

**Lived Experiences of Registered Nurses Currently Working in the Hospital
Setting with a Blended Related Learning Experience (RLE) in a Selected
Private Higher Education Institution**

A Research Report

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“Acknowledge that the Lord is God. He made us and we belong to him; we are his people and the sheep of his pasture”

-Psalm 100:3

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Abstract

Blended learning, known as hybrid learning or blended relevant learning, is an educational strategy that mixes traditional in-person instruction with online learning activities. This form of learning combines the advantages of both in-person and online learning to provide a more adaptable and successful learning experience. This research employed qualitative research, using a descriptive phenomenological approach, focusing on the lived experiences of the individual. This study's main objective was to explore and describe the lived experience of registered nurses currently working in the hospital setting who were in Blended Related Learning Experience in a selected private higher education institution. This study investigated the lived experiences of registered nurses, specifically working in a medical-surgical ward in which the participants were gathered purposely, and data saturation was attained in the 10th participant. The method used to collect the information was through in-depth semi-structured interviews utilizing the two modes of interview: a face-to-face and a Zoom interview. During the interviews, the participants were not restricted to specific questions or response options, but rather, they were permitted to convey their thoughts and opinions voluntarily. This study was approved by the Research Ethics Committee (REC).

The data obtained from these interviews were analyzed to identify subthemes and major themes utilizing Colaizzi's descriptive phenomenological strategy. The lived experiences of registered nurses were represented in these major themes: (1) Embracing the dynamic of the professional world; (2) Disparities Between Blended Learning and Real-Life Nursing Practice; (3) Fear of the unknown beyond uncontrolled circumstances; (4) Professional fulfillment through positive patient influence; (5) Skill gaps and navigating clinical complexity; (6) Cultivating inclusivity and collaboration in the professional

world. The identified major themes may serve as foundation for developing suggestions and guidelines on registered nurses with Blended Related Learning Experiences.

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Chapter 1

Introduction

Background of the study

Related Learning Experience (RLE) aim was to aid the student nurses to obtain knowledge, skills, and attitude to apply in an actual nurse-patient care. Clinical exposure was the exciting part during the nursing years as it was the reason why we engaged in a lot of activities such as visiting a community, working in the Operating Room/ward, communicating and listening to the patient, and doing a hands-on demonstration on how to properly do the assigned activity. As the requisite of the 4 year-education in nursing, RLE builds the students to be competent, collaborative, proficient, and critical thinkers. However, a sudden transition of the classes from face-to-face to blended learning altered the usual learning process of the nursing student for their clinical exposure. Schools/universities halted the clinical exposure of the student to limit the exposure and transmission of the disease.

The pandemic has impacted every facet of life, including education. As the crisis heightened, a worldwide lockdown affected the usual operation of educational institutions. For academics, this temporary lockdown of academies, colleges, and universities was a rigid case with infrequent choices. Within days, each university, including medical schools, transitioned to blended learning. The pattern that medical establishments prepare their learners has been modified as a consequence of the massive

unanticipated shift from definitive education to an entirely different online learning setting. The twenty-first century's medical graduates are exposed to online texts, modules, and tests with video lectures. As a result of the pandemic, medical schools adopted flipped classrooms. (Khalil, 2020).

One of the adjustments made among nursing schools worldwide was utilizing Blended learning; it is a teaching method that combines face-to-face and online learning opportunities. Blended learning, commonly seen as a 'trend' in 'progressive learning', has emerged in recent mortar schools and classrooms, due to the rising case of Covid 19. Ideally, both (both online and offline) complement each other with their strengths. The obvious implication is that learning was fully digital. This is a limited perspective on the future of education. But the point is that blended learning is a mixture of the old and the new, just as it is a mixture of traditional and modern learning.

Hands-on job experience became limited as COVID 19 worsened the country's situation in the past years. It does not only affect the experience of nursing students but also affects the way they learn and how they do certain things. As of right now, students still lack experience and hospital duty even if they are nearing becoming a graduate and soon to be a registered nurse.

According to a study conducted by Kusumawati, I et al. (2022), with their participants graduated in 2020 from a limited and blended learning experience, and non-clinical exposure for a year, concluded that a lack of nursing skills, attitudes, internalization of values and communication of new nurses emphasized that online learning systems cannot replace the face-to-face learning methods. Acquiring clinical

skills through simulation and video is not enough to compensate for the skills required for hands-on practice.

Theoretical, practical, competency-based learning are central to nursing education. Nursing requires bedside skills such as medication administration, injections, wound care, and soft skills such as therapeutic communication, counseling, and behavior management. In this regard, pandemic-related restrictions on tutor-student interaction and inpatient care opportunities are significant barriers to nursing education. As a result of a lack of opportunities to improve these critical skills, students may be at a disadvantage in the future compared to other cohorts who have not completed home learning. (According to Hu, 2022,)

In addition to the above statement, a study conducted by Casey et al. (2021) The pandemic's restrictions and the loss of many new nurses' valuable unit clinical orientation hours contributed to this. The COVID-19 pandemic added stress, worry, and panic when new graduates were hired into the professional setting. Fresh nursing graduates who are new to practice learned to adapt to the needs of nursing, adapt to the recurring disturbances of everyday life, and manage the feelings and anticipation of embarking on a nursing job during this remarkable time in health care. The care pertaining to treating these patients is complex, so hospitals had changed course to developing training and protocols for medical specialists. To delineate their experiences as little is known about the role shift of registered nurses during the pandemic, their commonalities, and the impact of the COVID-19 pandemic on his transition to professional nursing practice was important.

Nursing education equips future medical professionals with the academic and practical knowledge, aptitude, and attitude they need. It consists of teaching-learning opportunities made to help nursing students enhance their clinical health competency in a variety of contexts, which can be accomplished through a good Related Learning Experience (RLE). Before students enter a medical setting, the objective of a nursing education program is to furnish them with high-quality learning opportunities that support the development of their clinical abilities. According to traditional practice-based learning approaches, nursing students who provide direct patient care in hospitals and other clinical settings (referred to as clinical learning experience) must be provided with experience to give the highest quality care (Hansen & Bratt, 2017).

The sudden outbreak of COVID-19 affected the skills, attitude, and knowledge of nursing students when it comes to hospital care settings. This study aimed to explore and describe the lived experience of registered nurses currently working in the hospital setting who were in Blended Related Learning Experience in a selected private higher education institution. This concern needed to be addressed by exploring the lived experience of registered nurses practicing their skills in the medical surgical ward.

Epistemological and Theoretical Perspective of the study

This study was anchored on the theory of Edmund Husserl, which states that phenomenology is a study of consciousness without disregarding experience's objectivity and commonality into a purely subjective (Phenomenology (Stanford Encyclopedia of Philosophy), 2013b). Furthermore, one can be definite about the nature of our own perception, how we construct the world, and how our subjective consciousness perceives the world. This was also opposed to the idea of naturalism, which should be distinct from

each other (Mambrol, 2018). Phenomenology must be a first-hand point of view of a person, as this helped formulate an in-depth understanding and interpretation of an individual's lived experience. In this study, the participants had their own perceptions based on how they feel and what they experienced as nurses who graduated from a blended Related Learning Experience. In addition, this generated the idea that they perceive their experiences as an outcome of their interaction in the health care setting.

Epistemological perspective

Constructionism is a philosophical and epistemological perspective that emphasizes the active role of individuals in constructing knowledge and meaning through their experiences, interactions, and engagement with the world.

Constructionism has been developed by various scholars and educators such as Seymour Papert, Lev Vygotsky, and Jean Watson. It suggests that people do not merely passively absorb information from the environment, but actively build their understanding and interpretations based on their unique perspectives, cultural context, and social interactions (Roller & Lavrakas, 2015).

In the context of this study, constructionism is relevant to understanding how nurses make sense of their experiences in dealing with transitioning their knowledge and skills from a blended learning experience into a hospital setting. A variety of active construction of knowledge is explained thoroughly as follows;

Subjective Perspectives

Based on the perspective of constructionism each nurse interprets their learnings and knowledge differently and from a blended learning experience many nurses have differing styles of care. The nurses coming from a blended learning setting may not have

had the confidence or knowledge compared to that of a full face to face learner. The nurses had to create and build on their own ideas from the blended modality they experience and implement it into the hospital setting and using the lens of constructionism we can observe how the nurses are able to be an active role.

Interactions and Social Context

Facilitating a constant interaction and social context with their environment allows the researchers to fully understand the nurse more and how they perceive society within the clinical world. The nurse may feel lacking in their delivery as a nurse in a hospital setting because they come from a blended mode of learning. The nurse may feel pressured or overwhelmed as they are faced with new challenges that are different from what they had learned previously. The nurses may produce low rigor since acquisition of practical skills and knowledge is more effective in a face-to-face setting in which the nurses were not able to experience fully.

Building Strategies and Coping Mechanisms

Exploring building strategies and coping mechanisms is directly relevant as it helps uncover how nurses navigate the challenges posed by the blended RLE, manage the demands of their profession, and adapt to changes in their learning and work environments, ultimately providing valuable insights into their overall experiences and professional development.

Continuous Learning and Adaptation

This theme is relevant as it allows researchers to investigate how nurses engage in ongoing learning, adjust their practices, and acquire new skills in response to the evolving demands of healthcare and the introduction of blended learning methods.

Understanding how nurses embrace continuous learning and adaptability within this context provides crucial insights into their professional and the effectiveness of the blended RLE in facilitating their skill development and competence enhancement.

Multiple Realities

It acknowledges that each nurse may perceive their experiences and the impact of the blended RLE differently. By embracing this notion, our research can explore the diverse perspectives and interpretations of the nurses regarding their RLE, allowing for a comprehensive understanding of how these varying viewpoints shape their individual experiences, attitudes, and responses to the blended learning approach. This approach facilitates a nuanced examination of the complex interplay between subjective realities and the objective aspects of their work and learning environment.

In conclusion, constructionism provides participants with an understanding of their own environment and establishes their own unique interpretation that can relate to what they had encountered during blended related learning experience.

The theory of social constructivism, on which this study is partly based, states that knowledge is gained through socialization and the support of others, most frequently in groups. According to this theory, socialization influences the development of understanding an individual. In this theory, Dyads and other small groups are being emphasized (Johnson & Bradbury, 2015). In this study, the nurses were able to share their conception and unique point of view regarding their experiences in an actual hospital setting.

Moreover, participants try to gain understanding of their own environment and establish their own unique interpretation that can relate to what they had encountered during blended related learning experience.

According to Alfred Schutz's theory on constructivism, knowledge evolves through people's interactions with their environment over their experience. Social constructionism shares the interpretivism viewpoint that meaning is generated and negotiated by the actions of humans, as well as the goal of understanding lived experience. Constructivism is 'an approach to learning that holds that people actively construct or make their own knowledge and that reality is determined by the experiences of the learner' (Elliott et al., 2000, p. 256). In elaborating on constructivists' ideas, Arends (1998) states that constructivism believes in the personal construction of meaning by the learner through experience and that meaning is influenced by the interaction of prior knowledge and new events.

In this study, the researcher conducted phenomenological research, which aims to understand the subjective experiences and meanings that individuals attribute to a particular phenomenon. The research was anchored to a constructionism perspective, which emphasizes the social construction of reality and the role of language, discourse, and shared beliefs in shaping our understanding of the world. By adopting this perspective, the researcher acknowledges that reality is not objective or fixed, but rather a product of social interactions and interpretations. This approach allows for a deeper exploration of the phenomenon under investigation and offers insights into how individuals construct their own realities and make sense of the world around them. The world can be understood through language and culture in social constructionism, and it is 'waiting for significance to be found' or 'laden with purpose'. That is, the world and the

things in it are seen as social constructions and 'crucial participants' in the meaning-making process (Crotty, 1998:42-65). They impart something fundamental to the conscious subject, so that what we learn is more than just another subjective account of reality, but one that reflects both our culture and important aspects of phenomenon. Social constructionism is defined by this view of the interaction between society, culture, language, and a conscious, meaning-making subject, as well as the things that offer themselves to human awareness. Constructivism is a learning philosophy that highlights learners' taking an active role in developing their own understanding. Rather than taking information passively, the researchers reflected on their experiences, build mental representations, and incorporate new knowledge into their understanding of the research; this encourages deeper learning and comprehension for the researchers as they perform their research.

Additional Micro theories

This study was also anchored in Lewin's change theory, which stated that change is a dynamic balance of forces working in opposing directions. Three major themes in the Change Theory are driving forces, restricting forces and equilibrium. The driving force is the one who exerts influence in a direction that leads to change. In encouraging change, they call upon the patient to move in his intended direction. It shall be said that the opposing forces against driving forces are called restraining forces. They are preventing change because they take a person away from it. When opposing forces are balanced and there is no movement in any direction, this is referred to as equilibrium. Changes in the driving and restraint forces can raise or lower it. To relate the theory in this study, an individual must adhere to an ever-changing environment in order to adapt, maintain equilibrium, and survive the identified transition from their experiences as student

nurses to working in an actual hospital setting, specifically in Medical-Surgical ward as a registered nurse. For that reason, despite changes in the environment, a person goes on according to their role and duty as an adaptation to changes.

Based on the theory, change is an obligatory process that must be properly calculated, planned, and explained. Its implementation is characterized by unpredictable complications, and nurses find it helpful to use specific theory. Its central idea is that human behavior is a dynamic balance between driving and restraining forces to promote social self-regulation within a particular context (Lewin, as cited in Burnes, 2019). Based on this theory it explains how people react when facing changes in their lives. From these the researcher can relate how the participants feel, think and behave about the transitions of the modality of teaching the students from face-to-face class to an online or blended learning system According to this theory, prior learning is required to understand what ideas and movements must be rejected or replaced and why. Lewin explained the need for motivation, explanation, and collaboration in nursing practice to prove the inevitability of change and improvements. As what our participants of the study had experienced during their undergraduate years, graduated in 2021-2022; they had to go through various changes such as switching from face-to-face classes to online or a blended learning to adapt as registered nurses.

Purpose of the study

This study aimed to explore and describe the lived experience of registered nurses currently working in the hospital setting who were in Blended Related Learning Experience in a selected private higher education institution.

Statement of the Problem:

This study aimed to explore and describe the lived experiences of nurses of a registered nurse currently working in the hospital setting specifically in the Medical-Surgical department who graduated from a blended related learning experience in a selected Private higher institution.

This study would answer the core questions:

1. What are your lived experiences as a registered nurse currently working in the hospital setting specifically in medical surgical who graduated from blended related learning experience?
 - 1.1 Is there any circumstances where you feel like you do not have any skills to prove because of blended learning experience?
 - 1.2 What are the common problems you had encountered while working here in the medical surgical ward?
 - 1.3 Do you think your skills during your undergraduate years were competent enough working here?

Significance of the Study

The result of the study can be beneficial to the following:

Nursing education. The development of productive working relationships, a holistic nurse-patient rapport, and nursing professionals who remain in the workforce influencing healthcare change and reform are all possible outcomes of an increase in learning and skill among emerging professionals that can better human and social conditions.

Hospital Administration. Understanding undergraduate student performance may help improve instructional methods and create more tenacious healthcare professionals.

Clinical instructor. The clinical instructor facilitated the learning ground for these newly graduated nurses. The data obtained from this study gave emphasis to how the new learning system affects the skills and competence of its students. In that way, it serves as a guide for them on which aspects they lack and on what grounds they should improve to accommodate the needs of undergraduates.

Nurse. This study acquired a first-hand and comprehensive understanding of the experiences of nurses who graduated in an online clinical setting during the pandemic. This serves as a platform for the new nurses to express and be heard of what concerns and skills they lack due to the new learning setting. Furthermore, the data benefited the pre-covid nurses by identifying the lived experiences of the registered nurses graduated in 2022. In addition, it gave prior knowledge and expectations to the nurses succeeding them.

Future Researchers. This study benefited the body of knowledge and guide as a framework for future research studies with the same target population and significance.

Definition of Terms

Blended Related learning experiences. Refers to a teaching method that mixes traditional classroom education with internet learning. It strives to give students a more customized and engaging experience, as well as flexibility and convenience. This type of teaching is gaining popularity because it provides a more flexible approach that

can be modified to match the particular requirements of pupils. In this study, it is one of the bases of experience participants had (Sabbott, 2013).

Hospital. Refers to an establishment designed, staffed, and furnished for the diagnosis of illness and for the medical and surgical care of the sick and injured (Piercey et al., 1999). In this study, the Hospital is the setting where the participants are currently working.

Lived Experiences. Refers to the definition of a person's experiences, opinions, and knowledge as they relate to their decisions and experiences. It is also used to describe qualitative research that covers linguistic and communication studies and those on culture and society (Talking HealthTech, 2022).

Private higher education institution. Refers to a varied choice of programmes in specific sectors such as advertising, design, fashion, cinema, and television, in addition to business, management, and computer technology, which are also given by public universities (Bridge, 2016). In this study, private higher education institution is the university where they graduated.

Registered Nurses. Refers to a graduate-trained nurse who met the requirements for registration and was granted a license by a state body (WebMD Editorial Contributors, 2020). In this study, Registered nurses are the participants of the study but limited only to those who graduated from Central Philippine University.

Related learning experiences. Refers to the practical part of the Nursing Science Baccalaureate curriculum, which is a competency-based curriculum (Colindres, 2018). In this study, it refers to the subjects included in the curriculum of the participants in the Bachelor of Science in Nursing degree.

Researcher's Subjectivity

This included setting aside their own expectations, knowledge, understanding, and preconceived notions such as prejudices and biases to avoid influencing the statements of the participants regarding their experiences. Through the acknowledgment of their subjectivity, they become aware of how these can influence the interaction of an individual with the world (Pope, 2020). The researchers made sure that no participants felt pressured, threatened, or judged to avoid any discomfort. The researchers also ensured the confidentiality of the personal information of the participants and no forms of coercion was used as persuasion to take part in the study. Researchers also ensured transparency during the research process. The researchers minimized the use of subjectivity and involved more in reflexivity and triangulation to avoid harm and sensitivity to the participants.

In conclusion, subjectivity among researchers is a natural part of the research process. Although it cannot be totally avoided, there are methods that can be taken to lessen its effects and improve the rigor and dependability of research findings. For research to be ethical and reliable, subjectivity must be acknowledged and addressed.

Delimitation of the Study

This study focused on assessing the lived experience of registered nurses working in the hospital setting who were in Blended Related Learning Experience in a selected private higher education institution.

The researchers purposely selected the participants to meet the inclusion and exclusion criteria. The target participants of this study were the registered nurses graduated in Central Philippine University batch 2022 and are currently working in the tertiary hospital, specifically in MS ward, with at least 3 months of hospital experience. Additionally, the participants included in this study were willing to participate and sign the informed consent. The number of participants was dependent based on the data saturation. The data collection and selecting of the participants were stopped when data saturation was attained by the researchers. The selection and interviewing of the participants were held for not more than 2 weeks. The interview took at least 15 minutes and a maximum of 20 minutes of the participant's time. This study was conducted from November 2022 to May 2024.

Chapter 2

Review of Related Literature and Studies

This chapter presents the review of related literature and studies after a thorough exploration of the researchers and this chapter will also serve as a synthesis of related studies.

Blended Learning in Nursing Education

According to a study of McCutcheon, et al, 2020. P. 30 as cited in Sanders (2022), entitled Online learning versus Blended learning of clinical supervisee skills with pre-registration nursing students: A Randomized Control Trial. The study consists of 122 nursing students randomly assigned to the blended learning group or the online control group. The participants recorded their progress and thoughts about the classes on a mobile app. In the mobile app, participants' motivation and knowledge scores were recorded. However, the results concluded that Blended education performed better in both areas. The study showed that blended learning has greater pedagogical value than online learning when it comes to training aspiring nurses.

The findings from a prior systematic review study with a meta-analysis conducted by Kang & Seomun in 2018 in line with the current study's results, indicating that the use of blended learning in nursing education led to an increase in participants' knowledge. This achievement can be attributed to the learning process undertaken by students,

which involved activities such as watching videos, taking weekly quizzes, and reading articles before attending class. A previous systematic review on blended learning in clinical practice, as presented by Rowe & colleagues in 2012, informed us that blended learning has been implemented in various ways using diverse tools. The study further emphasized the importance of selecting the most suitable tools to achieve desired learning outcomes.

Support for blended learning also comes from a comparative study conducted in a nursing program in China by (Shang & Liu in 2018), where 68% of student participants favored the blended course over the traditional face-to-face course. Additionally, the final examination results indicated that students in the blended course performed significantly better than those in the traditional classroom setting.

However, it's worth noting that while blended learning consistently led to improved clinical skills in students (Rowe et al., 2012), it did not always result in better test scores. Nevertheless, it can bridge the knowledge gap between theory and practice in nursing education. In contrast to the current study's findings, a randomized control trial conducted in a Canadian nursing program by Gagnon et al. in 2013 revealed that the blended teaching method did not directly impact students' knowledge. This study emphasized the importance of incorporating learners' motivation into the learning process. Motivation and learning are closely linked, with motivation influencing an individual's ability to learn, and the intensity and duration of their learning (Bandura, 1991). Interestingly, a comparative study on student motivation between traditional face-to-face learning and online learning, conducted by (Rovai, Ponton, Wighting, & Baker in 2007), found that students engaged in online learning exhibited stronger intrinsic

motivation compared to those in traditional face-to-face classes. However, there were no significant differences in students' extrinsic motivation and amotivation.

Moreover, Gagnon and their colleagues conducted a study on motivation, measured at a single point in time, and suggested that less motivated students could benefit from e-learning (Gagnon et al., 2013).

Transition to Practice and Lived Experiences

Even in the best of conditions, the move from formal schooling to nursing practice is stressful for rookie nurses and those transitioning into new advanced practice positions (Barnes, 2015; Lin et al., 2020), let alone during a pandemic (Barnes, 2015; Lin et al., 2020). Burnout and increased nursing turnover can result from transition-related stress in registered nurses (RN) and advanced practice registered nurses (APRN) (Jewell, 2013; Labrague & McEnroe-Petite, 2018). As noted in (Crismon et al., 2021), new graduates attribute this stress to severe workloads, a lack of mentoring, and a perception of being unprepared for practice, particularly when caring for patients with complicated medical illnesses (Ebrahimi et al., 2016; Sargent & Olmedo, 2013).

Ulmen et al. (2022) emphasize the importance of a smooth transition from nursing student to graduate nurse, as it significantly impacts both the employing organization and the nurse's overall satisfaction. Even in normal circumstances, new graduates often had feelings of inadequacy, stress, anxiety, and uncertainty regarding their ability to safely meet job demands (Meyer & Shatto, 2018; Murray et al., 2019; Wakefield, 2018; Wildermuth et al., 2020). Furthermore, newly graduated nurses may

lack confidence in their technical and clinical judgment skills and their capacity to practice independently.

In addition, newly graduated nurses' first work experience plays an essential role when embarking on their journey towards total autonomy and independence according to recent research carried out by Bani et al. of 2022. In some individuals, however, this new environment and associated responsibilities can create such confusion that they might damage their job self-esteem or sense of identity (Kramer et al., 2012). Navigating the healthcare workplace for the first time is never easy, and the transition period can present various challenges, including handling unexpected events, coping with a demanding workload, experiencing performance anxiety, and lacking access to experienced mentors (Hofler and Thomas, 2016; Aldosari et al., 2021). Due to the complexity of care and the rapid pace of healthcare, newly trained nurses did not have as much time to consolidate previous knowledge, doubting their own abilities and being afraid to make mistakes. (Kumaran & Carney, 2014). In complicated envied by heavy workloads and inadequate instruction in the orientation phase, these feelings can be exacerbated. (Duchscher, 2009).

Challenges and Benefits of Blended Learning

Blended learning has been shown to have positive effects on nursing students' academic performance and learning engagement. A study on undergraduate nursing students found that blended learning strategies improved academic performance compared to traditional teaching methods (Li, 2023). Additionally, blended learning was found to increase learning engagement among nursing students by overcoming the limitations of traditional classroom teaching (Li, 2023). This suggests that blended

learning enhanced both the academic performance and learning experience of nursing students.

Impact on Patient Care and Quality

The use of electronic learning (e-learning) in blended learning had been instrumental in overcoming the challenges faced by health care professionals in accessing professional development opportunities. E-learning refers to any type of educational media delivered electronically, such as online courses or web-based simulations (Sinclair et al., 2015). E-learning can be delivered in asynchronous or synchronous formats, with the latter being more commonly used in formal educational settings according to set timetables of study (Sinclair et al., 2015). Studies shown that e-learning, particularly web-based simulations, can improve nurses' workplace practice and clinical performance (Liaw et al., 2016). For example, a study found that nurses who underwent a web-based simulation as part of their continuing nursing education had a significant increase in their recognition and response to deteriorating patients in clinical settings (Liaw et al., 2016). The nurses also reported positive transfer of learning from the web-based simulation to clinical practice (Liaw et al., 2016).

In relation to this, another study was conducted focusing on the effects of utilizing blended learning on the rate of medication administration errors of registered nurses specifically in medical wards. The study included 57 clinical nurses working in the medical wards of selected educational hospital with affiliation to Lorestan University of Medical Sciences in Khorramabad, Iran. The study concluded that blended learning education as new educational strategy provides a positive significant improvement on nurses' performance and reduces errors in medical wards (Farzi, et al.,2020)

Personal and Professional Development

Blended learning has been observed to improve metacognitive skills among nursing students. Metacognition pertains to the capacity to assess and control one's own cognitive and learning processes. A study conducted with undergraduate nursing students within a blended learning setting revealed that the blended learning module effectively promoted the development of metacognitive skills, including understanding, argumentation, logical thinking, and advanced cognitive abilities (Hsu & Hsieh, 2013). Blended learning offers flexibility and a variety of instructional approaches that enhanced learning outcomes and boost student satisfaction with the educational experience (Hsu & Hsieh, 2013).

Synthesis

The numerous studies emphasizing the utilization of blended learning in nursing education show that it plays a vital role in enhancing the skills and knowledge of nursing students. In comparison to online learning alone, the blended learning experience can improve the academic performance and clinical skills of the students. Which can affect their transition from student nurses to professional practice and lived experiences as registered nurses with blended related learning experiences. It was also said that as newly registered nurses, they may face challenges that are common among novice nurses, especially those who graduated during a pandemic.

Furthermore, this chapter emphasizes the impact on patient care and quality from blended-related learning experiences. Wherein, the usage of electronic learning materials and/or web-based simulation aids in the learning of nursing students as part of

blended learning education. It has also been found that blended learning had a significant role in the metacognitive abilities of nursing students. Which is the comprehension, argumentation, reasoning, and higher order thinking of the students (Hsu & Hsieh, 2013).

Chapter 3

Methodology

This chapter presents the description of the research design, the participants of the study, the data collection procedures, and the analysis of data. Informed consent and ethical considerations are defined in this study.

Research Design

This study focused on the Lived experiences of Nurses who were in blended related learning experience in selected private higher education institution. This was a descriptive phenomenological study, and it aimed to explore and describe the lived experiences of the nurses working in the hospital setting specifically in the medical surgical ward in Iloilo City.

This study employed qualitative research, using a descriptive phenomenological approach. A phenomenological study is a qualitative research approach that provides insight into the common lived experiences of the target population (Creswell, J.W., 2013, as cited in Chambers, T, 2013). The objective of this study sought to determine the commonality of the experiences of the respondents. The gathered information guided the researchers in the analysis of the behavior and actions of the participants.

Methodology

Descriptive Phenomenology is commonly used in qualitative research or specifically in social science research was utilized in this study. It is a philosophical and scientific method that explores and describes the common lived experiences of the individual in a specific phenomenon (Christensen et al., 2017).

This study aimed to explore the lived experience of registered nurses currently working in the hospital setting who were in Blended Related Learning Experience in a selected private higher education institution. An in-depth, open-ended, semi-structured interview was utilized in gathering data for this study. This interview began with the core question: “What are your lived experiences as a registered nurse currently working in the hospital setting specifically in medical surgical who graduated from blended related learning experience?”

Participants of the Study

In this study, the researchers utilized purposive sampling. The participants were purposively selected to meet the inclusion and exclusion criteria. The researchers also utilized snowball sampling in which the participants chosen can recommend someone based on the inclusion. The number of participants was dependent based on the data saturation. The data collection was stopped on the tenth participant as the data saturation was attained by the researchers.

Inclusion:

The participants of this study were:

1. A 2022 graduate of Central Philippine University with a bachelor's degree in nursing.
2. A registered nurse practicing his/her profession in a hospital, specifically in the Medical Surgical ward area, with at least 3 months of working as a registered nurse.
3. A male or female registered nurse.
4. Those who are willing to participate and signed an informed consent.

Exclusion:

The participants who are excluded from this study are;

1. A registered nurse not practicing his/her profession in a health care setting.
2. A registered nurse who was not assigned to the Medical Surgical ward.
3. Those who are not willing to participate and did not sign an informed consent.

Research Setting

The interview was conducted in a convenient and comfortable location for the participant. A private room was utilized to promote confidentiality and avoid distractions during the interview. The minimum standards for health as prescribed by the Department of Health and Local Government Unit were complied with. This includes physical distancing, use of disinfectant (alcohol), and use of a face mask and/or face shield. During the in-depth interview, at least one (1) meter was maintained between the researcher and the participant. Considering the situation that we had, brought about by the pandemic, aside from face-to-face interviews, video conferences via Google Meet and Zoom meetings was utilized.

Data Collection Procedures and Strategy

In this study, the researchers had an in-depth interview with the participants. To get the significant information needed, the researchers utilized an unstructured interview via face-to-face and/or through online platforms such as zoom meeting and google meet. The interview was recorded using a recording device after obtaining consent from participants and transcribed. Thereafter, the information gathered was analyzed using Colaizzi's descriptive phenomenological method.

The researchers provided an informed consent to the participants through various means such as letters, email, or messaging applications, to ensure that the participation is voluntary. In gathering the data, an in-depth, open-ended, semi-structured interview was utilized. The interview was recorded using a phone recorder, and a paper and pencil method. The researchers established rapport with the nurses as a primary interaction of the interview. Thereafter, the researchers proceeded with the primary questions and the participants were asked about their experiences as registered nurses who graduated in the school year 2022 from a blended related learning experience working in the hospital.

Purposive and Snowball sampling was used as the method of sampling. The researchers gathered a few participants who fit the research inclusion criteria and are invited to become participants of the study. These participants recommended other potential participants thereby the basis for data saturation.

Data saturation is a term used in research to describe the point in the data collection process where data has been obtained enough for a conclusion. Each interview

had an estimated time of 60-90 minutes, with additional notes that were taken during the post-interview. The researchers conducted a return interview for validation and confirmation of the results from the participants.

In addition, the researchers established rapport with the participants to provide a comfortable environment. The researchers introduced and provided a brief background of the study, which then handed out informed consent to the participants. The participants were given an explanation that the duration of the interview is minimum of 60 mins and a maximum of 90 mins. Audio/visual recordings were utilized after obtaining consent from the participants. Thereafter, the participants were notified of a return of the interview after an analysis had been done for validation of result, highlighting the significant information.

The outline of the steps are as follows:

1. A letter was sent to the Dean in order to proceed with the conduction of the proposed study. In the first step, a confirmation from the Dean with the guidance of a research adviser was attained to have authorized permission in conducting this study via email and/or mail.
2. Letters were sent to the participants prior to the interview. The letter to participants was sent via email, mail, and/or messaging app such as messenger to have prior knowledge of the terms and conditions of the scheduled interview.
3. The scheduled interview proceeds. The researchers were able to build rapport with the participants. After understanding the signed informed consent, the researcher asked permission to record the whole duration of the interview, then proceeded with the primary questions to build up the specific question significant to the study until the data gathered is enough.

4. The researcher informed the participants of the return of the interview. To validate the result and highlight the significant information for the study.
5. The researchers analyzed the information gathered. The recording was then transcribed to further analyze and understand the responses of participants. Following Colaizzi's data analysis method, the researchers had an in-depth analysis and were able to formulate themes and give meaning to the aspects significant to the phenomenon's structure.
6. The return of the interview. After establishing results from the gathered information, the researchers had a return interview to validate the results and significant descriptions/information provided by the participants.

Ethical Consideration

Seeking approval from the RERB office and other related offices/institution. The review and consent by the Central Philippine University Research Ethics Review Board (RERB) was made and obtained before the conduct of the study. The recommendations of the committee were implemented until the study was approved.

Risk Assessment

The potential psychological, social, physical, and legal harm of the study is identified as negligible. If there is any, the participants may wish not to disclose any sensitive or offensive experience. The participants were also provided with information about the nature of the interview and their responses were kept confidential.

Benefits Assessment

The responses of the participants were assessed and categorized into major themes which had significant benefits for nursing education, hospital institutions, clinical instructors, active nurses in the field, and future researchers.

Withdrawal criteria of Participants

If the participants chose not to participate or to withdraw from the study at any time, there was no penalty or other consequences and without need to give any reason. Upon withdrawal, the participant should inform any of the researchers if he/she wished to withdraw. A probable reason(s) may be provided to the research team, but not required. If at any time the participant withdrew from the study, the data were discarded properly.

Anonymity and confidentiality of participants/respondents

The confidentiality and anonymity of the participants were ensured. All the information gathered was solely for the purpose of this study. The identity of the participants was kept private and confidential to the extent provided by law. An identification number was assigned to each participant in the study.

Voluntary, non-coercive recruitment of participants/respondents

Informed consent was given and signed by the participants when they consented to participate. Before conducting the study, its objectives, assets, and liabilities were fully explained to the participants. After obtaining the consent, the researchers conducted scheduled in-depth interviews.

Disposal of research materials/data

The data collected were stored with the utmost respect for their privacy and confidentiality. The electronic copy of the data was kept on a computer that only the researcher(s) has/have access to. Hard copies were stored in a secure location such as folders and were placed into one of the cabinets with locks that only the researcher(s) can access. The data collected was stored for a year and destroyed after that period.

Contribution to local capacity building and benefits to local communities

The researcher's study of the lived experience of registered nurses currently working in the hospital allowed individuals in the community to understand the experiences each nurse has. This study provided insights and skills about efficient healthcare and helped local communities to participate in enhancing a better healthcare outcome.

Incentives or compensation for participants

The researcher provided a token of appreciation such as ballpen and keychain. They were also given food and beverage during the interview.

Disclosure or declaration of potential conflict of interest

The researcher declared no conflict of interest in this research study. During the study, the participants were assured of the security of their data information and comfort. The researchers thoroughly explained to the participants the choice to participate in the study or to withdraw from the study at any time with no compensation granted to the those who withdrew.

Dissemination Plan

The results of this study were stored in a hard drive to which only the researcher had access. The transcripts and recorded video/audio were stored for a year until the research is published. The obtained information was shared only within the researcher's groups and was presented to the panelists. The written information was shared broadly through publications.

Analysis of the study

In this study, the researchers utilized Colaizzi's (1978) phenomenological approach designed to analyze the lived experiences of the participants. This method is well-known for its interpretive and inductive qualities, which are useful when exploring a complex phenomenon from the perspective of the participants, it has a clear and logical process through which an in-depth understanding of an experience was analyzed. For understanding individual experiences, the phenomenological analysis method of Colaizzi (1978) was used. (Wirihana et al., 2018).

This method is well-suited for this study because it allows for the exploration of the personal meaning of the phenomenon based on the participant's experiences. In this study, the experiences of those who participated are especially relevant because they provide a starting point for quantitative research. Colaizzi's (1978) method is an appropriate choice as it is designed to uncover the "essential structures of experience" in qualitative research. Through this method, the researcher identified and understood the emergent themes of the participants' experience.

The method depends upon the first-hand experience of a person which can be acquired through various means such as written descriptions, blogs, research journals, virtual discussion and in-person interviews. (Morrow et al.,2015)

The steps in Colaizzi's descriptive phenomenological method (as cited in Morrow et al., 2015) are indicated below:

Familiarization. The data are familiarized by the researchers by reading the statements of each participant repetitively.

Determining relevant statements. All statements in the data that are pertinent to and significant for the phenomenon of interest are identified by the researchers.

Formulating meanings. An in-depth analysis of the data is followed by the formulation of meanings relevant to the phenomenon by the researchers.

Assembling themes. The identified meanings are grouped by the researchers into themes present throughout the data and had similar characteristics.

Creating a comprehensive explanation. The themes created in the preceding step were incorporated into the researchers' detailed description of the phenomenon.

Developing a fundamental structure. The description is compressed by the researchers into a brief, compact statement that solely focuses on the elements relevant to the phenomenon's structure.

Verifying the fundamental structure. The researchers verify and validate the significant statements to every participant. After considering the feedback, one may go back and change earlier analysis processes.

General and Applied

Data analysis is used for an in-depth understanding of the uniqueness and commonalities of individuals' experiences in a qualitative phenomenological study. It is used to make sense and provide meaning to the significant information acquired from the participants. The analysis begins right from the first interaction between the interviewer and the respondents. From the attentive listening of verbal descriptions up to the reading of transcribed information to further analyze and fully understand the data gathered during the interview. Thereafter, the participants were informed of a return of the interview for validation of the results and significance of the statements provided.

After an in-depth interview, the transcribed recordings were analyzed and fully understood to provide accurate results with emphasis on the significant structure of the phenomenon.

The analysis utilized Colaizzi's data analysis method. The outline of steps that was used in this study are as follows:

First, familiarization. The researchers familiarized themselves with the data, reading each participant's accounts several times to fully understand its context. In this step of the analysis, all members of the research team reread the transcriptions which helped explore the different thoughts and feelings towards participants' experience.

Second, Determine relevant statements. The researchers recorded any statements that are significant or pertinent to the subject. Focusing on the significant statement that

can be derived from the information obtained during the interview. After reviewing, the statements were then organized accordingly in line with the participants' identification numbers.

Third, Formulating meanings. After an in-depth analysis of data, the researchers had careful consideration in formulating meaning on the significant statements of the participants. The valuable information was coded under one category where they had exhaustive descriptions and meanings.

Fourth, Assembling themes. These meanings were then sorted by the researchers into themes that had analogous characteristics. The following identified meanings were categorized according to subthemes, themes, and major themes. In categorizing the identified meanings, it was based on the uniqueness of formulated structure of subthemes.

Fifth, Creating a comprehensive explanation. The themes identified in the 4th step of the analysis were included into the researchers' development of a coherent and inclusive description of the phenomenon. The major themes were then described purposively according to their structure and characteristics. Then, the researchers seek out a research expert for validation of the descriptions based on the findings of formulated major themes.

Sixth, Developing a fundamental structure. The researchers condensed the descriptions into one concise description that only emphasized the significant aspects of the phenomenon, eliminating the redundancy and misuse of descriptions of the overall structure.

Lastly, after establishing a final and accurate result, the researchers conducted a return interview with the participants to seek verification of the fundamental structure. It is to validate the highlighted significant information if the findings of the researchers had captured the accurate description and meaning of the lived experiences of the registered nurse's first hospital duty with an online and limited face-to-face related learning experience. In this stage, the researchers discuss the analysis with the participants to verify if the results and findings reflect their experiences. After further discussion, the researchers obtained a signature of confirmation from the participants.

Validity and Reliability of the Study

The researcher must ensure that the data is reliable, valid, and meaningful. Data collection techniques consisting of triangulation and member checking were made to achieve this. The Triangulation which involved collecting information and data from various sources and methods were utilized to ensure accuracy and completeness. This was ensured in qualitative data using a variety of methods including peer review, audit trails for content validity, peer debriefing and member checking. Coding and qualitative approaches were used to ensure the data is clearly understood and analyzed. Moreover, researchers utilized various methods such as surveys, focus groups, interviews, or archival research to ensure that the data is valid and reliable.

Researchers ensured that the rigor of qualitative research is associated to the concepts of validity and reliability in the qualitative research process. In qualitative terms, rigor is a method of establishing trust or confidence in the results of a specific research. It warrants the researcher to keep consistency in the procedures employed all over time. It also reliably represents the study population.

The principle of validity and trustworthiness, with the aim of producing accurate and unbiased data which represent the population under study. The concept of "trustworthiness" refers to the caliber, veracity, and integrity of findings from qualitative research. It speaks to the degree of confidence readers had in the outcomes. According to Yin (1994) trustworthiness is a metric for assessing the caliber of a qualitative study. Trustworthiness focused on procedures for making sure the research process was done correctly.

Qualitative research seeks to understand the research problem more thoroughly by concentrating on the research environment. As a result, qualitative research entails an investigation of subtleties, significance, and feelings that aids in a greater comprehension of the community under study.

Credibility is gained by the interpretation of individuals' experiences between all individuals. A study is considered credible when it provides an explanation of an occurrence in such a way that others who had experienced that experience recognize it immediately.

Transferability refers to the extent to which qualitative research findings may be extended to various contexts or situations, or whether the findings are significant to other people in similar situations. The practical usefulness of the study can be determined through its effectiveness in communicating significant information and how it makes sense of the meaning of the participant's experiences.

The consistency and dependability of the study outcomes are termed as dependability and the amount to which research techniques are documented, allowing

someone outside of the research to observe, audit, and critique the research process (Sandelowski 1986, Polit et al. 2006, Streubert 2007). In this study, participants were asked to present data saturation and validate study results to demonstrate the dependability of the study.

To ensure that the collected data is reliable and valid, this is achieved by using specific protocols. To achieve that, researchers must develop research questions specific to their studies and keep a close eye on data collection methods to be able to obtain accurate and reliable information. Moreover, researchers should fully document their results to ensure they are reliable.

When credibility, applicability, and dependability are proven, confirmation is attained. Participants in qualitative research must be informed of the study and its findings. The researchers must be critical of themselves, examining how their views influence the findings.

Confirmability may be accomplished by taking notes about personal thoughts, prejudices, and observations immediately afterward an interview and following, rather than directing, the flow of interviews by asking for clarifications when necessary. Reflective research yields new perspectives, leading the reader to believe in the trustworthiness of the findings and the study's relevance.

The notion of accuracy, depth, and intricacy. A naturalistic approach to data collecting is frequently connected with qualitative research, where the researcher uses the data as an instrument by observing, probing, and reflecting on it. The research

questions and data gathering techniques are iteratively improved during this process, which keeps the researcher in close contact with the study's subject.

Chapter 4

Synthesis and Discussion

The component of this chapter are the research findings of the collected data divided into five (5) parts. The main sources of the data are semi-structured in-depth interviews conducted by the researchers. Part I includes the profiles of the participants and summarizes their experiences in narrative form. Part II is the discussion of the formulated subthemes and major themes identified by the researchers. Part III discusses the significance of the phenomenon. Part IV presents an in-depth discussion of the findings of the study. The findings were presented in relation to the research objectives stated in the study. The method used to analyze the data is already discussed in the methodology chapter.

Part I: Experiences of Participants

There were ten (10) participants who took part in the study voluntarily. The participants are all registered nurses currently working in a selected institution with blended related learning experience. Each participant has at least 3 months of experience in the medical-surgical ward. For confidentiality, the following identifications and codes were used; Participant 01, Participant 02, Participant 03, Participant 04, Participant 05, Participant 06, Participant 07, Participant 08, Participant 09, and Participant 10.

The following narrative are the lived experiences of registered nurses currently working in the hospital setting with a blended related learning experience in a selected private higher education institution.

Participant 01

Participant 01 was a nurse working at Iloilo Mission Hospital, specifically medical surgical ward, started describing their struggles adapting to the professional world as stated “At first, it's hard. If you want to survive in this career, you need to push yourself. You need to make an effort, blend in, and adapt to the situation even if you have doubts about yourself and your learned knowledge.” This revelation shows the hardship that many new nurses go through from the different modality of learning. As a result, they learned to adapt and work to their strengths, “I became observant of every action of my seniors, whom I shadowed, in order to learn what needs to be done and to learn and adapt to the workplace. You shouldn't become a burden to your colleagues.” This proactiveness highlights a good work ethic and striving for excellence is a hallmark every professional should observe.

Realizing one's own weakness shows awareness of their own ability and capability, this is what Participant 01 shared "In our batch, due to the pandemic, our experience wasn't adequate. We really needed to take action and put in extra effort to become efficient in our work." Showing that they feel as if their understanding of skills and knowledge is not sufficient to be and are taking steps to improve themselves every day.

Participant 01 also reflects on their skills and readiness for nursing. Participant 01 stated “In English: Can I say that I am competent? Yes. I still have a lot to learn,

continuously learning, and I am still perfecting my skills.” This highlights a need for practice and continuous growth, not everyone enters their job as an expert. “However, it's important to acknowledge the skills we have achieved. I have learned how to boost my ego and use it as self-motivation to improve. Also, don't disregard the skills you have; perhaps, they need to be perfected even more than you think. Actually, I still panic, it might be something that I need to improve on, one thing about myself that requires enhancement.” This shows that your knowledge and experience should act as a foundation for you to grow, not ignoring your learnings and acknowledging your skills empowers new nurses to find their strengths and gain confidence in themselves.

Participant 02

Participant 02 a female nurse working in the medical surgical ward of Mission Hospital. She described her experience working after passing her local board exams "After passing the board, I started working in January. I can't say it's difficult, and I can't say it's easy, just right". She also goes on to say that there is a feeling of absence in their experience “There's still something lacking because, of course, transitioning directly from online to real-life situations, wherein in the online setting we are online using dummies and sometimes pillows while in the actual setting, we are dealing with real people. There are nerves and excitement, you know, because it's the first time." This reveal speaks to a recurring pattern where a blended learning modality does not provide adequate teaching as compared to an actual experience.

Reflecting their current skills and knowledge, Participant 02 confessed that they are not competent enough to provide standard care for patients. Participant 02, stated “I really feel that I lack skills because it seems like I don't have enough confidence to face

the real patients." She said it's hard to adapt due to the different nature of blended learning and actual "I was able to adapt because it's only like this, but when in the hospital, it is different. You encounter different people with different challenges." This emphasizes the practical issues that may develop when the theoretical knowledge of a blended learning program is evaluated in dynamic clinical settings, highlighting the significance of continuous support and training for nurses.

Participant 02 was able to share how her blended learning experience helped her prepare for the actual setting "In my college years, it seems like we did every return demonstration even if it's just a dummy, it's always from there. There's always something lacking. It's just about building confidence, facing it, your courage, you know. But for me, coming from MedSurg, even if we return demonstrations online, you have some idea, but it's not the same until you experience things.

Participant 03

Participant 03, a medical surgical nurse currently working in Iloilo Mission Hospital is interviewed on our core question of what are your lived experiences as a registered nurse currently working in the hospital setting specifically in medical surgical who graduated from blended related learning experience. Participant 03 responds to our question by stating that self-improvement is critical due to the reputation of the workplace he works at "I think the first hurdle who graduated from CPU is how to really invest our time in for in helping to improve our performance in Mission Hospital especially because Mission Hospital is our base hospital and we have this standard to uphold there and obviously there are a lot of ups and downs but you know we are able to make it here until now."

Participant 03 elaborates that it is hard to apply the knowledge he has learned in the blended learning experience to his work “And to the situation that we are in and at the beginning we really struggled because it is hard to apply what we learned in a tactical setting and you know there are a lot of other factors like seniors, workmates, like the system in place because there is a lot of medical surgical areas in Iloilo Mission Hospital and one of the medical surgical areas that I was in, It was really stressful and high pressure area so that was my explanation.” Due to these factors a graduate can be put under pressure to apply their skills to a real-world setting that is faced with great scrutiny and fear of the consequences.

He added that being a late graduate with a different mode of learning was stressful” I found it difficult, and I bogged down in college. I didn't experience any health issues, but when I started working, I began to experience health issues both mentally and physically. I easily get burned out, especially since I was a late learner in the field of med-surg.”

Being in a professional workplace, mistakes is not allowed, this is what Participant 03 expounds on saying "I found it difficult when I didn't have room for mistakes, as if I shouldn't make any, but beside the point, you shouldn't really do just anything as you like in med-surg because, of course, the patients are delicate, and you should really pay attention. It's a little mistake that can make things difficult for you. It's really challenging, and I felt pressured. Many also found it difficult because of the work that I wasn't able to finish. But eventually, you get used to it."

Participant 04

Participant 04, a nurse who completed an online program during the COVID-19 pandemic, shared her unique perspective and experiences in our interview. She vividly described the initial challenges of transitioning from online learning to clinical practice, saying, "Even the basic tasks seem alien to us because we graduated from online programs due to COVID. We need to adapt to how to work with them, especially considering we graduated from a simulation, where Apollo didn't speak, and Lucina just gives birth." This honest reception not only highlights the important adaptation required, but also provides insight into the stark contrast between simulated environments and the dynamic reality of patient care. Relying on virtual simulations where interactions with mannequins such as "Apollo " and "Lucina" have been verified and predicted to be a unique challenge for nurses as they navigate the complex environment of real-world healthcare.

Reflecting on her experiences caring for patients, Participant 04 spoke of a particularly impressive journey with a patient whose health fluctuated dramatically. She shared, "We were able to witness the journey of our patient whom we initially thought had no hope. I witnessed their journey from being okay, then their health deteriorated until it reached a critical point where it was 50-50 whether they would recover or not. Eventually, they started to improve, but then they experienced another setback due to a decline in their health. However, recently, we were able to discharge them because they had fully recovered." This story illustrates the emotional roller coaster that nurses often experience when caring for critically ill patients. Participant 04's personal story highlights the profound impact of the patient's journey to recovery from despair,

demonstrates nurses' emotional contribution to patient well-being and the resilience needed to face the uncertainty of health care.

Among the challenges, Participant 04 also celebrated moments of success and personal growth. She recalled the rewarding experience of successfully completing an IV despite her lack of prior training. Participant 04 expressed gratitude for the chance to practice with real patients and emphasized the importance of success in an important skill like IV insertion early in nursing. This achievement demonstrates the expertise of Participant 04 and symbolizes his ability to adapt and thrive in the face of unknown challenges. This demonstrates the importance of practical experience to strengthen nursing skills and build confidence in clinical practice.

Discussing common issues in their work, Participant 04 highlighted difficulties in caring for intubated patients and dealing with toxic behavior from both patients and colleagues. She noted: "Common problems include handling toxic patients and dealing with unfamiliar cases. One particularly challenging aspect is managing intubated patients." This viewpoint illuminates the various challenges that nurses face in their daily tasks, from technical medical tasks to the interpersonal dynamics of the healthcare environment. Participant 04's recognition of these challenges underscores the importance of ongoing support and resources to enable nurses to effectively navigate complex situations.

Finally, Participant 04 reflected on the importance of interaction skills in nursing, especially when interacting with patients and colleagues. She noted, "Interacting with people, especially strangers, as a nurse requires you to adjust well to their attitudes to avoid conflicts. Since I'm not familiar with them, I need to adapt to how to interact with

them." This recognition highlights the role of emotional intelligence and effective communication in building rapport and fostering positive relationships in nursing. Participant 04's insights emphasize the holistic nature of nursing, where technical skills are complemented by empathy, understanding and effective communication skills.

Participant 05

Participant 05 shared insightful insights into her journey from training to actual nursing. After reflecting on the transition, she noted, "Based on my lived experiences as a registered nurse. Reality is different from what you've learned in your RLE (Related Learning Experience) in your school because if it's just your RLE, you could be shielded by your clinical instructor. Of course, your CI handles you. But once you're in reality, you'll encounter many experiences that truly shocked you." This candid reception highlights the sudden change new nurses face as they navigate the complexities of patient care without classroom supervision. This speaks to the need for nursing education programs to bridge the gap between simulated environments and real-world clinical practice.

Participant 05 also reflected on the initial shock of experiencing the realities of patient care, especially in an unfamiliar environment where she had to perform without the guidance of clinical supervisors or experienced colleagues. She said: "You'll be shocked by your environment, especially if we weren't expecting it, you might feel pressured. Because of course, you don't know everything yet, and your seniors are also very busy. You just have to figure things out sometimes until you learn on your own." This image speaks to the steep learning curve new nurses face as they navigate clinical settings and learn to independently manage the demands of patient care. This highlights

the importance of mentoring and support systems to ease the transition and build confidence in new nurses.

Comparing his experiences in blended learning programs with real world practice, Participant 05 noticed a difference in the focus of his education. While their educational experiences may have emphasized specific skills such as skin tests and procedures in prenatal care and the operating room, she found that she faced broader challenges in the clinical setting. Participant 05 stated: "If I compare it to our blended learning experiences, we also have skills that are proven, especially with skin tests. But there are cases where usually, our RLE really focuses on prenatal care, deliveries, and in the OR. Because once we're in the Ward, it's really different." This finding underscores the need for nursing education programs to provide a well-rounded education that prepares graduates for the diverse realities of the nursing field.

In planning the challenges of toxic workplace environments and interpersonal dynamics, Participant 05 emphasized the importance of humility and adaptability. She shared, "For me, the point is what made me adapt quickly is motivation and you should be humble and accept new learnings." This recognition of the value of humility and a willingness to learn from others underscores the importance of fostering an encouraging and collaborative work culture that encourages professional growth and development. This highlights the importance of emotional intelligence and interpersonal skills in building effective working relationships and providing quality patient care.

Overall, Participant 05's thoughts provide valuable insight into the nuanced challenges and rewards of transitioning from training to actual nursing. Her experiences emphasize the flexibility, adaptability, and humility required of nurses as they navigate

the complexities of patient care and professional relationships in a dynamic healthcare environment. It underscores the continued need for nurse education programs and health systems to prioritize support, guidance and resources to facilitate successful transitions of new nurses into the workforce.

Participant 06

Participant 06, a nurse currently working in a medical-surgical setting, shared her experiences and insights in our interview. When asked about their overall experience as a nurse after completing the blended learning program, Participant 06 described it as “good”. Specifically, he noted, "So far, it's been okay. Because, in my ongoing work here at the hospital, my learnings and skills as a nurse are improving more compared to when I was still a student." This nuanced response shows satisfaction with their professional development, showing that they were able to adapt and learn effectively despite all the initial challenges they encountered in the transition from student to practitioner.

As an interviewer, I delved deeper and explored instances where Participant 06 felt his skills were lacking due to their mixed educational background. His response was candid and reflected the uncertainty they faced, especially during the pandemic. Participant 06 said, "During this time of pandemic, there are certain practices that you can't quite catch up on. And when you're actually in the situation, you might feel a bit lost and you might think to yourself, how do I do this?" This approach highlights the real challenges that may arise when the theoretical knowledge of a blended learning program is tested in dynamic clinical settings, emphasizing the importance of ongoing support and training for nurses.

Further exploration of the challenges facing the medical-surgical unit highlighted specific cases where Participant O6 had difficulty applying theoretical knowledge to practical tasks. He shared his experiences with procedures such as managing JP drains and infusion pumps where practical skills were important but not adequately addressed in their training. Participant O6 shared, "In the ward, I guess it's like with the JP drains, it was difficult because we weren't allowed to touch the patients." This anecdote highlights the gap between classroom education and clinical practice and underscores the need for nursing education programs that provide more hands-on educational opportunities to better prepare graduates for the real world of patient care.

Reflecting on their basic education, Participant O6 recognized the competencies he had acquired, but also the limits of purely theoretical knowledge. They emphasized the importance of practical experience and critical thinking skills in real world practice. Participant O6 stated, "For me, indeed. Because, of course, during my undergrad, I did study, I memorized, I familiarized myself before my undergrad and before going to review." This reflection highlights the nurse's journey of continuous learning and emphasizes the importance of combining theoretical knowledge with practical experience to develop competent physicians who can provide quality patient care.

As the interviewer, these insights from Participant O6 provide valuable perspectives on the challenges and growth opportunities experienced by nurses transitioning from blended learning programs to clinical practice. They inform ongoing discussions surrounding the refinement of nursing education curricula to better equip graduates for the multifaceted demands of healthcare settings, as well as the importance of fostering supportive work environments that facilitate professional development and collaboration among healthcare professionals.

Participant 07

Participant 07 is a male student who graduated with a degree in nursing. He is currently working as a staff nurse in the medical-surgical ward of the Iloilo Mission Hospital, where he has been serving for almost a year. During a recent conversation, he shared his lived experiences as a registered nurse, he started with how online learning affected the result of their work. He stated, “I sometimes felt incompetent in front of my seniors since I don't have much knowledge and skills to share while working since, I graduated from blended related learning experience”. He also shared that “in the hospital, while you are working with different cases, especially here in the medical surgical ward, you learn a lot of things every day and you 'll develop it by doing it repeatedly”.

Participant 07 shared some difficulties he experienced while working in the area where he stated that “the only skills that I brought here are taking vital signs, monitoring the patient and draining the urine. Some complex stuff that I experienced here was taught to us through blended, so I was not able to grasp all that knowledge because I am not fond of online learning as there were a lot of distractions in my surroundings”. He also added that “I still lack skills in terms of hospital settings, that is why I do my best every day to catch up and learn to do things that I wasn't able to do during my undergraduate years”. He was very eager to learn new skills every day which is why he is working very hard to be able to do everything without asking his seniors.

Participant 07 shared some of the common problems he encountered while working in the medical medical-surgical ward where he stated that “one of the common problems is the lack of skills because once you do not have enough skills or experience

you do not have confidence in doing things because you only know that part, but you were not excellent in doing that”. He also added that “some of the skills were taught online so maybe the first example of the problem that I have encountered is the IV insertion. In my nursing years, we were not allowed to do IV insertions since we were not licensed to do that and that’s the main problem that I have encountered here as time went by, I was able to do IV insertions without any mistakes because I was guided by very skilled people”. Participant 07 ended his statement with a quote “experience is the best teacher so let yourself learn from those experiences”.

Participant 08

Participant 08 is a female from batch Marilag who is currently working in a medical-surgical ward. She began reflecting on her lived experiences as a nurse where she stated that “During my trainee day, it was difficult for me because I felt very incompetent since I graduated without any proper experience in the field because of the pandemic so I really struggled a lot with everything”. She recounted a memorable experience where she stated that “I remember the first time I got to do a nasogastric tube feeding with my patient, I was very nervous to the point that I was shivering. Although we tackled it during our blended classes, it was entirely different from the books if you compare it to the real-life situation.” With further questions, participant 08 shared that “as you go through it, everything becomes easy because you get used to it. Also, you learn a lot of things with the help of your colleagues.

Participant 08 shared that she had experienced some situations where she felt like she didn't have the necessary skills to prove herself, because she graduated in a blended-related learning experience. She expressed a lack of confidence at times,

thinking that she might not be doing things correctly and that her way of thinking could be wrong. She further elaborated that “I had not encountered such situations in my nursing years because of the set-up we had been that is why sometimes I am hesitant to do some procedure “To overcome this, she mentioned that “I have this habit of asking my colleagues or seniors for guidance and confirmation of the procedures I am about to perform”. This helps her to learn and ensure that she is doing the right thing.

Participant 08 shared that some of the common problems she encountered while working in the medical-surgical ward would be the medication error and sometimes bedside care. She elaborated it by saying “If you endorse something incorrectly it would be a domino effect. So, it means that once there is a mistake everything would be a mistake.” She shared that being thorough about your work and endorsement could help you lessen or avoid mistakes and errors while on duty. She added, “We endorse everything, especially bedside care, the procedure you did to the patient, the concerns, and of course the medication.” In order for them to lessen or avoid any errors they double-check it before endorsing it to the next staff on duty.

Participant 09

Participant 09 is a female nurse currently working in the medical-surgical ward. She started her statement with her experience as a graduate in blended-related learning experience where she stated that “engaging in blended learning was somewhat challenging for me. I had to adjust to this new type of learning and once I did, I began working as a trainee in a hospital.” She further elaborated her statement by saying “I found myself still navigating and adapting because of course the environment is very different compared to traditional learning. It was somewhat of a culture shock for me,

even though I already had some exposure to it. During our return demonstrations, I did my best to cope with what is called the hospital setting in my own little ways. I tried creating scenarios and setting up my own environment that I felt suited the hospital context.” She ended her statement with a comparison of how significantly different return demonstrations and actual scenarios are to each other.

Participant 09 expressed her thoughts on some situations where she felt incompetent or lacking skills in certain situations. She stated “during the first duties or initial exposures, simple suctioning was a challenge. It's common for junior nurses to encounter difficulties in the beginning. However, I was blessed that I had the knowledge and skill to administer feed through the nasogastric tube (NGT) due to my grandmother.” She further expounded her thoughts saying “Actually, I used to handle nasogastric tube (NGT) feeding, and I had a background in how to perform NGT feeding and suctioning. Additionally, I knew the proper techniques for turning patients, especially when it comes to simple tasks like changing diapers and under pads”. However, she had no idea about the specific techniques, as there are proper ways to turn patients to protect themselves from injuries and ensure the comfort of the patients. Apart from that she added “in terms of medications, there are certain types of medications that require specific administration procedures. For instance, there are medications like furosemide or mannitol for which you need to check the patient's blood pressure before administering”. Today, Participant 09 has become proficient in administering nasogastric tube and suctioning, and it has become her forte.

Participant 10

Participant 10 is a male nurse currently working in a medical surgical ward. When asked about his lived experiences as a registered nurse who undergone a blended related learning experiences as a staff nurse, it's really different, and knowing that you went through blended learning, you realize how inaccurate and unreliable it can be when it comes to practicing your skills. It feels like you are starting fresh, and you might feel a bit clueless. Sorry for the language, but it feels like you're a bit dumb because, despite being on duty in the hospital, it is very limited. We only had duty in the hospital during the second and fourth years. When it comes to actual duty, it's very different, especially considering the accountability and the risks you face as a staff nurse. You now have a license to uphold.

Participant 10 is a male nurse who is currently working in a medical surgical ward. When asked about his experiences as a registered nurse who underwent a blended-related learning experience, he shared that the transition from blended learning to actual duty as a staff nurse was not an easy one. He stated that “Despite the theoretical knowledge I gained from the blended learning experience, I found myself feeling clueless and inexperienced in the actual hospital setting”. He likened the feeling to starting fresh and even feeling a bit dumb at times. This was because of the limited time spent in the hospital during the second and fourth years of the nursing program where they did not fully prepare them for the accountability and risks, they may face as a staff nurse. He emphasized that “As a registered nurse, there is a license to uphold, and the risks are much higher”. Participant 10 expressed his opinion by saying “I don't really think that blended learning significantly contributed to my skills. The skills I learned during actual hospital duty are what I've been applying. Blended learning can provide theories, but

when it comes to skills, it seems to be a bit lacking. It's very challenging to rely on what we have just learned through blended learning when dealing with actual patients in the hospital”.

The participant shared his thoughts on some situations where he felt a bit lacking in terms of skills by saying “As a student, after the pandemic, I feel like my skills haven't improved much, especially in areas that are new to me, like the Delivery Room (DR). Before the pandemic, we didn't handle actual patients in the DR. During the blended learning and video sessions, we only practiced on teddy bears.” While he is not implying that he didn't gain any skills, he feels that blended related learning experience is not enough for him to feel fully competent. This lack of hands-on experience has left him feeling unprepared for real-life scenarios. He further elaborated his experience by stating “In the second year, we had skills labs where our Clinical Instructors (CIs) taught us extensively. However, when it comes to blended learning, it's indeed challenging to learn effectively unless you're dealing with actual patients. In my case, it's true that my father was hospitalized, and I managed his medications after his hospitalization. However, I don't think that experience doesn't count as an actual experience”.

The participant also shared his thoughts about some common problems he encountered while being a staff nurse on duty. He stated “Well, perhaps if it is related to blended learning, initially, there may be a lack of skills. However, over time, you will receive guidance”. The seniors and supervisors in his areas of work are willing to help him and other nurses where they continue to learn and explore skills”. Participant 10 also highlighted “The weight of carrying your license and accountability adds a different

dimension.” It can be a daunting job, but he believes that having accountability is an essential part of the nurse's job.

Part II: Major Themes and Subthemes

Major Theme 1: Embracing the dynamic of professional world

Embracing the dynamic nature of the professional world is essential for success and growth in today's rapidly changing landscape. The professional world is an ever-changing and growing area to be in, it is not static, and adaptability is key to surviving in its environment. It requires adaptability, innovation, resilience, continuous learning, collaboration, agility, and a mindset that sees change as an opportunity rather than a threat. By embracing dynamism, individuals and organizations can stay ahead of the curve and achieve long-term success in an ever-evolving landscape.

Subtheme 1: Skills development and adaptation

The participants reflected that they may feel lacking in terms of their knowledge and skills but also, they were more motivated to learn and improve on their fundamentals and tackle any challenge through perseverance. By prioritizing skills development and adaptation, individuals can position themselves to thrive in the dynamic professional world, regardless of the challenges and uncertainties they may encounter.

Participant 01: "At first, it's hard. If you want to survive in this career, you need to push yourself. You need to make an effort, blend in, and adapt to the situation even if you have doubts about yourself and your learned knowledge."

Participant 02: *"I learned through practice, so in terms of learning about terms, knowledge, it's quite substantial. But when it comes to actual work, that's where I really learned the tasks, and I appreciate what I've learned and read."*

Participant 03: *"When I started working here, I already learned some theories and basic skills. So, the focus is on enhancing skills, even if I already have some basic skills, I need to return demonstrations to improve, right? It's like, just wait, I may feel like an expert in theory, but when it comes to skills here, it's okay, but at least I know, I am not left gaping"*

Subtheme 2: Seeking assistance from seniors

The duty at the hospital. Seeking help from seniors can be a valuable strategy for navigating the professional world, especially for individuals who are early in their careers or facing new challenges. Being proactive and adapting to their surroundings has helped the participants gain confidence and skills they would otherwise have struggled with during their professional career.

Participant 01: *"I became observant of every action of my seniors, whom I shadowed, in order to learn what needs to be done and to learn and adapt to the workplace. You shouldn't become a burden to your colleagues."*

Participant 08: *"Before, I used to ask for help from my seniors to guide me through my daily tasks, until I became familiar with them. It became easier over time. I would ask my colleagues if what I was doing was correct. I would confirm with them if I should proceed or double-check to minimize errors."*

Participant 10: *“Well, perhaps if it's related to blended learning, initially, there may be a lack of skills. However, over time, you will receive guidance. There are seniors and supervisors who are willing to help you, and you will continue to learn, whether through blended learning or other methods.”*

Major theme 2: Disparities Between Blended Learning and Real-Life Nursing Practice

Pandemic put a toll on the education system here in the Philippines. When Covid 19 hit the Philippines, it was a total disaster where face to face learning changed into online learning. The sudden changes caused nursing students to shift from actual patients to using a dummy patient due to safety concerns. This sudden transition hindered them from providing the quality care needed by the real patients, especially in their first three months of duty.

Due to COVID 19, clinical skills and student exposure were limited to ensure that each student was safe with the top priority of not spreading the infectious disease. Although there are a lot of limitations in the clinical skills, each participant persevered to continually learn about some skills during their duty. They were eager to learn to provide the highest quality care needed by the patients.

Some of the problems nurses encountered were the concern about the effectiveness of blended education, challenges in transitioning from simulated environments to real-life medical settings, and unfamiliarity with basic tasks and practical application.

Subtheme 1: Concerns About the Effectiveness of Blended Education

Covid 19 had a huge impact, especially in the health care sector. Students developed a lack of skills throughout their nursing journey because of the shifting from face-to-face to online classes. Specifically, participants felt that their online education did not fully prepare them for the demands of nursing practice. While online learning provides a lot of advantages such as flexibility and convenience, it is still not able to replicate the efficiency it provides to students in certain aspects such as their skills. These limitations became a barrier to the student nurses turned nurses to have personal and professional growth as it is crucial to have hands-on clinical skills and exposure.

The participants questioned their experiences in blended education whether it was effective or not. Based on their statement the participants have mixed emotions about the changes they've encountered.

Participant 01: *“We started online, so we weren't super prepared, but we did our best. It took a few weeks to adapt, to practice independently the work of a nurse. When we were online, we lacked hospital exposure; our experience was mostly through return demonstrations, which is quite different from the actual hospital setting.”*

Participant 01: *“In our batch, due to the pandemic, our experience wasn't adequate. We really needed to take action and put in extra effort to become efficient in our work.”*

Participant 06: *“We didn't have much exposure to certain procedures initially. So, I found it a bit challenging.”*

Participant 07: *“It's just online for us, so we really lack skills when it comes to the hospital setting. Some of my seniors also mentioned that once you graduate from an online program, you really lack skills.”*

Participants 8: *“Although I admit that our learning was solely through online means, I also acknowledge that there might be something lacking. However, everything I've learned from our online experience, I've been able to apply it in our work. What was taught to us, you'll eventually realize, is applicable in our actual practice. That's all, my only deficiency is our experience in the hospital setting.”*

Participants 8: *“It seems that having a blended related learning experience was challenging because our experience was entirely online. Our exposure to the hospital setting was limited, especially during the critical years, which are the 3rd and 4th years. We missed out on many learning opportunities in the medical-surgical ward, ICU, and ER, which are crucial for our development.”*

Participant 10: *“As a staff nurse, it is really different, and knowing that you went through blended learning, you realize how inaccurate and unreliable it can be when it comes to practicing your skills. It feels like you're starting fresh, and you might feel a bit clueless. Sorry for the language, but it feels like you're a bit dumb because, despite being on duty in the hospital, it's very limited. We only had duty in the hospital during the second and fourth years. When it comes to actual duty, it's very different, especially considering the accountability and the risks you face as a staff nurse. You now have a license to uphold.”*

Participant 10: *“I don't really think that blended learning significantly contributed to my skills. The skills I learned during actual hospital duty are what I've been applying. Blended learning can provide theories, but when it comes to skills, it seems to be a bit lacking. It's challenging to rely on what we learned through blended learning when dealing with actual patients in the hospital.”*

Subtheme 2: Challenges in transitioning from simulated environments to real-life medical settings.

Challenges in transitioning from a stimulated environment to real real-life medical setting are one of the major changes that could ever happen to a nursing student. While stimulation is helpful, blended education prevented the student from further expounding their knowledge about the different cases in the medical field. The ability to adapt to changes and pace in the medical field is the crucial process in this step where one should be fully aware of.

Participant 02: *“I wouldn't say it's difficult, nor would I say it's easy. It's just right, because what we learned online, we applied it immediately to actual situations. However, there's still something lacking because, of course, transitioning directly from online to real-life situations, wherein in the online setting we are online using dummies and sometimes pillows while in the actual setting, we are dealing with real people. There are nerves and excitement, you know, because it's the first time.”*

Participant 02: "In my college years, it seems like we did every return demonstration even if it's just a dummy, it's always from there. There's always something lacking. It's just about building confidence, facing it, your courage, you know. But for me, coming from MedSurg, even if we do return demonstrations online, at least you have some idea, but it's really not the same until you actually experience things."

Participant 09: "As a graduate with blended learning experience was initially somewhat challenging for me. I had to adjust to this new type of learning, and once I did, I began working as a trainee in a hospital. I found myself still navigating and adapting because, of course, the environment is very different compared to traditional learning. The return demonstrations and actual scenarios presented in the training are also significantly different."

Participant 10: "When I started working it was the first time, I was able to experience it. Don't get me wrong, no matter what training you had in hospital during RLE or your student duties, it's still different when you're officially starting. The weight of carrying your license and accountability adds a different dimension. However, the common problems related to blended learning or not still make sense in general."

Participant 10: "In general ways, I'm excited after passing the board because, of course, I need to start earning money. But when it comes to the overall experience, it's still exciting in a way. Nursing is a vocation, and we chose this path, so we can't just say, "I'll quit because it's too tough." We should maintain a positive attitude, even when dealing with challenging patients or situations in

the hospital. Regarding the experiences, I would still describe it as exciting, despite the challenges. Handling real patients is quite different from the mannequins and dolls we practiced with during blended learning. It's like going from making paper dolls to handling real-life situations. It was initially very challenging, but it gradually became exciting."

Subtheme 3: Unfamiliarity with Basic Tasks and Practical Applications

One of the major factors that could lead to a mistake is the unfamiliarity with basic tasks and practical applications. While it is essential to have a thorough understanding about the procedures, the pandemic became a hindrance to nursing students, especially for our participants, for this to happen. Without going back to basics nor having any idea about it could lead to some errors. Some statements made by the participants explained that their blended education led them to be unfamiliar with some tasks.

Participant 04: *"Even the basic tasks seem alien to us because we graduated from online programs due to COVID. We need to adapt to how to work with them, especially considering we graduated from simulation, where Apollo didn't speak, and Lucina just gives birth."*

Participant 06: *"Sometimes, because we're in the midst of a pandemic, there are certain practices that are hard to catch up on. And when you're in the actual situation, you might feel like you're struggling and questioning yourself, thinking, 'How come this wasn't what I learned?' or 'Is this not what I know?' Because it's really different when you're in the actual situation compared to just doing demonstrations in school."*

Participant 08: *“During my trainee days, it was very difficult for me. I felt incompetent since I graduated without any proper experience in the medical-surgical ward because of the pandemic.”*

Participant 10: *“Personally, I can say that I'm somewhat confident when it comes to competence. However, I can't confidently say that I'm truly competent because, even though I may be confident, when facing a situation, the patients and their families can sense if you're nervous or unsure. So, in that respect, confidence is just one side of the story. When it comes to competence, it's challenging to claim complete competence because I still need supervision and continuous learning. Nursing is a never-ending, lifelong learning experience, and the learning process never stops.”*

Major theme 3: Fear of the unknown beyond uncontrolled circumstances

Fear is very common in clinical areas, specifically when the participant is the one facing the responsibility. The participants are always in doubt about different procedures and that they might make mistakes. And it's very vital to counter check everything before giving medication or doing the procedure because it costs the lives of the client. The participants stated how they used to have breakdowns and pre-shift anxiety all the time but now they have adjusted to different situations and learned how to manage everything.

Subtheme 1: Inherent doubts and potential errors

The participants stated that transitioning theoretical knowledge into practical application can be challenging, particularly in high pressure environment and factors such as seniority, teamwork dynamics and the existing system can compound the stress. But despite initial struggles, adaptation and resilience are key to navigating such demanding situations.

Participants 01: *“Your fear is understandable, especially when you're the one facing the responsibility alone. It's natural to have doubts because you might make mistakes in procedures. It's crucial to double-check everything because we're dealing with lives.”*

Participants 03: *“The situation that we are in and at the beginning we really struggled because it is hard to apply what we learned in a tactical setting and you know there are a lot of other factors like seniors, workmates, like the system in place because there is a lot of medical surgical areas in Iloilo Mission Hospital and one of the medical surgical areas that I was in, It was really stressful and high pressure area.”*

Participants 05: *“In my opinion, I noticed that in the first three to five months, they show you if you can survive the duties. There were times when I cried, and it was toxic. There are moments when, even though I won't deny it, the thought of quitting crosses my mind. I just want to resign, even if it's just been a month. Because the focus at that point is survival, and the working environment, if it's consistently toxic, can make you give up. The METC really helped improve our environment, making it conducive for survival.”*

Participants 08: *"I used to have breakdowns and pre-shift anxiety all the time, but now I think I've adjusted to the situation. I learned to manage everything."*

Subtheme 2: Anxiety and nervousness stemming from skills inadequacy

The participants were tasked with sanctioning an intubated patient, a procedure they had never done before. Despite feeling nervous and unsure. However, the first attempt was unsuccessful, highlighting the lack of experience in suctioning due to blended learning system, they are lacking in performing actual procedures. But because of the mentorship and a subsequent demonstration, the participants gained confidence and valuable skills overcoming one of the challenges they faced as a novice nurse in training.

Participants 09: *I focused solely on the intubated patient during that round. While I was there, the medical residents asked me, "Ma'am, can you please perform suctioning on our patient?" That moment made me nervous because I had no idea what to do. I was actually shy to admit to the residents that it was my first-time suctioning. Nevertheless, I tried my best. I picked up the suction tip and proceeded with the suctioning as best as I could. I tried my best to perform suctioning, but unfortunately, it was unsuccessful because it was challenging for me initially. I hate to admit it, but I didn't know how to suction at first. Thankfully, my current senior in the department entered the room at that time. She noticed my struggle and took the opportunity to teach me. I mustered the courage to quietly admit to her, "The Doctor asked me to do this, but I don't know how to suction, sorry." She was very helpful, guiding and instructing me on the proper technique. Actually, during that time, we even did*

a return demonstration in front of the medical residents. It was probably one of the difficulties I encountered during my initial exposure as a trainee or probationary nurse in that area

Major theme 4: Professional fulfillment through positive patient influence

Among the challenges and uncertainties of clinical practice, the positive impact that health professionals have on patients is a source of professional satisfaction. Participants express deep satisfaction for the tangible impact they have on patient well-being and the gratitude they receive in return. This theme includes the intrinsic rewards that healthcare providers experience when they witness the direct impact of their care and support on patient's lives.

Subtheme 1: Validation through positive patient impact

The respondents emphasized the deep validation that comes from positive interactions with patients. From the relief obtained by careful, independent care to the moving expressions of gratitude and admiration of patients, these experiences are powerful testimony to their clinical expertise and commitment to patient care. Such validation strengthens their sense of professional achievement and encourages them to continue to provide quality care despite the challenges they face.

Participant 01: "When I started working, I felt how rewarding it is. If there are tasks, you have the opportunity to work independently, to accomplish things precisely, and to deliver the care that the patient needs during your shift, even if you have to leave or transfer. You can see that your patient, the folks, the

assurance in yourself that you provide care. That's the rewarding part right there."

Participant 03: *"Perhaps the most rewarding moment for me is how I continuously develop my skills and learn something new every day. One truly rewarding moment is when your patients appreciate the care you provide to them."*

Participant 07: *"The compliments from patients or people, even though you're tired, are truly heartwarming. It's your duty to provide care, but when they appreciate you, the compliments keep coming. It's so heartening that despite being tired, receiving compliments from them feels energizing."*

Participant 06: *"Maybe the rewarding moment for me is the learning skills that I acquire every day and the way your patient admires you, and perhaps their backgrounds regarding you, it's like they'd say, "Oh ma'am, you're really good. You're great, you know," and then they'd say, "You're really compassionate," like, you're really good, ma'am," and then they'd introduce you to other people like, "Oh ma'am, this is the nurse who went there, she's really good at approaching people".*

Subtheme 2: Witnessing patients' health progression and recovery

The respondent expressed great joy in seeing their patients' health progress and recovery, emphasizing the joy of learning new skills and the sense of accomplishment that comes from seeing their patients improve through treatment. Despite the initial pain of finding patients in such a negative state, in the end the positive results confirm

the effectiveness of their care and dedication to their work. These experiences show the impact that healthcare professionals have on the lives of their patients and confirm their commitment to providing the highest quality care.

Participant 06: *“Maybe, well, there are many things. First, there are my learnings, which feel like you've gained something. Second, of course, our goal as nurses is to care for our patients, and it feels really good when you know you've helped someone return in good condition. But when they arrive in a bad state, it's just heartbreaking. And then at the end of the day, after a long period of caring for them, they're okay. That's really good. It's like you feel good that under your care, they've improved, it means the way you care for them is good, and maybe that's why the result for the patient is good.”*

Participant 07: *“At the top of my list of experiences during duty is when I provided continuous care to one of my patients. It's like when you check on them after a while, you monitor them first. I eventually saw improvement in their condition because of the continuous care I provided, which allowed them to recover and go home to.”*

Subtheme 3: Boosting confidence through task completion and acknowledgment

Independent task completion and recognition helped increase their confidence in the clinical setting. They remember key moments, like doing an IV on their own, that contributed greatly to their confidence and recognition of their abilities. Overcoming fears and achieving small victories has led to a deep sense of accomplishment and confidence, especially as they move into teaching roles. recognition from patients and colleagues strengthens their skills and builds confidence as a healthcare professional.

These experiences highlight the transformative effects of task performance and recognition on trust in clinical practice.

Participant 01: *“Significant in my experience is probably the first time I ventured into it because it became my favorite – performing IV insertion. It felt like that’s where I really started to boost my confidence, accomplishing it on my own without supervision. I felt like, “Okay, I can handle things that I initially doubted I could do.” I took it as a challenge, telling myself, “I just need to try, so I can identify my weaknesses and strengths.” It became one of the important and memorable milestones in my journey.”*

Participant 02: *“When your senior said, “Go there, do that, collect the urine specimen for the Foley catheter,” and of course, you’ve read it in the book that you should irrigate as per your procedure. You’ll ask yourself “Oh my gosh, what am I going to do? “Yes, I did it, I conquered the fear, small wins. Then it becomes even more rewarding as time goes by. When you’re the one teaching now. Now that I am teaching, that’s the most rewarding for me. I enjoy it. “*

Participant 03: *“A rewarding moment is when a patient appreciates the care you provide to them.”*

Participant 08: *“The patients say thank you to you. Especially when you give them care, bedside care. They thank you. That’s why you do what you do. So, for me, it’s very rewarding that you hear from them that you’re doing well in your work. The most significant one is that you are being praised, your patients*

thanking you, also not only your patients but also your colleagues also, not only them. Because you're helping them. “

Participant 08: “For me it's very important to me that I feel proud of myself that I can do this. They trust me with important things. So, I think for me that's the most significant thing that happened to me throughout my one-year experience as a nurse in our hospital is that they think I am capable of doing this. “

Subtheme 4: Fulfillment in task completion and procedural success

The respondents find job satisfaction and procedural success in clinical tasks. They expressed satisfaction that all responsibilities are completed by the end of the shift, which facilitates a smooth transition to the next team. It is a pleasure to them that they successfully completed IV nutrition even though there was no previous training. These cases highlight the inherent satisfaction that comes from completing tasks and reaching process milestones, demonstrating the professional's commitment to patient well-being and their continued development in the field.

Participant 03: “While on duty, it feels like there's no additional work or tasks left for the next shift. The tasks you've done and carried out are completed. It seems like the tasks for the next shift are already laid out.”

Participant 04: “A rewarding moment for me was when I successfully performed an IV insertion, even though I didn't have any prior training. It was like serving and practicing on our patient, but I'm thankful because my first IV insertion was successful right away.”

Subtheme 5: Positive impact of support and recognition

The respondents learned about the profound impact of support and recognition in their profession. They learned how encouragement and support from both colleagues and patients act as pillars of motivation and propel them forward in their role. In addition, they highlight how such gestures create a sense of camaraderie and belonging that contributes to a supportive and cohesive work environment. The recognition and compliments received by patients resonate deeply, reinforcing their commitments and efforts and filling them with new energy and enthusiasm even in moments of fatigue. These stories highlight the invaluable role that support, and recognition play in building job satisfaction and fostering a culture of appreciation in the healthcare environment.

Participant 06: "It's also about the background, the comments from your colleagues and patients. And the memories, not just from the patients, but also from your colleagues and the help they give you."

Participant 07: "The compliments from patients or people, even when you're tired, are truly uplifting. It's part of your duty to provide care, but when they express their appreciation, it's heartwarming that no matter how tired you are, receiving a compliment from them feels energizing."

Subtheme 6: Validation through trust and responsibility

The respondent emphasized how trust and responsibility strengthen their abilities in their role. They are very satisfied with the gratitude expressed by patients and colleagues, which is tangible proof of their effectiveness. This recognition underscores the importance of trusting them in fulfilling core responsibilities. It illustrates the transformative effect of continuous treatment on the patient's condition, which

reinforces feelings of success and professional fulfillment. These stories emphasized the importance of trust and responsibility in evaluating their contribution to patient care.

Participant 08: *“The patients say thank you to you. Especially when you give them care, bedside care. They thank you. That's why you do what you do. So, for me, it's very rewarding that you hear from them that you're doing well in your work. The most significant one is that you are being praised, your patients thanking you, also not only your patients but also your colleagues also, not only them. Because you're helping them. So, like they rely on you. They rely on you to do this, like they trust you to do this. For its very important to me that I feel proud of myself that I can do this. They trust me with important things. So, I think for me that's the most significant thing that happened to me all throughout my one-year experience as a nurse in our hospital is that they think I am capable of doing this. Perhaps what I can share is. One time our patient whose GCS around GCS 9-10. But after our continuous care for him. Because we were the ones consistently attending to his needs, administering medications, feeding him. When he returned, his GCS was 13-14. So 'm always proud of that. Wow, we were able to achieve that just like that.”*

Major theme 5: Skill gaps and navigating clinical complexity

In today's ever-changing health care industry, professionals frequently face skills gaps while navigating a complex web of clinical complexities. The limitations of online interactions and blended learning become clear when participants indicate their difficulties transitioning theoretical knowledge into practical skills, specifically in tasks. A need for practical training, hands-on experiences, and individualized educational

techniques emerges as critical in bridging the gap between academic knowledge and real-world application in the dynamic healthcare setting. They discussed the pandemic's influence on skill advancement.

Subtheme 1: Balancing work and classes

The participant details the demanding schedule of studying, attending classes, and working, leaving little room for personal downtime. The struggle to balance work and language learning is evident, highlighting the need for effective time management and self-motivation. This experience mirrors the broader theme of skill gaps, showcasing the challenges individuals face when acquiring new competencies, even beyond the clinical realm. Balancing hospital duties with German language classes becomes a formidable task, with a schedule that allocates specific days to each commitment. The intensity of the schedule, compounded by night shifts, takes a toll on physical and mental well-being, ultimately leading to burnout. This underscores the strain inherent in balancing the demands of professional responsibilities and ongoing education, contributing to the broader conversation on skill gaps in healthcare.

Participant 01: "During those times, when I was learning German language, I had to adapt to balancing my time. I had to study and attend classes, and at the same time, after class, I had to work, then have my off time. Our off time was consumed by classes and studying. That time was really challenging because I had to push myself to keep going, but I still found it difficult."

Participant 03: "Entering the mission hospital later than anticipated marked the beginning of a tumultuous journey filled with obstacles and trials. The two-month delay in commencing work, attributed to necessary time off for board

exams, compounded the initial challenges I faced. Balancing hospital duties with German language classes proved to be a formidable task, with four days dedicated to work and the remaining three to language training. The grueling schedule, intensified by two-night shifts during each four-day stint, took a toll on my physical and mental well-being, leaving me feeling overwhelmed and disheartened. Contrary to expectations, the transition from academic life to professional practice brought unforeseen health challenges, signaling the onset of burnout. "

Subtheme 2: Deficiencies in Skills and Handling Clinical Complexity

The participants emphasized common problems such as handling toxic patients, dealing with unfamiliar cases, and managing intubated patients. Additionally, the participants stated the struggles faced by medical-surgical newcomers, including documentation errors and lapses in critical order recall. The lack of practical applications after online discussions is identified as a significant hurdle, especially evident in difficulties like IV insertion. The absence of practical exposure in blended learning, as articulated by the participant, highlights a deficiency in enhancing skills, especially in domains such as the Delivery Room. The participant stresses the importance of practical application, emphasizing the limitations of theoretical knowledge gained through blended learning.

Participant 04: "Common problems include handling toxic patients and dealing with unfamiliar cases. One particularly challenging aspect is managing intubated patients."

Participant 03: *"As a newcomer to the medical-surgical field, I grappled with common issues such as documentation errors and lapses in remembering critical orders. The meticulous process of chart rounds emerged as a vital protocol, ensuring comprehensive patient care by mitigating the risk of oversight."*

Participant 07: *"The primary common problem is the lack of skills. Because once you lack the necessary skills or experience, it becomes challenging to handle everything, even if you understand the concepts but lack practical application because it's only discussed online. Perhaps the most difficult thing for me during my first few months was IV insertion, as in nursing school, we are not allowed to perform IV insertions unless we are properly trained."*

Participant 08: *"During my trainee days, it was very difficult for me. Mostly, the common problems we encountered were errors related to medication, sometimes issues with bedside care, etc. especially if you've made a mistake in endorsing something, then it can have a domino effect."*

Participant 09: *"Perhaps, during the first duties or initial exposures, simple suctioning was a challenge. It's common for junior nurses to encounter difficulties in the beginning. However, I was blessed that I had the knowledge and skill to administer feed through the nasogastric tube (NGT) due to my grandmother. Actually, I used to handle nasogastric tube (NGT) feeding, and I had a background in how to perform NGT feeding and suctioning. Additionally, I knew the proper techniques for turning patients, especially when it comes to simple tasks like changing diapers and under pads. However, I had no idea*

about the specific techniques, as there are proper ways to turn patients to protect yourself from injuries and ensure the comfort of the patients. Apart from that, in terms of medications, there are certain types of medications that require specific administration procedures. For instance, there are medications like furosemide or mannitol for which you need to check the patient's blood pressure before administering. Of course, it's a big no-no for us to administer medication if the patient's blood pressure is too low. For medications like these, we also have protocols on how to prepare ourselves and incorporate safety measures, especially for high-alert medications. Before administering transfusions, such as blood transfusions, there are specific steps we need to take. Initially, these tasks can be challenging, especially for newly graduated nurses who have undergone blended learning. However, as time goes by, you will learn a lot, especially if you are willing to learn."

Participant 10: "As a student, after the pandemic, I feel like my skills haven't improved much, especially in areas that are new to me, like the Delivery Room. Before the pandemic, we didn't handle actual patients in the DR. During the blended learning and video sessions, we only practiced on teddy bears. I'm not saying that I didn't gain any skills, but the improvement might have only happened when I returned to the hospital and applied the theories and skills I learned during blended learning. In the second year, we had skills labs where our Clinical Instructors taught us extensively. However, when it comes to blended learning, it's indeed challenging to learn effectively unless you're dealing with actual patients. In my case, it's true that my father was hospitalized, and I managed his medications after his hospitalization. However, I don't think that experience doesn't count as an actual experience."

Major theme 6: Cultivating inclusivity and collaboration in the professional world

The participants emphasized the importance of cultivating an inclusive and collaborative environment in the workplace. Interacting with various patients, folks, and colleagues also requires constant adjustment as it allows adaptability and individualized communication depending on the required situation. Also, building strong relationships within the workplace may provide an opportunity to learn and grow as a registered nurse with blended related learning experience. They shared how they communicated with patients and folks, provided different approaches, and built a positive environment with their seniors and other health professionals.

Subtheme 1: Tailoring Interactions Based on Age, Gender, and Situational Context

The participants stated how they rely on the different approaches tailored to factors such as age, gender, and situation to guide their interactions. They emphasized the importance of effective communication and adaptability, especially with the folks. Also, the importance of controlling your feelings, to maintain composure and be understanding rather than being confrontational.

The participant verbalized that having a sensitive feeling is normal to feel down and may also trigger emotional responses from the “toxic” patients or folks they have encountered.

Participant 01: “Actually, for me, it's not difficult because every day, I try to interact with different people of different ages. So, in my current work, I don't find it difficult to converse because I base my approach on people's age, gender, and situation beforehand because, of course, we need to perceive the

atmosphere. It should be easy to lighten things up, but there are times when we need to be serious, well it's just there. But it can still be a problem because, you know, that's natural."

Participant 02: *"The folks, if they're a bit irritable, you really need to level yourself with them. It's like you shouldn't get angry; you should still be understanding, you should still be understanding."*

Participant 04: *"Interacting with people, especially strangers, as a nurse requires you to adjust well to their attitudes to avoid conflicts. Since I am not familiar with them, I need to adapt to how to interact with them."*

Participant 05: *"Especially if you have a sensitive heart, like me. If it's your first time encountering something toxic, it's hard to prevent the impact. That's how it is for us when we encounter toxic situations, whether with the patient, their family, or both. Initially, of course, you'll cry about it. I cannot deny that. But once you've been through it, you will be able to fight back. Yes, you will not be as affected emotionally, and you will see it as part of the common challenges."*

Subtheme 2: Equality and collaboration among colleagues

The participants stated that viewing each other as equal and establishing a trusting relationship with patients, folks, their seniors and duty mates may provide a positive professional environment. Also, building a strong connection and relationship with colleagues may have a positive effect on learning opportunities and highlights the importance of support systems within the workplace. Effective collaboration, teamwork, and respect for each other is important to achieve a common goal.

Participant 02: *“With colleagues, it's just respect. There is no one higher or lower, you are equal. You are colleagues, right? It is teamwork, is it not?”*

Participant 05: *“You should be humble and open to new learnings. You should not always say 'yes', and you should not always feel you are on top. Yes, there are times, for example, when your ego takes precedence over learning from your seniors. If you let your ego control you, you might find it challenging to adapt to changes and your work.”*

Participant 05: *“Survival also involves how well you get along with your seniors, patients, and their families. Once you have survived all these, you will realize, "I have been through this already," "I used to struggle, but now it seems like there's no impact on my soul." It becomes like normal days. Eventually, when you endorse patients, you know each one. Before, it felt overwhelming, but now it's just helping each other out at the station. When you go home, you say, "I am tired, I will sleep." You do not have any lingering stress or concerns.”*

Participant 010: *“In the hospital setting, I have been able to establish strong relationships with my colleagues and duty mates, who have become my support system. We understand the importance of confidentiality and respect each other's privacy, so we do not gossip or vent outside of work. My advice for future changes would be to prioritize building good working relationships with your colleagues, as it has been beneficial for me. While you cannot vent to friends or family about specific situations due to privacy laws, having supportive colleagues to talk to has been invaluable. I often share my*

experiences and frustrations with my colleagues at the station and with friends I've made through work, and it helps me cope with the challenges of the job.”

Summary of Subthemes and Major Themes

SUBTHEMES	MAJOR THEMES
<p>Skills development and adaptation</p> <p>Seeking assistance from seniors</p> <p>Personal motivation and determination</p>	<p>Embracing the dynamic of the professional world</p>
<p>Concerns About the Effectiveness of Blended Education</p> <p>Challenges in transitioning from simulated environments to real-life medical settings</p> <p>Unfamiliarity with Basic Tasks and Practical Applications</p>	<p>Disparities Between Blended Learning and Real-Life Nursing Practice</p>
<p>Inherent doubts and potential errors</p> <p>Anxiety and nervousness stemming from skills inadequacy</p>	<p>Fear of the unknown beyond uncontrolled circumstances</p>

<p>Validation Through Positive Patient Impact</p> <p>Witnessing Patients' Health Progression and Recovery</p> <p>Boosting confidence through task completion and acknowledgment</p> <p>Fulfillment in Task Completion and Procedural Success</p> <p>Positive Impact of Support and Recognition</p> <p>Validation Through Trust and Responsibility</p>	<p>Professional fulfillment through positive patient influence</p>
<p>Balancing work and classes</p> <p>Deficiencies in Skills and Handling Clinical Complexity</p>	<p>Skill gaps and navigating clinical complexity</p>
<p>Tailoring Interactions Based on Age, Gender, and Situational Context</p> <p>Equality and collaboration among colleagues</p>	<p>Cultivating inclusivity and collaboration in the professional world</p>

Part III: Essence of the Phenomenon

As the pandemic emerged in 2020, it resulted in several universities shifting from full face-to-face related learning experiences to blended related learning experiences. In line with this, this study focuses on the newly registered nurses and their experiences working in the hospital setting specifically in medical surgical ward. The researchers aimed to analyze and describe the experiences of registered nurses currently working in the hospital setting with blended related learning experience.

In this study, Colaizzi's method of data analysis and manual transcribing in categorizing and formulating patterns of phenomenon have been used. The researchers encountered the lived experiences of registered nurses currently working in the hospital setting, wherein they expressed the challenges and their coping mechanism in dealing with uncertainties on working in the hospital setting. Also, how they developed and adapted to the demands of working in the medical surgical ward. Out of eighteen (18) subthemes, six (6) major themes were formulated. These major themes are as follows: **(1) Embracing the Dynamic of the Professional World, (2) Disparities Between Blended Related Learning Experience and Real-Life Nursing Practice, (3) Fear of the Unknown Beyond Uncontrolled Circumstances, (4) Professional Fulfillment through Positive Patient Influence, (5) Skill Gaps and Navigating Clinical Complexity, and (6) Cultivating Inclusivity and Collaboration in the Professional World.** Thereon, the essence of the phenomenon described in this study lies in the experiences of newly registered nurses navigating the complexities of hospital settings, uncovering their challenges, coping mechanisms, and adaptation process.

The participants expressed that with their blended-related learning experience they had a lot to learn in an actual hospital setting. They learned to adapt to the fast-paced and dynamic nature of healthcare environment. Where they had to find motivation, seek assistance from their experienced colleagues, and find an alternative way to learn in the medical-surgical ward at their own pace. In addition, they emphasized the discrepancies between what they have acquired during blended related learning experience from an actual hospital setting especially in medical-surgical ward where they are stationed at. Despite challenges and uncertainties of uncontrolled circumstances, they have gone through, the participants verbalized how they found professional fulfillment from the impact of positive patient outcomes, recognition and gratitude they have received. Furthermore, they added how they were able to address their skill deficiency while handling the complexity and demand of healthcare environment with their limited skills acquired through blended related learning experiences. Thus, fostering an inclusive, collaborative and supportive environment with patients, folks, and colleagues leads them to a positive and effective professional environment.

These major themes encapsulate the variations and complexities of registered nurses as they navigate professional nursing practice amidst the evolving nursing education posed by the pandemic.

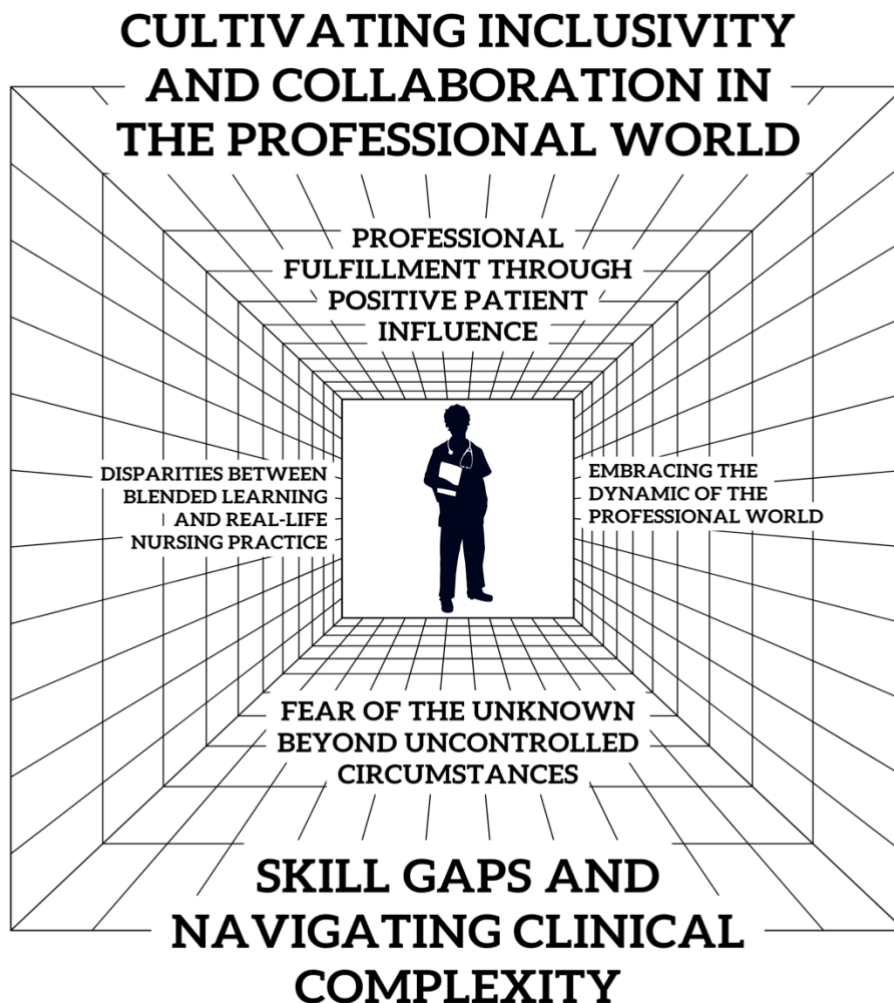


Figure 1: Lived Experiences of Registered Nurses Currently Working in the Hospital Setting

Part IV: Discussion of the Findings

Major theme 1: Embracing the dynamic of the professional world

One of the key aspects of embracing the dynamic of the professional world is being open to change. The modern workplace is constantly shifting due to technological advancements, market trends, and global events. Professionals who are willing to

embrace change rather than resist it are better positioned to thrive amidst uncertainty. This may involve learning new skills, adapting to new work processes, or even pivoting to entirely different career paths.

Embracing the dynamic of the professional world also requires a proactive approach to career management. Rather than waiting for opportunities to come their way, professionals should actively seek out ways to develop their skills, pursue their passions, and create their own opportunities for growth and advancement. This may involve setting clear career goals, seeking out mentors and advisors, and taking calculated risks to push beyond their comfort zones.

In essence, embracing the dynamic of the professional world is about being adaptable, resilient, and proactive in navigating the ever-changing landscape of work. By cultivating these qualities and approaches, professionals can position themselves for success and thrive in an increasingly complex and unpredictable professional environment.

Skills development and adaptation. Online distance learning is one method for delivering education during the COVID-19 epidemic. For cross-disciplinary instructors globally, online meetings, virtual conferences, and professional information communication have grown in importance (Aslan, 2021); yet, teaching fundamental professional skills in clinical scenarios is a substantial problem (Wittenberg et al., 2021). This is because interactive learning environments for skill applications are typically difficult, even if most online education apps concentrate on developing practice cognition (Paudel, 2021). Effective solutions for facilitating nursing students' skill training in an online learning environment are therefore crucial.

Seeking assistance from seniors. Due to the wide range of education at university, newly educated nurses are able to acquire essential academic and professional skills in order to start working as certified healthcare professionals. However, they were not able to transfer their knowledge of theory into practical practice. Therefore, during this transition period they need to have more experience and support from other colleagues. As a result of their lack of confidence, newly graduated nurses frequently exhibit behaviors like fear and ethical distress, uncertainty about their performance, and an inability to interact with patients, doctors, and other nurses in a professional and ethical manner. (Ebrahimi et al., 2016)

Personal motivation and determination. Inspiration may be a complex build with numerous components. It is the result of a set of forms of enactment and introduction of conduct and activity, pointed at the realization of a specific reason. Individual encounters, such as hospitalization, illness of a family part, are recognized as extra inspirations for the choice. In all inquire about, offer assistance for others and benevolence are the motivational components for the career choice most regularly detailed by understudies. (Linda Messineo, et. Al.)

There are many intricate social, professional, and financial aspects that impact motivation. Health workers choose to stick with their employment for a variety of reasons, including motivation. Health professionals who believe they are doing their tasks effectively would typically be motivated and show job satisfaction. (IntraHealth Librarian, n.d.)

Major theme 2: Disparities Between Blended Learning and Real-Life Medical Practice

Blended learning, which blends online and in-person instruction, has quickly gained popularity in the educational field. In health education, blended learning has consistently outperformed traditional learning in knowledge attainment. To validate these findings and investigate the potential benefits of various blended learning design variations, more research is required. (Vallee & Blacher, n.d).

In the Philippines, blended learning is still considered young and new. Blended learning, which is a combination of traditional classroom teaching and online learning, is a relatively new approach to education in the Philippines. However, as this teaching method gains popularity, it has become apparent that there are certain challenges and obstacles that need to be addressed. This is particularly true for newly established institutions of higher learning, where the implementation of blended learning can be hindered by various issues, such as inadequate infrastructure, limited access to technology, and a lack of training for teachers. All these factors can make it difficult for educators to deliver instruction effectively and efficiently. Therefore, it is crucial to consider these challenges and work towards finding solutions to ensure that blended learning is successful in the Philippines (Alvarez, n.d.).

Concerns About the Effectiveness of Blended Education. In the trail of the COVID-19 pandemic, blended learning education has gained massive popularity as an option to traditional classroom-based education. However, concerns arise as blended education progresses. Some participants expressed their dissatisfaction about blended learning education that it was not effective since they must learn more from their actual duties leaving no time for new experience in their first 30three months. They were not able to grasp some experiences nor were they able to enhance their skills towards caring for the patient. According to the participants', blended learning education was not

effective compared to face-to-face lessons because of some circumstances such as poor internet connection and brownouts. This issue hindered the students to be more efficient and effective and their work.

Many innovations are being adopted by the teaching and learning environment, and one of these is the utilization of technology through blended learning. There are a lot of underlying variables that make blended learning less effective. A significant obstacle pertains to the effective utilization of technology by users, as well as guaranteeing participant engagement in light of unique learner features and technological experiences (Hofmann, 2014). Hofmann continues, Users who encounter technological difficulties may give up on learning and ultimately experience failure with technological applications.

Challenges in transitioning from simulated environments to real-life medical settings. There have always been difficulties in the nursing profession. Nursing difficulties have changed with time, ranging from the societal injustices that the early nurses had to deal with to the current personnel shortages.

Challenges cannot be completely prevented from arising into one's life, but they can be minimized. When the infectious disease called Covid 19 came here in the Philippines, it affected a lot of people especially the education system. The government decided to change the setup from face-to-face to blended related learning where transitioning from simulated environments to real-life medical settings became hard for the participants. While a simulated environment is beneficial for its flexibility, the reality in the medical field is extensively different. The participants find it hard to transition from an unhurried atmosphere into a fast-paced one. As such. It is very crucial to

integrate both simulated and face to face learning at once to help prepare the participants, especially the students, to provide satisfactory quality care.

Unfamiliarity with Basic Tasks and Practical Applications. The primary goal of nursing education, which consists of two theoretical and practical phases, is to prepare competent and capable nurses with the information, attitudes, and abilities needed to preserve and enhance societal health. Nursing is a practice-based discipline. Clinical education is one of the most crucial components of nursing education; it is critical to the advancement of practical skills and personal growth (Moghaddam et al., 2020).

Being unfamiliar with basic tasks and practical applications could lead to any errors. According to some participants, they were reluctant at first to do things because of how unfamiliar it was for them. They were being having anxiety every time they did the tasks even though they were just basic. Participants also shared that there is no term such as basic in them because they had to go through everything repeatedly to be familiar with that specific task. They had difficulty in translating theoretical learning into practical applications amidst the ongoing crisis. The feeling of inadequacy or incompetence due to lack of practical experience in the surgical ward made them doubt their abilities. Even though they were unfamiliar in some basic tasks and practical applications, it does not hinder them from continuously learning and providing the highest care to the patient.

Major theme 3: Fear of the unknown beyond uncontrolled circumstances

Fear has led to increased job strain, low perceived organizational justice, high psychological distress, and consequences in physical, psychological, and emotional

health, work functioning, patient relationships and outcomes, quality of care, and social and financial impacts (Grant, 2020; ICN, 2023; Lanctot & Guay, 2014; Magnavita & Heponiemi, 2012; Perlo et al., 2017). The natural presence of doubts arises from the awareness of the potential for procedural errors, underscoring the gravity of the responsibilities involved. Past experiences of breakdowns and pre-shift anxiety further underscore the intensity of the challenges faced. Additionally, there's an understandable anxiety and nervousness about performing tasks in front of other healthcare professionals, stemming from a perceived inadequacy in skills and expertise. Nurses' work environments affect nursing care and patient outcomes and contribute to burnout, job dissatisfaction, and the intention to leave (Buchan & Catton, 2023; Lake et al., 2019).

Inherent doubts and potential errors. The participants accept the natural concern that develops when one is left in charge of crucial duties, especially when lives are at risk. Due to the possibility of mistakes, doubts may inevitably surface, underscoring the significance of meticulous double-checking processes. Certain participants have expressed that it highlights the early difficulties encountered when attempting to apply academic knowledge to real-life settings, especially in a demanding and dynamic setting such as the Iloilo Mission Hospital. Stress and pressure are caused by many factors, including seniority, collaboration dynamics, and the intricacy of the medical-surgical fields. Additionally, they offer firsthand accounts of their first few months on the job, emphasizing how difficult and intense the experience was at times, with moments of emotional exhaustion and thoughts of giving up. The participants emphasize the value of positivity and persistence despite these obstacles. Performance can also be hampered by several obstacles specific to the healthcare industry, such as organizational and psychological hurdles, given the environment in which these teams operate. (2014) Weller et al.

Anxiety and nervousness stemming from skills inadequacy. The World Health Organization (WHO, 2017) has identified stress as the "health epidemic of the 21st century," defining work-related stress as individuals' reaction to demands and pressures at work that exceed their abilities and experience. The participants are novice nurses, they were asked by medical residents to perform suctioning on an intubated patient, causing them to feel nervous and uncertain due to their lack of experience. Despite attempting the procedure unsuccessfully, a senior colleague intervened, providing guidance and instruction on proper technique after noticing the struggle. The participants acknowledged their lack of knowledge to the senior nurse and received valuable assistance, demonstrating personal growth and adaptation to their nursing role. According to Yao et al., stressors, characterized by emotional or physical tension, are events or thoughts triggering feelings of frustration, anger, or nervousness. Additionally, Fang et al. highlight how registered nurses who exhibit a significant commitment to their work may become overly devoted, leading to heightened work-related stress.

Major theme 4: Professional fulfillment through positive patient influence

Professional fulfillment resulting from positive patient affect is a well-documented phenomenon in the medical literature (Dyrbye et al., 2013; Shanafelt et al., 2017). The concept emphasizes the important role of patients in shaping job satisfaction and general well-being of healthcare workers. Research has shown that healthcare providers often derive immense satisfaction from positively influencing patients' lives, whether by improving health outcomes, providing compassionate care or receiving expressions of gratitude and appreciation (Dyrbye et al., 2013; Shanafelt et al., 2017). These interactions strengthen the clinical skills and engagement of healthcare

professionals and promote purpose and fulfillment in their work (Shanafelt et al., 2017). Thus, the findings of the respondents' stories are consistent with existing research and highlight the profound impact of positive patient interactions on the work performance of healthcare professionals.

Validation Through Positive Patient Impact. In health care, the concept of validation through positive patient impact emerges as a central theme that contains the profound influence of patients on shaping the professional performance of health care providers. Through the participants, it becomes clear that the validation gained from positively influencing a patient's life is an important source of satisfaction and affirmation in their chosen profession. This validation is multifaceted, ranging from tangible improvements in patient health outcomes to intangible expressions of gratitude and appreciation from patients. Current research in the health literature supports this notion and highlights the central role of positive patient interactions in improving the goal and fulfillment of health care providers (Shanafelt et al., 2015; Dyrbye et al., 2017). Such interactions strengthen the clinical skills and engagement of healthcare professionals and contribute to their overall well-being. The reciprocity of the patient-provider relationship emphasizes the symbiotic relationship between positive patient impact and professional satisfaction, underscoring the importance of patient-centered care in health care.

Witnessing Patients' Health Progression and Recovery. In health care, watching patients progress and recover becomes a deeply rewarding part of the profession. The participant highlights the multifaceted nature of this experience. One of the participants thinks of the intrinsic rewards of continuous learning and skill acquisition, as well as the admiration and appreciation of patients for their compassionate care. Another

participant emphasizes the emotional journey of caring for patients, noting the heartbreak of their initial suffering and the subsequent fulfillment of seeing them return to good health under their care. In addition, the importance of continuity of care is emphasized with one participant expressing joy at the tangible improvement in the patient's condition over time, culminating in their eventual recovery and discharge from hospital. These stories resonate with research in the existing health literature that highlights the profound impact of patient improvement on job satisfaction and overall well-being of health workers (Shanafelt et al., 2015; Dyrbye et al., 2017). Thus, the process of monitoring patients' health progress and recovery is a powerful reminder of the significant impact healthcare professionals have on patients' lives.

Boosting confidence through task completion and acknowledgment. The participants shed light on the profound impact of task completion and acknowledgement in boosting confidence among healthcare professionals. From the firsthand experiences shared, it is evident that accomplishing challenging tasks, such as performing an IV insertion or collecting a urine specimen, serves as pivotal moments in their professional journeys. These instances not only signify personal milestones but also symbolize the triumph over self-doubt and the recognition of one's capabilities. Moreover, the acknowledgement and praise received from patients and colleagues further reinforce their confidence and sense of achievement. The validation derived from patients expressing gratitude for the care provided and the trust placed in them by both patients and colleagues serves as powerful motivators and sources of pride. These narratives resonate with existing research in healthcare literature, which underscores the significance of acknowledgement and recognition in enhancing healthcare professionals' confidence and job satisfaction (Shanafelt et al., 2015; Dyrbye et al., 2017). Thus, the

process of task completion and acknowledgement emerges as a vital aspect of professional development and fulfillment in the healthcare setting.

Fulfillment in Task Completion and Procedural Success. Achieving task and process success in healthcare is not just about checking boxes, it carries a deep sense of satisfaction and professional confirmation. The opinions expressed by participants reflect this opinion and highlight the intrinsic rewards associated with successfully completing tasks and procedures in their clinical roles. The participant reflects a sense of accomplishment when tasks are completed effectively and contrasts this with a sense of preparedness and readiness for future changes. Another respondent shares a poignant moment of personal triumph, recalling the satisfaction of successfully inserting an IV despite a lack of prior training. These experiences illustrate the multifaceted nature of healthcare implementation, where task performance and process success are concrete manifestations of competence and expertise. Such experience is consistent with existing research on job satisfaction and well-being among healthcare workers and highlight the importance of recognizing and celebrating these achievements as important components of professional practice (Shanafelt et al., 2015; Dyrbye et al., 2017).

Positive Impact of Support and Recognition. In the complex network of health care, the positive effect of support and recognition appears as an essential force that increases the resilience of health workers and fosters a sense of belonging. Stories shared by participants reveal the transformative power of supportive environments and authentic recognition in improving morale and well-being. One participant eloquently emphasized the importance of camaraderie and encouragement from both colleagues and patients and emphasized the profound impact of collective support in solving health problems. Similarly, another participant expressed the uplifting nature of receiving

compliments from patients, emphasizing the intrinsic value of appreciation and recognition in rejuvenating the mood even during fatigue and exhaustion. These stories resonate deeply with existing research on the importance of social support and recognition in mitigating burnout and promoting job satisfaction among healthcare workers (Shanafelt et al., 2015; Dyrbye et al., 2017).

Validation Through Trust and Responsibility. In the complex style of treatment, validation through trust and responsibility is a deep source of professional fulfillment and personal pride. The participants shared stories that illuminate the power of change given to healthcare professionals by patients and colleagues. One participant eloquently expresses the importance of patients' expressions of gratitude and emphasizes the intrinsic value of believing in their care and well-being. Similarly, another respondent reflects on the deep responsibility and trust of colleagues and patients and emphasizes that the reliability of quality care is rewarding. These stories highlight the symbiotic relationship of trust and responsibility in healthcare practice, where recognition of one's ability and contribution are an affirmation of competence and commitment. Such experiences resonate with existing literature on the importance of trust and accountability in promoting professional satisfaction and improving patient outcomes (Shanafelt et al., 2015; Dyrbye et al., 2017).

Major theme 5 Skill gaps and navigating clinical complexity

Clinical competence and knowledge development are critical components of a nurse's successful career (Barrett and Oborn, 2018). The worldwide pandemic has significantly changed the environment of education, particularly for medical professionals. Previous research has identified some of the reasons that lead to theory-

practice gaps, including system failings, limited resources, a lack of expertise, poor workplace conditions, and a lack of collaboration between clinical settings and educational institutions (Hashemiparast et al., 2019). Registered nurses who completed blended learning programs experienced distinct challenges, including skill gaps and navigating clinical complexity. As nurses enter the dynamic healthcare environment, they must quickly adjust to the changing needs of patient care while also overcoming the limits presented by the pandemic's modified educational experience. Blended learning, which is a combination of online instruction and hands-on clinical experiences, has emerged as an essential approach to nurse education during the pandemic. However, this eventually created skill gaps because some standard hands-on training may be compromised.

Balancing work and classes. As a working professional, it can be tough to balance personal and professional responsibilities while continuing studies. The drive for growth comes with inherent demands. These pressures may include full-time jobs, postgraduate studies, family obligations, and social and religious responsibilities (Pace & Sciotto, 2022; Sharma et al., 2021). If these demands aren't handled properly, they might cause an imbalance in the lives of working-class postgraduates. According to Johnson et al. (2009), one of the most significant effects of this imbalance involves stress and potential burnout among students who are learning and working at the same time. The participant describes a period dedicated to studying the German language, which necessitated a difficult balancing act between school obligations, job, and free time. The participant discusses the difficulty of establishing a balance as classes and studying encroached on valuable periods of leisure. The hardships of sticking to this tight schedule are evident, showcasing the participant's determination despite the difficulty of the journey. Time management is a significant struggle. Nurses work in fast-paced

situations where every second counts, allowing little opportunity for personal interests. Balancing an ongoing German language program with tough shifts demands careful preparation and effort. Nurses often must adjust to irregular schedules, attend after-work lectures, and devote valuable free time to language study and practice. This challenging schedule requires a level of determination and self-motivation beyond the nursing profession's discipline.

Deficiencies in Skills and Handling Clinical Complexity. Blended learning is a combination of virtual and physical learning modality (Al-Qatawneh et al., 2020; Yu et al., 2022). Blended learning settings tend to lack the hands-on, practical components required to acquire clinical skills as stated by the participants. While theoretical information can be efficiently given through online courses, a lack of real-world application may result in limitations in critical clinical skills. Patient assessments, medication administration, and critical thinking are all skills that require hands-on practice, which are limited in a blended learning environment. Tuinman et al. (2017) state that accurate nursing documentation is critical to ensuring patient safety. Participants identified the difficulties encountered by medical-surgical newcomers, such as documentation mistakes and delays in crucial order recall. Every day, nurses undertake practical skills that are fundamental to clinical nursing practice (Ewertsson et al., 2015). As a result, obtaining practical skills is an essential component of nursing education. Despite this, newly registered nurses frequently lack the necessary practical skills (Ravik et al., 2017a; Zamanzadeh et al., 2015). The lack of practical applications following online discussions has been noted as a significant barrier, particularly in tasks such as IV insertion.

Major theme 6: Cultivating inclusivity and collaboration in the professional world

The researchers also formulated a major theme from the study that discusses the significance of inclusivity and collaboration of nurses in the hospital setting. Cultivating inclusivity and collaboration is vital in promoting positive patient outcomes and for the learning and growth of newly registered nurses with blended related learning experience. Open communication and collaboration among nurses with other allied healthcare professionals in hospital settings enhances effective communication, minimizes medical error, and aids in skill enhancement (Hämel & Vardaman, 2020).

Under this major theme, the participants emphasized how they interact with various patients, folks, and colleagues and apply different approaches to the individuals. With the given fast-paced nature of the healthcare environment, their experiences are divided. Some of them express their difficulties in communicating with patients and folks, especially if they show a demanding approach towards the nurses given that the participants were not used to encountering such people. But some also express how ease they interacted with various patients and folks in medical-surgical ward. Another subtheme under this focuses on equality and collaboration among colleagues. The participants describe how they see each other in the hospital as equals and with respect to one another. They emphasize the building of positive relationships with patients, folks, and with their seniors, that would provide them with an opportunity to learn things they had not in their blended related learning experience.

Tailoring Interactions Based on Age, Gender, and Situational Context. In this subtheme, the participants rely on their different approach based on factors such as age, gender, and other specific situations. Two of the participants describe how they manage

to handle the demands of every patient and folk they have encountered. One participant stated, "I base my approach on people's age, gender, and situation beforehand because, of course, we need to perceive the atmosphere.". Wherein, it reflects how the participants apply their own methods of communicating with others, especially when they were not fully exposed to the hospital setting. In support to this, a study by Lai et al. (2020) stated, that active listening, open communication, and constructive feedback appropriate to the situation may address gender barriers and promote respect and collaboration. Also, they highlight the importance of composure and understanding in dealing with a demanding patient or folks especially when a tension occurs to avoid conflicts. Furthermore, a participant stated that there would be a challenge for the nurses with a sensitive or soft heart as they were going to handle a toxic patient in medical-surgical ward, often evoking emotional responses like crying for a first-time nurse working in the actual hospital setting.

Equality and collaboration among colleagues. Working in the hospital setting requires good teamwork and collaboration with healthcare professionals. As the participants of this study had a blended-related learning experience, they had a great time building strong relationships with their seniors as they had a gap to fill in with their given experience. The participant also stated that one should view each other as equals and work as a team to achieve common goals. This reflects, despite their hierarchical status in the institution, that they are all still equal and work as a team. For them to learn and enhance their skills they must be open-minded and not let their ego overshadow the opportunity to learn from the seniors. One participant stated, "You should be humble and open to new learnings. You shouldn't always say 'yes', and you shouldn't always feel you're on top. Yes, there are times, for example, when your ego takes precedence over learning from your seniors. If you let your ego control you, you might find it challenging

to adapt to changes and your work.”. The participant also highlights that it is also a matter of survival in getting along with their seniors, patients, and families as it takes enough courage to build positive relationships with them, until to such time that they have achieved all those and it became habitual.

Chapter 5

Summary, Findings, Conclusions, and Recommendations

This study is a qualitative analysis which utilizes a descriptive phenomenological approach. Which aims to analyze and discuss the lived experiences of registered nurses who graduated currently working in the hospital setting with a blended learning experiences in a selected private higher education institution. In this study, the research questions were derived from the participant's own words which were guided by the core question. In analyzing and describing the phenomenon, Colaizzi's method of inquiry was utilized. The data saturation point was reached on the tenth participant. A semi-structured interview was used to gather information. The researchers utilized Colaizzi's technique to categorize and formulate patterns.

The researchers audio/video recorded and transcribed all the interviews. This chapter includes: (a) a summary of findings, (b) a conclusion and explanation of how the study addressed the core question, and (c) suggestions and recommendations based on the findings and future research directions. This chapter of the study utilized the information from the preceding four (4) chapters.

Summary of Findings

After thorough in-depth interviews, the researchers formulated six (6) major themes. These major themes are as follows; (1) Embracing the Dynamic of the

Professional World. The registered nurses navigate diverse aspects of professional nursing practice in the medical surgical ward. (2) Disparities Between Blended Related Learning Experience and Real-Life Nursing Practice. This theme discusses how the registered nurses address the gaps between theoretical knowledge and practical nursing application in medical-surgical ward in the actual hospital setting. (3) Fear of the Unknown Beyond Uncontrolled Circumstances. The registered nurses faced their fears and handled anxieties related to patient outcomes, carrying out orders with minimal to no errors, and other uncertainties encountered in medical-surgical ward. (4) Professional Fulfillment through Positive Patient Influence. The participants derived professional satisfaction and validation through positive patient impact, trust, and recognition. (5) Skill Gaps and Navigating Clinical Complexity. This fifth major theme emphasizes how the registered nurses navigate the demands of healthcare environment and handle their skill deficiencies in the area. (6) Cultivating Inclusivity and Collaboration in the Professional World. Lastly, this major theme described the overall positive effect of collaboration, teamwork, open communication, and mutual respect among patients, folks, and colleagues.

These major themes highlight the varieties and range of experiences the registered nurses have encountered emphasizing on the challenges, coping mechanism, and adapting process.

Conclusion

The findings of this study reveal that many registered nurses graduated in the year 2022 that come from a blended related learning experience and are currently working in a hospital setting specifically medical surgical ward share similar obstacles

and has shown efforts in navigating their weakness and finding their own personal strength. As participants recall their first experience working, they collectively felt that the skills they have learned through blended learning are not up to par for standard nursing care. Since there is a stark difference of simulated learning as compared to an actual setting, it is different because of the unique factors only shown in an actual setting. The patient, the environment and emotional aspect of nursing cannot be replicated through a simulation, which the participants expressed having not enough exposure. As participants opened about their difficulties, they also shared their ways of coping and recuperating against the feeling of lacking in competence, by shadowing their peers and diligent study in the workplace they are able to gain the confidence they seek.

Participants concurred on and confirmed their genuine experiences during the study process. Overall, these descriptions gave insight into and explained the registered nurses graduated with blended related learning experience working in a selected institution. These findings may not apply to all nurses who have undergone a blended learning experience. However, they can serve as a starting point for further research and studies. The emerging themes can be used to develop a framework for nurses working in the healthcare profession.

Suggestions and Recommendations

Based on the findings of the study, the following recommendations were formulated:

For Nursing Education. It is recommended that private higher education institutions should take a proactive step to design and implement a proper training and comprehensive blended related learning experience program for the future nurses which

highlighted in the second major theme “Disparities Between Blended Learning and Real-Life Nursing Practice”. With the utilization of this study, nursing education was enriched and prepared future nurses with blended related learning experience work in the actual hospital setting.

To the Hospital Administration. It is recommended that specific and comprehensive training and seminars be implemented tailored for the new nurses with blended related learning experience. The training is expected to facilitate and enhance the skill competency of registered nurses with blended related learning experience as stated under the topic “Skill Gaps and Navigating Clinical Complexity”. It is recommended for the institution to integrate the findings of the study in accommodating registered nurses with the said undergraduate experience and contribute to the professional development of practicing nurses.

To the Clinical Instructors. As an essential part of the journey of the student nurses' transition to professional nurses, it is recommended to use the experiences discussed in this study in facilitating the students' clinical experience and provide an alternative program to improve the knowledge and skills of student nurses with blended related learning experience. It is expected from them to foster professional growth and development in student nurses and prepare them to be competent and compassionate registered nurses.

To the Nurses. It is highly recommended to actively engage and facilitate learning and enhancing skills essential for delivering quality patient care. As emphasized on the topic “Cultivating inclusivity and collaboration in the Professional World”, nurses are expected to provide an inclusive and collaborative environment for a continuous learning opportunity for everyone especially for the registered nurses with blended related learning experience. Senior nurses and other colleagues are recommended to facilitate and support new nurses by reflecting on this study's findings.

To the Future Researchers. It is recommended that this study be used as a foundation for future studies. The findings of this study are specific only to the participants who consented to share their experiences. The data collected provide a full understanding of the subject matter, so the researchers advise further expanding the study's outcome to explore into new findings and insights.

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APPENDIX A**INFORMED CONSENT FORM (ICF)****1. KEY INFORMATION ABOUT THE RESEARCHERS**

Title of the Study:

Lived Experiences of Registered Nurses currently working in the Hospital setting with a Blended Related Learning Experience (RLE) in a selected Private Higher Education Institution

Name of Researcher/s:

Espanueva, Rose S.

Estanol, Jhan Prezzel Kaye A.

Estiquita, Ian Edgar J.

Estos, Rhea Lynn D.

Evangelista, Faye Khrys V.

Facultad, Jhandhel Carl D.

Research Adviser: Prof. Ma. Lourdes N. Sampiano

Department/College: College of nursing

Institution: Central Philippine University

2. INTRODUCTION/BACKGROUND OF THE STUDY

You are invited to take part in this research study. This form contains information that will help you in deciding whether to participate or not in this study/research. Before you decide to participate in this study, you will be given enough time to read and understand the contents of the informed consent. If there are words or concepts that you do not understand feel free to ask questions at any time, the researchers are willing to explain it to you and your questions will be answered to your satisfaction. The study will begin once you have signed the informed consent form.

This study is about the lived experiences of registered nurses currently working in hospital setting with a blended related learning experience during their undergraduate years.

3. PURPOSE OF THE RESEARCH

This study aimed to explore and describe the lived experience of registered nurses currently working in the hospital setting who were in Blended Related Learning Experience in a selected private higher education institution.

4. TYPE OF RESEARCH INTERVENTION/DATA GATHERING INSTRUMENT

The researchers will be having an in-depth interview with the participants. To get the significant information needed, the researchers will utilize an unstructured interview via face-to-face and/or through online platforms such as zoom meeting and google meet. The interview will be recorded using a recording device after

obtaining consent from participants and will be transcribed. Thereafter, the information gathered will be analyzed using Colaizzi's descriptive phenomenological method.

Purposive and Snowball sampling will be used as the method of sampling. The researchers will gather a few participants who fit the research inclusion criteria and are invited to become participants of the study. These participants will be recommending other potential participants thereby the basis for data saturation.

5. PARTICIPANT SELECTION (INCLUSION & EXCLUSION CRITERIA)

You are chosen as a participant based on the following inclusion criteria:

1. A 2022 graduate of Central Philippine University with a bachelor's degree in nursing.
2. A registered nurse practicing his/her profession in a hospital, specifically in the Medical Surgical ward area, with at least 3 months of working.
3. A male or female registered nurse.
4. Those who are willing to participate will sign an informed consent.

The following are excluded:

1. A registered nurse who is not currently practicing his/her profession in a health care setting
2. A registered nurse which was not assigned to the Medical Surgical ward.

3. Those who are not willing to participate and will not sign an informed consent.

6. VOLUNTARY PARTICIPATION

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate or to withdraw from the study at any time, there will be no penalty or other consequences and without need to give any reason.

7. PROCEDURE

Before you decide to participate in this study, you will be given enough time to read and understand the contents of informed consent. Your question will be answered to your satisfaction. The study will begin once informed consent is signed. The study will include semi structured interviews through an online video conference tool (zoom/google meet) and/or face to face. Each participant will be given an id number only known to researcher(s).

8. DURATION OF THE STUDY

This study will be conducted from November 2022 to April 2024. The interview will take a minimum of 60 minutes and a maximum of 90 minutes of your time. You have the right to not answer the questions or follow up questions if you felt uncomfortable about it.

9. RISKS AND INCONVENIENCES

There is a negligible amount of risk involved in this study. If you are uncomfortable with the questions, you do not have to answer them/proceed. The

researcher will identify the potential psychological, social, physical, and legal harm of the study and will be identified as negligible. If there is any, the participants may wish not to disclose any sensitive or offensive experience. The participants will also be provided with information about the nature of the interview and their responses will be kept confidential.

10. BENEFITS

This study might help to the following:

Nursing education. The development of productive working relationships, a holistic nurse-patient rapport, and nursing professionals who remain in the workforce influencing healthcare change and reform are all possible outcomes of an increase in learning and skill among emerging professionals that can better human and social conditions.

Hospital administration. Understanding undergraduate student performance may help improve instructional methods and create more tenacious healthcare professionals.

Clinical instructor. The clinical instructor facilitated the learning ground for these newly graduated nurses. The data obtained from this study will give emphasis to how the new learning system affects the skills and competence of its students. In that way, it will serve as a guide for them on which aspects they lack and on what grounds they should improve to accommodate the needs of undergraduates.

Nurse. This study will acquire a first-hand and comprehensive understanding of the experiences of nurses who graduated in an online clinical setting during the pandemic. This will serve as a platform for the new nurses to express and be heard of what concerns and skills they lack due to the new learning setting. Furthermore, the data will benefit the pre-covid nurses by identifying the lived experiences of the registered nurses graduated in 2022. In addition, it will give prior knowledge and expectations to the nurses succeeding them.

Future Researchers. This study will benefit the body of knowledge and will guide as a framework for future research studies with the same target population and significance.

11. REIMBURSEMENTS

You will be provided with a token of appreciation such as a ball pen and keychain. You will also be given food and beverage during the interview.

12. CONFIDENTIALITY

The information you have provided is solely for the purpose of this study. Your identity will be kept private and confidential to the extent provided by law. You will be assigned an ID number, and your data will be stored with utmost respect to your privacy.

13. RIGHT TO REFUSE OR WITHDRAW

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate or to withdraw from the study at any time, there will be no penalty or other consequences and without need to give

any reason. If at any time you withdraw from the study, your data will be discarded properly.

14. DECLARATION OF CONFLICT INTEREST

The researcher declared no conflict of interest in this research study. During the study, the participants will be assured of the security of their data information and comfort. The researcher will thoroughly explain to the participants the choices to participate in the study or to withdraw from the study at any time with no compensation granted to the those who will withdraw.

15. STORAGE AND DISPOSAL OF RESEARCH DATA/MATERIALS

The electronic copy of the data will be kept in a computer that only the researcher(s) has/have access to. Hard copies will be stored in a secure location such as folders and will be put into one of the cabinets with locks that only the researcher(s) can access. The data collected will be stored for a year and destroyed after that period.

16. SHARING OF RESULTS/DISSEMINATION PLAN

The results of this study will be stored in a hard drive to which only the researcher can have access. The transcripts and recorded video/audio will be stored for a year until the research is published. The obtained information will be shared only within the researcher's groups and will be presented to the panelists during the scheduled defense. The written information will be shared broadly through publications.

17. WHO TO CONTACT

If you have any questions or clarifications regarding your participation in the study, you may contact:

Lead Researcher: **FAYE KHRYS EVANGELISTA**

Address: **Mandurriao, Iloilo city**

Contact Number: **09212676776**

Email address: **fayekhrys.evangelista-20@cpu.edu.ph**

If you have questions pertaining to your rights as a participant, you may contact:

Joy G. Raso, PhD.

Chair, CPU Research Ethics Review Board

Email: researchethics@cpu.edu.ph

Phone: 329-1971 (local 3336)

18. CERTIFICATE OF CONSENT

I have read the foregoing information, or it has been read and explained to me in a language/dialect I know and understand. I have had the opportunity to ask questions about it and any questions I have been asked to have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print name of participant _____

Signature of participant _____

Date _____

MM/DD/YYYY

Statement by the researcher/person taking consent.

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done.

1. I will sign the informed consent.
2. I will attend the interview whether online/face to face.
3. I will share information regarding my lived experiences as a nurse in medical surgical ward.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print Name of Researcher/person taking the consent _____

Signature of Researcher/ person taking the consent _____

Date: _____

MM/DD/YYYY

APPENDIX B

RESEARCH ETHICS COMMITTEE CERTIFICATE



RESEARCH ETHICS REVIEW BOARD
 CENTRAL PHILIPPINE UNIVERSITY
 Lopez Jaena St., Jaro, Iloilo City, Philippines
 329-1971 to 79 local 3336



ETHICAL CLEARANCE

RERB Form No.22-2
 Version No.: 04
 Date of Effectivity: 17 May 2023

Date of Approval: October 10, 2023

RERB Code: 2023-210-UG-EVANGELISTA et al.

Protocol Title: **"LIVED EXPERIENCES OF REGISTERED NURSES CURRENTLY WORKING IN THE HOSPITAL SETTING WITH A BLENDED RELATED LEARNING EXPERIENCE (RLE) IN A SELECTED PRIVATE UNIVERSITY IN ILOILO CITY ON THE SCHOOL YEAR 2021-2022"**

Version No. 04

Researcher/s: **ESPANUEVA, ROSE S.
 ESTANOL, JHAN PREZZEL KAYE A.
 ESTIQUITA, IAN EDGAR J.
 ESTOS, RHEA LYNN D.
 EVANGELISTA, FAYE KHRYS V.
 FACULTAD, JHANDHEL CARL D.**

Upon resubmission of the following documents, Research Proposal Chapters 1, 2, and 3 with references and Informed Consent Form, the above protocol is hereby **APPROVED** by the CPU-RERB. This ethical clearance is valid from **October 10, 2023** to **October 10, 2024**.

The researcher/s are hereby required to submit the following:

- √ Progress Report on or before **November 10, 2023** to researchethics@cpu.edu.ph
- √ Final Report Form and one (1) copy of the completed protocol **within one (1) month** after completion of the study.

For any amendment or alteration in the protocol that will change the nature, or the level of risk involved after approval, the Research Ethics Review Board must be notified through writing and accomplishing the following forms as needed: Protocol Deviation Form, Serious Adverse Events, Amendment Form, and/or Early Termination Report.

Very truly yours,


JOY G. RASO, PhD.
 Chair, CPU-RERB

Date: 10/14/23

APPENDIX C**LETTERS OF TRANSMITTAL**

November 6, 2023

Dr. Maricar A. Bayo-ang, MD
Chairperson, IMH Research Ethics Committee
Iloilo Mission Hospital
Jaro, Iloilo, 5000

Dear Dr. Bayo-ang,

Greetings!

We, the students from Central Philippine University College of Nursing, BSN 4C are conducting a research study entitled “Lived experience of registered nurses currently working in the hospital setting who were in Blended Related Learning Experience in a selected private higher education institution” this is for the partial fulfillment of requirements for the degree Bachelor of Science in Nursing. We are writing to express our keen interest in conducting a research study here at Iloilo Mission Hospital.

The purpose of our study is to explore and describe the lived experience of registered nurses currently working in the hospital setting who were in Blended Related Learning Experience in a selected private higher education institution. I believe that Iloilo Mission Hospital and its staff would be an ideal setting and participants for this research to gather and collect recently graduated nurses from Central Philippine University.

In this regard we are seeking your permission from your good office to conduct this study within the premises of Iloilo Mission Hospital, specifically in the medical-surgical area. We will be having an in-depth interview that will last 60 to 90 mins. Rest assured that we are committed to adhering to all ethical guidelines and protocols necessary for the smooth conduct of the study. Additionally, we assure you that the confidentiality of your staff will be the utmost priority of our group.

Enclosed with this letter, you will find thorough information about the study, including its methodology, potential benefits, expected timeline and the informed consent form.

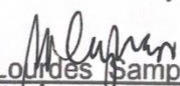
We are looking forward to your positive response to this request. Please feel free to contact us at 09212676776 or fayekhrys.evangelista-20@cpu.edu.ph to arrange a convenient meeting time.

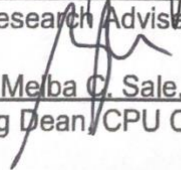
Thank you for your time and consideration.

Respectfully yours,


Faye Khrys Evangelista
Researcher

Noted by:


Prof. Ma. Lourdes Sampiano
Research Adviser


Prof. Melba C. Sale, RN
Acting Dean, CPU College of Nursing

RESEARCH ETHICS COMMITTEE


November 17, 2023

Elmer Q. Pedregosa, M.D., M.P.H., M.H.A., F.P.C.H.A
Hospital Administrator
Iloilo Mission Hospital


Dear Dr. Pedregosa,

This is in connection with the study entitled "**Lived Experiences of Registered Nurses currently working in the Hospital Setting with a Blended Related Learning Experience (RLE) in a Selected Private University in Iloilo City on the School Year 2021-2022**" that will be conducted by Faye Khrys Evangelista and her group of the College of Nursing of Central Philippine University. The study underwent ethics review and was approved for implementation by the Central Philippine University RERB. In this regard, I am therefore asking for your approval to have their research conducted in our institution with adherence to their approved protocol.

Truly yours,


Maricar A. Bayo-ang, MD, DPPS, FPRA
Chairman, Research Ethics Committee
Iloilo Mission Hospital

Approved by:


Elmer Q. Pedregosa, M.D., M.P.H., M.H.A., F.P.C.H.A
Hospital Administrator
Iloilo Mission Hospital

APPENDIX D**CERTIFICATE OF PLAGIARISM SCAN****REVIEW, CONTINUING EDUCATION and CONSULTANCY CENTER**

Central Philippine University


Jaro, Iloilo City

Tel. No. 329-1971 local 1008 email: rceccsec@cpu.edu.phWebsite: rcecc.cpu.edu.ph

March 23, 2024**CERTIFICATION**

This is to certify that the research paper entitled “**LIVED EXPERIENCES OF REGISTERED NURSES CURRENTLY WORKING IN THE HOSPITAL SETTING WITH A BLENDED RELATED LEARNING EXPERIENCE (RLE) IN A SELECTED PRIVATE HIGHER EDUCATION INSTITUTION**” by **Rose S. Espanueva, Jhan Prezzel Kaye A. Estañol, Ian Edgar J. Estiquita, Rhea Lynn D. Estos, Faye Khrys V. Evangelista, and Jhandhel Carl D. Facultad** has undergone Turnitin Similarity Checking with a passing percentage of 7% and has passed the requirements (Chapter 1-5).

Prepared by:


PINKY E. LUTERO-TONGOL
Staff-in-charged

Approved by:


LENNY ROSE P. MUCHO, EdD.
Director, RCECC

APPENDIX E

GRAMMAR REVIEW CERTIFICATE



COLLEGE OF ARTS AND SCIENCES
CENTRAL PHILIPPINE UNIVERSITY
Department of Languages, Mass Communication, and Humanities

CERTIFICATION

This is to certify that the research entitled **LIVED EXPERIENCES OF REGISTERED NURSES CURRENTLY WORKING IN THE HOSPITAL SETTING WITH A BLENDED RELATED LEARNING EXPERIENCE(RLE) IN A SELECTED PRIVATE HIGHER EDUCATION INSTITUTION** by *Espanueva, Rose S., Estañol, Jhan Prezzel Kaye A., Estiquita, Ian Edgar J., Estos, Rhea Lynn D., Evangelista, Faye Khrys V., and Facultad, Jhandhel Carl D.* was checked and verified for grammar and other mechanics of writing.

Issued this 13th of May, 2024.

RHYS DE LA BANDA CAMACHO, MA English (major in TESOL)
DLMCH Faculty
This University

APPENDIX F

MATRIX OF THEMATIC ANALYSIS

Table 1:

No.	Statements	Formulated Meaning	Subthemes	Major themes
1.	<p>R1 "At first, it's hard. If you want to survive in this career, you need to push yourself. You need to make an effort, blend in, and adapt to the situation even if you have doubts about yourself and your learned knowledge."</p> <p>R1: I learned through practice, so in terms of learning about terms, knowledge, it's quite substantial. But when it comes to actual work, that's where I really learned the tasks, and I appreciate what I've learned and read."</p> <p>R2: "When I started working here, I already learned some theories and basic skills. So, the focus is on enhancing skills, even if I already have some basic skills, I need to return demonstrations to improve, right? It's like, just wait, I may feel like an expert in theory, but when it comes to skills here, it's okay, but at least I know, I am not left gaping"</p>	<p>Overcoming the challenging nature of professional environment.</p> <p>Acknowledges the importance of theoretical knowledge gained through study and practice</p> <p>They may not excel in practice, but they have a basic understanding and are not entirely lost.</p>	Skills development and adaptation	Embracing the dynamic of the professional world.

	<p>R5: When we are currently undergoing orientation or training, we continue to observe until the time comes when we will specialize. We are still surprised about how this will unfold, what this will be.</p> <p>R5: Yes, you can really feel that. It's surprising in your environment, especially if it's unfamiliar to us. It can be pressuring because, of course, you don't know much, and your seniors are often busy. Sometimes, you just have to figure things out on your own, and you'll learn and realize later on that the experiences that seemed toxic at first become manageable over time, and you'll adapt to them.</p> <p>R6: Yes, there are challenges. For me, in terms of skills, it's intense. When it comes to skills, I can quickly catch up if I do things over and over again. So, in terms of skills, there are times when especially when giving meds, delays can happen, especially with many patients. There are challenges, like when carrying out orders, you might get confused, asking yourself, 'What is this?'</p>	<p>Remain observant until the moment arrives for them to specialize in a particular area.</p> <p>Adapt to the demands of their environment and grow through the experiences encountered.</p> <p>Doing things repeatedly as a means of enhancing skills</p>		
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	<p>How do I do this? What do I do?'"</p> <p>R9: I was often assigned to intubated patients because, as junior nurses, we were usually placed near the nurses' station, particularly with what they call "toxic patients." Over time, it became a regular occurrence that, for a week, there would be around three of us taking care of intubated patients during our 12-hour shifts. You would see how many times you need to suction within your shift. It becomes routine, and you become adept at managing suctioning tasks. While we may not be experts in suctioning, we have a good understanding of the proper way to perform suctioning.</p>	<p>The repetition of tasks, such as suctioning, became familiar, allowing the nurses to develop proficiency in managing suctioning duties.</p>		
2.	<p>R4 We ask help to the senior.</p> <p>R1 I became observant of every action of my seniors, whom I shadowed, in order to learn what needs to be done and to learn and adapt to the workplace. You shouldn't become a burden to your colleagues.</p>	<p>Willingness or need to seek assistance or guidance from more experienced individuals</p> <p>Proactive approach to learning and adapting to a new workplace environment by closely observing the actions of more experienced colleagues</p>	<p>Seeking assistance from seniors.</p>	

	<p>R8: Before, I used to ask for help from my seniors to guide me through my daily tasks, until I became familiar with them. It became easier over time. I would ask my colleagues if what I was doing was correct. I would confirm with them if I should proceed or double-check to minimize errors.</p> <p>R10: Well, perhaps if it's related to blended learning, initially, there may be a lack of skills. However, over time, you will receive guidance. There are seniors and supervisors who are willing to help you, and you will continue to learn, whether through blended learning or other methods.</p> <p>R10: I actually expressed this to my head nurses and seniors that I needed help, especially when it comes to actual patient care. While documentation is something we practice, and we can manage that even with blended learning, I emphasized that I needed assistance with skills related to actual patient care,</p>	<p>A process of learning through collaboration and verification in a professional environment.</p> <p>Guidance and support from seniors and supervisors in facilitating skill development</p> <p>Seeking assistance from their head nurses and senior colleagues, particularly regarding skills related to direct patient care.</p>		
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	<p>such as administering medications and mixing drugs. I communicated this to them, and fortunately, they were willing to help. Some of us came from the blended learning setup, while others, including me, were working in a hospital for the first time.</p>				
	<p>R5: From my perspective, what really helped me adapt quickly is motivation. Just imagine, after graduating and passing, you finally enter the field. You're excited and eager to work, it's like everything is new. We were excited to work, feeling like we were quickly adapting. Even the work, like we eventually realized, we were also doing nursing aide tasks. We didn't really know what exactly we were supposed to do. Then, facing the expected changes and challenges, and of course, unexpected changes as well.</p> <p>R5: Survival also involves how well you get along with your seniors, patients, and their families. Once you've survived all these, you'll realize, "I've been through this already," "I used to struggle, but now it seems like there's no impact on my soul." It becomes like normal</p>	<p>Self-motivation as a means of adaptation</p> <p>Encompassing interactions with seniors, patients, and their families to adapt and survive.</p>	<p>Personal motivation and determination</p>		

	<p>days. Eventually, when you endorse patients, you know each one. Before, it felt overwhelming, but now it's just helping each other out at the station. When you go home, you say, "I'm tired, I'll sleep." You don't have any lingering stress or concerns.</p> <p>R6: "Of course, when you're in the ward, there are indeed patients, some of whom may have infusion pumps. Naturally, you don't just experience that in one patient. Continuously, you learn how to handle them, how to manage their drainage. And it's also about your own determination to learn. Remember, if you're not determined in what you do, it's as if you're not doing anything at all.</p> <p>R7: It's important to be diligent and eager to learn, especially if you've graduated from an online program.</p> <p>R10: I feel that every day is a continuous process of adaptation, especially considering my lack of experience and encountering new situations regularly.</p>	<p>Ongoing learning process inherent in managing patients' care,</p> <p>Significance of diligence and a strong desire for learning,</p> <p>Perception of daily experiences as a continuous process of adaptation and</p>		
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	<p>Each patient is unique, with differences from one to another. I wouldn't say that until now, I'm still receiving feedback on various cases that come to our floor. Over time, I hope to continue coping and eventually master these situations. Right now, when facing a new patient, there's a bit of uncertainty about what to do. However, there are supervisors and seniors willing to help. Of course, it's not just about wandering around the hospital; there must be self-determination to learn, understand the patient's needs, and consider nursing considerations.</p>	<p>importance of self-determination</p>		
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Table 2:

no.	statements	Formulated meaning	Sub Theme	Major Theme
1	<p>R1: "We started online, so we weren't super prepared, but we did our best. It took a few weeks to adapt, to practice independently the work of a nurse. When we were online, we lacked hospital exposure; our experience was mostly through return demonstrations, which is quite different from the actual hospital setting."</p>	<p>Felt that their online education did not fully prepare them for the demands of nursing practice.</p>	<p>Concerns About the Effectiveness of Blended Education</p>	<p>Disparities Between Blended Learning and Real-Life Medical Practice</p>

	<p>R1: "In our batch, due to the pandemic, our experience wasn't adequate. We really needed to take action and put in extra effort to become efficient in our work."</p> <p>R5: Yes, we've developed skills. If I compare it to our blended learning experiences, we have skills that have been proven, especially in performing skin tests.</p> <p>R7: "It's just online for us, so we really lack skills when it comes to the hospital setting."</p> <p>R7: Actually, some of my seniors also mentioned that once you graduate from an online program, you really lack skills.</p> <p>R8: Although I admit that our learning was solely through online means, I also acknowledge that there might be something lacking. However, everything I've learned from our online experience, I've been able to apply it in our work. What was taught to us, you'll eventually realize, is applicable in our actual practice. That's all, my only deficiency is our</p>	<p>Constraints brought about by the pandemic.</p> <p>In comparison to experiences with blended learning, the skills they cultivated was validated and proven effective.</p> <p>Concern about the limitations of online education.</p> <p>Perceived deficiency in skills among individuals who graduate from online programs</p> <p>Limitations and potential shortcomings of their online learning experience, particularly in terms of lacking exposure to the hospital setting.</p>		
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	<p>experience in the hospital setting.</p> <p>R8: It seems that having a blended related learning experience was challenging because our experience was entirely online. Our exposure to the hospital setting was limited, especially during the critical years, which are the 3rd and 4th years. We missed out on many learning opportunities in the medical-surgical ward, ICU, and ER, which are crucial for our development.</p> <p>R6: In the ward... um, well, let me remember. Maybe it's like the JP drains, right? Hmm, of course, in school, in my case, well, in our situation, we didn't have much exposure to certain procedures initially. So, I found it a bit challenging.</p> <p>R10: As a staff nurse, it's really different, and knowing that you went through blended learning, you realize how inaccurate and unreliable it can be when it comes to practicing your skills. It feels like you're starting fresh, and you might feel a bit clueless. Sorry for the language, but it feels like you're a bit dumb because, despite being on duty in the hospital, it's very limited. We only</p>	<p>Deficiency in hands-on experiences</p> <p>Limited exposure to certain procedures</p> <p>Disparities between blended learning and practical application in a hospital setting.</p>			
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	<p>had duty in the hospital during the second and fourth years. When it comes to actual duty, it's very different, especially considering the accountability and the risks you face as a staff nurse. You now have a license to uphold.</p> <p>R10: I don't really think that blended learning significantly contributed to my skills. The skills I learned during actual hospital duty are what I've been applying. Blended learning can provide theories, but when it comes to skills, it seems to be a bit lacking. It's challenging to rely on what we learned through blended learning when dealing with actual patients in the hospital.</p>	<p>Concern regarding the effectiveness of blended learning in enhancing.</p>			
2	<p>R2: I wouldn't say it's difficult, nor would I say it's easy. It's just right, because what we learned online, we applied it immediately to actual situations. However, there's still something lacking because, of course, transitioning directly from online to real-life situations, wherein in the online setting we are online using dummies and sometimes pillows while in the actual setting we are dealing with real people. There are nerves and excitement, you know, because it's the first time.</p>	<p>Differences between online learning and real-world application, including the emotional aspects of facing new challenges.</p>	<p>Challenges in transitioning from simulated environments to real-life medical settings.</p>		

<p>R2: "In my college years, it seems like we did every return demonstration even if it's just a dummy, it's always from there. There's always something lacking. It's just about building confidence, facing it, your courage, you know. But for me, coming from MedSurg, even if we do return demonstrations online, at least you have some idea, but it's really not the same until you actually experience things."</p> <p>R9: As a graduate with blended learning experience was initially somewhat challenging for me. I had to adjust to this new type of learning, and once I did, I began working as a trainee in a hospital. I found myself still navigating and adapting because, of course, the environment is very different compared to traditional learning. The return demonstrations and actual scenarios presented in the training are also significantly different</p> <p>R10: When I started working it was the first time I was able to experience it. Don't get me wrong, no matter what training you had in hospital during RLE or your student duties, it's still different when you're officially starting.</p>	<p>Discrepancy between simulated scenarios and the complexities of actual medical-surgical situations.</p> <p>Navigating through the differences between blended and traditional learning methods as a hospital trainee</p> <p>Despite previous training and experiences in the hospital during Related Learning Experience (RLE), there is still a significant</p>		
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	<p>The weight of carrying your license and accountability adds a different dimension. However, the common problems related to blended learning or not still make sense in general.</p> <p>R10: In general ways, I'm excited after passing the board because, of course, I need to start earning money. But when it comes to the overall experience, it's still exciting in a way. Nursing is a vocation, and we chose this path, so we can't just say, "I'll quit because it's too tough." We should maintain a positive attitude, even when dealing with challenging patients or situations in the hospital. Regarding the experiences, I would still describe it as exciting, despite the challenges. Handling real patients is quite different from the mannequins and dolls we practiced with during blended learning. It's like going from making paper dolls to handling real-life situations. *laughing* It was initially very challenging, but it gradually became exciting.</p>	<p>difference when working.</p> <p>Highlights the transition from practicing with mannequins during blended learning to handling real-life scenarios with patients as a significant shift.</p>			
3	<p>R4: "Even the basic tasks seem alien to us because we graduated from online programs due to COVID. We need to adapt to how to work</p>	<p>Basic tasks may feel unfamiliar or foreign to them due to the nature of their</p>	<p>Unfamiliarity with Basic Tasks and Practical Applications.</p>		

	<p>with them, especially considering we graduated from simulation, where Apollo didn't speak, and Lucina just gives birth."</p> <p>R6: "Sometimes, because we're in the midst of a pandemic, there are certain practices that are hard to catch up on. And when you're in the actual situation, you might feel like you're struggling and questioning yourself, thinking, 'How come this wasn't what I learned?' or 'Is this not what I know?' Because it's really different when you're in the actual situation compared to just doing demonstrations in school."</p> <p>R8: During my trainee days, it was very difficult for me. I felt incompetent since I graduated without any proper experience in the medical-surgical ward because of the pandemic.</p> <p>R10: Personally, I can say that I'm somewhat confident when it comes to competence. However, I can't confidently say that I'm truly competent because, even though I may be confident, when</p>	<p>educational experience.</p> <p>Difficulty of translating theoretical learning into practical application amidst the ongoing crisis</p> <p>Feeling inadequate or incompetent due to the lack of practical experience in the medical-surgical ward.</p> <p>Complete competence is challenging to achieve due to the need for supervision and continuous learning.</p>		
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	<p>facing a situation, the patients and their families can sense if you're nervous or unsure. So, in that aspect, confidence is just one side of the story. When it comes to competence, it's challenging to claim complete competence because I still need supervision and continuous learning. Nursing is a never-ending, lifelong learning experience, and the learning process never stops.</p>			
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Table 3:

	statements	Formulated meaning	Sub-themes	Major themes
1	<p>R1: Your fear is understandable, especially when you're the one facing the responsibility alone. It's natural to have doubts because you might make mistakes in procedures. It's crucial to double-check everything because we're dealing with lives.</p> <p>R3: The situation that we are in and at the beginning we really struggled because it is hard to apply what we learned in a tactical setting and you know there are a lot of other factors like seniors,</p>	<p>Natural presence of doubts stemming from the potential for procedural errors.</p> <p>Emphasizes high stress and pressure indicating the demanding nature of the environment.</p>	<p>Inherent doubts and potential error.</p>	<p>Fear of the unknown beyond uncontrolled circumstances</p>

	<p>workmates, like the system in place because there is a lot of medical surgical areas in Iloilo Mission Hospital and one of the medical surgical areas that i was in, It was really stressful and high pressure area</p> <p>R5: In my opinion, I noticed that in the first three to five months, they show you if you can survive the duties. There are times with crying and it was toxic. There are moments when, even though I won't deny it, the thought of quitting crosses my mind. I just want to resign, even if it's just been a month. Because the focus at that point is survival, and the working environment, if it's consistently toxic, can make you give up. The METC really helped improve our environment, making it conducive for survival.</p> <p>R8: "I used to have breakdowns and pre-shift anxiety all the time, but now I think I've adjusted to the situation. I learned to manage everything."</p>	<p>Demands and challenges become apparent during first few months, determining one's ability to endure the duties.</p> <p>Experiencing breakdowns and pre shift anxiety in the past situation.</p>		
2	<p>R9: I focused solely on the intubated patient during that round. While I was there, the medical residents asked me, "Ma'am, can you please perform</p>	<p>Anxiety and nervousness about performing tasks in front of another healthcare professional due to skill inadequacy.</p>	<p>Anxiety and nervousness stemming from skills inadequacy</p>	

<p>suctioning on our patient?" That moment made me nervous because I had no idea what to do. I was actually shy to admit to the residents that it was my first time suctioning. Nevertheless, I tried my best. I picked up the suction tip and proceeded with the suctioning as best as I could. I tried my best to perform suctioning, but unfortunately, it was unsuccessful because it was challenging for me initially. I hate to admit it, but I didn't know how to suction at first. Thankfully, my current senior in the department entered the room at that time. She noticed my struggle and took the opportunity to teach me. I mustered the courage to quietly admit to her, " The Doctor asked me to do this but I don't know how to suction, sorry." She was very helpful, guiding and instructing me on the proper technique. Actually, during that time, we even did a return demonstration in front of the medical residents. It was probably one of the difficulties I encountered during my initial exposure as a trainee or probationary nurse in that area.</p>			
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Table 4:

1	Statements	Formulated meaning	Sub Themes	Major Theme
	<p>R1: When I started working, I felt how rewarding it is. If there are tasks, you have the opportunity to work independently, to accomplish things precisely, and to deliver the care that the patient needs during your shift, even if you have to leave or transfer. You can see that your patient, the folks, the assurance in yourself that you provide care. That's the rewarding part right there."</p> <p>R3: Perhaps the most rewarding moment for me is how I continuously develop my skills and learn something new every day. One truly rewarding moment is when your patients appreciate the care you provide to them.</p> <p>R7: The compliments from patients or people, even though you're tired, are truly heartwarming. It's your duty to provide care, but when they</p>	<p>Fulfillment in seeing the positive impact of their care on patients.</p> <p>Recognition from patients serves as a significant source of fulfillment and validation</p> <p>Acknowledgment and praise from the patients serve as a source of renewed</p>	<p>Validation Through Positive Patient Impact</p>	<p>Professional fulfillment through positive patient influence</p>

	<p>appreciate you, the compliments keep coming. It's so heartening that despite being tired, receiving compliments from them feels energizing.</p> <p>R6: Maybe the rewarding moment for me is the learning skills that I acquire every day and the way your patient admires you, and perhaps their backgrounds regarding you, it's like they'd say, "Oh ma'am, you're really good... you're great, you know," and then they'd say, "You're really compassionate," like, "you're really good, ma'am," and then they'd introduce you to other people like, "Oh ma'am, this is the nurse who went there, she's really good at approaching people,"</p> <p>R8: The patients say thank you to you. Especially when you provide them with care, bedside care. They express gratitude to you for what you do for them. So for me, it's very rewarding to hear from them that you're doing well at your job.</p>	<p>energy and motivation.</p> <p>Derived satisfaction from the admiration and appreciation expressed by their patients.</p> <p>Fulfilling to receive acknowledgment from the patients, affirming that you're excelling in your role.</p>		
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<p>R10: It's challenging and rewarding, especially when leading care for a patient with a challenging case, like the one I encountered during our shift. Unfortunately, I can't disclose their name, but they had Chronic Kidney Disease (CKD), which made their situation quite challenging. With CKD, close monitoring of fluids, accurate management of medications, and consideration of comorbidities are crucial. The patient had other health issues, making their situation complex. The physician closely monitored them because they were at risk of fluid overload or dehydration.</p> <p>Despite their physical discomfort, the patient remained positive, not complaining about their situation. They consistently expressed gratitude and even prayed for the nurses, thanking them for their care. The patient was empathetic, cooperative, and appreciative, making the experience rewarding. Even though I haven't experienced a patient providing breakfast, their cooperation and positive attitude were</p>	<p>Patient's attitude of gratitude and cooperation created a sense of trust and appreciation for the care provided by the nurses</p>		
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	<p>sufficient for me. It gives a sense that the care provided is trusted and appreciated, which, for me, is rewarding as a nurse.</p>			
2	<p>R6: Maybe... well, there are many things. First, there are my learnings, which feel like you've gained something. Second, of course, our goal as nurses is to care for our patients, and it feels really good when you know you've helped someone return in good condition. But when they arrive in a bad state, it's just heartbreaking. And then at the end of the day, after a long period of caring for them, they're okay. That's really good. it's like you feel good that under your care, they've improved, it means the way you care for them is good, and maybe that's why the result for the patient is good.</p> <p>R7: At the top of my list of experiences during duty is when I provided continuous care to one of my patients. It's like when you check on them after a while, you monitor them first. I eventually saw improvement in their</p>	<p>Immense satisfaction when witnessing a patient returning to good health.</p> <p>Patient's recovery and discharge home serve as a rewarding outcome of the dedicated and continuous attention given</p>	<p>Witnessing Patients' Health Progression and Recovery</p>	

	condition because of the continuous care I provided, which allowed them to recover and go home to.			
3	<p>R1: Significant in my experience is probably the first time I ventured into it because it became my favorite – performing IV insertion. It felt like that's where I really started to boost my confidence, accomplishing it on my own without supervision. I felt like, "Okay, I can handle things that I initially doubted I could do." I took it as a challenge, telling myself, "I just need to try, so I can identify my weaknesses and strengths." It became one of the important and memorable milestones in my journey.</p> <p>R2: When your senior said, "Go there, do that, collect the urine specimen for the Foley catheter," and of course, you've read it in the book that you should irrigate as per your procedure. You'll ask yourself "Oh my gosh, what am I going to do?" "Yes, I did it, I conquered the fear, small wins. Then it becomes even more rewarding as time</p>	<p>Confidence boosted after successfully completing a task independently.</p> <p>Completing tasks leads to a sense of achievement and confidence</p>	<p>Boosting confidence through task completion and acknowledgment</p>	

	<p>goes by. When you're the one teaching now. Now that I am teaching, that's the most rewarding for me. I enjoy it.</p> <p>R3: A rewarding moment is when a patient appreciates the care you provide to them.</p> <p>R8: The patients say thank you to you. Especially when you give them care, bedside care. They thank you. That's why yo do what you do. So for me, it's very rewarding that you hear from them that you're doing well on your work. The most significant one is that you are being praised, Your patients thanking you, Also not only your patients but also your colleagues also, not only them. Because you're helping them.</p> <p>R8: For me its very important to me that I feel proud of myself that I can do this. They trust me with important things. So I</p>	<p>Foster a sense of fulfillment and professional satisfaction when a patient recognizes the care given.</p> <p>Fulfillment in providing bedside care and receiving acknowledgment from both patients and colleagues for their work.</p> <p>A sense of pride and significance when patients and colleagues expressed trust in</p>		
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	think for me that's the most significant thing that happened to me all throughout my one year experience as a nurse in our hospital that they think I am capable of doing this.	their abilities and relied on them for important tasks.		
4	<p>R3: While on duty, it feels like there's no additional work or tasks left for the next shift. The tasks you've done and carried out are completed. It seems like the tasks for the next shift are already laid out.</p> <p>R4: A rewarding moment for me was when I successfully performed an IV insertion, even though I didn't have any prior training. It was like serving and practicing on our patient, but I'm thankful because my first IV insertion was successful right away.</p>	<p>A sense of satisfaction and accomplishment during a shift of duty where assigned tasks have been efficiently completed.</p> <p>Sense of accomplishment from performing a procedure for the first time.</p>	Fulfillment in Task Completion and Procedural Success	
	<p>R6: It's also about the background, the comments from your colleagues and patients. And the memories, not just from the patients, but also from your colleagues and the help they give you.</p> <p>R7: The compliments from patients or people, even when you're tired, are truly uplifting. It's part of your duty to provide care, but when they</p>	<p>Supportive environment provided by colleagues and the feedback received from both colleagues and patients.</p> <p>Receiving compliments and appreciation from patients and other people renews their energy and spirit.</p>	Positive Impact of Support and Recognition	

	express their appreciation, It's heartwarming that no matter how tired you are, receiving a compliment from them feels energizing.			
5	<p>R8: The patients say thank you to you. Especially when you give them care, bedside care. They thank you. That's why yo do what you do. So for me, it's very rewarding that you hear from them that you're doing well on your work. The most significant one is that you are being praised, Your patients thanking you, Also not only your patients but also your colleagues also, not only them. Because you're helping them. So like they rely on you. They rely on you to do this, like they trust you to do this. For me its very important to me that I feel proud of myself that I can do this. They trust me with important things. So I think for me that's the most significant thing that happened to me all throughout my one year experience as a nurse in our hospital that they think I am capable of doing this. Perhaps what I can share is. One time our patient whose GCS around GCS 9-10. But after our continuous care for him. Because</p>	<p>A sense of pride and significance when patients and colleagues expressed trust in their abilities and relied on them for important tasks.</p>	<p>Validation Through Trust and Responsibility</p>	

<p>we were the ones consistently attending to his needs, administering medications, feeding him. When he returned, his GCS was 13-14. So I'm always proud of that. Wow, we were able to achieve that just like that.</p>			
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Table 5:

1	Statements	Formulated Meaning	Sub Themes	Major Theme
	<p>R1: During those times, when I was learning German language, I had to adapt to balancing my time. I had to study and attend classes, and at the same time, after class, I had to work, then have my off time. Our off time was consumed by classes and studying. That time was really challenging because I had to push myself to keep going, but I still found it difficult.</p> <p>R3: Entering the mission hospital later than anticipated marked the beginning of a tumultuous journey filled with obstacles and trials. The two-month delay in commencing work, attributed to necessary time off for board exams, compounded the initial challenges I faced. Balancing hospital duties with German language classes proved to be a</p>	<p>Juggling work and classes demanded a delicate equilibrium of time and effort.</p> <p>Balancing hospital duties with German language classes proved to be a formidable task and may lead to health challenges and burn out.</p>	<p>Balancing work and classes.</p>	<p>Skill gaps and navigating clinical complexity</p>

	<p>formidable task, with four days dedicated to work and the remaining three to language training. The grueling schedule, intensified by two night shifts during each four-day stint, took a toll on my physical and mental well-being, leaving me feeling overwhelmed and disheartened. Contrary to expectations, the transition from academic life to professional practice brought unforeseen health challenges, signaling the onset of burnout.</p>			
2	<p>R4: Common problems include handling toxic patients and dealing with unfamiliar cases. One particularly challenging aspect is managing intubated patients.</p> <p>R3: As a newcomer to the medical-surgical field, I grappled with common issues such as documentation errors and lapses in remembering critical orders. The meticulous process of chart rounds emerged as a vital protocol, ensuring comprehensive patient care by mitigating the risk of oversight.</p> <p>R7: The primary common problem is the lack of skills. Because once you lack the necessary skills or experience, it becomes challenging to handle everything, even if you understand the concepts</p>	<p>Common challenges encompass handling toxic patients, navigating unfamiliar cases.</p> <p>Struggled with typical challenges like making documentation errors and forgetting important orders.</p> <p>The predominant issue often encountered is the deficiency in skills.</p>	<p>Deficiencies in Skills and Handling Clinical Complexity</p>	

<p>but lack practical application because it's only discussed online. Perhaps the most difficult thing for me during my first few months was IV insertion, as in nursing school, we are not allowed to perform IV insertions unless we are properly trained.</p> <p>R8: During my trainee days, it was very difficult for me. Mostly, the common problems we encountered were errors related to medication, sometimes issues with bedside care, etc. especially if you've made a mistake in endorsing something, then it can have a domino effect.</p> <p>R9: Perhaps, during the first duties or initial exposures, simple suctioning was a challenge. It's common for junior nurses to encounter difficulties in the beginning. However, I was blessed that I had the knowledge and skill to administer feed through the nasogastric tube (NGT) due to my grandmother. Actually, I used to handle nasogastric tube (NGT) feeding, and I had a background in how to perform NGT feeding and suctioning. Additionally, I knew the proper techniques for turning patients, especially when it comes to simple tasks like changing diapers and under pads.</p>	<p>Most common issues we encountered were errors related to medication and occasional problems with bedside care.</p> <p>Simple suctioning posed a challenge, especially for nurses with blended learning backgrounds.</p>		
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<p>However, I had no idea about the specific techniques, as there are proper ways to turn patients to protect yourself from injuries and ensure the comfort of the patients. Apart from that, in terms of medications, there are certain types of medications that require specific administration procedures. For instance, there are medications like furosemide or mannitol for which you need to check the patient's blood pressure before administering. Of course, it's a big no-no for us to administer medication if the patient's blood pressure is too low. For medications like these, we also have protocols on how to prepare ourselves and incorporate safety measures, especially for high-alert medications. Before administering transfusions, such as blood transfusions, there are specific steps we need to take. Initially, these tasks can be challenging, especially for newly graduated nurses who have undergone blended learning. However, as time goes by, you will learn a lot, especially if you are willing to learn.</p> <p>R10: As a student, after the pandemic, I feel like my skills haven't improved much, especially in areas that are new to me, like the Delivery Room (DR). Before the pandemic, we didn't handle actual</p>	<p>The blended learning experience did not provide a significant improvement in skills.</p>		
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<p>patients in the DR. During the blended learning and video sessions, we only practiced on teddy bears. I'm not saying that I didn't gain any skills, but the improvement might have only happened when I returned to the hospital and applied the theories and skills I learned during blended learning.</p> <p>In the second year, we had skills labs where our Clinical Instructors (CIs) taught us extensively. However, when it comes to blended learning, it's indeed challenging to learn effectively unless you're dealing with actual patients. In my case, it's true that my father was hospitalized, and I managed his medications after his hospitalization. However, I don't think that experience doesn't count as an actual experience.</p>			
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Table 6:

	STATEMENTS	Formulated meaning	Subthemes	Themes
1	R1: Actually, for me, it's not difficult because every day, I try to interact with different people of different ages. So, in my current work, I don't find it difficult to converse because I base my approach on people's age, gender, and situation	Rely on a different approach tailored to factors such as age, gender, and situational context to guide their interactions.	Tailoring Interactions Based on Age, Gender, and Situational Context	Cultivating inclusivity and collaboration in the professional world.

<p>beforehand because, of course, we need to perceive the atmosphere. It should be easy to lighten things up, but there are times when we need to be serious, well it's just there. But it can still be a problem because, you know, that's natural."</p> <p>R2: The folks, if they're a bit irritable, you really need to level yourself with them. It's like you shouldn't get angry; you should still be understanding, you should still be understanding.</p> <p>R4: Interacting with people, especially strangers, as a nurse requires you to adjust well to their attitudes to avoid conflicts. Since I'm not familiar with them, I need to adapt to how to interact with them.</p> <p>R5: Especially if you have a sensitive heart, like me. If it's your first time encountering something toxic, it's hard to prevent the impact. That's how it is for us when we encounter toxic situations, whether with the patient, their family, or both. Initially, of course,</p>	<p>It is important to maintain composure and understanding rather than becoming angry or confrontational</p> <p>Importance of effective communication and adaptability for nurses when interacting with patients, particularly strangers</p> <p>Initial exposure to toxic patients or folks can be challenging to handle, often evoking emotional responses like crying.</p>		
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	<p>you'll cry about it. I can't deny that. But once you've been through it, you'll be able to fight back. Yes, you won't be as affected emotionally, and you'll see it as part of the common challenges.</p>			
2	<p>R2: With colleagues, it's just respect. There's no one higher or lower, you're equal. You're colleagues, right? It's teamwork, isn't it?</p> <p>R5: You should be humble and open to new learnings. You shouldn't always say 'yes' and you shouldn't always feel you're on top. Yes, there are times, for example, when your ego takes precedence over learning from your seniors. If you let your ego control you, you might find it challenging to adapt to changes and your work.</p> <p>R5: Survival also involves how well you get along with your seniors, patients, and their families. Once you've survived all these, you'll realize, "I've been through this already," "I used to struggle, but now it seems like there's no impact on my soul." It</p>	<p>Colleagues should view each other as equals and work together as a team to achieve common goals.</p> <p>Not letting ego overshadow the opportunity to learn from more experienced colleagues and asserting oneself as superior.</p> <p>Building positive relationships with seniors, patients, and their families.</p>	<p>Equality and collaboration among colleagues</p>	

<p>becomes like normal days. Eventually, when you endorse patients, you know each one. Before, it felt overwhelming, but now it's just helping each other out at the station. When you go home, you say, "I'm tired, I'll sleep." You don't have any lingering stress or concerns.</p> <p>R10: In the hospital setting, I've been able to establish strong relationships with my colleagues and duty mates, who have become my support system. We understand the importance of confidentiality and respect each other's privacy, so we don't gossip or vent outside of work. My advice for future changes would be to prioritize building good working relationships with your colleagues, as it has been beneficial for me. While you can't vent to friends or family about specific situations due to privacy laws, having supportive colleagues to talk to has been invaluable. I often share my experiences and frustrations with my colleagues at the station and with friends I've made through work, and it helps me cope with</p>	<p>Building strong relationships with colleagues and duty mates within the hospital setting, highlighting the importance of this support system.</p>		
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the challenges of the job.			
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