

The Coping Experience of New Registered Nurses Transitioning Into Clinical Practice After the Pandemic: A Qualitative Study

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Abstract

Background: The COVID-19 pandemic disrupted nursing education, leading to reduced clinical training opportunities for nursing students. In 2023, the first cohort of graduates who experienced these disruptions entered clinical practice, raising concerns about their preparedness and ability to cope with workplace challenges. This study explores the experiences of new nurses transitioning to clinical work in the post-pandemic era, focusing on their adaptation strategies and the role of clinical nursing educators.

Aim: To investigate how newly graduated nurses, who had limited clinical training due to the pandemic, adapt to clinical practice. This study also examines how clinical nursing educators modify their teaching approaches to support these nurses.

Subject and Methods: This qualitative study utilized focus group discussions with two participant groups: newly employed nurses (who completed their final-stage clinical internship in 2022–2023) and their clinical nursing educators. Data were collected through structured focus group interviews and analyzed using a thematic approach to identify key adaptation experiences and instructional modifications.

Results: Findings indicate that new nurses struggle with technical skills, communication, and clinical decision-making due to reduced hands-on training. Many experience "reality shock" upon entering the workforce, with common concerns including fear of treating COVID-19 patients, difficulties in time management, and hesitancy in professional interactions. Strategies such as peer discussions, mentor guidance, and structured on-the-job training were found to be helpful. Clinical nursing educators emphasized the need for extended adaptation periods, additional technical training, and enhanced psychological support to address new nurses' challenges.

Conclusion: Post-pandemic nursing graduates require tailored support to bridge the gap between theoretical knowledge and clinical practice. Hospitals should implement structured mentoring programs, additional technical training, and psychological support mechanisms to facilitate smoother transitions. Future policies should focus on optimizing clinical education and workplace integration for nursing students.

Keywords: COVID-19, new registered nurses, qualitative research, focus group, clinical transition

1. Introduction

Reality shock, first introduced by Kramer (1974), describes the challenges faced by newly graduated registered nurses as they transition from student life to professional practice. This phenomenon arises when their expectations of clinical nursing differ significantly from the realities of working in a healthcare setting. Kodama and Fukahori (2017) define reality shock as the gap between nursing students' ideals and their workplace environment. Rush et al. (2019) identified key competencies that newly graduated registered nurses often lack upon entering the workforce, including communication, leadership, conflict resolution, management and prioritization, critical thinking, clinical reasoning, and stress management. Additionally, many new registered nurses are inadequately prepared for their professional roles, particularly in areas such as drug administration techniques, interpreting research literature, pharmacological knowledge, nurse-physician collaboration, and leadership development. High levels of stress often mark the first year of clinical practice, yet many newly graduated registered nurses struggle to develop effective coping mechanisms. Research indicates that 96% of recent graduates are unable to complete their assigned tasks within the expected timeframe.

See et al. (2023) identified several challenges faced by newly graduated registered nurses: 1. Role uncertainty – Many new registered nurses lack a clear understanding of their responsibilities and expectations in their professional role. 2. Work pressure – They experience high workloads and the demand to make critical clinical decisions. 3. Insufficient self-confidence – Many new registered nurses struggle with self-doubt and lack confidence in their ability to perform clinical tasks effectively. Positive supporting factors include: 1. Mentorship programs – Experienced nurses provide guidance and support to help new graduates transition into their roles. 2. Colleague Support – Emotional and professional support from colleagues helps alleviate stress and enhances job satisfaction. 3. Continuing education and training – Ongoing professional development opportunities improve clinical skills and build self-confidence. Hospital-recommended approaches to support new graduate registered nurses: 1. Structured preceptor programs – Providing continuous mentorship and guidance to facilitate a smoother transition. 2. A supportive work environment – Encouraging teamwork and fostering emotional support within the healthcare team. 3. Professional development programs – Offering targeted training to enhance clinical competencies and boost confidence.

Ku et al. (2024) examined new registered nurses who had worked at a teaching hospital for at least three months. The clinical skills they identified as needing improvement between January and March, in order of priority, were: administering medications to inpatients, managing ward shift work, providing intravenous infusion care, conducting new patient admission assessments, assessing vital signs, and responding to abnormal conditions. Newly recruited registered nurses expressed a need for additional support during their clinical transition and suggested the following hospital-led initiatives: 1. Extended pre-service training – Increasing the duration of pre-employment training to allow nurses to become familiar with hospital administrative procedures and routine tasks before being assigned to a ward. 2. Technical skills training – Offering specialized training tailored to their assigned department, with enhanced hands-on practice to compensate for limited clinical experience. 3. Protective training – strengthening infection prevention skills to improve self-protection in clinical settings. 4. Experience sharing from senior nurses – Providing opportunities for senior staff to share insights and guidance on workplace adaptation. 5. Clinical instructor preparedness – Enhancing the psychological readiness of clinical educators by promoting hospital policies that encourage greater understanding and patience toward new registered nurses, helping them adapt more effectively to the work environment.

2. Aim of the Study

This study investigates the experiences of new registered nurses in clinical practice post-pandemic, emphasizing both the perspectives of new registered nurses and their clinical nursing educators.

Terms and definitions

New Registered Nurse: Refers to registered nurses with up to two years of employment experience.

3. Methods and Subject

3.1 Research Design

A qualitative research design was employed using focus group interviews to gather in-depth insights.

3.2 Setting

The data was collected at a teaching hospital in northern Taiwan.

3.3 Participants

(1) Inclusion Criteria:

Participants were divided into two groups: Nursing students who completed their final-year internship at the teaching hospital between 2022 and 2023 and new registered nurses who were still working at the hospital. Clinical nursing educators are responsible for supervising the aforementioned individuals. Participants from both groups were recruited through recruitment posters and voluntarily signed up for the study.

(2) Exclusion Criteria:

Individuals were excluded if they: did not meet the inclusion criteria; were unable to communicate in Mandarin or Taiwanese; or were unwilling to participate.

3.4 Methods and Phase of Data Collection

3.4.1 Study Tools

Self-Proposed Focus Group Interview Outline:

- (1) Can you describe how the COVID-19 pandemic affected your clinical teaching or learning experiences?
- (2) In what areas (nursing skills, communication skills, etc.) do you feel there is a lack of experience in your clinical teaching or learning following the COVID-19 pandemic?
- (3) What changes have you noticed in your teaching or learning methods after the COVID-19 pandemic? How have these changes impacted your experience?
- (4) What strategies are currently in place to address challenges after the COVID-19 pandemic? In your opinion, what areas can be further strengthened in the future?
- (5) What kind of support or assistance do you think medical institutions can provide to improve your teaching or learning experiences following the COVID-19 pandemic?
- (6) From your perspective, what are the key ways to cope with the ongoing impacts of the pandemic? What specific needs do you have in this regard?
- (7) Is there anything else you would like to share regarding your experience or any other related topics?

3.4.2 Administrative Approach

An associate professor with a psychiatric background and extensive interview experience served as the moderator for the focus group. Before the interviews, the research team and the moderator held a consensus discussion to ensure clarity and alignment on the study's objectives. The research team explained the purpose and content of the study to the participants, who then signed a consent form before being included in the interview. Two separate 2-hour focus group interviews were conducted, one for each group of participants. The interviews took place in a quiet, separate meeting room where participants were seated face-to-face. This arrangement allowed for open interaction and discussion among all participants, facilitating the collection of rich, valuable information.

3.4.3 Ethical Considerations

This study was conducted in compliance with research ethics and received approval from the Institutional Review Board (IRB number: 2024-01-001AC).

3.4.4 Statistics and Data Analysis

The focus group interviews will be recorded, and following the interviews, the data will be analyzed and compiled using content analysis. For each session, the researcher will transcribe the audio recordings verbatim, ensuring an accurate, word-for-word transcription. Two researchers will then carefully review the transcribed data, engaging in a detailed process of coding, categorizing, and conceptualizing the information obtained from the discussions.

4. Results

Two focus group activities were conducted. One group consisted of five new registered nurses, 80% of whom were female. The participants' ages ranged from 24 to 27 years, with work experience spanning from 1 year and 11 months to 2 years. The second group consisted of five clinical nursing educators, all of whom were female. The participants' ages ranged from 31 to 52 years, with work experience ranging from 10 to 28 years. Their tenure as bedside educators varied from 3 to 24 years.

4.1 Perspectives of New Registered Nurses

4.1.1 Challenges Faced by New Registered Nurses

Due to the impact of the pandemic, clinical practice opportunities for registered nurses during their studies were reduced, leading to several challenges after entering the workforce. These challenges primarily include:

- Lack of Clinical Experience (60%): Due to limited technical practice, many new registered nurses struggle with skills such as intravenous (IV) techniques and drug administration. Participants expressed:

"There was no opportunity to practice the skills during the internship" (P1).

"The learning process for IV and Foley techniques was particularly difficult" (P4).

"I was unfamiliar with computerized dispensing carts" (P3).

- Fear of caring for patients diagnosed with COVID-19 (60%): Many new registered nurses, with limited practical experience in infection control, expressed concerns about contracting the virus themselves and potentially affecting their families. They said:

"At that time, I was very reluctant to care for isolated or confirmed patients" (P1).

"I have not been diagnosed, but I am afraid that if I do, I will infect my family when I go home" (P2).

"In addition to worrying about getting infected myself, I also worry that the patients in our unit have relatively low immunity and could be infected" (P3).

- Insufficient communication skills (40%): Many registered nurses found clinical communication challenging due to a lack of experience interacting with patients, their families, and multidisciplinary teams. They said:

"Communicating with people is a very important part of clinical care, and I feel that the Pandemic has affected my ability in this area" (P1).

"I feel that the ability to communicate with doctors or the entire medical system has been affected" (P4).

- Time management issues (20%): The fast-paced clinical environment requires registered nurses to handle multiple tasks within short timeframes, a major challenge for new registered nurses. They said:

"Scheduling patient care time is very important, and I feel the Pandemic has affected my ability to manage time" (P3).

"The actual clinical situation changes rapidly, and my judgment and ability to handle things are relatively insufficient" (P4).

- Anxiety about clinical work (20%): The gap between school education and clinical practice has made new registered nurses uneasy about entering clinical work. They expressed:

"Because they feel they haven't learned enough and haven't been exposed to some subjects, they are afraid to enter clinical work" (P4).

"There is still a gap between what is taught in school and the actual clinical conditions" (P3).

4.1.2 Adaptation Strategies for New Registered Nurses

Despite the challenges, new registered nurses adopted various strategies to adapt to the clinical environment, including:

- Active learning and questioning (100%): Registered nurses improved their clinical skills by actively observing, asking questions, and participating in hands-on tasks. They said:

"One night, many patients had to be transferred from bed to bed, two at a time, then two more, and then it seemed to go smoothly when we reached the last one" (P1).

"I think it's just a case of keeping going, and then you don't feel as much pressure" (P2).

"After you've done it, you'll find that it's not as difficult as you thought, and you'll get used to it" (P3).

"After you've done it, you can prioritize things better, so you'll know which things are more important" (P2).

"Just listen and watch, see how the seniors deal with these patients, and then learn from them" (P4).

"When you encounter some technical problems in the clinic, you'll work hard to overcome them" (P5).

- Planning work steps in advance (60%): Before performing tasks, registered nurses thought through the entire process to ensure smooth execution. They said:

"You really have to think about every step first" (P4).

"That means thinking about what you need to prepare first. Think about the whole process, prepare everything, and then go in all at once" (P3).

- Seeking guidance from senior colleagues (60%): Registered nurses learned techniques and clinical decision-making from experienced colleagues to improve their adaptability. They said:

"Just ask your senior colleagues" (P1).

"Ask more senior colleagues. Yes, and ask your senior colleagues with more theoretical and technical knowledge for advice on what to do" (P3).

"I don't think I was very good at improvising at the time, so I would keep going back to the leader" (P4).

"My senior would always take me under her wing. After I had finished speaking, she would tell me what I needed to improve" (P2).

"If it wasn't my patient, and my senior was taking care of it, I would just read his medical records and discuss it with my senior" (P5).

- Discussing with peers (60%): Registered nurses exchanged ideas with fellow nursing students to share experiences and solve problems. They said:

"If I talk about my problems with my fellow students and discuss them, I will feel less stressed" (P2).

"I will try to find someone from my year and discuss it together" (P5).

- Participating in On-the-Job training (20%): Registered nurses used the educational resources provided by the hospital to compensate for deficiencies in their clinical skills. They said:

"In fact, there are quite a few policies or assistance, such as 20 hours of public leave for classes a year, and opportunities for on-the-job training are also provided" (P1).

"I will attend the on-the-job training organized by the hospital to increase my capabilities" (P3).

4.1.3 Stress Management for New Registered Nurses

To cope with the stress of clinical work, new registered nurses adapt in the following ways:

- Attending relaxation courses (60%): Stress-relieving activities such as aromatherapy and massage help reduce stress. They said:

"If there are relaxation courses when the pressure is high, I would like to attend" (P2).

"It would be nice to have a little aromatherapy station to relieve stress" (P3).

"I just need a massage after standing at work for eight hours" (P4).

- Exercise (40%): Physical activity relieves stress and enhances both physical and mental fitness. They said:

"I usually go for a workout" (P4).

"The hospital has a gym, so I can go there and exercise" (P2).

- Talking to peers (40%): Sharing feelings and sources of stress with friends or colleagues helps alleviate pressure. They said:

"I usually chat with my classmates to relieve stress" (P2).

"Sometimes I feel that stress is just a desire to find someone to have some emotional outlet. Just talking about it makes me feel better" (P5).

- Adequate rest and sleep (40%): Ensuring proper rest helps nurses maintain good physical and mental health. They said:

"I usually chat with my classmates and then go to sleep" (P2).

"I always go home and sleep after work" (P3).

"Work is exhausting, so I just rest more" (P4).

4.1.4 Suggestions From New Registered Nurses to the Hospital

New registered nurses hope that the hospital can provide the following support to help them adapt to the clinical environment:

- Increase practical skills courses (60%): Provide more opportunities for hands-on practice in procedures such as IV insertion and Foley catheter insertion. They said:

"I think we should be allowed to attend more practical courses, such as on endo preparation" (P4).

"Help me sign up for some technical training courses" (P1).

"I really think that actually going to class or actually operating will be better than your senior telling you what to do" (P2).

"I think practical work is more important" (P3).

- Offer relevant courses (40%): Supplement technical and clinical decision-making skills with theoretical courses. They said:

"I like purely classroom-based training, as it increases my competence, because I'm afraid I won't do a good job on my own" (P4).

"It would be more attractive if the hospital offered courses and then released staff for them on official leave" (P2).

- Provide standard operating procedures (40%): Establish clear clinical guidelines to help nurses quickly adapt to workflows. They said:

"Reading the standard operating procedures and work specifications can help me adapt to the workflow" (P3).

"I think it would be helpful to read the handling instructions before doing it" (P2).

- Improve pay and staffing (20%): Ensure sufficient staffing support so that new registered nurses receive appropriate guidance and learning opportunities. They said:

"If the salary and benefits are OK and the manpower ratio is sufficient, of course, they will want to stay at the workplace" (P5).

"My seniors are very busy, but if they have some spare time, they are willing to show me how to take care of patients" (P3).

"If there are more staff, my seniors will have more time to teach us" (P2).

4.2 Perspectives of Clinical Nursing Educators

4.2.1 Clinical nursing educators believe that new registered nurses have demonstrated the following characteristics under the influence of the Pandemic:

- Advantages: A high sense of responsibility, willingness to learn, good at digital tools, and fast at recording. They said:

"Their 3C skills are really good, they pick things up quickly, they can record nursing care very quickly" (T1).

"They are all responsible, willing to learn, and great with patients" (T4).

"They are willing to take the initiative to ask questions and learn, and are also responsible" (T3).

- Challenges: Lack of clinical experience, insufficient social and communication skills, low self-confidence. They said:

"Due to the pandemic, when faced with setbacks, it seems that they will doubt their abilities and back down, as if they are not that good" (T4).

"They are all responsible, willing to learn, and great at dealing with patients. But their only drawback is a lack of self-confidence" (T5).

"Perhaps due to insufficient clinical experience, they are afraid to communicate with patients or their families" (T1).

4.2.2 To address these challenges, clinical nursing educators recommend that hospitals:

- Extend the adaptation and training period: Give new registered nurses more time to learn clinical skills. They said:

"He may have to watch it five or six times before he knows what it is and how to do it, so his adaptation period is very long" (T3).

"He doesn't understand a lot of the technical terms, so you have to translate them into Chinese or show him a demo. You really have to show him with your hands. They really haven't encountered those clinical things before. You have to teach them more simulated teaching situations" (T1).

"Normally, it takes about a month to bring in new people, but it's almost two months for this batch of new people" (T5).

"They are inexperienced, so it's not good if you don't keep an eye on them. The training period needs to be extended" (T2).

- Provide psychological support: Help the registered nurses reduce their anxiety through care. They said:

"It really takes a lot of time to spend with them, to talk to them" (T3).

"To pay constant attention to them" (T4).

"You have to use the right approach, because you can't scold the young people of this generation, and you can't be too harsh on them either. It becomes a matter of spending a lot of time trying to explain things to them" (T1).

"First, you have to affirm them, and then use loving education to tell them which actions may be inappropriate" (T2).

"We all try to build a rapport with them" (T5).

- Reinforce practical and simulated training: Increase opportunities to practice with simulated patients to improve clinical responsiveness. They said:

"Explain the rules and procedures to them word by word" (T2).

"During the morning meeting, let the newcomers review the skills together" (T5).

"Arrange more simulated exercises" (T3).

"When there is an emergency in the clinic, notify him to come and practice, so that they can have more practice" (T1).

5. Discussion

5.1 New Registered Nurses in the Post-pandemic Era Acknowledge a Lack of Nursing Skills

According to literature (Aukerman et al., 2022; Masso et al., 2022; Rush et al., 2019; See et al., 2023), new registered nurses in the post-pandemic period perceive themselves as lacking in the following nursing competencies: 1. Insufficient clinical practice experience: Due to reduced clinical practice opportunities, many nursing skills could not be effectively mastered through distance learning. 2. Inadequate infection control and professional skills, particularly in infection control, respiratory therapy, and intensive care. 3. Inadequate mental health and stress management skills: High-pressure work environments, along with a lack of effective stress management and psychological support. 4. Inadequate emergency response and decision-making skills: The ability to make quick decisions and manage resources in emergencies needs improvement. The findings of this study align with the literature. New nursing staff report a lack of clinical practice experience, leading to poor technical skills, particularly in intravenous infusion and catheterization. They also feel inadequate in practical operations. Furthermore, they lack communication skills and are hesitant to interact with patients, family members, or medical team members. Insufficient time management skills affect their decision-making during emergencies. Additionally, due to a lack of training in infection prevention, they are afraid of caring for confirmed COVID-19 patients and even wish to avoid providing care for them.

5.2 How Should New Registered Nurses in the Post-pandemic Era Address the Gap in Nursing Competencies?

According to the literature (Aukerman et al., 2022; Masso et al., 2022; Rush et al., 2019; See et al., 2023), new registered nurses in the post-pandemic era believe that the following strategies can help address gaps in nursing competencies: Continuing Education and Professional Development: 1. Participate in professional seminars, online courses, and field workshops. 2. Take continuing education courses focused on specific skills. Simulation Training: Enhance clinical skills and emergency response abilities through high-fidelity simulation exercises. Psychological Support and Counseling: 1. Attend workshops focused on mental health counseling and stress management. 2. Create support groups to provide emotional support. Clinical Mentor Program: Seek an experienced mentor for one-on-one guidance. Reflective Practice: Regularly engage in self-reflection and critical thinking, while developing improvement plans. Peer Support: Join or organize peer support groups to learn from and share experiences with others. This study also found that new registered nurses enhance their clinical

learning through hands-on experience, performing tasks in practice, or observing others as they complete various tasks. They take advantage of learning opportunities to observe more and actively ask questions when they need clarification.

5.3 Post-pandemic Clinical Nursing Educators Believe That New Registered Nurses Lack Nursing Abilities

According to relevant literature (Masso et al., 2022; Rush et al., 2019; See et al., 2023; Chuang, 2019), clinical nursing educators in the post-pandemic era believe that new registered nurses lack the following competencies: Inadequate Basic Clinical Skills: 1. Insufficient patient assessment, basic nursing procedures, limited knowledge of infection control and protective measures. 2. Inadequate Communication Skills: particularly in telehealth settings and the use of electronic medical record systems. 3. Inadequate Clinical Decision-Making and Critical Thinking Skills: especially in emergencies. Inadequate Interdisciplinary Collaboration and Team Communication Skills. 4. Inadequate Technology Operation and Patient Safety Management Skills. 5. Inadequate Stress Management and Self-Regulation. This study also found that 80% of clinical nursing educators believe that new registered nurses lack practical experience in several key areas. These include: Insufficient exposure to basic nursing skills due to limited learning opportunities, leading to unfamiliarity with clinical procedures. There is a lack of comprehensive knowledge in infection control and prevention, as well as a fear of caring for patients with confirmed COVID-19. An inability to prioritize clinical emergencies, resulting in feelings of panic and confusion in high-pressure situations. In terms of communication, reduced opportunities to interact with patients during internships lead to fear when communicating with patients and their families, as well as a lack of understanding in collaborating with the medical team. However, this study presents a different perspective on communication skills. Masso et al. (Masso et al., 2022) noted that part of the communication barrier lies in electronic medical records. In contrast, this study found that post-pandemic new registered nurses exhibit faster typing speeds when using electronic communication software and records due to their experience in a 3C technology environment. Additionally, this study identified significant generational characteristics that influence the learning differences among new registered nurses. Positive learning characteristics include a strong sense of responsibility, eagerness to learn, attention to self-right, courage to express opinions, a passion for nursing, hard work, proficiency in 3C skills, and fast typing speed. Learning barriers include low tolerance, difficulty handling challenges, and lack of self-confidence.

5.4 How Should Post-pandemic Clinical Nursing Educators Address the Lack of Nursing Skills Among New Registered Nurses?

According to literature (Masso et al., 2022; Rush et al., 2019; See et al., 2023; Wallace et al., 2021; Hsieh et al., 2020), post-pandemic bedside nursing educators should address the lack of nursing competencies in new registered nurses by: 1. Enhancing simulation training: Utilize high-fidelity technology and virtual reality (VR) for practical training. 2. Developing a blended learning model: Combine online and offline teaching methods to increase practical learning opportunities. 3. Conducting regular skill assessments: Regularly assess new registered nurses' skills to identify and address problems in a timely manner. 4. Creating personalized teaching plans: Develop individualized teaching plans tailored to the needs of each new registered nurse. 5. Implementing mentor training: Experienced nurses provide one-on-one guidance to new registered nurses. 6. Promoting peer teaching and support: Encourage peer learning and sharing of experiences while establishing a supportive learning environment. 7. Leveraging technology for education: Incorporate virtual reality (VR), augmented reality (AR) technology, and online learning platforms. 8. Improving clinical judgment and decision-making skills: Use case teaching methods and reflective practices to help new registered nurses enhance their clinical judgment and decision-making. The literature (Masso et al., 2022; See et al., 2023) highlights the importance of creating a supportive environment, which this study also supports. Clinical nursing educators agree that, due to the pandemic's impact, new registered nurses with limited clinical practice need different guidance approaches compared to the past. They emphasize the need for increased psychological care, ensuring that learners are not pressured into tasks, considering their mood and emotional state, spending time caring for them, reminding them frequently, and observing their behavior consistently. Furthermore, educators agree that various resources should be used to support learning, such as learning together with new recruits or seeking guidance from junior students. Masso and See also emphasize the importance of a mentor system and individualized support.

5.5 Matters I Hope the Hospital Will Assist With

According to literature (Ku et al., 2024; Wallace et al., 2021; Hsieh et al., 2020), hospitals should help new registered nurses address their lack of nursing skills in the post-Pandemic period through the following strategies: 1. Pre-service training: Develop a comprehensive pre-service training program that includes both basic and professional skills training. 2. Continuing education and on-the-job training: Provide continuing education

courses and on-the-job training tailored to the specific needs of new registered nurses. 3. Simulation training: Increase high-fidelity simulation training to allow new registered nurses to practice clinical skills in a safe environment. 4. Interdisciplinary teamwork: Encourage interdisciplinary collaboration and help new registered nurses understand and engage in team-based care. 5. Mental health support: Establish a mental health support program, including psychological counseling and stress management workshops. 6. Supportive work environment: Foster a supportive work environment that promotes the mental well-being and career development of new registered nurses. 7. Mentorship and peer support programs: Implement mentorship systems and peer support groups to facilitate experience exchange and provide emotional support. 8. Use of technology for training: Utilize virtual reality (VR) and augmented reality (AR) technologies, along with online learning platforms, for clinical simulation and skills training. Literature (Aukerman et al., 2022; Rush et al., 2019; See et al., 2023) highlights that hospitals can help new registered nurses adapt through continuous in-service education, supportive environments, and mental health support. This study found similar results. Both new registered nurses and clinical nursing educators agreed that there should be more hands-on courses, technical exercises, and computer-based practical operations. Additionally, training courses focused on the continuous development of technological methods should be developed. Regarding the creation of a supportive environment, hospitals should offer competitive salaries and benefits, ensure adequate staffing, and provide stress-relieving courses to support the mental health of new registered nurses. All of these initiatives should be prioritized in the hospital's future development plans.

6. Conclusion

New registered nurses who have lacked clinical practice due to the Pandemic, along with the shared views of both new registered nurses and clinical nursing educators, identify the primary gaps as "technical skills" and "communication skills." The methods of learning and communication include "asking senior nurses," "discussing with fellow new registered nurses," and "using guidelines as teaching aids." The time when they feel least adapted or are most likely to quit is "after becoming independent." The support they hope for from the hospital includes "technical exercises and computer-based practical training," "adequate staffing," and "an extended adaptation period for new registered nurses."

7. Limitation of the Study

This study conducted focus group interviews with new registered nurses and clinical nursing educators at a specific medical center, so the findings may not fully reflect the adaptation experiences of new registered nurses in hospitals nationwide. The organizational culture, educational resources, and work environment of different medical institutions may influence the adaptation process for new registered nurses.

8. Recommendation

The following suggestions can be made to improve the future experience of clinical integration for new registered nurses in the post-pandemic period, enhancing their adaptability and professional development:

(1) Strengthen training and education for new registered nurses:

- a. Establish specialized training courses covering the latest pandemic prevention measures, infection control techniques, and the proper use of personal protective equipment.
- b. Enhance practical training in clinical skills, including simulation drills and clinical internships, to ensure new registered nurses can confidently manage various clinical situations.
- c. Extend the training period for new registered nurses, especially during the first month and when they become independent, as these are crucial moments for retention. Support should be provided to help them manage stress.

(2) Establish a support system and mentorship program:

- a. Pair experienced nurses with new recruits as mentors to offer continuous guidance and support.
- b. Implement mental health support mechanisms such as psychological counseling and stress management courses to help new registered nurses cope with occupational stress and emotional challenges.
- c. Leverage the power of peer support during the learning and adaptation phase, encouraging new registered nurses to support one another.

(3) Improve communication and collaboration mechanisms:

- a. Strengthen cross-departmental and interdisciplinary communication and collaboration to facilitate the seamless integration of new nursing staff into the team.
- b. Promote information sharing and utilize digital tools to improve transparency and the efficiency of work

processes.

(4) Flexible work arrangements and career planning:

- a. Provide flexible working hours and allow new registered nurses to adjust shifts as necessary to achieve a balance between work and life.
- b. Develop a clear career development pathway, offering opportunities for promotion and professional growth to motivate new registered nurses to continue learning and advancing.

(5) Encourage innovation and improvement:

- a. Encourage new registered nurses to participate in clinical innovation and improvement projects, providing a platform for them to suggest improvements and innovative solutions.
- b. Regular experience-sharing sessions should be organized to allow new registered nurses to share their insights and experiences, fostering knowledge exchange and collective growth.

(6) Strengthen vaccination and health monitoring:

- a. Ensure that new nursing staff receive timely vaccinations and undergo regular health checks to reduce the risk of infection.
- b. Offer health management tools and resources to support nurses in maintaining good physical and mental health.

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