

Paulinian Nurses in Clinical Practice as Blueprint towards Development of Paulinian Nurses' Residency Program

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Abstract

New nursing graduates are expected to adapt well in the changing health care environment especially having gone through ASEAN standardization and a shift to outcomes-based education, this study sought to describe the lived experiences of Paulinian Nurse in the Clinical Practice to develop a blueprint for new Paulinian nurses that will enable to facilitate their entry into the health care industry. Fifteen Paulinian nurses from batches 2013 to 2017 were interviewed to surface their initial clinical experiences as they transitioned from nursing students to staff nurses. After a textual analysis integrated within a descriptive phenomenological research design, the study revealed four (4) themes and nine (9) subthemes. The themes were crossing the roughest road, acclimatizing in the midst of transition, echoing Paulinian Education in the workplace and finding one's niche in the clinical nursing. Voices of clinical instructors were cross-referenced with said themes prior to the development of blueprint which was presented to three Nursing Administrators. Concluding to present this study is the Pre Post Graduate Residency Blueprint towards development of Paulinian Nurse Residency Program, which starts with Clinical Intensive Program, Post-Graduate Clinical Preparatory Seminar-Workshop, On-boarding Clinical Transition Program finally reaching to their destination, being the Paulinian Professional Nurse.

Keywords: Pre-Post Graduate Residency Program, Groenewald Phenomenology

Introduction

As the world of nursing is continuously changing, the complexity and ambiguity of these facets in nursing is so unique that every nurse feels a part for these changes. The new graduates in particular strongly face these clinical challenges as beginning professionals. Nurses in the Academe and Nursing Practice are concerned with how these new nurse graduates become prepared and cope with the changing health needs of the society and the delivery of care of nurses. Thus, they are continuously monitoring and strengthening the nursing profession amidst the complexity of today's health care system.

Several articles and researchers identified the need to connect the new graduates to lessen their exhaustion during their transition from college to working phase. Transitions are part of life, particularly from a nurse graduate to a beginning professional, the process of aligning the learned concepts in the classroom and performed skills in affiliated institution maybe challenging and could be stressful, that may lead to question their confidence and competence [1]. To what extent? It is only them, the graduates who could determine.

This decade of reality for new nurse was addressed by an orientation program called, the Nursing Residency Program, a 5-16 month program that was created and implemented by different hospitals in the United States to assist novice nurses embrace the nursing profession with a feeling of acceptance.

However, there was an article that mentioned that one of the outcomes for Nurse Residency Program is, it is only about one quarter of frontline nurse leaders are fully satisfied with new graduate performance [2] and as experienced by nurse managers, there is a missing link that they have observed between theoretical and pragmatic which has been bridged historically by providing new nurses with generic medical-surgical residency program directed toward a specialty unit [3].

In the Philippines, there are also observations that prompt some of the Nurse Leaders in Nursing Practice to depict the performance of our new graduates as they are not yet fully prepared professionally. Giving a quest for comment on how nurses today are developed academically and clinically or how the young nurses accept the challenges in their classroom learning and clinical experience.

As the academe is continuously preparing nurses of the future to provide relevant and quality health services locally and

internationally in 2009 they implemented the new Commission on Higher Education Memorandum Order (CMO) No. 14, series of 2009 or the Competency-Based Standards Curriculum [4].

Furthermore, in one of the accrediting body assemblies, Hon. Teresita R. Manzala, (2013) discussed the Executive Order No. 83 known as the “Institutionalization of the Philippine Qualification Framework”, including in her speech is the “*Shift to outcomes-based education and use of learning outcomes*” [5]. Leading to modification of the above 2009 CMO No. 14 to CMO No. 15, series of 2017, The Outcomes-Based Education Curriculum for the BSN Program [6]. (24th PACUCOA Annual General Assembly, 2013)

In St. Paul University Manila, one of the universities in the St. Paul University System envisioned the institution as Christ-centered educational institution committed to forming persons into becoming integrated, competent and compassionate in the service of the church and society. It has four major colleges and College of Nursing and Allied Health Sciences (CNAHS) is among the four is in its 61 years of existence is committed in attaining its goal which is to facilitate the development of a Christian Filipino Professional Nurse (Student Handbook, 2011) is proactively adhering to the curriculum mandated by the Commission on Higher Education especially to the new curriculum CMO 15. As Nurse Educator, envisioning the future professional nurses is eminent leading to formulation of innovative teaching and clinical strategies that are viable in the heart and mind of every nursing students that will attain as well the expectations of the administration in the nursing practice.

This research study regarding clinical experiences of Paulinian Nurses is commenced to explore their bedside stories in their initial professional clinical practice. Through the clinical accounts of new Paulinian nurses, the Nurse Educator looked back at the learning outcomes, topics, teaching strategies and assessment in the nursing courses bounded for the new curriculum that needs to be focused and a blueprint of a program will be developed to assist the identified salient points of the new Paulinian Nurses.

In conjunction with the necessity of Staff Nurses in the industry, Dr. Lorenzo (2019) stressed the need for a clinically-environment prepared professional nurse features the preferred Staff Nurses in the hospital industry and will serve as a link in addressing an improved education system that promotes seamless academic progression and response to the health labor market [7].

To this end, the researcher is eyeing a blueprint program that will initially serve the Paulinian Nurses’ post where they can lean on during their transition from new graduate nurse to nurturing and dependent registered nurse. Thus, the collated clinical experiences of new Paulinian Nurses will assist in the creation of evidenced-based based Blueprint for Paulinian Nurse Residency Program that will facilitate the transition from education to practice using an outcomes-based approach.

Philosophical underpinning

The philosophical underpinnings of the Husserl in phenomenology is adopted on this paper, as quoted to Christensen, Welch, Barr in their paper 2017, these are “that of the lived, human experience and as such he sought to reinstate the human world as a foundation of science that brought justice to the everyday lived experience – the going to the things themselves.” In this light, the lived experiences

of Paulinian Nurses was heard by the researcher. Moreover, the rich and complex source of unspoken meaning associated with being and experiencing shapes an individual’s understanding of their life-world [8]. As the researcher reach her close encounter with the Paulinian Nurses, their tone of voice, facial expressions, generosity of sharing their experiences or fear will be noted as these are the unspoken words which would give meaning or maybe associated to their experiences in the real world of nursing profession.

After hearing, witnessing and analyzing these meaningful real-life involvements in the world of nursing profession, constructivism is applied in this study as another philosophical underpinning. Constructivism is used since the researcher developed a blueprint for Paulinian Nursing Residency Program based on the reflection of experiences of Paulinian Nurses as observed, listened and conceptualized themes of narration of the participants [9].

Constructivism philosophical paradigm as cited by Adom, et al (2016) to Honebein (1996) is described is an approach that asserts what people construct as their own understanding and knowledge of the world through experiencing things and reflecting on those experiences [10]. Thus, to the constructivist, constructing meaning is learning. This portrays the idea that learning does not just happen in the traditional method of teachers in front of the class and lecturing. However, learning occurs only when the learner discovers the knowledge the spirit of experimentation and doing [10].

Statement of the problem

The study aims to explore the experiences of Paulinian Nurses in the clinical practice as blueprint towards the development of a Paulinian Nurse Residency Program.

To look into their experiences, the study attempts to answer the following questions for Paulinian Nurses:

1. What are the lived experiences of Paulinian Nurses as they transitioned from student nurses to Staff Nurses?
2. What post graduate residency program can be developed based from the findings?

Scope and delimitation

The study explored the experiences of Paulinian Staff Nurses in their clinical practice towards the development of blueprint for Paulinian Nurse Residency Program. The study was mostly conducted in the Nursing Office of St. Paul University Manila and within vicinity coffeehouse where the Paulinian Staff Nurses are comfortable both in place and time for sharing their experiences as Staff Nurses. Graduates of from School Year 2013 to 2017 were the participants of this study. Given the year coverage, only Paulinian staff nurses who responded and give their consent to this study were the voices of this paper. This was done second semester of school year 2018-2019.

In addition, to serve as voices of Paulinian Staff Nurses are the Clinical Instructors. The Clinical Instructors who were able to handle the Paulinian Staff Nurses in their college days has been part of this study to look into the conditions of the inquiry, not the researcher’s biases, motivations, or perspectives, but through their sharing of the experience as they were able to supervised the Paulinian Nurses in their college days.

The accessibility of other nurses based on the inclusion criteria and where about of the graduates and sampling method

Furthermore, Nurse Administrators or Trainers who gave their consent to participate and who administer formal orientation training program to newly hired nurses were part of this research study. The purpose of their inclusion is to give inputs on the development of blueprint for Paulinian Nurse Residency Program.

The delimitation of the study first are the Paulinian Staff Nurses who did not worked in the hospitals and did not gave their consent to participate in the study. Secondly, the Clinical Instructors who are members of the Panel, Adviser and the researcher who also handled the above graduates were excluded in the study. Lastly, Nurse Administrators from Government Medical Institution has not been part of the consultative meeting.

This study does not intend to compare performances and experiences of the Paulinian Nurses in each batch year neither experiences in their clinical areas or hospitals.

Methodology

Research Design

This research paper employed qualitative descriptive method focusing on Descriptive Phenomenological approach because of careful description of ordinary conscious experience of everyday life of Paulinian Nurses which was described as a description of “things”; as people or the how the Paulinian Nurses experience things. These “things” include hearing, seeing, believing, feeling, remembering, deciding, evaluating, and acting in their lives as they transitioned from being student nurses to staff nurses. Their experiences as Paulinian Nurses with regards to their life of being a Paulinian Staff Nurse in handling challenges and coping in the clinical practice are the focus of this study as a step in unfolding an initial Paulinian Nurse Residency Program [11].

Research Approach

To apply the process descriptive phenomenological study, the researcher adopted the Groenewald research method. The researcher’s and the participants’ initial conversations were initiated as they shared the realities of their beginning as New Professional Nurses through reminiscing their lives in the clinical area and when they were student nurses. The researcher prepared semi-structured guide questions for New Paulinian Nurses and to their Clinical Instructors. As cited by Groenewald (2004) to Bentz and Shapiro (1998), Husserl called it bracketing when the inquiry is performed from the perspective of the researcher because the guide questions were directed towards the Paulinian Nurses experiences and feelings in the bedside within their first year as new staff nurses [12]. The researcher remained open to the meanings attributed to the phenomenon by those who have experienced it. Finally, the last phase occurs when researcher came to understood and defined the phenomenon [11].

Research Locale

This study was conducted in St. Paul University Manila and nearby establishments within vicinity of the school where the Paulinian Nurses were comfortable in sharing their lived experiences as the Staff Nurses considering the years they have graduated. The Nursing Office of St. Paul University Manila was the preferred place to conduct the interview since most of the graduates to wished to visit their Alma Mater. Their personal time is considered during the gathering of data. In the event that the participant works overseas, the interview was conducted in the residence of the researcher using

on line method of communication.

For the interview of the Clinical Instructors who supervised the participants, the work place were the Clinical instructor is presently engaged was the place for the conference. Likewise, the Nursing Office of St. Paul University was mostly preferred since some of the Clinical Instructors are still working in the College of Nursing of St. Paul University Manila. One (1) of the Voices is working internationally, video chat was considered as medium for gathering their experience.

Research Instrument

The researcher served as the primary instrument since interviews and observation are considered method for data collection.

Likewise, semi-structured questions were used to direct the Paulinian Nurses towards exploration of their experiences in the clinical practice. The guide questions are; What are your experiences during your transition from Nursing Student to Paulinian Nurse? Do you encounter challenges during the time you were starting as Probationary Staff Nurse? If yes, can you share these challenges? What adopting measures have you done to cope with these challenges? What activities in your college days assist you during your transition period as Newly Staff Nurse?

Or any significant experiences as Paulinian Nurse you would to share? And what are your recommendations for Paulinian Nursing Education?

The researcher was sensitive in any gestures and tone of voice of the participants as these are elements of observations and can be witnessed through prolonged engagement. The credibility of this paper was observed as the researcher employed prolong engagement, in conjunction with persistent observation during interview sessions as this enhanced the conformity of the subject and this is to offset the researcher’s own bias as Lincoln and Guba in 1985 note, “if prolonged engagement provides scope, persistent observation provides depth” [13].

From this, the shared experiences were recorded and identified the researcher’s and the voices’ initial conversations, as the interviewee shared who they are now and how they become as they reminisce their lives as student nurses [11]. Thus, the researcher used audio recorder to maintain the truthfulness of the imparted lived experiences of the Paulinian Nurses. Data were analyzed (manually) according to the steps described by Groenewald [12].

Population and Sampling

In this research study, non-probability purposive sampling was applied. Purposive and snowball sampling was employed in selecting participants. Purposive, since there was a set of criteria for the respondents to participate in this study. Snowball sampling, in this paper, the initial Paulinian Nurse who gave their consent to participate in this study referred the researcher to next participant to partake in this research endeavor and took note of the locale and type of medical institutions they worked. Snowball sampling was used where potential participants are hard to find [13].

The pre-defined criterion for Paulinian Nurses is that she is a graduate from School Year 2013 to 2017 and is/are willing to share experiences their challenges and coping in the clinical area. The graduates were

chosen from these school years because their preparatory years for BSN belongs to one curriculum which is CMO 14.

Data Gathering Procedure

To facilitate the collection of data, the process started from the approval of the research proposal, the researcher assured the validity of guide questions through presentation to the experts who were the researcher's Adviser and Panel Members. Refinement of the guide questions was performed based from their recommendation.

After the endorsement from the adviser, he researcher pursued approval from the Institutional Ethics Review Committee (IERC) of St. Paul University Manila to proceed with the study which entailed one week from the submission of letter.

Upon approval and issuance of certificate from IERC, the researcher sought clearance to the Dean of Graduate School of the College of Nursing and Allied Health Sciences to conduct study.

The first phase of data gathering took effect, she looked into the list of graduates from the College of Nursing and Allied Health Sciences from school year 2013 to 2017. Next, the researcher gave letters to the graduates either on line or personal and discussed the details and objective of the research paper. According to Terry (2012), the motivation or willingness of the respondents to participate will be dealt in high consideration because this is narration of experiences [14]. After the participants set their decision to participate, their consent and preferred place, day and time of interview were noted. The consent to participate took almost one (1) week per participant. As soon as the participants gave their consent and interview was started to the first Paulinian Nurse who gave his consent.

Since this is snowball sampling, referral was made by the first few Paulinian Nurses who participated in the interview to the next participants until she reaches the saturation of data [14].

Using a semi-structured, face-to-face and on-line interviews were conducted using the prepared interview guide to her participants. The interview lasted from 45 minutes to one hour and all of them were completed by the researcher.

As the Paulinian Nurses smoothly narrate their experiences, interviewer focus on "what goes on within" and judiciously note and describe significant lived experiences of the Paulinian Nurses [12]. The researcher applied bracketing by abstaining away from her preconceptions, enter into the Paulinian Nurses' experiences and use self as an experiencing interpreter [12, 15]. The researcher achieved the saturation of data from the fifteen (15) Paulinian Nurses' sharing, that means, no new information is obtained and redundancy was achieved [11].

Transcription of interview was the next step adopting the Groenewald's Method of data explication. The draft transcription notes were sent to her participants for validation of entered data. Conformation of correctness by the participants were made.

After the finalization of narratives, the researcher looked into the records the Clinical Instructors who were able to supervise the participants when they were in their second year to fourth year nursing proper and send them letters to discuss the details, objective of the research paper and their role as voices for this paper. This

part is being implemented to match the findings expressed by the Paulinian Nurses to the researcher. The process took two (2) months to interview the Clinical Instructors who were able to handle the Paulinian Nurses from School Year 2013-2017. After which, transcription of interview results was completed adopting the Groenewald's Method of data gathering and transcribing the data as well.

Themes from the participants significant statements and voices statements were examined and descriptively correlated, leading to formulation of initial blueprint for the Paulinian Nurse Residency Program. After the formulation of initial program, invitation to Nurse Administrators from the Nursing Practice was commenced for arrangement of consultative meeting to present the initial draft for Paulinian Nurse Residency Program.

Consultative meetings were transpired, three (3) Nurses from the Administration accepted the invitation and the Blueprint for Paulinian Nurse Residency Program was presented.

After the consultative meeting, improvement of the blueprint for Paulinian Nurse Residency Program was concluded.

Explication of Data

Data analysis for this research paper employed interim analysis, meaning it was an ongoing throughout the project until either the researcher exhausts the time and resources allotted to the project or a complete understanding is achieved of the topic being researched [11].

According to Groenewald, the heading 'data analysis' is deliberately avoided because Hycner cautions that 'analysis' has a dangerous connotations to phenomenology. The term 'analysis' usually 'breaking into parts' and therefore often means a loss of the whole phenomenon, whereas 'explication implies investigation of the constituents of a phenomenon while keeping the context of the whole. With this, he narrated the five (5) process of explication of data, it is started from bracketing and phenomenological reduction, next is delineating of meaning units, third, clustering of meaning to form themes, fourth, summarizing each interview, validation and modification and the last, extracting general and unique themes and composite summary [12, 16].

The first step is the bracketing and phenomenological reduction. Again, the researcher applied bracketing by abstaining away from her preconceptions, enter into the Paulinian Nurses' experiences and use self as an experiencing interpreter [12, 15]. In this part of phenomenological reduction, there is a deliberate and purposeful opening to the phenomenon "in its own right with its own meaning" [12]. As cited by Groenewald to Creswell, 1998; Moustakas, 1994; Sadala & Adorno 2001, it further points that, "there is no position is taken either for or against" [17-19]. The researcher listened repeatedly to the audio recording of each interview to become familiar with the words [12] and reads and re-reads a description of each person participating in the study to acquire a feeling for them.

Next, the researcher extracts statements with significance to the research question. To generate information pertaining directly to work experiences of the Paulinian Nurses. Reflecting the research data accurately, the significant meanings were spelled out from the significant statement and should be direct quotations from the

participants. To analyze the significant statements, the researcher begins to articulate what the statements mean and creates themes from the meanings. The researcher organized the formulated meanings into cluster of themes by referring these clusters back to the original protocols to validate them and noting the discrepancies among or between the various clusters, avoiding the temptation of ignoring data or themes that do not fit. After which, she integrate the results into a comprehensive description of the phenomenon under study. Formulate an exhaustive description of the phenomenon under study in as unequivocal statement of identification as possible [11].

The list of meaning units extracted from each sharing is carefully analyzed through repeatedly reading of the significant statements from the transcription because the actual meaning of two units might be different in terms of events [12].

In the conduct of this qualitative paper, researcher spend considerable effort ensuring that their studies are rigorous, valid, reliable, and actionable [13].

Trustworthiness, a concept coined by Lincoln and Guba in 1985, is considered. The quintessential framework for evaluating qualitative research. They also suggested four criteria for developing the *trustworthiness* of a qualitative inquiry: credibility, dependability, confirmability, and transferability and the fifth criterion that is more distinctively within the constructivist paradigm was added is the authenticity by Guba and Lincoln 1994 [11].

The credibility of this paper was observed as the researcher employed prolonged engagement, in conjunction with persistent observation during interview sessions as this enhanced the conformity of the subject and this is to offset the researcher's own bias as Lincoln and Guba in 1985 note, "if prolonged engagement provides scope, persistent observation provides depth" [13].

The third step in the explicitation of data is the clustering of meaning units to form themes. With the list of non-redundant units of meaning, the researcher again bracket her presuppositions in order to remain true to the phenomenon. Thus in this part, the meaning units are group together are being clustered forming significant unit theme [12, 17, 18, 20].

According to Polit and Beck, guidance in the process of interpretation in qualitative is difficult, but there is considerable agreement that the ability to "make meaning" from qualitative texts depends on the researchers' immersion in and closeness to the data. The researcher, understand their meanings, find essential patterns, draw legitimate, insightful conclusions through living with the data [11] until its central meanings were formulated leading to emergent themes.

The fourth steps is summarizing each interview, validate and modify. After grouping the clustered meaning units from the significant statements, subthemes were identified leading to the emergent themes. The meaning units, with subthemes under the major themes were summarized. In this connection, the researcher conducted member-checking as a form of validity check as the researcher went back to her participants to determine if the essence of the interview has been correctly captured.

More so, the researcher recognized that efforts to validate the analysis and interpretations of data are necessary. To give more credibility

to its formulated meanings, she held on further interpretations of these meanings to a closer scrutiny, [11] thus, peer reviewers were invited to read meanings formulated. All modifications that were stated was considered as a result of this validity check [12].

The last phase of the explicitation is the general and unique themes for all the interviews and composite summary. According to Groenewald as cited to Hycner 1999, once the process has been presented from first to fourth phase has been completed, the researcher looked once again the themes common to most as well as the individual variations [16].

For a unique or minority voices are important counterparts to bring out regarding the phenomenon researched. Thus, to further describe the experiences of the Paulinian Nurses, the Clinical Instructors who were able to handle the students in the clinical area were asked to share also their experiences as they supervised the Paulinian Nurses during their college days. This feedback was obtained either in writing or in face-to-face conversations, and is also a way to obtain additional data [13].

Before proceeding to the formulated meanings extracted from significant statement, transcriptions were presented to the Clinical Instructors to assess confirmability of the data.

Formulated meanings proceeded and emergent themes were formulated. The last part of this method was to go back to the voices for final validation of the results. With this, the researcher revisited again her voices to share the findings for validation. After which, the finalization of narratives was done next for an approximate of four (4) months duration.

After data has been read, analyzed, delineating its meaning units and clustering to finally form themes from of the Paulinian Nurses stories from their clinical transition experiences, the voices gathered from the Clinical Instructors were also read, analyzed, delineating its meaning units and clustering to finally formulated the themes which were cross-validated from emergent themes of the Paulinian Nurses. Thus, the emergent themes emerged after cross validation served as a reference for the blueprint towards development of program for newly licensed primarily called the Paulinian Nurse Residency Program.

The researcher conducted a Consultative Meeting from three (3) Nurse Experts or Administrators in the Nursing Practice to confer their insights and opinion about the developed blueprint program. The presentation of blueprint to the panel of experts provides the researcher further improvement for possible applicability of the blueprint.

To attain transferability of this paper, as Lincoln and Guba note in 1985 mentioned, "by describing a phenomenon in sufficient detail, one can begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people" [9].

This means that concepts and meaning or themes were discussed thoroughly as Ryle in 1949 pointed out "it must be accomplished through the strategy of 'thick description'. 'Thick description' is the use of notes and field notes in a study where the researcher includes extensive detail and explicit descriptions when recording conversations, observations, and interpretations during data

collection. 'Thick description' allows the researcher to more easily evaluate how this same circumstance of people, place, and phenomenon could be applied in a similar setting, under similar conditions, with similar participants [13].

Results

This phenomenological study explored the lived experiences of the graduates of the College of Nursing who meaningfully shared their experiences as they transcended from the portals of the university to professional clinical practice.

Themes revealed from the interviews were read and reviewed by the researcher and extracted the significant statements that lead to address the questions from this paper. The significant statements were spelled out to its meaning units, the results were integrated into exhaustive description leading to clustered themes and finally formulated a description of the phenomenon experiences by the fifteen (15) Paulinian Nurses in Clinical Practice who served as the participants of this research study.

Encapsulating the answer to the lead question, which is, the experiences of Paulinian Nurses during their transition from student nurse to Staff Nurse, the following four (4) themes with nine (9) subthemes emerged. First is Crossing Roughest Road with subthemes: adversities in nurses roles to client care and uncertainties in the delivery of client, second is acclimatizing in the midst of transition with subthemes: addressing challenges, application of theoretical and clinical concepts and intensified inner strength, fourth is echoing Paulinian Education in the Workplace with subthemes: health care team synergy, demonstrating professionalism, resonating faculty members attributes, and lastly, finding one's niche in clinical nursing, with subtheme engaging in professional growth. See Table 1)

The first theme, Crossing Roughest Road in the Transition, has two subthemes. The first subtheme is adversities of Nurses' Role to Client Care, begin the struggles of New Paulinian Nurses as they are bumped with strikingly high patient ratio coupled with their burdened in carrying out doctor orders and communication gap with physicians, their encounter with unfamiliar medicines and adopting to modernization in implementing nursing procedures to clients are basic to learn for new nurses. Sharing out one of their narration as: *Participant 12: "In my first 2 years, it's difficult for me, the ratio is 18 patients for pm shift only. sometimes if we are really in short staff we could get, let's say 25 patients. In case of full staff, let us say 14 patients, 1 is to 14, it's quite difficult, because of post op and they are monitoring (22-25) (Participant 12)*

The second subtheme is Uncertainties in the delivery to client care. demonstrates the application competencies of new Paulinian Nurses as they perform independent nursing care which is described by the following experiences; the graduates assumes that all concepts prepared them in the profession, their feeling of sense of isolation, resentments from clinical encounter, levelling to institutional expectations, backbreaking clinical duty, fainted morale and time-out for Paulinian Nurses. An excerpts from of these feelings are: *Participant 11: "... at St. Paul, I feel like I've studied everything and experienced procedures as well in the hospitals. But, it's really different when you're the one handling it and not a student anymore. It's you already...the responsibility is in you. (109-113) (Participant 11)*

Participant 8: "... I'm really afraid to work alone, because I don't have CI to check on our work" (52-53, Participant 8)

Participant 10: "... Miss I feel isolated. As I started working, I just work, I don't feel to eat, I don't even bother to drink water, I just work. I eat but just like apple or a few biscuits. Then when I went home I feel exhausted" (28-30) (Participant 10).

The second theme, Acclimatizing in the midst of transition reflects the experiences of Paulinian Nurses' response to the days of heavy challenges or struggles they have encountered in the initial implementation of nursing roles to client care. This theme enumerates different means on how the Paulinian Nurses address challenges. Paulinian Nurses remain courageous and proactive as they apply the theoretical and clinical concepts learned as they are intensified by their inner strength.

Addressing Challenges as part of Paulinian's resiliency is define as they overcome setbacks, assert oneself, integrate in the work setting, their persistence and confidence in doing the IV insertion, how they express sense of expertise in the unit, describe measures to conform with professional difficulty, and demonstrated the marked professionalism with different cultures. These can be heard in the following statements:

Participant 9: "If we are at work, we talked, like during code, of course we could not be in argument at that time. And we must work as a team, they are professional about that." (80-8) (Participant 9)

Participant 4: "Its really difficult to insert an IV to an obese patient, its challenging. Before, when I'm new, that's my Waterloo, I'm not good in IV insertion. But I need to build my confidence, even though its bulging, even though you don't hit the vein, just continue inserting and sooner you will learn" (168-172) (Participant 4)

One of the means for the Paulinian to remain courageous is the exercising an expression of gratefulness from the patients makes the nurse feels good in spite of physical exhaustion and Narrates one of the best feeling of being a nurse is to be appreciated, such as: *Participant 11: "The best feeling that I felt is when my patients appreciates me. Sometimes they give food and money. When I got home, Im surprised that I have money in my pocket" Page 4-5 (line23-24) (Participant 1)*

Participant 8: "I forgot to mention that in my first year, that first year of transition is so hard because of fear. But Doctors helped so much during that time. And we became close friends until now that I'm in Hospital G, actually until now they are our Fellow (217-223) (Participant 8)

For Echoing the Paulinian Education in the Workplace, as Paulinian Nurses proceed to their journey, they exhibit the culture excellence in their clinical performance by recalling all the theoretical, scientific and procedural principles taught to them during their college days that results to synergy among Health Care Team, demonstrating professionalism as they unfold the caring behavior and discipline learned in the undergraduate study coupled with realization of faculty members' dedication during the time they are being honed to be professional nurses. Sharing their narration such as:

Participant 7: "During college days 3 lates is to one absence. This is no longer applicable, late is salary deduction, after 30 mins late you are charge with half day absence" (173-174) (Participant 7)

Participant 13: "I already observe the routines when I was a student even before, I started already to apply what I've learned. It's because I experienced it, so, this is what I do at OB and in Surgery ward it's almost the same". (56-60) (Participant 13)

contemplating with regards to my career as a nurse, will I still go back, if I am ready to face those struggles. For me ahh ... I attained my maturity in that institution because... I think ...I don't know how ... ahh ... I realised it's just acceptance Miss (109-113) (Participant 4)

The last theme Finding One's Niche in Clinical Nursing, this is the time that some of Paulinian nurses pause in their present clinical field and make a moment of realization for their career. Thus, this illustrates how the Paulinian Nurses remained opened and engaged themselves to be more professionally capable in the Clinical field of Nursing and advance themselves as Nurse Generalist.

Through the clinical accounts of new Paulinian nurses, this study traced that the professional, theoretical and clinical principles planned for the nursing students are sufficient to address basic and beginning skills of nurses. Within their words, it is then summarized that application of these above concepts need an innovative clinical teaching strategy to assess the senior student nurses' performance. Thus, presenting in this study is the developed Blueprint for Paulinian Nurse Residency Program as it hopes to bridge the nursing concepts in the classroom to their independent clinical application.

Participant 4: And then, after that, I focused on being an Instructor. That's the time I was contemplating, which took almost a year. I am

Table 1: Emergent Themes from the Clinical Experiences of Paulinian Nurses

Major Themes	Subthemes / Categories	Description
1. Crossing the Roughest Road	Subtheme 1: Adversities of Nurses Roles to Client Care	This defines as the most challenging experiences of new Paulinian Staff Nurses in their first year in the clinical area, as they implement their roles to client care, likewise their uncertainties as they delivery care to their clients.
	1.1.1 Strikingly high patient ratio for a new nurse	
	1.1.2 Burdened in carrying out orders	
	1.1.3 Communication gap among physicians	
	1.1.4 Challenge with first time complex procedure	
	1.1.5 Readiness to handle case assignments	
	1.1.6 Confronted with possible legal case.	
	1.1.7 Labored documentation	
	Subtheme 2: Uncertainties in the delivery of Client Care	
	1.2.1. Assumption that all concepts prepared them in the profession	
	1.2.2. Sense of isolation	
	1.2.3. Resentments from clinical encounter	
	1.2.4. Levelling to institutional expectations	
	1.2.5. Backbreaking Clinical Duty	
	1.2.6. Fainted Morale	
1.2.7. Time-out for the Paulinian Nurses		
2. Acclimatizing in the Midst of Transition	2. Acclimatizing in the Midst of Transition	The theme reflects the experiences of Paulinian Nurses' response to the days of heavy challenges or struggles they have encountered in the initial implementation of nursing roles to client care. This theme enumerates different means on how the Paulinian Nurses address challenges.
	2.2.1. Overcomes setbacks	
	2.2.2. Asserting oneself	
	2.2.3. Integrating with work setting	
	2.2.4. Persistence and confidence in doing complex procedure	
	2.2.5. Sense of expertise in the unit	
	2.2.6. Ethico-moral ascendancy to conform with professional	
Major Themes	Subthemes / Categories	Description

	<p>Subtheme 2: Application of Theoretical, Clinical Concepts and Co-curricular Activities</p> <p>1.2.1. Enhancement Courses Contributes to Clinical Confidence</p> <p>1.2.2. Religious Education as one of the pillars for Paulinian Nursing Education</p> <p>1.2.3. Clinical Instructors' competency and compassion in clinical supervision</p> <p>1.2.4. Nursing procedure competence</p> <p>1.2.5. Accurate Documentation</p> <p>1.2.6. Significant RLE rotations</p> <p>1.2.7. Co-Curricular activities in shaping Paulinian character</p> <p>Subtheme 3: Sustained Social Support Towards Inner Strength</p> <p>2.3.1. Colleagues Assistance</p> <p>2.3.2. Colleagues' and Patients' Appreciation</p> <p>2.3.3. Discovered Friendship</p> <p>2.3.4. Family's Support</p> <p>2.3.5. Self-care</p>	<p>Paulinian Nurses remain courageous and proactive as they apply the theoretical and clinical concepts learned as they are intensified by their inner strength</p>
3. Echoing the Paulinian Education in the Workplace	<p>Subtheme 1: Health Care Team Synergy</p> <p>3.1.1. Communication Appreciated</p> <p>3.1.2. Team effort and collaboration</p> <p>3.1.3. Adherence to professional roles</p> <p>3.1.4. Nurses are empowered</p> <p>Subtheme 2: Demonstrating Professionalism</p> <p>3.2.1. Ethico-moral ascendancy to conform with professional challenges</p> <p>3.2.2. Complied with Clinical Discipline</p> <p>Resonating Faculty Members' Attributes</p> <p>3.3.1. Competency in Teaching</p> <p>3.3.2. Commitment and Dedication in Teaching Profession</p>	<p>As Paulinian Nurses proceed to their journey, they exhibit the culture excellence in their clinical performance by recalling all the theoretical, scientific and procedural principles taught to them during their college days that results to synergy among Health Care Team, demonstrating professionalism as they unfold the caring behavior and discipline learned in the undergraduate study coupled with realization of faculty members' dedication during the time they are being honed to be professional nurses.</p>
4. Finding one's Niche in Clinical Nursing	<p>Subtheme 1: Engaging in Professional Growth</p> <p>4.1.1. Being an Instructor</p> <p>4.1.2. Trainings' reconnection</p>	<p>This is the time that some of Paulinian nurses pause in their present clinical field and make a moment of realization for their career. Thus, this illustrates how the Paulinian Nurses remained opened and engaged themselves to be more professionally capable in the Clinical field of Nursing and advance themselves as Nurse Generalist.</p>

Completing this research paper is the presentation of the blueprint that emerged and developed based from the findings is called the Pre-Post Graduate Residency Blueprint. (see Table 2) This refers to the proposed formal pre-employment nurse training and orientation program that will be given to Paulinian Nurses starting from their Intensive Nursing Practicum, until they will be hired to work as full-time Staff Nurse on hospital following completion of the residency program in collaboration with the College of Nursing and Allied Health Sciences.

The blueprint has a relationship with the recommendations initiated in the study of Gorospe, 2013, that, there should be strong commitment for both nursing education and service in addressing the disparity experienced by novice nurses through meetings and discussions from based hospitals and affiliating schools, (Gorospe, 2013, pp 72)

From the narrated experiences, formulated meanings and themes supported by these studies, the proposed Pre-Post Graduate Residency Residency Blueprint has two (2) phases towards aiming the destination of being Resilient, Engaging, Reliable, and Dedicated Paulinian Nurses, namely, the Pre-Departure Clinical Assessment and the On-Boarding Clinical Transition Program.

First is the **Pre-Departure Clinical Assessment**, with two main activities, the Clinical Intensive Program and Post Graduate Clinical Preparatory Seminar-Workshop. The duration is from fourth year BSN until pre-employment with significant outcomes of: (1) Perform safe, appropriate and holistic care to individuals and families utilizing nursing process (2) Practice Nursing in accordance with existing laws, legal, ethical and moral principles (3) Communicate effectively in speaking, writing, and presenting using culturally-

appropriate language (4) Report/Document client care accurately and comprehensively (5) Collaborate initially with inter-, intra-, and multi-disciplinary and multi-cultural teams (6) Uphold the nursing core values in the practice of the profession [6].

The Paulinian Nurse Clinical Intensive Program is a two (2) months intensive nursing program of senior nursing students of St. Paul University Manila to two private hospitals. This practicum will deepen the students clinical experience geared towards transition before they depart in the student lives to Professional Nurse.

A captivating statement as cited by Bennett, L.L. et al in the findings of Cheng, Tsai, Chang, and Lou (2014) that many administrators are not confident with the new graduates' ability to provide safe, efficient care, indicating a possible need for an internship to transition from school to the workplace. Also, they shared that nursing programs that implement a transition period during school days which allows the students to work in a clinical environment with full patient load alongside with an experienced nurse may help increase clinical knowledge and competence of new graduates [21].

The essence of including this part in the residency program, as Liebler, J.G., McConnell, (2017) mentioned, Healthcare organization typically include education and research in their mission [22]. In developing their client base, managers include healthcare practitioners who are in the training. These clients are identified in the clientele network as secondary clients whose needs are important and deserving attention. Practitioners-in-training also become a source of potential employees, thus helping the managers in their

recruitment outreach. Supervising practitioners-in-training is part of managers' leadership roles as well; they are effective role models through their support of educational efforts of colleges, universities, and specialty training programs. Managers recognize the importance clinical rotation because of their own experience as students. The appreciate and understand the professional association/credentialing requirements that include clinical practice [22].

As soon as the NLE is successful and after contemplation of the Paulinian Nurse to join in the Medical Institution and the decision of the employer to accept them, the submission of the Paulinian Nurse Professional commitment sets in. They will now undergo the second phase of the blueprint which is the **On-boarding Clinical Transition Program**, this is the proposed clinical training outline for New Licensed Paulinian Nurses in the same hospital where they completed the intensive clinical practicum in their BSN program. The duration is from post nurse licensure examination to employment and the focus for this phase is clinical transition with the content of clinical employment program.

The significant outcomes for this phase are: (1) Demonstrate capability to apply nursing care principles in the clinical field independently utilizing nursing process. (2) Perform nursing procedures confidently align with institution's standards using critical judgement. (3) Applies nursing care management principles across the lifespan in a well-rounded approaches. (4) Collaborate effectively with inter-, intra-, and multi-disciplinary and multi-cultural teams. (Dreyfus Model of Acquisition 2014, Annual Convention for Association of Dean of the Philippine Colleges of Nursing, 2019)

Table 2: Pre-Post Graduate Residency Blueprint Towards Development of Paulinian Nurse Residency Program

Phases	Pre-Departure Clinical Assessment	On-Boarding Clinical Transition Program	
Description	An intensive clinical practicum for graduating BSN students of St. Paul University Manila to two (2) private hospitals	A proposed clinical training outline for New Licensed Paulinian Nurses in the same hospital where they completed the intensive clinical practicum in their BSN program	
Duration	4th year BSN until pre-employment	Post Nurse Licensure Examination to Employment	
Focus	Clinical Assessment	Clinical Transition	
Content	1. Clinical Intensive Program 2. Post Graduate Clinical Preparatory Seminar-Workshop	Clinical Employment Program	
Outcomes	The end goal of this phase is for the senior BSN student to: 1. Perform safe, appropriate and holistic care to individuals and families utilizing nursing process 2. Practice Nursing in accordance with existing laws, legal, ethical and moral principles 3. Communicate effectively in speaking, writing, and presenting using culturally-appropriate language 4. Report/Document client care accurately and comprehensively 5. Collaborate initially with inter-, intra-, and multi-disciplinary and multi-cultural teams 6. Uphold the nursing core values in the practice of the profession (Ref: CMO 15, s. 2017)	The end goal of this phase is for the newly licensed Paulinian Nurse to: 1. Demonstrate capability to apply nursing care principles in the clinical field independently utilizing nursing process. 2. Perform nursing procedures confidently align with institution's standards using critical judgement. 3. Applies nursing care management principles across the lifespan in a well-rounded approaches. 4. Collaborate effectively with inter-, intra-, and multi-disciplinary and multi-cultural teams (Ref: - Dreyfus Model of Acquisition - Presentation - Board of Nursing; Annual Convention Association of Deans of the Philippine Colleges of Nursing, Inc. October 2019)	
Themes	Crossing Roughest Roads	Acclimatizing in the Midst of Transition	Echoing Paulinian Education in the Workplace

Subthemes	1. Adversities in Nurses' Roles to Client Care	1. Addressing Challenges	1. Health Care Team Synergy
	2. Uncertainties in the delivery of Client Care	2. Application of Theoretical and Clinical Concepts	2. Demonstrating Professionalism
		3. Sustained Social Support Towards Inner Strength	3. Resonating Faculty Members' Attributes

Conclusion

The following conclusions were drawn based on the themes of each formulated meanings. With the theme *Crossing the Roughest Road*, that, the sustenance of accessible and open communication among representatives in the Health Care Industry and Academe plays a vital role in the clinical engagement of Paulinian Nursing Students that will corresponds to the goal of the current BSN curriculum.

For *Acclimatizing in the Midst of Transition*, that as Paulinian Nurses address the challenges, theoretical and clinical concepts discussed during college days was subconsciously recalled and applied in the given situation. Another reflection, that, international standards such as JCI still be an inclusion in the Paulinian Nursing Curriculum as it assisted most the graduates in the achieving the hospital expectations to the new nurses.

With the theme, *Echoing the Paulinian Education in the Workplace*, that, the teaching and clinical strategies of Clinical Instructors are found to be meaningful to graduates once they are professional nurses already.

Lastly, in Finding one's Niche in Clinical Nursing, the Paulinian Nurses realized that in spite of heavy academic and clinical hours of discussion and duty in the clinical area, they realized the necessity and importance to embrace the love to quest for knowledge through continuous education.

That the two fields in the Nursing Professions, namely, the Nursing Education and Nursing Practice will remain professional engaged and dynamic in answering the changing atmosphere of education, generation, economic and political environment of the profession. Recommendations

The following are the recommendations in the light of the findings and conclusion:

1. That the Nursing Education and Nursing Practice will consider the applicability of the Paulinian Nurse Residency Program through initial implementation of the Pre-Post Graduate Residency Program. Intensive Nursing Program will stand as lead to the application and connection of the academic concepts to a more industry relevant clinical related learning activities of the students, thus, assisting them in their transition from nurse graduate to a professional nurse.
2. That the, Administration of the College of Nursing and Allied Health Sciences will maintain support and assistance to the graduates during their review classes as preparation in the Nurses Licensure Examination.
3. To continuously demonstrate the support for the graduates, the Administration of the College of Nursing may develop and prepare a seminar-workshop as a post graduate course particularly for the alumna of the college, thus assisting them in their professional needs.
4. That, the Nursing Service Administration will support this blueprint of training program for Paulinian Nurses for possible

bridging of a smooth adjustment of among new professional nurses who will be their staff nurses leading to a more quality care rendered to their respective clientele.

5. That, the Faculty, College of Nursing will continue to recognize the importance of preparing the students beyond passing the licensure examination, which is to inspire and lead the students to work in the hospital and setting them with courage and confidence before going to other field of nursing.
6. That the Paulinian Nurses will continue to carry out the value laden academic and clinical development they have earned in the College of Nursing.
7. That the Paulinian Nursing students will actively participate with all the academic and clinical exercises planned and enforced for them during their undergraduate program days as this will shape their confidence and clinical performance in time that they will be Staff Nurses locally and internationally.
8. For future researchers, that the following research topic related to this study can be conducted:
 - a. A tracer study for each batch graduated to assess their present professional status.
 - b. A process evaluation study to evaluate the applicability of the program as a creative methodology in the learning strategies for the students, the future professional nurses.

Implications

The focus of this research are the new nurses' clinical experiences whereby it is reflected as challenging from different local and international studies conducted. This is in particular, the new Paulinian Nurses who generously share their beginning clinical experiences. Their revelation is indeed factual as captured also from other researchers about novice nurses. Starting from the significant statements of each participants to the emergent themes, the researcher was directed to review the implementation of laboratory skills and related learning experiences of the College of Nursing of St. Paul University Manila in relation to new curriculum.

The review also commence the researcher to consider the recommendations of Letourneau and Fater (2015) in their study entitled Nurse Residency Program: An Integrative Review of the Literature, that, there is a need to evaluate the curriculum content and correlated experiential learning in the NRP (Nurse Residency Program) and educators can intensify the content of critical thinking and place a greater emphasis on continuing education and life-long learning [2].

Based on the findings of this study and probable approval of the Pre-Post Graduate Residency Program, the graduates who belong to generation Z and who will undergo this residency program may discover and apply the skills as a response in the fourth industrialized revolution in a hospital setting, who are creative, people smart, can solve complex problems using judgement and critical analysis as they apply their negotiation and cognitive flexibility.

Again, as the world of nursing in the atmosphere of medical industry is continuously changing, the complexity and ambiguity of these reality is so unique that every nurse would feel. As reflected and possible implication, if the new graduates who are the beginning professionals strongly face clinical challenges where adaptation to the workforce is beyond their expectation, the retention of nurses might be affected, quality of care may suffer and in the later, inspiring young hearts with caring attitude to enter to the field of nursing profession may be detracted.

To this end, the researcher who has been a nurse in practice and now in the field of education is sharing this proposed Pre-Post Graduate Residency Program as a possible means to assist new Paulinian Nurses in their smooth transition as they transformed from nurses in the classroom to nurses in the medical suite [23-43].

References

- Zerwek J, Garneau A (2015) *Nursing Today, Transition and Trends*, Eight Edition, Elsevier, Canada 3-19, 176.
- Letourneau R, Fater K (2015) Nurse Residency Programs: An Integrative Review of the Literature, *Nursing Education Perspectives* 36: 2.
- Crimlisk J, Grande M, Krisciunas G, Costello K, Fernandes E, Griffin M (2017) Nurse residency Program Designed for a Large Cohort of New Graduate Nurses; Implementation and Outcomes, *MedSurg Nursing Official Journal of the Academy of Medical Surgical Nurses* Vol 26/No.2 pp 83-87;104
- Commission on Higher Education, Office of the President, Republic of the Philippines, CMO no.14 s. 2009, Retrieved from: <https://www.scribd.com/doc/17353767/CHED-MEMORANDUM-ORDER-CMO-No-14-Series-of-2009-PinoyRN-net>
- Manzala T (2013) Quality Assurance, Teresita Manzala, Chairperson, Professional Regulation Commission, Chairperson, Task Force for
- Commission on Higher Education, Office of the President, Republic of the Philippines, CMO no.15 s. 2017, Retrieved from: <https://ched.gov.ph/wp-content/uploads/2017/10/CMO-15-s-2017.pdf> (pp 2-3, 8, 14, 16-17)
- (2019) Training for Deans and Senior Faculty, Association of Deans of the Philippine Colleges of Nursing, 2019
- Christensen M, Welch A, Barr J (2017) Husserlian Descriptive Phenomenology: A review of intentionally, reduction and the natural attitude, *Journal of Nursing Education and Practice* 1.7: 8. Retrieved from: https://www.researchgate.net/publication/315660419_Husserlian_Descriptive
- (2014) Volume 52/Fall, The NERA (Northeastern Educational Research Association) Retrieved from: [Researcher file:///C:/Documents%20and%20Settings/naguila/My%20Documents/Qualitative%2](https://www.researchgate.net/publication/315660419_Husserlian_Descriptive)
- Adom D, Yeboah A, Ankrah AK (2016) Constructivism Philosophical Paradigm: Implication for Research, Teaching and Learning, *Global Journal of Arts Humanities and Social Sciences* 4: 1-9.
- Polit D, Beck C. (2012) *Nursing Research: Generating and Assessing Evidences for Nursing Practice* (9th Edition), Lipincott Company pp. 497, 565.
- Groenewald Thomas (2004) University of South Africa, Florida, South Africa, A Phenomenological Research Design Illustrated, International Institute for Qualitative Methodology, University of Alberta, Retrieved from; <http://creativecommons.org/licenses/by/2.0>
- Rhodes J (2014) *Methods: What's the difference between qualitative and quantitative approaches?* By: Adar Ben-Eliyahu, PhD., Retrieved from: <https://chronicle.umbmentoring.org/on-methods-whats-the-difference-between-qualitative-and-quantitative-approaches/>
- Terry A (2012) *Clinical Research for the Doctor of Nursing Practice, Qualitative Research*, Jone & Bartlett Learning, LLC pp 173
- Miller WL & Crabtree BF (1992) Primary care research: A multimethod typology and qualitative road map. In B. F. Crabtree & W. L. Miller (Eds.), *Doing qualitative research. Research methods for primary care* (Vol. 3). Newbury Park, CA: Sage.
- Hycner RH (1999) Some guidelines for the phenomenological analysis of interview data. In A. Bryman & R. G. Burgess (Eds.), *Qualitative research* (Vol. 3, pp. 143-164). London: Sage.
- Creswell JW (1998) *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Moustakas C (1994) *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Sadala ML A & Adorno R deC F (2001) Phenomenology as a method to investigate the experiences lived: A perspective from Husserl and Merleau-Ponty's thought. *Journal of Advanced Nursing* 37: 282-293.
- King N (1994) The qualitative research interview. In C. Cassell & G. Symon (Eds.), *Qualitative methods in organisational research: A practical guide*. London: Sage.
- Bennett LL, Grimsley A, Grimsley L, Rodd J (2017) The Gap between Nursing Education and Clinical Skills, *Academic Journal Article* retrieved from <https://www.questia.com/library/journal/1P4-2039834640/the-gap-between-nursing-education-and-clinical-skills>
- Liebler JG, McConnell C (2017) *Management Principles for Health Professionals 7th Edition*, Jones & Bartlett Learning, LLC, an Ascend Learning Company, p 298.
- Aldiabat K and Navenec CL (2014) Data Saturation: The Mysterious Step In Grounded Theory Method, TQR, The Qualitative Report, Volume 23, Number 1, Retrieved from: [Navenechttps://nvivo.com/nvivo-works/nova.edu/cgi/viewcontent.cgi?article=2994&context=tqr](https://www.nvivo.com/nvivo-works/nova.edu/cgi/viewcontent.cgi?article=2994&context=tqr)
- American Academy of Family Physician (2017), *Clinical Practice Guideline Manual* <https://www.aafp.org/patient-care/clinical-recommendations/cpg-manual.html>
- Balita C (2016) Nurse advocate says "Philippine Nursing is Dying", *The Summit Express*, Retrieved from: <https://www.thesummitexpress.com/2016/06/carl-balita-philippine-nursing-dying.html>
- Bryman & Bell 2007 (2016) *Ethical Considerations; Research Methodology*
- Cherry B, Jacob S (2017) *Contemporary Nursing, Issues, Trends and Management*, 7th Edition, Elsevier, United States 31: 415-431.
- Chowdhury MF (2014) Interpretivism in Aiding our Understanding of the Contemporary Social World, *Open Journal of Philosophy* 4: 432-438. Retrieved from: <http://www.scrip.org/journal/ojpp>
- Craig Heather (2019) *Resilience in the Workplace: How to be More Resilient at Work; Positive Psychology*, Retrieved from: <https://positivepsychology.com/resilience-in-the-workplace/>
- Ghai D (2006) *Decent Work: Objectives and Strategies*,

- International Labour Office Geneva, International Institute of Labour Studies, Retrieved from: <http://nap.psa.gov.ph/nsm/23rdNSM/decentghai.pdf>
31. Francis T, Hoefel F (2018) "True Gen": Generation Z and its Implication for Companies, Mckinsey & Company, November 2018 Article, Retrieved from: <https://www.mckinsey.com/industries/consumer-packaged-goods/our-insights/true-gen-generation-z-and-its-implications-for-companies>
 32. Hezaveh1 MS, Rafii F and Seyedfatemi N (2014) Novice Nurses' Experiences of Unpreparedness at the Beginning of the Work, Global Journal of Health Science; Vol. 6, No. 1; 2014 Published by Canadian Center of Science and Education
 33. Houser J (2012) Nursing Research, Second Edition, Jones and Barlett Learning, Canada 427-428.
 34. Kohlbacher, Florian (2006) The Use of Qualitative Content Analysis in Case Study Research [89 paragraphs]. Forum Qualitative Sozialforschung / Forum: Qualitative Social Research 7(1), Art. 21, Retrieved from: <http://nbn-resolving.de/urn:nbn:de:0114-fqs0601211>.
 35. Munhall P (2012) Nursing Research A Qualitative Perspective, Jones & Bartlette Learning, LLC 90: 132.
 36. Morgan K (2019) What are the Benefits of Attending Seminars, Retrieved from: <https://education.seattlepi.com/benefits-attending-seminars-1929.html> 2019, Hearts Seattle Media, LLC
 37. Okoronkwo I, Onyia-Pat JL, Agbo ME, Okpala P, Ndu, A (2013) Students' perception of effective clinical teaching and teacher behavior, Open Journal of Nursing 3: 1. Article ID:28725, Scientific Research, Retrieved from: http://file.scirp.org/Html/8-1440121_28725.htm
 38. Olesen J (2015) Coor-Meaning.Com Retrieved from: <https://www.color-meanings.com/blue-color-meaning-the-color-blue/>
 39. Psychology Today Health Prof (2002-2017), Resilience, Retrieved from: <https://www.psychologytoday.com/basics/resilience>
 40. Schoening A (2013) From Bedside to Classroom: The Nurse Educator Transition Model, Nursing Education Research / Educator Transition 34: 3.
 41. Stephanie (2014) Statistics, How To, Retrieved from: <https://www.statisticshowto.datasciencecentral.com/snowball-sampling/>
 42. Wong SW J, Che WSW, Cheng MTC, Cheung CK, Cheung TYJ, Lee KY, So KC, Yip SL (2017) Challenges of Fresh Nursing Graduates during their Transition Period, Journal of Nursing Education and Practice 8: 6.
 43. (2017) Education, United Nations Educational, Scientific and Cultural Organizations, Curriculum, Retrieved from: <http://www.unesco.org/new/en/education/themes/strengthening-education-systems/quality-framework/core-resources/curriculum/pdf>

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