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Emerging Amidst Crisis: Exploring the Journey of New Nurses Graduating During the COVID-19 Pandemic

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ABSTRACT

This study explored the lived experiences of pandemic graduate nurses as they transitioned from online nursing education to professional clinical practice. A qualitative descriptive phenomenological design was employed at a Department of Health Level III training and teaching hospital in Iloilo City, Philippines. Nine registered nurses were purposively selected using criterion and maximum variation sampling. Data were collected through unstructured interviews, participant journals, and researcher reflections, and analyzed using Colaizzi's seven-step method. Three major themes and nine subthemes emerged. Transition to Realities encompassed building confidence and competency in practice, clinical preparation, and experiencing growth through mentorship. Impact of Remote Education included challenges of remote learning and simulation, deficiencies in skill and clinical readiness, and experiential gaps in education. Psychological and Emotional Adaptation encompassed cultural adjustment, developing patient-centered relationships, and peer support. Participants described initial uncertainty, limited practical exposure, difficulty performing clinical procedures, and challenges establishing rapport with patients. Their accounts also highlighted the importance of self-directed learning, structured onboarding, hands-on experience, guidance from experienced nurses, and emotional support from colleagues, friends, and family. Despite these challenges, participants described gradual improvements in confidence and professional competence as they adapted to the demands of hospital practice. The findings underscore the need to strengthen the integration of theoretical instruction and practical clinical training in nursing education. Healthcare institutions are encouraged to provide structured orientation, sustained mentorship, and accessible psychological support for newly graduated nurses. These measures may help address experiential gaps and support the transition of nurses whose education was disrupted by the pandemic into professional clinical roles.

Keywords: *COVID-19, pandemic graduate nurses, remote education, clinical readiness, mentorship, descriptive phenomenology*

INTRODUCTION

The unprecedented pandemic for the past three years has fundamentally disrupted nursing education, leading to significant challenges in the clinical readiness of newly graduated nurses, known as pandemic graduate nurses. Traditional face-to-face instruction and onsite clinical experiences were abruptly replaced by online learning, causing these nurses to enter the workforce with limited hands-on experience, impacting their ability to perform essential nursing tasks (Alsalamah et al., 2022; Bultas & L'Ecuyer, 2022). The International Council of Nurses (2022) reported that the pandemic resulted in an estimated 80% reduction in clinical placements worldwide, leaving many new graduates feeling inadequately prepared for

real-world settings. In the United States, 45% of new graduate nurses surveyed by the American Nurses Association reported a lack of confidence in performing essential clinical tasks during their first six months in practice. The Commission on Higher Education (CHED) in the Philippines reported a significant transition to online learning modalities during the pandemic, with over 90% of higher education institutions adopting distance education strategies by the end of 2020 (CHED, 2021). This shift was necessitated by the urgent need to maintain educational continuity amid stringent health protocols, resulting in approximately 3.5 million students engaging in online learning platforms (CHED, 2021). This rapid transformation underscored the challenges faced by both educators and learners, as many institutions were unprepared for the abrupt change, leading to concerns regarding the quality of education and the overall preparedness of graduates entering the workforce. This gap has led to a generation of nurses struggling to transition smoothly into professional roles, with implications for patient safety and overall care quality.

Trends indicate that pandemic graduate nurses are experiencing higher levels of stress, burnout, and turnover compared to their pre-pandemic peers. Research highlights that 60% of newly graduated nurses have reported symptoms of burnout within their first year of practice, a rate that is nearly double that of pre-pandemic levels (Ulupinar & Aydogan, 2021; Hallaran et al., 2022). These nurses often struggle with critical skills such as clinical decision-making, care coordination, and effective communication, leading to compromised patient outcomes and increased workloads for existing staff. A survey by Nursing Times (2023) revealed that 35% of pandemic graduate nurses considered leaving the profession within two years due to stress and lack of preparedness. These statistics underscore the urgent need for enhanced transition programs and tailored support strategies to better prepare nurses for the realities of clinical practice.

Limited literature reveals gaps in addressing the specific needs of pandemic graduate nurses. While theoretical knowledge may be robust, the lack of structured, high-fidelity clinical training leaves a void in practical skills development (Crismon et al., 2021; Rood et al., 2022). Current onboarding and mentorship programs are not adequately designed to bridge the gap between online education and hands-on clinical competence, particularly for those trained during the pandemic. A study conducted by the National Council of State Boards of Nursing (NCSBN, 2022) found that only 40% of nursing programs implemented simulation training that effectively replaced traditional clinical experiences.

The compelling reasons for crafting this study lie in the significant disruptions caused by the pandemic on nursing education, leading to substantial gaps in clinical preparedness among newly graduated nurses. With the abrupt shift from traditional hands-on clinical experiences to online learning, many pandemic graduate nurses entered the workforce inadequately prepared for real-world settings, which contributed to increased stress, burnout, and feelings of inadequacy.

This study aims to fill these gaps by focusing on the lived experiences of pandemic graduate nurses, highlighting the unique challenges they face, and identifying strategies that can enhance their transition to clinical practice. This research contributed new insights into how educational institutions and healthcare systems can collaborate to create more resilient support structures for these nurses. The primary aim of this study is to explore the experiences of pandemic graduate nurses as they transition into clinical practice, with the goal of identifying the specific challenges they encounter and the strategies they use to adapt. The study seeks to inform nursing education reforms and the development of evidence-based support programs to improve nurse readiness and retention, thereby ensuring the provision of safe, high-quality patient care. Specifically, this research examined the implications of disrupted training on clinical competencies, investigate the impact on nurses' well-being and career trajectories, and propose actionable recommendations for stakeholders to address the identified gaps.

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Review of Related Literature

Covid-19, Its Effects, and New Graduate Nurses

The COVID-19 pandemic, caused by Coronavirus 2, was first discovered in Wuhan, China, in December 2019 (CDCP, 2020). The virus presented symptoms such as difficulty in breathing, fever, cough, digestive disturbances, and loss of smell and taste. Vulnerable populations, including older adults (Powell et al., 2020), racial and ethnic minority groups (COVID Tracking Project, 2020), and children (Feldstein et al., 2020), were particularly affected. In the Philippines, by mid-2020, active COVID-19 cases reached 45,646, with 1,837 confirmed fatalities (DOH, 2020). Healthcare workers, especially nurses, were among the most affected, with 1,006 Filipino nurses infected by COVID-19, further adding stress to an already burdened healthcare system (DOH, 2020; Maben & Bridges, 2020; Lu et al., 2020; Mo et al., 2020). This unprecedented strain on healthcare delivery systems globally created immense psychological and physical challenges for nurses, putting their lives at risk (Maben & Bridges, 2020; Lu et al., 2020; Mo et al., 2020).

Similarly, in the Philippines, lockdowns and the suspension of face-to-face classes starting in mid-March 2020 (CNN Philippines, 2020) led to significant changes in the education system, particularly for nursing students. Face-to-face learning activities, including crucial clinical practicums, were replaced by online learning, severely limiting opportunities for nursing students to gain practical experience (Liu et al., 2022). This shift significantly disrupted the transformative journey of student nurses during their clinical practicum, leading to difficulties in developing essential skills, clinical judgment, and communication abilities necessary for their transition into professional roles (Liu et al., 2022). In addition to these challenges, Humphrey and Wiles (2021) reported that many students preferred face-to-face learning because it enabled them to engage directly with materials, participate in discussions, and practice skills in a clinical setting. Online learning did not offer these same opportunities, creating significant gaps in students' training, especially for those accustomed to hands-on activities in skills labs and onsite clinical duties (Liu et al., 2022).

Pandemic Graduate Nurses Experience

The sudden transition to online learning left many students feeling unprepared for their entry into clinical practice. In the study by Rood et al. (2023), students expressed concerns about the changes in curricula due to the pandemic, highlighting that alternative assignments such as discussion board posts did not effectively promote critical thinking or interaction with peers and professors. This lack of engagement negatively impacted students' motivation and made them uncomfortable asking questions in an online format. Similarly, Villani et al. (2021) and Langegård et al. (2021) found that the shift to distance education reduced opportunities for social interaction, which further demotivated students and negatively affected their learning experience. The lack of physical activity due to long hours in online classes also compromised students' physical health and exacerbated stress levels, as seen in Malaysia (Sundarasen et al., 2020). This issue was compounded by the mental health challenges caused by prolonged social distancing, leading to heightened levels of anxiety and depression among students (Tandon, 2020; Rajkumar, 2020; Baticulon et al., 2020).

Similarly, upon entering the workforce, pandemic graduate nurses faced additional challenges. The public health measures and restrictions in place during 2020 added complexity to the nursing students' transition to professional practice (ONL, 2021). According to Mcmillan et al. (2023), new graduate nurses in Ontario, Canada, felt ill-prepared for clinical settings, with half of the study participants leaving their first nursing jobs due to unmet orientation needs and poor mental health support. Studies by Aukerman et al. (2022), García–Martín et al. (2021), and Kovanci & Atlı Özbaş (2022) revealed that pandemic graduate nurses commonly experienced fear, uncertainty, and self-doubt as they transitioned into professional roles. Additionally, these nurses faced negative psychological impacts, including stress and burnout, which contributed to feelings of unpreparedness and difficulty in coping with the demands of clinical practice (Katsuta et al., 2021; Nayor et al., 2021).

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Furthermore, Djukic et al. (2023) found that the new nurse cohorts entering practice later in the pandemic faced even greater challenges due to exacerbated staffing shortages. Many were sent directly into clinical settings with minimal training or preparation, adding to the already overwhelming pressures of the pandemic. In contrast, some studies highlighted that pandemic nursing graduates were motivated by the prospect of making a difference in patient care, even as they continued their education despite the difficulties posed by the pandemic (Diaz et al., 2021; Goni-Fuste et al., 2021; Türkleş et al., 2021; Yilmaz & Yilmaz, 2021; Wallace et al., 2021). Their commitment to serving others was noted to outweigh personal concerns about their own well-being, although these graduates were deeply aware of the risks of transmitting the virus to others.

Strategies for Pandemic Graduate Nurses and Transition Period

Supporting pandemic graduate nurses as they transition into professional practice requires comprehensive mentorship and institutional support. Powers et al. (2019) and the Organization of Nurse Leaders (2021) emphasized the importance of creating structured preceptor programs to help newly graduated nurses build clinical competencies during their transition period. These preceptor programs should provide frequent debriefing, reflection, and storytelling opportunities (Russel & Juliff, 2021) to foster resilience and facilitate skill development. The role of preceptors in supporting student nurses' transition into competent professionals cannot be overstated, as they provide leadership and guidance in clinical education (Bryan et al., 2022). Similarly, studies show that preceptors who exhibit authentic leadership contribute to increased self-efficacy and job satisfaction among new graduate nurses (Bryan et al., 2022). Furthermore, formal transition support programs have been shown to reduce emotional exhaustion and increase job satisfaction, critical thinking skills, and social integration among new nurses (Chappell & Richards, 2015). These findings highlight the crucial need for a structured and supportive environment for pandemic graduate nurses to ensure their successful adaptation to clinical practice.

Synthesis of the Study

The body of literature concerning pandemic graduate nurses highlights several key issues resulting from the pandemic's impact on education and the nursing profession. The sudden transition from traditional face-to-face learning to online education resulted in decreased motivation and engagement, with students feeling isolated from their peers and professors. Pandemic graduate nurses felt inadequately prepared for clinical practice due to the absence of hands-on training and the use of simulations instead of real-world experiences. As these nurses entered the workforce, many struggled with self-doubt, fear, and mental health challenges, all exacerbated by the demands of the pandemic and staffing shortages. However, some demonstrated resilience and remained committed to making a difference in patient care. There is a clear need for stronger support systems, longer onboarding periods, and structured preceptorships to help pandemic graduate nurses successfully transition into competent and confident professionals.

Philosophical Underpinnings

This study is framed on a constructivist point of underpinning. It opposes the philosophy of objectivism and embraces the belief that human beings like the pandemic graduate nurses can come to know the truth about the natural world (clinical learning environment) not mediated by scientific approximations with different degrees of validity and accuracy.

According to the theory of constructivists, natural science consists of mental constructs that aim to explain sensory experiences and measurements, and there is no single valid methodology in science but rather a diversity of useful methods. Concerning this present study, the theory of constructivism posits that the learning of the pandemic graduate nurses is an active, social process whereby these individual nurses construct their knowledge and meaning through their interactions with their environment (college day professors, classmates, people in the clinical setting, learning materials and mode of learning). Without good interactions like those during the pandemic period when these individuals depended on online classes for learning, learning will become futile or lost. However, as the theory of constructivists says, this learning

can be constructed through strategies like interventions, guidelines, programs, or even policies for handling pandemic graduate nurses in the clinical setting to optimize their learning as well as their clinical practicum experiences that will support their actual practice.

Purpose of the Study

The study sought to understand the lived experiences of pandemic graduate registered nurses as they transitioned and adapted to clinical practice. Specifically, it examined their perceived preparedness based on their training experiences and the influence of mentorship, peer assistance, and institutional programs on their transition and adaptation.

METHODS

Research Design

The study employed a phenomenological qualitative research design. This qualitative design will be a methodical, interactive, and subjective approach aimed at elucidating and ascribing significance to human life experiences (Burns & Grove, 2017). Phenomenological research will explore individuals' subjective experiences as conveyed through their descriptive accounts, often referred to as "lived experiences" (Bevan, 2014). Additionally, nursing phenomenology will investigate the shared aspects of life experiences among individuals in the nursing profession and the significance attributed to these experiences (Polit & Beck, 2010).

This study adopted a descriptive phenomenological approach, where researchers refrained from providing their own interpretations of the study's focus. Instead, they analyzed the narratives shared by participants and categorized them into distinct statements to gather pertinent and significant information related to the research topic.

Research Setting and Participants

The study was conducted at a Department of Health (DOH) Level III training and teaching hospital in Iloilo City. Nine registered nurses who completed a four-year nursing degree with training during the COVID-19 pandemic and had at least six months of hospital employment involving active clinical duties were selected through purposive criterion and maximum variation sampling with the assistance of a nurse team leader acting as gatekeeper. Participants were willing and able to communicate their experiences and provided informed consent.

Research Instrument

The researcher employed an unstructured interview as the primary research instrument. This approach allowed the interviewer considerable freedom to guide the flow of the interview. Nieswiadomy and Bailey (2018) describe this type of interview as a discussion where the interviewer determines the topics to be explored. It is particularly well-suited for exploratory or qualitative research when the researcher lacks sufficient expertise to pre-structure questions before data collection. According to Kumar (2011), unstructured questions offer flexibility throughout the entire process, making them ideal for examining varying perspectives on a topic, community issues, or individual beliefs. Unstructured interviews will provide the most comprehensive and detailed insights into participants' opinions and attitudes.

This approach was employed for data collection, as it allows participants the freedom to describe events and explore their general experiences. The study aimed to describe the lived experiences of pandemic graduate nurses transitioning and adapting to clinical practice. The researcher began the interviews by asking participants about their pandemic experiences, and the initial interview responses will inform the probing questions for subsequent interviews. After an open introductory question, the interviewer asked follow-up questions based on the participants' responses. Additionally, probes were used to encourage participants to elaborate further on their experiences.

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Data Collection

Following institutional and ethics approval, eligible volunteers were invited and informed about the study. The manuscript reports face-to-face, one-on-one recorded interviews lasting 25–45 minutes, conducted in English, Filipino, or Hiligaynon according to participant preference. The central interview question concerned experiences of transitioning and adapting to clinical practice as a pandemic graduate nurse. Neutral follow-up questions encouraged elaboration. Participant journals, member checks, researcher reflections, and literature were used for triangulation. The researcher maintained a reflexive journal throughout the study. Data collection lasted approximately six weeks, including ethics approval, recruitment, interviews, and journal analysis.

Data Analysis

The interviews were recorded on audio devices and transcribed verbatim. These transcriptions underwent triangulation analysis, involving the researcher, gatekeeper, and a licensed psychologist from the administration. The primary objective of employing triangulation was to validate and establish the reliability and validity of the collected data. The transcribed data was analyzed using qualitative content analysis, and Colaizzi's method of data analysis was employed as it is well-suited for interpreting qualitative research data. The objective of the Colaizzi method was to discern significant data and systematically organize it into themes or categories.

The study utilized a qualitative descriptive phenomenological approach consistent with the Colaizzi method. This method consists of seven steps: familiarization, identification of significant statements, formulation of meanings, clustering of themes, development of exhaustive descriptions, production of a fundamental structure, and verification of the fundamental structure (Morrow, Rodriguez, & King, 2015). Employing this methodology ensured the systematic organization of the data analysis process, enhancing the validity of both the process and the resulting findings.

In the first step of data analysis, the researcher familiarized themselves with the data by thoroughly reviewing the transcripts. In the second step, all statements pertinent to the issue under investigation were systematically identified. In the third step, meanings related to the phenomena being studied were identified, with presuppositions managed through bracketing. In the fourth step, the researcher organized the identified meanings into themes demonstrating commonalities across participants' accounts. In the fifth step, a comprehensive and detailed depiction of the phenomenon was provided by incorporating the themes identified in the previous phase. In the sixth step, the focus shifted towards condensing the comprehensive description into concise statements that effectively encapsulated the fundamental structure of the phenomenon. Lastly, the validity of the resulting fundamental structure was assessed through participant feedback regarding its ability to accurately represent their experiences.

Ethical Considerations

To prevent the abuse of participants' rights and undue exposure to harm during the research project, ethical considerations were meticulously developed. This study was first approved by the Research Ethics Committee of St. Bernadette of Lourdes College before initiating recruitment.

Benefits and Risks. Participation in this study carried both risks and benefits. The study examined significant data related to the experiences of pandemic graduate nurses. Since this topic had not yet been thoroughly researched, the findings provided valuable information addressing an existing gap in the literature. However, potential risks included issues related to confidentiality and emotional distress when reflecting on experiences during the pandemic. To safeguard participants' privacy, no published information made any reference to a participant by name or any category that could identify them. Emotional distress could also arise from contemplating experiences as a pandemic graduate nurse transitioning and adapting to clinical practice, but participants were informed of available support services.

Informed Consent. Before data collection, the researcher provided an invitation letter requesting permission to conduct the study, followed by the acquisition of informed consent. A consent form was sent

to selected participants identified by the gatekeeper in the designated organization. Only consenting volunteers who completed the informed consent form after reading the research information sheet were permitted to participate in the study. Participants were informed of the study's nature, objectives, benefits, and potential risks, as well as their rights, including the ability to decline or withdraw from the study at any time. A statement regarding privacy protection and measures to safeguard anonymity was also included. Participants who consented to the use of their information for research purposes had their data protected using a code without any identifying information, and it was used exclusively for collective analysis.

Participant Protection. Study participants were not subjected to excessive or undue pressure. Participation was entirely voluntary, and participants had the autonomy to withdraw from the study at any point. Each participant provided a signature on a consent form attached to the invitation. Participants completed all assigned tasks prior to the interview. Before confirming their participation, individuals had the opportunity to carefully examine the materials and ask any questions they had. The consent form stipulated that individuals who chose to discontinue or refrain from participation would face no negative consequences or loss of employment benefits.

The confidentiality and anonymity of gathered data were preserved, as explicitly outlined in this section. To maintain anonymity, recorded audio files, coding documents, and transcripts of supplementary sources were securely stored on an encrypted USB device, accessible only with a passcode. The USB device was kept in a secure location when not in active use by the researcher. Printed documents were securely retained until their disposal, during which they were shredded to ensure the destruction of confidential data at the conclusion of the study.

Privacy and Confidentiality. The confidentiality of all data collected during the study was maintained. Access and use of the information were restricted exclusively to the researcher and licensed psychologists directly involved in the study, strictly adhering to the research objectives. Anonymity was employed to safeguard the identity and personal information of participants. Personal identifiers were removed, and a system of initials or numbers was used to label each individual. Only authorized personnel had access to this information.

All data was securely stored within the electronic platform Google Drive, designated specifically for use by researchers. This data was not disclosed to unauthorized individuals. The collected data was subjected to ethical oversight and implemented in a manner that ensured privacy and confidentiality, in line with Republic Act 10173, known as the Data Privacy Act of 2012. This legislation emphasized transparency, proportionality, and legitimate purpose in collecting and processing participants' personal information.

Data retention complied with the minimum period required for research by undergraduate students, which is at least one year following the conclusion of the study or its publication. Upon the expiration of this period, the data underwent destruction. The researchers followed recommended data disposal practices as outlined by the Research Ethics Community (REC). Computerized data was erased through reformatting, while paper records were destroyed by burning.

Vulnerability. Vulnerable populations were excluded from this research study. Conducting research involving vulnerable groups posed significant ethical concerns that could have compromised the integrity of the study. Therefore, this study did not involve individuals from vulnerable populations.

Withdrawal Criteria. The researchers adhered to ethical guidelines by ensuring that participation in the research study was voluntary and free from coercion. Participants retained the right to withdraw from the study at any point. The withdrawal criteria included participants who chose to withdraw or felt uncomfortable during the interview process, thereby ensuring respect for their autonomy.

RESULTS

Three major themes and nine subthemes were identified from the accounts of the nine participants. The thematic structure is summarized in Table 1.

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Table 1. *Summary of Themes and Subthemes*

Major theme	Subthemes
Theme 1: Transition to Realities	Building Confidence and Competency in Practice Clinical Preparation Experiencing Growth through Mentorship
Theme 2: Impact of Remote Education	Challenges of Remote Learning and Simulation Deficiencies in Skill and Clinical Readiness Experiential Gaps in Education
Theme 3: Psychological and Emotional Adaptation	Cultural Adjustment Developing Patient-Centered Relationships Peer Support

Theme 1: Transition to Realities

Sub-theme 1: Building Confidence and Competency in Practice

The results of the study revealed that Building Confidence and Competency in Practice highlights the personal challenges of developing the confidence and skills needed to perform effectively in a clinical environment. Although they may have acquired theoretical knowledge during their education, many nurses find that applying that knowledge in real-world practice requires a different skill set. Many participants described initial feelings of insecurity and self-doubt, particularly when faced with complex clinical situations that required quick thinking and decision-making. However, as they gained hands-on experience, most nurses reported a gradual increase in both their confidence and competency. Practical exposure, ongoing mentorship, and constructive feedback were highlighted as key factors that helped improve their clinical skills and fostered a sense of professional growth. In addition, some participants expressed that continued guidance and practice were essential in maintaining and further developing their competencies.

Participant 1 "After a few months of working, I can somehow manage independently in the clinical area. But, of course, I don't forget to keep learning and avoid stagnation. It's better to keep exploring other learnings beyond what you already know, to further expand your knowledge, skills, and experience."

Participant 2 "I admit I make mistakes, and I learn from those mistakes. It's tough when I make a mistake, and doubt creeps in, but as I keep going, with the right encouragement from my seniors, I realized that the mistakes I made, I won't repeat them. Now, it's easier, and the workflow is smoother."

Participant 4 "Modesty speaking, I've come so far. I'm so proud of myself because imagine being a product of online classes, having no experience, and being assigned to duty immediately without experience. I am the nurse I am today because of my hard work and perseverance."

Sub-theme 2: Clinical Preparation

The results of the study indicated that Clinical Readiness and Preparation focuses on the broader question of whether pandemic graduate nurses feel fully prepared to handle the diverse and demanding aspects of clinical work, including stress management and decision-making in fast-paced situations. It also addresses the preparation and/or programs they have experienced before the actual clinical setting as a solid foundation. Which made them felt somehow prepared, but most often, they felt that it was insufficient in preparing them for the fast-paced, high-stress environment they encountered in clinical settings during the pandemic. Some nurses felt that the gap between theoretical knowledge and practical application left them unprepared for the realities of patient care, particularly with the added challenges of managing critically ill patients. Several participants noted that the hands-on experience they received during clinical placements was limited, which further contributed to their feelings of inadequacy early in their careers. Additionally,

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there is a need for more comprehensive preparation programs that bridge the gap between classroom learning and real-world clinical practice, particularly in times of crisis.

Participant 4 "At that time, there was no training or orientation provided by the nursing service. I understood because we were understaffed, and it was during the COVID pandemic. Just a one-day orientation. Then we were assigned to the wards. We had to learn by ourselves. Honestly speaking, I didn't prepare for my first day. After that, seeing how they did things, I started reviewing medications—what they were for, how to give them to patients, and stuff like that."

Participant 5 "I prepared and researched every time before my duty. I would search for procedures I didn't know yet. I'd always ask my seniors how to do the procedures and what the timing or side effects of the medications were, and which medications shouldn't be taken together."

Sub-theme 3: Experiencing Growth through Mentorship

The study revealed that mentorship played a pivotal role in easing the transition of pandemic graduate nurses from online education to real-world clinical practice. Participants described how supportive preceptors and senior nurses provided guidance, feedback, and encouragement, helping them bridge theoretical knowledge with practical application. These mentorship relationships fostered confidence, promoted skill refinement, and cultivated a sense of belonging in the healthcare team. Nurses emphasized that the mentorship process was instrumental in their professional growth, enabling them to overcome initial insecurities and thrive in high-pressure hospital environments.

Participant 2 "(Receive help and support from) Nursing attendants, and one important thing is building a good relationship with seniors, supervisors, colleagues, and nursing attendants."

Participant 8 "If I was nervous or it was my first time performing a procedure, I made sure to be with my Senior Nurse, Staff Nurse, or Supervisor. I would ask if what I was doing was correct, and if my steps were right. If it was my first time giving medications or an injection, I would always be with them so they could observe and guide me to make sure I was doing everything correctly."

Participant 9 "Since I'm still new, I'm adjusting. It's difficult for me. I also open up to the other nurses that I work with to ask if they could help me. My fellow nurses, as well as the senior nurses and supervisors. They shadow me. They help me. They accompany me to the patient for IV insertion, especially if it's difficult. They help me. They teach me, and if I can't do it, they do it and let me observe."

Theme 2: Impact of Remote Education

Sub-theme 1: Challenges of Remote Learning and Simulation

The study highlighted the graduate nurses' struggle with the stark contrast between remote learning and simulation and the actual performance required in clinical settings. Many students found themselves relying on "imagination" during virtual return demonstrations, where they were asked to mentally visualize performing clinical tasks rather than engaging in hands-on practice. This created a disconnect between what they learned online and the reality of actual patient care.

While virtual simulations allowed students to practice skills in a controlled environment, they could not replicate the tactile feedback, complex scenarios, or real-time decision-making involved in live clinical settings. As a result, many students experienced a sense of unreality or detachment from their education, which contributed to heightened stress and uncertainty as they transitioned to real-world healthcare environments.

Participant 3 "This is very different from an online setting where everything is scripted, and you just follow a step-by-step procedure during return demonstrations. In an actual procedure, you need to understand it thoroughly."

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Participant 8 "I'm a pandemic graduate, so we had online return demonstrations. We didn't have physical contact with our patients, and we just improvised. Our patient was a stuffed toy, so when we got to clinicals, I felt nervous and lacked confidence in what I was doing, of course, because it was a real patient, a real person, so you have to do things correctly. When we did the return demo, it was okay because it was just a stuffed toy, but when it was the real thing, I was excited and nervous."

Participant 9 "From online learning during the pandemic, it was really challenging. What our clinical instructor told us was, "imagine" and "improvise," sometimes our resources at home were limited because we couldn't go out. For example, for CVP measuring, we only used what we had, like cloth. We just imagined and improvised."

Sub-theme 2: Deficiencies in Skill and Clinical Readiness

This sub-theme centers on the specific skill gaps and deficiencies that emerged as a result of remote education. Graduate nurses reported feeling underprepared for clinical practice due to skill deficiencies exacerbated by the shift to remote learning. The lack of in-person training opportunities and hands-on clinical experience during the pandemic resulted in gaps in essential nursing skills such as patient assessment, physical examinations, and practical procedures. These deficiencies led to feelings of unpreparedness when transitioning into actual clinical practice. Graduate nurses reported concerns over their confidence in performing tasks and the fear that they might not be equipped to handle real-world clinical situations despite their theoretical knowledge. Liu et al. (2022) reported that the transformative journey of student nurses during their clinical practicum was disrupted, leading to difficulties in developing essential skills, clinical judgment, and communication abilities necessary for their transition into professional roles. As Humphrey and Wiles (2021) reported, many students preferred face-to-face learning because it enabled them to engage directly with materials, participate in discussions, and practice skills in a clinical setting. Online learning did not offer these same opportunities, creating significant gaps in students' training, especially for those accustomed to hands-on activities in skills labs and onsite

Participant 1 "I admitted to myself that we lacked skills since we only had online learning."

Participant 3 "On my first day, when I was tasked with giving medications to a patient, I was very nervous. My hands were shaking, and I had many questions, such as what the medication was for, where to administer it, whether it was oral or IV. I had to confirm everything because I was afraid of making a medication error."

Participant 6 "I graduated during the pandemic, so I feel like our experience is lacking. Our experience was limited, there was a lockdown, and most of our learning, activities, and lessons were online."

Sub-theme 3: Experiential Gaps in Education

This sub-theme highlights the broader gap in experiential learning due to the lack of skill deficiencies. The study revealed that the transition to remote learning during the pandemic created significant experiential gaps in nursing education. Graduate nurses found it difficult to develop critical thinking and decision-making skills due to the absence of live clinical experiences and direct patient interaction. This lack of experiential learning opportunities led to feelings of anxiety and frustration, as many students struggled to bridge the gap between theoretical knowledge and practical application. The study emphasized the need for more robust virtual simulations or hybrid learning models to address these gaps and better prepare nurses for the demands of the profession. Crismon et al. (2021; Rood et al., 2022) found that the lack of structured, high-fidelity clinical training leaves a void in practical skills development. Current onboarding and mentorship programs are not adequately designed to bridge the gap between online education and hands-on clinical competence, particularly for those trained during the pandemic. Some of the supporting

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Participant 1 "My experience in the first few months was quite difficult because, of course, during the pandemic, we lacked hospital experience. If there hadn't been a pandemic, our nursing background would have been much better."

Participant 6 "Maybe it's better if there's more experience because our skills would improve more when we start working in real life, as in actual work. It's better if you're the one handling the patient because that's where you see everything, the assessment. You get to practice your skills."

Participant 7 "Not everything can be learned from school. You really get to see the true practice in a hospital setting. That's where you encounter various cases and learn how to administer medications. It's where you can apply what you learned during the pandemic because we had demonstrations. I adjusted well to the setting."

Theme 3: Psychological and Emotional Adaptation

Sub-theme 1: Cultural Adjustment

The study revealed that graduate nurses faced significant cultural adjustment challenges during the pandemic. As many transitioned from classroom-based learning to remote education, they encountered difficulties such as culture shock. This shift disrupted their sense of connection to the nursing profession and their peers, leading to feelings of disorientation and stress. Moreover, the sudden immersion into high-pressure healthcare environments heightened these challenges, as nurses were required to quickly adjust to new roles and responsibilities while navigating the cultural nuances of diverse clinical settings.

Participant 1 "Honestly, I still experienced culture shock. Because, of course, the only thing I brought with me before entering was what I learned in nursing school. What you learn from books, you see in actual practice, could either make things easier or harder."

Participant 2 "The clinical experience was hard at first, but now I've adjusted. My first hospital assignment was here, and it's a public hospital, so the workload is demanding and overwhelming. I wasn't familiar with it yet, and especially, I'm a pandemic baby. Hands-on clinical practice is totally different from online classes."

Participant 9 "What I realized from the shift from online to the actual setup is that it's really different, sir. In online learning, you can make mistakes, but in the actual setting with patients, it's life. You can't undo mistakes. A license is at stake. Medication errors that can't be undone. If you give the wrong medications or wrong patient education, it's irreversible."

Sub-theme 2: Developing Patient-Centered Relationships

The research showed that the pandemic disrupted the ability of graduate nurses to establish strong patient-centered relationships. Remote learning and limited clinical exposure hindered their ability to develop interpersonal skills necessary for connecting with patients and their families. Many nurses reported feeling unprepared to communicate effectively or provide empathetic care in real-world settings, as their education had lacked the face-to-face interactions and emotional engagement that are crucial for building trust and rapport with patients. This gap in training made it difficult for them to fully embrace the holistic aspects of nursing care when they began working in clinical environments.

Participant 2 "The challenging part was the actual patient interaction. The hard part was I was nervous about administering medications since it was my first time, and I had doubts. I needed to ask my colleagues before administering, and I wasn't sure if the health education I was giving them was accurate, because as a nurse, health education is important. But with the guidance of my colleagues, it really helped."

Participant 3 "In the hospital, you meet patients, and you don't know how they will react to you. Sometimes they can be angry or aggravated by other conditions, like being in a bad mood. Working in a hospital requires you to adjust to patients' needs."

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Participant 8 "On my Day 1, it was my first experience, I didn't know, I didn't know how to build rapport with my patient because in online learning, it was just a stuffed toy, and we were just doing return demonstrations. We controlled the emotion. When it became actual, patients had different attitudes, so we really had to adjust, how to manage and how to build rapport with the patient and with our folks."

Sub-theme 3: Peer Support

The study highlighted the crucial role of support systems in the psychological and emotional adaptation of graduate nurses during the pandemic. Participants shared that the emotional and practical support provided by their peers, whether through encouragement, understanding, or simply being a source of comfort, helped them cope with the stress and uncertainty of their new roles. This support network was especially vital during moments of self-doubt, burnout, and the overwhelming demands of their work. Many nurses emphasized that knowing they had the backing of loved ones gave them the strength to push through difficult situations and continue pursuing their careers.

Participant 2 "My family plays a huge part, because they push you forward. No matter what happens, they remind me that I'm still learning, and I'm still new. My friends who are also nurses. Some are abroad, and some are here. We share our experiences, and through those experiences, we can ask each other, "Have you tried this procedure?" or "Have you been through this situation?" It really helps to share."

Participant 2 "Doubts were unavoidable. "Is this for me?" But I think with the right people and the right environment, they help guide you."

Participant 5 "Friends and family, sir. They reminded me that at the start, things are really hard, but in the end, as time goes by, you grow in your profession. I also opened up to my family and friends about being nervous because of the many patients and procedures. They reminded me to "keep going" because you'll get through it, and there's growth as you face hardships."

DISCUSSION

The results highlight the complex journey new nurses face as they transition from the online classroom to real-world clinical practice, with a strong focus on building confidence, adapting to new environments, and enhancing their skills. Many nurses experienced challenges, particularly those who graduated during the pandemic, where remote learning and limited hands- on experience left gaps in their clinical readiness. Despite these struggles, they found that continuous learning, mentorship, and emotional support played vital roles in overcoming the hurdles of the transition and developing the competence necessary for patient care.

Theme 1: *Transition to Realities*

The results highlight the growth and increasing confidence of nurses as they transition from their initial doubts to more independent practice. While early challenges included anxiety around tasks like medication administration and patient care, participants reported gaining competence through continuous learning, hands-on practice, and guidance from experienced colleagues. Structured onboarding programs played a key role in easing the transition by providing foundational training on hospital systems and procedures, while self-directed learning and mentorship further enhanced their confidence and skills. Collaboration with senior nurses and building positive relationships with colleagues were crucial in helping new nurses adapt, making their journey from uncertainty to competence smoother. Despite challenges like heavy workloads and limited orientation, the combination of practical experience, support, and perseverance helped them feel more capable in their roles. Thus, the first theme identified had three sub-themes, listed as follows: Building Confidence and Competency in Practice; Clinical Preparation; and Experiencing Growth through Mentorship.

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Theme 2: ***Impact of Remote Education***

The results highlight the challenges faced by nurses who graduated during the pandemic and primarily experienced online learning and simulated return demonstrations. Many participants expressed that online learning, which relied heavily on imagination and improvised materials like teddy bears or household items, did not fully prepare them for the realities of patient care in a hospital setting. While return demonstrations helped build some basic knowledge, they lacked the hands-on experience needed to gain confidence in real-world procedures. The lack of physical patient interaction and real clinical exposure left many feeling anxious and unprepared when they started their hospital duties. Participants noted a significant gap between online simulations and actual nursing practice, where skills such as medication administration and patient assessments were more complex and required a deeper understanding. Despite these challenges, participants acknowledged that the actual hospital experience is essential for developing nursing competence, as it provides opportunities to apply theoretical knowledge to real patient care, helping them to adjust and build confidence over time. Thus, the second theme identified had three sub-themes, listed as follows: Challenges of Remote Learning and Simulation; Deficiencies in Skill and Clinical Readiness; and Experiential Gaps in Education.

Theme 3: ***Psychological and Emotional Adaptation***

The results reflect the significant challenges and emotional experiences faced by new nurses transitioning from online learning to real-life clinical practice. Many participants expressed the shock of moving from theoretical knowledge to the demanding reality of patient care, highlighting the difficulty of adjusting to the fast-paced hospital environment and the overwhelming workload. The shift in environment, from a controlled online setting to unpredictable patient care, also caused feelings of anxiety and self-doubt. They also described the difficulty in adjusting to patients' varying emotional states, as patients might be upset or agitated due to their conditions. Furthermore, building rapport with patients posed a significant challenge, particularly for those who had only practiced with simulations and did not have prior experience in handling real patient emotions and communication. However, emotional support from family, friends, and peers played a crucial role in helping participants manage these challenges. Conversations with loved ones, especially those with nursing experience, provided reassurance and guidance, helping them to navigate the stress and uncertainties of their new roles. Over time, with continuous support and exposure to the hospital setting, the nurses gained confidence, learning that perseverance and self-care were key to overcoming the initial struggles and growing in their profession. Thus, the third theme identified had three sub-themes, listed as follows: Cultural Adjustment; Developing Patient-Centered Relationships; and Peer Support.

Research Simulacrum

The formulation of the simulacrum entitled “Struggles in Transitioning to Realities” is supported by various findings and studies that highlight the challenges faced by pandemic graduate nurses during their transition into clinical practice. According to Rood et al. (2023), many nurses who graduated during the pandemic reported feeling unprepared for real-world clinical settings due to the shift to online learning and limited hands-on experience. This corroborates the first theme, "Transition to Realities," as it underscores the gap in practical skills and the struggle to build confidence in a clinical environment after an education predominantly based on remote learning.

Furthermore, research by Crismon et al. (2021) and Rood et al. (2022) points to the deficiencies in clinical readiness caused by the lack of traditional in-person clinical experiences, supporting the second theme, "Impact of Remote Education." These studies reveal that while online education provided theoretical knowledge, it could not effectively replicate the hands-on practice that is crucial for developing essential clinical competencies. The use of simulation training, though helpful, could not fully bridge the gap left by the absence of real-world clinical placements.

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Finally, the theme of "Psychological and Emotional Adaptation" is supported by findings from Aukerman et al. (2022) and García–Martín et al. (2021), which highlight the emotional and psychological toll experienced by pandemic graduate nurses. These studies report that many new nurses faced anxiety, stress, and self-doubt, stemming from their limited exposure to clinical environments and the pressure to adapt quickly to the demands of patient care. The metaphor of "pushing boulders" effectively captures the emotional weight of these experiences as they navigated a challenging transition from theory to practice.

In summary, these corroborative studies align with the themes presented in the simulacrum, reinforcing the struggles and challenges faced by pandemic graduate nurses in transitioning from remote education to real-world clinical practice.

Limitations

active involvement in clinical duties. Additionally, participants must be capable of engaging in a comprehensive interview, demonstrating clear and coherent communication, and be willing to participate. Informed consent must be obtained, ensuring that participants fully understand the scope and nature of their involvement in the study. Additionally, the withdrawal criteria are those informants who wish to withdraw and who felt uncomfortable during the interview

This study was confined to the self-reported narratives of pandemic graduate nurses, which are inherently subjective and may be susceptible to social desirability bias. Additionally, the study involved a limited sample size, restricting the generalizability of the findings to the broader population of nurses at the regional, national, or global level. However, despite these limitations, the participants' accounts provided valuable insights into their lived experiences as they transition into clinical practice. These narratives offered an approximation of the challenges and adaptations faced by pandemic graduate nurses in their professional roles. A maximum variation sampling technique was employed, with the assistance of a gatekeeper, to ensure a diverse range of perspectives is represented in the study.

CONCLUSION

In conclusion, the journey of pandemic graduate nurses highlights the significant challenges they faced in transitioning from academic preparation to real-world clinical practice. The shift from remote education, which relied heavily on theoretical learning and simulated exercises, to hands-on patient care in hospital settings revealed critical gaps in skill readiness and clinical confidence. Nurses struggled to bridge the disparity between what they learned in online classes and the realities of their profession, often feeling overwhelmed and underprepared in their initial experiences. However, these challenges also served as opportunities for growth and learning, as they navigated the complexities of patient care and hospital environments.

The themes explored in this study underscore the vital role of mentorship, peer support, and structured onboarding programs in aiding new nurses during this transition. Experienced colleagues, mentors, and supervisors provided indispensable guidance, helping novice nurses build confidence, refine their skills, and gain a deeper understanding of clinical practices. Additionally, supportive relationships with family and peers played a crucial role in helping them cope with the emotional toll of the profession, offering reassurance and encouragement during moments of doubt, stress, and anxiety.

Furthermore, the findings emphasize the need for more practical training opportunities in nursing education to prepare students better for the realities of patient care. By addressing the experiential gaps in education and fostering a more seamless integration of theoretical knowledge with hands-on practice, future nursing programs can enhance clinical readiness and reduce the sense of culture shock that many nurses experience when entering the workforce. Hospitals can also contribute by strengthening mentorship initiatives and providing targeted support to help new nurses navigate their roles more effectively.

Ultimately, the experiences of pandemic graduate nurses reflect a narrative of resilience and adaptability. Despite the unprecedented challenges of their educational and professional journeys, these

nurses demonstrated remarkable perseverance and a commitment to growth. Their stories provide valuable insights into improving nursing education and professional support systems, paving the way for a more prepared and confident nursing workforce in the future.

Recommendations

Firstly, nursing programs should prioritize integrating more hands-on clinical experiences alongside theoretical learning. Simulated environments should closely mimic real-life scenarios, utilizing advanced technology and practical tools to better prepare students for hospital setting.

Secondly, hospitals should develop structured onboarding and orientation programs that include step-by-step guidance for few nurses, covering essential clinical practices, hospital protocols, and patient interaction techniques. These programs should focus on bridging the gap between academic preparation and real-word application.

Thirdly, establish mentorship initiatives where experienced nurses are paired with new graduates to provide ongoing guidance, feedback, and emotional support. Encouraging a collaborative environment within healthcare teams can help new nurses adapt more effectively to their roles.

Healthcare institutions should offer accessible mental health resources, such as counseling and stress management workshops, tailored to the needs of new nurses. Creating safe spaces for open dialogue about emotional struggles can help nurses manage anxiety and build resilience.

Future remote or hybrid nursing programs should be designed with an emphasis on practical applicability. Incorporating virtual reality, augmented reality, and telehealth simulations can provide more interactive and realistic clinical training, helping students feel more prepared for real-world scenarios.

Lastly, future researchers should explore the long-term impact of remote education on clinical competencies and investigate the effectiveness of simulation training and mentorship programs in bridging the gap between theoretical learning and real-world clinical practice.

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