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The Philippine Journal of Advanced Nursing (PJAN) is a peer-reviewed scientific nursing journal based in the Philippines and established in September 2022. *PJAN* provides a platform to nurses and other health related professionals who are committed to advancing nursing practice in the Philippines.

The PJAN also accepts high quality submissions from authors anywhere in the world.

Aims and Scope

PJAN aims to advance nursing practice, and it welcomes high quality submissions such as original empirical research, systematic reviews, literature reviews, theoretical, philosophical, discursive articles, methodological papers, program development, implementation and evaluation, and policy papers. Guest editorials are also welcome in this journal.

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b. Healthcare Systems
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The Philippine Journal of Advanced Nursing (PJAN)
Volume 1 Issue Number 1

Contents:

RESILIENCE AND WORK ENGAGEMENT OF FILIPINO NURSES WORKING IN COVID-DESIGNATED UNITS IN A NATIONAL UNIVERSITY HOSPITAL

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Abstract

Background: The COVID-19 pandemic brought indelible negative impact to the wellbeing of healthcare workers. Nurses who are at the frontlines providing direct care to infected patients are confronted with immense physical and emotional stress arising from healthcare demands and unfavorable work environment. Resilience as a multidimensional concept is crucial in coping with adversities and maintaining engagement at the workplace.

Objectives: This study aimed to determine the level and relationship of resilience and work engagement among nurses deployed in COVID-designated units in a national tertiary hospital at the National Capital Region, Manila.

Methods: This is a descriptive correlational study. A total of 172 nurses who provide direct patient care and have been deployed in the COVID units for at least six months in a national COVID referral center participated in the study. A proportional stratified sampling technique was used. Respondents completed the online-based, Likert-type adapted tool on Measuring Resilience and Engagement. Cross-sectional data were collected from June to September 2021. Linear regression was used to ascertain the relationship between resilience and work engagement. Ethical clearance was provided by the University of the Philippines Manila Research Ethics Review Board.

Results: Resilience which was measured by decompression (M= 5.54, SD= 1.20) and activation (M= 5.43, SD= 2.07) and engagement (M= 5.51, SD= 2.15) were reported as average. Decompression means the ability of an individual to disconnect from work issues and enjoy personal time, while activation pertains to one's capacity to find meaning at work. Regression analysis revealed that resilience was a significant predictor of engagement (p= 0.000). Furthermore, it revealed that a unit increase in the level of decompression increases work engagement by 0.30, and with a unit increase in the level of activation, work engagement increases by 0.42.

Conclusion: This study provides evidence that resilience is a significant predictor of work engagement among nurses assigned in COVID units.

Impact: Investing on programs that support nurses' resilience increases the likelihood of their engagement at the workplace. This is pivotal for hospital administrators to prioritize during the pandemic when nurses are suffering from burn-out, stress and undue fatigue that compel them to disengage and leave the profession.

Keywords: resilience, work engagement, COVID-19, nurses, pandemics

Introduction

The unexpected widespread of corona virus disease 2019 (COVID-19) made a surprisingly huge impact on public health and economies worldwide. The pandemic became an ultimate source of stress to many people, especially healthcare workers, the front-liners directly involved in patient care. The reality of the pandemic brought several long-standing issues such as high mortality of patients, competing healthcare demands, inadequate rationing of health care supplies, immense physical and emotional stress to the health care workers (Arrogante, 2015). Nurses' ability to cope and adapt to these adversities is equated with their level of resilience (Heath et al., 2020).

Resilience is the ability of an individual to adapt, recover and interact after experiencing a significant burden or hardship. It is a multidimensional concept often associated with endurance, goal orientation, personal hardiness, and the ability to recover and recharge (Jackson et al., 2007; Judkins et al., 2005; Morgan et al., 2019; Sonnentag & Kruel, 2006). A resilient individual has the likelihood of achieving favorable outcomes such as reduced burnout and stress, shift work tolerance, healthier psychological profile, and greater job satisfaction (Judkins et al., 2005). In behavioral studies, resilience is a predominant concept in understanding health care professionals' survival in their workplaces (Jackson et al., 2007). In nursing literature, it was reported that resilience is a personal trait that nurses can develop and build through time that will, in turn, reverse the current trends of nurses leaving the health care system due to workplace problems (Jackson et al., 2007).

Resilience has been considered as the key to enhancing the quality of care and sustaining the health care workforce (Manomenidis et al., 2019). Because of its importance in human resource management, an attempt to measure resilience among healthcare workers has been done in contemporary research (Morgan et al., 2019). The rapid assessment tool for resilience found out that low resilience leads to increased workplace burnout and low work engagement among health care providers. Resilience has been characterized in two dimensions namely decompression and activation. Decompression is the ability of the individual to disconnect from work issues and enjoy personal time and recharge while outside work. On the other hand, activation is the individual ability to find meaning in work and develop meaningful relationships with colleagues and clients.

Health care workers are known to be repetitively exposed to high-risk work areas and various life-threatening illnesses. This has been more pronounced during the pandemic due to psychological stresses such as fear of contagion, interpersonal isolation, and stigmatization. The context of COVID-19 pandemic challenges the resilience of nurses during uncertainty and unpredictability.

Work engagement, on the other hand, is a psychological state that entails job satisfaction, job involvement, psychological empowerment, organizational commitment, attachment, and mood (Gupta & Sharma, 2016). Rooted in folk theory, this pertains to more loyal employees who are consequently most likely to remain in the organization. It is described as a rewarding, positive state of mind regarding work climate that is characterized by vigor and commitment (Schaufeli & Bakker, 2004). Further, this has been defined as a loving resource expressed in warmth and caring atmosphere where employees outlay their whole being in their function at work (Cooper-Thomas et al., 2018).

Several studies attributed the link between resilience and work engagement (Morgan et al., 2019). Working conditions, length of service and personal expressions of hope are positively correlated with work engagement (Cao & Chen, 2019; Othman & Nasurdin, 2011). With the increasing numbers of healthcare workers leaving the health professions during the COVID-19 pandemic, understanding the dynamics of resilience and work engagement becomes crucial in charting policy directions to mitigate the devastating impact of dwindling human health resources particularly among nurses. This study aimed to describe the level and relationship of resilience and work engagement among nurses assigned in COVID-designated units in a national university

hospital in the Philippines during the onslaught of the pandemic.

Methods

Study design

The study employed a descriptive correlational design. Cross-sectional data was collected from June to September 2021.

Setting

The study was conducted in a tertiary state-owned national university hospital with a total bed capacity of 1,500. The hospital was designated as a COVID referral center and has allocated specific clinical nursing units such as general adult and pediatric wards, operating room, intensive care unit and emergency room for patients tested positive for COVID-19. Patients were admitted either in pay or service (charity) wards. Pay patients are those admitted under the care of a private physician; hence, they pay professional fees. On the other hand, service (charity) patients are those whose medical expenses are fully paid by the government health insurance system.

Population and Sampling technique

The study utilized a proportional stratified sampling design to ensure the representativeness of each COVID-designated clinical nursing unit. Inclusion criteria were nurses who directly care for adult and pediatric patients tested positive for COVID-19, on a permanent position, and must have been assigned in COVID-designated units for at least six (6) months. Participants were excluded if they work as contractual/ temporary because they are not fully accustomed to the work environment for a considerable time; on a clinical rotation program and those in supervisorial positions. Using the G*Power 3.1, with a small effect size of 0.3, alpha of 0.05, and power of 95%, the computed sample size is 154. The total target sample size was 172 respondents providing a 10% margin for unreturned questionnaires.

Instruments

This research developed a participant demographic profile and adapted a questionnaire from Morgan et al. (2019) in a study entitled “Development of an early warning resilience survey for a healthcare organization.” The tool measures resilience and engagement among healthcare workers in a 5 point-Likert scale that determines their level of agreement. Resilience has two domains namely decompression and activation. Decompression pertains to the ability of the individual to enjoy personal time and recreation outside work life while activation is the capacity of an individual to find meaning and develop relationships at work (Morgan et al., 2019). Psychometric studies showed that the tool has acceptable reliability and validity indices. The tool underwent pilot testing, and the domains have the following reliability coefficients: decompression and activation have Cronbach’s alpha of 0.917 and 0.829, respectively, and engagement has a reliability coefficient of 0.934. Responses were recorded as standard ten scores ranging from 1 to 10 with the following interpretations: 9-10- well above average, 8- above average, 7- slightly above average, 5-6- average, 4- slightly below average, 3- below average, and 1-2- well below average.

Data collection

Data were obtained from respondents using an online-based survey using Google form. The researchers distributed paper-based questionnaires for those who did not have access to online form. Data collection commenced after securing ethical clearance and permission to conduct research from the expanded hospital research office. Participant recruitment was facilitated in close coordination with the head nurses in the target clinical nursing units. The link to online questionnaire was shared individually to prospective respondents who were qualified to the eligibility criteria. Participants were given two weeks to accomplish the questionnaire.

Data analysis

Data were encoded in a Microsoft Excel version 2019 and were converted into raw score then to z score then STEN score. Descriptive statistics were employed to summarize the demographic data. IBM SPSS Statistics 23 was used in computing for linear regression.

Ethical Considerations

The research protocol underwent full

board review by the University of the Philippines Manila Research Ethics Board (REB). Ethical clearance was provided with the approval code 2021-227-01. The research adhered to the guidelines set by the National Ethical Guidelines for Health and Health-related Research (2017) and Data Privacy Act of 2012. Informed consent was secured from the participants. Permission from the authors of the questionnaire was sought through e-mail.

Results

Table 1 presents the demographic profile of respondents who participated in the study (n=172). The average age of respondents is 35 years (SD= 7.80). Majority (80%) are female. Half of the respondents are working in the hospital for more than eight years followed by 5 – 7 years (21 %), 2 – 4 years (15 %) and less than a year (14 %). The respondents are mostly working in service wards (24 %) and intensive care units (24 %) followed by pay wards (22 %), emergency room (15 %) and operating room (14 %).

Table 1

Sample characteristics

Demographic Characteristics	Number (n)	Percentage (%)
Age	Mean= 35 (SD= 7.80)	
Sex		
Male	35	20 %
Female	137	80 %
Length of Service		
Less than 1 year	24	14 %
2- 4 years	26	15 %
5-7 years	36	21 %
More than 8 years	86	50 %
Clinical Nursing Unit		
Service wards	42	24 %
Pay wards	38	22 %
Operating Room	24	14 %
Critical Care Units	42	24 %
Emergency Room	26	15 %

Resilience and engagement

Resilience was measured according to decompression and activation. Decompression refers to the ability of the nurse to detach from work and enjoy recreation and relaxation activities not related to work. On the other hand, activation is the nurse's ability to find meaning in the workplace when someone values patients and colleagues. As shown in **Table 2**, the level of mean scores for decompression (M=5.54, SD= 1.20) and activation (M=5.43, SD= 2.07) are average. Respondents working in the operating room (M= 6.42, SD= 1.84) registered the highest level of decompression and the lowest mean score for activation (M=4.75, SD= 2.52).

On the other hand, those assigned in service wards reported highest mean score for activation (M= 5.88, SD= 1.97).

In general, the extent of work engagement (M= 5.51, SD= 2.15) is average. The highest mean score of work engagement was seen on those nurses working at the service wards (M= 5.98, SD= 1.89), followed by intensive care unit (M=5.76, SD= 2.27), operating room (M=5.37, SD= 2.28), pay wards (M=5.21, SD= 2.04) and emergency room (M=4.92, SD= 2.30).

Table 2

Levels of resilience and work engagement

COVID-designated clinical nursing units	Resilience		Work Engagement
	Decompression	Activation	
Service wards	5.81 (±) 2.20	5.88 (±) 1.97	5.98 (±) 1.89
Pay wards	5.05 (±) 1.84	5.37 (±) 1.92	5.21 (±) 2.04
Operating room	6.42 (±) 1.84	4.75 (±) 2.52	5.37 (±) 2.28
Intensive care unit	5.43 (±) 1.20	5.64 (±) 1.68	5.76 (±) 2.27
Emergency room	5.19 (±) 1.83	5.07 (±) 2.48	4.92 (±) 2.30
Mean score	5.54 (±) 1.20	5.43 (±) 2.07	5.51 (±) 2.15

Table 3 presents the summary statistics of linear regression. It was shown that 28.1% of the variability in work engagement among nurses in COVID-designated units can be explained by the level of their resilience. Furthermore, it was revealed that a unit increase in the level of decompression increases work engagement by 0.30 and with a unit increase in the level of activation, work engagement increases by 0.42. Lastly, the level of resilience measured in decompression and activation is a significant predictor of work engagement (p= 0.000).

Table 3

Regression analysis of resilience and work engagement

Level of Resilience	Unstandardized Coefficients	p	Interpretation
	B		
(Constant)	1.584	0.000	Statistically Significant
Decompression	0.300		
Activation	0.417		
R = 0.530 R^2 = 0.281			

Discussion

In general, the resilience among nurses assigned in COVID-designated units is average. This is consistent with the findings in a similar study conducted in the Philippines where there was a moderate to normal resilience among front-line nurses during the pandemic (Labrague & De los Santos, 2020). However, the resilience was recorded to be moderately low among professional healthcare workers in another study (Sánchez -Zaballos & Mosteiro-Díaz, 2021).). The findings appear inconsistent because the context differs during the onslaught of pandemic as compared to a year after the pandemic. In this study, it was pinpointed that operating room nurses and service ward nurses generally have the highest level of resilience. In a separate study, it was ascertained that intensive care unit nurses tend to have higher levels of resilience than ward nurses (Manomenidis et al., 2019). It might be inferred that the complexity and uncertainty of patient care acuity being admitted in the critical units during the pandemic may affect the resilience of ICU nurses in coping with the reported high patient mortality from the contagious virus. More so, the level of resilience has been reported to be influenced by work-related condition such as shift and working hours and personal variables like age and clinical experience (Sánchez-Zaballos & Mosteiro-Díaz, 2021).

Despite the differences, extant literature supports that resilience substantially neutralizes the negative impact of workplace stressors and is often linked to enhanced patient satisfaction and more favourable patient outcomes. Increased personal resilience organizational and social support in nurses are associated with decreased levels of anxiety and increased mental wellbeing related to COVID-19 (Labrague & De los Santos, 2020).

Similar with the level of resilience, work engagement among nurses taking care of patients diagnosed with COVID-19 is average. The highest level of engagement of nurses is reported from those assigned in service wards followed by intensive care units, operating room, pay wards, and emergency room. This is consistent with the finding from a study conducted before the pandemic (Bamford et al., 2013). Personal factors such as gender, age and clinical experience affect the extent of work engagement (Cao & Chen, 2019).

More importantly, work environment significantly influences the involvement of nurses. Nurses working in acute care settings are more engaged with their job but more likely to leave their unit within six months or leave the organization in the next three years (Sellers et al., 2019).

More importantly, the study demonstrated that 28.1% of the variability in work engagement among COVID-assigned nurses can be significantly explained by the level of resilience. Both aspects of resilience namely decompression or simply the work-life balance and activation or the ability to build meaningful perspectives at work contribute to work engagement. In this study, activation (0.42) increases per unit of work engagement than decompression (0.30) by 0.12 difference. An earlier study supported this finding which asserts that increasing resilience would similarly increase engagement and eventually decrease the incidence of burn-out (Morgan et al., 2019). Likewise, the relationship between resilience and engagement has been demonstrated in prior research (Cao & Chen, 2019; Othman & Nasurdin, 2011). Among emergency room nurses, resilience was identified to have a strong positive relationship with work engagement (Clark et al., 2021). It was further reported that increasing nurses' resilience would lessen their moral distress and consequently, increase their engagement in their organization and job satisfaction. Individuals that employ strategies that promote resilience have more confidence in their abilities to cope with adversities, which will strengthen wellbeing and lead to higher levels of engagement, involvement, and job satisfaction (Navarro-Abalet al., 2018).

Limitations of the Study

The study findings reflect the level of resilience and work engagement among nurses during the peak of COVID-19 cases in the Philippines where the study setting was designated as the national COVID-19 referral center. It must be noted that during this period, the institution is restructuring the hospital set-up to accommodate the rising number of patients being admitted who tested for COVID-19. The self-reports of respondents were collected cross-sectionally which may not fully capture the range of resilience and work-engagement of nurses over time as influenced by different circumstances such as changes in hospital policies and fluctuating COVID-19 cases. Moreover, the sample size and single study site may affect the generalizability of findings.

Conclusion

The study provides preliminary evidence that the level of resilience and work engagement among nurses deployed in COVID-designated clinical nursing units is average. With a unit increase in the level of work-life balance (deactivation), increases work engagement by 0.30; and with a unit increase in the level of meaningful and purposeful relationships (activation), work engagement increases by 0.42. Investing programs that support nurses' resilience increases the likelihood of their work engagement and possible retention. This is pivotal for hospital administrators to prioritize during the new normal when nurses are suffering from burn-out, stress and undue fatigue that compel them to disengage and leave the profession.

Implications

The pandemic intolerably takes a toll on the psychological health and over-all wellbeing of healthcare workers, particularly nurses. Administrators need to identify and understand the level of psychological health and intention to stay of nurses to proactively implement strategies that will prevent critical shortage of workforce. Examining the extent of resilience and work engagement of nurses during the pandemic is crucial in crafting policies and programs that address their needs and motivations to stay in the healthcare industry.

Programs like debriefing, coaching/ mentoring, spiritual and mental hygiene, meditation, and mindfulness activities should be designed that are culturally appropriate, multifaceted, and tailored fit to the individualized needs of healthcare workers.

More importantly, organizational leaders need to empower nurses and improve work engagement by providing support and control to develop resilient reactions to stress. Improving

working conditions, giving better supervisory communication and corporate culture, and providing employee support aid in developing healthy behavioral practices in the workplace. Continuous education and training on developing nurses' psychological resilience and empathic capacity is imperative to foster better work engagement.

Conflict of Interest

We declare no conflict of interest to disclose.

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Authors' Contribution

Mariel Rosete M. Delos Santos: conceptualization, data curation, formal analysis, investigation, methodology, resources, supervision, validation, visualization, writing – original draft, writing – review & editing; Andrew B. Sumpay: conceptualization, data curation, formal analysis, validation, writing – review & editing; Ma. Stefanie P. Reyes: conceptualization, data curation, formal analysis, investigation, writing – original draft, writing – review & editing; validation, visualization, writing – original draft, writing – review & editing; Andrew B. Sumpay: conceptualization, data curation, formal analysis, validation, writing – review & editing; Ma. Stefanie P. Reyes: conceptualization, data curation, formal analysis, investigation, writing – original draft, writing – review & editing; Ma. Carmela M. Gatchalian: conceptualization, data curation, formal analysis, investigation, writing – original draft, writing – review & editing; Mickaela Louise D. Gamboa: conceptualization, data curation, formal analysis, investigation, writing – original draft, writing – review & editing and Paul Froilan Garma: conceptualization, data curation, formal analysis, investigation, supervision, visualization, writing – original draft, writing – review & editing.

Data Availability Statement

The data from this study can be requested from the corresponding author if request will be approved by institution due to privacy and ethical restrictions.

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The Philippine Journal of Advanced Nursing

Letter of Support to the Philippine Journal of Advanced Nursing

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Through research and publication, the Philippine Journal of Advanced Nursing will allow Filipino nurses to advance their efforts in convincing policymakers and other stakeholders of the need for change in nursing practice and acknowledgment in the Philippines. Nurses face unique challenges and opportunities in the Philippines that are different from those in other countries: (1) shortage of nurses - the Philippines is known for producing a large number of nurses, many of whom work overseas, which has led to a shortage of qualified nurses in the country, particularly in rural areas where healthcare services are often limited; (2) emphasis on community health – many nurses work in community health centers providing primary care services to underserved populations; (3) role in disaster response – nurses provide medical care and support to communities affected by natural disasters such as earthquakes and typhoons; and, (4) limited resources – limited staffing, equipment, and medications which makes it challenging to provide high-quality care to patients, especially in remote and rural areas.

Nurses are critical to the healthcare system and deserve higher salaries. They have an important level of responsibility, specialized knowledge, and skills and are often more cost-effective than other healthcare providers. Nurses often receive low wages for several reasons:

- Historical gender bias
- Supply and demand
- Budget constraints
- Lack of collective bargaining power
- Perception of nursing as a low-skilled profession

It is vital for policymakers, healthcare providers, and the public to recognize the value of nursing and invest in the profession - this may include increasing funding for nursing education programs, improving working conditions for nurses, and advocating for higher salaries and benefits for nurses. Additionally, nurses themselves can advocate for their profession and work to raise awareness about the value of nursing in healthcare.

It is an honor to serve on the Editorial Board of the Philippine Journal of Advanced Nursing. This journal will highlight advanced practice nurses in the Philippines who play a pivotal role in the healthcare system in providing high-quality and specialized patient care across various settings.

A Narrative Review of Nursing Health Services Research in a National University Hospital

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Abstract

Background: Nursing health services research conducted in the local setting is not commonly reported in the literature and has not been systematically reviewed in recent years in terms of scope and status.

Objectives: To determine the scope and status of nursing health services research conducted in a national university hospital in terms of research productivity and nature of scientific investigation.

Methods: This is a narrative review of studies.

Results: Forty-nine research reports from 2005-2017 were appraised, extracted and analyzed using the review methodology of Whittemore and Knafl. The Scale for the Assessment of Narrative Review Articles (SANRA) of Baethge, Goldbeck-Wood and Mertens was utilized in the evaluation of research reports. In a span of 13-year period from 2005-2017, an average of three to four research studies were completed every year,mostly descriptive/correlational/predictive in design (63.27%) and the studies focused mostly on healthcare providers like nurses (71%) as population focus. Research topics explored include issues on patient care and nursing interventions (20.41%), positive practice environment (18.37%) and nurse's role competencies (18.37%). The majority of the studies were presented in different conferences, however, limited publication in peer-reviewed journal. The study findings informed policy decisions, staff development programs, innovative patient care modalities and reviewing the nursing service research agenda.

Conclusion: This review systematically described the status and scope of nursing health services research conducted in a national university hospital. Findings of this review provides a fertile ground to advance the development of nursing health services research agenda, calibrate capacity-building research programs for registered nurses working in the hospital in collaboration with the academe, and ensuring visibility of nursing research conducted by the nurses at the bedside.

Impact: Improving the competencies of nurses working in the hospital setting on diverse research methodologies and preparing manuscripts for funding and publication as well as collaborative activities with the academe are critical factors to further strengthen nursing research outputs in the clinical setting. To advance nursing health services research, agenda should be articulated and prioritized at the institutional and national levels.

Keywords: nursing research, nursing service health research, nursing research agenda, narrative review

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Introduction

Nursing health services research is the study of systems of healthcare delivery; structures, processes and outcomes of nursing care; nursing practice innovations; and new models of care delivery (Jones, 2005). One of the program thrusts of the nursing and patient care service in a hospital setting is the promotion of excellence and leadership in the delivery of quality nursing care anchored on research, evidence-based practice and quality assurance initiatives. This mandate on research is reflected in a sequential set of activities such as the conceptualization of studies that have relevance to nursing practice, submission of study protocol to ethics review board, judicious and methodologically sound data collection and analysis, dissemination of findings, and capacity-building for nursing personnel.

In a nursing and patient care service department in a hospital, a nursing research arm is usually tasked to spearhead relevant research endeavors, quality improvement initiatives and evidence-based projects. Research conducted in the clinical setting has a strong background on addressing clinical issues useful in improving patient outcomes, strengthening autonomous and collaborative nursing practice, and safeguarding the welfare of the nursing workforce. Most of the study findings, directly or indirectly, inform certain policies and programs geared towards improvement in patient care, service delivery and strengthening nursing workforce.

In 2011, a nursing service research agenda at the University of the Philippines Manila Philippine General Hospital (UP- PGH) was formed through a multisectoral meeting with representatives from the University of the Philippines College of Nursing, Professional Regulation Commission Board of Nursing (PRC), Association of Nursing Service Administrators of the Philippines, Inc., Philippine Nurses Association, Department of Health, and World Health Organization. The consultative meeting addressed research directions addressing clinical issues and patient care, training and education, human resource management and nursing service administration. This led to the creation of the two-year nursing research agenda focusing on nursing practice, nurse-led interdisciplinary interventions, patient experiences and patient safety concerns. In 2017, the UP-PGH nursing affirmed a similar research agenda until 2020. An exponential increase in the number of researches focusing on COVID-19 pandemic led to the scoping review of nursing health services research that resulted to a five-point research agenda namely patient responses and tailored interventions; safe work environment for health workers; addressing health inequities and disparities; technology-driven interventions; and advocacy and ethics of care (Garma et al., 2022).

Empirical research significantly contributes to knowledge generation and in mapping the direction of nursing research agenda. However, nursing health service research is not commonly reported in the local literature. Williams (1980) identified the focus of nursing research in the Philippines from the period 1935 to 1979. She noted that 40% focused on nursing service administration, 37% on nursing education, 16% patient care and 7% related research. The majority of the research was done by practicing nurses as an academic requirement for a postgraduate degree. The primary objective of the research conducted by Filipino nurses then was to find answers or solutions to immediate problems in work setting. The research designs of these studies were descriptive design of quantitative methodology. The author raised concerns on the issues of design, replication, dissemination, utilization of findings, research content analysis, and funding for nursing research. After the publication of the descriptive review of nursing research in the Philippines in 1980s, further attempt to describe the state of the art and scope of nursing research in the Philippines remains elusive in the local literature. To the best our knowledge, this narrative review is the first attempt in the local literature to systematically review researches in a local institution in the Philippines specifically conducted by the nursing services.

This review was conceptualized to integrate and categorize individual studies conducted in nursing services into a common understanding and knowledge. In this way, crucial discussions can be made to advance nursing

health services research agenda, implement relevant capacity-building strategies to improve research initiatives among nursing personnel, and promote a culture of evidence-based care decision and policy development.

This narrative review aimed to determine the scope and status of nursing health services research in the past decade in terms of productivity and nature of scientific investigation. Research productivity refers to the number of research outputs per year, average time (in months) needed to finish a study, number of research disseminated to conferences and publication and studies that were used to inform policy and program development. The nature of scientific investigation pertains to the category of research problem, population focus and type of research design.

Methods

Design

This is a narrative review of studies. The review provides a summary of a selection of studies in order to support empirical research (Smith & Noble, 2018). It adheres to the review methodology of Whittemore and Knafl (2005) that summarizes past empirical or theoretical literature and diverse methodologies such as experimental and non-experimental research with the goal of providing a comprehensive understanding of a particular phenomenon or topic of interest (Doolen, 2017). The process involves problem identification, literature search, data evaluation, data analysis and presentation.

Inclusion and Exclusion Criteria

Research studies reviewed include those conducted by nursing personnel with a written final report and are accessible in the registry of research from 2005 to 2017. The review only covered research outputs in a prescriptive 13-year period to fully capture the nature of research in this specific decade. Articles which were excluded in the review were as follows: evidence-based practice projects, quality improvement initiatives and innovations; research projects which were not completed, terminated or on-going; research proposals; and research conducted for the purpose of academic requirement.

Data Appraisal and Extraction

Three independent reviewers (PFG, PM, MC) were involved in data appraisal and extraction. Data were tabulated into a matrix indicating the title of the study, year conducted, investigators, research questions and objectives, setting, population, design, key findings, dissemination venues and strategies for utilization of findings. Likewise, pertinent research-related documents were utilized to corroborate the research outputs being reviewed. The nature of scientific investigation was described according to topics identified in previous research agenda. The Scale for the Assessment of Narrative Review Articles (SANRA) (Baethge, Goldbeck-Wood & Mertens, 2019) was utilized in the evaluation of articles. It comprises the following criteria: (1) justification of the article's importance, (2) specific aims, (3) description of literature search, (4) referencing, (5) scientific reasoning and (6) appropriate presentation of data. Disagreement was settled using a consensus approach.

Data Analysis

Descriptive statistics such as frequency and percentage were computed to evaluate the research productivity. The nature of scientific investigation was categorized according to descriptions on research methodology used, and themes based on previous research agenda.

Results

Research Productivity

Completed research pertains to a study which satisfied all the requirements from ethics review, data collection and analysis, presentation, and culminated in the dissemination of findings through a formal written report and presentation to a forum. For a 13-year period, there were 49 completed researches. Annually, an average of three to four completed research outputs was reported. The average time to finish a study was computed from the time it was submitted to ethics review board for ethical clearance until the study finding is disseminated in the nursing forum. Only 25 studies with complete data indicating the data were submitted to ethics review board for review until the findings were disseminated were included

in the analysis. The average time to complete a study is six to seven months.

There were 10 research presented as oral or podium and/or poster presentation during research conferences. These conferences were spearheaded by the Philippine Nurses Association, Association of Nursing Service Administrators of the Philippines, Inc., Manila Tytana College of Nursing, Association of Higher Education Multidisciplinary Researchers, Inc. and Patient Safety congress. The study entitled, Kangaroo Care in the Reduction of Pain in Full Term Neonates Undergoing Newborn Screening (Campo et al., 2014) was published in a peer-reviewed nursing journal, the Journal of Nursing Practice Applications and Reviews of Research, in 2014. Locally, abstracts of research were published in different conference proceedings.

Six studies contributed to informing policy and program development. The baseline competencies of nurses served as a reference guide in the development of nurse's performance indicators and appraisal (Palcone et al., 2009). The exploratory studies on the transition experiences and learning needs of newly hired nurses led to the development of transition and preceptorship programs in the Nursing Services (Bibat et al., 2015; J. Matawaran et al., 2016a). Identifying the communication needs of patients in mechanical ventilator stimulated the use of IPic board as an alternative communication strategy in the delivery of nursing care (Punzalan et al., 2011). Study findings from compassion satisfaction and compassion fatigue and workplace incivility resulted to educational programs addressing these issues (Garma et al., 2017; Legion et al., 2017). Additionally, findings from the incivility study contributed to the inclusion of cultivating a culture of workplace civility in general orientation program and professional image enhancement update.

Nature of Scientific Investigation

The nature of scientific investigation pertains to the category of research problems, research designs and population focus. Category of research problems pertains to the nature of a nursing-related phenomenon that the research questions seek to address. Out of 49 research articles reviewed, the top three most common research problems being investigated fall under the category of patient care and nursing interventions (20.41%), positive practice environment (18.37%) and nurse's competencies (18.37%). Other categories of research problems focus on human resource management and staffing (14.29%), patient safety (10.20%), patient experience (8.16%), cost effectiveness of treatment modalities (6.12%) and nursing documentation (4.08%).

Patient care and nursing interventions include studies which explore the effects of nursing-led care modalities in effecting specific patient outcomes. These studies, which are descriptive exploratory and experimental in nature describe patient care issues as well as test the effects of nursing interventions on certain clinical outcomes. These include assessing learning needs assessment for health education among diabetic patients (Untalasco et al., 2015), using 0.9 normal saline solution as an alternative flushing solution over heparin in ensuring patency of peripheral intravenous heparin lock (J. G. Matawaran et al., 2015), use of iPic board as a communication tool for patients in a mechanical ventilator (Punzalan et al., 2011), effect of kangaroo care in reducing pain among full-term neontaes undergoing newborn screening (Mildred Campo et al., 2014) effects of alternate cold application and heat lamp exposure on healing of episiotomy wound (Alcoran et al., 2011) and pain assessment and documentation practices of nurses (Abuzo et al., 2008).

Positive practice environments are workplace settings that support excellence and decent work by ensuring the health, safety and personal well-being of staff, supporting quality patient care and improving the motivation, productivity and performance of individuals and organizations (International Council of Nurses, 2007). Research initiatives on positive practice environment include exploratory study on factors affecting anxiety among newly hired nurses (Zone 1 Research Coordinators, 2006), workplace incivility (Garma et al., 2017) compassion fatigue and compassion satisfaction (Legion et al., 2017), work-related stress and work ability index (Waje et al., 2016), nurse

practice environment in a tertiary hospital (Bernal et al., 2015), work-related quality of life and performance evaluation (Sy et al., 2014), hypertension and work productivity (Mildred B. Campo et al., 2014) and incident reporting (Sy et al., 2013).

Studies which deal with nurse's competencies describe career progression and the corresponding knowledge, skills and attitude of nurses from being newly hired to being part of a core nursing specialty group as a specialist. These include predictors of clinical performance (Veloso, 2017), development of transition program based from identified transition experiences and needs for entry level nurses (Bibat et al., 2015; J. Matawaran et al., 2016b), baseline competencies of nurses (Palcone et al., 2009), concept of caring among nurses (Formoso et al., 2009), status of nursing specialty core groups (Punzalan et al., 2009) and nurse's competencies on surgical site infection (Aceron et al., 2008).

A couple of research addressed human resource management issues particularly on the aspect of job analysis and staffing, organization and utilization of work force. For instance, Enriquez (2005) described the management skills and performance of head nurses while seniority complex and its implications to quality nursing care delivery were investigated (J. H. Formoso Jr. et al., 2008). Recurring topics include nurse's experiences on 8 and 12-hour shifting schedule (Evangelista et al., 2014) and effect of 12-hour shift on quality of patient care, patient satisfaction and nurse's job satisfaction (Rafael et al., 2013). Various alternative staffing schemes were also tested to determine equitable nurse-patient ratio such as applying W1SN method in determining workload and staffing complement in pay patient service (Barua et al., 2013), implementation of a centralized utility worker dispatch system (Veloso et al., 2013) and nurse-patient ratio as an indicator of quality nursing care (J. Formoso Jr. & Zone III Research Coordinators, 2006).

The publication of the UP-PGH Nursing Patient Safety Manual in 2009 streamlined research on this area. Patient safety issues being studied consist of hand-over communication practices (Umilin et al., 2013), patient safety attitude among healthcare personnel in the operating room complex (Campo, Atienza, Banayat, et al., 2013), nurse's perceptions on medication error and reporting system (Punzalan et al., 2013), application of mechanical and physical restraint on adult patients in critical care units (Tuanquin et al., 2013) and nurse's preparation and administration practices of chemotherapeutic drugs (Torrigue & Zone 2 Research Coordinators Batch 2006, 2006). Patient experience as an outcome of care was also investigated. It is defined as a range of interactions that patients have with the health

Table 1

Category of research problems investigated

Category of Research Problem	Frequency/ Percentage
Patient care and nursing interventions	10 (20.41 %)
Positive practice environment	9 (18.37 %)
Nurse's competencies	9 (18.37 %)
Human resource management/ staffing	7 (14.29 %)
Patient safety	5 (10.20 %)
Patient experience	4 (8.16 %)
Cost effectiveness of treatment modalities	3 (6.12 %)
Nursing documentation	2 (4.08 %)
Total	49 (100%)

care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities (Agency for Healthcare Research & Quality, 2017). The set of studies which attempted to capture patient experience include using critical incident stress debriefing in reducing stress levels among family caregivers of chronically ill patients in service wards (Baniqued et al., 2005), actual visitation practices as a provision of therapeutic environment for critically ill patients (Zone 2 Research Coordinators, 2005), experiences of postpartum mothers being cared by male nurses in a service ward (Almariego et al., 2012) and coping mechanisms and psychosocial needs of admitted Filipino school-age cancer patients (Punzalan et al., 2012).

Notable studies on cost-effectiveness were the comparative economic analysis of single use suction catheter versus recycled suction catheter (Manabat et al., 2007) accuracy of three glucose monitors in reference to fasting plasma glucose (Baluyot et al., 2013) and duration of use of volumetric control set and the growth of microorganisms (Labuni et al., 2008). Two research described the documentation preferences and practices of nurses and the effect of new documentation form on time efficiency in a critical care unit (Gaspar, Kim &Tan, 2011).

Even though the bulk of research focused on patient care and nursing interventions, the population focus focused primarily on healthcare providers, particularly nurses and physicians (71%). The remaining studies (29 %) covered patients, caregivers and other professionals for expert validation.

Research design is the overall mechanism of the researcher in answering the research question or testing the research hypothesis (Polit & Beck, 2008). It serves as a blueprint for conducting a study with maximum control over factors that may interfere with the validity of the findings (Burns & Grove, 2007). More than half of the research conducted by the division utilized descriptive type (63%), followed by quasi-experimental (20%) and qualitative (6%) and comparative studies (6%). There is a single reported study which used a randomized controlled trial and a psychometric validation of a tool.

The descriptive/correlational studies looked into description of data, tests of correlation and association among variables of interest respectively. Quasi-experimental designs were employed in 10 studies which tested the effects of specific nursing interventions such as cold application in combination with perineal heat lamp exposure on episiotomy wound healing (Alcoran et al., 2011), impact of 12-hour shifting on patient and nurse outcomes (Rafael et al., 2013), foot massage on psychosocial outcomes of cancer patients (Campo, Atienza, Banayat, et al., 2013)(Ocampo et al., 2013) and nursing new documentation form (Gaspar et al., 2011).

Moreover, nurse researchers were also beginning to utilize qualitative approaches in understanding the meaning and experiences of patients who are sick and admitted in the hospital. Three studies employed a qualitative approach with a specific study on transition experiences (Bibat et al., 2015) which explicitly mentioned phenomenology as its qualitative research tradition. A comparative analysis was the design evident in testing the accuracy of three glucometers on fasting blood sugar (Baluyot et al., 2013) and cost analysis of single use versus recycled suction catheter (Manabat et al., 2007). There was only one study which reported the use of randomized controlled design (J. G. Matawaran et al., 2015) and another single study on psychometric testing of an adapted tool (Dela Cruz et al., 2016).

Discussion

This narrative review sought to define the scope and status of nursing health services research in a national university hospital by reviewing research studies conducted in the past decade. Research productivity of the nursing service department and the nature of scientific investigations were used as basis in describing the status of nursing health services research.

Nursing health services research is an emerging multidisciplinary field of inquiry that studies how socioeconomic, financing, technologies and individual behaviors affect healthcare access, cost, quality and health and well-being (Lohr & Steinwachs, 2022). Specifically, it improves the delivery of healthcare services specific to nursing. In the Philippine setting, research is one of the thrusts of hospital nursing

alongside with service and training (Villaluna, 2019). The discussion on the status of research in hospital nursing remains elusive in local empirical literature despite the implementation of the national nursing core competency standards of Filipino registered nurses in client care, leadership and management and research (Divinagracia, & Lorenzo, 2014). More importantly, nursing research departments have been institutionalized in different hospitals across the country with the mandate of translating research and evidence to improve nursing practice and patient and organizational outcomes.

The conduct of research from conceptualization to dissemination is one of the major tasks of a hospital nursing research department. Our review showed that an average of at least three to four studies was completed annually. Empirical literature showed that lack of understanding of the research process, time and institutional support are barriers in a successful research program (Kress, 2018). To ensure viable research productivity, our organization sets annual research targets, designates dedicated nursing personnel to undertake research, and provides a structured capacity-building program for research and evidence-based practice for nurses.

Research dissemination and knowledge translation has been a growing concern in nursing science because there is a need for the application of evidence to effect certain outcomes (Rabelo-Silva, Mantovani, & Saffi, 2022). Further, it is frequently reported that it takes an average of 17 years for research evidence to reach clinical practice (Morris, Wooding, & Grant, 2011). This review ascertained limited opportunities to disseminate and translate research findings into practice. In more than a decade, only ten out of 49 completed studies were presented in scientific conferences. On the other hand, only six studies were used in shaping practice change and policy development. This poses a challenge to adopt knowledge translation strategies that make the benefits of research utilization fully optimized.

Creating policies and organizational infrastructures that support the seamless translation of research findings to practice that will ultimately effect better patient and organizational outcomes is the goal of nursing research (Flodgren, Rojas-Reyes, Cole, & Foxcroft, 2012). At present, institutional initiatives are implemented such as holding an annual nursing research forum which serves as platform to discuss research findings among nursing personnel. This activity ensures the visibility of nursing research and encourages more nurses to engage in research endeavors. Financial support is given to defray the registration expenses in conferences where research reports are presented. In addition, research grants and funding are provided to nurses whose research proposals are aligned with the hospital research agenda.

Table 2

Type of research designs employed

Types of Research Design	Frequency/ Percentage
Descriptive/Correlational	
Quasi-experimental	10 (20.41 %)
Qualitative	3 (6.12%)
Comparative studies	3 (6.12%)
Randomized controlled trial	1 (2.04 %)
Psychometric evaluation	1 (2.04 %)
Total	49 (100)

The focus of investigations in this review of studies centers on patient care and interventions (20.41%), work environment (18.37%) and nurse's competencies (18.37%), which operate on the metaparadigm concepts of nursing practice. Other critical issues related to the delivery of nursing care such as staffing complement (12.29%), patient safety (10.20%), patient safety (8.16%) and cost-effectiveness of treatment modalities (6.12%). These topics emanate largely on problems and needs that arise in the clinical areas as perceived by nurse managers, staff nurses and patients and their families. Although the identification of research topics based on needs assessment is plausible and relevant, it is incumbent for the nursing services to outline priorities for research program and align this with organizational, national and international research agenda (Berhaus et al., 2019). This in return solidifies the knowledge domains of nursing science and articulates its contributions to health sciences.

The methodologies and approaches that nurses employ to answer research questions are generally quantitative descriptive. More than half of the studies (63.27%) reviewed were correlational or predictive in nature. Surprisingly, the majority of research topics are on patient care and interventions, yet the level of research questions is descriptive in nature. This calls for a more appropriate methodological decision to adopt designs that combine testing of effectiveness of interventions and their impact on patients and their families. It is high time that qualitative research, psychometric studies and emerging research methodologies such as randomized controlled trials and mixed methods research be embedded into the research program. Including these topics in the capacity-building programs is needed for nurses to be abreast of the research designs. These research methodologies are increasingly applied in nursing research because they strengthen the depth of understanding of nursing phenomena such as human responses and outcomes of caring behaviors and interventions (Doorenbos, 2014).

Implications

The nursing services should articulate its agenda priorities for research and development aligned with the priority areas of institution in order to further strengthen its research mandate. Several techniques have been proposed in setting research agenda such as needs assessment, delphi technique and analytic hierarchy process by experts (Oh, Jang, Gong, & Lee, 2015). For instance, the UP-PGH nursing service stipulated its research agenda as early as 2011. This has been regularly revisited to be relevant and integrated with the institutional and national research priorities such as Department of Health and Department of Science and Technology Harmonized National Research and Development Agenda 2022-2028. Moreover, nurse-led studies must be disseminated in a broader audience to inform policy decisions and highlight the contribution of nursing research in health sciences.

To further increase research productivity, it is recommended that the research department of nursing services should be created and will be tasked to continuously update a repository of research conducted as well as mechanisms to trace how these studies have been disseminated, replicated or influenced patient care outcomes and competency development of nurses. This repository shall increase accessibility and availability of research to nurses, consumers of care and other stakeholders. Factors which contribute to the completion of nurse-led research is another area to look into.

Research capacity in nursing is critical in advancing nursing practice and achieving positive nurse, patient and healthcare outcomes. It is the ability of a nurse to conduct research activities in a sustainable manner at a specific context (Chen, Sun, Tang & Castro, 2019). There is a need to adequately train nurses in the clinical area on the rigors of the research process as well as providing incentives and funding for research. Having a core group which will be tasked primarily in implementing research initiatives aimed towards research utilization, publication and presentation to nursing conferences will capacitate nursing staff to engage in research and ensure the visibility of nursing service in knowledge generation. Collaborative activities or functional integration with nursing schools

will further strengthen capacity-building and bridge the theory-practice gap.

Capacity-building activities on research for nurses in the clinical area should focus on exploring diverse and emerging research methodologies such as randomized controlled trials, systematic reviews (i.e. meta -analysis and meta-synthesis) and qualitative traditions (i.e. phenomenology, case studies, grounded theory) other than the predominant descriptive type of research. This can be accomplished through training, formal education and mentorship. Seminar and workshops are strategic activities to harness the nurse's skills on advanced statistical methods, submitting protocol for grant/funding, preparation of manuscript for publication and techniques in research presentation.

Conclusion

The narrative review described the status and scope of nursing health services research in a national university hospital according to productivity, type of research problem and methodology. The culture of nursing health services research is shaped by institutional mandate, organizational support, capability of nursing personnel and dissemination of nurse-led investigations in a multidisciplinary healthcare environment. Creating nursing health services agenda, calibrating capacity-building programs, collaboration with nursing academe and ensuring visibility of nursing research in the scientific community are strategic mechanisms to ensure that research studies conducted by the nurses at the bedside contribute to the advancement of nursing science.

Conflict of Interest

We have no conflict of interest to disclose.

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Authors' Contribution

PFG, PM, MC, MRT conceptualized the study and conducted the data extraction and analysis; PFG and MRT prepared the initial report. All contributed in revising the final report.

Data Availability Statement

The data that support the findings of this report are available on request from the corresponding author.

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Outlook Formation Process Among Individuals with Systemic Lupus Erythematosus Experiencing Concurrent Symptoms: A Grounded Theory Study

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Abstract

Background: Living with a chronic illness entails adaptation, coping and understanding own life situation. There exist gaps on how individuals with SLE, as they experience fatigue and its concurrent symptoms, make sense/process all of these as they live with the condition?

Objectives: To explore the process between fatigue, the presence of concurrent symptoms and its social-psychological aspects.

Methods: Corbin and Strauss (Straussian) grounded theory (GT) approach was used in this study. Before this study's conduct, reflexivity was observed by the authors. In this study, thirteen (N=13) (13 female aged 19-58) individuals who qualified the inclusion criteria participated in the study. Three (N=3) additional female participants diagnosed with SLE validated the findings and suggestions were carried out. Individual audio-recorded telephone and videoconferencing interviews were conducted between October-December 2021. The data analysis included open, axial, and selective coding combined with a software program for qualitative data analysis. After initial purposeful sampling, theoretical sampling and constant comparative technique were used to further enrich the data.

Results: Pain (10/13) was the most frequent symptom that occurred concurrently with fatigue as reported by participants. Here we report that based on the findings, process of outlook towards their functioning was developed among participants as evident in three major categories: Reliance (justifying the experience), Passiveness (being open and accepting), and Independence (efforts to gain control) and supported in nine sub-categories. Outlook on functioning in this study refers to the individual's appraisal, interpretation, or general attitude towards their functioning as they make sense of their condition and various forms of social interactions. Theoretical assumptions developed include: (1) individual outlook buffers the influence of social support to the outcomes, (2) the nature and source of social support influences the individual outlook, and (3) outlook on functioning is individualized and context based.

Conclusion: As reported in numerous studies that social support buffers outcomes however in this grounded theory study, the concept of outlook which refers to an individual's critical interpretation of the various forms of social interactions exists. In other words, social support does not always buffer antecedents to outcomes but also serves as an antecedent to outlook.

Impact: Further studies to prove the theoretical assumptions should be conducted and to explore the role of outlook to outcomes. Outlook should be included when assessing symptom experience.

Keywords: Chronic illness, grounded theory, systemic lupus erythematosus, qualitative, nursing, fatigue

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Introduction

Systemic lupus erythematosus (SLE) is an autoimmune disease which has no cure and with varying global incidence and prevalence. Individuals with SLE, given the nature of the disease, experienced SLE-related fatigue, and its concurrent symptoms, having issues on functioning and quality of life. As reported in various studies, one of the most common symptoms of SLE imposing limitations and challenges on individuals and affecting their quality of life is fatigue. Even individuals with mild and inactive disease manifest SLE-related fatigue (Elefante et al., 2020). While fatigue is negatively associated with all measures of functioning (Tench et al., 2000) and negatively influences the quality of life (Elhone et al., 2007), it is also associated with other symptoms such as depression (Azizoddin et al., 2019), anxiety (Du et al., 2018), hysteria (Omdal et al., 2003), sleep quality (Chiang et al., 2019), stress (Azizoddin et al., 2019) and pain (Palagini et al., 2014).

Despite this, various studies showed that social support plays an important role to coping to the disease experience of individuals with SLE. For example, healthy social relationships significantly impacted women's ability to cope with stress and self-manage this disease (Dunlop-Thomas et al., 2014). A qualitative study's findings also showed that a greater potential to remain in employment when modification of work patterns and support from colleagues and management were available (Booth et al., 2018). Given the influence of fatigue on quality of life and functioning and the positive impact of social support on coping, there exist gaps on how the individual makes process all of these as they live with the condition. While investigations describing the adaptation or coping of individuals with SLE are important, there remains the question, what is the process of achieving coping or adaptation?

This article is geared towards understanding that process, to promote holistic and individualized care and to improve the quality of life of individuals with SLE having concurrent symptoms and given the nature of their condition. With enhanced quality of life, mortality can be mitigated even without new therapies (Barber et al., 2021). Therefore, our aim is to explore the process between fatigue and the presence of concurrent symptoms given its social-psychological context.

Methods

Study Design

Corbin and Strauss's (2008) version of the grounded theory approach was used in this study. While the grounded theory is an inductive, experience-driven method and grounded in the data field, Strauss and Corbin's grounded theory method was used because it allows insights from literature review and the use of a computer software for data analysis and, has a focused research question (Streubert & Carpenter, 2011). GT was used to understand a less explored phenomenon and is geared towards the understanding of a process involving multiple concepts towards the development of an explanatory representation of the concepts.

Setting and Participants

We recruited participants from an online lupus support group in the Philippines. During the initial stage of the recruitment, we created a temporary study site where prospective participants could view study-related information and interview questions. Aside from online recruitment, an alternative recruitment mechanism for admitted individuals with SLE in a select hospital was in place to recruit additional participants; however, there were enough participants recruited online.

The inclusion criteria were as follows: 1) confirmed SLE diagnosis for at least six months using the SLICC Criteria (Petri et al., 2012) was used initially as the criteria however because other components of the SLICC criteria cannot be ascertained from an online method, participants disclosure of their clinical diagnosis became the bases for inclusion; 2) age is 18 and above; 3) presence of symptoms of fatigue along with other concurrent symptoms reported subjectively; 4) ability to answer questions; and 5) agreed to be interviewed. Adults with SLE were excluded if they had: 1) impairments with the ability to hear, speak and think; 2) if they were very sick to be able to answer the

interview questions; 3) if the reason for hospitalization was related to surgery or complications; 4) if they have psychosocial concerns.

Purposeful sampling was used during the initial phase of the study. After data saturation was achieved, we shifted to theoretical sampling, which helped in enriching and clarifying the categories formulated.

The interview setting is naturalistic, which means where the participant lives, works, or is hospitalized. Interviews were done using audio-recorded videoconferencing platforms or telephone interviews available to the participants. Physical limitations and risks posed by the pandemic necessitate the choice of interview platforms. The participants set the time and date of the interview. There were thirteen participants in the study and three more who validated the findings. Although the generally accepted number of participants is 25, we relied on data saturation and the richness of data. Few published grounded theory studies used a sample of eleven (Soanes & Gibson, 2018) and fifteen (Neill et al., 2013) participants.

Data collection

Individual videoconferencing (N=12) and telephone (N=1) interviews were conducted between October 2021 and December 2021. A semi-structured interview guide translated in Filipino was developed by the principal investigator (JBT) with initially broad and open questions such as “Tell me about your experience of fatigue along with other symptoms?" (translated in English). Data saturation was reached during the interview of the 7th participant noting the recurrence. All interviews used the Filipino language. After each interview, handwritten memos were immediately done and kept in a privately owned notebook. Audio recordings were transcribed verbatim. We kept a medical teleconsultation hotline available for any untoward incidents. All participants completed the interview without any discomfort and/or severe symptoms.

Data analysis

Data collection and analysis were done simultaneously and iteratively following each interview. In the analysis, we used the three-phase process of open, axial, and selective coding (Corbin & Strauss, 2008). We used the qualitative software program (MAXQDA-Trial Version) to aid in organizing, storing, and analyzing data.

In the open coding, the transcripts were re-read line-by-line to examine what concepts or patterns were represented in the participants' accounts of their experiences using an "in vivo" coding and concept description. All coded segments were reviewed for accuracy and appropriateness.

In the axial coding, each coded segment was assigned to a color-coded folder created based on what abstract concept, construct, or pattern they may represent. There were eight grouped coded segments initially. The files were reviewed for the soundness of the groupings of the coded segments. Based on this review, nine grouped coded segments that represent the sub-categories of the study were created. As the sub-categories are built grounded in the data, we reviewed them on their overarching relationships and patterns. Based on this process, three major categories were identified.

Data saturation was reached at the 7th participant. To enrich the categories, theoretical sampling and selective coding were initiated when the data showed recurrence of the participants' accounts of their experiences. Then, interviews continued until the thirteenth participant guided by a focused question.

We followed an interpretive perspective to identify a core category from the grouped data. Two questions in doing this guided us: (1) "What is the deeper understanding that emerged from the grouped data?" and (2) "How do people construct social meaning from this situation?” The core category identified in this study was the Process of Functioning Outlook Formation.

Rigor

We ensured trustworthiness following the four evaluative criteria of Lincoln and Guba (1985), such as credibility, transferability, dependability, and confirmability. Credibility is present in this study because we suspended our preconceived beliefs and built trust with participants through informal talks before asking the

interview questions. The findings of this study may also be transferable because the core category, major, and sub-categories are described sufficiently, understandably, and thickly, allowing its applications to other contexts. The dependability of the findings was achieved by validating the findings from individuals with the same characteristics as the study sample and having interview questions that can capture the phenomenon of interest. Also, three invited participants ascertained the findings and offered suggestions. Finally, the study findings are confirmable because we maintained transparent methods and procedures and kept a detailed audit trail. Tables describing the categories and sub-categories and a figure explaining the core category are available to aid in better understanding the study's findings.

Ethical considerations

This study was approved by the University of the Philippines Manila Ethics Review Board with an approval number 2020-790-01. Complete confidentiality and anonymity were maintained by removing all possible identifying information of the participants from the transcripts and the results. Participants' agreeing to participate in the interview, setting the time and platform, and continuing to answer the interview questions implied consent. Other details of their rights and scope in participating in the study were explained prior to each interview.

Results

Socio-demographic characteristics

Thirteen participants aged 19-58 participated in this grounded theory study. All participants were female (13/13) and of Filipino ethnicity (13/13). The mean age of the participants was 39.62, married (6/13), currently unemployed (7/13), and with child/children (7/13). Three additional female participants validated the findings. The most frequent symptom that occurred concurrently with fatigue was pain (10/13), followed by sleep disturbance (2/13), mood changes (2/13), feeling of being ill/sick, and loss of appetite (2/13) and sadness (1/13). **Table 1** shows fatigue and its concurrent symptoms.

There were 179 coded segments related to the phenomenon of interest. The core category Process of Functioning Outlook Formation was evident in the nine sub-categories, and three major categories. The core category represents an intertwined response on how the outlook of individuals is developed as they experience various social interactions. Functioning outlook as emerged in this study refers to the individual's critical appraisal, interpretation, or general attitude of the various social interactions. Functioning is closely connected to the experience of multiple symptoms because it brings various ranges of limitations in activities. **Table 2** shows the core category, major categories, and sub-categories.

Table 1

SLE-related fatigue and its concurrent symptom/s

Participant Code	Fatigue	Pain	Sleep Disturbance	Sadness	Mood alterations	Others
1	Fatigue	Body pain; Frequent Headache				
2	Fatigue	Pain				
3	Fatigue	Pain felt on the hands and stomach			Mood changes	
4	Fatigue	Pain	Difficulty falling asleep		Mood changes	
5	Fatigue					Being ill/sick
6	Fatigue	Pain				
7	Fatigue		Difficulty falling asleep			
8	Fatigue			Sadness		
9	Fatigue	Back pain				
10	Fatigue	Back pain				
11	Fatigue	Bone pain				Appetite loss
12	Fatigue	Pain				
13	Fatigue	Joint pain				

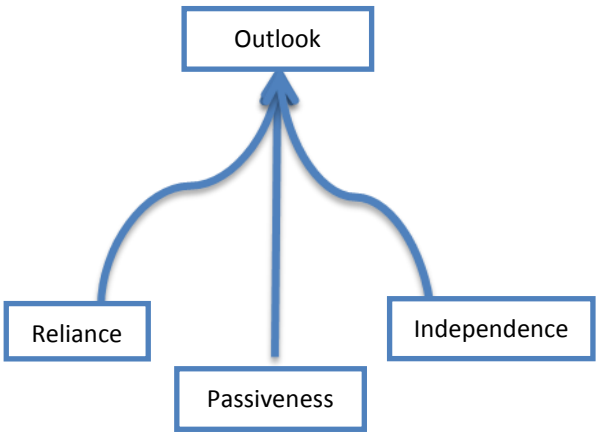
Table 2
Core category, major categories, and sub-categories

Core Category	Major Categories	Sub-categories
Process of Functioning Outlook Formation	*Reliance*	a. Rumination on past health-related behaviors b. Availability of social support
	Passiveness	a. Feeling of empathy for the primary care providers b. Navigating social isolation c. Unavoidable physical limitations and environmental barriers
	Independence	a. Symptoms masking b. Efforts to strengthen the self c. Acquiring mastery of the condition d. Refitting activities of daily living

Core category, major categories, and sub-categories

As seen in Figure 1, three intertwined components of how an outlook is developed which include: Reliance (justifying the experience), Passiveness (being open and accepting), and Independence (efforts to gain control). The outlook may influence various outcomes and it buffers various forms of social interactions.

Figure 1
O*utlook Formation Process*



Reliance

Reliance, which is closely connected to dependence exists in various forms where participants cling, rationalize, justify, or depend on something relative to their experience shaping later their functioning outlook. Rumination on past health-related behaviors is a sub-category where individuals cling on what could have caused their present condition, Participant 2 “I did not neglect myself; I ate on time.” Participants also put emphasis on the importance of the Availability of social support because if they are supported at work or at home, they gain self -confidence in performing their daily activities, Participant 10 for example, "Yes, my self-esteem and confidence in my work, especially when they ask me ‘What should I do?’ I think I can do something, that my opinions matter, and that I am valued. So, it gives me the will to live because you know you have a value."

Passiveness

Passiveness as a response to helplessness is an attitude of being open and accepting to social and environmental limitations imposed by concurrent symptoms and their condition. Participants became helpless and had a Feeling of empathy for the primary care providers as participants witnessed how they care for them “Participant 3 mentioned, “I pitied my parents even more because sometimes, they could not do anything and could not help me with what I felt. They can only embrace me." Living with the

condition, participants had experienced Navigating with social isolation because symptoms and physical changes became a deterrent to quality social interactions and activities Participant 10, “And because of that, I became antisocial, because I would rather rest because I still have worked the next day.” With the experience of multiple concurrent symptoms, participants also had Unavoidable physical limitations and environmental barriers whether it is the work or at home, for example, “Participant 12 mentioned, "My body is very different from before. Until now, when I commute in Manila, where the stairs are high, and you need to go up and down, I get short of breath. I feel very tired. I try to catch my breath, adding to the difficulty of the mask I wear."

Independence

Independence which is closely connected to self-management refers to the active efforts to gain control over self. Symptoms masking was practiced by participants to hide their state or condition and prevent their family to worry, Participant 13 “At first, of course, I was happy because I was with them…I did not make it obvious that even though my foot hurt, I pretended that I was okay, we were okay…I didn't make it obvious.” In attempt to maintain independence, participants had made Efforts to strengthen the self, for example, Participant 8 mentioned, "I just accepted the complicated things. My condition is difficult, but it feels like okay” while Participant 3 expressed, "I feel stronger with what I feel. I become more positive because they still want to care for me even if they see how bad I feel." By living with the condition and the presence of multiple concurrent symptoms, participants were Acquiring mastery of the condition, for example Participant 9 mentioned “Before, I could not control when I experienced stress; I do not know what to do but what I do to handle the stress is I watch a movie." Some Refitting of daily activities were needed, for example Participant 6 mentioned, "I do not drink anymore. I also slept early and started an exercise routine. Before, I do not usually do exercise. I also juiced vegetables even do I am not used to it."

Discussion

The core category unraveled in this grounded theory reflects how the individual interprets various forms of social interactions, environmental barriers, and personal challenges towards their functioning. This process of outlook formation is a critical aspect of nursing care as symptom experience is subjective and individualized. The process of outlook formation with three components: Reliance (justifying the experience), Passiveness (being open and accepting), and Independence (efforts to gain control) are a result of various social interactions be it a positive experience or a negative one. Based on these findings theoretical assumptions were developed include: (1) individual outlook buffers the influence of social support to the outcomes, (2) the nature and source of social support influences the individual outlook, and (3) outlook on functioning is individualized and context based.

Various studies have reported on moderating or buffering role of social support to outcomes. For example, the negative impact of low resilience on individual mental health was buffered by social support (Li et al., 2021). In addition, as the value of the perceived social support, being the moderator variable, changes the negative life events and levels of depressive symptoms also changes (Miloseva et al., 2017). However, our study showed that as a response to various forms of social interactions including social support an outlook towards their functioning was developed among participants which impacts how they see their functioning.

Various studies have touched on some of the sub-categories uncovered in this study. Delmar et al. (2006), in their qualitative study among individuals with chronic illness have highlighted that self-control and self-responsibility are values significant to daily activities and decisions. They also described that independence and managing own self is connected to dignity and respect. Our study showed that participants, to achieve independence, had masked their symptoms to prevent their care providers to worry, strengthened themselves, gained mastery of their condition and modified their lifestyle.

Furthermore, in another study a wide range of adaptations have used by adults with

chronic physical illness and disability which include among others, optimizing performance and gaining help from others (Gignac et al., 2000). In our grounded theory study, participants relied on the availability of social support and felt empathy towards them. In our study we considered them not as a form or means of adaptation but a component in how their outlook towards their functioning was formed.

One of the dimensions of the Revised Symptom Management Model (SMM) (Dodd et al., 2001) is the symptom experience which includes the aspects of individual perception, evaluation and response to a symptom and having bidirectional relationships with each other. The symptom experience influencing and interacting with the three domains of nursing (person, health and illness, and environment) are also critical in symptom management strategies and outcomes.

Our study showed that participants felt that there are unavoidable physical limitations and environmental barriers related to fatigue and experience of multiple symptoms which is closely connected to the concept of perception of symptoms (involves noticing changes in the feeling and behavior). Also, closely related to the concept of evaluation of symptoms (involves evaluating the cause, severity, and impact on their lives) in the SMM are the subcategories (1) rumination on past health-related behaviors and (2) navigating social isolation. Lastly, sub-categories such as (1) efforts to strengthen the self, (2) acquiring mastery of the condition, (3) refitting activities of daily living, (4) feeling empathy for the primary care providers and (5) symptoms masking are subcategories closely connected to response to a symptom (multidimensional response to a symptom). However, our study showed that the sub-categories emerged supporting a process on how an individual develops his/her outlook towards functioning as they live with the condition and experienced multiple symptoms.

Limitations of the Study

This study utilized a qualitative approach which does not aim to explain causation. The findings are also limited to individuals with SLE having fatigue and concurrent symptoms. Since all participants were female, it should also be limited to the female population having having unique social roles. The use of videoconferencing and telephone interviews as means to collect data may also limit the breath of data interpretation because non-verbal cues or body language cannot be observed fully.

Conclusion

Living with a chronic condition without a cure entails adaptation, coping and understanding own situation. This grounded theory uncovered that outlook was developed from three components which include: Reliance, Passiveness, and Independence. This finding highlights the individualized and unique responses to various social support. Therefore, nurses must incorporate this finding on the timing/frequency, manner, planning, method, or measure of nursing interventions provided to individuals with chronic illness.

Implications

Our research findings shed light on the process of functioning outlook formation among individuals with SLE experiencing concurrent symptoms. Provision of nursing care and evaluation of its effectiveness should always consider the point of view of the individual. When evaluating concurrent symptoms of individuals with chronic condition such as SLE, it is also best to include the social support system, individual's perception to their condition and environmental context. Further studies should be conducted on the role of individual outlook on patient outcomes.

Conflict of Interest

JBT and LMST have no conflict of interest to declare.

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Authors' Contribution

JBT and LMST contributed from conception to final revision of this study.

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Transition to U.S. Practice among Internationally Educated Nurses: A Concept Analysis

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Abstract

Background: The World Health Organization estimated there is a shortage of 5.9 million nurses around the world. The United States (U.S.) alone predicted a shortage of almost one million nurses by 2030, which is exacerbated by the COVID-19 pandemic. It is not surprising that healthcare institutions recruit nurses from other countries to fill in for their nursing shortage. Recruiting internationally educated nurses (IENs) is not a new strategy since the U.S. has continuously used this strategy to fill since the Second World War. The concept of transition to practice among IENs is important because of the differences in nursing education and practices between the U.S. and other countries. These differences in nursing education and practice across the world make it more imperative to understand the concept of transition to practice among IENs.

Objectives: To conduct a concept analysis on the concept of transition to U.S. practice among IENs.

Methods: Walker and Avant's approach to concept analysis was used. Electronic databases such as NCBI, PubMed, CINAHL, and Google Scholar were searched. A total of 320 articles were initially generated from the search of these databases; of which a total of 30 articles were used in determining the uses, the defining attributes, antecedents, consequences, and empirical referents of the concept.

Results: The defining attributes identified of transition to U.S. practice among IEN were 1) preparation, 2) onboarding, and 3) acculturation. Model, related, and contrary cases were developed. Antecedents and consequences were identified. Empirical referents of the concept were also discussed and presented the need for a tool specific for IENs. Based on the review of the literature and defining attributes that emerged, the new definition of transition to U.S. practice among IENs was developed.

Conclusion: A proposed first definition of the concept of transition to U.S. practice among IENs was developed based on the defining attributes. This concept analysis may be used to develop an instrument to examine the transition to U.S. practice among IENs as well as a guide for developing transition programs.

Impact: Internationally educated nurses play an essential role in the impending nursing shortage in the U.S. All IENs must transition to their new environment and workplace. This concept analysis helps understand the concept of transition to U.S. practice among IENs. Ensuring that IENs successfully transition to U.S. practice is essential to assure safe and quality nursing care. It also adds to the body of limited knowledge on the concept of transition to U.S. practice among IENs.

Keywords: internationally educated nurses, transition to U.S. practice, concept analysis, Walker and Avant's approach, acculturation

Introduction

The World Health Organization (2020) estimated that there is a shortage of 5.9 million nurses around the world. The United States (U.S.) alone predicted a shortage of almost one million nurses by 2030, which is exacerbated by the COVID-19 pandemic (Juraschek et al., 2019; International Council of Nurses [ICN], 2020). Results from a study conducted by the National Council of State Boards of Nursing (NCSBN) (2023) reported that about one-fifth of the total 4.5 million nurses in the U.S. intend to leave the nursing workforce due to workload, unprecedented levels of stress, burnout, and retirement. Of this number, approximately 100,000 nurses had already left the nursing profession during COVID-19, and over 900,000 nurses intend to leave the workforce by 2027 (NCSBN, 2023). It is not surprising that healthcare institutions recruit nurses from other countries to fill in for their nursing shortage needs (Pasche, 2022).

Recruiting internationally educated nurses (IENs) is not a new strategy since the U.S. has continuously used this strategy to fill since the Second World War (Bola et al., 2003; Cortés & Pan, 2014; Ma et al., 2020). A study conducted by the U.S. Department of Health and Human Services (USDHHS) (2019) reported that of the almost 4 million nurses in the U.S., about 5% of the registered nurses completed their training outside the U.S. Data showed that almost 50% of the IENs came from the Philippines, (USDHHS, 2019). Other traditional sources of IENs are from Canada, United Kingdom, and India, whereas China, Jamaica, Mexica, and Nigeria are emerging sources of IENs in the U.S. (Squires, 2017). Nevada and California are the top two locations where IENs are concentrated (USDHHS, 2019).

Determining the Purpose of Analysis

The concept of transition to practice among IENs is important because of the differences in nursing education and practices between the U.S. and other countries, including the Philippines. Educational pathways to nursing differ among countries. In the U.S., there are several education pathways to nursing, a diploma, associate degree, a traditional Bachelor of Science in Nursing, an accelerated second bachelor's nursing degree, or an entry-level master's degree from a program designed for students with a bachelor's or graduate degree in a non-nursing discipline (USDHHS, 2020). The Philippines and Canada require a four-year baccalaureate degree for educational entry level for nurses; the United Kingdom has a nursing diploma or degree; in China, there are three nursing educational entry levels - technical, secondary school, college, and undergraduate (Deng, 2015). Other European countries such as Denmark, Ireland, and Spain have a single program for qualifying a nurse (Institute of Medicine, 2011).

In the realm of nursing practice, variations have been noted across different countries (Papastavrou et al., 2012; Suhonen et al., 2008). In the Philippines, nurses often contend with higher nurse-to-patient ratios, typically ranging from 1:20 and potentially escalating to 1:50 (Alibudbud, 2023). In China, the calculation of nurse-to-patient ratios follows a distinct system; hospitals frequently witness a surplus of doctors in comparison to nurses, and there is a prevalent practice of privately hiring individuals lacking formal nursing training to provide patient care (Zhu, 2012; Zhu et al.,2015). In contrast to Canada's nursing practice, nurses often perceive nursing positions in the United States as being better equipped, with patient care characterized by greater integration of technological innovations and advancements in medical science and pharmaceuticals (Berg, 2022). These differences in nursing education and practice across the world make it more imperative to understand the concept of transition to practice among IENs. Therefore, the purpose of this paper is to conduct a concept analysis of the transition to U.S. practice among IEN using Walker and Avant's (2019) method.

Methods

A concept analysis involves "examining the structures and function of a concept" (Walker & Avant, 2019, p. 168). It allows one to break down a concept and develop a clear understanding of an overused or ambiguous concept, ultimately providing insight into the topic of interest. The eight steps in Walker

and Avant's (2019) method are: 1) selecting a concept, 2) determining the purpose of analysis, 3) identifying all uses of the concept, 4) determining the defining attributes, 5) developing a model case, 6) constructing additional cases, 7) identifying antecedents and consequences, and 8) defining empirical referents. Table 1 shows a more detailed information about the Walker and Avant's steps.

Search Strategy

Electronic databases such as National Center for Biotechnology Information (NCBI), PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Google Scholar were searched. Keywords included "*foreign-educated nurses in the U.S.","transition to nursing practice*", "foreign graduate (educated) nurses", "transition to practice", "foreign nurses' practice in the U. S.", " internationally educated nurses" , "internationally educated nurses", "transition to U.S. practice", and "internationally qualified nurses". Delimiters in database searches included the use of the English language and geography of the U.S. A total of 320 articles were initially generated from the search of these databases; of which a total of 30 articles were used in determining the uses, the defining attributes, antecedents, consequences, empirical referents of the concept. Both authors reviewed all articles included in this paper.

Results

Origin and Definitions of the Concept

The word transition was found earliest in the mid-fifteenth century as the Latin word transitionem, meaning "a going across or over" (Online Etymology Dictionary, n.d.). In nursing research, the transition is described as a "passage from one life phase, condition, or status to another," as "periods in between fairly stable states" (Chick & Meleis, 1986, p. 238), and as "processes that occur over time," which can be divided "into stages and phases" (Schumacher & Meleis, 1994, p. 121).

Table 1

Walker and Avant's (2019) Steps to Concept Analysis

Steps	Explanation
1. Selecting the Concept	Reflects the topic or area of interest
2. Determining the purpose of the analysis	Why the analysis is conducted
3. Identifying all uses of the concept	Consider all the uses of the term from various sources, including dictionaries, thesaurus, available literatures, col-
4. Determining the defining attributes	The heart of concept analysis. Characteristics of the concept that keeps repeating over and over
5. Developing a model case	An example of the use of concept demonstrating all the defining attributes derived from this analysis.
6. Constructing additional cases	Examining cases that are not exactly the same as the concept of interest but are similar or contrary to it.
7. Identifying antecedents and consequences	Antecedents refer to preceding events or incidents necessary for the manifestation of a concept, while consequences pertain to events resulting from the occurrence of said
8. Defining empirical referents	Classes or categories of tangible phenomena that, through their existence or presence, indicate the manifestation of

Transition to practice in the healthcare profession is most often used to describe the newly graduated students or newly licensed registered nurses' (NLRNs) transfer into clinical settings (Brown & Nocella, 2021; Opoku et al., 2020). The practice environments are relatively new, often challenging for the NLRNs, and are marked by changes in both roles and expectations (Opoku et al., 2020). The transition that the NLRNs experienced from the student role to the practice role has been described as reality shock (Kramer, 1974), culture shock (Valdez, 2008), and transitional shock (Duchscher, 2008). Transition to practice among IENs is different and complex compared to NLRNs in the native country. IENs have to undergo lengthy legal processes to obtain a work visa, as well as face challenges with work integration in the host country including prejudices, communication and language, cultural differences, and cultural differences in nursing roles (Ghazal, et al. 2020, Miyata, 2023; Pung & Goh, 2017).

According to Mahathevan et al. (2023, p. 1), IENs' "*transition to practice in a new country is facilitated by education programs, commonly known as 'bridging programs*." Internationally educated nurses refer to nurses *"who graduated from an accredited nursing education program in their country of education"* (The Commission on Graduates of Foreign Nursing Schools [CGFNS], n.d.). The NCSBN (2015) defined IENs as individuals who have completed their education from a location outside their employer's country. An integrative review by Ghazal et al. (2020) identified two components to be considered an IEN: 1) was born in a country outside of the U.S. and b) received their primary education outside the host country. Sherwood and Shaffer (2014) also called IENs - the migrating nurses, which refers to the movement of educated nurses from their source country (the country of origin) to their destination country (a different country where they leave to work and practice).

Related Concepts

Internationally educated nurses are synonymous with foreign-educated nurses (FENs) and foreign-graduate nurses. Other related terms to FENs and IENs include inter--nationally qualified registered nurses (Chun Tie et al., 2018), overseas-qualified nurses (Ohr et al., 2014), and migrating nurses (Sherwood & Shaffer, 2014). The words internationally educated nurses, foreign-educated nurses, overseas qualified nurses, and internationally qualified registered nurses will be used interchangeably in this paper.

Identifying the Uses of the Concept

In our concept analysis, the concept of transition to U.S. practice among IENs has been used in the literature from several viewpoints – legal (Ghazal et al., 2020; U.S. Citizenship and Immigration Services [USCIS], 2021), IENs experience in new work environments (Ghazal et al. 2020; Iheduru-Anderson & Wahi, 2018; Jose, 2011; Lin, 2014; Newton et al., 2012, Rosenkoeter et al., 2017; Sochan & Singh, 2007; Viken et al., 2018), and transition to practice model (Adeniran et al. 2008). An IEN transition begins with applying and submitting all the regulatory requirements to work in the host country. Every country that recruits IENs has different immigration requirements to allow someone to work as a nurse. In the U.S., IENs must meet the minimum requirements set by the USCIS (2021) including: (1) education, (2) training, (3) licensure, (4) experience, and (5) proof of English proficiency. This is in addition to passing the National Council Licensure Examination for Registered Nurses (NCLEX-RN); however, this is not required for IENs during application. An article by Xu (2010) posited that transition to practice among IENs should be a regulatory issue. This is because the commercialization of nursing training in some countries to meet the international demands may impact the quality and competence of IENs produced. In the absence of global nursing regulations, this issue may affect IENs' ability and readiness to practice, thus having direct implications in the quality of care and patient safety (Xu, 2010).

Research on IENs' transition experience in their host country was found abundant in the literature. A qualitative study by Sochan and Singh (2007) of IENs who migrated to Canada identified a three-phase journey of IENs – hope, disillusionment, and navigating disillusionment. There were several studies found on barriers and facilitators of IENs' transition to practice.

Common barriers included language (Ghazal et al., 2020; Lin, 2014; Newton et al., 2012), stigma and discrimination (Iheduru-Anderson & Wahi, 2018; Moyce et al., 2016; Newton et al., 2012), acculturation to the new healthcare system (Lin, 2014; Rosenkoeter et al., 2017), culture shock or cultural differences (Jose, 2011; Lin, 2014; Sherman & Eggenberger, 2008), and feeling like an outsider (Newton et al. 2012; Viken et al., 2018). Facilitators included support systems and continuing education (Rosenkoeter et al., 2017). Other studies focused on professional or workforce integration among IENs (Neiterman & Bourgeault, 2015;). An interview of 31 Filipina nurses working in the U.S. identified that the social adaptation process occurs in three stages - pre-arrival, early adaptation, and late adaptation - that formed the basis of Filipino nurses' transition (Lin, 2014).

One of the commonly identified gaps in IENs' transition to practice is having a program specific for IENs. The transition to practice between IENs and newly graduated nurses from the host country is different. Evidence showed that clinical knowledge may not be the biggest difference as most IENs entering another country may have had several years of clinical experience than the newly graduated nurses (Adeniran et al., 2008; Rovito et al., 2022). To date, there is one transition model program, Transitioning Internationally Educated Nurses for Success (TIENS), created by the University of Pennsylvania to help transition IENs into the U.S. health system (Adeniran et al. 2008). The Transitioning Internationally Educated Nurses for Success has four phases: pre-arrival, onboarding, formal classes, and clinical orientation. Phase I (pre-arrival) occurs when the IENs receive a job offer, whereas Phase 2 is when IENs are given certain information and resources, including required paperwork, that are necessary for them to survive in the U.S. Phase 3 involves formal education on the U.S. health system and clinical practice and Phase 4 is when IENs are oriented and integrated into the clinical setting (Adeniran et al., 2008). Beriones (2023) wrote an article based on her lived experience and identified five strategies and seven tool kits for nurse leaders on how to provide support for Filipino IENs to have a meaningful and successful transition (Table 2). Between 2008-2013, a transitional education program (TEP) model was created by the, now defunct, NursesNow International (NNI), a Mexico-based recruiting agency, due to increase in Spanish-speaking nurses to assist nurses from Mexico (Squires, 2017). The NNI TEP model consisted of 6-months full time and intensive educational program designed to assist nurses from Mexico to pass the NCLEX-RN examination (Squirres, 2017).

Defining Attributes

Walker and Avant (2019) described "determining the defining attributes of a concept to be the heart of concept analysis" (p. 162). After a review of the literature, there were three defining attributes which correspond to the stages of transition to U.S. practice among IENs – preparation, onboarding, and acculturation.

Preparation

Among IENs, their transition to U.S. practice begins with preparation, which starts by meeting the minimum requirement to be a nurse in their own country- completing nursing education and obtaining a nursing license in their country. These new nurses are also expected to be working in a clinical setting, whether in their own country or another country. Having the education and experience, opens the opportunity for these nurses to apply for work as a nurse in the U.S. However, there are other preparations that these IENs must complete in order to get hired by a U.S. healthcare institute. These IENs must submit all the federal regulatory requirements to be able to get a visa to work in the U.S. (USCIS, 2021). These requirements vary by state, but all IENs are required to pass an English proficiency examination and complete verification of education and work experience (CGFNS, n.d.). Other states require IENs to pass the CGFNS qualifying examination, which is a predictor for passing the NCLEX-RN examination. Passing the NCLEX-RN examination is not required to be hired as a nurse and start working in the U.S. healthcare system; however, IENs must pass the NCLEX-RN examination as soon as possible. The preparation phase also involves applying to the U.S. healthcare institute and

going for an interview. Part of the preparation phase is pre-onboarding, where the IEN is offered a job or hired to work in a U.S. healthcare institution and starts their immigration process to the U.S. Immigration process involves applying for a work visa or immigration status to the U.S. consulate and scheduling for an interview. In addition, a criminal background check is also done. If everything goes well, the IEN receives their visa and is allowed to travel to the U.S.

Onboarding

The onboarding phase occurs when the IEN arrives in the U.S. and prior to starting the job. The first item for newly arrived IEN is to obtain a social security number. After that, the IEN attends an orientation offered by the healthcare system. Part of the onboarding phase is for IENs to take the NCLEX-RN examination if not yet taken. In addition to work-related onboarding activities, IENs need help with basic amenities - locating telephone carriers for communication

Table 2

Strategies and Took Kit for Nurse Leaders to Transition Filipino IENs

Strategies	Tool Kit
Observing, listening, and asking question	US health care institutions should provide institutional and unit-specific orientations as well as education regarding US customs, language and effective communication, and developing assertiveness
Team player and positive attitude	Valuable resource materials for commonly used slang words, idiomatic expressions, and jargon would be
Continuous embrace of lifeline learning	Orientation to equipment should focus on hands-on practice in operating equipment and machines for
Value of building relationships and finding deeper meaning in nursing practice	Unit leadership/managers should provide a welcoming and supportive atmosphere to IEFNs by assigning a Filipino big brother or sister and conducting informal monthly meetings with staff or unit leadership
Self-reflection	Introduce and connect IEFNs to a local chapter of the Philippine Nurses Association of America (PNAA)
	Educators, together with the preceptor, preceptee, and unit manager, should meet weekly to evaluate the preceptee's milestones, progress, and areas of improvement until the orientation period is completed
	Colleagues and other health care disciplines should learn about IEFNs' culture
	Experienced IEFNs who have adapted to US practice should provide support and mentoring to new IEFNs who are beginning their US practice

Adapted to create the table with permission from the author: Beriones, G. L. (2023). Nurse leaders' strategies and tools for internationally educated Filipino nurses' transition to practice in the United States. *Nurse Leader*, 21(1),42-46.

access, learning the transportation system, locating grocery stores and places of worship, as well as opening a bank account, to name a few.

Acculturation

The third phase in IENs' transition to U.S. practice is acculturation, which may take up to one year or longer. Even though it was identified as one of the barriers, the term acculturation is a multidimensional and bidirectional process of adapting to a new environment (Ea, 2008). Acculturation is defined as a complex and multidimensional process by which a newcomer learns and adopts the cultural behaviors common in the host country while retaining aspects of their own culture (Cassar, 2023).

Acculturation among IENs may occur in four stages: 1) initial cultural contact, 2) cultural shock, 3) acceptance, and 4) integration (Cassar, 2023). Among IENs, acculturation begins with cultural contact, the time that IENs arrive in the U.S. This is the period where IENs are first exposed to a new way of life and learn to navigate through an unfamiliar environment. This time is also when IENs may experience culture shock. Culture shock occurs after the initial excitement of being in the U.S. passes; an acute awareness of the differences between the new culture and the original culture then arises (Cassar, 2023). Among IENs, there is an awareness of differences in nurses' roles and expectations while working in a U.S. institution. It is also during this time when IENs may experience challenges in communication and language. Even though IENs, particularly those coming from the Philippines, speak English well, it is not a conversational language they speak, and most IENs are more comfortable speaking their own dialect. The IENs need to learn about idioms, slang, accents, and non-verbal communication. At the same time, it is during this phase that IENs experience discrimination and stigma, and feeling like an outsider (Moyce et al., 2016; Pung & Goh, 2017). In the cultural contract and cultural shock phase that most IENs experience challenges and may feel psychologically distressed as they adapt to their new life and work environment. Acceptance is the next period in which they come into reality or awareness of their new environment and role, and begin to learn and adapt to it. The last stage is integration, in which the IENs accept the new environment and blend aspects of both cultures to create a hybrid identity. It is a period when they are able to assimilate into their new nursing role.

Model Case

The model case is described by Walker and Avant (2019) as a case containing all the defining attributes of the concept. Below is a developed exemplar of transition to U.S. practice among IENs with attributes identified.

Sarah was recruited from the Philippines five years ago to work in the medical-surgical unit at a large hospital in Michigan. She completed her four-year baccalaureate nursing degree in the Philippines and passed her nursing license exam. She also worked as a labor and delivery nurse at a local hospital. Prior to arriving in the U.S., Sarah had to take the CGFNS certification examination, an English proficiency test, and had her education and work credentials verified. Afterward, she started the immigration process to get her visa ***(Preparation).*** *Upon arrival in the U.S., she was taken to the State Department office to get a social security number and was scheduled to attend a two-month orientation at the hospital* ***(Onboarding).*** *During this orientation period, she then realized that nurses have a very different role in the U.S. compared to the Philippines. During her first month at the unit, she expressed being scared because she said, "Everyone talks very fast." She was even scared to answer the phone because if it was the doctor calling for an order, she may not be able to hear it well. Sarah mentioned it took her about six months to get used to the routine* ***(Acculturation).***

Additional Cases

Related and contrary cases were constructed as additional cases to distinguish the model case.

Related Case

Related cases may contain some defining attributes of the concept. (Walker & Avant, 2019). Below is an example of a related case.

Daniel is a 22-year-old who recently graduated with honors from the accelerated nursing program in Ohio, where he was born and raised. After graduation, he passed his NCLEX-RN exam-

-ination and applied for a position of registered nurse in a large hospital in Ohio and was accepted. In addition, he was also accepted into their nurse residency program for one year before working in the rehabilitation unit of the hospital.

The above case represents the related case because the newly graduated nurses go through onboarding and acculturation periods but did not need to go through the preparation period.

Contrary Case

Walker and Avant (2019) defined a contrary case as an event that does not contain the defining attributes of the concept.

Ken obtained an engineering degree from California University in 2000. While attending a friend's wedding, he met a company CEO who offered him a position in his company. Being a new graduate, he accepted the position and started right away.

The above case is a contrary case. Ken is not a practicing nurse who did not graduate from another country different from his potential employers.

Antecedents and Consequences

Antecedents are events that occurred before the concept (Walker & Avant, 2019). The critical nursing shortage in the U.S. is the major antecedent to the concept of transition to U.S. practice among IENs. The need for the concept of transition to U.S. practice among IENs stems from healthcare institutions recruiting registered nurses from another country. In addition, the concept of transitioning to practice is to ensure that the quality and safety of nursing care is maintained as well as to assist the IEN's adaptation to their new work environment.

According to Walker and Avant (2019), consequences are events that occur as a result of the concept. The consequence of the concept of transition to U.S. practice among IENs is based on whether or not IENs transition effectively. Positive consequences of supporting IENs' transition to practice include enhanced workforce diversity (Rovito et al., 2022), increased patient and staff satisfaction, and a low nursing turnover rate. Negative consequences of an IEN lack of transition to U.S. practice include IENs encountering racism, discrimination, marginalization, feeling a lack of respect, and feeling like an outsider (Chun Tie et al., 2018; Ghazal et al., 2020; Pung & Goh, 2017). Ineffective transition can also impact patient care, including lower patient satisfaction with care (Germack et al., 2015) and mortality (Neff et al., 2013).

Empirical Referents

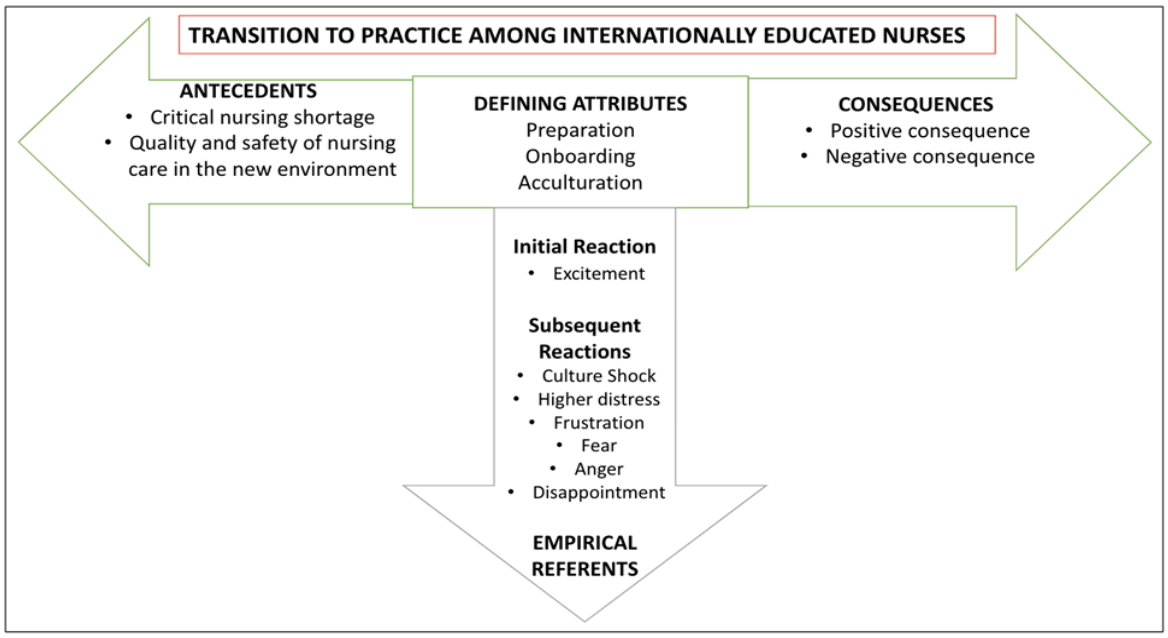
The last step in Walker and Avant's (2019) concept analysis is defining empirical referents, which allows one to recognize and/or measure the defining attributes of a concept. Ghazal et al. (2020) described the conceptualizing transition to encompass adapting, adopting, acculturating, adjusting, integrating, and resettling. Initial reactions of IENs may include excitement or may present emotions such as feelings of shock, higher distress, frustration, fear, anger, and disappointment as part of their transition process.

To date, there is no tool found in the literature that specifically assesses transition to practice among IENs. However, studies on IENs have utilized several instruments to evaluate IENs' transition to practice. Instruments included the Short Acculturation Scale among Filipino Americans (Ea et al., 2008), the Index of Work Satisfaction (Ea et al., 2008), Demands of Immigration (Ma et al., 2010), and Expectations and Experiences Measures (Geun et al., 2016). In addition, there are other concepts that can be used to assess their transition, such as readiness to practice. The Casey-Fink Readiness for Practice Survey is a valid and reliable tool that has been widely used (Casey & Fink, 2008), and another survey is the Nursing Practice Readiness Scale (Kim & Shin., 2022).

New Derived Definition

Based on the review of the literature and defining attributes that emerged, this article proposes the first definition of transition to U.S. practice among IENs is that *it is a multidimensional process in which IENs go into preparation, onboarding, and acculturation stages. Preparation refers to IENs completing nursing education and experience outside the U.S., and fulfilling federal regulatory requirements to be able to obtain a visa to work in the U.S. Upon arrival in the U.S., IENs go into the onboarding process and start with the healthcare institute orientation. The last stage is the acculturation period, in which IENs undergo another set of phases of*

Figure 1



cultural contact, culture shock, acceptance, and integration. This is the most critical stage in IENs' transition to U.S. practice, as this will determine whether they can practice nursing autonomously and safely in the U.S.

Discussion

Internationally educated nurses play an essential role in the impending nursing shortage in the U.S. as identified in the antecedents. All IENs must transition to their new environment and workplace. This concept analysis helps understand the concept of transition to U.S. practice among IENs. Figure 1 presents the culmination of this concept analysis. Ensuring IENs successfully transition to U.S. practice is essential for safe and quality nursing care as well as benefits the healthcare system as a whole. The results of this concept analysis add to the body of limited knowledge on the concept of transition to U.S. practice among IENs.

This concept analysis has presented significant impacts in nursing practice, research, and education. This concept analysis has identified several gaps in the literature. This analysis presented paucity in transition to practice among IENs models. To date, only one model (TIENS) was found in the literature, and this model needs to be utilized and tested in practice. The empirical referents identified the lack of tool measuring transition to practice among IENs. In regards to nursing education, there is no national transitioning program or model that is ready to implement specifically for IENs. This concept analysis would guide nursing educators to understand better what IENs' transitioning process is and further tailor their orientation, program, or preceptorship training to meet IENs' needs. These gaps provide an opportunity for nurse scientists to add to the nursing literature. The next step that the authors are considering pursuing based on this analysis is to create an instrument measuring transition to practice among IENs.

A limitation of this concept analysis is in the methodology. As concept analysis is a philosophical inquiry, it lacks empirical investigation of the concept under study. It is possible that not all evidence was identified in the search. Potential researcher bias may be possible since both authors are IENs; however, we have provided reflexivity early on. Another limitation is that this analysis was only specific to IEN's transition to U.S. practice. Other countries that hire IENs may have different processes or challenges with transitioning.

Conclusion

This paper was conducted to get a better insight and understanding of the concept of transition to practice among IENs. This paper identified three defining attributes for IENs transition to practice. This concept analysis also identified the need for a model and tool to evaluate IEN's transition to practice. Lastly, a proposed first definition of the concept of transition to practice among IENs was developed as a result of this analysis.

Implications

Internationally educated nurses play an essential role in the impending nursing shortage in the U.S. All IENs must transition to their new environment and workplace. Ensuring that IENs successfully transition to the U.S. practice is essential to ensure safe and quality nursing care. This concept analysis provides a unique perspective on IENs transitioning into U.S. practice. It also adds to the body of limited knowledge on the concept of transition to U.S. practice among IENs.

Conflict of Interests

The authors have no conflicts of interest and no funding support to declare.

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Declaration of Authors' Contribution

SzuHsien Chen- conceptualization, methodology, formal analysis, resources, data curation, writing original draft. *Meriam Caboral-Stevens*- conceptualization, methodology, formal analysis, validation, writing- reviewing and editing, supervision.

Data Statement Availability

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study. All literature supporting the findings of this concept analysis is available within the paper and its reference list.

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