

NEWLY HIRED NURSES: LEARNING NEEDS, CHALLENGES, SATISFACTION, AND SUPPORT STRATEGIES IN THE CLINICAL SETTING

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ABSTRACT

With a growing shortage of nurses globally, there is a deep concern to address the transition to practice and effectively prepare newly hired nurses to become skilled to enable them to deliver essential health services without compromising the safety and effectiveness of patient care. This study utilizes a descriptive cross-sectional correlational design which elicited responses from 100 newly hired Filipino nurses (local & international) with the use of a validated self-constructed purpose designed survey.

Results revealed that there is a need to address the learning requirements of newly hired nurses. Challenges at various degrees were also identified during this stage and that learning and development support is necessary. It was found that there are significant relationships between the clinical learning needs and transition challenges; support strategies and transition challenges; and clinical learning needs and support strategies for newly recruited nursing personnel.

It is therefore evident that the healthcare system and organizations need to systematically meet the developmental requirements of newly trained nurses. Healthcare organizations need to utilize international standards that are effective, relevant, and supportive of clinical practice to address these essential needs during the transition to newly hired nurses.

KEYWORDS

learning needs; nursing transition; transition into the clinical setting; support strategies and interventions; newly hired nurses in the clinical setting

BACKGROUND

There is a global concern to address the transition of new graduate nurses to qualified nurses as this transition has been found stressful and intimidating. [1, 2, 3, 4] Poor expertise throughout this transition amount will delay newly qualified nurses from reaching their full potential and they will be forced to leave the profession altogether [5] or leave their first job in less than twelve months. [6]

As organizations tend to be pressured to refill their nursing vacancies, typically the primary or transformation method is curtailed to satisfy the immediate wants of the organization (including patient care needs) and to decrease monetary prices. [7, 8, 9, 10, 11]

In recent years, the Philippine healthcare delivery has experienced significant challenges, most notably with a looming shortage of nurses in hospitals that can affect the

delivery of essential health services. Various factors contribute to the diaspora of the nursing workforce in foreign countries making the Philippines one, if not the leading, source of nurses overseas. [12] There is an average of 19,000 Filipino nurses leaving the country each year, and 92,277 nurses left the country from 2012 to 2017. [13] Comparatively, for the last five years, data from the Professional Regulation Commission (PRC, 2024) showed an average of 15,450 (2015-2020) nurses are joining the profession with only a small portion joining healthcare facilities [14]. These facilities are suffering high attrition rates, and staffing issues become a significant concern.

With the current staffing challenges, there is an urgent need to efficiently prepare nurses for an effective transition to clinical practice and field them to the bedside without compromising the safety and effectiveness of patient care. As the backbone of the healthcare delivery system, it is in these critical periods when nurses entering the clinical setting, need to be supported as they journey in progression into practice.

While most new graduates are proficient with the necessary skills and core competencies, there is still a need for support and improvement that needs to be addressed. [15] It is the poor practices during the shift that prevents newly skilled nurses from direction to their total capacity. [5] Those who become frustrated can abandon the workplace or quit less than 12 months after their first task and consider leaving their nursing role. [6, 16] The result is an increase in the already extended personnel concentration and a reduction of equity in personnel preparation. To counteract these efforts, change was facilitated by policies that could directly influence confidentiality and anxiety reduction, stress on employee, turnover rates, and maintenance levels in the organizations.

The shift from education to clinical practice is a pivotal professional development phase of nurses. Positive experiences may be reported but various challenges may be identified that needs mechanisms during transition. [17] This transition is a challenging and stressful experience for nurses regardless of the employment setting. Transition programs are more successful when experiential learning is provided in the clinical setting. [18] It is necessary to be able to bridge the gap between educational preparation and actual clinical practice. It is, therefore, imperative to facilitate the transition and integration of new nurses into

the workforce utilizing structured organizational strategies. [19]

It is in the context of this background that this study aims to determine the learning needs, challenges, satisfaction, and support strategies encountered by newly hired nurses in the clinical setting to enable an efficient transition into the nursing practice.

DATA AND METHODS

A descriptive cross-sectional correlational design was adopted in this study which investigates the statistical descriptions and their relationships, associations, and correlations. [20] A purposive web-based survey was employed with 100 participants. Eligible respondents were registered nurses in the Philippines; working in health institutions that are either government or private; who joined the organizations from 2018 to 2019 regardless of prior experiences, to determine their learning needs, challenges, satisfaction, and needed support strategies.

A self-constructed survey questionnaire adapted and partially modified from Casey-Fink [21] and the Hennessy-Hicks Training Needs Analysis [22] with an averaged Cronbach alpha internal consistency of 0.9262 was validated by panel of experts with a computed S-CVI of +1 was utilized to elicit survey responses. The survey instrument consisted of five parts: (I) Demographic Profile (12 items), (II) Staff Clinical Needs (research/audit, communication/teamwork, clinical tasks, administration, and management/supervisory task) (30 items), (III) Staff Experience/Perception (25 items), (IV) Staff Satisfaction (10 items), (V) Transition Assessment (5 items). The tool was then distributed to key persons of organizations who were able to identify and invited nurses who recently joined their organizations.

Ethical considerations were made in accordance with ethical standards and the study was duly approved by the Dr. Gloria D. Lacson Foundation College, Inc (DGDLCI) Ethics Committee.

RESULTS

DEMOGRAPHIC PROFILE OF THE RESPONDENTS

A total of 100 newly hired nurses participated in the study selected by purposive web-based sampling. The majority of the respondents were within the age range of 20 to 35

years (88%) while 12% were within the age range of 36 to 50 years. The participants were mostly male (62%), and holders BSc degrees (86%) while only 14% have earned a Masters degree.

About 36% of the respondents had more than 6 years of clinical experience, while 30% had between 3 to 5 years of experience. Only 10% had 1 to 2 years of experience. Of all respondents, 88% are within the Philippines while those working overseas comprised the remaining 12%. The private sector seems to be the preferred employer for 65% of the respondents compared to the 35% who opted for employment in government institutions.

The study included staff nurses (81%), Head Nurses (17%), and Chief Nurses (2%). A number of nurses were specialized in medical/surgical nursing (27%), emergency (12%), adult/pediatric critical care (11%), OR/PACU (9%), OB/Post-Partum (8%), Renal Dialysis (8%), ambulatory clinic/OPD (6%), nursing administration and training (5%), as well as in other areas of clinical specialty relative to aged care, diagnostics, general, neonatal critical care, nursing service office, occupational, pediatrics, rehabilitation (2% each of the survey cohort). Of which, 80% had a work schedule of

rotating shifts while only 18% have straight mornings and only few (2%) are on a regular 8 to 5 schedules.

In terms of the orientation that they received; the majority of the respondents (83%) received only less than one month of orientation with only 17% who have received an orientation that would last from 5 to more than 11 weeks. But during this orientation, most nurses had more than 5 preceptors (58%), while a 34% had about 2 to 4 preceptors. Only a few nurses had 1 or no preceptors at all (8%).

ASSESSMENT OF NURSES ON THEIR CLINICAL LEARNING NEEDS

There were 30 questions in this survey which assessed the nurses' clinical learning needs. It yielded a Grand Weighted Arithmetic Mean of 5.354 which is equivalent to an overall descriptive rating of "Quite Well" performance (Table 1).

Grouping clinical learning needs from the survey into categories (Table 2) showed that nurses were able to perform "Slightly Well" in the Research and Audit Category (4.89) while "Quite Well" on Communication and Teamwork (5.83), Clinical Tasks (5.52), Administration (5.59), and Management & Supervisory Task (5.50).

TABLE 1. NURSES' CLINICAL LEARNING NEEDS

	7	6	5	4	3	2	1					Survey Question Descriptive Rating
	V	Q	S	N	S	Q	N	(n)	AWM	SD		
	W	W	W	N	N	N	W					
					W	W						
1. Establishing a relationship with patients.	26	40	24	8	0	0	2	100	5.76	1.1292		Quite Well
2. Doing paperwork and/or routine data inputting.	17	37	30	16	0	0	0	100	5.55	0.9574		Quite Well
3. Critically evaluating published research.	11	9	33	31	14	2	0	100	4.66	1.2162		Slightly Well
4. Appraising your own performance	11	31	42	12	4	0	0	100	5.33	0.9646		Quite Well
5. Getting on with your colleagues	24	48	22	6	0	0	0	100	5.9	0.8348		Quite Well
6. Interpreting your research findings.	10	12	41	22	8	0	7	100	4.66	1.444		Slightly Well
7. Applying research results to your own practice.	8	39	26	17	6	2	2	100	5.12	1.2735		Slightly Well

8. Communicating with patients face-to-face.	34	43	16	7	0	0	0	100	6.04	0.8867	Quite Well
9. Identifying viable research topics.	10	13	42	23	6	2	4	100	4.76	1.3342	Slightly Well
10. Treating patients.	31	50	13	6	0	0	0	100	6.06	0.8266	Quite Well
11. Introducing new ideas at work.	12	33	28	15	10	2	0	100	5.16	1.2368	Slightly Well
12. Accessing relevant literature for your clinical work.	12	26	28	28	4	0	2	100	5.06	1.2294	Slightly Well
13. Providing feedback to colleagues.	12	39	25	16	4	4	0	100	5.27	1.2215	Quite Well
14. Giving information to patients and/or carers.	26	49	19	4	2	0	0	100	5.93	0.8905	Quite Well
15. Statistically analyzing your own data.	4	28	34	22	8	2	2	100	4.84	1.2121	Slightly Well
16. Showing colleagues and/or students how to do things.	17	54	15	4	8	2	0	100	5.62	1.1788	Quite Well
17. Planning and organizing an individual patient's care.	19	39	32	8	2	0	0	100	5.65	0.9468	Quite Well
18. Evaluating patients' psychological and social needs.	15	42	30	13	0	0	0	100	5.59	0.9	Quite Well
19. Organizing your own time effectively.	20	46	22	8	4	0	0	100	5.70	1.0101	Quite Well
20. Using technical equipment, including computers.	33	41	16	10	0	0	0	100	5.97	0.9477	Quite Well
21. Writing reports of your research studies	2	16	39	23	14	2	4	100	4.47	1.2589	Slightly Well
22. Undertaking health promotion studies.	10	24	36	20	6	0	4	100	4.96	1.3175	Slightly Well
23. Making do with limited resources.	10	40	29	19	2	0	0	100	5.37	0.9708	Quite Well
24. Assessing patients' clinical needs.	26	39	25	10	0	0	0	100	5.81	0.9395	Quite Well
25. Collecting and collating relevant research information.	9	30	28	23	8	0	2	100	5.01	1.2431	Slightly Well
26. Designing a research study.	4	13	29	34	14	4	2	100	4.39	1.2301	Slightly Well
27. Working as a member of a team.	40	35	19	6	0	0	0	100	6.09	0.9112	Quite Well

28. Accessing research resources (e.g. time, money)	6	24	36	24	6	0	4	100	4.84	1.2611	Slightly Well
29. Undertaking administrative activities	22	26	20	22	8	2	0	100	5.26	1.3456	Quite Well
30. Personally coping with change in health services	27	41	18	12	2	0	0	100	5.79	1.0376	Quite Well
Grand Arithmetic Weighted Mean									5.35	Quite Well	

TABLE 2. CLINICAL LEARNING NEEDS CATEGORIES

Category	AWM	SD	Descriptive Rating
Research and Audit (Items #3, 6, 7, 9, 15, 21, 25, 26, 27)	4.89	1.2359	Slightly Well
Communication and Teamwork (Items # 1, 5, 8, 13, 14, 27)	5.83	0.9790	Quite Well
Clinical Task (Items # 10, 12, 17, 18, 22, 24)	5.52	1.0266	Quite Well
Administration (Items # 2, 20, 29)	5.59	1.0836	Quite Well
Management / Supervisory Task (Items # 4, 11, 16, 19, 23, 30)	5.50	1.0665	Quite Well
Grand Arithmetic Weighted Mean	5.35	Quite Well	

These results corroborate an affirmative clinical learning needs finding and a similar study which emphasized that nurses provide essential and complete patient-centered care relative to professionalism, attention to detail, critical thinking, compassion, time management, and communication [23, 24]

ASSESSMENT OF NURSES' JOB EXPERIENCE

The assessment of the nurses' job experience (Table 3) shows that the majority of the respondents have answered

"Agree" to "Strongly Agree" with a grand arithmetic weighted mean is 3.146 which has an equivalent descriptive rating of "Agree" that shows most of the nurses-respondents have positive job experience within their respective institution. However, questions 16, 17, and 24 respectively have been answered by the respondents as "Disagree" and question 5 is "Strongly Disagree".

TABLE 3. NURSES' JOB EXPERIENCE

	4 (SA)	3 (A)	2 (D)	1 (SD)	(n)	AWM	SD	Survey Question Descriptive Rating
1. I feel confident in communicating with physicians.	33	63	4	0	100	3.29	0.5374	Agree
2. I am comfortable knowing what to do for a dying patient.	37	55	6	2	100	3.27	0.6645	Agree
3. I feel comfortable delegating tasks to the Nursing Assistant.	35	49	14	2	100	3.17	0.7393	Agree

4. I feel at ease asking for help from other RNs on the unit.	55	43	2	0	100	3.53	0.5404	Strongly Agree
5. I am having difficulty prioritizing patient care needs.	0	9	50	41	100	1.68	0.6337	Strongly Disagree
6. I feel my preceptor provides encouragement and feedback about my work.	40	52	6	2	100	3.30	0.6742	Agree
7. I feel staff is available to me during new situations and procedures.	37	56	5	2	100	3.28	0.6526	Agree
8. I feel overwhelmed by my patient care responsibilities and workload.	14	36	48	2	100	2.62	0.7491	Agree
9. I feel supported by the nurses on my unit.	54	42	4	0	100	3.50	0.5774	Strongly Agree
10. I have opportunities to practice skills and procedures more than once.	54	44	0	2	100	3.50	0.6113	Strongly Agree
11. I feel comfortable communicating with patients and their families.	47	53	0	0	100	3.47	0.5016	Strongly Agree
12. I am able to complete my patient care assignment on time.	49	41	10	0	100	3.39	0.6651	Strongly Agree
13. I feel the expectations of me in this job are realistic.	45	45	10	0	100	3.35	0.6571	Strongly Agree
14. I feel prepared to complete my job responsibilities.	49	47	4	0	100	3.45	0.5752	Strongly Agree
15. I feel comfortable making suggestions for changes to the nursing plan of care.	35	49	16	0	100	3.19	0.6919	Agree
16. I am having difficulty organizing patient care needs.	5	16	47	32	100	1.94	0.8266	Disagree
17. I feel I may harm a patient due to my lack of knowledge and experience.	15	24	25	36	100	2.14	1.0649	Disagree
18. There are positive role models for me to observe in my unit.	55	39	6	0	100	3.49	0.6113	Strongly Agree
19. My preceptor is helping me to develop confidence in my practice.	53	39	6	2	100	3.43	0.7000	Strongly Agree
20. I am supported by my family/friends.	76	22	2	0	100	3.74	.4845	Strongly Agree
21. I am satisfied with my chosen nursing specialty.	55	37	8	0	100	3.47	0.6428	Strongly Agree
22. I feel my work is exciting and challenging.	63	33	2	2	100	3.57	0.6397	Strongly Agree
23. I feel my manager provides encouragement and feedback about my work.	44	43	9	4	100	3.27	0.7895	Agree
24. I am experiencing stress in my personal life.	12	41	28	19	100	2.46	0.9366	Disagree
Grand Arithmetic Weighted Mean						3.15	Agree	

For those who agree or strongly agree to item #24 indicates that stress for the newly hired nurses may be caused primarily by finances (48%), personal relationships (13%), Child-care (12%), job performance (12%), living situation (10%), and a handful (5%) with other various reasons. This has a resemblance to the that tackles various job experiences of nurses relative to numerous clinical practices. [25] Congruently, it was also confirmed that nurses have experienced some stress and difficulties in performing their jobs in the hospital however it is manageable following their research findings. [26]

ASSESSMENT OF NURSES' JOB SATISFACTION

There were four questions in the assessment of nurses' job satisfaction (Table 4) wherein the respondents have answered moderately satisfied on the criteria of job satisfaction namely, "Number of off duties per month",

"Opportunities for career advancement", "Amount of encouragement and feedback", and "Opportunity for choosing work shifts". The other questions were answered by the respondents as neither satisfied nor dissatisfied as portrayed on the table summary presented below. The grand arithmetic weighted mean is 3.323 which has a corresponding descriptive rating of "Neither Satisfied nor Dissatisfied" implies that most of the nurses-respondents of this study were neutral in terms of job satisfaction. Most of the nurses have a medium level of job satisfaction wherein there were criteria that they satisfied and equivalently there were areas wherein they were dissatisfied. [26] It also emphasized that satisfied employees play a crucial role in an organization's success, so health care organizations must be aware of the importance of employees' jobs. [27]

TABLE 4. NURSES' JOB SATISFACTION

	5 VS	4 MS	3 NSD	2 MD	1 VD	(n)	AWM	SD	Survey Question Descriptive Rating
1. Salary	2	29	36	19	14	100	2.86	1.0543	Neither Satisfied nor Dissatisfied
2. Vacation	8	26	29	21	16	100	2.89	1.1968	Neither Satisfied nor Dissatisfied
3. Benefits package	5	16	37	26	16	100	2.68	1.0813	Neither Satisfied nor Dissatisfied
4. Hours that you work	20	30	25	14	11	100	3.34	1.2571	Neither Satisfied nor Dissatisfied
5. Number of off duties per month	20	39	20	12	9	100	3.49	1.2018	Moderately Satisfied
6. Your amount of responsibility	6	45	25	22	2	100	3.31	0.9502	Neither Satisfied nor Dissatisfied
7. Opportunities for career advancement	19	37	32	6	6	100	3.57	1.0565	Moderately Satisfied
8. Amount of encouragement and feedback.	17	51	18	12	2	100	3.69	0.9608	Moderately Satisfied
9. Support from colleagues and supervisors	25	45	18	10	2	100	3.81	0.9918	Moderately Satisfied
10. Opportunity for choosing work shifts	22	31	37	4	6	100	3.59	1.0645	Moderately Satisfied
Grand Arithmetic Weighted Mean							3.32	Neither Satisfied nor Dissatisfied	

ASSESSMENT OF NURSES' TRANSITION

Nurses perceived role expectations (63%) were the most difficult challenge, while 19% shared that workload is difficult. Only a handful experienced lack of confidence

(10%) and orientation issues (8%). On the other hand, the presence of the nurse's integrated unit support and satisfaction shows a need for an improved orientation (50%),

increased support (24%), Improved work environment in the unit (17%), and socialization (9%).

There were 66% nurses that were satisfied with peer support within their institution. Patients' and their family's treatment of them account for 15% of their satisfaction while 12% are content with the on-going learning on their respective institutions. A mere 5% account their professional nursing role and positive work environment (2%) to be satisfactory. Most of the nurses are not satisfied with their work environment (47%), system (23%), interpersonal relationships (21%), and the orientation (9%) they received.

RELATIONSHIP BETWEEN CLINICAL LEARNING NEEDS, SUPPORT STRATEGIES, AND INTERVENTIONS, AND THE IDENTIFIED CHALLENGES DURING STAFF NURSES' TRANSITION

Statistical analysis shows that the clinical learning needs and the transition challenges of the new nurses on clinical practices, shows a very strong correlation (0.73) and significance (0.033) (Table 5). The support strategies and interventions of the healthcare institutions among new nurses are essential and could alleviate challenges experienced by nurses in terms of transition into clinical practices which depicts the strong correlation (0.60) between the two different variables and a p-value of 0.046 which is lower than the p-value threshold of 0.05. Clinical Learning Needs and Support Strategies were also of a strong correlation (0.62) and significance (0.002).

TABLE 5. RELATIONSHIP BETWEEN CLINICAL LEARNING NEEDS, SUPPORT STRATEGIES AND TRANSITION CHALLENGES

	Correlation	Significance	Descriptive Equivalent
Clinical Learning Needs and Transition Challenges	0.73	0.033	Very Strong Correlation/ Significant
Support Strategies and Transition Challenges	0.60	0.046	Strong Correlation/ Significant
Clinical Learning Needs and Support Strategies	0.62	0.002	Strong Correlation/ Significant

This portrays that the continuous and consistent clinical learning is essential on the transition challenges and have lessened the problems and conflicts encountered by nurses in their transition to clinical practices in the hospital setting. A nurse transition program is any professional training program designed to turn a new registered nurse from the college environment into the clinical practice setting and will serve as the intervention to assist new nurses assigned to perform clinical duties. Clinical learning among nurses is essential in managing the challenges to be encountered during the transition onto the nursing practice specifically in the clinical setting. [28] Similarly, the relevance of the clinical learning needs among new nurses on the support

and intervention strategies being implemented in their respective healthcare institutions to address the essential transition points and needs of the newly hired nurses. [23]

NURSES' PROFILE VARIABLES & TRANSITION CHALLENGES, CLINICAL LEARNING NEEDS, AND SUPPORT STRATEGIES AND INTERVENTIONS

The nurse's profile is mostly significant to their experienced transition challenges. There are also observed moderate correlation between educational attainment, clinical experience, employment location, and employment sector to transition challenges. The computed correlation coefficient of the said variables showed a p-value less than 0.05 which can be interpreted as significant (Table 6).

TABLE 6. RELATIONSHIP BETWEEN THE INDIVIDUAL PROFILE AND TRANSITION CHALLENGES

Nurses' Profile	Correlation	Significance	Descriptive Equivalent
Age	0.13	0.98	Weak Correlation/ Not Significant
Gender	0.008	1.385	No Correlation/ Not Significant
Educational Attainment	0.36	0.042	Moderate Correlation/ Significant
Clinical Experience	0.41	0.049	Moderate Correlation/ Significant
Employment Location	0.30	0.033	Moderate Correlation/ Significant
Employment Sector	0.45	0.028	Moderate Correlation/ Significant
Position Level	0.52	0.019	Strong Correlation/ Significant
Area of Specialty	0.63	0.038	Strong Correlation/ Significant
Work Schedule	0.55	0.024	Strong Correlation/ Significant
Duration of Unit Orientation	0.64	0.026	Strong Correlation/ Significant
Number of Preceptors	0.61	0.018	Strong Correlation/ Significant

It is the position level, area of specialty, work schedule, duration of unit orientation, and the number of preceptors that has a direct relationship on the identified challenges of the nurses' transition into clinical practice. The socio-demographic profile of nurses somehow positive correlation on the transition challenges being encountered by new nurses on their transition into clinical practice. [29] Transition is a challenging and stressful experience for nurses regardless of employment settings, thus, transition programs are more successful when experiential learning is provided in the clinical area.

NURSE'S PROFILE AND THE CLINICAL LEARNING NEEDS

The nurses' position level and duration of unit orientation shows very strong significant correlation revealing that this is essential on the transition of nurses on the clinical setting (Table 7). New nurses need various clinical learning experiences and opportunities to be able to adjust and position themselves appropriately on the clinical practice in the hospital.

TABLE 7. RELATIONSHIP BETWEEN THE INDIVIDUAL PROFILE AND CLINICAL LEARNING NEEDS

Nurses' Profile	Correlation	Significance	Descriptive Equivalent
Age	0.42	0.003	Moderate Correlation/ Significant
Gender	0.015	1.0541	No Correlation/ Not Significant
Educational Attainment	0.575	0.0041	Strong Correlation/Significant
Clinical Experience	0.6245	0.0025	Strong Correlation/Significant

Employment Location	0.1525	0.9851	Weak Correlation/Not Significant
Employment Sector	0.1945	1.0542	Weak Correlation/Not Significant
Position Level	0.7556	0.0045	Very Strong Correlation/Significant
Area of Specialty	0.0845	0.8255	No Correlation/Not Significant
Work Schedule	0.226	1.5645	Weak Correlation/Not Significant
Duration of Unit Orientation	0.715	0.0028	Very Strong Correlation/Significant
Number of Preceptors	0.355	0.0451	Moderate Correlation/Significant

Educational attainment and the clinical experience of nurses were found to have a strong correlation and is significant on the clinical learning needs which depict that new nurse. Consequently, the age of the respondents is moderately correlated and significant to the clinical learning needs.

Employment location and employment sector that have a weak correlation and shows no significance to the clinical learning needs while gender and area of specialty have no apparent correlation and significance on the clinical learning needs.

Few of the socio-demographical variants have a direct relationship on the clinical learning needs among nurses as they have differences in their ability and capability to adapt to the new clinical setting. [30] The transition from schooling to clinical activity is full of joy and excitement but rather of anxiety and frustration. Initial impressions of new workers are often made in a clinical environment where specifications

and guidelines, informal rules, official procedures, and processes are easily enforced.

NURSE'S PROFILE AND SUPPORT STRATEGIES

There were four profile categories: age, clinical experience, duration of unit orientation, and the number of preceptors which resulted to have a significantly strong correlation on the support strategies and interventions among nurses which tells us that new nurses at a younger age will be needing higher amount of support and intervention from the healthcare institution to be able to appropriately perform their clinical duties (Table 8). The same is true with the clinical experience wherein the new nurses have little to no experience and require support and intervention from their respective departments. The unit orientation is needed by the new nurses to be able to be well-informed on the essential processes of the clinical practice as well as the number of preceptors who will guide new nurses in their transition to the clinical setting.

TABLE 8. RELATIONSHIP BETWEEN INDIVIDUAL PROFILE AND SUPPORT STRATEGIES AND INTERVENTIONS

Nurses' Profile	Correlation	Significance	Descriptive Equivalent
Age	0.525	0.0026	Strong Correlation/Significant
Gender	0.148	1.245	Weak Correlation/Not Significant
Educational Attainment	0.346	0.042	Moderate Correlation/Significant
Clinical Experience	0.625	0.033	Strong Correlation/Significant
Employment Location	0.215	0.083	Weak Correlation/Not Significant

Employment Sector	0.105	0.095	Weak Correlation/Not Significant
Position Level	0.472	0.031	Moderate Correlation/Significant
Area of Specialty	0.128	0.572	Weak Correlation/Not Significant
Work Schedule	0.205	1.354	Weak Correlation/Not Significant
Duration of Unit Orientation	0.578	0.002	Strong Correlation/Significant
Number of Preceptors	0.605	0.004	Strong Correlation/Significant

These results resemble the findings of Franquiz and Seckman (2016) as they have reiterated that the support strategies and interventions being employed among new nurses in the hospital will greatly improve their performance and clinical ability to perform their duty efficiently.

CONCLUSIONS

Based on the findings of the study, there is a continuous need to address and improve the clinical learning needs of nurses. Nurses in the transition stage of their professional career encountered challenges with role expectations, lack of confidence, workload, and orientation issues with the nursing work environment, system, interpersonal relationships, and orientation as the least satisfying. Support should be given to these nurses to enhance job satisfaction, with considerations made on the work hours and day-offs, career development, superior encouragement and feedback, and collegial & supervisory support. There should also be an increase in peer support, patient and family's relationship management, on-going learning, professional nursing role development, and positive work environment. Orientation, social support, and work environment are essentials for their satisfaction during the transition period.

Further, it was found that there is a significant relationship between clinical learning needs and transition challenges; support strategies and transition challenges; and clinical learning needs and support strategies. Transition challenges are affected strongly by position level, area of specialty, work schedule, duration of unit orientation, and the number of preceptors. On the other hand, clinical learning needs are affected strongly by educational attainment, clinical experience, position level, and

duration of unit orientation. Support strategies and interventions are affected strongly by age, clinical experience, duration of unit orientation, and the number of preceptors.

Given these findings, it is therefore recommended that health organizations utilize a program that will improve the clinical learning needs of the nurses during the transition into clinical practice utilizing acceptable international standards of clinical practice. The transition program should be able to prepare them for their clinical duties and responsibilities and provide support strategies and relevant interventions essential for nurses to minimize difficulties and challenges being encountered.

Further, challenges and difficulties must be regularly addressed with provisions of alternative course of action to assist the nurses with their transition. Healthcare institutions should be able to provide new nurses with equal supportive opportunities to guide them in the management of challenges.

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