Making Sense of Practice: A Phenomenological Inquiry into the Adaptability of Pandemic-Era Nursing Graduates

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ABSTRACT

The COVID-19 pandemic significantly disrupted nursing education by limiting in-person clinical exposure and shifting instruction to online and simulation-based platforms. As a result, nursing graduates trained during the pandemic entered practice with unique educational experiences that raised questions about their adaptability to clinical practice standards.

This study aimed to explore and interpret the lived experiences of pandemic-era nursing graduates as they adapted to clinical practice, focusing on the challenges, coping strategies, and institutional factors that influenced their transition.

A qualitative design grounded in hermeneutic phenomenology was employed. Twelve newly licensed nurses from Northern Samar Provincial Hospital, who graduated between 2020 and 2022, participated in semi-structured interviews. Data were analyzed thematically using van Manen's interpretive framework.

Four major themes emerged from the narratives: (1) *Confronting the Theory–Practice Gap*—graduates entered practice with strong theoretical foundations but limited hands-on competence, resulting in anxiety and self-doubt; (2) *Reclaiming Clinical Confidence*—confidence was gradually regained through mentorship, supportive preceptors, and repeated clinical exposure; (3) *Navigating Institutional Cultures*—adaptation required learning unspoken norms, communication patterns, and workplace expectations beyond technical skills; and (4) *Finding Meaning Through Collective Resilience*—peer solidarity and shared struggles fostered resilience, belonging, and professional commitment. Collectively, these findings demonstrate that adaptability was not a linear outcome but an evolving process shaped by technical, emotional, cultural, and social dimensions.

Pandemic-era nursing graduates adapted to clinical practice through a cyclical process of overcoming competence gaps, rebuilding confidence, negotiating institutional cultures, and sustaining resilience. Their experiences highlight adaptability as a co-constructed phenomenon rooted in both individual reflection and collective support.

The study underscores the need for resilient nursing curricula, structured transition programs, and supportive institutional cultures to better prepare graduates in times of disruption. Findings are limited by the single-site setting, reliance on self-reported experiences, and the interpretive nature of hermeneutic phenomenology, which restricts generalizability.

Keywords: Nursing education, pandemic graduates, adaptability, clinical practice, hermeneutic phenomenology, resilience

INTRODUCTION AND BACKGROUND OF THE STUDY

The COVID-19 pandemic brought significant disruptions to nursing education, particularly in clinical training and skill development. Globally, nursing schools were compelled to suspend in-person instruction and shift to remote learning platforms to ensure the safety of students and faculty (Dewart, Corcoran, Thirsk, & Petrovic, 2020; Swift et al., 2020). This abrupt transition limited access to clinical placements and reduced opportunities

for hands-on experiences essential for building clinical judgment, confidence, and professional readiness (Morin, 2021). Although simulation-based alternatives and virtual case studies reinforced theoretical knowledge, they could not fully replicate the complexity and unpredictability of real patient care (Fogg et al., 2020).

As a result, pandemic-era nursing graduates entered the workforce with academic foundations shaped largely by remote instruction and virtual simulations. These graduates were expected to meet the same professional standards of safe, competent, and ethical care as their predecessors despite their markedly different educational experiences. This discrepancy between theoretical preparation and real-world demands has contributed to a competence gap (Labrague, De los Santos, & Falguera, 2021). The challenges are further compounded by increasing patient acuity, rapidly changing clinical protocols, and workplace stress, all of which require novice nurses to demonstrate adaptability and resilience (Jackson et al., 2020).

Beyond clinical skills, the pandemic highlighted systemic issues in nursing education, including insufficient preparation in disaster response, health equity, and technological integration (Leaver, Nash, Kynoch, O'Brien, & Mitchell, 2023). These issues have raised important concerns regarding the readiness of nursing graduates to deliver safe and effective patient care in evolving healthcare contexts. As the healthcare system adapts to post-pandemic realities, it is imperative to understand how pandemic-trained graduates transition into practice and align with clinical standards (Cherry, Fletcher, O'Shea, & Watt, 2022).

In the Philippine setting, newly licensed nurses who completed their training during the pandemic often enter high-acuity hospital environments with limited clinical exposure. Observations in practice settings reveal gaps in decision-making, prioritization, procedural performance, and independence. These difficulties, while expected to some degree among novice nurses, are magnified among pandemic-era graduates. Senior nurses and preceptors often compensate for these gaps, increasing the strain on healthcare teams and underscoring the urgency of examining adaptability in this cohort.

This study is anchored on hermeneutic phenomenology, which emphasizes interpretation of lived experiences within a social and historical context (Heidegger, 1962; van Manen, 1990; Laverty, 2003). By exploring the narratives of pandemic-era graduates, the research aims to uncover not only the challenges they face but also the institutional and personal factors that influence their adaptability. Insights from this study will contribute to curriculum development, transition-to-practice strategies, and policy reforms that strengthen the readiness of nursing graduates in times of disruption.

Purpose of the Study

The purpose of this study is to explore and interpret the lived experiences of pandemic-era nursing graduates as they adapt to clinical practice standards in real-world healthcare settings. Specifically, it examines how graduates make sense of their transition from predominantly remote learning to bedside practice, the barriers they encounter, and the enablers of adaptability. The guiding research question is: *"How do pandemic-era nursing graduates make sense of their experiences in adapting to clinical practice standards?"*

METHODOLOGY

This study utilized a qualitative research design grounded in hermeneutic phenomenology to explore and interpret the lived experiences of pandemic-era nursing graduates as they adapted to clinical practice standards. Qualitative research provides a systematic approach to understanding human experiences, behaviors, and contexts by examining how individuals perceive, interpret, and make meaning of their realities (Creswell & Poth, 2018). Unlike quantitative methods, which emphasize breadth, numerical representation, and generalizability, qualitative research prioritizes depth and detailed description. This made it particularly appropriate for a study focusing on a complex, context-dependent phenomenon such as the adaptability of nursing graduates whose education was profoundly disrupted by the COVID-19 pandemic.

Hermeneutic phenomenology, rooted in Martin Heidegger's philosophy, was chosen as the methodological framework because it emphasizes the interpretation of lived experiences within their historical and social contexts (Heidegger, 1962; van Manen, 1990). Unlike descriptive phenomenology, which seeks to bracket researcher assumptions and maintain objectivity, hermeneutic phenomenology recognizes that the researcher

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actively participates in the interpretive process. The researcher's own insights, background, and perspectives are acknowledged as part of co-constructing meaning with participants (Laverty, 2003). This philosophical orientation aligned with the aim of the study, which was not only to describe what pandemic-era graduates experienced during their transition to practice, but also to uncover the meanings they assigned to those experiences.

The population of the study consisted of nursing graduates who completed their Bachelor of Science in Nursing (BSN) degree during the COVID-19 pandemic and were employed in clinical settings. The study was conducted at the Northern Samar Provincial Hospital in Catarman, Northern Samar, and specifically involved newly licensed nurses who entered the nursing workforce between 2020 and 2022. These individuals represented a distinct group of practitioners whose academic preparation was largely shaped by remote learning and limited hands-on training due to pandemic restrictions.

To identify participants, the study employed purposive sampling, a strategy commonly used in qualitative research to select individuals who can provide meaningful insights into the phenomenon being studied. The inclusion criteria required that participants must have graduated between 2020 and 2022, had at least six months of clinical experience, and were willing to share their transition experiences through in-depth interviews. Recruitment continued until data saturation was achieved—that is, when no new themes or perspectives emerged (Guest, Bunce, & Johnson, 2006). The final sample size ranged between ten and fifteen participants, which is considered appropriate for phenomenological studies that prioritize rich, detailed accounts over numerical representation.

The research instrument for data collection was a semi-structured interview guide developed by the researcher. In phenomenological research, the researcher is considered the primary instrument of data collection, engaging participants in reflective dialogue to capture the essence of their lived experiences (Creswell & Poth, 2018). The guide contained open-ended questions that explored participants' experiences of nursing education during the pandemic, their initial transition to clinical practice, their perceived readiness and challenges, their coping mechanisms, and the sources of institutional and peer support they relied upon. Probing questions were used as needed to elicit deeper insights into participants' narratives. To ensure credibility, the guide underwent expert validation by professionals in nursing education and qualitative research, and a pilot interview was conducted to test its clarity and relevance.

To further strengthen the study's credibility and trustworthiness, the interview guide was reviewed by expert validators who assessed the alignment of the questions with the research objectives, as well as their clarity and potential to elicit meaningful responses. Based on their feedback, revisions were made to improve the structure and flow of the instrument. A pilot interview was conducted with one nurse who met the inclusion criteria but was not part of the final study sample. This process helped refine the interview guide and allowed the researcher to enhance reflexivity, an essential aspect of hermeneutic interviewing (van Manen, 1990).

Following approval from an accredited ethics review board, the researcher sought formal permission from the hospital administration to conduct the study. Once permission was granted, eligible participants were identified with the assistance of unit heads and were invited to take part in the study. Participation was voluntary, and informed consent was obtained prior to data collection. The data gathering procedure consisted of individual, in-depth interviews lasting between forty-five minutes to one hour. Interviews were conducted either in private hospital spaces or through secure online platforms, depending on participant preference and prevailing safety considerations. With the consent of participants, interviews were audio-recorded to ensure accuracy, and field notes were taken to document non-verbal cues and contextual observations. Interviews continued until data saturation was reached, and all recordings were transcribed verbatim and verified for accuracy.

The data analysis process followed van Manen's (1990) hermeneutic phenomenological approach. The researcher immersed themselves in the data by reading and re-reading transcripts to develop familiarity with the narratives. Significant statements related to the phenomenon of adaptability were identified and highlighted. These statements were then clustered into themes through reflective analysis, allowing the researcher to identify patterns and variations across participants' experiences. Unlike descriptive phenomenology, which attempts to bracket researcher assumptions, hermeneutic phenomenology acknowledges that interpretation is inherently shaped by the researcher's perspective. Accordingly, the

researcher reflected on their own clinical insights as part of the interpretive process. Field notes were also incorporated to enrich analysis and contextualize findings. Themes were refined through iterative engagement with the data until they represented both shared and unique meanings across participants.

The study also adhered to strict ethical considerations. Ethical clearance was obtained from the appropriate institutional review board prior to data collection. Participants were informed about the study's objectives, procedures, and their rights, including the right to withdraw at any stage without penalty. Informed consent was secured in writing, and participants were assured of the confidentiality of their responses. To protect anonymity, personal identifiers were excluded from transcripts and reports, and participants were assigned codes instead of names. Audio recordings, transcripts, and field notes were stored securely in password-protected digital files, accessible only to the researcher. Data retention was limited to the timeframe approved by the review board, after which all files were permanently deleted.

In compliance with the Philippine Data Privacy Act of 2012 (Republic Act No. 10173), the study ensured that all personal and sensitive information was collected with consent, used solely for research purposes, and safeguarded against unauthorized access. If Artificial Intelligence (AI) tools were utilized, their role was limited to transcription support and data organization; they were not used to analyze or interpret participants' narratives. Furthermore, all AI-assisted processes adhered to data security protocols and ensured complete anonymization of participant information.

Through these methodological steps, the study ensured rigor, trustworthiness, and ethical integrity while providing a comprehensive exploration of how pandemic-era nursing graduates adapted to clinical practice.

RESULTS AND DISCUSSION

This study sought to uncover how pandemic-era nursing graduates made sense of their adaptation to clinical practice standards. Using hermeneutic phenomenological analysis of twelve in-depth interviews, four major themes were identified: (1) Confronting the Theory–Practice Gap, (2) Reclaiming Clinical Confidence, (3) Navigating Institutional Cultures, and (4) Finding Meaning Through Collective Resilience. Each theme reflects a distinct but interconnected dimension of the graduates' lived experiences.

Theme 1: Confronting the Theory–Practice Gap

Participants consistently reported entering the clinical environment with a strong grasp of theoretical knowledge but limited practical competence. This disconnect between classroom learning and clinical reality was heightened by the lack of in-person training during the pandemic. One participant reflected:

"I knew the concepts by heart, but being there with an actual patient was different. I felt unprepared, like I was starting from scratch." (P5)

This theme resonates with Benner's (1984) Novice to Expert theory, which describes the challenges faced by novices as they move from abstract knowledge to experiential learning. The absence of return demonstrations, real patient interaction, and hands-on practice created heightened anxiety, fear of harming patients, and doubts about competence. Participants described the experience of watching skills online or through simulation but feeling overwhelmed when confronted with real patients:

"Even inserting an IV was stressful for me. I watched the video, passed the quiz, but it's so different when it's a real person in front of you." (P3)

These findings mirror concerns raised in previous research, which noted that pandemic-related disruptions led to insufficient opportunities for developing clinical judgment and practical reasoning (Morin, 2021; Dewart et al., 2020). The gap was particularly evident during initial hospital rotations, where participants relied heavily on observation, trial-and-error, and guidance from senior nurses.

This theme highlights the emotional toll of the competence gap and suggests that future curricula must integrate resilient, flexible simulation programs and contingency-based clinical learning to ensure skill continuity even during crises (Fogg et al., 2020).

Theme 2: Reclaiming Clinical Confidence

Despite the initial struggles, participants gradually developed confidence as they gained clinical experience and mentorship support. One nurse recalled:

"The first month was tough. I was constantly second-guessing myself. But eventually, with my preceptor's help, I started trusting my instincts." (P2)

This progression reflects Duchscher's (2009) concept of transition shock, which describes the instability experienced by new graduates before achieving competence. Early phases were marked by self-doubt and hesitation, particularly in medication administration, physician interaction, and patient communication. Over time, however, repeated exposure and guided practice helped participants build assurance.

Preceptorship and team support were cited as key facilitators of confidence. Participants appreciated mentors who explained both the technical "how" and the conceptual "why" of clinical procedures. Psychological safety was critical, as supportive environments enabled them to ask questions without fear of judgment.

This theme reinforces the importance of structured transition programs and reflective practice opportunities, which not only enhance skills but also help nurses process setbacks as learning opportunities (Labrague & McEnroe-Petitte, 2018).

Theme 3: Navigating Institutional Cultures

Graduates also reported challenges unrelated to skills, focusing instead on workplace culture, communication, and implicit expectations. One participant explained:

"You're expected to know everything, but no one tells you how things are really done here. It's more about learning the culture than the skills." (P11)

This theme aligns with Lave and Wenger's (1991) socio-cultural theory of learning, which views adaptation as participation in a community of practice. Graduates highlighted issues such as unclear expectations, inconsistent protocols, and reluctance of some staff to address questions. For example, one participant admitted:

"Sometimes, I didn't know who to ask. I was afraid of being judged for not knowing something basic, even if no one taught it to us clearly." (P4)

Such experiences reflect the hidden curriculum in healthcare—the unspoken norms, values, and power dynamics that shape professional development. While some units promoted inclusion and collaborative learning, others made adaptation difficult. These findings echo earlier research emphasizing that professional growth is not shaped by technical skills alone but also by organizational culture and interpersonal relationships (Fletcher et al., 2022).

Theme 4: Finding Meaning Through Collective Resilience

Perhaps most significantly, participants emphasized that resilience was co-constructed through peer solidarity. Shared struggles created bonds that empowered graduates to persevere. One participant shared:

"We all started the same way—confused, scared, unsure. But we kept each other going. It felt like we were all thrown into the deep end together." (P8)

This theme aligns with Jackson et al.'s (2007) work on resilience in nursing, which identifies meaning-making and social support as protective factors. Informal peer debriefings, emotional validation, and shared coping strategies reduced isolation and strengthened professional identity. As another participant noted:

"After duty, we would talk about how hard it was. Sometimes we just cried together. But it helped to know I wasn't alone in feeling overwhelmed." (P10)

Collective resilience not only buffered emotional strain but also enhanced participants' sense of belonging and commitment to the profession. The findings affirm that adaptability should be understood not just as an individual trait but as a communal process shaped by empathy, solidarity, and shared meaning-making.

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Together, these four themes demonstrate that adaptability among pandemic-era graduates is multifaceted—involving technical competence, emotional regulation, cultural negotiation, and peer support. Adaptability emerged as an evolving process shaped by disrupted academic foundations, institutional environments, and collective meaning-making.

It is noteworthy that the pilot interview, conducted prior to the main data collection, reflected similar challenges to those later emphasized by the twelve participants. Although not formally included in the thematic coding, the pilot interviewee described anxiety with limited bedside exposure and reliance on mentors for confidence—concerns that strongly align with Theme 1 (Confronting the Theory–Practice Gap) and Theme 2 (Reclaiming Clinical Confidence). This early consistency reinforced the credibility of the emergent themes and suggested that the challenges faced by pandemic-era graduates were not isolated experiences, but shared realities across the cohort.

The findings echo earlier literature that identified the theory–practice gap as a persistent issue in nursing education (Benner, 1984; Morin, 2021), while also highlighting the dynamic processes of confidence-building (Duchscher, 2009), cultural adaptation (Lave & Wenger, 1991), and resilience (Jackson et al., 2007).

This synthesis emphasizes that adaptability is not merely an individual capacity but is embedded in broader educational, institutional, and social systems. Effective transition requires coordinated interventions across schools, hospitals, and policy frameworks to ensure both competence and resilience among novice nurses. While the findings provide valuable insights into the adaptability of pandemic-era nursing graduates, they must be considered within certain limitations. First, the study was conducted in a single hospital in Northern Samar, which may limit the transferability of the findings to other settings with different institutional cultures or resources. Second, the reliance on self-reported experiences through interviews may introduce recall bias or subjectivity, as participants may frame their experiences selectively or retrospectively. Third, while hermeneutic phenomenology provided rich, contextualized insights, it does not allow for generalization to larger populations. Finally, the study focused primarily on institutional and peer-related factors, without fully exploring other individual influences such as resilience traits, coping styles, or psychological readiness, which may also affect adaptability.

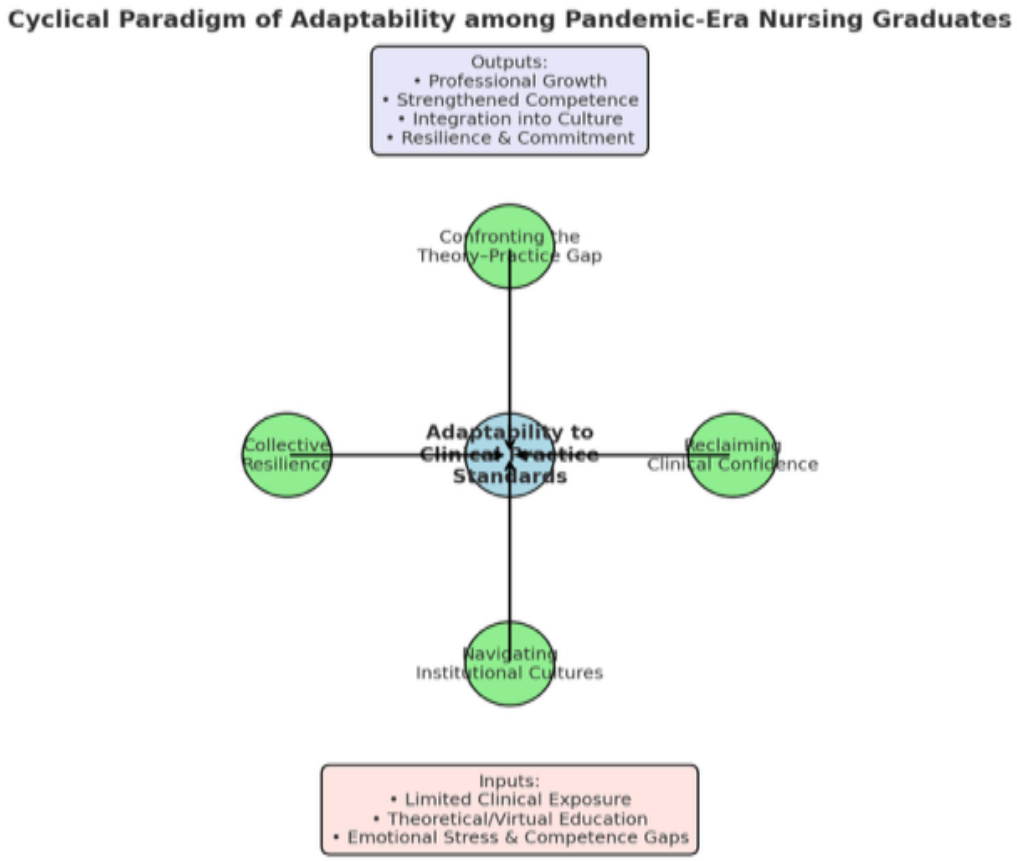

Figure 1: Pandemic-Era Nursing graduates adapt to clinical practice in a cyclical and dynamic process

The visual paradigm illustrates the adaptive journey of pandemic-era nursing graduates as they transitioned into clinical practice standards. At the center of the model is the core concept of *adaptability*, which represents the graduates' ability to align their knowledge, skills, and professional identity with the demands of bedside nursing. This central process is shaped by multiple challenges, pathways, and outcomes that interact dynamically rather than in a linear sequence.

At the base of the model are the inputs, symbolizing the initial conditions that shaped the participants' experiences. These include limited clinical exposure during their undergraduate education, reliance on theoretical and virtual instruction, and the emotional stress associated with competence gaps. These inputs represent the starting struggles that placed graduates at a disadvantage compared to pre-pandemic cohorts.

Surrounding the central concept are four thematic processes, represented as cyclical pathways. The first, *confronting the theory–practice gap*, reflects the shock of realizing that classroom knowledge did not always translate into clinical competence. Graduates described anxiety and hesitation as they faced real patient scenarios for the first time. The second pathway, *reclaiming clinical confidence*, illustrates the gradual rebuilding of self-assurance through mentorship, preceptorship, and repeated exposure to tasks. This theme highlights the importance of supportive clinical environments in transforming self-doubt into confidence.

The third theme, *navigating institutional cultures*, emphasizes that adaptation extended beyond technical competence. Graduates needed to understand the unspoken norms, communication patterns, and power dynamics of hospital settings. Their ability to integrate into workplace culture strongly influenced their sense of belonging and professional identity. Finally, *finding meaning through collective resilience* underscores the social dimension of adaptation. Shared struggles and emotional support from peers fostered solidarity, allowing graduates to reframe difficulties as opportunities for growth and perseverance.

At the top of the model, the outputs represent the eventual outcomes of successful adaptation. These include professional growth, strengthened competence, integration into institutional culture, and the development of resilience and long-term commitment to nursing practice.

The cyclical nature of the paradigm highlights that adaptability is not a fixed endpoint but an ongoing process. Graduates move repeatedly through phases of confronting gaps, regaining confidence, navigating culture, and sustaining resilience. These processes interact continuously, shaped by personal effort, institutional support, and peer solidarity.

In essence, the paradigm conveys that the adaptability of pandemic-era nursing graduates is a dynamic, co-constructed phenomenon. It is nurtured not only by individual determination but also by the social and institutional environments in which new nurses practice.

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