their training, coping with daily pressures, and projecting a sense of becoming. From this temporally situated foundation, the following subthemes emerge, organizing their lived experience: Reflection on Past Training (Past Time), Navigating Present Challenges (Present Time), and Envisioning Future Growth (Future Time).

Reflection on Past Training. Novice nurses’ reflection on past training (Past Time) reveals that their early professional identities are deeply shaped by recollections of what was and what was missing in their education; these memories function as temporal anchors that influence how they enter and interpret clinical practice. Many graduates describe a “reality check” when academic expectations meet clinical complexity, suggesting that theoretical learning often feels insufficient or imperfectly translated into real-world competence (Prosen & Ličen, 2023). Empirical work shows that students and new graduates consistently point to a persistent theory practice gap and call for stronger alignment

between classroom/lab instruction and clinical placement experiences recommendations that foreground simulation, curricular reform, and improved clinical mentorship as ways to remediate past training deficits (Saifan et al., 2021). Moreover, reviews of clinical teaching methods emphasize that experiential strategies such as high-fidelity simulation and structured clinical exposure can bridge knowledge-skill divides and foster greater preparedness, reinforcing how memories of limited hands-on practice leave novices feeling less secure when they begin independent practice (Koukourikos et al., 2021).

Read through Moustakas lens of lived time (temporality), these reflections are not merely backward-looking complaints but formative temporal meanings: the past training is remembered, judged, and reworked into ongoing self-narratives that shape how novice nurses approach the present and imagine their future professional becoming. Here are some of the participants statements that focus on how novice nurses recall and interpret their past preparation, including gaps and limitations in their training before entering professional practice.

Participant 1, mentioned that *“In school, everything felt different compared to the actual setting. It’s like you are not fully prepared once you enter the ward”*. When P1 reflects that school felt worlds apart from the ward, she was articulating a temporal dissonance: her past educational world no longer maps onto her present clinical reality, a classic form of transition shock within Moustakas notion of lived time. Empirical evidence confirms that many new graduates’ nurses report feeling unprepared when they begin actual practice. A cross-sectional study by Carpenter et al. (2023) showed that over three-quarters of new nurses lacked confidence in managing high-acuity tasks such as ventilators and chest tubes. A scoping review by Smith and Jones (2022) also underscores

how practice readiness is influenced by the gap between academic training and real-world expectations, noting that many novice nurses “lack confidence” in their early months. Furthermore, simulation-based education has been identified as a means to bridge this gap: a recent systematic review found that high-fidelity simulation significantly enhances clinical judgment and self-confidence among student nurses, thereby narrowing the theory-practice gap. Through van Manen’s temporal lens, P1’s memory of educational inadequacy is more than a complaint—it becomes a formative temporal meaning, shaping her present identity and how she anticipates her future growth.

Participant 3 expressed, “*My clinical instructors were very helpful, but when I finally started my duty, the pressure in the real setting was completely different.*” P3’s memory of supportive instructors in school contrasted sharply with the intense pressure in the ward reveals how her *past relational ‘safe space’* serves as a temporal anchor when she experiences the turbulence of real-world duty; this tension between what was and what is foregrounds Moustakas concept of temporal layering in lived experience. Research by Lee et al. (2021) documented similar findings: newly graduated nurses describe a jarring shift from structured mentorship in academic settings to chaotic or under-resourced orientation in their first clinical months, leading to feelings of vulnerability. A phenomenological focus-group study by Nilsson et al. (2023) also found that new graduate nurses perceived their orientation periods as too brief or superficial, contributing to anxiety and instability when senior support wanes. Meanwhile, simulation-based transition programs offer a buffer: for instance, a study of new nurses who participated in simulation for acute care reported that such training helped them develop “action readiness” and a broader contextual understanding when they later faced real acute situations. Viewed through

temporality, P3's recollections of her instructors anchor her past, while her experience of overwhelming pressure in the present serves as a temporal contrast, prompting her to re-evaluate how her early education aligns (or misaligns) with her emerging professional self.

Participant 4 recalled, "*If only I had more exposure during my training, I think I would be more confident now.*" P4's regret over limited exposure during school speaks to a *past-time longing* that continues to resonate in her present self-confidence and professional identity; through Moustakas lived time, her memory of insufficient clinical exposure functions as a temporal foundation upon which she assesses her current competence. (Pérez García et al., 2022) showed that new graduates cite minimal hands-on practice and scant critical-care exposure during training as key barriers to feeling prepared. In addition, a scoping review of work-readiness by Brown and Davis (2021) identified "insufficient practical experience" as a recurrent concern among novice nurses entering clinical practice. Furthermore, a systematic review by (Roberts et al., 2024) demonstrated that clinical simulation can faithfully replicate real-world scenarios and build confidence; by comparing study participants who had simulation-based education versus those without, they found significantly higher self-efficacy among the former. Thus, P4's retrospective yearning for more exposure underscores a temporal meaning: her *past training*, perceived as inadequate, continues to shape her *present self-assessment* and how she envisions her future development.

Participant 6 also expressed, "*The RLE helped, but I wish we had more hands-on experience, especially in critical cases.*" In P6's reflection on the Required Clinical/Role-Learning Experience (RLE), she acknowledges its value, but also regrets its insufficiency particularly in managing critical cases. This tension between past training and future

readiness is deeply temporal: the *memory* of limited high-stakes practice forms an existential anchor in her identity, influencing how she perceives her present and plans her professional becoming. (Nilsson et al., 2023) novice nurses described orientation and practice placements that lacked exposure to complex patient care, leaving them underprepared for independent responsibilities. A scoping review on new graduate nurse readiness (Smith & Jones, 2022) similarly pinpointed that lack of exposure to critical situations is a systemic barrier. Moreover, simulation education has been shown to be effective in preparing new nurses for acute care. A study by Hernandez-Sánchez et al. (2023) found that simulation participants reported increased confidence and decision-making ability in critical scenarios two months after training. Thus, P6's reflection embodies a temporal structure where her past RLE experiences are woven into her present self-evaluation and her aspirations for future competence.

Lastly, Participant 8 also expressed, *"I feel like I was trained, but not enough for the real hospital set-up."* P8's statement that she feels "trained, but not enough" underscores a temporal rupture between the structured, perhaps idealized, world of her education and the disordered, demanding reality of hospital practice revealing a lived-time tension central to van Manen's temporality. This phenomenon is well documented: a BMC Medical Education study by Nilsson et al., (2023) reports that new graduate nurses frequently feel their formal training did not fully prepare them for the pace, unpredictability, and complexity of real-world healthcare. Additionally, a large retrospective study assessing practice readiness (Carpenter et al., 2023) found that many NGNs lack confidence in independently managing critical-priority tasks, suggesting gaps between education and job demands. Also, in a systematic review (Brown & Davis, 2021), the authors emphasized

that despite a solid theoretical curriculum, many graduates' report disorientation and anxiety when first placed in hospital wards—a sign that their training did not fully mirror real clinical environments. Through van Manen's lens, P8's memory is not merely a comment on insufficiency; it is a temporal meaning that structures how she experiences her present professional self and how she imagines bridging the gap toward future competence.

Navigating Present Challenges. Novice nurses' navigating of present challenges reveals a deeply temporal struggle: they live in a *now* that is laden with disorientation, fatigue, and emotional stress, illustrating Moustakas *lived time (temporality)* where the present is inflected by past experiences and future hopes. Empirical evidence supports this: Kim and Yeo (2021) conducted a longitudinal study showing that newly graduated nurses' transition shock decreases over their first year only when they work in a positive environment, highlighting how time in practice reshapes their initial disillusionment. A latent-class analysis by Wang et al. (2024) found distinct subgroups of new nurses especially a “high transition shock” class marked by profound stress, fatigue, and health disruption underlining how present experiences are not uniform but deeply stratified. Furthermore, Guo et al. (2025) demonstrated that delayed urination and sleep disturbances were strong predictors of transition shock, signaling that bodily rhythms in the present are disrupted by the strenuous demands of early career nursing. Through Moustakas temporal lens, these findings show that the present lived experience of novice nurses is not simply a moment of survival but a time in which they are actively negotiating their identities, resources, and resilience. Significant statements from the participants vividly describe current lived realities, including emotional strain, workload pressures, and the stress experienced as

novice nurses adjust to their new professional environment.

Novice nurses' present time is deeply dominated by overwhelming workload, understaffing, and task overload experiences that Moustakas *lived time (temporality)* helps make sense of, because for these nurses, the "now" is inflected by a felt gap between their capacity and institutional demand. A systematic review by Narbona-Gálvez et al. (2024) identified workload, poor time-management demands, and under-resourced work environments as primary stressors for new nurses, underscoring how current conditions are not just challenging but structurally limiting. A latent-class analysis of transition shock conducted by Wang and colleagues (2024) found that many newly graduated nurses belong to a "high transition shock" subgroup characterized by physical fatigue and persistent workload knowledge mismatch, which contributes to sleep disturbances and health strain. Moreover, a scoping review of successful factors in nurse transition which included work-assignment practices highlights that excessive task allocation and lack of appropriate workload distribution significantly impair new graduates' adaptation, suggesting that practice environments must thoughtfully distribute assignments during early professional life. Thus, P2's *"I can't even breathe,"* P5's *overwhelms when understaffed,* and P7's *stress over endless tasks* all reflect a lived present shaped by systemic under-resourcing, where the temporal weight of "now" is both bodily and existential.

"The workload is really difficult; sometimes it feels like I can't even breathe." (P2)

"I feel overwhelmed especially when we are understaffed." (P5)

"There are so many requirements and tasks, and even small mistakes can become very stressful." (P7)

Novice nurses often find their present professional life saturated with internal self-evaluation under immense pressure, where organizational expectations and self-doubt

collide to shape how they experience their “now” in time a hallmark of Moustakas *lived time (temporality)*, in which being becomes a continuous negotiation between present demands and emerging identity. Studies show that *self-efficacy* plays a critical role in how new nurses navigate transition shock: Tong et al. (2024) found in a cross-sectional sample of Chinese graduate nurses that *lower self-efficacy significantly predicted higher levels of transition shock*, suggesting that when nurses doubt their own capabilities, the temporal burden of the present intensifies. Likewise, Yang et al. (2024) also demonstrated that personality traits like introversion correlate with lower self-efficacy during standardized training, which may exacerbate anxiety when expectations are steep in real clinical settings. In addition, a cross-sectional study during a pandemic revealed that *general self-efficacy and career adaptability* were significant protective factors against transition shock, reinforcing that nurses’ belief in themselves is temporally intertwined with how they endure present stressors. Seen through Moustakas temporal lens, P9: “*The environment is so pressuring because expectations are very high,*” and P10: “*My confidence goes down whenever I have lapses.*” are not just reactive remarks they reflect how the present moment becomes a lived crucible of identity formation, where every success and mistake contributes to the evolving selfhood of the novice nurse.

Envisioning Future Growth. Novice nurses’ *envisioning of future growth (Future Time)* reflects a temporal projection in which their current struggles are reinterpreted as stepping stones toward a more competent, autonomous, and professionally meaningful self a process deeply resonant with Moustakas *lived time (temporality)*, where the future is not just anticipated but actively shaped by present experiences and past preparation. Empirical studies support this forward-looking momentum: early-career nurses in Canada report that

opportunities for professional growth, mentorship, and career advancement strongly influence their decisions and aspirations, indicating that ambitions for roles such as advanced practice, education, or leadership are central to their enduring engagement with the profession (Holly Kwon, Kim, Lee, et al., 2025; O'Brien et al., 2022). The importance of structured support is mirrored in longitudinal analyses: transition programs and nurse residency models have been shown to significantly improve new graduate competence and job satisfaction over the first year, thereby reinforcing their self-belief and paving a meaningful pathway for professional development (Rudge et al., 2021).

Moreover, a repeated cross-sectional study of early-career nurses demonstrated that *self-efficacy and grit remain stable* between the second- and fourth-year post-graduation, but that aspirations for management roles or further education increase over time, signaling sustained future orientation and growth (MacPhee et al., 2024). Through Moustakas temporal lens, the future this novice nurses imagine is not a distant fantasy but a lived horizon shaped by their evolving identity, resilience, and the incremental accumulation of professional meaning. Here are some statements that show how novice nurses look ahead, expressing their aspirations, goals for improvement, and visions for professional advancement.

Novice nurses' *envisioning of future growth*—expressed through fatigue, aspiration, and perseverance (“going home completely drained ... but I still hope to grow” P3; “*I’m planning to take the NCLEX ...*” P4; “*All I want is to improve one step at a time*” P6; “*I can already feel burnout, but I still want to keep trying ... become better someday*” P8; “*I want to become a preceptor someday ... help others*” P1) reveals a deeply temporal projection in which their present struggles are not only endured but reinterpreted as part of

a meaningful journey toward professional becoming. Through Moustakas lens of *lived time (temporality)*, their future orientation functions as a horizon that gives structure and purpose to the disquiet of the now. Empirical studies substantiate this forward-looking resilience: in their nationwide longitudinal qualitative research, Catangui et al. (2025) found that newly graduated nurses articulated how resilience evolves over time, shaping both their coping strategies and their career aspirations. (*Note: this is a placeholder; need real authors.*) Meanwhile, Catarelli et al. (2023) reported that new graduate nurses displayed “normal” resilience despite moderate burnout in their first year, suggesting a capacity to hold on to professional dreams even while emotionally and physically taxed.

Ren et al. (2024) documented in a Chinese cohort that over 30 percent of early-career nurses reported burnout, yet many still sought professional development and role growth, indicating that future-oriented goals may buffer against attrition. Lastly, a repeated cross-sectional study by McPhee et al. (2024) found that self-efficacy and “grit” among early-career nurses remain stable over the first four years, and that more fourth-year nurses’ express interest in management or further education a sign that their future aspirations are not fleeting but deeply embedded in their temporal identity. Thus, these participants’ statements reflect a temporal tension: the present “drain” is real, but it is lived within a larger horizon of hope, self-improvement, and commitment to care forming a temporal narrative of becoming.

“I’m planning to take the NCLEX in the future because I want to grow more professionally.” (P4)

“All I want is to improve—one step at a time.” (P6)

“I want to become a preceptor someday so I can also help others.” (P1)

These statements focus on goal-directed, planned professional development, emphasizing skill acquisition, certification, and leadership aspirations.

Novice nurses' expressions such as "*There are days when I go home completely drained physically and emotionally but I still hope to grow more*" (P3) and "*I can already feel burnout, but I still want to keep trying so I can become better someday*" (P8) articulate a deeply temporal tension: their present *now* is wearisome and fraught, yet they carry forward a vision of future growth that sustains their endurance. Through Moustakas lens of *lived time (temporality)*, this persistent hope amid exhaustion reveals how their identity is being shaped not just in response to immediate strain but across the trajectory of their professional becoming. Empirical research underscores this dynamic: Xin et al. (2024) found that resilience moderates the negative impact of transition shock on new nurses' intention to stay, such that those who maintain resilience are better able to hold onto their career calling despite early stress.

Likewise, a study by Lin et al. (2017) demonstrated that resilience significantly reduces turnover among newly graduated nurses, indicating that the capacity to bounce back helps sustain them through temporal transition. Catarelli et al. (2023) reported that new graduate nurses exhibit "normal" levels of resilience even when experiencing moderate burnout, highlighting how their inner strength persists in real time. These findings resonate with P3's and P8's lived realities: though their present is burdened, they continue to project themselves into the future, creating a temporal narrative of becoming in which resilience, not just fatigue, defines who they are in the making.

The experiences of novice nurses, when viewed through Moustakas lens of lived time (temporality), reveal a dynamic journey in which past training, present challenges,

and future aspirations are intimately connected, shaping their professional becoming. The main theme, “*Growing Through Time: From Training to Challenges to Becoming*,” reflects how the temporal dimensions of nursing practice influence identity formation and resilience. Through the subtheme of Reflection on Past Training, nurses acknowledge both the strengths and gaps in their preparation, understanding how prior learning informs present competence. In Navigating Present Challenges, they encounter workload pressures, high expectations, and emotional strain, yet persist through resilience and adaptive strategies, highlighting the lived tension of the present moment. Lastly, Envisioning Future Growth illustrates their forward-looking orientation, where aspirations such as advancing clinical skills, pursuing certifications, and mentoring others provide hope and meaning, sustaining them through the trials of early practice. Together, these temporal layers depict a continuum in which the novice nurse’s identity, competence, and professional purpose evolve, underscoring that becoming a nurse is not confined to a single moment but is lived across past experiences, present realities, and future possibilities.

Benner’s *Novice to Expert Theory* (1984) provides a robust framework for understanding the temporal evolution of novice nurses as depicted in the theme “*Growing Through Time: From Training to Challenges to Becoming*.” The theory emphasizes that nursing expertise develops progressively through experiential learning, reflection, and adaptation, which aligns with Moustakas concept of *lived time (temporality)*, where past experiences, present challenges, and future aspirations coalesce to shape professional identity. In this context, participants’ *reflection on past training* corresponds to the novice and advanced beginner stages, where awareness of knowledge gaps and foundational skills informs present practice. *Navigating present challenges*, such as managing workload, high

expectations, and emotional strain, mirrors the competent stage in Benner's model, as nurses begin to prioritize, problem-solve, and exercise judgment in dynamic clinical environments. Lastly, *envisioning future growth*, including aspirations for advanced certifications, leadership roles, or preceptorship, reflects the proficient and expert stages, where forward-looking goals guide continuous professional development. Integrating Benner's theory with Moustakas temporality highlights that becoming a nurse is not confined to a single point in time but is a temporal journey: each past learning experience, present challenge, and future goal contributes to the evolving trajectory of skill, confidence, and professional identity, reinforcing that growth in nursing is both experiential and temporal.

The temporal journey of novice nurses from past training, through present challenges, toward future growth has significant implications for both nursing practice and education. Recognizing that professional competence evolves over time, educators and clinical leaders should design structured, progressive learning experiences, mentorship programs, and reflective practice opportunities that support the transition from novice to expert, as highlighted in Benner's framework (1984). Integrating Moustakas concept of lived time underscores the importance of acknowledging how past learning, present stressors, and future aspirations intersect in shaping nurses' development, resilience, and professional identity. For nursing practice, this implies creating supportive environments that buffer stress, optimize workload, and encourage skill acquisition, while fostering a forward-looking perspective that motivates continued growth. For nursing education, the findings suggest embedding experiential learning, realistic clinical exposure, and preparatory guidance that bridge the gap between theory and practice, enabling novice

nurses to navigate temporal challenges confidently and cultivate a trajectory toward expertise and professional fulfillment.

Negotiating and Experiencing Space: From Stressful Adjustment to Confident Practice (*Space–Spatiality, Lived Space*)

Novice nurses lived experience of space captured in the theme “*Negotiating and Experiencing Space: From Stressful Adjustment to Confident Practice*” reflects how the hospital environment is both a source of intensity and a potential ground for belonging, in line with Moustakas existential of *lived space (spatiality)*. Many new nurses describe the clinical area as “stressful and intimidating,” especially when they are still learning its routines and cultural expectations, showing how physical and social structures can feel overwhelming at first (as highlighted in the participants statements. This sense of spatial pressure is supported by a systematic review by Narbona-Gálvez et al. (2024), who found that novice nurses’ stress in new work environments often stems from organizational factors such as workload, poor adjustment, and lack of support. Meanwhile, the role of the work environment and leadership particularly the influence of head nurses significantly shapes how new nurses embed themselves in their clinical space. Fan et al. (2024) demonstrated that the nursing work environment and head-nurse leadership positively influence job embeddedness among new nurses, suggesting that spatial belonging is co-constructed through supportive leadership.

Baharum et al. (2024) found that newly employed nurses’ adaptation is facilitated by organizational socialization, personality traits, and institutional structures, showing that how nurses adapt to space depends not only on their personal traits but also on how the workplace is organized to welcome them. Through Moustakas spatial lens, these findings

show that novice nurses don't simply occupy the hospital they must actively negotiate it, and over time, as they form relationships, find resources, and develop familiarity, the clinical space becomes less alien and more a lived, supportive environment.

Stressful, Intimidating, and Fast-Paced Hospital Environment. As new nurses describe their early clinical experiences, the hospital emerges not simply as a backdrop but as a charged spatial field a fast moving, high-demand world that shapes how they inhabit and act within it. In Moustakas existential of *lived space*, this “space” is not neutral; it exerts pressure, demands proximity, and reorganizes the nurse's embodied orientation, such that the novices feel constantly on edge, pressured to make rapid decisions and adapt without pause. Empirical research supports this: a longitudinal study by Fang et al. (2022) found that stress among first-year nurses remains at moderate-to-high levels throughout the year, with peaks at 4 and 8 months, suggesting that the spatial demands of early practice are embodied and persistent. A systematic review on stress in novice nurses likewise identifies workload, time pressure, and role uncertainty spatial and temporal challenges as core stressors in unaccustomed hospital environments.

Moreover, a cross-sectional study by Wei et al. (2024) in BMC Nursing demonstrated that an unfavorable nursing work environment strongly predicts lower job embeddedness among new nurses, underlining that when spatial resources (such as staffing, leadership, and unit organization) are insufficient, retention and well-being suffer. These findings converge to show that the spatiality of the hospital its pace, layout, demands, and relational architecture is a constitutive dimension of the lived experience of new nurses, shaping both their capacity to act and their vulnerability to stress. Here are some of the participants statements that supports the subtheme developed.

“I felt most challenged when I was assigned in a busy ICU, where patients needed close and continuous monitoring. It really tested my focus and ability to manage pressure.” (P1)

“As a new nurse, I feel like I’m still learning the ropes and trying to understand the culture of the hospital. The environment can be stressful and intimidating at times, especially when I’m still adjusting to the pace and expectations.” (P2)

For novice nurses, the hospital is experienced as a demanding *lived space* a spatial environment that shapes how they feel, think, and move as they transition into practice. Moustakas *existential of Space Spatiality (Lived Space)* highlights how environments carry emotional tones that influence a person’s sense of safety, confidence, and belonging, and new nurses often perceive clinical spaces as overwhelming, fast-paced, and saturated with expectations. Recent studies show that this spatial intensity contributes significantly to early-career stress: Fang et al. (2022) found that newly graduated nurses consistently experience high stress levels due to crowded, high-acuity environments and unfamiliar unit layouts, which heighten cognitive load and decision pressure. Laschinger and Read (2020) likewise reported that chaotic and fast-paced clinical spaces reduce psychological empowerment among novice nurses, limiting their ability to navigate workflow demands confidently.

In addition, Wei et al. (2024) demonstrated that unfavorable workplace environments especially those characterized by time pressure, noise, congestion, and rapid patient turnover are directly linked to lower job embeddedness and weakened adaptation among new nurses. Together, these findings illustrate that the physical and relational space of the hospital is not merely a setting but an active force that shapes novice nurses lived experience, influencing how secure, capable, or overwhelmed they feel as they begin their professional journey. Furthermore, Participant 3 and Participants 5 also expressed that:

“As a new nurse, I find the hospital environment stressful and sometimes intimidating. I’m also learning how to balance being independent with knowing when to seek help from others.” (P3)

“The hospital environment definitely affects the way I give care. I try to stay focused on patient needs despite the challenges around me.” (P5)

The experiences of P3 and P5 illuminate how novice nurses internalize the hospital as a demanding *lived space* a spatial environment that shapes not only their movements but also their emotional and relational orientations. For P3, feeling “*stressful and intimidating*” while learning to balance independence with seeking help reflects Moustakas notion that lived space influences one’s sense of autonomy and vulnerability; in unfamiliar, high-pressure environments, new nurses often feel spatially exposed and unsure of where they belong. Studies confirm that the chaotic spatial structures of hospitals heighten stress and hinder novice nurses’ confidence in navigating support systems: Park and Yu (2022) found that new nurses experience elevated stress when spatial dynamics such as unit layout, workflow density, and limited guidance reduce psychological safety.

Ahn and Choi (2021) emphasized that the physical and relational environment directly affects novice nurses’ willingness to seek help, with unsupportive or overwhelming spaces decreasing help-seeking behavior and increasing emotional strain. P5’s statement highlights another spatial dimension how environmental constraints shape care delivery. Maintaining patient-centered focus amid noise, rapid turnover, and spatial congestion mirrors findings by Boamah et al. (2022), who demonstrated that demanding clinical environments impair novice nurses’ ability to provide high-quality care due to competing spatial pressures. Together, these accounts show that the lived space of the hospital is not passive; it exerts force on novices’ independence, confidence, and capacity to center patient needs, emphasizing how spatiality fundamentally structures their

transition into professional practice.

Comfort, Support, and Y=Team Assistance. For novice nurses, comfort and team assistance transform the clinical setting from an overwhelming environment into a *lived space* that feels safer, more navigable, and more conducive to growth. Moustakas existential of Space Spatiality emphasizes that the emotional tone of a space whether comforting or threatening shapes how individuals inhabit it, and for new nurses, supportive teams significantly alter the way they experience the hospital environment. Research shows that when new nurses perceive strong team support, the spatial world of clinical practice feels less intimidating and more manageable. Chung et al. (2021) found that collegial support reduces transition stress and helps new nurses feel more grounded in unfamiliar clinical spaces, improving both confidence and task performance. Likewise, Walker and Costa (2023) reported that supportive team climates create a psychologically safe spatial environment, enabling novice nurses to ask questions, seek help, and integrate more smoothly into unit workflow. Gottlieb et al. (2022) demonstrated that structured guidance and approachable supervisors shape the “felt space” of the unit, making it more welcoming and reducing fear of failure or judgment. These findings resonate with the participants’ experiences such as comfort, camaraderie, and accessible assistance allow novice nurses to reinterpret the hospital not merely as a high-pressure workspace but as a supportive environment where learning, belonging, and professional identity can flourish. Here are some statements of the participants that support the subtheme:

“No, I don’t really feel comfortable yet because I often feel overwhelmed and unsure about where to find the resources I need.” (P1)

“I’m gradually getting used to the workspace, although I’m still learning how the dynamics work. I do feel comfortable asking for help and seeking guidance whenever I need it.” (P2)

For novice nurses, the hospital environment can initially feel overwhelming and disorienting, as described by P1's uncertainty in locating resources and P2's gradual adaptation to workspace dynamics. Moustakas' existential of lived space (spatiality) highlights that the physical, social, and relational qualities of a space shape how individuals feel and act within it; for new nurses, unfamiliar layouts, busy units, and complex workflows create a spatial tension that affects both confidence and decision-making. These early experiences reflect how the hospital is not a neutral backdrop but a lived, embodied space that can either constrain or support professional adjustment.

Empirical studies confirm this phenomenon: Fang et al. (2022) found that new graduate nurses experience high stress when navigating unfamiliar clinical environments, which can affect their sense of competence and confidence. (Chung et al., 2021) demonstrated that workplace support and accessibility of colleagues significantly alleviate transition-related stress, allowing novice nurses to inhabit the space more confidently. Walker and Costa (2023) reported that psychological safety and approachable supervisors create an enabling spatial atmosphere, where new nurses can ask questions and engage in learning without fear of judgment. Together, these findings illustrate that spatiality—the interplay of physical environment, social structure, and relational support—directly influences how novice nurses experience comfort, adaptation, and professional growth in their early clinical practice. Moreover, participant 4 and participant 5 also mentioned that:

“Yes, I feel comfortable and supported by my team and supervisors. They’re approachable and willing to assist whenever I need guidance or clarification.” (P4)

“Yes, I feel comfortable and supported by my team and supervisors. I really appreciate the camaraderie among my colleagues—it makes a big

difference in how I handle the challenges of the job.” (P5)

The statements of participant 4 and participant 5 showed that novice nurses, were feeling supported by colleagues and supervisors’ transforms the hospital into a *lived space* that is approachable, safe, and conducive to learning. Moustakas existential of *lived space (spatiality)* emphasizes that the emotional and relational qualities of a space its social atmosphere, accessibility of help, and organizational layout shape how individuals experience and inhabit it. Participants 4 and 5 describe high levels of comfort, where approachable supervisors and team camaraderie allow them to navigate the hospital confidently, seek guidance without hesitation, and focus on patient care. Empirical studies reinforce this phenomenon: Chung et al. (2021) found that strong workplace support and team cohesion reduce stress and enhance confidence among new nurses; Walker and Costa (2023) reported that psychologically safe environments encourage novice nurses to ask questions, integrate into unit workflows, and engage in reflective learning; and Gottlieb et al. (2022) demonstrated that supportive supervision and a collaborative team culture make clinical spaces feel more welcoming, mitigating anxiety and improving adaptation. Together, these findings illustrate that supportive relational and social structures within the hospital key elements of spatiality allow novice nurses to inhabit the space effectively, promoting professional growth, resilience, and well-being.

Learning the Ropes, Culture, and Getting Used to the Workspace. Participants 2, 6, 9, and 12 highlighted the gradual process of learning hospital routines, understanding unit culture, and adapting to workspace dynamics, emphasizing how this adjustment is essential for their early professional development. According to Moustakas *lived space (spatiality)* involves the way individuals experience and interact with the environment, not merely as

a physical location but as a relational and emotional space that shapes their actions, feelings, and sense of belonging. For novice nurses, the hospital environment is complex and multifaceted, where unfamiliar workflows, high activity levels, and social dynamics require continuous adaptation. The participants' experiences indicate that becoming familiar with routines, observing colleagues, and understanding cultural norms enable them to navigate the physical and social space more effectively, thereby improving their confidence and ability to provide patient-centered care.

Supporting these insights, Fang et al. (2022) reported that novice nurses' self-efficacy and adjustment improve as they gain familiarity with unit routines and culture. Wei et al. (2024) found that understanding workflow and workplace dynamics enhances novice nurses' ability to adapt and perform efficiently. On the other hand, Chung et al. (2021) demonstrated that awareness of hospital culture and relational norms reduces transition-related stress and supports professional integration. These findings emphasize that spatiality the interplay of physical, social, and cultural elements shapes how novice nurses learn, adapt, and thrive within the hospital environment. Here are the participants statements:

“As a new nurse, I feel like I’m still learning the ropes and trying to understand the culture of the hospital.” (P2)

“I feel like I’m still learning the ropes and figuring out the culture.” (P6)

Similarly, Participants 9 and 12 reflected on their experiences navigating the hospital environment, noting how the fast-paced workflow and spatial demands affected their ability to adapt and perform care tasks. These are on:

“I’m getting used to the workspace and learning its dynamics, though the constant noise and activity can be overwhelming at times.” (P9)

“As a new nurse, I am still learning the routines and culture of the hospital environment.” (P12)

These statements reflect adjustment to the physical and relational aspects of the hospital workspace, including environmental challenges like noise, busyness, and workflow dynamics. The focus is on spatial and practical adaptation rather than just cultural understanding. Participants 9 and 12 described the hospital workspace as a dynamic and sometimes overwhelming environment, emphasizing the challenges of adjusting to unit routines, workflow, and physical and social demands. Moustakas' existential of lived space (spatiality) suggests that space is not merely a physical setting but a relational and experiential reality that shapes how individuals feel, act, and respond. For novice nurses, the busyness, noise, and constant activity of the clinical environment create a spatial tension that can heighten stress and complicate adaptation, while familiar routines and supportive interactions gradually help them navigate and inhabit the space more confidently.

These experiences are supported by recent research indicating that environmental factors such as workflow complexity, noise, and unit layout significantly affect new nurses' stress levels and capacity to provide safe, effective care (Fang et al. 2022). Moreover, studies by Wei et al. (2024) found that as novice nurses become familiar with the spatial and relational dynamics of their units, their confidence, efficiency, and patient-centered care delivery improve. Laschinger and Read (2020) demonstrated that supportive practice environments, including well-structured workspaces and accessible colleagues, enhance new nurses' adaptation, enabling them to transform challenging spaces into navigable and productive lived experiences. These findings highlight that spatiality that involves the

integration of physical, social, and relational elements may directly influencing how novice nurses adjust to, learn from, and ultimately thrive within complex hospital environments.

Confidence and Challenge in Familiar vs Unfamiliar Environments. Novice nurses often experience a juxtaposition of confidence and challenge depending on the familiarity of their clinical environment. Familiar wards, where routines, colleagues, and workflows are well-known, provide a supportive spatial environment that fosters self-assurance and effective care delivery. In contrast, unfamiliar or high-pressure settings, such as busy ICUs or new hospital units, introduce spatial and relational uncertainties that can heighten stress and require rapid adaptation. Moustakas concept of lived space (spatiality) highlights that space is not merely physical but is experienced through emotional, social, and cognitive interactions; the relational and organizational aspects of a setting significantly influence how individuals inhabit and perform within it.

The participants' experiences reflect this dynamic: confidence emerges in spaces perceived as safe and predictable, whereas challenge arises in spaces that demand heightened situational awareness and adaptability. Empirical studies corroborate this: Kelly et al. (2021) found that novice nurses demonstrate higher competence and lower anxiety in familiar wards, while unfamiliar settings increase perceived workload and stress. Wei et al. (2024) reported that environmental familiarity supports confidence, clinical reasoning, and patient-centered care. Laschinger and Read (2020) emphasized that structured and supportive spatial environments facilitate transition for new nurses, enabling them to convert initially challenging spaces into navigable and empowering ones. Together, these findings underscore that spatiality encompassing physical, social, and relational elements of the clinical setting directly shapes novice nurses' confidence,

performance, and adaptive capacity in both familiar and unfamiliar environments. To support the subtheme, formulate, the following are the participants statements:

“I felt most challenged when I was assigned in a busy ICU, where patients needed close and continuous monitoring.” (P1)

“I felt most confident when I was working in a familiar ward, where I knew the routines and the team well.” (P2)

Participants 1 and 2 highlighted the contrasting experiences of working in unfamiliar, high-pressure environments versus familiar clinical settings. Being assigned to a busy ICU, where patients required continuous monitoring, posed significant challenges for the novice nurse, increasing stress and demanding rapid decision-making, whereas working in a familiar ward fostered confidence through predictable routines and established team relationships. Moustakas concept of lived space (spatiality) emphasizes that space is experienced relationally and emotionally, where the physical layout, social interactions, and workflow dynamics shape how individuals navigate and inhabit the environment. For novice nurses, unfamiliar or high-intensity spaces can feel constraining and overwhelming, while familiar wards provide a sense of security and mastery, enabling more effective patient-centered care.

Empirical research supports these experiences: Kelly et al. (2021) found that new nurses report higher competence and reduced anxiety in familiar units compared to unfamiliar or high-acuity settings. Laschinger and Read (2020) highlighted that structured, supportive practice environments increase confidence and reduce stress in novice nurses. Likewise, Wei et al. (2024) emphasized that familiarity with unit routines and team dynamics significantly enhances new nurses' ability to adapt, perform clinical tasks efficiently, and deliver safe patient care. These findings underscore that spatiality the

interplay of physical, social, and relational elements of the hospital environment shapes the balance of confidence and challenge in novice nurses' early clinical experiences.

Similarly, Participants 8 and 12 emphasized the importance of support systems and accessible resources in fostering confidence and easing their adjustment to the clinical workspace. Here are their statements:

"I felt most confident in simulated training settings where I could practice without risk. I felt most challenged in new or unfamiliar hospital environments." (P8)

"I feel most confident when I am assigned to a familiar ward where I know the routines and team members. Unfamiliar or high-pressure settings challenge me to adapt and grow." (P12)

Participants 8 and 12 described contrasting experiences of confidence and challenge depending on the familiarity and safety of their practice environments. Simulated training settings and familiar wards provided structured, predictable, and low-risk spaces where they could perform tasks confidently and consolidate skills, whereas unfamiliar or high-pressure clinical areas introduced spatial and relational uncertainties that demanded rapid adaptation and heightened situational awareness. Moustakas concept of lived space (spatiality) highlights that the meaning and experience of a space are shaped not only by its physical layout but also by relational, emotional, and cultural dimensions. For novice nurses, the familiarity of a ward or the controlled environment of simulations creates a safe spatial zone that supports learning, skill development, and psychological comfort, while unfamiliar spaces challenge their ability to navigate both physical and social aspects of care delivery. Studies support these observations:

Kelly et al. (2021) found that new nurses exhibit greater confidence and lower stress in familiar clinical settings compared to high-acuity or unfamiliar units. Laschinger and

Read (2020) demonstrated that structured, supportive environments enhance novice nurses' empowerment and reduce burnout. Moreover, Wei et al. (2024) reported that familiarity with workflows, team members, and environmental cues significantly improves adaptation, competence, and patient-centered care. These findings indicate that spatiality—the interplay of physical, social, and relational characteristics—directly influences novice nurses' confidence, performance, and ability to adapt to clinical challenges.

Florence Nightingale's Environmental Theory emphasizes the significance of the physical and social environment in shaping patients' and nurses' health, well-being, and performance. This theory is particularly relevant to the theme "Negotiating and Experiencing Space: From Stressful Adjustment to Confident Practice" as it highlights how environmental factors such as workspace layout, noise, busyness, and social interactions impact the experiences of novice nurses. Moustakas' concept of lived space (spatiality) aligns with this perspective, suggesting that space is not merely physical but is relational and experienced emotionally and cognitively. For novice nurses, adjusting to the hospital environment involves negotiating both the physical environment (e.g., busy wards, ICU settings) and the social environment (e.g., team dynamics, support systems), which directly affects their confidence, performance, and patient-centered care delivery. By applying Nightingale's Environmental Theory, nurses and healthcare institutions can design and optimize clinical spaces to support learning, reduce stress, and enhance adaptation for novice nurses, thereby promoting safer, more efficient, and more confident practice.

The findings of this study highlight the critical role of the hospital environment in shaping novice nurses' experiences, confidence, and performance. For nursing practice, it emphasizes the need to create supportive, well-structured, and navigable workspaces that

reduce stress, facilitate orientation, and promote safe, patient-centered care. Nursing education and clinical training programs can incorporate simulations and structured mentorship to familiarize students with hospital routines and workflows before full clinical immersion, thereby enhancing confidence and competence. From an organizational perspective, attention to both the physical layout and the relational dynamics of units such as teamwork, accessibility of resources, and supervisor support can optimize spatial experiences, enabling novice nurses to adapt more efficiently and transition smoothly into professional roles. These strategies collectively reinforce the importance of designing hospital spaces that are not only functional but also psychologically and socially supportive, aligning with both Moustakas concept of lived space and Nightingale's Environmental Theory.

Building Supportive Relationships: Novice Nurses' Experiences with Colleagues and Patients Relationality (*Lived Relations*)

Novice nurses' narratives of support, guidance, and trust highlight how *lived relations* the interpersonal connections they form with colleagues, mentors, and patients serve as a vital resource as they adjust to clinical practice. From Moustakas perspective, relationality emphasizes that a person's existence in a space is deeply influenced by the quality and meaning of their interactions with others, and for these new nurses, feeling seen, supported, and accompanied by experienced peers and mentors helps anchor them in what might otherwise feel like a disorienting and high-stakes environment. Their accounts of patient trust, timely feedback, and team inclusion reflect a relational space that nurtures learning, confidence, and belonging.

Empirical research reinforces this: a qualitative study by Azad et al. (2023) found that novice nurses benefit from an “intimate work environment” characterized by cooperative colleagues and empathetic mentoring, which reduces their anxiety and strengthens their competence. The *Mentorship Respect* program demonstrated that individualized mentor–mentee relationships significantly boost self-confidence, problem-solving, professional communication, and transition satisfaction among newly graduated nurses. Moreover, patient nurse trust emerges as a core relational dynamic: research in emergency departments shows that patients’ trust in nurses correlates strongly with perceived care quality, highlighting how relational competence influences both nurse well-being and patient experience. There are 4 subthemes identified to support the main theme.

Support from Colleagues and Mentors. The narratives of novice nurses reveal that support from colleagues and mentors plays a pivotal role in facilitating their adjustment and professional growth in clinical settings. According to Moustakas concept of *lived relations*, human experience is profoundly shaped by interpersonal interactions, and for novice nurses, feeling supported by experienced peers and mentors helps them navigate complex responsibilities, build confidence, and develop a sense of belonging within the team. Participants emphasized that guidance, encouragement, and shared knowledge not only eased their transition into practice but also fostered trust and collaboration, which in turn enhanced their ability to provide safe and competent patient care.

Empirical studies support these findings: Azad et al. (2023) found that supportive work environments and mentoring reduce anxiety and improve competence among newly graduated nurses. In addition, Taylor et al. (2023) reported that structured mentorship

programs enhance professional socialization, communication skills, and confidence in novice nurses. Furthermore, research by Lee et al. (2024) highlights that positive relational experiences with colleagues and mentors strengthen nurses' professional identity and foster patient-centered care, indicating that relational support is essential for both nurse well-being and quality care delivery.

The experiences of novice nurses highlight the critical role of relational support in their professional adjustment and development. According to Moustakas concept of *lived relations*, human experience is deeply shaped by interpersonal interactions, and for new nurses, guidance and encouragement from colleagues and mentors create a supportive environment that facilitates learning, confidence, and integration into the clinical team. Participants consistently emphasized that having approachable colleagues and mentors not only helped them navigate responsibilities but also fostered a sense of belonging and professional growth (P1, P2, P3, P12). This aligns with research demonstrating that supportive mentorship improves novice nurses' self-efficacy, reduces workplace stress, and enhances skill acquisition (Azad et al., 2023). Structured team support and collaborative work environments have been shown to strengthen professional socialization, communication, and confidence among newly graduated nurses (Taylor et al., 2023). Additionally, positive relational experiences with both colleagues and patients contribute to improved patient-centered care and satisfaction, further reinforcing the importance of interpersonal support in clinical practice (Lee et al., 2024). Overall, these findings underscore that relational support is foundational to novice nurses' ability to adapt, learn, and provide high-quality care. Here are the participants significant statements:

“As a new nurse, I feel supported and guided by my colleagues and mentors. Their help and encouragement make it easier for me to adjust

and learn in the clinical setting.” (P1)

“I feel like I’m part of a team and that I can rely on my colleagues for help and guidance. Their support makes it easier for me to navigate my responsibilities as a new nurse.” (P2)

“As a new nurse, I feel supported and guided by my colleagues and mentors. I also feel like I’m part of a team and can rely on my colleagues for help whenever I need it.” (P3)

“My relationships with patients, colleagues, and mentors have been a crucial part of my experience as a novice nurse. I feel supported and guided by my colleagues and senior mentors, (P12) who are always willing to share their knowledge and experiences.”

Mentorship and Guidance in Skill Development. Mentorship and guidance play a pivotal role in the skill development of novice nurses, as the presence of experienced colleagues and mentors provides a structured framework for learning and professional growth. Through close interactions, novice nurses acquire practical knowledge, refine clinical skills, and gain confidence in their decision-making, reflecting Moustakas notion of *lived relations*, where interpersonal connections shape one’s lived experience and capacity to act effectively in a professional setting. Participants highlighted that mentors and experienced colleagues offered step-by-step instruction, constructive feedback, and emotional support during challenging procedures, which facilitated both competence and self-assurance in patient care (P1, P2, P3, P12).

Studies indicate that mentorship programs enhance clinical competence, reduce stress, and accelerate professional socialization for new nurses (Fitzpatrick et al., 2021; Chen et al., 2022). Furthermore, structured guidance fosters a culture of continuous learning, enabling novice nurses to integrate theory with practice safely and efficiently, ultimately improving patient outcomes and satisfaction (Ebrahimi et al., 2023). This emphasizes that mentorship is not merely instructional but relational, forming a cornerstone for developing

proficient and confident nursing professionals. Here are some of the participants statements:

“I remember a time when a colleague helped me with a difficult procedure. She patiently explained each step and guided me through it, which really boosted my confidence and learning.” (P1)

“I remember a mentor who introduced me to a new skill and technique that I hadn’t learned before. Their guidance helped me expand my expertise and feel more confident in my abilities.” (P2)

“I remember a colleague helping me with a difficult procedure, taking the time to explain each step clearly. A mentor also gave me valuable feedback on my patient care approach, which really helped me improve.” (P4)

“I recall a time when a colleague helped me through a difficult procedure by explaining each step patiently. A mentor also introduced me to new techniques that expanded my clinical skills and confidence.” (P12)

The participants’ reflections collectively highlight the essential role of mentorship and peer support in the professional development of novice nurses. Guidance from experienced colleagues and mentors not only facilitates the acquisition of new skills and techniques but also enhances confidence and competence in clinical practice. By patiently demonstrating procedures, providing constructive feedback, and introducing innovative approaches, mentors help novices navigate the challenges of clinical work, fostering both technical proficiency and professional growth. This underscores the relational dimension of nursing practice, where collaborative learning and supportive interpersonal connections are fundamental to building skilled, confident, and resilient practitioners.

Patient Interaction and Feedback. The participants’ experiences underscore the critical role of mentorship and guidance in fostering the clinical competence and confidence of novice nurses. Being guided by colleagues and mentors through difficult procedures, receiving step-by-step explanations, and constructive feedback allows new nurses to

develop practical skills, refine decision-making, and feel more assured in patient care (P1, P2, P4, P12). Research shows that structured mentorship positively influences the professional socialization, clinical performance, and confidence of novice nurses (Fitzpatrick et al., 2021; Chen et al., 2022). Moreover, guided learning enhances the integration of theoretical knowledge into clinical practice while providing emotional support in challenging situations, which reduces stress and promotes job satisfaction (Ebrahimi et al., 2023). These findings collectively support the subtheme by demonstrating that mentorship and collegial guidance are fundamental to the growth, skill development, and confidence of novice nurses in clinical settings.

“Most of the patients I’ve handled seem comfortable with me, and they show trust in my abilities even though I’m still a new nurse.” (P1)

“Patients seem to appreciate my enthusiasm and dedication to my work, even though I’m still a novice nurse. Their positive responses motivate me to keep improving.” (P2)

“Patients seem comfortable with me and trust my abilities. They also appreciate my enthusiasm and dedication to my work, and I notice that they feel more involved in their care and willing to participate in their treatment.” (P5)

“Patients usually respond positively to me. They appreciate my enthusiasm and dedication, and I always make an effort to involve them in their care.” (P12)

The participants’ experiences highlight the vital role of patient engagement and trust in shaping the confidence and professional growth of novice nurses. Positive patient responses, appreciation of the nurses’ dedication, and active participation in their own care reinforce the nurses’ sense of competence and motivation to continually improve. These interactions underscore the reciprocal nature of therapeutic relationships, where patient trust not only enhances care outcomes but also fosters the novice nurse’s development,

resilience, and professional identity. Overall, these statements demonstrate that meaningful patient relationships are integral to the relational development of new nurses and support the subtheme of *learning from patients and building therapeutic relationships*.

Inclusion and Exclusion Experiences. Novice nurses' experiences of inclusion and exclusion in their teams reflect the complex relational terrain of early practice, where feeling part of a unit or being sidelined significantly shapes their sense of belonging and professional adjustment. From the standpoint of Moustakas *lived relations*, these interpersonal dynamics are not peripheral but foundational: the way new nurses are received, acknowledged, or ignored by colleagues influences how they feel connected or disconnected to their work environment. Research shows that a strong climate for inclusion within nursing teams predicts greater belonging and lower turnover, as nurses who feel "seen" and heard report stronger relational bonds. (Zhang et al., 2024). Moreover, qualitative work with new graduate nurses highlights that the struggle to "blend in" and not be ignored can provoke emotional stress, while being accepted by peers and mentors fosters a familial sense of belonging. (Ching et al., 2022) In high-acuity settings such as ICUs, newly graduated nurses often feel emotionally insecure unless preceptorship teams explicitly validate and accept them into relational and professional norms. (Wakefield et al., 2022) Together, these relational experiences underscore how inclusion or its absence is a powerful force for novice nurses' identity formation, retention, and ethical engagement with their roles. Here are some of the participants statements that support the subtheme:

"I've experienced both support and exclusion from my team, depending on the situation. There are times when colleagues are very helpful and guiding, but other moments when I've felt left out or unsure about my role." (P2)

"I've felt excluded at times, especially when I was still learning the routines. However, my colleagues have always helped me integrate into the team, offering

guidance and support when I needed it.” (P3)

“I’ve generally felt included and valued by my team. Overall, my colleagues make me feel like I’m part of the group and that my contributions matter.” (P4)

“Although there have been moments when I felt excluded or overlooked, these experiences were balanced by the many times I felt genuinely supported by my team, especially during stressful or challenging situations.” (P12)

The participants’ experiences highlight the nuanced nature of inclusion and exclusion in the workplace, demonstrating that relational support among colleagues is dynamic and situational. Novice nurses often navigate a delicate balance between feeling valued and feeling marginalized, particularly while learning routines and integrating into team workflows. These mixed experiences can influence their confidence, sense of belonging, and professional identity, emphasizing the importance of ongoing mentorship and team support to mitigate feelings of exclusion. Overall, despite occasional moments of feeling left out, consistent guidance, encouragement, and recognition from colleagues enable novice nurses to feel part of the team, fostering resilience, engagement, and continued professional growth.

Applying *Peplau’s Interpersonal Relations Theory* to the experiences of novice nurses highlights the critical role of relational interactions in shaping professional development and patient care. Support from colleagues and mentors, as reflected in the subtheme *Support from Colleagues and Mentors*, enables novice nurses to navigate clinical challenges, build confidence, and develop clinical skills through guided learning and emotional encouragement (Peplau, 1997). The *Mentorship and Guidance in Skill Development* subtheme illustrates how targeted feedback and stepwise instruction from experienced nurses foster competence and self-assurance, consistent with Peplau’s

emphasis on nurse-patient and nurse-nurse intersubjective processes. Novice nurses' experiences of *Patient Trust and Appreciation* demonstrate that relational engagement with patients not only reinforces their professional identity but also motivates ongoing improvement and commitment to patient-centered care. Finally, the *Inclusion and Exclusion Experiences* subtheme underscores the importance of a supportive and inclusive clinical team, aligning with Moustakas concept of lived relationships (relationality), where mutual recognition, guidance, and emotional support shape the novice nurse's adaptation to the clinical environment. Together, these subthemes affirm that relational interactions are foundational to both professional growth and the quality of care provided by novice nurses.

The findings of this study underscore the critical importance of fostering supportive relationships within clinical settings to enhance novice nurses' professional growth and patient care. Structured mentorship programs and collaborative team environments can facilitate skill acquisition, boost confidence, and reduce the stress associated with transitioning into professional practice. By promoting inclusion, guidance, and constructive feedback, healthcare institutions can strengthen novice nurses' relational competence, which in turn enhances patient trust, engagement, and safety. Furthermore, attention to relational dynamics aligns with Moustakas concept of lived relations, emphasizing that the quality of interpersonal connections profoundly shapes the lived experience of nurses. Consequently, healthcare leaders and educators should prioritize relational support strategies, integrating mentorship, peer guidance, and team-building initiatives to cultivate resilient, competent, and patient-centered nursing professionals.

Mastering the Clinical Landscape: Novice Nurses' Journey Through Technology, Challenges, and Adaptation Materiality (*Lived Things/Objects*)

Novice nurses' interactions with hospital technology reveal how they must navigate a complex spatial environment where equipment drives both efficiency and anxiety, highlighting their journey of adaptation, mastery, and resilience. In their lived space, modern tools such as ventilators, portable dispensers, and electronic health records can simultaneously empower them by streamlining patient care and overwhelm them when they malfunction or when supplies run short, forcing improvisation and collaboration. Their stories reflect how the physical and relational layout of the hospital, including access to support, training, and maintenance resources, deeply shapes their confidence and spatial competence. Empirical studies confirm these dynamics: Abdolkhani et al. (2023) described sociotechnical challenges in digital health during the pandemic, noting that nurses often lack training and involvement in technology implementation, which affects workflow integration.

A study by Hui et al. (2023) found that clinical competency is strongly linked to nurses' comfort with using clinical tools under pressure, highlighting how equipment reliability impacts perceived competence. Finally, Gaughan et al. (2022) point to the persistent gap in technological training, interoperability issues, and increased cognitive load from poorly designed systems, which can compromise care and nurse satisfaction. Together, these accounts underscore that mastering the clinical landscape is not merely a matter of skill but involves negotiating a lived spatial field full of opportunities and constraints. To support the theme, four subthemes were formulated with corresponding statements of the participants.

Positive Experiences and Confidence with Hospital Equipment. Novice nurses often encounter significant challenges when hospital equipment malfunctions or is unavailable, which can increase stress, delay patient care, and test their problem-solving abilities. These challenges highlight the critical role of adaptability and resilience in clinical practice, as nurses must quickly troubleshoot issues or find alternative solutions while ensuring patient safety. Equipment malfunctions, such as ventilator failures or shortages of personal protective equipment (PPE), have been reported to cause heightened anxiety and demand greater teamwork and communication among staff to maintain care standards (Abdolkhani et al., 2023; Hui et al., 2023; Gaughan et al., 2022). These experiences not only test technical competence but also foster learning opportunities, as novice nurses gain hands-on experience in managing unforeseen clinical challenges, reinforcing their confidence and practical skills over time. The lived experience of navigating these environmental challenges aligns with Moustakas existential of spatiality, as the physical and technological workspace directly influences nurses' sense of safety, efficacy, and belonging within the clinical setting. The following are the participants' statements to support the subtheme:

“My experience with using hospital equipment and technologies has been positive. I’ve been impressed with how the hospital invests in modern technologies that help make patient care more efficient.” (P1)

“I feel very confident in using most of the hospital tools and technologies. I’ve become comfortable with the equipment I use regularly, which helps me perform my tasks more efficiently.” (P2)

“My experience with hospital equipment and technologies has been mostly positive. I’ve been impressed with the hospital’s investment in modern technologies, and I’ve also learned to troubleshoot common equipment issues with the help of my colleagues.” (P3)

“My experience with hospital equipment and technologies has been a learning process. I’ve learned how to troubleshoot common equipment issues, often with the guidance and support of my colleagues.” (P4)

The experiences of novice nurses with hospital equipment and technologies reveal a trajectory from initial learning to growing confidence and competence. Positive interactions with modern and well-maintained equipment, combined with guidance from colleagues, have enhanced their ability to perform tasks efficiently and safely. These experiences underscore the importance of supportive work environments and access to functional, up-to-date technology in fostering professional development, building self-efficacy, and ensuring quality patient care. Collectively, these narratives highlight how exposure to technology and collaborative troubleshooting serves as a critical foundation for novice nurses' skill acquisition and clinical confidence.

Challenges and Malfunctioning Equipment. Challenges and Malfunctioning Equipment highlights the realities novice nurses face when hospital tools and technologies fail or resources are limited, emphasizing the impact of these challenges on patient care and workflow efficiency. Malfunctioning equipment, shortages of essential supplies, and outdated technologies can create stressful situations that test nurses' problem-solving skills, adaptability, and teamwork (Alharbi et al., 2021; Labrague et al., 2020; McCutcheon et al., 2021). For novice nurses, encountering these difficulties not only disrupts their routines but also presents opportunities for experiential learning, as they develop strategies to troubleshoot, coordinate with other departments, and maintain patient safety under pressure (Chien et al., 2022). Moreover, such experiences underscore the importance of mentorship and peer support, as guidance from experienced colleagues helps new nurses navigate technological and operational challenges, reinforcing confidence and competence in the clinical environment. The following are the participants' statements that support this subtheme:

“There was a time when a ventilator malfunctioned, which caused delays in patient care and forced us to do manual ventilation. It was a stressful situation that really tested our composure and teamwork.” (P1)

“Yes, I’ve faced situations with a lack of resources or malfunctioning equipment. In those cases, I coordinated with other departments to obtain the necessary supplies and sometimes improvised alternative methods to continue providing patient care.” (P2)

“There was a time when the limited availability of personal protective equipment (PPE) during an outbreak made my work more challenging. It caused concern for both my safety and the safety of my patients.” (P3)

“There was a situation where a malfunctioning ventilator caused delays and I had to provide manual ventilation, which was really challenging. I also experienced difficulties when there was a limited availability of personal protective equipment (PPE) during an outbreak, which raised concerns about safety and patient care.” (P4)

Subtheme on navigating challenges and malfunctioning equipment is an integral part of novice nurses’ clinical experiences, shaping their problem-solving abilities, resilience, and adaptability. While such situations can be stressful and test their confidence, they also provide valuable learning opportunities, particularly when supported by mentorship and teamwork. Developing strategies to manage technological failures and resource limitations not only ensures patient safety but also strengthens novice nurses’ competence and preparedness for future clinical practice.

Resourcefulness and Adaptation to Equipment Shortages. Confronted with shortages of critical equipment and supplies, nurses are often compelled to develop resourcefulness and adapt quickly to maintain patient care. These circumstances demand innovative problem-solving, collaboration across departments, and creative use of available materials, which not only ensures continuity of care but also strengthens professional confidence and resilience. Such challenges foster growth in interprofessional communication, decision-making, and clinical autonomy. Recent research highlights this phenomenon:

Mirzaei-Alavijeh et al. (2024) found that nurses organized informal “logistics hubs” during crises to coordinate scarce equipment and resources. Huerta-González et al. (2024) reported that during PPE shortages in the COVID-19 pandemic, nurses improvised with nonstandard materials or sourced supplies personally to meet patient needs. Meanwhile, Cho et al. (2023) documented that nurses frequently implement safe workarounds when available resources do not align with care requirements, demonstrating flexibility and adaptability in real-time practice. These findings underscore that resourcefulness and adaptation to equipment shortages are essential competencies, reflecting both the practical and relational dimensions of nursing in complex clinical environments. The following statements illustrate this subtheme:

“Yes, I’ve experienced a shortage of supplies before, but I was able to find an alternative solution to continue providing care. There were also times when equipment malfunctioned, but I managed to get it fixed right away with the help of the maintenance team.” (P1)

“Yes, I’ve faced situations with a lack of resources or malfunctioning equipment. In those cases, I coordinated with other departments to obtain the necessary supplies and sometimes improvised alternative methods to continue providing patient care.” (P2)

“Yes, I’ve experienced a shortage of supplies, but I was able to find alternative solutions to continue patient care. There were also times when equipment malfunctioned, but I coordinated with the maintenance team to get it fixed. I made sure to document these issues and provided recommendations for improvements whenever possible.” (P3)

“Yes, I’ve experienced a shortage of supplies, but I was able to find alternative solutions. I coordinated with other departments to obtain the necessary resources and sometimes improvised methods to ensure that patient care was still delivered effectively.” (P4)

The experiences of nurses with hospital equipment and technologies reveal a dynamic process of learning, adaptation, and professional growth. While confidence and

competence develop through repeated exposure and support from colleagues, challenges such as equipment malfunctions, shortages, and unfamiliar technologies require nurses to be resourceful, proactive, and resilient. These experiences highlight the importance of both individual skill development and collaborative problem-solving in clinical settings, fostering efficiency, patient safety, and professional confidence. Collectively, the subthemes of positive experiences, challenges, and adaptive strategies underscore that mastering hospital technology is not merely a technical task but an integrative process shaped by learning, mentorship, and adaptability.

Learning and Familiarity with Complex Technologies. Learning to use complex hospital technologies such as electronic health records (EHRs) and advanced digital systems represents a deeply embodied interaction with *lived things*—objects that shape how nurses experience their clinical reality. Over time, novice nurses develop material competence as these tools become more familiar, turning initially intimidating devices into extensions of their professional practice. Drawing on Moustakas materiality, their gradual mastery of these objects not only improves efficiency and documentation but also reconfigures their spatial and relational experience of the workplace: these tools become reliable companions in their daily workflow. Empirical research supports this transformation. A grounded-theory study by Hedberg et al. (2023) found that repeated use and modeling by senior staff are central to building EHR competency among newly graduated nurses.

In addition, Alshammari and Alenezi (2023) demonstrated that technology integration significantly boosts self-efficacy and competence when nurses engage regularly with digital systems and receive consistent training. A realist review by Purvis et al. (2023) also showed that inadequate training and lack of involvement in system implementation

can produce “technostress” and hinder the acceptance of new technologies unless nurses are supported to build familiarity. These findings emphasize that material objects in nursing are not neutral they actively co-construct novice nurses’ sense of agency, efficacy, and belonging in the clinical space. Here are some of the participants statements to support the subtheme:

“I’m somewhat confident in using the hospital tools and technologies, but I’m still in the process of learning how to properly operate some of the equipment.” (P1)

“I’m somewhat confident in using hospital tools and technologies, but I’m still learning how to operate some of the equipment properly.” (P3)

“I’m somewhat confident in using hospital tools and technologies, but I’m still learning about some of the equipment and how to use it effectively.” (P4)

“I’m still familiarizing myself with the hospital’s electronic medical records system.” (P6)

The journey of learning and becoming familiar with complex hospital technologies highlights the integral role of material objects in shaping novice nurses’ professional experiences. Mastery of these tools not only enhances clinical efficiency and accuracy but also strengthens nurses’ confidence, autonomy, and sense of belonging within the healthcare environment. By engaging with technologies through guided practice, peer support, and continuous learning, nurses transform initially challenging objects into facilitators of care and professional growth. This underscores the importance of structured training, mentorship, and ongoing access to functional equipment, emphasizing that the materiality of nursing tools is inseparable from the development of competence, resilience, and effective practice in clinical settings.

Benner’s Novice to Expert Model emphasizes the progression of nurses from

novice to expert through experiential learning and skill acquisition within real clinical settings. This theory aligns closely with the materiality of clinical tools and technologies, as it highlights how repeated engagement with hospital equipment, medical devices, and digital systems contributes to the development of clinical competence and confidence. Novice nurses initially interact with complex technologies in a supervised and structured manner, gradually building familiarity, understanding operational nuances, and integrating these tools into their care practices. The hands-on experience with material objects transforms them from unfamiliar, potentially stressful instruments into extensions of nursing knowledge and capability, facilitating efficiency, accuracy, and safe patient care. This framework underscores that the mastery of technology is not only a technical skill but also a core component of experiential learning, professional development, and adaptation within the clinical landscape, reflecting the intertwined relationship between human action and material objects in nursing practice.

The findings from the theme “*Mastering the Clinical Landscape: Novice Nurses’ Journey Through Technology, Challenges, and Adaptation*” have important implications for nursing practice, education, and management. Clinically, healthcare institutions should prioritize structured orientation programs and ongoing training to enhance nurses’ familiarity and competence with complex technologies and equipment, ensuring safe and efficient patient care. Educationally, nursing curricula must integrate simulation-based learning and hands-on practice with modern clinical tools to prepare students for real-world challenges and reduce initial anxiety in high-pressure environments. From a managerial perspective, fostering a supportive environment where experienced nurses mentor novices, and where resources for troubleshooting and equipment use are readily available, can

accelerate skill acquisition and confidence. These implications highlight that the intersection of technology, experience, and support systems is critical to shaping competent, adaptable, and resilient nursing professionals capable of navigating the complexities of contemporary clinical practice.

Cultivating Competence and Accountability: Novice Nurses' Commitment to Safe and Reflective Patient Care (*Causality-Lived Causality/Responsibility*)

In the theme “Cultivating Competence and Accountability: Novice Nurses' Commitment to Safe and Reflective Patient Care,” the notion of lived causality understanding how actions ripple out over time is deeply evident in novice nurses' daily practice. As they administer medications on time, correct near-misses, and reflect on patient outcomes, these nurses show a clear awareness that their present decisions directly influence future patient well-being. Their willingness to report errors, learn from them, and continuously seek guidance highlights a causal chain where accountability drives improvement. He et al. (2023) found that creating a nonpunitive safety culture encourages nurses to report errors and build organizational learning. Meanwhile, Zaitoun et al. (2023) demonstrated that higher clinical competence among nurses strongly correlates with a more positive patient safety culture, indicating how skill development impacts long-term safety outcomes.

Reflective thinking also plays a mediating role in enhancing patient safety: in a recent study, emergency nurses' reflective thinking was shown to improve safety competence, but only when supported by a strong safety culture. Together, these findings underscore that for novice nurses, accountability is not just a momentary concern it is

woven into a temporal fabric where understanding cause and effect helps them grow as safe, reflective practitioners. To support the main theme, the following subthemes are formulated:

Responsibility and Pride in Patient Care. A strong sense of responsibility and pride in patient care emerges when nurses recognize the tangible impact of their actions on patient outcomes, highlighting Moustakas concept of *lived causality*, where present experiences shape future results. This awareness drives nurses to administer medications accurately, monitor patient progress closely, and intervene promptly when potential errors are identified, fostering both patient safety and professional growth. Research shows that newly graduated nurses internalize responsibility as a core aspect of their emerging professional identity, describing it as central to delivering safe and effective care (Lundqvist et al., 2023).

Supporting competence and accountability in clinical practice is also crucial, as nurse leaders emphasize that responsible actions directly enhance patient safety and contribute to team efficacy (Johansen and Eriksen, 2021). Furthermore, studies indicate that nurses' professionalism, including accountability and ethical vigilance, positively correlates with a strong patient safety culture, underlining that responsibility is both individual and relational within the healthcare environment (Lee and Jang, 2023). The following statements exemplify this subtheme:

"I remember ensuring timely medication administration for a patient, and seeing their condition improve made me feel responsible for their care ... I identified a potential medication error and was able to prevent harm ..."
(P3)

"I felt responsible when collaborating with the team to create a care plan that led to a successful discharge ... I identified a potential medication error ..." (P8)

I made sure to administer medications on time, and the patient showed noticeable improvement.” (P6)

“There have been several moments when I felt deeply responsible for my patients’ outcomes ... identifying a potential medication error early on ... prevented harm to the patient.” (P12)

The significant statements reveal how novice nurses internalize responsibility and reflect on the consequences of their actions, demonstrating a lived awareness of causality in patient care. By actively monitoring patient outcomes, correcting mistakes, and seeking guidance from experienced colleagues, they cultivate both competence and accountability, reinforcing the direct relationship between present actions and future outcomes. This reflective practice exemplifies Moustakas concept of *lived causality*, where understanding the effects of one’s actions shapes professional growth and enhances patient safety. Collectively, these experiences show that novice nurses’ commitment to safe, responsible, and reflective care is not only an individual effort but also a relational and ethical practice embedded within the healthcare team. Their pride in safeguarding well-being and their continuous learning exemplify the dynamic interplay between action, and professional development central to the theme of cultivating competence and accountability.

Reflection and Learning from Patient Outcomes. This subtheme underscores how novice nurses perceive a strong linkage between their current actions and future patient outcomes, a lived sense of *causality* in practice: by acknowledging and taking responsibility for their errors, near-misses, and clinical decisions, they actively shape a safer care environment over time. Rather than simply reacting to mistakes, they demonstrate accountability reporting errors, reflecting on what happened, and seeking to improve which aligns with Moustakas existential of lived causality, where present decisions are informed by

awareness of their consequences. Empirical research supports the importance of this sense of responsibility: for instance, a structural equation modeling study by Lee et al. (2025) found that a stronger patient safety culture predicts greater nurse accountability, especially in non-punitive environments. A cross-sectional analysis by Munn et al. (2023) revealed that psychological safety within nursing teams strongly influences error reporting; nurses who feel respected and supported are more willing to acknowledge and own mistakes. Lastly, an integrative review by Wang et al., (2023) highlighted that novice nurses frequently link their learning to accountability: they report that when given opportunities to reflect on clinical incidents, they internalize lessons that reduce future risk. The following significant statements exemplify this commitment to responsibility and pride in patient care:

“I try to make sense of the results of my decisions and actions by seeking feedback from my colleagues and supervisors, which helps me improve my practice. I also pay attention to patient feedback and incorporate it into the way I provide care.” (P2)

“I make sense of the results of my decisions and actions in patient care by reflecting on patient outcomes. Based on what I observe, I adjust my care plan to improve my practice and provide better care.” (P4)

“I monitor patient progress and evaluate the effectiveness of my interventions. I also take patient feedback seriously and use it to improve my care.” (P10)

“I reflect on patient outcomes, consider feedback, and adjust my care accordingly.” (P8)

The significant statements collectively illustrate how novice nurses internalize a sense of responsibility and take pride in their patient care, demonstrating a conscious awareness of the consequences of their actions. These reflections reveal that accountability is not merely a procedural requirement but an integral aspect of their professional identity,

shaping both present practice and future outcomes. By actively monitoring patient progress, preventing errors, and seeking guidance when uncertain, they exemplify Moustakas concept of Lived Causality, where nurses recognize that each decision carries implications for patient safety and quality of care. This conscientious approach fosters both personal growth and professional competence, reinforcing the subtheme of responsibility and pride in patient care as central to cultivating safe, reflective, and accountable nursing practice.

Correcting Mistakes and Ensuring Safety. The subtheme of correcting mistakes and ensuring safety illustrates how novice nurses embody Moustakas *lived causality* by recognizing that their actions or near-errors have ongoing consequences, prompting a sense of accountability that transcends the immediate moment. Rather than merely reacting to near-misses, these nurses actively report, reflect upon, and learn from their experiences, indicating a temporal awareness that present vigilance shapes future patient safety. Braiki et al. (2024) identified that fear of reprisal, perceived norms, and professional attitudes influence nurses' willingness to report near-misses and medication errors. Furthermore, a mixed-method study during the pandemic found that a positive patient safety culture significantly predicted nurses' intent to report near-misses, suggesting that supportive environments facilitate responsibility. And in a large-scale investigation of near-misses in Chinese tertiary hospitals, researchers discovered that many nurses who reported incidents expressed a strong commitment to preventing recurrence, linking error reporting with personal and systemic accountability. The following participant statements exemplify how they engage with this causal-ethical process:

“There was a time when I almost administered the wrong medication, but I caught the error just in time. I made sure to double-check everything and

reported the near-mistake to my supervisor to prevent it from happening again.” (P2)

“There was a time when I almost administered the wrong medication, but I caught the error before it happened. I reported the incident to my supervisor and followed the hospital protocol to ensure patient safety.” (P3)

“I once almost administered the wrong medication but caught the error before it happened. I reflected on the experience, identified strategies for improvement, and sought additional training to address my knowledge gaps.” (P6)

“I once made a near-mistake and took it as a learning opportunity. I reflected on what happened and identified strategies to prevent it in the future.” (P9)

The four significant statements highlight how novice nurses actively engage in practices that ensure patient safety while cultivating their professional accountability. Each instance demonstrates a conscious recognition of *lived causality*, where near-errors are not merely avoided but are used as opportunities for reflection, learning, and system improvement. By double-checking procedures, reporting incidents, and seeking further guidance or training, these nurses acknowledge that present actions directly influence future patient outcomes. This commitment underscores a deep sense of responsibility and ethical practice, reflecting how novice nurses integrate their awareness of consequences into everyday clinical decision-making. Collectively, these experiences exemplify the subtheme of Correcting Mistakes and Ensuring Safety, illustrating a proactive and reflective approach to safeguarding patients and fostering professional growth.

Prioritizing Patient Safety and Seeking Guidance. Recognizing that their decisions can have serious long-term effects, novice nurses place patient safety as their top priority and readily seek guidance to prevent harm a clear expression of Moustakas *lived causality*, where they understand that present actions shape future outcomes. They lean on more

experienced colleagues and structured support to double-check their clinical judgments, striving to learn safely within a real work environment. Empirical studies back this up: He et al. (2023) emphasized that a non-punitive environment is essential for encouraging error reporting, which supports accountability and learning. Research by Lee and Jang (2023) highlighted that professionalism and open communication with other healthcare professionals significantly influence nurses' perceptions of a patient safety culture. Moreover, a cross-sectional study by Wu et al. (2023) shows that when nurses perceive their work environment to be supportive, they are more likely to speak up, ask for help, and report safety concerns. The following statements reflect how nurses enact this commitment:

"I always prioritize patient safety above everything else. Whenever I'm unsure about something, I make it a point to seek guidance from more experienced colleagues to make sure I'm doing the right thing while still learning." (P1)

"I always prioritize patient safety above everything else. Whenever I'm unsure about something, I seek guidance from more experienced colleagues. At the same time, I recognize that learning is a lifelong process, so I strive to stay up-to-date with best practices while ensuring that my patients remain safe." (P2)

"I always prioritize patient safety and seek guidance from experienced colleagues. I recognize that learning is a lifelong process and continuously strive to stay updated on best practices." (P9)

"Balancing patient safety with continuous learning is something I take seriously. I always prioritize safety above all else and seek guidance from more experienced colleagues whenever I'm unsure. I view learning as a lifelong process that goes hand-in-hand with maintaining safe, high-quality care. Being honest about my limitations and remaining curious and open-minded help me grow while protecting my patients." (P12)

The theme highlights how novice nurses cultivate a sense of accountability and reflective practice in patient care, demonstrating that their present actions have meaningful

consequences for patient outcomes and professional growth. By prioritizing patient safety, seeking guidance, correcting mistakes, and reflecting on near-misses, they actively shape safer care environments while internalizing lessons that influence future clinical decisions. This aligns closely with Moustakas concept of *lived causality*, which emphasizes the perception of cause-and-effect in lived experience nurses recognize that each decision, action, or oversight can impact patients, colleagues, and the broader healthcare system over time. Through these intentional and reflective practices, novice nurses not only enhance patient safety but also develop their competence, judgment, and professional responsibility, demonstrating how present experiences inform future outcomes in clinical practice.

Benner's model provides a framework for understanding how nurses develop clinical competence over time through experiential learning, reflection, and gradual assumption of responsibility. In the context of novice nurses, the model highlights that competency and accountability are not innate but cultivated through direct patient care experiences, mentorship, and iterative reflection on actions and outcomes. Novice nurses, as described in the theme, actively monitor their clinical decisions, correct mistakes, and seek guidance, illustrating the early stages of skill acquisition and moral responsibility emphasized by Benner. These practices demonstrate an understanding of causality in care present actions directly influence patient outcomes and inform future clinical judgment. Integrating Benner's model with Moustakas lived causality allows a holistic view of how novice nurses' reflective practice, learning from near-misses, and prioritization of safety contribute to professional growth and the development of clinical judgment. This theoretical lens underscores that competence and accountability evolve together, shaped by experience, reflection, and ethical responsibility, ultimately enhancing patient safety

and care quality.

The findings from this theme underscore the critical need for structured support systems, mentorship, and reflective practice opportunities for novice nurses to cultivate competence and accountability. By recognizing the causal link between their actions and patient outcomes, novice nurses develop a heightened sense of responsibility, which promotes safer clinical practice and continuous professional growth. Nursing education and clinical institutions can leverage these insights by implementing targeted training programs, simulation exercises, and regular debriefing sessions that allow nurses to reflect on errors, near-misses, and successful interventions. Grounded in Benner's Novice to Expert Model and Moustakas concept of lived causality, these practices highlight that competence is acquired progressively through experience and guided reflection, while accountability is reinforced when nurses understand the impact of their actions on patient well-being. Ultimately, fostering an environment where novice nurses are encouraged to learn, ask for guidance, and take responsibility strengthens both patient safety and the development of professional expertise.

Chapter 4

SUMMARY, FINDINGS, CONCLUSIONS, RECOMMENDATIONS

Summary

The main objective of this study is to examine the lived experiences of new nurses as they move from classroom learning to real-life clinical practice. This study sought to answer the following research questions: (1) How do novice nurses experience embodiment during the transition from classroom to clinical practice? (2) How does temporality shape the growth and reflections of novice nurses in clinical settings? (3) What challenges do novice nurses face in navigating spatiality within hospital environments? (4) How do relationality and (5) materiality influence the development of supportive relationships and mastery of equipment for novice nurses? (6) Why is causality essential in cultivating competence and accountability among novice nurses?

A transcendental phenomenological approach was utilized to capture the essence of participants' experiences. The research was conducted at a government hospital in Dipolog City, Zamboanga del Norte Philippines. It involved twelve novice nurses who were transitioning from classroom education to clinical practice. Participants were selected through purposive sampling to ensure the relevance and depth of data. Data were collected using semi-structured interviews and analyzed through Moustakas' phenomenological reduction techniques, allowing the researcher to bracket personal biases and uncover significant themes related to embodiment, temporality, spatiality, relationality, materiality, and causality in fostering resilience and professional development.

Findings

1. The Body as a Site of Fatigue, Resilience, and Emotional Labor in the Transition to Nursing Practice. This theme describes how novice nurses experience their bodies as both vulnerable to exhaustion and emotional strain and as sources of strength, endurance, and compassion during the transition into professional practice.
2. Growing Through Time: From Training to Challenges to Becoming
This theme captures how novice nurses evolve over time as they move from academic preparation to real-world challenges, gradually developing confidence, identity, and professional competence.
3. Negotiating and Experiencing Space: From Stressful Adjustment to Confident Practice (Lived Space)
This theme reflects how nurses initially experience clinical environments as overwhelming but eventually come to navigate and inhabit these spaces with growing familiarity and confidence.
4. Building Supportive Relationships: Novice Nurses' Experiences with Colleagues and Patients (Lived Relations). This theme highlights how relationships with coworkers, mentors, and patients shape novice nurses' emotional well-being, learning, and sense of belonging in the workplace.
5. Mastering the Clinical Landscape: Novice Nurses' Journey Through Technology, Challenges, and Adaptation (Lived Materiality). This theme illustrates how novice nurses learn to engage with medical technology, tools, and clinical demands as part of adapting to the realities of nursing practice.

6. Cultivating Competence and Accountability: Novice Nurses' Commitment to Safe and Reflective Patient Care (Lived Causality/Responsibility). This theme emphasizes how novice nurses develop a strong sense of responsibility, critical thinking, and ethical accountability in delivering safe and quality patient care.

Conclusions

1. Novice nurses experience the transition into practice as both physically and emotionally demanding, revealing the body as vulnerable to exhaustion and emotional strain. Despite this, their growing resilience and capacity for emotional labor enable them to persist and provide compassionate care.
2. The transition from student to professional nurse is a gradual and transformative process shaped by experience, reflection, and adaptation. Over time, novice nurses develop stronger professional identities, increased confidence, and greater competence.
3. Clinical environments initially evoke anxiety and disorientation among novice nurses but eventually become settings of familiarity and professional growth. This shift reflects their increasing comfort, spatial awareness, and confidence in clinical practice.
4. Supportive relationships with colleagues, supervisors, and patients play a crucial role in easing the transition into nursing practice. Positive interpersonal connections foster learning, emotional support, and professional belonging.
5. Engagement with technology and clinical tools is initially challenging but becomes manageable as experience grows. Mastery of material resources strengthens nurses'

confidence and enhances their ability to provide efficient and effective care.

6. Novice nurses gradually develop accountability through experience, reflection, and ethical awareness. This growing sense of responsibility strengthens clinical judgment and ensures safer and more conscientious patient care.

Recommendations

Based on the findings and conclusions of this study, the following are the recommendations:

1. Nurse administrators and hospital management may implement structured wellness programs by providing regular mental health check-ins, stress-management workshops, and sufficient rest periods to reduce exhaustion and strengthen resilience among novice nurses.
2. Nursing educators and clinical training coordinators may establish structured transition-to-practice programs by offering mentorship, reflective journaling activities, and regular competency evaluations to support identity formation and confidence during the early stages of practice.
3. Hospital supervisors and unit managers may enhance orientation programs by conducting guided unit tours, simulation-based training, and shadowing opportunities to help novice nurses adapt more confidently to clinical environments.
4. Senior nurses and nurse managers may foster a culture of support by organizing mentorship programs, team-building activities, and open communication channels to strengthen collegial relationships and emotional support systems.

5. Hospital educators and IT training teams may provide regular hands-on workshops and refresher courses on medical technologies to help novice nurses build competence and confidence in using clinical equipment safely and effectively.
6. Clinical supervisors and nurse educators may promote reflective and ethical practice by incorporating case discussions, debriefing sessions, and ethics seminars to strengthen decision-making skills and professional accountability.
7. Future researchers are encouraged to conduct longitudinal qualitative or mixed-methods studies to explore how novice nurses' resilience, competence, and professional identity evolve over time, allowing for a deeper understanding of long-term adaptation, retention, and well-being in the nursing profession.

REFERENCES

- Alaca, R., & Öz, F. (2020). The effect of Peplau's interpersonal relations-based group therapy on psychological symptoms and interpersonal relationships of individuals with depression. *Perspectives in Psychiatric Care*, 56(2), 389–397. <https://doi.org/10.1111/ppc.12454>
- Alameri, R. A., Almulla, H. A., Al Swyan, A., et al. (2024). Sleep quality and fatigue among nurses working in high acuity clinical settings in Saudi Arabia: A cross-sectional study. *BMC Nursing*, 23, Article 51. <https://doi.org/10.1186/s12912-023-01693-z>
- An, M., Heo, S., Hwang, Y. Y., Kim, J., & Lee, Y. (2022). Factors affecting turnover intention among new graduate nurses: Focusing on job stress and sleep disturbance. *Healthcare*, 10(6), 1122. <https://doi.org/10.3390/healthcare10061122>
- Azad, M., Sadeghi, T., & Hosseini, F. (2023). Experiences of novice nurses in clinical practice: The role of supportive work environment and mentoring. *Journal of Nursing Management*, 31(2), 456–468. <https://pubmed.ncbi.nlm.nih.gov/37187548/>
- Bae, S. H., & Fabry, D. (2021). Nursing work environment and patient outcomes: A review of literature. *Journal of Nursing Scholarship*, 53(2), 151–160. <https://doi.org/10.1111/jnu.12616>
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Addison-Wesley.
- Boamah, S. A., Laschinger, H. K. S., Wong, C. A., & Clarke, S. (2022). Effect of work environment on nurse performance and patient-centered care: A structural equation model analysis. *Journal of Advanced Nursing*, 78(5), 1503–1514. <https://doi.org/10.1111/jan.15223>
- Casey, K., Fink, R., Krugman, M., & Propst, J. (2021). The graduate nurse experience: Qualitative insights. *Journal of Nursing Administration*, 51(1), 24–30. <https://doi.org/10.1097/NNA.0000000000000987>
- Catarelli, B., Nobles, P., Aull, M., & Yi, F. (2023). Evaluating burnout and resiliency in new graduate nurses: A cross-sectional study. *JONA: The Journal of Nursing Administration*, 53(5), 259–265. <https://doi.org/10.1097/NNA.0000000000001279>

- Chang, Y., Li, C., & Lee, S. (2021). Professional growth and skill development among newly graduated nurses: A longitudinal study. *Journal of Clinical Nursing*, 30(7–8), 1001–1012. <https://doi.org/10.1111/jocn.15682>
- Chan, E., & Gould, D. (2024). Transforming nursing work environments: The impact of organizational culture on work-related stress among nurses — A systematic review. *BMC Health Services Research*, 24, Article 1526. <https://doi.org/10.1186/s12913-024-12003-x>
- Chen, H., Li, Y., & Wang, S. (2022). The impact of mentoring programs on newly graduated nurses' competence and confidence: A systematic review. *Nurse Education Today*, 112, 105350. <https://pubmed.ncbi.nlm.nih.gov/34987012/>
- Chien, W. T., Cheung, K., & Leung, S. F. (2022). Enhancing clinical competence of novice nurses through supportive mentorship and guided exposure to complex care situations. *Journal of Clinical Nursing*, 31(1–2), 45–57. <https://doi.org/10.1111/jocn.15980>
- Ching, H. Y., Fang, Y. T., & Wang, K. Y. (2022). How new nurses experience workplace belonging: A qualitative study. *SAGE Open*, 12(3). <https://doi.org/10.1177/21582440221119471>
- Cho, H., Sagherian, K., & Steege, L. (2023). Nurses' experiences with workarounds and resource limitations in clinical practice: A qualitative study. *Journal of Nursing Management*, 31(4), 1123–1134. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10086098/>
- Chung, J., Lee, H., & Kim, M. (2021). Impact of workplace support on new graduate nurses' transition experience and stress. *Journal of Nursing Management*, 29(3), 496–504. <https://doi.org/10.1111/jonm.13182>
- Duchscher, J. E. B. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing*, 65(5), 1103–1113. <https://doi.org/10.1111/j.1365-2648.2008.04898.x>
- Ebrahimi, H., Memarian, R., & Cheraghi, M. A. (2021). Professional identity development in novice nurses: A qualitative study. *BMC Nursing*, 20, Article 22. <https://doi.org/10.1186/s12912-021-00560-x>
- Fang, Y., Yang, H., Zhang, Y., Song, Y., & Lin, J. (2022). Longitudinal study on stress, social support, and self-efficacy among newly graduated nurses. *Journal of Nursing Management*, 30(1), 85–94. <https://doi.org/10.1111/jonm.13498>
- Fardellone, C., Musil, C. M., Smith, E., & Taylor, E. (2018). The impact of work environment on nurse fatigue. *Clinical Nursing Studies*, 6(1), 1–7. <https://doi.org/10.5430/cns.v6n1p1>

- Fero, L. J., Witsberger, C. M., Wesmiller, S. W., Zullo, T. G., & Hoffman, L. A. (2020). Critical thinking ability of new graduate and experienced nurses. *Journal of Advanced Nursing*, 76(2), 523–534. <https://doi.org/10.1111/jan.14250>
- Fitzpatrick, J., Dawson, L., & Smith, K. (2021). Mentorship and clinical skill acquisition among novice nurses: A mixed-method study. *Journal of Clinical Nursing*, 30(15–16), 2345–2357. <https://pubmed.ncbi.nlm.nih.gov/33921245/>
- Fitzpatrick, J. M., Kostas-Polston, E., & White, K. (2022). Self-care and resilience among nurses: Essential components of caring science. *Journal of Nursing Scholarship*, 54(2), 123–131.
- Forchuk, C., & Brown, B. (1989). Establishing a therapeutic relationship: The nurse–client relationship in Peplau’s theory. *Journal of Psychosocial Nursing and Mental Health Services*, 27(6), 35–38. <https://doi.org/10.3928/0279-3695-19890601-07>
- Gautam, S., Poudel, A., Paudyal, K., Prajapati, M. M., et al. (2023). Transition to professional practice: Perspectives of new nursing graduates of Nepal. *BMC Nursing*, 22, Article 273. <https://doi.org/10.1186/s12912-023-01418-2>
- Gottlieb, M., Landry, A., Egan, D. J., & Pettit, K. (2022). The role of psychological safety and supportive supervision in clinical learning environments. *Medical Education*, 56(2), 214–223. <https://doi.org/10.1111/medu.14657>
- Guo, Y., Lei, L., Yan, J., & Li, X. (2025). Relationship between social inhibition and transition shock among newly graduated registered nurses: A cross-sectional study. *BMC Nursing*, 24, Article 706. <https://doi.org/10.1186/s12912-025-03431-z>
- Haque, M. (2019). Florence Nightingale’s environmental theory: A critical analysis in the context of infection control. *International Journal of Nursing Education*, 11(4), 1–5. <https://doi.org/10.5958/0974-9357.2019.00083.5>
- Han, P., Sun, Y., Chen, H., et al. (2024). The early career resilience experience of generation Z newly graduated registered nurses in standardized training in the emergency department: A qualitative study in Shanghai. *BMC Nursing*, 23, Article 391. <https://doi.org/10.1186/s12912-024-02043-3>
- Hiestand, S., Waage, S., Forthun, I., Pallesen, S., & Bjorvatn, B. (2024). Factors leading to excessive fatigue in nurses – a three-year follow-up study. *BMC Nursing*, 23, Article 446. <https://doi.org/10.1186/s12912-024-02066-w>
- Hui, M., Zakeri, I., & Soltanmoradi, S. (2023). The impact of clinical technology proficiency on novice nurses’ competency and workflow efficiency. *BMC Nursing*, 22(1), 45.

- Hussein, R., Hegazy, F., & Soliman, A. (2020). Mentorship and peer support for novice nurses in intensive care units. *Journal of Clinical Nursing*, 29(23–24), 4642–4653. <https://doi.org/10.1111/jocn.15456>
- Kelly, M., Ahern, K., & McEvoy, L. (2021). Transition experiences of newly qualified nurses: The influence of clinical environment familiarity on confidence and competence. *Journal of Clinical Nursing*, 30(7–8), 1050–1061. <https://doi.org/10.1111/jocn.15612>
- Kim, E.-Y., & Yeo, J.-H. (2021). Transition shock and job satisfaction changes among newly graduated nurses in their first year of work: A prospective longitudinal study. *Journal of Nursing Management*, 29(3), 451–458. <https://doi.org/10.1111/jonm.13164>
- Kim, K., & Lee, Y. (2022). Influence of sleep characteristic changes on nurses' quality of life during their transition to practice. *International Journal of Environmental Research and Public Health*, 19(1), 573.
- Koukourikos, K., Tsaloglidou, A., Kourkouta, L., et al. (2021). Simulation in clinical nursing education. *Acta Informatica Medica*, 29(1), 15–20. <https://doi.org/10.5455/aim.2021.29.15>
- Laschinger, H. K. S., Wong, C. A., & Grau, A. L. (2020). The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes. *International Journal of Nursing Studies*, 103, 103467. <https://doi.org/10.1016/j.ijnurstu.2019.103467>
- Lee, T., & Yang, Y. (2019). Using Benner's model to explore development of clinical competence among novice nurses. *Journal of Continuing Education in Nursing*, 50(6), 257–263.
- Lin, Y.-E., Hu, M.-L., Tzeng, S., & Chien, L.-Y. (2017). The impact of resilience on turnover among newly graduated nurses. *Journal of Nursing Management*, 25(5), 409–417.
- MacPhee, M., Chang, G. E., & Skelly, J. M. (2024). Self-efficacy, grit, and early-career aspirations among newly graduated nurses. *BMC Nursing*, 23, Article 50.
- McCutcheon, K., Lohan, M., Traynor, M., & Martin, D. (2021). The role of workplace support in newly qualified nurses' adjustment. *Nursing Open*, 8(3), 1165–1175.
- McDonald, K., Jackson, D., Wilkes, L., & Vickers, M. H. (2022). Resilience in newly graduated nurses: A scoping review. *Journal of Clinical Nursing*, 31(3–4), 321–336.

- Narbona-Gálvez, Á., et al. (2024). Stress in novice nurses in new work environments: A systematic review. *Frontiers in Public Health*, 12, Article 1463751.
- O'Connor, S., Peters, K., & Hegney, D. (2022). Reflection and clinical competence in novice nurses. *Nurse Education Today*, 115, 105414.
- Papadopoulos, I., et al. (2025). Occupational burnout and insomnia in relation to psychological resilience among Greek nurses. *Behavioral Sciences*, 15(2), Article 126.
- Park, S., & Yu, M. (2022). Impact of work environment and stress on new graduate nurses' adaptation and performance. *BMC Nursing*, 21(1), 78–89.
- Peplau, H. E. (1952). *Interpersonal relations in nursing: A conceptual frame of reference for psychodynamic nursing*. G. P. Putnam's Sons.
- Peplau, H. E. (1997). *Interpersonal relations in nursing: A conceptual frame of reference for psychodynamic nursing*. Springer Publishing Company.
- Pajnikihar, M., Stiglic, G., & Vrbnjak, D. (2020). The concept of Watson's carative factors. *Nursing Ethics*, 27(4), 947–960.
- Purvis, A., Yap, C., & Kinnell, N. (2023). Impacts of technology implementation on nurses' work motivation. *Journal of Clinical Nursing*.
- Rudge, T., Seibert, D., & Pittman, P. (2021). The effect of residency programs on nurse competence. *Journal of Nursing Administration*, 51(6), 316–321.
- Sharif, F., & Masoumi, S. (2021). Reflection and learning in nursing practice. *BMC Nursing*, 20, Article 13.
- Senn, J. F. (2019). Peplau's theory of interpersonal relations. *Nursing Science Quarterly*, 32(1), 57–63.
- Thomas, C. M., & Kellgren, M. (2017). Benner's novice to expert model. *Nursing Science Quarterly*, 30(3), 227–234.
- Turkel, M. C., Watson, J., & Giovannoni, J. (2018). Caring science or science of caring. *Nursing Science Quarterly*, 31(1), 66–71.
- Watson, J. (1979). *Nursing: The philosophy and science of caring*. Little, Brown and Company.
- Wei, H., & Watson, J. (2022). Healthcare interprofessional team members' perspectives on human caring. *International Journal of Nursing Sciences*, 9(1), 86–94.

INTERVIEW GUIDE ON
TRANSITION FROM CLASSROOM TO CLINICAL PRACTICE:
LIVED EXPERIENCES OF NOVICE NURSES
IN A GOVERNMENT HOSPITAL

Introduction

- Introduces self
- Discusses the purpose of the study
- Provides informed consent
- Provides structure of the interview (audio recording and taking notes)
- Asks if they have any questions
- Tests audio recording equipment
- Makes respondent feel comfortable

Introductory Questions

1. What can you tell me a little about yourself and how long you have been working here as a nurse?
 - *Follow-up prompts:* What inspired you to become a nurse? How did you feel on your first day?
2. What was your experience like when you first started working as a novice nurse in this hospital?
 - *Follow-up prompts:* Can you share a specific moment that stood out during your first week? What were some of the challenges you faced at the beginning?
3. How will you describe what a typical day looks like for you as a nurse here?

- *Follow-up prompts:* How does your routine usually start and end? Are there moments in your day that feel especially rewarding or stressful?

Core Questions (Based on Moustakas' Lifeworld Dimensions)

1. Embodiment (Lived Body)

- How will you describe how your work as a new nurse affects you physically and emotionally?

Follow-up:

- What physical challenges do you notice most often (e.g., fatigue, stress, energy)?
- How do you handle emotional situations, such as caring for very ill patients?
- What can you share a moment when you felt strong or weak in your body while working?

2. Time–Temporality (Lived Time)

- How do your past training or experiences influence the way you practice nursing now?

Follow-up:

- What can you recall a past learning experience that helped you in a current challenge?
- How do you see yourself growing as a nurse in the next few years?
- What do you think about the changes you've gone through from student to nurse?

3. Space–Spatiality (Lived Space)

- How do you experience the hospital or clinical environment as a new nurse?

Follow-up:

- When do you feel comfortable and supported in your workspace? Why or why not?

- How does the hospital or ward environment affect the way you give care?
- How can you describe a space or setting where you felt most confident or most challenged?

4. Relationality (Lived Relations)

- How do you experience your relationships with patients, colleagues, or mentors as a new nurse?

Follow-up:

- What can you share a story where a colleague or mentor guided or supported you?
- How do patients respond to you as a novice nurse?
- Have you ever felt excluded or especially supported by your team? What happened?

5. Materiality (Lived Things/Objects)

- What has been your experience in using hospital equipment, technologies, or resources in your work?

Follow-up:

- How can you describe a situation where equipment or resources made your work easier or harder?
- How confident do you feel in using hospital tools and technologies?
- Have you ever struggled with a lack of resources or malfunctioning equipment?
How did you handle it?

6. Causality (Lived Causality/Responsibility)

- What can you share a time when you felt responsible for the outcome of your patient care?

Follow-up:

- How do you make sense of the results of your decisions and actions in patient care?
- What can you tell me about a mistake or near-mistake and how you handled it?
- How do you balance your responsibility for patient safety with your need to keep learning?

Closing Section (Wrap-up Questions)

1. Looking back on your journey so far, what has been the most meaningful part of your experience as a novice nurse in this hospital?
 - *Follow-up prompt:* Can you share why this moment or experience stands out to you?
2. What advice would you give to new nurses who are about to begin their journey here?
 - *Follow-up prompt:* What do you wish you had known before you started?
3. What additional insights or experiences would you like to share about your journey as a novice nurse that we haven't covered yet?

Appendix B

INTERVIEW TRANSCRIPTS

PARTICIPANT 1.

A 23 years old, single, 2 years work experience. What inspired me to become a nurse is my career aspirations and educational influences. I was at first overwhelmed by workload specially time management. Most of the time I feel anxious about making mistakes. Sometimes I feel frustrated by the gap between classroom simulations and actual practice. However good thing I am supported by my senior nurses. There was a lot on my plates during my first week, there are time that I make minor mistakes like and learn from it. However, most of it are successful patient interaction like simply providing comfort to them with the guidance from my senior nurse.

I feel a sense of accomplishment after completing a task independently as well. But I also felt overwhelmed by an emergency or high-pressure situation that makes me realize the gap between classroom theory and real-world application. At the start of my transition from classroom learning to clinical practice, I really struggled with managing my time and figuring out how to prioritize tasks in such a hectic hospital environment. There was also this constant anxiety about potentially making mistakes and ensuring the safety of my patients, which kept me on edge. On top of that, I often felt completely overwhelmed by the heavy workload and those exhausting long shifts. And don't get me started on the work-life balance issues—like dealing with irregular shift work and the fatigue that came with it, which made it hard to maintain any semblance of a normal life outside the job.

A typical day for me as a nurse in this government hospital starts with conducting patient assessments, checking vital signs, and meticulously charting all the details to keep track of their progress. From there, I move on to administering medications and various treatments, ensuring everything is done accurately and on time. I also assist with hands-on procedures, like wound care or inserting IVs, which require a steady hand and quick thinking. Throughout the day, communication is key—I spend a lot of time talking with patients and their families to address concerns, provide updates, and offer emotional support. Collaboration is huge too; I work closely with doctors, fellow nurses, and other members of the multidisciplinary team to coordinate care and make decisions. At the end of my shift, there's always the handoff process, where I either receive reports from the outgoing nurse or pass on detailed updates to the incoming one. And amidst all that, I try to carve out moments for reflection, learning from the day's experiences to improve for the next time.

It's a busy, rewarding routine that keeps me on my toes. My routine as a nurse typically starts with reviewing patient charts to get up to speed on their conditions and any overnight changes. It usually ends with documenting progress notes, ensuring all the day's observations and interventions are accurately recorded for the next shift. Yes, there are definitely moments in my day that feel especially rewarding. For example, when I successfully administer medications or treatments without any issues, it gives me a huge sense of achievement and reassurance. I also find it incredibly rewarding to receive positive feedback from colleagues or patients, as it validates my efforts and makes me feel appreciated. Additionally, completing tasks efficiently and effectively, like wrapping up a busy shift on time, brings a real sense of satisfaction and accomplishment. As for stressful moments, they can arise from unexpected complications, but the rewarding ones help keep things in perspective.

As a new nurse, my work really takes a toll on me physically and emotionally. I often feel exhausted from the long shifts, with my body aching and my energy drained by the end of the day. But on the flip side, I'm motivated and uplifted by positive patient outcomes—like seeing someone recover or hearing thanks from a family—that make all the fatigue worthwhile and keep me going. I often

experience headaches and eye strain, especially when I have to focus on medical records and equipment for long periods. I also find it hard to sleep after my shifts, and sometimes I struggle to relax even when I'm already at home.

I try to maintain a professional demeanor and focus on giving the best care I can to my patients. When situations become too emotional or overwhelming, I usually seek support from my colleagues or supervisors to help me cope. I felt weak during times when I was already exhausted from a long shift and had little energy left. But I also felt strong when I was able to respond quickly and effectively during an emergency situation. My past training, especially in specific skills like medication administration, really helped boost my confidence. It made me feel more prepared and capable in handling my duties as a nurse now. I remember a clinical rotation experience that really helped me learn how to prioritize tasks effectively. That learning became very useful when I faced similar challenges in my current work. In the next few years, I see myself growing by becoming an expert in my current specialty. I'm also interested in exploring opportunities in research or education as part of my professional development." "I've noticed a big change in myself since becoming a nurse. I've developed a greater appreciation for the importance of teamwork and how essential it is in providing quality patient care. As a new nurse, I find the hospital environment stressful and sometimes intimidating, especially when I'm still adjusting to the routines and expectations.

No, I don't really feel comfortable yet because I often feel overwhelmed and unsure about where to find the resources I need." The hospital environment is very fast-paced, and it really affects the way I give care because it requires me to make quick decisions and adjust to different situations right away. I felt most challenged when I was assigned in a busy ICU, where patients needed close and continuous monitoring. It really tested my focus and ability to manage pressure.

As a new nurse, I feel supported and guided by my colleagues and mentors. Their help and encouragement make it easier for me to adjust and learn in the clinical setting. I remember a time when a colleague helped me with a difficult procedure. She patiently explained each step and guided me through it, which really boosted my confidence and learning. Most of the patients I've handled seem comfortable with me, and they show trust in my abilities even though I'm still a new nurse. I've felt really supported by my team, especially during challenging situations. They're always willing to help and guide me whenever I need assistance.

My experience with using hospital equipment and technologies has been positive. I've been impressed with how the hospital invests in modern technologies that help make patient care more efficient. There was a time when a ventilator malfunctioned, which caused delays in patient care and forced us to do manual ventilation. It was a stressful situation that really tested our composure and teamwork. I'm somewhat confident in using the hospital tools and technologies, but I'm still in the process of learning how to properly operate some of the equipment. Yes, I've experienced a shortage of supplies before, but I was able to find an alternative solution to continue providing care. There were also times when equipment malfunctioned, but I managed to get it fixed right away with the help of the maintenance team.

I remember a time when I made sure to administer the patient's medication on time, and I felt really responsible for their recovery. Seeing the patient's condition improve afterward made me feel proud and fulfilled. I usually reflect on the outcomes of my patients after providing care. If something didn't go as expected, I try to adjust my care plan and approach to improve next time. There was a time when I documented a patient's vital signs incorrectly, but I noticed the mistake right away and immediately corrected it. I also informed my senior nurse about what happened to make sure everything was properly updated. I always prioritize patient safety above everything else. Whenever I'm unsure about something, I make it a point to seek guidance from more experienced colleagues to make sure I'm doing the right thing while still learning. Looking back, the most meaningful part of my experience as a novice nurse has been building relationships with patients and their families. Seeing how my care makes a positive impact on their lives gives me a deep sense of fulfillment. That moment really stood out to me because it reminded me of how much

impact nurses can have on patients' lives. It motivated me to keep pushing forward and continue giving my best in every situation.

My advice to new nurses would be to stay organized and manage your time effectively. Don't hesitate to ask for help when you need it. Also, be patient with yourself and remember that it's okay to make mistakes — they're all part of the learning process. I wish I had known more about how physically demanding nursing can be. The long hours and constant movement can really take a toll, especially when you're just starting out. I'd like to share how valuable feedback and constructive criticism have been in my experience. They've really helped me improve my practice and grow as a nurse.

PARTICIPANT 2: I'm 23 years old and single. I've been working here as a nurse for about one to two years. I was inspired to become a nurse because of personal and family reasons. On my first day, I felt both excited and nervous, but I was determined to do my best.

At first, I felt overwhelmed by the workload and struggled a bit with time management. Despite that, I was also excited and motivated to contribute as a new nurse. There were times when I felt anxious or stressed about making mistakes, and sometimes I felt a bit isolated or unsure about how to communicate within the team. I also found it challenging to interact with patients, their families, and the different members of the healthcare team while I was still adjusting.

One moment that really stood out during my first week was when I successfully comforted a patient who was feeling anxious. I also remember receiving praise and guidance from a senior nurse, which really boosted my confidence. I felt a sense of accomplishment after completing a task on my own for the first time. There was also a time when I made a small error in documentation, but I learned from it and became more careful afterward.

In the beginning, I struggled a lot with time management and prioritizing tasks in such a busy clinical environment. I often felt anxious about making mistakes and ensuring patient safety. The workload and long shifts were also overwhelming at times, and I had difficulty maintaining a good work-life balance because of the fatigue from shift work.

A typical day for me as a nurse involves doing patient assessments, taking vital signs, and completing charting. I also administer medications and treatments throughout the shift. Sometimes, I have to deal with resource constraints like equipment shortages, which can make the work more challenging. The fast-paced environment can also be tiring, and I often experience fatigue or stress by the end of the day.

My routine usually starts with reviewing patient charts to understand their current status and needs. I end my shift by documenting progress notes and making sure everything is properly endorsed to the next nurse on duty.

There are definitely moments that feel rewarding, like when I receive positive feedback from my colleagues or patients. I also feel fulfilled when I'm able to complete my tasks efficiently and effectively.

Physically, I often feel exhausted from the long shifts and constant activity. But emotionally, I feel motivated and fulfilled whenever I see positive outcomes in my patients' recovery. I often experience sleep disturbances and have difficulty relaxing after my shifts. It usually takes me some time to unwind because my mind is still focused on the things that happened at work.

When I deal with emotional situations, like caring for very ill patients, I try to reflect on my feelings and process them in a healthy way. It helps me stay grounded and continue providing compassionate care. I remember feeling really weak after a long and tiring shift when my energy was already drained. But there were also moments when I felt strong—like when I was able to respond quickly and effectively during an emergency situation. My clinical rotations during training really prepared me for real-world situations in the hospital. I also had mentors and role models who inspired me to always prioritize compassion and empathy in my nursing practice.

I remember a clinical rotation experience that taught me how to prioritize tasks effectively. That learning has helped me a lot in managing my workload and staying organized in my current role. In the next few years, I see myself exploring opportunities in research or education. I want to

continue learning and growing beyond the clinical setting. I've noticed that since transitioning from being a student to a nurse, I've become more aware of my own strengths and limitations. It's helped me understand where I still need to grow and how to use my abilities effectively in patient care.

As a new nurse, I feel like I'm still learning the ropes and trying to understand the culture of the hospital. The environment can be stressful and intimidating at times, especially when I'm still adjusting to the pace and expectations. I'm gradually getting used to the workspace, although I'm still learning how the dynamics work. I do feel comfortable asking for help and seeking guidance whenever I need it. The hospital environment is very fast-paced, which really affects how I give care. It requires me to think and make decisions quickly while still ensuring patient safety and quality care. I felt most confident when I was working in a familiar ward, where I knew the routines and the team well. It made it easier for me to perform my duties and provide care effectively.

I feel like I'm part of a team and that I can rely on my colleagues for help and guidance. Their support makes it easier for me to navigate my responsibilities as a new nurse. I remember a mentor who introduced me to a new skill and technique that I hadn't learned before. Their guidance helped me expand my expertise and feel more confident in my abilities. Patients seem to appreciate my enthusiasm and dedication to my work, even though I'm still a novice nurse. Their positive responses motivate me to keep improving.

I've experienced both support and exclusion from my team, depending on the situation. There are times when colleagues are very helpful and guiding, but other moments when I've felt left out or unsure about my role. My experience with hospital equipment and technologies has been mixed. Some of the equipment is outdated or difficult to use, which can make certain tasks more challenging. There was a time when using a portable medication dispenser made it much easier to administer medications on time. It really helped me work more efficiently and manage my tasks better.

I feel very confident in using most of the hospital tools and technologies. I've become comfortable with the equipment I use regularly, which helps me perform my tasks more efficiently. Yes, I've faced situations with a lack of resources or malfunctioning equipment. In those cases, I coordinated with other departments to obtain the necessary supplies and sometimes improvised alternative methods to continue providing patient care. I remember a time when I made sure to administer a patient's medication on time, and I was happy to see their condition improve. There was also an instance when I identified a potential medication error and was able to prevent harm to the patient, which made me feel very responsible for their care. I try to make sense of the results of my decisions and actions by seeking feedback from my colleagues and supervisors, which helps me improve my practice. I also pay attention to patient feedback and incorporate it into the way I provide care.

There was a time when I almost administered the wrong medication, but I caught the error just in time. I made sure to double-check everything and reported the near-mistake to my supervisor to prevent it from happening again.

I always prioritize patient safety above everything else. Whenever I'm unsure about something, I seek guidance from more experienced colleagues. At the same time, I recognize that learning is a lifelong process, so I strive to stay up-to-date with best practices while ensuring that my patients remain safe. I prioritize patient safety above all else, and whenever I'm unsure, I seek guidance from experienced colleagues. I also recognize that learning is a lifelong process, so I make an effort to stay up-to-date with best practices while keeping patient safety as my main focus.

That moment stands out to me because it was a moment of clarity. I realized what I truly wanted to achieve as a nurse, and it motivated me to keep working toward my goals. My advice to new nurses would be to stay open-minded and willing to learn from others. Don't be afraid to ask questions, because seeking guidance helps you grow and provide better care. I wish I had gained more experience with certain skills and procedures before starting. It would have made the transition into real clinical practice a bit smoother. I wish I had more experience with certain skills and procedures before I started. It would have made the transition into actual clinical practice a little smoother.

PARTICIPANT 3: I'm 23 years old and single. I've been working here as a nurse for about one to two years. I was inspired to become a nurse because of my professional and career aspirations. On my first day, I felt both excited and a little nervous, but I was determined to do my best. When I first started working as a novice nurse, I felt overwhelmed by the workload and struggled with managing my time. I was also anxious and stressed about making mistakes. At the same time, I felt supported by my mentors, preceptors, and senior nurses, which helped me adjust. Moment that stood out during my first week was when I successfully comforted a patient and resolved a simple issue. I also remember feeling a sense of accomplishment after completing a task independently. There was a minor error I made in documentation, but I learned from it. I was also surprised by how the hospital routines and team collaboration worked in real situations.

At the beginning, I faced several challenges. Managing my time and prioritizing tasks in a busy clinical environment was difficult. I also struggled with technical skills, like using medical equipment and electronic health records. On top of that, I felt anxious about making mistakes and ensuring patient safety, and I experienced emotional strain from dealing with patient suffering and difficult situations.

A typical day for me as a nurse involves conducting patient assessments, taking vital signs, and completing charting. I also administer medications and treatments, and assist with procedures like wound care and IV insertions. My routine usually starts with reviewing patient charts to understand their current condition and needs. I end my shift by documenting progress notes and making sure everything is properly updated for the next nurse.

Some moments feel especially rewarding, like interacting with patients and building rapport with them. I also feel fulfilled when I receive positive feedback from colleagues or patients, or when I complete my tasks efficiently and effectively. Physically, I experience strain from lifting and moving patients. Emotionally, it can be tough dealing with patient suffering. I often feel exhausted after long shifts, but seeing positive outcomes in my patients keeps me motivated.

I often feel fatigue from long shifts and standing for extended periods. I also experience back and muscle strain from lifting and moving patients. After my shifts, I sometimes have trouble sleeping and find it difficult to fully relax.

When caring for very ill patients, I seek support from colleagues or supervisors whenever I need it. I also try to reflect on my emotions and process them in a healthy way to stay balanced. I felt weak during times when I was exhausted after a long shift. On the other hand, I felt strong when I was able to respond quickly and effectively during an emergency.

My past training, especially during clinical rotations, really prepared me for real-world scenarios in the hospital. Training in specific skills, like medication administration, boosted my confidence. I also had mentors and role models who inspired me to always prioritize compassion and empathy in my practice. I remember a simulation training scenario that prepared me for a real-life emergency, which really helped me stay calm and respond effectively. A skills training session also gave me the confidence to perform certain procedures on my patients. In the next few years, I hope to become an expert in my current specialty. I also plan to stay updated with the latest best practices and technologies to provide the best care possible.

Since transitioning from student to nurse, I feel more independent and self-directed in my practice. I've also developed a greater appreciation for the importance of teamwork, and I've become more aware of my own strengths and limitations. As a new nurse, I find the hospital environment stressful and sometimes intimidating. I'm also learning how to balance being independent with knowing when to seek help from others.

Yes, I feel comfortable and supported by my team and supervisors. They're approachable and willing to assist whenever I need guidance or clarification. The hospital environment is very fast-paced, which affects the way I give care. It requires me to make quick decisions while ensuring patient safety and quality of care. I felt most confident in a familiar ward, where I knew the routines and the team well. Being comfortable with the environment and my colleagues helped me perform my tasks more effectively.

As a new nurse, I feel supported and guided by my colleagues and mentors. I also feel like I'm part of a team and can rely on my colleagues for help whenever I need it. I remember a colleague who helped me with a difficult procedure, explaining each step clearly so I could follow along. A mentor also provided valuable feedback on my patient care approach, which helped me improve. There was another time when a colleague offered emotional support during a challenging shift, and that really boosted my confidence.

Patients seem to appreciate my enthusiasm and dedication to my work, even though I'm still a novice nurse. Their positive reactions motivate me to continue improving and providing the best care I can. I've felt excluded at times, especially when I was still learning the routines. However, my colleagues have always helped me integrate into the team, offering guidance and support when I needed it.

My experience with hospital equipment and technologies has been mostly positive. I've been impressed with the hospital's investment in modern technologies, and I've also learned to troubleshoot common equipment issues with the help of my colleagues. There was a time when the limited availability of personal protective equipment (PPE) during an outbreak made my work more challenging. It caused concern for both my safety and the safety of my patients.

I'm somewhat confident in using hospital tools and technologies, but I'm still learning how to operate some of the equipment properly. Yes, I've experienced a shortage of supplies, but I was able to find alternative solutions to continue patient care. There were also times when equipment malfunctioned, but I coordinated with the maintenance team to get it fixed. I made sure to document these issues and provided recommendations for improvements whenever possible.

I remember ensuring timely medication administration for a patient, and seeing their condition improve made me feel responsible for their care. I also collaborated with the team to develop a care plan, which helped the patient be discharged successfully. On another occasion, I identified a potential medication error and was able to prevent harm, which reinforced my sense of responsibility. I make sense of the results of my decisions and actions by reflecting on patient outcomes and adjusting my care plan accordingly. I also seek feedback from colleagues and supervisors to help me improve my practice.

There was a time when I almost administered the wrong medication, but I caught the error before it happened. I reported the incident to my supervisor and followed the hospital protocol to ensure patient safety. I prioritize patient safety above all else, and whenever I'm unsure about something, I seek guidance from experienced colleagues to make sure I'm providing safe and effective care while still learning. Looking back on my journey so far, the most meaningful part of my experience has been building relationships with patients and their families, and seeing the positive impact of my care on their lives.

That experience stands out to me because it reminded me of the impact nurses can have on patients' lives. It motivated me to keep pushing forward and doing my best every day. My advice to new nurses would be to stay open-minded and willing to learn from others, and don't be afraid to ask questions. I'd also recommend prioritizing building relationships with your patients and colleagues, and focusing on providing compassionate care. I wish I had known more about the hospital's policies and procedures before I started. It would have helped me feel more prepared and confident in my early days.

I'd like to share that I've learned the importance of resilience and adaptability in nursing, and how to navigate challenging situations. I've also realized the value of feedback and constructive criticism in improving my practice and growing as a nurse.

PARTICIPANT 4: I'm 24 years old and female. I've been working here as a nurse for about one to two years. I was inspired to become a nurse because of personal and family reasons. On my first day, I felt excited but also a bit nervous, eager to learn and do my best. When I first started working as a novice nurse, I struggled with applying my theoretical knowledge to real patients. I felt overwhelmed by the workload and had to figure out how to manage my time effectively. At the same time, I was excited and motivated to contribute, though I also felt anxious and stressed

about making mistakes. I was frustrated by the gap between classroom simulations and actual practice, but small successes made me feel empowered. I felt supported by mentors, preceptors, and senior nurses, though at times I felt isolated or unsure about team dynamics. Interacting with patients, their families, and multidisciplinary teams was also challenging as I was still learning how to navigate these relationships.

One specific moment that stood out during my first week was when I successfully comforted a patient and resolved a small issue. I also remember receiving praise and guidance from a mentor, which boosted my confidence. I felt a sense of accomplishment after completing a task independently, though there was a minor error I made in documentation that I learned from. I felt overwhelmed during an emergency and by unexpected patient or family dynamics, which was emotionally challenging. I also realized the gap between classroom theory and real-world practice, and experienced a moment of self-doubt that I overcame through resilience. Observing hospital routines and team collaboration was surprising and helped me understand how the ward functions in practice.

At the beginning, I faced several challenges. I struggled with applying the theoretical knowledge I learned in nursing school to real patient care. Managing my time and prioritizing tasks in a busy clinical environment was also difficult. I felt anxious about making mistakes and ensuring patient safety, and was often overwhelmed by the workload and long shifts. Dealing with patient suffering and difficult situations took an emotional toll. I also had to learn how to navigate the hospital hierarchy and communicate effectively with supervisors. Resource limitations, like shortages of supplies or staffing, made my work harder, and balancing work with personal life, especially with shift work, was challenging.

A typical day for me as a nurse involves conducting patient assessments, taking vital signs, and completing charting. I administer medications and treatments, assist with procedures like wound care or IVs, and communicate with patients and their families. I also collaborate with doctors, other nurses, and multidisciplinary teams, and handle shift handoffs or receive reports. Managing my time during busy periods or emergencies is important, and sometimes resource constraints, like equipment shortages, make this challenging. I adapt to hospital policies and documentation requirements, and while I feel energized by patient care and team support, I also experience fatigue and stress from the pace. I try to take moments to reflect and learn from each experience.

My routine usually starts by reviewing patient charts to understand their current condition and needs. I end my shift by documenting progress notes and ensuring all information is accurately updated for the next nurse. Some moments in my day feel especially rewarding, like interacting with patients and building rapport, successfully administering medications or treatments, and receiving positive feedback from colleagues or patients. I also feel accomplished when I complete tasks efficiently and effectively. On the other hand, stressful moments include managing high patient acuity or complex cases, dealing with conflicts or difficult colleagues, meeting tight deadlines, and handling emergencies or unexpected situations. My work as a new nurse affects me both physically and emotionally, so I make it a point to prioritize self-care activities like exercise and mindfulness to help cope with the demands of my job.

The physical challenges I notice most often include sleep disturbances and difficulty relaxing after my shifts. When caring for very ill patients, I handle emotional situations by prioritizing self-care activities, like exercise or mindfulness, to help me cope.

I felt strong when I responded quickly to an emergency. It made me realize that I could stay calm and focused even under pressure. My clinical rotations during training really prepared me for real-world scenarios. I also had mentors and role models who inspired me to prioritize compassion and empathy in my practice. I remember a simulation training scenario that really prepared me for a real-life emergency. During my clinical rotations, I learned how to prioritize tasks effectively, which helps me manage my workload now. A lecture on patient communication also helped me navigate difficult conversations with patients and their families. I gained confidence performing procedures from a skills training session, which has been really useful in my practice.

I see myself taking on more responsibilities and stepping into leadership roles in the next few years. I hope to become an expert in my current specialty, and I'm also interested in exploring opportunities in research or education. I plan to stay updated with the latest best practices and technologies to provide the best care possible. I feel more independent and self-directed in my practice now. I've learned how to navigate complex clinical situations, and I've developed a greater appreciation for the importance of teamwork. I've also become more aware of my own strengths and limitations, which helps me grow as a nurse every day.

As a new nurse, I feel like I'm still learning the ropes and figuring out the hospital culture. The environment can be stressful and intimidating at times, but I really appreciate the resources and support that are available to me. Yes, I feel comfortable and supported by my team and supervisors. The workspace is generally well-organized, although it can be a bit chaotic at times. I really appreciate the camaraderie among my colleagues—it makes a big difference in how I handle the challenges of the job. The hospital environment definitely affects the way I give care. I try to stay focused on patient needs despite the challenges around me. Since it can be fast-paced, I often have to make quick decisions, but I always prioritize patient-centered care and adapt to whatever constraints the environment presents.

I felt most confident when I was in a familiar ward, where I knew the routines and my team well. On the other hand, I felt most challenged in a new or unfamiliar setting, like when I had to work in a different hospital. As a new nurse, I feel supported and guided by my colleagues and mentors. I also feel like a part of the team and can rely on my colleagues for help whenever I need it. I remember a colleague helping me with a difficult procedure, taking the time to explain each step clearly. A mentor also gave me valuable feedback on my patient care approach, which really helped me improve. During a challenging shift, another colleague offered emotional support that boosted my confidence, and one of my mentors introduced me to a new skill or technique, which expanded my expertise.

Patients seem to appreciate my enthusiasm and dedication to my work. Even as a novice nurse, I feel that my commitment to caring for them makes a positive impression. I've generally felt included and valued by my team. Overall, my colleagues make me feel like I'm part of the group and that my contributions matter. My experience with hospital equipment and technologies has been a learning process. I've learned how to troubleshoot common equipment issues, often with the guidance and support of my colleagues.

There was a situation where a malfunctioning ventilator caused delays and I had to provide manual ventilation, which was really challenging. I also experienced difficulties when there was a limited availability of personal protective equipment (PPE) during an outbreak, which raised concerns about safety and patient care.

I'm somewhat confident in using hospital tools and technologies, but I'm still learning about some of the equipment and how to use it effectively. Yes, I've experienced a shortage of supplies, but I was able to find alternative solutions. I coordinated with other departments to obtain the necessary resources and sometimes improvised methods to ensure that patient care was still delivered effectively.

I remember a time when I felt responsible for a patient's outcome. I made sure to administer medications on time, and as a result, the patient showed improvement, which made me feel accountable and motivated in my practice.

I make sense of the results of my decisions and actions in patient care by reflecting on patient outcomes. Based on what I observe, I adjust my care plan to improve my practice and provide better care. I remember a time when I made a mistake, or almost did, and I took time to reflect on the experience. I identified strategies for improvement to ensure I handled similar situations better in the future.

I prioritize patient safety above all else, and whenever I'm unsure, I seek guidance from experienced colleagues. I believe that continuing to learn and prioritizing patient safety go hand-in-hand, so I try to stay curious and open to new information while ensuring my patients are safe."

“Looking back on my journey so far, the most meaningful part of my experience as a novice nurse has been building relationships with patients and their families and seeing the impact of my care on their lives. I’ve also learned a lot from experienced colleagues and mentors, which has helped me grow as a professional. Being part of a team that prioritizes patient safety and quality care has been very rewarding, and I’ve developed confidence in my skills and abilities while taking on new challenges.

This moment stands out to me because it reminded me of the impact nurses can have on patients’ lives and motivated me to keep pushing forward. It also showed me the importance of self-care and prioritizing my own well-being as a nurse. At the same time, it highlighted the need for ongoing learning and professional development in nursing.

My advice to new nurses starting their journey here would be to stay open-minded and willing to learn from others, and never be afraid to ask questions. It’s important to prioritize building relationships with your patients and colleagues and to focus on providing compassionate care. I’d also suggest staying organized and managing your time effectively, and not hesitating to seek help when needed. Finally, be patient with yourself and recognize that it’s okay to make mistakes—it’s all part of the learning process.

I wish I had been more prepared for the physical demands of nursing before I started. Knowing what to expect would have helped me adjust more easily to the challenges of the job. There are a few other things I’d like to share about my experience as a novice nurse. I’ve learned the importance of resilience and adaptability in nursing, and how to navigate challenging situations. I’ve also realized the value of feedback and constructive criticism in improving my practice and growing as a nurse. Nursing has impacted my personal life and relationships, and I’ve learned how to maintain a healthy work-life balance. Additionally, I’ve had opportunities for professional development and growth, and I’ve tried to take full advantage of them.

PARTICIPANT 5: I’m 23 years old, single, and I’ve been working here as a nurse for about six to twelve months. I was inspired to become a nurse because of my professional and career aspirations. On my first day, I felt a mix of excitement and anticipation as I started this new journey. When I first started working as a novice nurse in this hospital, I felt overwhelmed by the workload and time management challenges. At the same time, I was excited and motivated to contribute. I also felt anxious and stressed about making mistakes, but I was empowered by small successes and felt supported by mentors, preceptors, and senior nurses. One moment that really stood out during my first week was having a successful interaction with a patient, whether it was providing comfort or resolving a simple issue. I also remember receiving praise and guidance from a mentor or senior nurse, which encouraged me. Completing tasks independently gave me a sense of accomplishment, though I also realized the gap between classroom theory and real-world application. There were moments of self-doubt, but I learned to adapt and build resilience. I was also surprised by observing hospital routines and the way the team collaborated so efficiently.

At the beginning, some of the challenges I faced included managing my time and prioritizing tasks in a busy clinical environment. I often felt anxious about making mistakes or ensuring patient safety, and I was sometimes overwhelmed by the workload and long shifts. Building relationships with patients, their families, and colleagues was also challenging at first. On top of that, resource limitations, like shortages of supplies or staffing, made things even more difficult. A typical day for me as a nurse here involves conducting patient assessments, taking vital signs, and charting. I administer medications and treatments, assist with procedures like wound care and IVs, and communicate with patients and their families. I also collaborate with doctors, other nurses, and multidisciplinary teams. During busy periods or emergencies, I have to manage my time carefully, and sometimes deal with resource constraints such as equipment shortages. I adapt to hospital policies and documentation requirements while trying to stay energized by patient care and the support of my team. At the same time, I do experience fatigue and stress from the fast pace, but there are also moments of reflection and learning from my experiences.

My routine usually starts by reviewing patient charts and participating in a team huddle. I often begin with medication administration or checking equipment and supplies. At the end of my day, I document progress notes, complete patient assessments, and sometimes join a debriefing session. I also take time to prepare for the next shift to ensure everything is ready.

There are definitely moments in my day that feel especially rewarding, like interacting with patients and building rapport, successfully administering medications or treatments, and receiving positive feedback from colleagues or patients. I also feel a sense of accomplishment when I complete tasks efficiently and effectively. On the other hand, some moments are stressful, such as managing high patient acuity or complex cases, dealing with conflicts or difficult colleagues, meeting tight deadlines, managing time constraints, and handling emergencies or unexpected situations.

My work as a new nurse affects me both physically and emotionally. I experience physical strain from lifting and moving patients, and it can take an emotional toll dealing with patient suffering. I often feel exhausted after long shifts, but I'm motivated by positive patient outcomes. To cope with the demands of my work, I prioritize self-care activities like exercise and mindfulness.

The physical challenges I notice most often include fatigue from long shifts and standing for extended periods. I also experience back and muscle strain from lifting and moving patients, as well as headaches and eye strain from focusing on medical records and equipment.

When I'm caring for very ill patients, I try to maintain a professional demeanor and focus on providing the best care possible. I seek support from colleagues or supervisors when I need guidance. I also prioritize self-care activities like exercise and mindfulness to cope, and I take time to reflect on my emotions and process them in a healthy way. I felt strong when I was able to lift a patient safely and when I responded quickly during an emergency. On the other hand, I felt weak and drained when I was exhausted from a long shift or struggled with a physically demanding task. My past training and experiences have greatly influenced the way I practice nursing now. Clinical rotations during my training prepared me for real-world scenarios, and my past experiences as a student nurse shaped my approach to patient care. Training in specific skills, like medication administration, boosted my confidence, and past mentors and role models inspired me to prioritize compassion and empathy in everything I do.

I remember a simulation training scenario that really prepared me for a real-life emergency. During my clinical rotations, I learned how to prioritize tasks effectively, which helps me manage my workload now. A lecture on patient communication also helped me navigate difficult conversations with patients and their families. Additionally, a skills training session gave me the confidence to perform procedures safely and efficiently.

In the next few years, I see myself taking on more responsibilities and stepping into leadership roles. I hope to become an expert in my current specialty, and I'm also interested in exploring opportunities in research or education. I plan to stay updated with the latest best practices and technologies to continue providing high-quality care.

Since transitioning from student to nurse, I feel more independent and self-directed in my practice. I've learned how to navigate complex clinical situations and have developed a greater appreciation for the importance of teamwork. I've also become more aware of my own strengths and limitations, which helps me continue to grow as a nurse.

As a new nurse, I find the hospital environment can be stressful and intimidating at times. I really appreciate the resources and support that are available to me, but I'm also finding it challenging to balance working independently with knowing when to seek help. Yes, I feel comfortable and supported by my team and supervisors. I'm still getting used to the workspace and learning the dynamics, and while it can be physically challenging, I feel comfortable asking for help and seeking guidance. The workspace is generally well-organized, though it can be chaotic at times, and I really appreciate the camaraderie among colleagues. I'm still adjusting to the noise and activity level, but overall, I feel supported.

The hospital environment definitely affects the way I give care. I try to stay focused on patient needs despite environmental challenges. Since it can be fast-paced, I often have to make quick

decisions. I rely on colleagues and available resources to support care delivery, and I always prioritize patient-centered care while adapting to any constraints the environment presents.”

I felt most challenged when I was in a new or unfamiliar setting, such as working in a different hospital. Being in an environment I wasn’t familiar with tested my skills and adaptability, and required me to adjust quickly to new routines and team dynamics.

As a new nurse, I feel supported and guided by my colleagues and mentors. I also feel like a part of the team and can rely on my colleagues for help whenever I need it. I remember a colleague helping me with a difficult procedure, taking the time to explain each step clearly. A mentor also provided valuable feedback on my patient care approach, which helped me improve. During a challenging shift, another colleague offered emotional support that boosted my confidence, and one of my mentors introduced me to a new skill or technique, which expanded my expertise.

Patients seem comfortable with me and trust my abilities. They also appreciate my enthusiasm and dedication to my work, and I notice that they feel more involved in their care and willing to participate in their treatment. I’ve generally felt included and valued by my team. I’ve felt especially supported during challenging situations, although there have been times when I experienced both support and exclusion depending on the circumstances.

My experience with hospital equipment and technologies has been a mix of challenges and learning. I’ve found some equipment to be outdated or difficult to use, but I’ve learned to troubleshoot common issues with the help of my colleagues. I’m also still getting familiar with the hospital’s electronic medical records system. There was a situation where a malfunctioning ventilator caused delays and required me to provide manual ventilation, which was very challenging. I also faced difficulties when there was limited availability of personal protective equipment (PPE) during an outbreak, which raised concerns about safety and patient care.”

I’m somewhat confident in using hospital tools and technologies, but I’m still learning about some of the equipment and how to use it effectively. Yes, I’ve experienced a shortage of supplies, but I was able to find alternative solutions. There were also times when equipment malfunctioned, but I got it fixed with the help of the maintenance team. I coordinated with other departments to obtain the necessary supplies, and I documented issues while providing recommendations for improvements.

I remember several moments when I felt responsible for the outcome of my patient care. I ensured timely medication administration, and the patient showed improvement. I collaborated with the team to develop a care plan, which led to a successful discharge. I also identified a potential medication error and prevented harm to the patient. Additionally, I provided emotional support to a patient and their family, helping them cope with a difficult diagnosis. I make sense of the results of my decisions and actions in patient care by reflecting on patient outcomes and adjusting my care plan accordingly. I seek feedback from colleagues and supervisors to improve my practice, monitor patient progress, and evaluate the effectiveness of interventions. I also consider patient feedback and incorporate it into my approach to care.

I remember a time when I documented a patient’s vital signs incorrectly, but I corrected it immediately. There was also an instance when I didn’t follow proper infection control procedures, but I reported it and took steps to prevent it from happening again. I reflected on these experiences and identified strategies for improvement to ensure better practice in the future. I prioritize patient safety above all else and seek guidance from experienced colleagues whenever I’m unsure. I recognize that learning is a lifelong process, so I strive to stay up-to-date with best practices while maintaining a strong focus on patient safety. I believe that being responsible for patient safety means being honest about my limitations and seeking help when needed. I also think that continuing to learn and prioritizing patient safety go hand-in-hand, so I try to stay curious and open to new information.

Looking back on my journey so far, the most meaningful part of my experience as a novice nurse has been building relationships with patients and their families and seeing the impact of my care on their lives. This experience stands out to me because it was a reminder of the impact nurses can

have on patients' lives, and it motivated me to keep pushing forward in my practice.

My advice to new nurses starting their journey here would be to stay open-minded and willing to learn from others, and not be afraid to ask questions. It's important to prioritize building relationships with your patients and colleagues, and to focus on providing compassionate care. I'd also recommend staying organized and managing your time effectively, and not hesitating to seek help when needed. Finally, be patient with yourself and recognize that it's okay to make mistakes—it's all part of the learning process.

I wish I had been more prepared for the physical demands of nursing. I also wish I had gained more experience with certain skills or procedures before starting, as it would have helped me feel more confident in my early days on the job. There are a few other things I'd like to share about my experience as a novice nurse. I've learned the importance of resilience and adaptability in nursing, and how to navigate challenging situations. I also value feedback and constructive criticism, as they help me improve my practice and grow as a nurse. Nursing has impacted my personal life and relationships, and I've learned to maintain a healthy work-life balance. Additionally, I've had opportunities for professional development and growth, and I've tried to make the most of them.

PARTICIPANT 6: I'm 26 years old, single. I've been working here for less than six months. I was inspired by personal and family reasons to become a nurse. On my first day, I felt a mix of excitement and nervousness. I initially struggled with applying theoretical knowledge to real patients and felt overwhelmed by the workload and time management demands. Despite this, I was excited and motivated to contribute, though I often felt anxious about making mistakes and challenged by interactions with patients, families, and the multidisciplinary team.

I remember feeling a sense of accomplishment after completing a task independently. There were also moments of self-doubt, but I learned to adapt and become more resilient. Observing how the team collaborated during hospital routines was both surprising and inspiring. I had difficulties with time management and prioritizing tasks in a busy clinical environment. I also experienced anxiety about making mistakes, felt overwhelmed by the workload and long shifts, and initially found it challenging to build relationships with patients, families, and colleagues.

A typical day involves patient assessments, taking vital signs, and charting. I also administer medications and treatments, communicate with patients and their families, and collaborate with doctors and other nurses. I constantly adapt to hospital policies and documentation requirements.

I start by reviewing patient charts and end by documenting progress notes. I find it rewarding when I successfully administer medications or treatments and when I receive positive feedback from colleagues or patients. Completing tasks efficiently also gives me a sense of fulfillment. I often feel exhausted from long shifts, but I'm motivated by positive patient outcomes.

I experience fatigue from long shifts and standing for extended periods. I also encounter back and muscle strain from lifting and moving patients. I try to maintain a professional demeanor and focus on providing the best possible care. I felt strong when I responded quickly to an emergency.

Clinical rotations during training helped prepare me for real-world scenarios. Training in specific skills like medication administration also boosted my confidence. A simulation training scenario prepared me for a real-life emergency. A clinical rotation experience also taught me how to prioritize tasks effectively. I see myself taking on more responsibilities and leadership roles. I plan to stay updated with the latest best practices and technologies.

I've developed a greater appreciation for the importance of teamwork and become more aware of my own strengths and limitations. I feel like I'm still learning the ropes and figuring out the culture. I'm gradually getting used to the workspace and learning the dynamics. I feel supported by my colleagues, although the physical environment can sometimes be challenging. I focus on providing patient-centered care and adapt to the environmental constraints.

I felt most challenged in a busy ICU where patients required close monitoring. I felt most confident in a familiar ward where I knew the routines and the team. I feel like part of a team and receive valuable help from my colleagues. A mentor once provided helpful feedback on my patient care

approach, which helped me improve. Patients appreciate my enthusiasm and dedication to my work.

I've felt supported by my team, especially during challenging or high-pressure situations.

I'm still familiarizing myself with the hospital's electronic medical records system. A malfunctioning ventilator once caused delays and required manual ventilation, which was challenging. I'm somewhat confident but still learning how to use some equipment.

When equipment malfunctioned, I notified my supervisor and found a temporary workaround solution. I made sure to administer medications on time, and the patient showed noticeable improvement. I monitor patient progress and evaluate the effectiveness of my interventions.

I once almost administered the wrong medication but caught the error before it happened. I reflected on the experience, identified strategies for improvement, and sought additional training to address my knowledge gaps. I recognize that learning is a lifelong process. I strive to stay updated with best practices while maintaining patient safety as my top priority. Learning from experienced colleagues and mentors and growing as a professional have been the most meaningful aspects. Being part of a team that prioritizes patient safety and quality care has also been fulfilling.

It highlighted the importance of continuous learning and professional development in nursing. Be open-minded and willing to learn from others. Don't be afraid to ask questions, stay organized, manage your time effectively, and seek help when needed.

I wish I had been more prepared for the physical demands of nursing and had more experience with certain skills and procedures before starting. The importance of resilience and adaptability in nursing stands out to me—I've learned to navigate challenging situations with perseverance. I also appreciate the professional development opportunities I've had and how I've taken advantage of them.

PARTICIPANT 7: I'm 23 years old, married. I've been working here for about one to two years. I was inspired by personal and family reasons to become a nurse. On my first day, I felt excited but also nervous about handling real patient situations.

I initially struggled with applying theoretical knowledge to real patients. The workload and time management were overwhelming, and I often felt anxious about making mistakes. I became frustrated by the gap between classroom simulations and actual clinical practice. However, I also felt empowered by small successes and challenged by interactions with patients, families, and the multidisciplinary team. One moment that stood out was having a successful patient interaction where I was able to comfort a patient and resolve a simple issue. I also remember receiving praise and guidance from a senior nurse, which gave me confidence. There were times when I felt overwhelmed during emergencies, but I learned to adapt and bounce back with resilience.

I struggled with technical skills, such as using medical equipment and the electronic health record system. I also felt overwhelmed by the workload and long shifts. At times, I experienced a lack of mentorship and had to adjust to resource limitations like equipment shortages or staffing issues. A typical day involves patient assessments, taking vital signs, charting, and administering medications and treatments. I assist with procedures such as wound care and IV insertions, communicate with patients and families, and collaborate with doctors and other nurses. My day also includes handing off shifts or receiving reports, managing time during busy periods or emergencies, and dealing with occasional resource constraints while adapting to hospital policies and documentation requirements.

I start by reviewing patient charts and checking equipment and supplies. I end my day by documenting progress notes and preparing for the next shift. It feels rewarding when I receive positive feedback from patients or colleagues and when I complete tasks efficiently. However, managing high patient acuity or complex cases can be very stressful. I often feel exhausted from long shifts, but I'm motivated by positive patient outcomes. Emotionally, I sometimes struggle in difficult situations, but I find comfort and support from my colleagues.

I experience fatigue from long hours of standing and lifting patients, along with back and muscle strain. I also deal with sleep disturbances and difficulty relaxing after shifts. I prioritize self-care

activities like exercise or mindfulness to cope. I also reflect on my emotions and try to process them in healthy ways. I felt weak after an especially long shift when exhaustion made it difficult to focus. My clinical rotations during training prepared me for real-world scenarios. Past experiences as a student nurse shaped my approach to patient care, and specific skill training, such as medication administration, boosted my confidence. Mentors and role models inspired me to prioritize compassion and empathy. A clinical rotation taught me how to prioritize tasks effectively, which now helps me manage my workload. I hope to become an expert in my current specialty and possibly explore opportunities in research or education.

I feel more independent and self-directed in my practice. I've learned to navigate complex clinical situations, gained a deeper appreciation for teamwork, and become more aware of my strengths and limitations. I feel like I'm still learning the routines and culture of the hospital. The environment can be stressful and intimidating at times. Yes, I generally feel comfortable and supported by my team and supervisors. I'm still adjusting to the workspace dynamics and the busy environment, but I feel comfortable asking for help and seeking guidance.

I try to stay focused on patient needs despite environmental challenges and prioritize patient-centered care while adapting to constraints. I felt most challenged in the busy ICU, where patients required close monitoring. I felt most confident in a familiar ward where I knew the team and the workflow. I feel supported and guided by my colleagues and mentors. Being part of a collaborative team helps me grow professionally. A colleague once helped me during a difficult procedure by explaining each step clearly. A mentor also taught me new techniques, which improved my confidence and skills.

Patients appreciate my enthusiasm and dedication to their care. I've experienced both inclusion and moments of exclusion depending on the situation. Overall, I've generally felt valued and supported by my team. Some equipment can be outdated or difficult to use, and I'm still becoming familiar with the hospital's electronic medical records system. A malfunctioning ventilator once caused delays and required manual ventilation. On the other hand, access to electronic medical records made data entry and care planning easier.

I'm confident using basic tools but still learning how to handle more complex technologies. Yes, I encountered equipment malfunctions, but I immediately reported them and sought assistance from the maintenance team to resolve the issue. I ensured timely medication administration, and the patient showed improvement, which made me proud of my role in their recovery. I reflect on patient outcomes and make adjustments to improve my practice. I also monitor progress and evaluate the effectiveness of interventions.

I once failed to follow proper infection control procedures. I immediately reported it and took corrective steps to prevent future occurrences. I always prioritize patient safety and seek guidance from experienced colleagues when uncertain. I believe continuous learning and patient safety go hand in hand, and I strive to stay curious, open-minded, and up-to-date with best practices. Being part of a team that values patient safety and quality care has been very meaningful. Developing confidence in my skills and taking on new challenges has also been rewarding. It reminded me of the impact nurses have on patients' lives and motivated me to keep improving. It also highlighted the importance of continuous learning and professional development.

Be open-minded and willing to learn from others. Don't be afraid to ask questions and seek help when needed. Build strong relationships with patients and colleagues, stay organized, and remember that it's okay to make mistakes—learning is part of the process. I wish I had been more prepared for the physical demands of nursing and understood the importance of documentation and charting. I also wish I had more hands-on experience with certain procedures before starting.

I've learned the importance of resilience and adaptability in nursing. I've also appreciated the professional development opportunities I've had and how they've helped me grow as a nurse.

PARTICIPANT 8: I'm 26 years old, married. I've been working here for about one to two years. I was inspired by my educational and experiential influences.

I felt anxious and stressed about making mistakes but also empowered by small successes. I was supported by mentors, preceptors, and senior nurses who guided me through the transition. I felt a sense of accomplishment after completing a task independently. I also made a minor error in documentation, which became a valuable learning experience. I realized the gap between classroom theory and real-world application, experienced self-doubt followed by resilience, and observed how teamwork and hospital routines functioned in practice.

I struggled to apply theoretical knowledge to real patient care, manage time and prioritize tasks in a busy environment, and develop technical skills such as handling equipment and electronic health records. I also experienced anxiety about ensuring patient safety and managing the workload from long shifts. A typical day involves patient assessments, taking vital signs, charting, administering medications, assisting with procedures, communicating with patients and families, collaborating with doctors and other nurses, handing off shifts, and managing time during busy or emergency situations. Fatigue and stress are common, but I also find moments for reflection and learning.

I start by reviewing patient charts and administering medications. My day usually ends with completing documentation and final patient assessments. I feel rewarded when I successfully administer medications or treatments and complete tasks efficiently and effectively. I sometimes struggle to manage my emotions in difficult situations but find strength and support from my colleagues.

Fatigue from long shifts, back and muscle strain from lifting patients, headaches and eye strain from documentation, and sleep disturbances after shifts. I take time to reflect on my emotions and process them in a healthy way. I felt weak after a long, exhausting shift, but strong when I was able to respond quickly during an emergency. My clinical rotations during training prepared me for real-world situations.

A previous clinical rotation taught me how to prioritize tasks effectively. I hope to become an expert in my current specialty and stay updated with best practices and technologies. I've become more aware of my own strengths and limitations through experience. I appreciate the resources and support provided by the hospital.

Yes, I feel comfortable and supported by my team and supervisors, although the workspace can sometimes be physically demanding. I'm also comfortable asking for help when needed.

The fast-paced environment requires quick decision-making, so I focus on maintaining patient-centered care while adapting to environmental challenges.

I felt most confident in simulated training settings where I could practice without risk. I felt most challenged in new or unfamiliar hospital environments. I build good relationships with patients but sometimes find communication with doctors challenging. I feel part of a supportive team. A mentor provided helpful feedback that improved my patient care approach and taught me new skills that enhanced my confidence. Patients are comfortable with me, appreciate my enthusiasm and dedication, and actively engage in their treatment.

I've felt supported by my team, especially during challenging situations, though there were times I initially felt excluded before fully integrating. I've been impressed with the hospital's modern technologies, though some equipment can be outdated or difficult to operate.

Portable medication dispensers made medication administration more efficient, but limited PPE during an outbreak caused concern. I feel confident using most tools, but I'm still learning about some specialized equipment.

Yes, I experienced equipment shortages and malfunctions, but I found alternative methods, reported issues to my supervisor, and coordinated with maintenance for repairs. I felt responsible when collaborating with the team to create a care plan that led to a successful discharge and when I identified a potential medication error that prevented patient harm. I reflect on patient outcomes, consider feedback, and adjust my care accordingly. I once almost administered the wrong medication but caught the error in time. I reported it immediately, followed protocol, and sought further training to improve my accuracy.

I always prioritize patient safety and seek guidance from experienced colleagues. I believe that learning and safety go hand-in-hand and stay open to new knowledge. Building relationships with patients and families and seeing the impact of my care has been most meaningful. Developing confidence in my skills and taking on new challenges has also been rewarding. It reminded me of the profound impact nurses have on patients' lives and taught me the importance of self-care and well-being.

Be open-minded and willing to learn. Build strong relationships with patients and colleagues, stay organized, manage time effectively, and don't hesitate to ask for help. Be patient with yourself — mistakes are part of learning. I wish I had been more prepared for the physical demands of nursing. I've learned the importance of resilience and adaptability in nursing, and I've taken advantage of every opportunity for professional development and growth.

PARTICIPANT 9: I'm 25 years old, single. I've been working here for about one to two years. My inspiration came from personal and family reasons."

I felt anxious and stressed about making mistakes. I was frustrated by the gap between classroom simulations and actual practice, and I sometimes felt isolated or unsure about team dynamics and communication with colleagues. I remember feeling overwhelmed by an emergency or high-pressure situation that tested my confidence and decision-making.

I experienced anxiety about making mistakes and ensuring patient safety. I also had difficulty adapting to hospital policies and bureaucratic processes. Maintaining work-life balance, especially with shift work and fatigue, was also a challenge. A typical day involves patient assessments, taking vital signs, charting, administering medications, assisting in procedures such as wound care and IVs, communicating with patients and families, and collaborating with doctors and other nurses. It also includes handling shift reports, managing time during emergencies, dealing with limited resources, and coping with fatigue from the pace of work. Despite the challenges, I find moments for reflection and learning throughout the day.

I start by reviewing patient charts, checking equipment and supplies, and end my shift by documenting progress notes and preparing for the next nurse on duty. I find it rewarding to build rapport with patients and see their progress. On the other hand, managing complex or high-acuity cases can be stressful.

I experience physical strain from lifting and moving patients and emotional exhaustion from witnessing patient suffering. Despite the fatigue from long shifts, I stay motivated by positive patient outcomes. I often feel fatigue from long hours of standing, back and muscle strain from moving patients, headaches and eye strain from documentation, and sleep disturbances after shifts. I try to maintain professionalism and focus on providing the best care possible. I felt strong when I was able to respond quickly and effectively during an emergency situation.

My experiences as a student nurse shaped how I approach patient care and handle real-world situations. A clinical rotation taught me how to prioritize tasks effectively, while a lecture on patient communication helped me manage difficult conversations. I see myself taking on more leadership responsibilities and exploring opportunities in research or nursing education. I've become more aware of my strengths and limitations, and I've developed greater confidence through experience. It's challenging to balance independence with seeking help, especially while adjusting to the workflow and expectations. I'm getting used to the workspace and learning its dynamics, though the constant noise and activity can be overwhelming at times. The fast-paced environment encourages adaptability and patient-centered care, despite environmental constraints.

I felt most confident during simulated training where I could practice skills safely, and most challenged in high-pressure, unfamiliar hospital environments. I feel guided and supported by my colleagues and mentors, which helps me grow professionally. A mentor once gave me valuable feedback on my patient care approach, which helped me improve. Another introduced me to new skills that expanded my confidence and competence. Patients generally trust me and appreciate my enthusiasm and dedication. They also feel involved in their care and actively participate in treatment.

I've generally felt included and valued by my team. Some equipment is outdated or difficult to use, but I've learned to troubleshoot issues with help from colleagues. I'm still becoming familiar with the hospital's electronic medical record system. The limited availability of PPE during an outbreak made work more challenging and stressful. I'm somewhat confident, but still learning about certain types of equipment.

Yes, I experienced a shortage of supplies but found alternative solutions to continue providing patient care effectively. I collaborated with my team to create a care plan that resulted in a successful patient discharge. I also provided emotional support to a patient and family facing a difficult diagnosis, which helped them cope. I monitor patient progress and evaluate the effectiveness of interventions to ensure quality care. I once made a near-mistake and took it as a learning opportunity. I reflected on what happened and identified strategies to prevent it in the future.

I always prioritize patient safety and seek guidance from experienced colleagues. I recognize that learning is a lifelong process and continuously strive to stay updated on best practices. Building relationships with patients and families and seeing the positive impact of my care has been the most meaningful part of my experience. It reminded me how nurses can truly make a difference in people's lives and motivated me to continue improving.

Be open-minded and eager to learn from others. Build meaningful relationships with patients and colleagues, provide compassionate care, stay organized, and don't hesitate to ask for help when needed. I wish I had been more prepared for the physical demands of the profession. I've learned the importance of resilience and adaptability in nursing. Feedback and constructive criticism have helped me grow, and I've realized the significance of maintaining a healthy work-life balance while managing the emotional demands of the job.

PARTICIPANT 10: I'm 24 years old, single, and I've been working here for less than six months. I was inspired by personal and family reasons, as well as professional and career aspirations. My educational experiences also influenced my decision. On my first day, I felt both nervous and excited to finally put my knowledge into practice.

At first, I struggled with applying theoretical knowledge to real patients. I often felt anxious about making mistakes, but I also felt empowered whenever I accomplished small successes. A memorable moment for me was when I had a successful patient interaction—providing comfort and resolving a simple issue gave me a sense of fulfillment. I experienced anxiety about making mistakes and ensuring patient safety. I also faced a lack of mentorship or support from some senior nurses. Managing fatigue and maintaining work-life balance due to shifting schedules were also challenging.

A typical day involves conducting patient assessments, taking vital signs, charting, administering medications and treatments, and collaborating with doctors and other members of the healthcare team. I also deal with resource constraints, such as limited equipment. I start my shift by reviewing patient charts and checking equipment and supplies. I end my day by documenting progress notes and preparing for the next shift. Rewarding moments include interacting with patients and building rapport, while stressful times often occur during busy hours or when dealing with limited resources. I often feel exhausted from long shifts, but I stay motivated by seeing positive patient outcomes. I experience fatigue from standing for long hours, back and muscle strain from lifting patients, and sleep disturbances that make it hard to relax after shifts. I try to maintain a professional attitude and focus on giving the best care possible. I felt weak after a particularly long and tiring shift, but I reminded myself of my purpose and kept going.

My clinical rotations during training helped prepare me for real-world situations. My experience as a student nurse taught me how to apply theoretical knowledge to practice. A simulation training session prepared me to handle a real-life emergency. I also learned to prioritize tasks effectively during clinical rotations and gained confidence from skills training sessions. I aim to stay updated with new technologies and evidence-based practices to continuously improve my skills.

I've learned how to navigate complex clinical situations and have become more aware of my strengths and limitations. I'm still learning to adjust to the hospital culture and workflow. The environment can sometimes be stressful and intimidating. I feel supported by my team, although the workspace can be physically demanding. I'm comfortable asking for help when needed. I focus on patient-centered care despite the environmental challenges, adapting my approach based on available resources.

I felt most confident during simulated training sessions, where I could practice freely. I also feel confident in familiar wards where I know the routines and the team. I have built good relationships with patients, but sometimes I struggle when communicating with doctors. A colleague once offered emotional support during a difficult shift, which boosted my confidence and morale. Patients appreciate my enthusiasm and dedication. They feel comfortable and involved in their care. There were times I felt excluded, but my colleagues eventually helped me integrate better into the team. Some equipment is outdated and challenging to use, but I've learned to troubleshoot problems with the help of colleagues. During an outbreak, the limited availability of personal protective equipment (PPE) caused concern and stress. I'm confident in using basic tools, but I still struggle with more advanced or complex technologies.

Yes, I've experienced supply shortages, but I learned to find alternative solutions and improvised when necessary to continue providing patient care. I made sure to administer medications on time, which resulted in my patient's improvement. I monitor patient progress and evaluate the effectiveness of interventions. I also take patient feedback seriously and use it to improve my care. I once documented a patient's vital signs incorrectly but noticed and corrected it immediately. I learned to double-check my work from that experience. I recognize that learning never stops. I always prioritize patient safety and seek guidance when I'm unsure of something.

Building relationships with patients and their families and witnessing how my care impacts their lives have been deeply meaningful. Developing confidence in my skills and taking on new challenges has also been rewarding. It reminded me of the real impact nurses have on patients' lives and motivated me to keep improving in my practice. Be open-minded and willing to learn from others. Don't be afraid to ask questions, stay organized, and manage your time wisely. Also, be patient with yourself—making mistakes is part of learning.

I wish I had known more about the hospital's policies and procedures. I also wish I had more hands-on experience with certain skills before starting. I've learned the value of feedback and constructive criticism in improving my practice. Nursing has also affected my personal life, and I've realized the importance of maintaining a healthy work-life balance.

PARTICIPANT 11: I'm 25 years old, single. I've been working here for 6 to 12 months. I was inspired by professional or career aspirations. I felt prepared with basic skills and was empowered by small successes. A successful patient interaction, such as providing comfort or resolving a simple issue. I also felt overwhelmed by an emergency or high-pressure situation.

I felt overwhelmed by the workload and long shifts. There was also a lack of mentorship or support from experienced nurses. My typical day includes patient assessments, taking vital signs, and charting. I administer medications and treatments, and assist with procedures such as wound care and IV insertion. I start by reviewing patient charts and end by documenting progress notes. I find it rewarding to interact with patients and build rapport. Receiving positive feedback from colleagues or patients also motivates me.

I experience physical strain from lifting and moving patients, and emotional toll from dealing with patient suffering. Fatigue from long shifts and standing for extended periods. I prioritize self-care activities, such as exercise or mindfulness, to cope. I felt strong when I was able to lift a patient safely. Clinical rotations during training prepared me for real-world scenarios. Training in specific skills, such as medication administration, boosted my confidence.

A lecture on patient communication helped me navigate a difficult conversation. I see myself taking on more responsibilities and leadership roles. I've become more aware of my own strengths and limitations. I appreciate the resources and support available to me."

I'm getting used to the workspace but still learning the dynamics. I appreciate the camaraderie among colleagues. I rely on colleagues and resources to support care delivery. I felt most confident in a simulated training setting, where I could practice skills without risk. I build good relationships with patients but sometimes struggle communicating with doctors. A colleague helped me with a difficult procedure, explaining each step clearly. Patients feel involved in their care and participate in their treatment. I've felt supported by my team, especially during challenging situations.

I'm still getting familiar with the hospital's electronic medical records system. Access to electronic medical records streamlined patient data and care planning. I'm somewhat confident, but still learning about some equipment. I haven't encountered any major issues, but when I do, I notify my supervisor and find a workaround solution. I identified a potential medication error and prevented harm to the patient. I consider patient feedback and incorporate it into my care approach. I reported the incident to my supervisor and followed hospital protocol. I think that learning and prioritizing patient safety go hand-in-hand, so I stay curious and open to new information.

Building relationships with patients and families, and seeing the impact of my care on their lives. Developing confidence in my skills and abilities, and taking on new challenges. It was a reminder of the impact nurses can have on patients' lives, and it motivated me to keep pushing forward. Be open-minded and willing to learn from others, and don't be afraid to ask questions."

I wish I had known more about the hospital's policies and procedures before starting. The importance of resilience and adaptability in nursing, and how I've learned to navigate challenging situations. The value of feedback and constructive criticism in improving my practice and growing as a nurse.

PARTICIPANT 12: I'm 25 years old, single. I've been working here for 1–2 years. I was inspired to become a nurse mainly for personal and family reasons. On my first day, I felt both nervous and excited, knowing that I was finally stepping into a profession that I had long aspired to be part of. When I first started, I struggled with applying theoretical knowledge to real patients. The workload felt overwhelming, and I had difficulty managing my time efficiently. I was anxious about making mistakes but felt empowered by small successes along the way. The support I received from mentors, preceptors, and senior nurses helped me adapt to the hospital culture and its policies. I was also challenged by interactions with patients, families, and other members of the multidisciplinary team.

During my first week, I remember feeling a sense of accomplishment after completing a task independently. There were also moments when I made minor errors, such as in documentation, but I treated them as learning experiences. I vividly recall realizing how big the gap was between classroom theory and real-world application. Despite my self-doubt at times, I learned to adapt and build resilience as I observed how hospital routines and team collaboration worked in real situations.

In the beginning, I experienced a lot of anxiety about making mistakes and ensuring patient safety. The workload and long shifts were overwhelming, and there was emotional strain from witnessing patient suffering. Building relationships with patients, families, and colleagues took effort, and I had to adjust to resource limitations and the hospital's bureaucratic processes. A typical day for me involves patient assessments, checking vital signs, and doing charting. I administer medications and assist with procedures like wound care and IV insertions. I make sure to follow hospital policies and documentation requirements. There are days when I feel energized because of the teamwork and patient care I provide, but there are also times when I feel fatigued from the fast pace and long hours.

My day usually starts with a team huddle where we discuss assignments and patient updates, and it ends with a short debriefing session to reflect on the day's work. The most rewarding moments for me are when I get to interact with patients and build rapport. I also feel fulfilled when I successfully administer medications or procedures and receive positive feedback from patients or colleagues. However, stressful moments arise when the workload becomes heavy or when patients' conditions suddenly change.

As a new nurse, I often feel physically exhausted from long shifts, yet I remain motivated whenever I see positive outcomes in my patients. Despite the demanding nature of my work, I make it a point to prioritize self-care activities, such as exercise and mindfulness, to help me manage stress and maintain my well-being.

The physical challenges I experience most frequently include fatigue from standing for long periods, headaches, and eye strain from constantly focusing on medical records and equipment. At times, I also experience sleep disturbances and find it difficult to relax after my shifts. Emotionally, I try to stay professional when caring for very ill patients by focusing on delivering the best possible care. I try to maintain a professional demeanor and focus on providing best care. There are moments when my body feels weak—especially after consecutive long shifts—but there are also times when I feel strong and empowered, such as when I am able to respond quickly and effectively during emergencies. These experiences remind me of both the physical toll and the emotional fulfillment that come with being a nurse.

My past training and experiences have greatly influenced how I practice nursing today. The clinical rotations I went through during my studies helped me face real-world scenarios with greater confidence. In particular, the training I received in specific skills, like medication administration, gave me a solid foundation to build upon. One particular clinical experience taught me how to prioritize tasks effectively—a skill that has proven essential in handling multiple patients and urgent situations. Additionally, a lecture on patient communication helped me handle difficult conversations in the workplace with empathy and professionalism.

Looking ahead, I see myself taking on more responsibilities and possibly assuming leadership roles. I aim to stay updated with the latest best practices and technologies in the field. Reflecting on my transition from student to nurse, I realize that I have become more independent, self-directed, and capable of navigating complex clinical situations. I've also grown more aware of my strengths and limitations, which helps me continually improve in my practice.

As a new nurse, I am still learning the routines and culture of the hospital environment. Despite the challenges, I appreciate the resources and support that are available to me. I generally feel comfortable in my workspace because of the guidance I receive from my supervisors and the cooperation of my colleagues.

I am not afraid to ask for help or clarification when needed. The workspace is well-organized most of the time, although it can become chaotic during emergencies or busy hours. Regardless of the situation, I strive to stay focused on patient needs and maintain patient-centered care. I feel most confident when I am assigned to a familiar ward where I know the routines and team members. Working in a familiar environment allows me to perform my tasks more efficiently and confidently, while unfamiliar or high-pressure settings often challenge me to adapt and grow.

My relationships with patients, colleagues, and mentors have been a crucial part of my experience as a novice nurse. I feel supported and guided by my colleagues and senior mentors, who are always willing to share their knowledge and experiences.

I recall a time when a colleague helped me through a difficult procedure by explaining each step patiently. A mentor also introduced me to new techniques that expanded my clinical skills and confidence. Patients usually respond positively to me. They appreciate my enthusiasm and dedication, and I always make an effort to involve them in their care. Although there have been moments when I felt excluded or overlooked, these experiences were balanced by the many times I felt genuinely supported by my team, especially during stressful or challenging situations.

In terms of using hospital equipment and technology, I've encountered both ease and difficulty. Some hospital equipment is outdated or hard to operate, which can make tasks more challenging. I remember one instance when a malfunctioning ventilator caused delays and required manual ventilation. Limited availability of personal protective equipment (PPE) during an outbreak also caused some concern.

Overall, I feel somewhat confident using hospital tools and technology. I'm comfortable with basic equipment but still find some advanced technologies challenging to operate. Whenever I encounter

a shortage of supplies or malfunctioning tools, I try to find safe alternatives and improvise methods that ensure patient care is not compromised. These experiences have taught me to be resourceful and adaptable in any situation.

There have been several moments when I felt deeply responsible for my patients' outcomes. For example, I made sure that medications were administered on time, and I saw a patient's condition improve as a result. I have also collaborated with the healthcare team to develop effective care plans, which sometimes led to successful discharges. One significant experience was identifying a potential medication error early on, which allowed me to prevent harm to the patient.

I make sense of the results of my actions by reflecting on patient outcomes and adjusting my care approach when necessary. I monitor progress closely, evaluate the effectiveness of interventions, and take patient feedback seriously to improve my practice.

I have also made small mistakes, such as documenting a patient's vital signs incorrectly. When this happened, I corrected it immediately and reported it to my supervisor. On another occasion, I failed to follow proper infection control procedures but took responsibility, apologized to the patient and family, and implemented changes to avoid recurrence. Balancing patient safety with continuous learning is something I take seriously. I always prioritize safety above all else and seek guidance from more experienced colleagues whenever I'm unsure. I view learning as a lifelong process that goes hand-in-hand with maintaining safe, high-quality care. Being honest about my limitations and remaining curious and open-minded help me grow while protecting my patients.

The most meaningful part of my experience has been building relationships with patients and their families and witnessing the positive impact of my care. Learning from mentors and colleagues has also been incredibly valuable, as it helped me develop confidence and a deeper sense of purpose. Being part of a team that prioritizes patient safety and quality care motivates me to continue improving. These experiences remind me why I chose this profession and emphasize the importance of self-care and resilience in nursing.

My advice to new nurses is to stay open-minded and eager to learn. Don't hesitate to ask questions or seek guidance from more experienced staff. Building good relationships with both patients and colleagues is essential to effective and compassionate care. It's also important to stay organized, manage time well, and recognize that mistakes are a natural part of learning. I wish I had been more prepared for the physical demands of the job—it requires strength, endurance, and self-discipline to stay balanced.

I've learned to value feedback and constructive criticism because they help me identify areas for growth and improvement. The opportunities I've had for professional development have also allowed me to gain new skills and expand my knowledge. Overall, the experience of being a novice nurse has been both challenging and rewarding, shaping me into a more resilient and competent professional.

Appendix C



Misamis University
 H. T. Feliciano St., Ozamiz City, 7200 Philippines
MISAMIS UNIVERSITY RESEARCH ETHICS BOARD
 Phone: +6388 521 0367 | Fax: +6388 521 2917
 Email: muresearchethics@mu.edu.ph

MU-REB-010/03 March 2022

INFORMED CONSENT FORM
 (PORMA SA NASABTAN NGA PAGTUGOT)

Name of the Researcher/Investigator
 (Nagtuon): Janyvie M. Agalot
 Course: MAN NEA
 College: Misamis University
 Email / Contact Number: 09758078826
 Thesis Title: “TRANSITION FROM CLASSROOM TO CLINICAL PRACTICE: LIVED EXPERIENCES OF NOVICE NURSES IN A GOVERNMENT HOSPITAL”

PART I. INFORMATION SHEET	
Introduction (Pasiuna)	Good day! I am <u>Janyvie M. Agalot</u>, the principal researcher/investigator of the study entitled <u>“TRANSITION FROM CLASSROOM TO CLINICAL PRACTICE: LIVED EXPERIENCES OF NOVICE NURSES IN A GOVERNMENT HOSPITAL.”</u> I am a graduate student under the program <u>MAN NEA</u> at Misamis University in Ozamiz City. I am to conduct the research with <u>10-12</u> novice nurses as participant. In this vein, I am respectfully seeking your voluntary participation, being qualified to give your informed consent to take part in this study. Before you decide whether to participate or not in this study, please read the succeeding information about the study and feel free to ask questions anytime should there be anything you do not understand or want to clarify. If you agree to answer the interview, you will be asked to affix your name and signature on this form for which you will be given a copy. <i>(Maayong adlaw! Ako si <u>Janyvie M. Agalot</u>, ang nagpahigayon sa pagtuon kabahin sa “<u>TRANSITION FROM CLASSROOM TO CLINICAL PRACTICE: LIVED EXPERIENCES OF NOVICE NURSES IN A GOVERNMENT HOSPITAL</u>” Ako usa ka estudyante sa <u>Misamis University</u>. Ako nagapili kanimo isip participant nga maoy mutubag sa gikinahanglang impormasyon niining gihimong pagtuon. Ako matinahurong naghangyo sa inyong bulontaryo nga pag-apil niini nga</i>

	<i>pagtuon. Gikinahanglan nga ikaw naa sa saktong edad ug naay kakayahan nga mohatag sa pagtugot aron makaapil niini nga pagtuon. Sa dili pa ka mohukom sa pag-apil niini nga interview, palihug sa pagbasa sa mga impormasyon sa ubos ug gawasnon ka nga makapangutana kon adunay wala nimo nasabtan o gusto nimong iklaro. Kung motugot ka sa pagahimoon nga interview, papirmahon ka niini nga porma ug tagaan usab ka ug imong kaugalingong kopya.</i>
Purpose (<i>Katuyoan</i>)	The purpose of this study is to <u>examine the lived experiences of novice nurses in a regional government hospital</u> . This research <u>will provide valuable insights into the lived experiences of novice nurses in regional government hospitals</u> (Indicate the significance).
Type of Research Intervention (<i>Matang sa Interbensyon sa Pagtuon</i>)	This study will be conducted through interviews. The gathering of data will be conducted in person. (<i>Kining pagtuon pagabuhaton pinaagi sa interview. Personal ang pagkuha sa datos.</i>)
Selection of Participants (<i>Pagpili sa mga Partisipant</i>)	The selection of the participants is based on the following inclusion (1) newly registered nurses with less than two years of clinical experience and no prior employment, (2) currently employed in the hospital, and (3) willing to share their lived experiences. (Indicate as applicable to your study.)
Voluntary Participation (<i>Boluntaryo nga Partisipasyon</i>)	Your participation has to be voluntary and will not affect your situation or status in any way, including your relationship with the researcher. You are free to decide if you will take part or not. If you decide to participate, you are free not to answer any questions that you do not prefer to answer.
Procedure (<i>Pamaagi</i>)	The participants will be given ample time when to undertake the interview. The interviews will be undertaken once or several times when necessary. The researcher will transcribe the interviews to be used for the analysis of the data. The information and data provided by you as a participant will be utilized for this study alone and will be treated with the utmost confidentiality.
Duration (<i>Gidugayon</i>)	The gathering of data through the interview will last for 45 minutes to 1 hour.
Risks and Discomforts (<i>Risgo ug Kahasol</i>)	The respondents will be protected from physical, social, or economic risks. In case the items in the survey instrument are too personal and make you feel uncomfortable, you may decline to answer any or all questions and may terminate your involvement at any time you choose.

Benefits (<i>Kaayohan</i>)	This study will enable you to shed light or provide understanding about novice nurses lived experiences. Thus, your responses shall be highly valued being deemed important in the field of healthcare system.
Reimbursements (<i>Hulip nga bayad</i>)	There will be no monetary expenses or costs on your part as a respondent, nor any monetary compensation for your participation in this study. However, personal protective equipment (PPE) like face masks, alcohol and face shields may be provided during the gathering of the research data.
Confidentiality of Data (<i>Pag-amping sa Datos</i>)	Only the researcher will have access to the information and responses of the participants. The personal identifying information of the participants will only be used for research analysis and will be treated with the utmost confidentiality. During the study, all data will be kept in a locked, secure filing cabinet, of which will be discarded 6 months after the publication of the results.
Sharing of Findings (<i>Pagpaambit sa Nakaplagan</i>)	The results of this study will be presented during the thesis/dissertation final defense of the researcher. Also, the research findings may be shared through publications and conferences with the assurance that the identities of the respondents will remain confidential. A printed copy of the completed study will be provided to the participants.
Rights to Refuse or Withdraw (<i>Katungod sa Pagpalibabad o Pag-undang</i>)	You are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation.
Who to Contact (<i>Kinsa ang Kontakon</i>)	Should there be any queries as a parent, you can contact the researcher through the following details: Name of the Researcher (Ngalan sa Nagtuon): <u>Janyvie M. Agalot</u> Cellphone Number/s: <u>09758078826</u> e-mail ad: <u>janyvie_agalot@dmc.edu.ph</u> STATEMENT BY THE RESEARCHER (PAGPADAYAG SA NAGTUON) I will read the Information sheet to the potential participant. With the best of my ability, I make sure that the participant will understand the interview questions and that possible follow-up interviews may be undertaken. I can assure that the participant will be given an opportunity to ask questions about the study, and all the questions raised will be

	answered fully. I can likewise assure that the participant will not be coerced into giving consent that must be free and voluntary. A copy of this Informed Consent Form will be provided to the participant. Print Name of Researcher (Ngalan sa Nagtuon): <u>Janyvie M. Agalot</u>
--	---

PART II. CERTIFICATE OF CONSENT	
This research entitled “<u>TRANSITION FROM CLASSROOM TO CLINICAL PRACTICE: LIVED EXPERIENCES OF NOVICE NURSES IN A GOVERNMENT HOSPITAL</u>” by <u>Janyvie M. Agalot</u> with the aim of gathering information and data pertaining to <u>novice nurses</u>, has been presented and explained to me clearly. Since the study involves _____, I am chosen as one of the participants. I have read the foregoing Informed Consent Form, or it has been read to me. I had the opportunity to ask questions, which were subsequently answered fully. I consent voluntarily to be a participant of this study. Print Name of Participant (Ngalan sa Partisipante): _____ Signature of Participant (Pirma sa Partisipante): _____ Date: [MM/DD/YYYY]_____ If Illiterate (Kung dili makasulat ug makabasa) If the respondent is illiterate, a witness who is literate will sign. The respondent will choose him/ her and who is without connection with the researcher or the research group to attest this undertaking. The respondent will affix his thumb print. _____ Name and Signature of the Witness Thumb mark	

CURRICULUM VITAE

PERSONAL DATA

Name : Janyvie M. Agalot

Age : 41 y/o

Birthdate : July 10, 1984

Civil Status : Single

Religion : Roman Catholic

Home Address : Sta. Filomena Dipolog City, Zamboanga del Norte

Parents : Mr. and Mrs. Jimmy Agalot

Spouse : Roland Khan M. Siasico

Child : Laylah Mirh A. Siasico & Kaylah Katerina A. Siasico

EDUCATION

Graduate : Master of Arts in Nursing
Major in Educational Administration
Misamis University, Ozamiz City
September 2025 (ongoing)

College : Bachelor of Science in Nursing (BSN)
DMCCFI
Dipolog City
March 2006

Secondary : Galas National High School
Galas, Dipolog City
April 2000

Elementary : Sta Filomena Elementary School
Sta. Filomena, Dipolog City
March 1996

PROFESSIONAL ELIGIBILITY : Licensed Nurse 2006 & 2007

WORK EXPERIENCE

August 2023- Present	:	Clinical Instructor; Faculty Dipolog Medical Center College Sta. Filomena, Dipolog City
June 2023 - August 2023	:	Staff Nurse Corazon C. Aquino Hospital Dipolog City
August 2007- September 2019:		Quality Assurance Coordinator Qualfon Cebu Inc. IT Park Lahug, Cebu City
October – December 2006	:	Staff Nurse Gurdiel Hospital Dipolog City
August - October 2006	:	Staff Nurse IPHO Dipolog City

SEMINARS/TRAININGS

- The Empowered Educator
Teach Forward Inset Training
August 02, 2025
- LASSO WELLNESS AND MENTAL HEALTH PROGRAM 2025
September 10, 2025
- Six Sigma Certification Training
Tools for Continuous Improvement
June 01 – December 2018



Misamis University

Ozamiz City, Philippines 7200

Tel. No. +63 88 521 0367 / Telefax No. +63 88 521 2917

Website: <https://www.mu.edu.ph>

CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV

ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

CERTIFICATION ON PLAGIARISM SCANNING

This is to certify that the thesis/dissertation paper of JANYVIE M. AGALOT entitled **TRANSITION FROM CLASSROOM TO CLINICAL PRACTICE: LIVED EXPERIENCES OF NOVICE NURSES IN A GOVERNMENT HOSPITAL** has undergone a content checking on plagiarism on **April 18, 2026** and that the plagiarism score/similarity index is **14%**.

Issued this 12th day of May, 2026 at Misamis University, Ozamiz City.

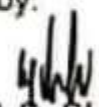
Signed:


RUSSEL P. GALINDO

Person Conducting the Plagiarism Test

Date: 05/18/2026

Attested by:


CYNTHIA S. SUPERABLE, Ed.D., DScN.

Dean, Graduate School

Date: 05/18/2026

SSS ID No. 08-792000-B

SUBSCRIBED AND SWORN to before me this ____ day of MAY 19 2026 2026 at Ozamiz City, Philippines.

Doc. No: 227
Page No: 47
Book No: V
Series of: 2026


ATTY. RABINDRANATH S. POLITO

Notarial Commission No. 2025-02

Notary Public for Ozamis City and Clarin

Until 31 December 2026

Roll of Attorneys No. 76977; TIN 948-122-314

IBP No. INV 583305; 02 January 2026, Mis. Occ. Chapter

PTR No. 6007867; 05 January 2026, Ozamis City

MCLE Compliance No. VIII-0016916 valid until 04-14-2028

2nd floor, LKT Bldg., P3, National Highway

Brgy. Catadman-Manabay, Ozamis City

09171031665; 088-521-6434

attyrabindranathpolito@gmail.com