

# The Burgeoning Helianthus Annuus: Lived Experiences of Nursing Students on Their First Clinical Duty Amidst the New Normal

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**Abstract** Clinical learning is vital to nursing, allowing them to perform, observe, and witness different clinical procedures they may use in their future profession. The first clinical exposure of nursing students amidst the new normal, especially in the 2nd, third, and fourth years, is full of challenges trying to adapt to a new environment. This study aimed to discover the lived experiences of nursing students on their first clinical duty amidst the new normal. The study utilized a qualitative descriptive design, specifically Husserlian phenomenology. The nine participants were chosen through purposive sampling with the approval of the Ethics Review Board. The data was gathered in March 2023. In analyzing the data, the researchers utilized Colaizzi's Method of Interpretation. The themes from the study were the budding student nurses, student nurses' personal growth, flourishing student nurses' skills, and wilting and regrowth. The participants describe their experiences based on the stages of the sunflower (*Burgeoning Helianthus annuus*). As they shared their lives and experiences in the new typical, many difficulties, stress, financial problems, doubts, uncertainties, frustration, pressure, high expectations, and physical and mental effects were revealed. Until they use these obstacles as their motivation to have determination, dedication, passion, and confidence to continue what they have started. The study recommended a comprehensive lecture on patient safety education in both theoretical and training to teach best clinical practices and prevent any untoward adverse situations in the area.

**Keywords** Nursing Students, Clinical Duty, New Normal

## 1. Introduction

Nursing has been established for many years, and its foundation is firmly rooted in humanity worldwide. As schools have been closed to manage the Coronavirus Disease 2019 (COVID-19) Pandemic, students, parents, and teachers around the globe have felt the unexpected ripple impact of it. The length of it affects daily living, costs, and other financial concerns and can directly impact students' ability to continue their studies. After this, the movement amidst the new normal marked a new beginning in their academic journey. The outcome of transitioning from online to face-to-face clinical duty provides a rich learning opportunity to explore the thoughts and feelings of students. Presently, most of the research focuses on their perspective on blended learning. However, there are limited studies regarding it. Hence, this study aims to uncover the lived experiences of Union

Christian College nursing students on their first clinical duty amidst the new normal.

Becoming a nurse requires courage, and it is unique from the varieties of the professions because it is not only focused on the acquisition of higher-order thinking and technical abilities but, most importantly, the development of human skills such as caring, compassion, and empathy which are commonly acquired during clinical practice (Natividad et al., 2020).

Nursing students should apply their knowledge and skills in clinical environments to obtain the needed qualifications for taking care of patients, and success depends, to a great extent, on efficient clinical training. Clinical training is the heart and essence of learning and education in nursing. Furthermore, the clinical learning *THE BURGEONING HELIANTHUS ANNUUS* 4 environment is essential in turning nursing students into professionals and preparing them to function as nurses (Kalyani et al., 2019). Although clinical exposure is of great importance for student nurses, it may raise anxiety in their first exposure in the field, for they may question their ability, and student expectations are not always fulfilled because they are still adjusting to the clinical

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Received: May 27, 2023; Accepted: Jun. 20, 2023; Published: Jul. 24, 2023

Published online at <http://journal.sapub.org/nursing>

learning environment (Natividad et al., 2020).

Clinical duty is defined as nursing students interacting with patients under the supervision of clinical professors or preceptors in local healthcare institutions (Marian University Nursing (MUN), 2020). Nursing students apply everything they have learned in their nursing theory classes, nursing skills and simulation laboratories, and interaction to care for patients in a real-world healthcare setting into practice. Clinical learning in a primary nursing degree aims to apply skills and knowledge learned in the classroom to clinical practice. Additionally, clinical learning is crucial for nursing students since it allows them to acquire clinical competence. Understanding the factors that impact clinical learning could improve the effectiveness of clinical teaching and learning.

You can use what you've learned in the classroom by doing clinical duties. Clinical duties are known for being challenging, but clinical experiences or duties offer students invaluable instruction that can only be experienced through hands-on work in the field. The practice of nursing techniques by students during clinical activities is monitored and done so under the guidance of a licensed nurse, clinical teacher, or nursing educator. Students interact with patients to obtain practical experience in the field and are taught general bedside and specialty care skills (Melissa, 2020). Clinical duty is essential for medical students to learn from more experienced practitioners and to develop clinical independence and confidence (Caffagni et al, 2021). It is essential that medical students understand the complexity and breadth of the individual and their relationships within the health-disease process, considering the continuous and overwhelming changes that occur in this daily life. Related studies revealed the student's experiences on their clinical duty. Their first clinical exposure can be a crucial and significant period on their educational journey. That is why it is relevant to understand the students' viewpoints and feelings during their clinical practice, as they may experience anxiousness, fear, and self-doubt. These are commonly observed in nursing students' real-life experiences during their first clinical exposure. This can be seen during interaction with the patient, collaboration with other healthcare providers, and when performing interventions as part of their nursing care (Natividad et al., 2020). They have a different experience from the nursing students today. Considering the pandemic that had to happen wherein nursing students started their first clinical duties in their 3rd and 4th year of studying the course. Clinical practice should start as early as 2nd year, but junior and senior students are delayed due to the pandemic. Clinical practice is a necessary part of learning the course. It is where students hasten their different skills, such as communication skills, critical thinking, professionalism, teamwork, attitude, and the like.

The most crucial experiences for student nurses, according to Tiwaken et al. (2018), are their exposure to patients in the clinical setting. This is where students experience the human side of nursing. Porteous and Machin (2018) stated that tutors and mentors who were empathetic, caring, and

respectful positively role-modeling nursing values and behavior facilitated student support, engagement, and empowerment. With a positive, supportive experience, the students developed resilience, beginning to feel more confident and competent.

According to Parvan et al. (2018), "Clinical training is an essential part of nursing training at the bachelor's level. It is important in forming and promoting students' values, norms, and professional attitudes. Although nursing students spend a considerable part of their training process in the clinical setting, this alone is not a guarantee for the quality of training. This is because numerous factors affect learning outcomes, including the student and his personality, clinical instructor and his skills, ward staff and their cooperation, personal relationships, attitudes, physical structure, and other factors in the learning environment."

Clinical placements are vital to your nursing education regardless of where you go to school because they open you to situations and experiences within various real world settings. Hence, clinical experience is an essential element of your nursing education, and you will only be able to become a nurse after first participating in clinical duties as a student. Nursing education depends heavily on clinical experience (Concordia University, 2021). Clinical rotations are needed in every recognized nursing program due to the practical patient care experience they give you as a student. We will look at some advantages that clinical experience offers nursing students, such as developing new skills and preparing them for real-world nursing job conditions.

Internationally, when COVID-19 restrictions were eased last year in the UK, data from multiple sources showed a sharp drop from 66% to around 17%. A clear, consistent message is now essential – and the optics and the messenger are important. Many countries are entering a new phase of living with COVID and moving away from central government advice from public health bodies backed by scientific evidence (Melinda Mills, 2022). Medical education schools must adapt to this "new normal" because it is not enough to create new universities, transform the traditional methodology by PBL (Practice-Based Learning), increase hours, change the curriculum, or introduce innovative technologies if students do not enter in the practice fields and reflection where aspects of technical, scientific training are extrapolated (Caffagni et al., 2021).

The language of a 'new normal' is being deployed almost to quell anyuncertainty ushered in by the coronavirus (World Economic Forum, 2020). As we emerge from the pandemic and try to move forward to a degree of "new" normality, it is clear that many of the changes in education delivery are here to stay. The silver lining from COVID-19 has been the transformation to "digital" as a usable and functional educational platform, which, importantly, we have become accustomed to and adept at using. There is still a place for face-to-face live events as real-time engagement and networking with colleagues is, at present, difficult to replicate virtually. However, this area of focused effort may change the landscape (Haldar, 2022).

In the country's context, the Philippines is transitioning to a "new normal" in March, with masks essentially the only measure to prevent the coronavirus from spreading. MANILA, Philippines — Higher education institutions (HEIs) in areas under Alert Level 3 may start limited in-person classes in all degree programs by Jan. 31, according to an advisory released by the Commission on Higher Education (CHED) (Bautista, 2022). The Commission on Higher Education (CHED) announced that it would not mandate that all institutions switch to in-person instruction, allowing colleges and universities to select the best type of instruction for their needs. Some degree programs, particularly those based on skills, require a lot of face-to-face interaction, while other programs can be taught via flexible learning. While Covid-19 infections persist, the nation has moved towards a new norm where people live with the coronavirus as best they can. As a result, we are leaving it to the universities to choose the proper balance.

The shift to online classes, self-learning modules, and educational television and radio programs has proven high. After the country eliminated most COVID-19 limits to attempt and reverse learning losses, millions of Filipino kids returned to the classroom for the first time in more than two years. It is difficult for the nation of more than 110 million people, where less than 5% of households have access to the internet, and many people require mobile devices. Officials have underscored how crucial in-person learning is for the economy to achieve long-term growth (Person, 2022). The interruption of education for nursing students has been unexpected from students. In addition, the clinical practice of nursing students in hospitals has also been discontinued. Because much of nursing education consists of clinical practice, students may have been concerned about inadequate clinical skill development. In addition, the application skills need to be improved, and the uncertainty of when, where, and how to do the compensatory training to eliminate inadequacy could stress nursing students (Aslan & Pekince, 2021).

Should we resume education for almost 30 million Filipino students? Many have even questioned if we should resume classes at all. However, prolonged school closures have been shown to have devastating consequences. Some of the most momentous shifts in history have occurred within the last few months. As the year's third quarter approaches, one problem looms more significant than others. Education is the only way out of poverty, commonly stated as a fundamental human right. It is an investment and a priority for Filipino families that justifies sacrificing.

However, education's purpose goes beyond ensuring that our kids graduate and get jobs. Education fosters critical thinking and encourages large-scale and small-scale solutions, particularly during times of crisis. It also provides them the stability they need to cope with loss, fear, and stress. Furthermore, most of all, it reminds them that life has not stopped and that the future is still ahead.

Region I re-opened classes for tertiary schools with limited face-to-face and a combination of online learning for

this school year 2022-2023 while observing the IATF protocols. Under the "new normal" status, all ages are allowed to move around, subject to the guidelines released by the local government units (Mugas, 2022). Even though Region I is in the new normal and students continue their education, and some programs have returned to clinical settings, nursing students continue to experience clinical exposure with limitations due to regulations related to COVID-19 testing, self-isolation, and fitness to do clinical duty screening protocols (Bryan, 2022). Students must be fully vaccinated and have active PhilHealth contributions, health insurance, and informed consent before hospital exposure (Francisco, 2021).

Locally, in the City of San Fernando La Union, facing the new normal allows all nursing students to showcase their skills and knowledge in the hospital setting after two years of being jailed in our home because of the pandemic. The purposes of the clinical practice are for the students to learn how to perform physical and psychosocial assessments, interact with clients, families, and staff, administer medications and perform other related tasks, develop critical thinking skills, and develop plans for nursing care. In the clinical setting, learning depends on the patient's condition and the student's ability to practice what has been taught.

In Union Christian College, re-open the school year 2022-2023 with a combination of blended learning while observing the IATF protocol. The 2nd year students to 4th year students of Union Christian College have already been exposed to clinical duty, and they already had their first hospital exposure because of the new normal that we are facing after two years of having no exposure due to the Covid-19 pandemic.

Academic nursing institutions must respond quickly to COVID-19's potential to alter how future nurses are educated and trained (Oducado & Soriano, 2021). Evaluation of student's academic achievement and experiences on the new learning platform is necessary. The student's academic performance is a crucial indicator of quality education (Oducado et al., 2020). Examining the impact of online learning on students' academic performance is critical to evaluating curricular changes (Amir et al., 2020). In order to identify the strengths, rate the quality of the education, and target areas that need development, it is also essential to understand how satisfied the students are with the online learning environment.

Likewise, this study better explains nursing students' experiences on their first clinical duty amidst the new normal. Understanding the concept would improve understanding and working proactively in a clinical setting. Moreover, this study will contribute to NUHRA 2017-2022 primarily on responsive health systems and holistic approaches to health and wellness. Furthermore, to produce evidence geared toward applying and recognizing Filipino traditional, sociocultural, and alternative approaches to health in addressing health systems gaps (Philippine National Research System, 2019).

It revealed that the previous data about the life experiences

of nursing students during the pandemic aided them in transitioning into the new normal. Moreover, the study's findings will produce evidence for efficient, quality, safe, and affordable healthcare (PNHRS, 2019). Despite the previously conducted studies, this research highlights the importance of the role of the students in remodeling the nursing profession. This research will be an eye opener to the nursing academe, and this phenomenon will further guide educators on how they will manage the needs of the students. Hence, this study will uncover nursing students' experiences and ways of moving through the new normal. Moreover, it will be beneficial to identify the student's challenges and recognize their strength and weaknesses upon doing their clinical duties in clinical settings.

### Researcher's Background

The researchers believed that nursing students were worried about their clinical duty. After two years of blended learning, this was their first clinical duty. Nursing students of Union Christian College were significantly affected by the pandemic because they started their courses in blended learning. After two years of having an online class, they were now having their face-to-face class and attending their first clinical duty amidst the new normal. They were also worried about their health and the health of their loved ones as they would be exposed to different areas in the hospital and patients.

The researchers considered the participants by studying their experiences since, based on the observation, some nursing students needed to prepare for their clinical duty. The researchers wanted to know the lived experiences of Union Christian College nursing students on their first clinical duty.

Based on observation and environmental scanning, as a nursing student attending clinical duty, researchers were concerned about their capability to attend clinical duty after two years of attending blended learning. Some nursing students were seen as unprepared to attend clinical duty, and some needed to be more confident in making mistakes on their clinical duty. The study's authors believe that it will motivate nursing students who still need to enroll in clinical rotations to prepare for them when they are. On the other hand, researchers believe that nursing students who experience clinical duties will overcome their circumstances and achieve their goals of becoming better nurses someday.

### Theoretical Lens

This study will be guided by Patricia Benner's model "From Novice-Expert"; it will be utilized as the theoretical underpinning to this study. It is an explanatory, highmiddle-range theory. McEwen and Wills (2019) explain that middle-range theories guide the development of nursing practice. The expanded skills and talents developed by the expert nurse and the significance of keeping such nurses on staff are recognized by Benner's theory, which directs nursing practice. She also urges businesses to offer ongoing training to help nurses advance from entry-level to expert status. The theory applies The Dreyfus Model of skill

acquisition to nursing and outlines it in five stages: novice, advanced beginner, competent, proficient, and expert (McEwen & Wills, 2019). Likewise, it depicts its significance in utilizing its seven domains within the nursing practice, education, and leadership. This was imperative in the study, for it showed a clear vision of the competencies among student nurses to climb up the ladder as expert nurses. According to Leistner and Carlin (2019), a novice or beginner is a person who has yet to gain practical experience and who has been taught to recognize situations based on rules and theory. An advanced novice is experienced enough to understand the principles that guide them. A competent nurse starts to see his actions as part of the goal and is governed by abstract thinking. An experienced nurse looks at everything as a whole, not as aspects, and can distinguish between critical and unimportant. The expert nurse does not rely on analytical aspects of the work and instead operates with a deep holistic understanding of the situation, using only analytical methods in the case of anomalies (Ozdemir, 2019).

Nursing students just started having their clinical duties after the pandemic. It is their first time to be in clinical settings. Despite the knowledge they gained during the blended learning, clinical exposure differs from what they learned during those times of blended learning. Like Benner's Novice to Expert Theory, the students have gained knowledge and skills throughout their blending. However, they become novices when exposed to clinical settings because they have yet to adapt to the new environment. As they continuously do their clinical duties, they will gain a lot of experiences and skills which they may use in their future endeavors. The model strengthened the study by highlighting a deeper understanding and analysis of the lived experiences of nursing students in their clinical roles in the new normal. Applying this theory revealed how theoretical learning activity may enhance nursing students' clinical performance and skill acquisition level. Furthermore, it will help nursing students' ability to apply this practical application of knowledge into practice.

### Objective of the Study

This study aimed to explore the nursing students' lived experiences on their first clinical duty in the clinical area amidst the new normal at Union Christian College. Furthermore, it was guided by the question, "What is your lived experience as a nursing student on your first clinical duty amidst the new normal?"

## 2. Method

This section presents the research design, study participants, data gathering tool and procedure, and data management utilized in the study.

### Research Design

This study used a qualitative descriptive design to fully understand nursing students' experiences at Union Christian College in their clinical duties amidst the new normal.

Descriptive research aims to accurately and systematically describe a population, situation, or phenomenon. The "what" of the study topic is given greater attention in this design than the "why" of the topic. 2019 (McCombs). Qualitative research, on the other hand, gathers and interprets numerical data. It can detect trends and averages, form hypotheses, investigate causality, and extrapolate results to larger populations (Bhandari, 2022). Specifically, Husserlian Phenomenology is utilized. The philosophical underpinnings of it are that of the lived human experience. As such, he sought to reinstate the human world as a foundation of science that brought justice to the everyday lived to experience going to the things themselves (Christensen et al., 2017).

### **Participants of the Study**

The nine participants were nursing students of Union Christian College who had undergone their first clinical duty. A purposive sampling technique was used in choosing the participants. It is a non-probability approach for gathering a sample where researchers utilize their knowledge to select particular individuals to support the study's objectives, according to Louisville et al. (2021). The inclusion criteria for participation in the study were as follows: (1) a 2nd to 4th year nursing student at Union Christian College; (2) both gender; (3) 18 years and above; (4) someone who was willing and able to articulate his or her experiences; and (5) students who were currently having their clinical duties amidst the new normal. The exclusion criteria are those who must meet the inclusion criteria and are willing to be interviewed. Participants received a cover letter with all the details to decide whether to participate in the study.

The researchers collected data from the subjects until a saturation point was reached, meaning there was no more information on themes that emerged from the data. From March 2023, interviews were conducted based on the availability of both the researcher and the participant. Moreover, before data collection, the WHO informed consent protected the participant's rights throughout the study.

### **Data Gathering Tools and Procedure**

The main tools in gathering data were the researchers. The researchers used an unstructured interview to gather data about the lived experiences of UCC nursing students on their first clinical exposure amidst the pandemic. Before conducting the interview, the researchers secured a letter of approval from their research adviser to the Dean of the College of the School of Health and Sciences to seek permission to conduct a study. The researchers seek the consent of the UCC Ethics Review Board before conducting it. After this, the World Health Organization (WHO) informed consent would be used. Before data collection techniques, their permission, comments, and suggestions were taken out, and the respondents' messages were self-addressed for their settlement to perform the research.

The researchers build rapport with the participants by treating them with respect, politeness, and proper gestures and facial expressions. The participants were assured of their privacy, confidentiality, and anonymity. They were

encouraged to express their experiences in their words. Good and active listening skills, patience, a non-judgmental attitude, openness, and adaptability were observed throughout the study. The interview was conducted in the school based on the convenience or scheduled appointments of the participants. The researchers used a voice recorder application on their cellphones with consent.

There was a precautionary measure that was observed within the conduct of the interview for both safety of the researcher and the participant, which incorporates no physical contact such as handshaking, proper wearing of face mask, make physical distancing of at least 6 feet away from one another, bringing of alcohols or hand sanitizer for disinfecting both hands the surface being touched.

Researchers conducted interviews and observed and gained a deeper understanding of individual participants, including their opinions, perspectives, and attitudes. Evaluation and interview should last up to 30 minutes to 1 hour. The researcher first examined the qualitative data thoroughly to find the relevant themes and ideas and then transcribed the data for further comparison; when no new information is discovered in data analysis, and redundancy happens, the gathering of information signals researchers to stop as soon as the point of saturation is reached.

### **Ethical Consideration**

The protection of human subjects through the application of appropriate ethical principles was necessary for all research studies. Due to the extensive length of the research process, ethical questions have a special resonance in qualitative studies. The consideration of ethical issues was crucial throughout all stages of a qualitative study to balance the potential risks of research and the potential benefits of the research (Arifin, 2018). Furthermore, it is the responsibility of the qualitative researcher to ensure patients have the power of freedom of choice to involve in the study, protect the participant's identity throughout the recruitment and dissemination process, and promote transparent and honest research reporting without deception to readers.

**Conflict of Interest.** The study is guided by ethical norms, and researchers ensured no conflict of interest during the research study. The study was conducted solely for the goal of knowledge and support by any agency. The researchers were responsible for all expenses spent throughout the study.

**Privacy and Confidentiality.** The confidentiality of the participants was preserved by not revealing their names and identity in the data collection. Privacy and confidentiality of the interview environment are managed carefully during the interview session (Arifin, 2018).

**Informed Consent Process.** Participants need to be adequately informed about the research, comprehend the information, and have the power of freedom of choice to decide whether to participate or decline. Participants' agreement to participate in this study is obtained only after a thorough explanation of the research process. Participants were required to provide written informed consent. The potential participants were approached individually and

explained the purpose of the study and the data collection process. They were given an appropriate time to ask questions and address any concerns. It was explained that their participation is voluntary; refusing to participate or withdraw from the study while it was in progress would not affect their career (Arifin, 2018).

A participant's informed sheet is provided to explain the study further. The potential participants were given appropriate time to read the information sheet and decide whether they wanted to be involved in the study. They were required to sign the informed consent form before the interview to indicate their permission to be part of the study, and the signature was confirmed before the interview session. An explanation will be given to the potential participants that they can withdraw from the study at any time, even after the informed consent has been signed (Arifin, 2018).

**Vulnerability.** Nursing students who could not participate in the study were considered vulnerable because they may be incapable of protecting their interests or because some feature of the circumstances in which they live makes it less likely that others will be vigilant about or sensitive to their interests.

**Recruitment.** Nursing students of Union Christian College, both genders and having their clinical duty. Researchers ensured that the participants were treated properly. Participants who refused to participate in the interview were excluded. Researchers provided the information they required and asked the participants to sign consent. Both researchers and participants decide where and when the interview will be conducted. The interview schedule was based on the participant's availability to avoid interfering with their other responsibilities.

**Risks.** The risk of participating in the study was minimal. Participants might be scared to share some of the details that are needed. Researchers reduced those risks by ensuring that.

Their participation in the study was voluntary, anonymous, and confidential.

**Benefits.** The final research copy may be offered a possible advantage of participating in the study. Because they participate in the study that may explain the ideas and experiences of the nursing student on their clinical duty is another future benefit. All data was retained in a secure file.

**Compensation.** No incentives were offered to the participants in exchange for their participation in the study. Researchers reimbursed all expenses to show appreciation for their time spent.

**Community Consideration.** For the participants, the study is critical. Using this research, they could articulate themselves and make society realize what they were going through. This study served as a wake-up call for other nursing students to the unseen experiences of the participants.

**Specimen Handling.** There was no specimen used in this study.

## Data Management

Data collection and analysis were done simultaneously.

Every interview's date was recorded to distinguish between the first and subsequent interactions. By interviewing and observing all nursing students who currently have clinical duties, the verification and interpretation of the information acquired and identified was carried out. The researchers organized these into concepts to accurately analyze the data, and the participants consented to do the same. In particular, the researcher described the lived experiences of nursing students on their clinical duties amidst the new normal. The researchers utilized Colaizzi's (1978) data analysis and interpretation method for this study. The application of Colaizzi's data analysis method was to uncover new information and give insight into nursing students' perspectives on their clinical duties amidst the new normal. Phenomenological qualitative research aims to deal with experiences and meanings and "to capture as closely as possible how the phenomenon is experienced within the context in which the experience takes place."

## Transcript and Digest Level of Analysis

In data analysis, the researchers utilize Colaizzi's Method of Interpretation. Colaizzi's method of data analysis was to identify meaningful information and organize it into themes enabling new knowledge to be revealed and providing insights into the lived experiences of UCC nursing students on their clinical duty amidst the new normal. Colaizzi's descriptive phenomenology method mainly aimed to generate a detailed description of the phenomena. (Gumarang, 2021). The following steps represent Colaizzi's process for phenomenological data analysis.

First, the researchers needed to read the participant's statements numerous times until the researchers became familiar with the data. Second, the researchers identified all the statements in the data that are directly relevant to the phenomenon under inquiry. Third, the researcher comprehensively examined the significant statement that leads to discovering meaning relevant to the phenomena. To stay close to the phenomenon as experience, the researcher instinctively "brackets" his or her preconceptions though Colaizzi recognizes that perfect bracketing was never feasible. Fourth, the researcher groups the discovered meanings into themes in the data. Fifth, develop a detailed description where the researcher composes comprehensive data of the phenomena that incorporate all of the themes generated in step 4. Sixth, produced the fundamental structure where the researcher condenses the lengthy explanation into a brief, dense statement that retained only the components believed to be critical to the phenomenon's structure. Lastly, seek verification of the fundamental structure where the researcher asked UCC nursing students if the fundamental structural statement accurately describes their experiences.

They have the option of going back and making any changes. In light of this feedback, we revisited earlier steps in the analysis. The final step in Colaizzi's method was returning the results to the nursing students at Union Christian College.

Thus, the UCC nursing students expressed their satisfaction with the outcomes reflected in their clinical duty experiences amidst the new normal.

### Establishing Trustworthiness of Data

Establishing rigor in qualitative research is different from establishing rigor in quantitative research, and it provides the qualitative researcher with distinct and distinctive terminology. The intent of demonstrating accuracy was to support the naturalistic investigation. Qualitative research has always been concerned with accuracy and rigor. Additionally, rigor has been used to describe qualities associated with the qualitative research method. Per Morse et al. 4 (2002), without rigor, research is worthless, becomes fiction, and loses its use. (Cypress, Brigitte 2017).

Lincoln and Guba (1985) refined the concept of trustworthiness by introducing the criteria of credibility, transferability, dependability, and confirmability to parallel the conventional quantitative assessment criteria of validity and reliability as cited by (Nowell et al., L. S. (2017).

Credibility is the extent to which additional researchers could corroborate the study's conclusions. Confirmability is concerned with proving that the data and interpretations of the findings are clearly drawn from the data and not just the inquirer's imagination. (Moser et al., 2018). The researchers performed a full study inquiry, providing credible results based on participant responses. The researchers chose reliable sources that supplied information that they could trust. The audit trail was also crucial since it acted as a guide from the study's start to the findings' creation. The study's investigator was the external auditor, who analyzed the data, analysis, and interpretations if it correctly represented the data.

Transferability describes how well qualitative research findings may be applied to different contexts or settings with different respondents. Through the extensive description, the researcher aids a potential user's assessment of transferability. (Moser et al., 2018). The researchers conducted a research study on nursing students at Union Christian College. The researchers provided a dense description of the research methodology, the participants' background, and the research context to enable someone interested in making a transfer to realize a conclusion about whether or not the transfer was often possible.

Dependability entails participants evaluating the study's conclusions, interpretations, and suggestions so that each is supported by the data they provide (Moser et al., 2018). All interview materials, transcriptions, documents, findings, interpretations, and suggestions were kept, and other materials relevant to the study were made available and accessible to conduct an audit trail. An audit trail clearly describes the steps taken from the start of research to the development and coverage of findings (Adanza & Martinez, 2018).

Confirmability is the extent to which additional researchers could corroborate the study's conclusions. Confirmability is concerned with proving that the data and interpretations of the findings are clearly drawn from the

data and not just the inquirer's imagination. (Moser et al., 2018). This requirement has to be met for the findings to reflect the viewpoint of the participants and the context of the investigation without reflecting the researcher's prejudices. The researchers ensure that the study's findings are based on the participants' experiences and thoughts rather than the researcher's traits and preferences. To increase the veracity of the data, a great effort was made to avoid personal opinions and experiences.

## 3. Results and Discussion

This qualitative study aimed to explore the lived experiences of nursing students on their first clinical duty after the pandemic. This chapter discussed the data gathered using unstructured interviews, data collection, and data analysis using the Husserlian phenomenological approach. The findings of the study revealed four (4) primary themes: Budding Student Nurses, Student Nurses' Personal Growth, Flourishing Student Nurse's Clinical Skills, Wilt and Regrowth, which sums up into a phenomenon, "The Burgeoning Helianthus Annus" (Growing Sunflower).

### The Burgeoning Helianthus Annus

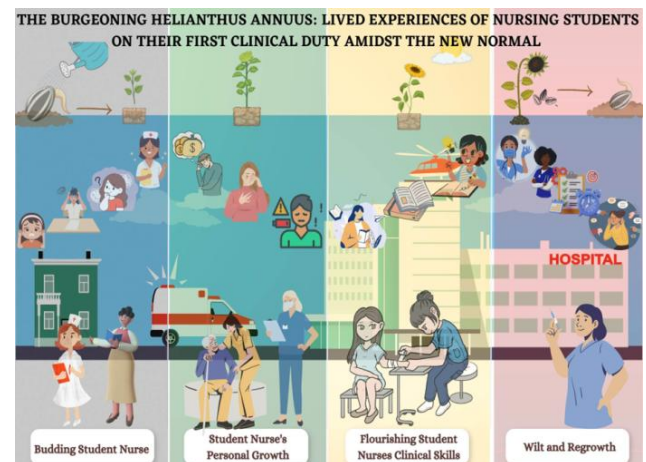


Figure 1. Eidetic Symbol

The life of the nursing students during their clinical duty as compared to the burgeoning of *Helianthus Annus* (Growing Sunflower). Their experience of transition from classroom-based lecture to clinical exposure made significant adjustments, for they encountered doubts, uncertainties, ambivalence, and anxiety at the start of their duty. These budding student nurses must adjust in the clinical field to maintain personal growth as they meet life challenges. Undergoing the trials enabled them to grow and bloom, adjust to the clinical setting, and flourish to develop their knowledge and skills. However, they also experienced downfalls due to high expectations, pressure, and frustrations. Instead of giving up, they respond to it by having effective time management, dedication, determination, and passion for performing in the clinical setting, which makes them resilient and able to regrow and

start over again, better and stronger than before. Comparable to Sunflower, it wilts; however, it will have regrowth. Student nurses continued to grow and improve to attain their best version of themselves.

#### Budding Student Nurses

**Table 1.** Budding Student Nurses

Emergent Theme	Core Categories
Budding Student Nurses	Ambivalence
	Shocked and Anxiety
	Doubts and Uncertainties
	Happiness

Theme I forwards students' experiences on their first clinical duty amidst the new normal. They were assigned to clinical settings. As budding student nurses, they experienced ambivalence, shock and anxiety, doubts and uncertainties at the beginning of their duty. Parallel to a sunflower seed that is planted in complete darkness. Student nurses are sent to duty and assigned to unfamiliar patients, exposed to new environments, and surrounded by various medical practitioners. Compared to the seed, they will not grow and improve themselves if they give up when exposed to this new setting and experience helplessness and despair. As they endure all obstacles, they will begin to enhance their clinical skills and continue maturing. Like buds, they will bloom and unfurl themselves; they may be small, yet as it develops, it increases their breadth and beauty.

As Maximilian verbalized, "*Hindi ko maipaliwanag kung ganoon nga ba ang nararamdaman ko. Aminado po akong kinakabahan and ninenerbiyos but at the same time confident ako kasi siguro dahil sa excitement and passion na itry mag duty sa hospital* (L269-270, P7)." ("I can't explain how I feel. I admit that I'm nervous and just nervous but at the same time I'm confident because maybe it's because of the excitement and passion of trying to do duty at the hospital.")

Students experienced the feeling of ambivalence; they had mixed feelings or contradictory thoughts and attitudes upon the start of the duty. Others experienced nervousness, excitement, and at the same time, confidence. The source of the ambivalent attitude is complex and highly contextually dependent (Werremeyer et al., 2021).

Consistent with Paradoxus, as highlighted, "*Hindi mawawala ang kaba na may halong excitement. First duty mo iyon, may kaba, kasi baka magkamali ka, at the same time excited din kasi feeling mo malapit ka ng maging ganap na nurse* (L8-10, P1) ("Consistent with Paradoxus, as highlighted, "The nervousness mixed with excitement will not disappear. It is your first duty, you are nervous because you might make a mistake, and at the same time, you are excited because you feel like you are close to becoming a full-fledged nurse").

This showed their opposed feelings of excitement to go for duty but also worried by nervousness to commit a mistake. Hence, it was vital to prepare them to smoothly fit into a new working environment to provide safe patient care (Alhroub et al., 2022). They also experienced shock and anxiety for the

first time they were exposed to duty after the pandemic.

Maximilian: *It was not sudden. We were locked up for how many years, almost three years, so it is now the time to let us be exposed to the clinical area. Although nakakagulat, we have been locked up for online learning tapos biglang duty, pero tama naman ang timing* (L64-66, P2). ("I feel like it was not sudden. We were locked up for how many years, almost three years, so I think it is now the time to let us be exposed to the clinical area. Although surprising, we have been locked up for online learning and then suddenly duty, but the timing is right.")

Niveus: *Ang experience ko doon is slight na nashock kasi ang environment ay iba, ang people, parang andon ang shock na "ay ganito pala" like ang hirap magcope up* (L386-388, P10). (My experience there was a bit of a shock because the environment was different, the people, it was like there was a shock that "it is like this" like it is hard to cope up).

Relatively, most students felt anxious or distressed about the effect of COVID19 on their academics and were very often distressed because events were not going as planned (Fitzgerald & Konrad, 2021). Consistent with it, they also experienced doubts and uncertainties about their clinical duty. As they highlighted:

Gracilentus: *I am really struggling kasi nangangapa pa ako that time sa situation ng clinical duties kasi lack of knowledge pa lang tayo, kasi nga 2 years tayong online, but with the help of our clinical instructor, I was able to do it naman lahat ng mga pinapagawa* (L327-330, P9). (I am struggling because, at that time, I was still struggling with the situation of clinical duties because we still lacked knowledge and we had been online for two years, but with the help of our clinical instructor, I was able to do everything that was asked to be done.)

Bolanderi: *Walang kasiguraduhan. Nakakatakot dahil baka ang mga ibang ginagawa namin is mali na pala* (L568-569, P14). (There is no certainty. It's scary because maybe the other things we do are wrong.)

Students became concerned about how the pandemic affected their academics. The most commonly mentioned symptoms of anxiety, difficulty concentrating, and feeling anxious or overwhelmed have the potential to sidetrack students in their academic studies (Fitzgerald & Konrad, 2021). However, other studies suggest that learning occurs best when mild anxiety exists (Stewart et al., 2018). Likewise, they also experienced happiness while on duty. As participants stated,

Laetiflorus: *Masaya naman ang aking experience sa kauna-unahang duty dahil mababait ang mga CI. Kitang-kita mo naman na passionate sila sa kanilang pagtuturo at pagguide sa amin* (L206-207, P6). (My first duty experience was good because the CIs were kind. You can clearly see that they are passionate about their teaching and guiding us.

Pauciflorus: *Maganda at masaya, kasi marami kaming natututunan mas marami kaming nagagain na knowledge and mas na eenhance ang skills namin sa duty kasi doon namin narerealize ang totoong pagod and ang toxic na*

*sinasabi nila around hospital (L273-278, P7). (It's beautiful and fun, because we learn a lot, we gain more knowledge and our skills improve more on duty because that's when we realize the real fatigue and the toxic they say around the hospital.)*

This revealed that students take into positive account their anxieties and uncertainties into happiness. They were elated by the constructive ways and could appreciate the importance of their clinical duty. Despite those experiences, they did not give up. Instead, they thrived, adapted to the new environment, and nourished themselves by studying hard. They learn to seek and recognize help from their clinical instructors and senior nurses in the area. Like sunflower buds, they grow towards the surface of the soil and acknowledge nourishment from the surrounding area. They unfurl themselves through their learnings like tiny buds, full of life, youthful, and sprouting in adversity.

### Student Nurse's Personal Growth

**Table 2.** Student Nurse's Personal Growth

Emergent Theme	Core Categories
Student Nurse's Personal Growth	Challenges in performing nursing skills and interventions
	Clinical duty difficulties, financial burden, Physical fatigue, Mental exhaustion

Theme II underscored the experiences of nursing students with their personal growth. It showed how they face their challenges in performing nursing skills and interventions. It also encompassed their clinical duty difficulties, financial burden, physical fatigue, and mental exhaustion. This revealed that they experienced difficulties and challenges; however, they adjusted to them and needed to achieve self-growth. Parallel to the Sunflower, as it grows, it needs to stretch its roots deep into the ground to push itself to the surface. Student nurses also push themselves to learn in a challenging arena; they propel themselves out of problems to survive.

Students experienced concerns about the challenges in performing their nursing skills and interventions. They highlighted their first experience on duty as they verbalized,

*Woodland: First experience ko is mag prepare ng IV fluids, mag ECG, at mag prepare ng medication. Second, ay ang makipagcommunicate sa patients sa pedia ward. Kumuha din ako ng vital signs at mag graph sa chart ng patient ko. Sa dalawang area na napagdutyhan ko aminado akong nahirapan ako kasi first time ko lang maexpose sa dalawang area (L145-150, P4). (My first experience is preparing IV fluids, doing an ECG, and preparing the medication. The second is to communicate with patients in the pediatric ward. I also take vital signs and graph my patient's chart. In the two areas that I was assigned to, I admit that I had a hard time because it was my first time exposed to two areas.)*

*Laetiflorus: My first clinical exposure was challenging because it was my first time to be assigned and meet actual patients, far from what we were doing online. Hardest part*

*and new to the field madami ang bago na protocol na kailangang sundin at i-observed. Another probably is ang takot ng parents na i-deploy ka sa field, ang takot na payagan ka kasi kahit papaano may fear pa din sila at naghehesitate para sa clinical duty sa hospital areas. Hindi rin ako masyadong confident sa ginagawa ko kasi first time ko sa area (L101- 105, P3). (My first clinical exposure was challenging because it was my first time to be assigned and meet actual patients, far from what we were doing online. The hardest part is that, new to the field, many new protocols need to be followed and observed. Another probably is the fear of the parents to deploy you in the field, the fear of allowing you because somehow, they still have fear and hesitate for clinical duty in hospital areas. I am also not very confident in what I am doing because it is my first time in the area.)*

This revealed how the students thrive in a new clinical environment. This finding is similar to previous studies, in which nursing students experience difficulties due to unfamiliar environments, changes in daily life, role ambiguity, and psychological atrophy during clinical practice (Song & Lim, 2019; Park & An, 2019). It challenges them to practice the theory they learned from classroom-based to real-life clinical settings. Contextualizing possible personal, professional, and educational transitions may promote influential career 'scaffolding' to enhance a smooth transition for aspiring nurses (Kerr & Macaskill, 2020).

Furthermore, clinical duty difficulties, financial burdens, physical fatigue, and mental exhaustion were also accounted for it challenging them to go beyond their capabilities to overcome them. The financial burden was noted as one of the factors that tested their strength to pursue or forsake their dreams. The improved approach that addresses financial burden, school, and environment-related factors must be addressed to fill the gaps in skills.

The following participants revealed their experiences with financial constraints.

*Maximilian: Financially, mas maraming gastos. Dagdag gastos ang baon and then extra-curricular activities that you do, another baon na naman. Malaki talaga ang gastos ngayon, dagdag pa ang mga bagong gamit at paraphernalia na kailangan sa nursing. Kasi noong pandemic naman nasa bahay ka lang wala naman kahit anong gastusin, if you have WiFi wala ka ng problema sa bahay wala ka ng gagastusin compared ngayon kailangan mo ng magbiyahe, kailangan mo ng kumain sa school, magbayad ng tuition, bumili ng mga kailangan. (L71-76, P2). (Financially, it costs more. Allowance is an extra expense and then extra-curricular activities that you do, another money again. The cost is really high now, plus the new equipment and paraphernalia needed in nursing. Because during the pandemic you were just at home and you didn't have any expenses, if you have WiFi you don't have any problems at home you have nothing to spend compared to now you need to travel, you need to eat at school, pay tuition, buy necessities).*

*Niveus: Andiyan ang pagkakasabay sabay ng gastusin na hindi mo na alam kung paano mo ibre-breakdown ang mga*

*expenses kasi hindi lang naman mga school expenses. Meron din naman ang personal na pangangailangan, like for example, sa family kailangan ang pambayad ng kuryente, pambayad ng tubig, pambili ng pagkain kaya talagang napakahirap na i-designate ang pera. Sana maramdaman din nila na it does not mean na sa akin lahat mapupunta iyon. Andiyan ang mga gastusin sa family din, parang ang hirap po talaga lalong lalo na kapag may relative's ka na may sakit din. Napakahirap, pro- problemahin mo pa yung daily allowance mo. (There's the same time with the expenses that you don't know how to break down the expenses because they're not just school expenses. There are also personal needs, like for example, in the family it is necessary to pay electricity, pay water, buy food so it is really very difficult to designate the money. I hope they also feel that it does not mean that everything will go to me. There are also family expenses; it is difficult, especially when you have relatives who are also sick. It is not easy; pro-problem your daily allowance.)*

*Cusickii: May time na nahihiya ka na humingi sa magulang ng mga gagamitin mo, pambili ng ganito, may babayaran na naman. Pero expected naman na maraming mababayaran kasi magastos mag nursing. So ginagawa ko nalang is magtipid ng magtipid (L513-516, P13). (There is a time when you are ashamed to ask your parents for things you will use, buy something like this, you will have to pay something again. But it is expected that a lot will be paid because nursing is expensive. So, all I do is save money).*

The financial constraints revealed the budget restrictions of the students while undergoing nursing. It showed that it caused financial stress, making it hard for them to go to duty. Thus, it requires a new approach to address financial problems and enhance clinical duty among them.

On the other hand, physical and mental exhaustion on clinical duty was experienced by them. It is associated with academic burnout and may harm learning outcomes (Hwang & Kim, 2022). Nursing students experience high-stress levels due to significant workload, relatively inflexible curriculum, the competitive atmosphere between peers, and preparation for the nurse license national exam (Lee & Lom, 2017).

*Woodland: Physically pagod kasi first time ko maghospital duty, gigising pa ako ng maaga para magluto ng breakfast at babaunin ko for lunch after that magprepare pa ako ng gamit ko for duty, tapos sa duty maraming patient na aasikasuhin kaya pag uwi ko para na akong lantang gulay. Mentally kasi minsan nagooverthink ako na paano kung magkamali ako kasi nga first time ko lang maexpose sa clinical duty at the same time nasstress din ako kasi nga minsan sa duty ang daming patients na dumadating hindi mo na alam kung sino uunahin (L165-170, P5). (I am physically tired because it is my first time on hospital duty. I will wake up early to cook breakfast and eat it for lunch. After that, I will prepare my things for duty; there are many patients to take care of on duty, so when I go home, I am like a wilted vegetable. Mentally because sometimes I overthink what if I make a mistake because it is my first time to be exposed to*

*clinical duty, and at the same time, I am also stressed because sometimes during duty, there are so many patients that come you do not know whom to prioritize.)*

*Niveus: Physically, parang nabubugbog ang katawan mo, it feels like you've been working ng napakahabang panahon yung tipong uuwi ka na parang bagsak ka na galing duty. Nakakapagod din mentally kasi nandon yung frustration kasi nandon na yung nakikita na bumababa na ang grade mo na parang nagseself-blaming ka na. Parang sinisisi mo yung sarili mo na bakit hindi mo nagawa ang ganito ganyan, am I not enough, am I not enough to deserved this grade yung mga ganoon na bagay kasi nasstress na this prelim kasi lahat ng mga activities ko, output ko nagsisimula nang bumaba kasi nawawalan na ako sa focus dahil sa pagod hindi lang sa physically, mentally, at emotionally din. Ang hirap talaga imanage yung time and at the same time ang dami daming stress factors na dumadating (L426-433, P11). (Physically, your body feels like it is getting beat up; it feels like you have been working for a long time, the type of person you come home feeling like you have failed from duty. It is also tiring mentally because there is frustration. After all, it is there when you see your grade going down, as if you are blaming yourself. It is like you are blaming yourself for not doing something like this. Am I, not enough? Am I not enough to deserve this grade? Things like that? This prelim is stressful because of all my activities, and my output is starting to decrease because I am losing focus due to physical, mental, and emotional fatigue. It is tough to manage time, and simultaneously, many stress factors come.)*

*Cusickii: Like aalis ka ng bahay or boarding na walang kain tapos salpak sa duty agad. Tinitiiis mo ang gutom mo, hinihintay mo na lang na matapos ang duty bago kumain. May time na puyat ka tapos gigising ka ng maaga, 3 hours sleep lang. Di mo na nakokompleto tulog mo. Minsan nakakatulog na sa school kung walang ginagawa or hinihintay yung CI naming (L535,539, P14). (Like you leave home or boarding without food and then get slapped on duty immediately. You endure your hunger; you just wait for the duty to finish before eating. There is a time when you are awake and then you wake up early, only 3 hours sleep. You can't complete your sleep. Sometimes I fall asleep at school if I'm not doing anything or waiting for our CI).*

Students pointed out their struggles on their clinical duty. This evidence shows that nursing students frequently experience psychological and emotional problems such as academic exhaustion, stress, depression, and anxiety during their four years of degree completion (Hwang & Kim, 2022). They also experienced difficulties on duty.

*Gracilentus: Syempre ang hardest part ay ma eexpose or talagang ihahandle mo talaga ang mismong pasyente, kaya hindi ka pwedeng mag kamali. Totoong tao na ang patient mo at hindi na stuff toy lang kaya kinakabahan ako. Noong online kasi talagang pinapanood lang at inaapply at inaassume mo na lang na gawin. Pero ngayon, lahat ay actual na gagawin mo pati examinations and quizzes. Kahit pagod na sa duty sa maghapon nakatayo kailangn pa rin*

*ang magready upang magreview sa nakatakdang pagsusulit. Iyong rota ko na lang ay school at bahay, aral, tulog, gising, review, duty cycle* (L367-372, P10). (Of course, the hardest part is to expose or handle the patient himself, so you can avoid making a mistake. Your patient is a natural person, not just a stuffed toy, so I am nervous. You just watched and applied when it was online and assumed you would do it. Nevertheless, now, everything is actual that you will do, including examinations and quizzes. Even if you are tired from standing all day, you must prepare to review the scheduled exam. My routine is school and home, study, sleep, awake, review, duty cycle).

*Laetiflorus: Minsan nagseself-study ako o nanonood ng iba't ibang procedure sa hospital pero nanonood rin ako sa youtube kasi mahirap din tandaan ang mga procedures. At pinag-aaralan ko mabuti kung paano iapply ito ng efficiently and appropriately sa oras ng aking duty nang sa gayon ay hindi ako umaasa na ma-spoon feeding ng aking mga CI, para na rin maging maayos at mapayapa ang aking clinical duty. Para hindi ako masigawan, kasi isa ito sa mga fears ko when having the clinical duty* (L2366-243, P7). (Sometimes I do self-study or watch different procedures in the hospital but I also watch on YouTube because it's hard to remember the procedures. And I study carefully how to apply it efficiently and appropriately during my duty so that I don't expect to be spoon-fed by my CIs, so that my clinical duty can be smooth and peaceful. So that I don't get yelled at, because this is one of my fears when having clinical duty).

The difficulties that they confronted served as their motivation to keep going. They feared the upcoming situation would be highly demanding, and their lives circulated only in work and sleep (Slettmyr et al., 2022). Their sacrifices and the time being exposed to a changing situation fulfill their student's nurse responsibility. Moreover, it highlighted how they handle conflicts and distress in a constantly changing situation.

Above all, their experience was synonymous with the Sunflower, as it breaks out of the soil, and into the sunlight, it unfurls giant leaves to collect more sunlight. Student nurses keep on nurturing themselves, overcoming obstacles in life, and getting used to everyday practices in the clinical area. They keep collecting more experiences, enabling them to grow and be the most excellent version of themselves.

### Flourishing Student Nurses Clinical Skills

**Table 3.** Flourishing Student Nurses Clinical Skills

Emergent Theme	Core Categories
Flourishing Student Nurses Clinical Skills	Importance of Clinical Duty Exposure
	Clinical Duty Learnings

Theme III portrays the participant's flourishing in the clinical area. This forwards that they keep developing, acquiring clinical learnings, and understanding the importance of duty exposure. As Maori (2023) mentioned, "Turn your face to the sun, and shadows follow behind you." The heliotropism of sunflowers, following the sun from East to West, turning its back to face the sun, was a well-known

characteristic. This was synonymous with nursing students' experiences during their flourishing stage; they leave behind their negative experiences and use the positive learnings to start and face a new beginning. It was indistinguishable to the students; not only did they focus on their studies, but they also needed to leave their worries behind them. They must try to achieve their goals to move forward and lounge under the sunlight. The participants cited the importance of clinical duty exposure as:

*Paradox: The importance of it had clinical exposure; it is a significant clinical experience, for it served as a key to becoming a nurse. It improved our skills, teamwork, and we can apply it in the real world. This is important as a component of nursing education* (L43-48, P2). (The importance of clinical exposure; it is a great clinical experience, for it was a key to becoming a nurse. It improved our skills, teamwork, and we can apply it in the real world. This is important as a component of nursing education).

*Laetiflorus: Napakaimportante ang clinical exposure dahil matutulungan tayo nito para mahulma at maging edukado. Kapag tayo ay nakapasa sa board exam at sumabak sa reality ng mga ginagawa ng mga nurses sa hospital, tayo ay hindi na macuculture shock dahil sa online base learning lang ang alam natin bagkus marunong din tayo sa mga procedures na ginagawa mismo sa hospital dahil tayo ay naexposed na sa hospital. Inaallow din natin na matuto tayong mag-observed sa kung paano kumilos at magtrabaho ang ating kagalang galang na mga bayaning nurse* (L247-256, P7). (Clinical exposure is very important because it can help us to mold and become educated. When we pass the board exam and dive into the reality of what nurses do in the hospital, we are no longer a culture shock because we only know from online base learning but we also know the procedures that are done in the hospital itself because we are already exposed in the hospital. We also allow ourselves to learn to observe how our honorable nurse heroes act and work.)

The clinical duty experience of students was helpful because they had hands-on experience and practice in a real-life setting. This provides more knowledge and learning to prepare them to be professional nurses. These clinical learning and role behaviors were applied to real-world scenarios, enabling them to practice their skills to uphold quality care. As the roles and nursing practice processes evolved to meet the demand for care despite challenges (Schroeder et al., 2020). Moreover, teaching health behaviors is self-protective and contributes to maintaining safe clinical environments for nurses and patients in their care (Green, 2019).

Moreover, they also highlighted their clinical duty learnings as:

*Paradoxus: I can say na I am ready na to be exposed to a clinical area. Natutunan ko na maging understanding sa mga patients, willingness to do your best, good communication, and good rapport. Mahahasa din ang personal, professional, and interpersonal skills mo* (L49-53, P2). (I am ready to be exposed to the clinical area. I learned

to be understanding with patients, willing to do my best, communicate well, and have a good rapport. Your personal, professional, and interpersonal skills will also be honed).

Niveus: *It makes the students to become the best version of themselves kasi once na naisalang ka talaga sa clinical duties, talaga mahahasa ang skill mo, the way you think lahat. So, as a student nurse dapat mabilis ang coping mechanism mo kasi hindi throughout 2 hours magiging stagnant or pareho yung nagiging daloy. For example, ang patient mo tinitignan mo lang na stable, mamaya biglang nagcode blue. Nandoon dapat yung pagiging attentive mo. Here in clinical duties, hahaha, sain ka for you to protect and save patients and prepare yourself para sa magiging future version mo.* (It makes the students become the best version of themselves because once involved in clinical duties, your skill will be honed, the way you think everything. So, as a student nurse, your coping mechanism must be fast because throughout 2 hours, it will not be stagnant, or the flow will be the same. For example, you look at your stable patient, then suddenly code blue. Your attentiveness should be there. Here in clinical duties, you will be challenged in order for you to protect and save patients and also to prepare yourself for your future version.)

The students learned hands-on training in which they were exposed to various clinical cases and patients and were introduced to healthcare providers. They work with an experienced nurse and acquire skills. They learned to be more independent while under the supervision of the clinical instructors. Consistent with Keates (2022), students responded well to positive role models and were able to identify negative role models. It also revealed that challenges emerged surprisingly but can be overcome, which molded them into nurses. Accurate, constructive feedback and support were essential to help students reflect appropriately (Keates, 2022). Their preparation skills enabled them to cope and be ready for everything. Therefore, it showed that to flourish, they need to overcome difficulties and understand the importance of clinical duty.

### Wilt and Regrowth

Table 4. Wilt and Regrowth

Emergent Theme	Core Categories
Wilt and Regrowth	High expectations and Pressure, Frustrations
	Time Management
	Dedication, Determination, Passion, Confidence
	Resilient

Theme 4 forwards the participants' experiences with high expectations, pressure, and frustrations from every mistake they encountered. Instead of allowing themselves to wither during their unpleasant experiences, they continue their clinical duty. Furthermore, they thrived well in various areas and situations.

The students experienced high expectations, pressure, and frustrations as they verbalized,

Gracilentus: *Nakaka-frustrate kasi di mo alam ang gagawin mo, kung good ba. Kasi alam naman natin na nursing is very crucial course, kailangan very precise, attentive at dapat ang attention mo laging planado at nandiyan ang mindset. nandiyan din ang pressure at high expectations sa akin. However, at the same time I have gained a lot of lesson kasi iba talaga sa actual kaysa sa pinapanood mo lang sa video* (L389-394, P10). (It is frustrating because you do not know what to do if it is proper. Because we know that nursing is a required course, you need to be precise and attentive, and your attention should always be planned, and the mindset should be there. There is also pressure and high expectations for me. However, at the same time, I have gained a lot of lessons because the actual is different than what you watch in the video.)

Niveus: *Nandoon ang wala kang maisagot na parang feeling mo is ang useless mo. Ano pa ang purpose ng mag-aaral ka kung walang nagreregain. Nandoon talaga ang pagdown sa sarili mo tapos sa chw rin, sa pagkuha ng BP parang nawalan ako ng konting confidence kasi hindi ako sure ng pagkuha ng BP during that time, but despite all the circumstances, I am trying my best to overcome naman kahit papaano kasi I want also to improved my skills kasi hindi rin pwede na nagreregain lang ako na parang incompetent ganon, nakakadisappoint, nakakafrustrate* (L457-463, P12). (There is something you can't answer like you feel you are useless. What is the purpose of being a student if no one is holding you back? It's really down to yourself and then to chw too, when taking BP, I seem to have lost a little confidence because I'm not sure about taking BP during that time, but despite all the circumstances, I am trying my best to overcome somehow because I also want to improve my skills because it's not possible that I'm just holding back like that's incompetent, it is disappointing, it is frustrating.)

The students experienced frustrations in their studies. Their circumstances made them feel incompetent, useless, down, and disappointed. This was consistent with the study of de Bot and de Vos (2022), which highlighted that almost all nurses and nursing students named factors that contributed to the emotional burden: fear, powerlessness, frustration, lack of knowledge, and pressure to pass the internship. However, they tried their best to gain positive experience and be knowledgeable. They flourish by having a focus on their studies.

Dedication, determination, passion, and confidence were also notifiable experienced, as they quoted:

Woodland: *Training to be a nurse is tough; it requires dedication and determination. If you desire to be a nurse, all the hard work will pay off, and you will achieve a meaningful career* (L185-190, P5).

Pauciflorus: *During duty ang sakit na ng paa ko pagod na pagod na, at ang sakit na ng likod ko pero at the same time iniisip ko na confidence lang talaga and passion ang kailangan para maka focus sa clinical duty kasi kung wala kang focus hindi mag wowork o mag process ang knowledge mo. Also, try lang po ng try para mas matuto* (L298-302, P8). (During duty, my foot hurts, I'm tired, and my back hurts, but

at the same time, I think that confidence and passion are all that's needed to focus on clinical duty, because if you don't have focus, you won't be able to work or your knowledge will process. Also, just try to try to learn more.)

Cusickii: *Kailangang suot suot pa rin namin ang confidence at paniniwala namin sa sarili kasi hindi pwede na magpasahan na lang kami ng mga gagawin. Kailangan din na gawin mo, na kahit kinakabahan huwag tayong panghinaan ng loob (L502-505, P13).* We need to keep wearing our confidence and self-belief because we cannot just let things be done. You must also do that; even if we are nervous, do not discourage us.)

This revealed that they should be trained hard, passionate about caring, dedicated and determined to finish the task, and confident in performing procedures. Supportive, collaborative relationships and professional confidence were identified as facilitators (Clarke et al., 2021). They might be experiencing stress, but they still showed compassion. In nursing, various stressful factors and negative affect promote compassion fatigue and burnout, whereas positive affect help achieves compassion satisfaction (Zhang et al., 2018). They also shared their experiences with time management, dedication, determination, passion, confidence, and resiliency.

Woodland: *A daily schedule template helps me manage and control my time daily. It will let me stay organized and focus on what matters most (L173-176, P5).*

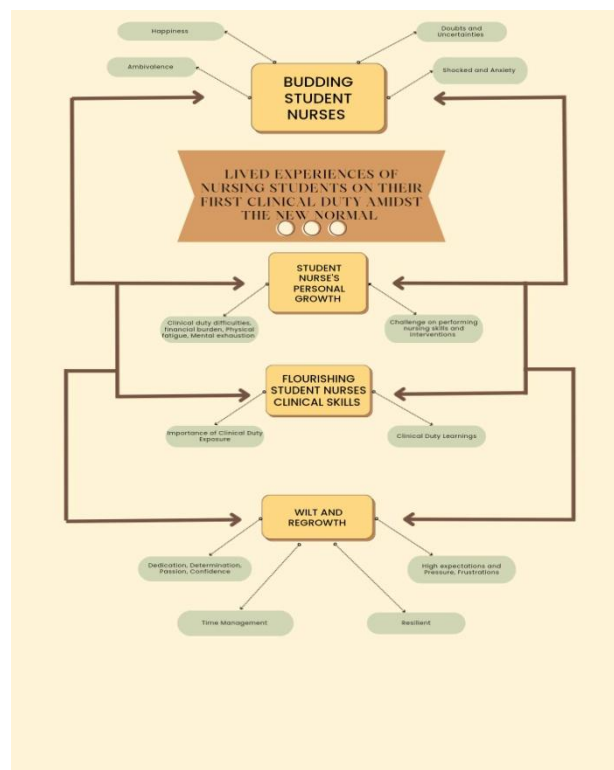
Niveus: *In the sense na mahirap hati-hatiin yung time mo, hati-hatiin yung parte ng katawan mo para lang matapos lahat ng mga task. Then, how do I manage my time is I think I have an ample time pero hindi ko lang siya nagagamit ng tama kasi nga due to a lot of factors like nadidistract ako It's my fault naman. As in ang hirap, hindi talaga nagwowork yung brain kapag puro suksok ang mga ideas. Nakakadrained po siya. Pero nakakaya ko naman lahat, kaya masasabi kong resilient ako kasi mabilis lang ako matuto at maka adapt (L439,451, P12).* (In the sense that it's hard to divide your time, divide the parts of your body just to finish all the tasks. Then, how do I manage my time is I think I have an ample time but I just don't use it properly because due to a lot of factors like I get distracted It's my fault. It's hard, the brain doesn't really work when the ideas are full of ideas. He's so drained. But I can handle everything, so I can say I'm resilient because I can learn and adapt quickly.)

The student nurses manage their time correctly by setting up schedules and finishing the task on time. They might experience many activities and requirements, but they still manage them. They strengthened their abilities and used various strategies to manage complexity, described as resilient (Goras et al., 2020). A related study highlighted that nurses' resilience and work environment should be considered to avoid stress and burnout during the transition (Lee et al., 2022).

They learn from their frustrations, avoid repeating them, and focus on their studies for a brighter future. Moreover, they could regress with effective time management, dedication, determination, and resilience. Like a sunflower, they wilt; however, they harvest many seeds due to hard

work and then can regrow again. Student nurses must become more resilient to decrease the area's negativities and problems. They must deal with the academic impacts of mental health and physiological problems in nursing school.

### Summary of Themes



## 4. Conclusions and Recommendations

The study revealed four major themes: Budding Student Nurses, Student Nurses' Personal Growth, Flourishing Student Nurses' Clinical Skills, Wilt, and Regrowth, which sums up into a phenomenon, "The Helianthus Annus" (Sunflower). This study concludes that the participant's experience of the transition from lecture to clinical exposure led them to various modifications. They were the budding student nurses who kept maturing and overcoming life problems. They grow, bloom, and flourish. Even if they encounter downfalls, they still divert them into positivity. Thus, it makes them resilient against adversity.

The study recommended that the school maintain safe clinical environments for student nurses, and there must be continuous monitoring of students' welfare. Furthermore, nurse educators should continue to maintain student safety in clinical settings. Furthermore, consistent, constructive feedback and support to them while performing nursing interventions to boost their confidence. A comprehensive lecture on patient safety education in both theoretical and training to inculcate best clinical practices and prevent any untoward adverse situations in the area. The findings of this study might be used to develop a framework to guide them upon safe entry into the clinical field. Hence, further research must be done to explore a broader scope of students' lived

experiences on their clinical duty.

## ACKNOWLEDGEMENTS

The researcher's dream of finally finishing an output of their research has come true in this study. It's an honor to be a part of creating this qualitative research where the researchers are able to explore the Lived Experiences of Nursing Students on Their First Clinical Duty Amidst the New Normal through a lot of hard work, determination, and sacrifice. Many people contributed their inspiration, challenges, guidance, moral, emotional, and material assistance to the preparation. With thankful hearts, they offer their heartfelt gratitude to everyone who help them succeed in their attempt in some way. This item is a culmination of the following people's invaluable time and efforts, for which the researchers are grateful.

To the parents, thank you for your financial support, love, care, and spiritual guidance, as well as for inspiring them to fulfill their study.

To Mrs. Only H. Nabalta, their best and most devoted mentor, who possesses the attitude and substance of a genius, for consistently and convincingly conveying a spirit of adventure in study and excitement in teaching. This research study would not have been possible without her supervision and unwavering assistance.

To Dr. Marilou Agustin, their dearest research Instructor thank you for helping, guiding and giving the researchers knowledge and expertise in this study;

To the Research Participants, who gave their valuable time to participate in the interview and shared their remarkable experiences, we thank you;

To the Friends, who sacrifice their times to help them willingly to complete this study and for the moral support.

The Member of the Committee on Oral Examination: Dr. Marilou Agustin Chairman; Dr. Fatima Carsola, Member; Dr. Jeffrey Julian, Member; Qualitative defense panel, for giving opinions, suggestions and for the improvement of the study; and lastly.

Finally, the researchers would like to express their gratitude to God for allowing them to persevere in the face of adversity. Every day, the researchers had the opportunity to benefit from your instruction. You are the one who allowed them to complete their study. The researchers will continue to put their faith in you for their future.

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