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UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
DOCTOR OF PHILOSOPHY IN NURSING

PHENOMENOLOGICAL STUDY OF THE LIVED EXPERIENCE OF NEW
GRADUATE NURSES CARING FOR HOSPITALIZED PATIENTS LIVING WITH
DEMENTIA

by

Geline Buenconsejo

A dissertation presented to the
FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
UNIVERSITY OF SAN DIEGO

In partial fulfillment of the requirements for the degree
DOCTOR OF PHILOSOPHY IN NURSING

April 2022

Dissertation Committee

Ann M. Mayo, DNSc, RN, FAAN

Sharon B. Kepple, PhD, MSN-FNP-C, PHN

Gabriella Malagon-Maldonado, PhD, DNP, RN, NEA-BC

UNIVERSITY OF SAN DIEGO

Hahn School of Nursing and Health Science

DOCTOR OF PHILOSOPHY IN NURSING

CANDIDATE'S
NAME:

Geline Buenconsejo

TITLE OF
DISSERTATION:

Phenomenological Study of the Lived Experience of New
Graduate Nurses Caring for Hospitalized Patients Living
with Dementia

DISSERTATION
COMMITTEE:

Ann M. Mayo, DNSc, RN, FAAN
Chairperson

Sharon B. Kepple, PhD, MSN-FNP-C, PHN
Committee Member

Gabriella Malagon-Maldonado, PhD, DNP, RN,
NEA-BC
Committee Member

ABSTRACT

Title. Phenomenological Study of the Lived Experience of New Graduate Nurses Caring for Hospitalized Patients Living with Dementia.

Purpose. This study explored new graduate nurses' lived experiences in caring for hospitalized patients living with dementia.

Background. The first twelve months of transitioning from student to professional nurse in acute care settings are the most stressful, emotionally challenging, and mentally exhausting for new nurses striving to apply newly acquired skills into practice. Some of the most challenging patients for nurses to care for are hospitalized patients living with dementia (PtLWD). With the projected increase in the number of patients with dementia in hospitals, it is imperative to understand the challenges nurses face when providing safe and effective care to PtLWD.

Methods. Using the hermeneutic phenomenology approach, as influenced by Heidegger and Gadamer, eleven new graduate nurses were recruited from a hospital in southern California. The lived experience of each participant was collected through remotely conducted semi-structured interviews and by using open-ended questions. Transcribed interviews were read and analyzed using the Braun and Clarke's (2006) linear, 6-phased method, to interpret meanings and arrive at an understanding of the essence of the participants' lived experiences.

Findings. The thematic analysis yielded nine overall themes addressing two lines of inquiry. The themes discovered in the first line of inquiry included protecting patient's universal rights, ensuring patient safety and well-being, complex care delivery experience, fostering therapeutic nurse-patient relationship, nurse's positive adaptation

and role transition. In the second line of inquiry, the themes included preservation of human connections, feeling inadequate and experiencing personal distress. The themes were analyzed over time and articulated into a cogent phenomenological lived experience.

Implications for Research. Study findings suggest that further research is needed to establish a better onboarding process among new graduate nurses caring for hospitalized PtLWD and support the need to initiate advanced care planning as soon as the diagnosis of dementia is identified. This study contributes to the body of knowledge by providing deeper meaning and purpose, enhancing understanding of the new graduate nurses' roles, and recognizing their feeling as they provide care to hospitalized PtLWD.

DEDICATION

First and foremost, I thank God, the Almighty, for His blessings and guidance throughout my doctorate journey.

The completion of this work could not have been made possible without the unconditional love, encouragement, and never-ending patience of my husband, Wissam, the wind beneath my wings. You consistently challenged me to become the best version of myself and by you staying in the shadow while allowing me to shine, empowered me to reach for the sky. Your unflagging faith in me, even during difficult times, gave me strength every step of the way.

To my beloved children - Joelle, Daniel and Jasmine, my inspiration, pride, and joy. This dissertation is part of my efforts to build a better and safer world for you. For those times when you were wondering why mommy can't join you in the playground or can't watch movies with you, this is the reason why. I hope that because of this achievement, you will realize that nothing is impossible as long as you believe in it, and never ever give up.

My parents - Roque and Vilma, for always believing in me. Thank you for always supporting me in my dreams and aspirations. Thank you for raising me with faith in God and instilling in me the values of honesty, integrity, perseverance, and hard work.

To my brothers - Dexter, Roque Jr. and Ardel, you have all helped shape me to become the person I am today. Growing up with you was one of the best highlights of my life.

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My mom and dad, Mr. and Mrs. Robert G. Holmes, Jr., for instilling in me the value of education and how it can provide endless opportunities. Thank you for making me feel like I was on top of the world.

To our best friends – Edelyn and William, Jerrylyn and Gil, I am extremely lucky to have you in our lives. Thank you for always being there for us and for your steadfast friendship. Thank you for being my cheerleaders all throughout this journey.

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Chapter 1

Introduction

This chapter will substantiate the need for the qualitative research that explored the meaning of new graduate nurses' experiences in the context of caring for patients living with dementia (PtLWD). It will present the fundamental elements of the phenomenon. The ensuing sections of this chapter will present the background, purpose, significance, overview of the research design, and assumptions.

Background

New Graduate Nurses

The transitional experience of new graduate nurses is a steep learning curve with hallmarks of the journey being stress, shock, and self-doubt (Duchscher, 2008). The future of professional nurses is defined by their formal education and their transitional training into the workforce (Doughty et al., 2018). Transitioning from student to professional nurse is a critical period during the first year after graduation (Halfer, 2007).

The first 12 months of transitioning from nursing school to practice in acute care settings are the most stressful, emotionally challenging, and mentally exhausting for new nurses who are striving to apply the newly acquired skills into practice (Creswell & Plano, 2011). Parker et al. (2014) revealed that new graduate nurses are concerned about patient safety due to excessive responsibilities and high expectations while navigating the workplace's culture and building personal skills and confidence. Studies demonstrate that direct care nurses struggle to cope with the demands of providing care while respecting a patient's autonomy, dignity, and sanctity of life (Graf et al., 2019). Nurses strive to

render good care to patients but are hampered by the lack of organizational and environmental support (Kieft et al., 2014).

Dementia

Some of the most challenging patients for nurses to care for are hospitalized patients living with dementia. Dementia is defined by the National Institute of Aging (2017) as a decline in cognition including memory, rational thinking, and logical reasoning. Additionally, in order to qualify as dementia, this cognitive decline must affect the person's physical and behavioral faculties to a point where changes interfere with activities of daily living. An estimated 6.2 million Americans aged 65 years and older are living with Alzheimer's dementia (Alzheimer's Association, 2021). In 2018, the Alzheimer's Association released a set of recommendations on dementia care practices and identified person-centered care (PCC) as an essential component for the effective management of PtWD (Alzheimer's Association, 2018).

Acute Care Patients with Dementia

Patients diagnosed with dementia occupy 25% of the acute care hospital beds and have a longer length of stay among other patients over 65 years of age (Cook & Gregory, 2018). Studies demonstrate that acute care patients with dementia have a higher mortality rate and are more susceptible to nutritional deficiencies, unintentional falls, delirium, hospital-acquired infections and decreased functional abilities that may lead to more post-acute care admissions (Fong et al., 2012). According to Xu, Hsiao, Deng & Chi (2018), dementia care in acute care settings currently is mostly task oriented. In other words, the care priorities are focused on the standardized organizational routines instead of individualized preferences of PtLWD (Wang et al., 2016).

PtLWD have complex needs that may not be easily communicated to nurses thereby increasing the risk of negative outcomes (Borbasi et al., 2006; Mukadam & Sampson, 2011). The care of PtLWD requires a multidisciplinary approach and nurses assume a significant role in coordinating the care to ensure the patients' well-being is promoted and maintained. The inadequate understanding of the principles and significance of PCC by health care professionals and the negative assumptions of PtLWD by society have created barriers to achieving an improved quality of life (Maslow, 2013).

Dementia Care Competencies

Nursing competencies include fundamental knowledge, skills, traits, motives, and attitudes needed for the effective performance of patient care (Zhang, et al., 2001). Older adults living with dementia make up a significant proportion of patients in acute care settings (Timmons et al., 2016). However, nurses working in acute care settings may lack specific knowledge about dementia care. To address nurse knowledge deficits, dementia care competencies have been deemed an important aspect of nurse preparation. Nurse dementia care competencies are comprised of having the ability to provide PCC, implement evidence-based practices, assess for dementia, enhance communication between the patient, family, and multidisciplinary team, develop knowledge and environmental management to help both patients and families (Yamaguchi, et al., 2019).

There is a considerable amount of evidence supporting the fact that the knowledge, skills, and attitudes of nurses working with PtLWD potentially influence the patients' well-being, quality of life and daily functions (Macdonald & Woods, 2005; Chrzescijanski et al., 2007). Providing continuing education in the hospital setting is commonly used as a method to educate and inform nurses of the most current information

and strategies on care of PtLWD (Tame, 2011). Nevertheless, undergraduate nursing education continues to be the cornerstone of dementia care education. Following graduation, however, healthcare organizations need to ensure that new graduate nurses are well-prepared with appropriate knowledge, skills, and attitudes to care for PtLWD. Very few healthcare organizations have provided training to nurses or other direct-care personnel on dementia care and the resulting lack of awareness has resulted in missed opportunities to improve quality of life for PtLWD (Fukuda et al., 2015).

In the United States, pre-licensure graduate nurses are prepared through either a Diploma Nursing program (DN), Associate Degree in Nursing/ Associate of Science in Nursing (ADN/ASN) degree program, Baccalaureate (BSN) degree program (American Association of Colleges of Nursing, 2014; Raines & Taglaireni, 2008) or Masters Entry to Nursing Practice (MEPN) program (Ziem, Uibel, Fontaine & Scherzer, 2011). With the advancements in healthcare and increasing demands to meet the requirements for professional development, a baccalaureate degree has been the recommendation as the minimum entry level into professional nursing practice by most hospitals (American Association of Colleges of Nursing, 2014). The basic elements of baccalaureate education for nursing practice must incorporate nursing content and experiences across the lifespan. Burns and Grove (2009) explained that nursing programs are guided by standards and ascertained by the situational context in classroom and clinical settings. The aging population significantly affected by dementia should be a focus of nursing education (American Association of Colleges of Nursing, 2008).

Studies have highlighted the significance of staff training for dementia care (Williams et al., 2005). For example, Batchelor-Aselage et al. (2014) indicated that

adequately prepared nurses have a positive impact on the quality of life of PtLWD as well as their families or caregivers throughout the disease process. Moreover, staff development and coordination are critical to preventing the negative consequences of dementia through early identification of subtle changes and the timely implementation of non-pharmacological and pharmacological interventions (Dias et al., 2004). Staff education should go beyond teaching the neurological, physical, and functional changes of patients as dementia progresses. Education and training should incorporate effective communication skills, dementia-specific PCC techniques, and symptomatic behavior management (behaviors that are triggered by stress due to unmet needs). Care should not just be task focused (Yokufukai Dementia Care Research & Training Center Tokyo, 2010).

Person-Centered Care

The Agency for Healthcare Research and Quality (AHRQ, 2001) stresses PCC to enhance the relationship between patients and healthcare providers and improve patient outcomes. The American Geriatrics Society (AGS) defines PCC as using the individual's values and preferences to direct all aspects of healthcare towards achieving a more realistic health and life goals (American Geriatrics Society, 2016). The concept has been used in the care and management of multiple complex medical conditions including dementia. From a broader scope, the World Health Organization (2015) described PCC as integrative, preventive, and curative care services that are provided based on the patient's individual needs. Research studies have demonstrated that the concept of PCC has contributed to effective care provided to patients with chronic conditions. For example, PCC has been effective for patients with diabetes (Pimouguet et al., 2011), heart failure

(Gonseth et al., 2004), depression (Badamgarav et al., 2003), chronic obstructive pulmonary disease (Kruis et al., 2013), chronic kidney disease and other conditions (Valentijn et al., 2018). While PCC has been embraced by the long-term care industry, it has been limited in the acute care settings (McGillick & Murphy-White, 2013).

Acute Care Environment

Acute care encompasses a care delivery setting meant to treat unexpected and urgent conditions and illnesses that may lead to disability or death if no interventions are provided (World Health Organization, 2013). The care of older patients who are admitted to the hospitals are more challenging due to effects of the normal aging process. An underlying diagnosis of dementia for these patients adds to the complexity of the situation (McCloskey, 2004) because as the disease advances, patients with dementia may experience behavioral symptoms such as sleep disturbances, agitation, delusions, and hallucinations in addition to memory loss and other changes in cognition (Alzheimer's Association, 2020). Previous studies described the acute care nurses' approach to dementia care as mostly addressing the minimization or elimination of the symptoms of distress such as agitation using physical or chemical restraints, thereby reflecting a lack of knowledge of the needs of PtLWD (Dewing, 2001).

The acute care hospital environment is not conducive for dementia care because patients are oftentimes subjected to unfamiliar and stressful surroundings making it difficult for nurses to provide specialized, PCC (McCloskey, 2004). Moreover, these issues promote or increase the symptoms of the disease. Eriksson and Saveman (2002) concluded that nurses have mixed feelings towards hospitalized PtLWD. The feelings were attributed to different disorderly patient behaviors secondary to the disease,

ethically challenging situations, difficulties in communication and in general, the increasing workload of nurses.

The uncertainties of dementia care that nurses face may differ significantly from one hospital setting to another depending on the nature of constraints within the care environment (Pinkert et. al., 2017). A dementia-friendly hospital environment is associated with the four realms of elder-friendly hospitals that include social setting, healthcare systems and processes, policies and procedures and physical platform (Parke & Chappell, 2010). Foebel and Pedersen (2016) suggest that PtLWD interactions with different types of care environments affects their functional ability.

Problem Statement

With the projected increase in the number of patients with dementia in hospitals, it is imperative to understand the challenges nurses face when providing safe and effective care to PtLWD. The acute care environment is fast-paced and filled with activities that are mostly designed around caring for unstable and high-acuity patients without cognitive impairments (Grinspun et al., 2016). The care provided to these patients is more demanding than that for other patients due to communication difficulties and management of difficult behaviors (Fukada et al., 2015). Because PCC and dementia-friendly environment initiatives have been implemented in long-term care settings (McGillick & Murphy-White, 2013), there is a growing need to extend these initiatives to acute care hospitals. First, however, the acute care nurse experience caring for PtLWD needs to be investigated. Without this crucial information, strategies to implement PCC may not be effective in the acute care settings.

Since interviews were structured to provide better understanding of behaviors and experiences, this phenomenological study used the hermeneutic phenomenology approach, influenced by Heidegger and Gadamer. By understanding the lived experiences of new graduate nurses in the care of PtLWD, organizations will have an appreciation of some nurses' specific concerns and challenges. By highlighting their experiences, this phenomenological study could guide future staff professional training and development research.

Purpose Statement

The overall purpose of this hermeneutic phenomenological qualitative study was to explore the new graduate nurses' lived experiences in caring for hospitalized PtLWD. Exploring experiences from the new graduate nurses' perspective brought a deeper understanding of what it feels like to be a new graduate nurse caring for PtLWD patients.

Research Question

The research study question was: What are the lived experiences of new graduate nurses when providing care for PtLWD in an acute care environment?

Lines of Inquiry

Specific lines of inquiry were:

1. Describe nurse perceptions of their roles as they care for PtLWD; and
2. Describe nurses' feelings as they are providing care for PtLWD.

Assumptions

Certain assumptions are acknowledged as being an influence on the investigator. Generally, these assumptions are grounded in certain theories and the lived experiences of the investigator. The specific assumptions of this study were:

1. New graduate nurses have difficulties caring for PtLWD due to unpredictable and oftentimes aggressive behaviors.
2. Delivering dementia care is a complex experience.
3. Nurses will not describe PCC as part of their experience due to the highly stressful acute care environment that acts as a barrier to implementing PCC.

Significance

There is an unequivocal need to provide the best care for hospitalized PtLWD. Oftentimes, the care experience of both patient and nurse is perceived to be negative, substandard, complex and with unrealistic expectations (Porock et al., 2015). The fusion of comorbidities and the decline in physical and cognitive functioning make dementia care challenging (Evrpidou et al., 2018). Furthermore, discrimination and stigmatization of PtLWD exist among healthcare providers making hospitalized PtLWD more vulnerable to care inequalities and poor outcomes (Gove et al., 2016). Studies demonstrated that aside from patients' existing co-morbidities, there was a lack of staff knowledge and skills in recognizing and managing symptoms of dementia that likely contributed to prolonged length of hospital stays (Connolly & O'Shea, 2015), and falls (Shaw, 2007) with major injuries such as hip fractures, that resulted to increased morbidity and mortality rates (Fernando et al., 2017).

Philosophical Approach

Phenomenology established over time by Husserl and Heidegger is an approach aimed to understand people's perceptions of the world. It explores the subjective reality of the person's lived experiences (Polit & Beck, 2021). By exploring a person's

experiences within the context of the world, new meanings and percipience may develop (Lavery, 2003).

German philosopher, Martin Heidegger's hermeneutic phenomenological approach focuses on life and human experiences and highlights the seemingly insignificant facets within that experience that may have been taken for granted or misunderstood (Wilson & Hutchinson, 1991). Heidegger believed that before understanding the phenomenon, it needs to be interpreted. Heidegger's hermeneutic phenomenology affirmed that the researcher is a significant element of a research study by *Dasein* or "being-in-the-world" with the participant (McConnell-Henry, Chapman & Francis, 2009).

Heidegger perceived that understanding something was a continuous revisionary process referred to as the hermeneutic circle. It is envisioning the whole as the effect of how the parts interact. As interpretation occurs, there is a preconceived knowledge called by Heidegger as fore-sight or fore-conception and the understanding is revised as new information is identified. Pre-understanding is part of every person and not to be put aside. Heidegger claimed that understanding the person's background is crucial to every interaction. Koch (1995) described understanding of the person's background as an infeasible harmony between the person and the world. The understanding of the whole text is referenced by the individual parts and to the whole text again and again until full understanding of the phenomenon is achieved (Peoples, 2021). Additionally, Heidegger believed that the process of understanding is a basic form of human existence because understanding is not how people know the world but rather who people really are (Polkinghorne, 1983).

Heidegger's phenomenological framework is entrenched in interpretation. Interpreted experiences are derived from the idea that a person's realities are incessantly influenced by the world in which the person lives (Lopez & Willis, 2004). A key aspect of hermeneutic phenomenology is the role of the researcher where personal biases or opinions are unequivocally considered. The phenomenological process recognizes that the researchers' viewpoints and past experiences guide systematic inquiries and therefore Heidegger challenges researchers to reflect on those personal experiences when conducting research (Moran, 2000).

Theoretical Reflections

The following theories known by the investigator are linked together and may add to an understanding of the phenomena (Jabareen, 2009). These theories are known to provide foundational knowledge of the new graduate nurses' transition to practice and provide one perspective to explain what they do and the reasons behind their actions (Younas & Quennell, 2019).

New Graduate Nurse Transition Theory

Transition is the process of shifting from one state or condition to another (Cambridge University Press, 2021). In nursing, transition is viewed as a period where new graduate nurses pass through a learning and adjustment process into a new culture and work environment (Fox et al., 2005). Transition programs are frequently associated with onboarding, orientation, nurse internship, and nurse residency programs (Tyndall, et al., 2018). The new graduate nurses' transition to practice is a tumultuous time as they are more vulnerable to errors due to lack of experience (Boamah et al., 2016).

Benner's Novice to Expert Theory

The Novice to Expert theory, based on the Dreyfus Model of Skill Acquisition, was adapted for nursing, and introduced by Dr. Patricia Benner in 1982. It describes how the new graduate nurse acquires new knowledge and skills moving from the novice to expert stages (Davis & Maisano, 2016). This theory specifically explains how the new nurse develops knowledge, skills, clinical competence and understanding of patient care through experiential learning and standard training (Walker-Reed, 2016; Benner, 1982).

The Novice to Expert theory identifies five levels of nursing experience: novice, advanced beginner, competent, proficient, and expert. This theory reflects the shift from nursing practice based on theoretical concepts to more concrete experiences. Each stage builds from the previous one as theoretical concepts are further developed and expanded as the result of nurse gaining clinical experience. In addition, this theory supports the fact that expertise in the field of nursing is not about higher pay but is about providing the most extraordinary and effective care (Petiprin, 2020).

Nurses in the novice stage have theoretical knowledge and minimal practical experience. Learning emphasizes is on general rules of performing tasks and behavior standards that are mostly limited and inflexible. In the advanced beginner phase, nurses demonstrate acceptable performance based on experiences gained from actual clinical situations. These experiences provide nurses with the ability to identify meaningful care principles used to formulate and direct actions. A competent nurse has generally two to three years of experience in the nursing field. In this phase, nurses are more aware of long-term care goals and can efficiently plan more appropriate actions and interventions. Nurses who reach the proficient stage possess the understanding of specific situations and

can account for many parts of the whole. Due to the ongoing clinical experience, there is a more holistic recognition of nursing practice that allows for a more effective decision-making process as well as an improved ability to modify the plan of care as deemed necessary. Finally, expert nurses have deeper clinical experiences and can determine actions based on intuitive grasp of the situation and can employ higher levels of critical thinking thus not relying solely on set rules or guidelines of care. Nurses who have reached this stage are more flexible, adaptable, and highly skilled (Petiprin, 2020).

Duchscher's Transition Shock Theory

Transition shock theory describes the first-time experience of new graduate nurses within a broad range of physical, emotional, mental, developmental, and sociocultural changes that occur during the transition. The fundamental assumption of transition shock is the relevant contrast between the knowledge, relationships, roles, and responsibilities expected within the academic context as compared to those needed within the professional practice setting. Personal and professional pressure is most arduously felt in the first few months after orientation. The fatigue, exhaustion, and isolation that result in a difficult and chaotic experience lasts approximately two months. After this period, the new graduate nurse slowly withdraws from the intense shock experience and progresses through phases of socialization and advancement in skills development (Duchscher & Windey, 2018).

Stages of Transition

The first twelve months of a new graduate nurses' transition to professional practice follow a process of "becoming." The new graduate nurse goes through the stages of *doing, being, and knowing* (Duchscher, 2018).

Stage 1 (Doing).

This phase occurs during the first three to four months after orientation. The structured and predictable responsibilities and expectations within the educational context provide excitement and anticipation as the new graduate nurse is introduced into the professional setting. As the professional transition advances so does the level of anxiety as unfamiliar facets of practice are discovered. Oftentimes, due to the unprecedented nature of the professional practice, the new graduate nurse is uncertain and unable to establish boundaries in relation to the degree of assigned responsibilities and workload (Duchscher & Windey, 2018).

Stage 2 (Being).

The next four to five months of the new graduate nurse's transition to professional practice is described as a rapid and consistent progression to a more advanced level of knowledge and skills. As confidence with roles and responsibilities builds up, discrepancies and deficiencies within the system are realized. This experience allows the new graduate nurse to evaluate the significance and effectiveness of nursing interventions and processes. The challenges faced during the second stage peak around five to seven months. This is where confidence starts to falter and is accompanied by slight anxiety because of feelings of uncertainty. Despite of the new graduate nurse's fear of being a failure, this stage provides motivation and renewed commitment to further advance in

nursing practice. Towards the end of this stage, the new graduate nurse is more focused on professional growth and development (Duchscher & Windey, 2018).

Stage 3 (Knowing).

The final stage of transition is geared towards acquiring one's own identity as an established practitioner. This is the phase of transition where the new graduate nurse aims to achieve work-life balance and has heightened awareness of the work environment. Furthermore, the new graduate nurse experiences discontent with perceived inability to impact the practice environment. There is a desire to find professional purpose and meaning that can either motivate or foster further alienation within the workplace. This third and final stage offers opportunities for a new graduate nurse to advance the level of practice and care for more complex patients and take on more responsibilities (Duchscher & Windey, 2018).

Summary

With the rise in the number of PtLWD in hospitals, it is imperative for staff to understand the strategies and interventions needed to manage and keep dementia patients safe. Oftentimes, nurses have strong desires to provide great care and spend more time with patients and their families; however, they must consider the complexity, increasing demands and other expectations of patient care. This phenomenological study provided nurses with opportunity to engage in open dialogues to share their lived experiences in providing care to PtLWD.

Chapter 2

Literature Review

Introduction

This chapter covers a literature review on the two main study topics, new graduate nurses and dementia care. The literature review includes a systematic exploration by the investigator of the available body of written works using a two-step process.

The first step identified appropriate resources and relevant materials. There is extensive published data on dementia care; therefore, it is important to choose the appropriate articles relevant to the research (Grewal, Kataria, & Dhawan, 2016). Locating relevant research documents is a critical step in the literature review process. Strategies may include the use of traditional methods of searching, retrieving, and storing information (Polit & Beck, 2021).

The second step analyzed, synthesized, and classified the literature. A search of relevant literature was conducted to explore the phenomenon of the new graduate nurses' lived experiences in the care and management of PtLWD. Using the University of San Diego library website, the literature review was completed using computerized databases including the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, and dissertation abstracts. The key words used in the search were new graduate nurses, nurses' experiences, dementia, Alzheimer's disease, acute care, dementia care, and person-centered care. Quantitative and qualitative research articles were chosen for the review and found to be relevant to the topic.

New Graduate Nurses Transition to Practice

New graduate nurses constitute at least ten percent of hospital workforce (Berkow, et al., 2008). This number is projected to rise as a shortage of registered nurses is expected to intensify as the need for healthcare increases (American Association of Colleges of Nursing, 2020). New graduate nurses are expected to rapidly develop clinical skills to provide high quality and safe patient care (Chappell & Richards, 2015).

Walton et al. (2018) concluded that new graduate nurses were intellectually prepared to embark on the professional role but remained novices when it comes to emotional control. They have an overwhelming need to establish their worth with their patients and to be valuable members of a team. Along with results from previous studies, this research also demonstrated that new graduate nurses were having difficult time dealing with their own emotional responses, standing up for themselves and their patients and seeking help because new graduate nurses believed that asking for help is a sign of weakness or inadequacy.

Research has demonstrated that at least twelve months of practice is required to build confidence and feel comfortable caring for patients in acute care settings (Casey et al., 2004). The data substantiated that between six and twelve months after graduation is the most challenging, excruciating, and demanding period of adaptation (Usher et al., 1999). Generally, the new graduate nurses' transition is a journey of assimilating into the workplace culture and continuous building personal skills and confidence (Parker et al., 2014).

The new graduate nurses' transition from an academic to practice setting requires strong support and professional development, especially during the first year of academic

completion. Walton, et al. (2008) suggested providing more focus on emotional development, resilience, and fundamental skills to deal with patients, families, managers, and other staff members. Providing new graduate nurses with these skills will facilitate an easy transition into a work environment centered on passion and emotion.

Training and Mentorship

Studies conducted on new graduate nurses' experiences and perceptions while completing new employee training programs identified four themes that included support, nursing environment, clinical practice development and program workload. New graduate nurses' training should provide hands on learning within a supportive and nurturing environment that renders opportunities for reflective practice and effective transition. Additionally, there is a need for a structured training program to facilitate a smooth transition that could directly impact both personal and professional transition experiences and confidence in practice (Doughty et al., 2018).

A critical component of successful transition of new graduate nurses to professional practice is the critical role of the preceptors. Preceptors are experienced nurses who supervise and facilitate the orientation and training of new graduate nurses on a one-to-one basis. Preceptors are very influential in the new graduate nurses' personal adjustments and as role models of professional behaviors (Usher et al., 1999). Preceptor undertakings include offering support and feedback, promoting socialization with interprofessional team members, assessing for signs of transition shock such as physical exhaustion, questioning own abilities, and implementing additional support strategies from the unit leadership (Powers, Pagel, & Herron, 2020).

Additionally, studies aimed to explore the new graduate nurses' experiences during transition revealed that clinical supervision provided to new graduate nurses in the acute care setting during a 12-month period is vital to the success of the onboarding process. However, studies also suggested that there are unmet needs for clinical, social, and emotional support. Significant findings concluded that further research is needed to determine appropriateness of workload and level of skill-mix to better support the new graduate nurses entering the workforce (Hussein et al., 2017).

Another factor to the success of the new graduate nurses' transition is the critical role of the nurse leaders in cultivating a healthy work environment that provides adequate resources and support. Leadership should possess significant understanding of the continued challenges the new graduate nurses face as they pass through the transition from academic to professional practice. Healthcare organizations need to be aware of the new graduate nurses' transition needs for these nurses to achieve positive and quality outcomes as they are providing care. Therefore, it is essential to develop ongoing professional development and advocate for funding and innovation to support the new graduate nurses' transition (Regan et al., 2017).

Clinical Learning Experiences

The new graduate nurses' clinical learning experiences refer to any interaction course, program, or other experience in which learning takes place (Great Schools Partnership. 2013). Studies identified the new graduate nurses' strengths and weaknesses to include self-understanding, empathy, personal and professional values, and communication skills. Weaknesses identified were lack of experience, lack of confidence, lack of knowledge and inadequate time management (Walton et al., 2018).

Studies that explored the new graduate nurses' opinions, beliefs, attitudes, or reflections on their experiences have identified vital themes including individual attributes, professional behavior, situational challenges, rewards, and reflections. Individual attributes pertained to the new graduate nurses' strengths and weaknesses both personally and professionally. Professional behavior were the actions initiated to collaborate with other interdisciplinary team members and advocacy for patient needs and safety. Situational challenges were attributed to situations where the new graduate nurses experience communication difficulties and pressures due to competing priorities. Rewards resulted from achieving desirable outcomes and finally, reflection was thought to be a useful tool in practice assessment (Walton et al., 2018).

Additionally, the new graduate nurses' clinical learning experiences are affected by their lack of professional confidence during the first year of practice in the hospital setting. Confidence development is a rigorous and continuous process that occurs throughout the year. It is significantly important for new graduate nurses to experience both negative and positive occurrences to deliberately provide a variety of patient cases and essential situations. Therefore, both academic and healthcare educators need to be supportive of this transition and the development of professional confidence from student to professional nurses (Ortiz, 2016).

Dementia Care

Dementia is a significant contributing factor to the development of adverse events among elderly patients (Mosk et al., 2017). Thirty-two percent of hospitalized patients with dementia have high mortality rates, long length of stays and pronounced decline in functional activities (Fick et al., 2013). An increasing number of PtLWD are being

hospitalized due to multiple comorbidities and the care provided in the acute care settings is undefined for these patients (Fukuda et. al., 2015). As the disease advances, the probability of experiencing reactive behaviors simultaneously increase. In the advanced stage, PtLWD exhibit actions and movements instead of words to communicate their needs (Murray Alzheimer Research and education, 2017). Nurses need to understand the common behavioral disturbances in PtLWD, what the behaviors represent, and that interventions to interrupt the behaviors may not always be necessary unless the patient's behavior poses a risk to self and other individuals around (McCloskey, 2004).

Due to the increasing number of individuals living with dementia, the care and management of patients with dementia has been in the forefront of advanced countries' political agenda. Audits and reports have presented a need to address poor dementia care in hospitals and the lack of clear vision on how to provide specific and individualized care to PtLWD. Research on dementia care has reflected the need for hospitals to provide a climate of coordinated and personalized multidisciplinary dementia care. Additionally, it is essential to establish a dementia-friendly environment with appropriate staffing resources including dementia champions, nurses specialized in dementia care and trained volunteer personnel (Reilly & Houghton, 2019).

Despite multiple study results revealing areas of good practice, some components of dementia care are substandard regarding specialized services, staffing levels, training, support, and discharge planning. This substandard care places PtLWD at higher risk for adverse events and poor outcomes. In most cases, acute care hospitals are not prepared to provide the best care to PtLWD. Suitable pathways, policies, and care processes must be

implemented to meet the comprehensive need of PtLWD to achieve quality of dementia care (Timmons et al., 2016).

Studies concluded that strategies used to address the needs of PtLWD were limited by the priorities given to service activities such as patient throughput and length of stay. The pressure between the need to address underlying comorbidities and providing PCC was also considered a limiting factor. There was an underlying lack of understanding of person-centered dementia care in acute care settings and lack of critical knowledge, skills, and attitude towards PtLWD among many healthcare providers (Dewing & Dijk, 2016).

Elements of Dementia Care

With the aging population and the corresponding high demand for dementia care in the hospitals, there is an urgent need to educate the workforce on the care and management of PtLWD. Leadership support, committed attitude and organizational support play a vital role in process improvement, change management and fostering an environment conducive for learning and growth. Putting staff knowledge into action requires resources and organizational support (Hung et al., 2018) to establish a more proactive approach to the care of PtLWD (McCloskey, 2004).

Dementia care is comprehensive and fully implementing it is most of the time faced with countless barriers and challenges such as limited staffing, competing priorities and heavy workload. Studies demonstrated that organizational support was pivotal to promotion of effective person-centered dementia care and the subsequent prevention of complications. Successful implementation and adoption by nurses can be accomplished through ensuring adequate staffing, providing opportunities for training, and fostering a

collaborative interprofessional working environment. However, most studies also suggested that more research is needed to primarily understand the decision-making process and the difficult task of managing staff training on the topic of how to respond to challenging behaviors of PtLWD in the acute care setting (Yous et al., 2019).

Another important element of dementia care is staff competency. There is insufficient knowledge among the nurses and other healthcare providers on the concepts of dementia care. Furthermore, the skills and patience essential for the identification, prevention, and management of the behavioral and psychological symptoms of dementia is inadequate. Although nurses have positive attitude towards patients with dementia, not all nurses are comfortable in communicating with and managing hospitalized PtLWD. Studies demonstrated that senior and experienced nurses and those who received training on dementia care were more competent to take care of PtLWD (Yang et al., 2020). New graduate nurses perceive that they lack awareness of techniques on how to manage responsive behaviors of PtLWD (Cowdell, 2010; Fukuda et al., 2015; Gadesha, Souza, Chaplin, & Hood, 2012).

Person-Centered Care

The World Health Association (2015) described PCC as integrative, preventive, and curative services that are provided based on the patient's individual needs. The Agency for Healthcare Research and Quality (AHRQ, 2001) stresses PCC to enhance the relationship between patients and healthcare providers and improve patient outcomes. The concept has been used in the care and management of multiple complex medical conditions.

The fundamental principles of PCC were initially utilized in the 1987 Federal Home Reform Act (OBRA '87) to create a set of standards for the care of patients in the nursing homes. One of the most significant stipulations was the focus on the residents' ability to achieve and maintain a quality of life (Fazio et al., 2018). Moreover, PCC has been considered as the highest priority in establishing healthcare practices, developing policies, and conducting research to enhance the quality and excellence in patient care (Morgan & Yoder, 2012).

Studies also revealed that there were nurses who falsely believed that the task-based care they provided were patient-centered and there were different interpretations of the concept of PCC. Finally, the study by Morgan and Yoder (2012) indicated that acute care hospitals remained potentially harmful for people with dementia unless professionals acknowledge that every interaction with PtLWD has the potential to either improve or abate their sense of personhood and therefore, immediate actions are needed on a timely manner.

One of the primary challenges of healthcare providers in acute care settings is the lack of skills, knowledge, and confidence in the implementation of PCC specifically for patients diagnosed with dementia (Martin et al., 2016). Most of the research on PCC was focused on residential and community settings and less on the acute care hospitals (McGillick & Murphy-White, 2013). With the projected rise in the number of patients with dementia and an aging population (Alzheimer's Association, 2017), there is a growing need to extend the initiatives to the hospitals.

The inadequate understanding of PCC has created barriers in achieving the patient's quality of life (Maslow, 2013). Staff training should go beyond knowing the

neurological, physical, and functional changes to incorporate effective communication skills, dementia-specific person-centered techniques, and the understanding that the behaviors are from how the patients deal with stress and unmet needs (Martin, et al., 2016). Healthcare professionals are not embracing all the opportunities to provide individualized care and effective practices are results of individual preferences of the practitioners and are not consistent across the services (Clisett et al., 2013).

A person-centered approach to care is of utmost benefit to healthcare overall. The Agency for Healthcare Research and Quality (AHRQ, 2001) highlighted PCC as way to improve the quality of relationship between patients and healthcare providers while empowering patients in the process. Research shows that PCC enhanced disease outcomes and quality of life and is a critical component in creating public policies that encourages healthcare organizations to adopt a culture of patient-centeredness (Epstein, Fiscella, & Lesser, 2010). Furthermore, PCC as a form of value-based health care, directs organizations to redesign provider practices and systems structures to establish and maintain the principles of person-centeredness (Epstein & Street, 2011).

Summary

It is apparent that new graduate nurses are faced with challenges when providing PCC to hospitalized PtLWD. Primarily due to a lack of knowledge on dementia care, multiple competing priorities and the difficulties dealing with responsive behaviors. Literature suggests that new graduate nurses may find themselves rendering care that may not be within their own nursing values, leaving them feeling overwhelmed and frustrated. The demanding nature of the acute care environment makes the care for PtLWD less personal and the least among the nurses' priorities.

With the projected rise in the number of PtLWD in the acute care setting, there will also be an increase in the number of new graduate nurses entering the workforce. Very limited information is available on the experiences of new graduate nurses caring for hospitalized PtLWD. As new graduate nurses, they experience stress and challenges during the transition from nursing students to professional nurses. They require organizational and leadership support to ensure a successful training and role assimilation. Further studies are needed to explore how they can best be supported and prepared to provide PCC for hospitalized PtLWD.

Chapter 3

Methodology

Introduction

This chapter will provide a detailed outline of the study design. It will discuss the phenomenological approach according to Martin Heidegger. Additionally, this chapter will present the sample selection, data collection plan and analysis. Ethical considerations and scientific rigor will also be described.

Purpose and Lines of Inquiry

The purpose of this qualitative research study was to explore the new graduate nurses' lived experiences in caring for hospitalized PtLWD. The phenomenological approach was used to understand the essence of the new graduate nurse's daily experiences (Polit & Beck, 2021).

Specific lines of inquiry were:

1. Describe nurse perceptions of their roles as they care for PtLWD; and
2. Describe nurses' feelings as they are providing care for PtLWD.

Design

This phenomenological study used the hermeneutic phenomenology approach, influenced by Heidegger and Gadamer, to explore the nurses' lived experiences in the care of hospitalized PtLWD. The hermeneutic phenomenology led to a more comprehensive understanding of the phenomenon of caring for a highly challenging and vulnerable population. It focused on life and human experiences and highlighted the seemingly insignificant facets within that experience that may have been taken for granted or misunderstood (Wilson & Hutchinson, 1991). Heidegger believed that before

understanding the phenomenon, it needed to be interpreted. Heidegger's hermeneutic phenomenology affirmed that the researcher is a significant element of a research study by "being-in-the-world" of the participant (McConnell-Henry, Chapman & Francis, 2009).

Setting

This research study was conducted in a medium-sized acute care hospital in southern California. It is a designated planetree patient-centered hospital designed to provide a more personalized and humanized health care experience for patients and their families. This hospital's culture allows for patient and family empowerment through information, education, and healing partnerships.

Participants

Participants were new graduate nurses who had graduated no more than 18 months prior to the start of the hospital's new graduate nurse residency program. They had been registered nurses with at least one year of clinical experience providing direct patient care to PtLWD.

Participant Selection and Recruitment

According to Parse (1981), participant selection is a process by which the researcher invites participants to the study to share lived experiences around area of interest. For this study, participants were identified and selected through purposive sampling technique. This method was widely used in qualitative research. It allowed identification and selection of individuals or group of individuals who have experience with the phenomenon of interest (Palinkas et al., 2015). While engaging in conversations,

the assumption was that participants were offering accurate and authentic account of their lived experiences.

A list of new graduate nurses was obtained from the residency program coordinator. Emails were sent to the possible participants and of the sixty-four emails sent, only twelve responded. Those who have responded to the emails were sent the invitation with study information (Appendix A) and consents. Participants who returned a signed consent to the investigator via postal mail were enrolled in the study. There was no maximum number of participants identified, instead interviews continued until data saturation was reached. Data saturation is described by LoBiondo-Wood & Haber (2010) as the data obtained from the subjects is repetitive and participants share the same perspectives, and no new information or ideas are emerging.

Data Collection

The investigator contacted the participants by phone and coordinated the date and time of the interviews that were convenient for participants and not during work time. All interviews were conducted remotely and recorded using the Microsoft Teams application. Data collection began with thanking the participant for volunteering for the study and asking if he or she had any questions before the interview began (Boswell & Cannon, 2014). Additionally, consents to record the interaction were also documented. Participants were encouraged to freely verbalize their thoughts and perceptions to further explore their feelings in caring for PtLWD. After the interviews, the investigator reviewed the transcripts and reflective journals that were used to further document the interaction. During the 45 to 60-minute semi-structured interviews, participants were

asked the opening question: What is it like for you to care for a patient with dementia?”

Anticipated probe questions included:

1. “How do you perceive yourself in your role as you care for patients with dementia?”
2. “How are you providing care to patients with dementia?”
3. “How do you feel when providing care for patients with dementia?”

Demographic Characteristics.

As part of the interview process, participants were asked to provide demographic data for the purpose of providing a more detailed description of the characteristics of the study sample. Items included participants’ age, gender and race or ethnic background, experience with caring for PtLWD, the length of experience, and the settings where the experience occurred and whether the experience has been personal as in being a caregiver or professional in their nursing role (Appendix B). The demographic characteristics instrument has been designed by the investigator and was administered via Microsoft Teams.

Data Analysis

Analysis of data is the process that ensures the qualitative study’s credibility. Oftentimes, the researcher is considered an instrument especially when it pertains to the understanding and interpreting the participants’ experiences and perceptions (Maguire & Delahunt, 2017). The research data was analyzed using the thematic analysis method as influenced by the researcher’s interpretation (Rodriguez & Smith, 2018). This method was the process of determining the theme or themes substantiated from the evolving meanings as narrated by the participants (Van Manen, 1997). Braun and Clarke (2006)

and King (2004) suggested that thematic analysis is preferred for examining the different perspectives of the participants. Furthermore, thematic analysis approach provides a benefit in outlining the most dominant features of a large data set because it allows the researcher to methodically handle the data to create a more organized final note.

In hermeneutic phenomenology, the themes identified are not about the frequency of repeated patterns or thoughts, but it is the way the structure of meanings are identified within the lived experiences of the participants (Van Manen, 2014). Analysis was focused on the similarities, differences and information that may reveal unexpected perceptions. Before performing the analysis, the researcher addressed any preconceived assumptions. Analysis of the data followed the Braun and Clarke's (2006) linear, 6-phased method. The process started with becoming familiar with the data by reviewing the transcriptions for accuracy and with an eye for creating ideas for future codes. Next, the actual codes were generated to describe and organize the data according to meanings. This was followed by identifying the themes that were actively organized the codes into meaning units. Some themes contained subthemes that demonstrated logical categories in organizing the codes.

After the themes were identified, the researcher reviewed and ensured that the codes supported the findings by ensuring that the codes covered several responses, contrast one another, and maintained a balance between too little and too much information. The researcher eliminated any contradictions and overlaps by maintaining consistency through establishing coding procedures to prevent definitional drift (Madelyan, 2021). The next step was defining and naming the themes. The names were descriptive and appropriate. Finally, a clear description of the themes and how the themes

related to each other in explaining the lived experiences were written. The final step produced the essence of the lived experience.

Table 1

Interview Guide

| Lines of Inquiry | Interview Guide | Probe Questions |
|--|--|---|
| Line of Inquiry #1 | | |
| Describe nurse perceptions of their roles as they care for PtLWD | 1. What is your understanding of dementia? | |
| | 2. Can you tell me what you think about the basic physiologic needs of PtLWD? | <ul style="list-style-type: none"> • What will be your priorities? |
| | 3. Can you tell me about your work experience as a new graduate nurse when you took care of PtLWD? | <ul style="list-style-type: none"> • How do you perceive yourself in your role as you care for PtLWD? • How are you providing care to patients with dementia? • Can you tell me about your challenges? |
| | 4. Could you tell me what kind of support you received to provide care for PtLWD? | <ul style="list-style-type: none"> • What kind of resources were available to you? |
| | 5. How would you describe your onboarding process? | <ul style="list-style-type: none"> • Could you tell me about your preceptors and mentors? |
| Line of Inquiry #2 | | |
| Describe nurses' feelings as they are providing care for PtLWD | 1. How do you feel when providing care for patients with dementia? | <ul style="list-style-type: none"> • How would you describe your feelings when you have a PtLWD? • What do you feel this experience has brought you? |

Writing as Analysis

Writing up the unfolding study results during the entire analysis process was a major portion of the analysis. Writing was more than just summarizing the data; the writing was an integral part of the analysis process and interpretation. It provided

additional information in making sense of the data (Rubin & Rubin, 2012) through observation of the participants' non-verbal communication. By enhancing the interview data that provided essential context for analysis (Creswell, 2013), a robust description of the phenomenon was obtained.

Scientific Rigor and Trustworthiness

This section of Chapter 3 addresses rigor and trustworthiness. Rigor pertains to the quality or state of being exact, careful or with accuracy (Merriam-Webster Dictionary, 2020). According to Morse et al. (2002), without rigor, the research study will be of no use and fictional. Trustworthiness pertains to the quality, integrity, and authenticity of the findings of the qualitative study. It is the level of trust and confidence that others have in the study findings (Schmidt & Brown, 2015).

Processes taken by the investigator that supported rigor ensured that the qualitative study have validity, reliability, and generalizability. Validity was the degree to which the conclusions made in the study were accurate and well-founded (Polit & Beck, 2012). Reliability as described by Miller (2008) was the dependability, repeatability and consistency of the collected data, interpretation, and analysis. It was the capability to have established the same results when the study is to be repeated. Finally, generalizability was the ability to extend the research results or conclusions to another situation or population (Maxwell & Chmiel, 2014).

Processes taken by the investigator that supported trustworthiness ensured that the study was appropriately and correctly completed (Lincoln & Guba, 1985). In this study, trustworthiness was maintained by establishing a secure and comfortable environment for the participants to share personal stories of their lived experiences. Furthermore, the

researcher used the participants' verbatim examples in the results to ensure accuracy and authenticity.

Ethical Considerations

Approval was obtained from the healthcare organization and the university's Institutional Review Board (IRB). Written consents were obtained for participation and the videotaping of interviews. The consent highlighted the study procedure and the participant's rights to privacy.

Participation was voluntary, and withdrawal could take place at any time during the study. All data were kept confidential and identifying information were removed to ensure anonymity. Data stored securely in a password protected computer only accessible to the investigator.

Study Limitations and Strengths

Data were collected from a single hospital and the purposeful selection of the participants limited the generalizability of the findings. Furthermore, due to the restrictions brought about by the recent pandemic, interviews were conducted remotely using the Microsoft Teams application. Observations were limited to voice, intonation, and minimal facial expressions. Observing body language and other non-verbal signals were dependent upon the range the participants' device cameras.

There was the possibility of social desirability bias due to the researcher holding a leadership position in the same hospital where the study was conducted. Social desirability bias is the inclination to present reality to conform with what is believed to be socially acceptable. Most qualitative studies acknowledge this as a limitation as it creates complexities in the interpretation of findings (Bergen & Labonte, 2020).

Strengths of the study included the participation of new graduate nurses from different pre-licensure programs from different academic institutions. The hospital with a structured new graduate residency program, accredited by the American Nurses Credentialing Center (ANCC), promotes knowledge acquisition, skills development, and professional behaviors critical to the delivery of safe, high-quality care (Sharp Healthcare, 2021). This research supported the attitudes and behaviors of direct patient care nurses in an acute care setting.

Summary

Chapter three provided the study of methods, approaches, and processes that assisted in exploring the lived experiences of new graduate nurses caring for hospitalized PtLWD. The qualitative phenomenological method that used for this research was best suited to address the study lines of inquiry. As substantial themes unfolded from the analyses of study data, a better understanding of the new graduate nurses' lived experiences with caring for PtWD was revealed (Barrere & Durkin, 2014).

Chapter 4

Results

Introduction

This chapter presents the essential findings from the semi-structured interviews. It starts with the description of the participants' characteristics that were obtained through the demographic survey items addressed at the start of the interview. The chapter further provides the themes, generated from the participant responses, organized by study's lines of inquiry. Through the detailed examinations of the participants' lived experiences, a profound reflection and analysis revealed important themes contributing to the essence of their lived experiences caring for hospitalized PtLWD.

Purpose

This hermeneutic phenomenological qualitative study explored the new graduate nurses' lived experiences in caring for hospitalized PtLWD. Exploring the experiences from the new graduate nurses' perspective brought a deeper understanding of what it feels like to be a new graduate nurse caring for PtLWD patients. The first line of inquiry was to describe the nurses' perceptions of their roles as they care for PtLWD through focused questionings about their understanding of dementia, the patient's basic physiologic needs, and their perceptions of their roles as healthcare providers and availability of support. The second line of inquiry was to describe nurses' feelings as they were providing care for PtLWD. The information was obtained through focused questions on how they described their feelings as they were providing care for PtLWD and what was it like for them to care for PtLWD.

Study Participants

There were twelve participants who were enrolled in the study, but one withdrew from the study one day before the scheduled interview due to personal reasons. All eleven participants completed a comprehensive New Graduate Nurse Residency Program and were assigned to different areas in the hospital including the critical care areas, progressive care, and medical-surgical units. All of them had experiences caring for PtLWD either at home as family members or at the hospital or a care facility where they currently or previously worked.

Demographic Characteristics

The study included 8 females and 3 males whose ages ranged from 23 to 45 years. The participants identified their ethnicity as Hispanic/ Latino (5), White (4), Asian (2). The amount of time that had passed since the participants had graduated from nursing school ranged from 14 to 36 months. When asked about the nature of their experience with patients or family members living with dementia, 6 had experience from the context of hospital or care facility they currently work in or previously worked and 5 had experience from both home or family and hospital or care facility settings.

Table 2 *Demographic Characteristics*

| ID # | Age | No. of Months After Graduation | Gender | Ethnicity | Experience with PtLWD | Setting HF - Home/ Family HC - Hospital/Care Facility | Duration of Experience |
|------|-----|--------------------------------|--------|------------------|-----------------------|--|------------------------|
| 1 | 25 | 36 | M | Hispanic/Latino | Yes | HF, HC | 15 yrs. |
| 2 | 31 | 26 | F | Asian | Yes | HC | 3 yrs. |
| 3 | 26 | 32 | F | Asian | Yes | HC | 3 yrs. |
| 4 | 45 | 33 | F | Hispanic/Latino | Yes | HC | 20 yrs. |
| 5 | 42 | 32 | F | Hispanic/Latino | Yes | HF, HC | 5 yrs. |
| 6 | 25 | 21 | F | White | Yes | HF, HC | 5 yrs. |
| 7 | 32 | 26 | F | White | Yes | HC | 2 yrs. |
| 8 | 23 | 14 | F | Hispanic/ Latino | Yes | HC | 2 yrs. |
| 9 | 23 | 21 | F | White | Yes | HF, HC | 5 yrs. |
| 10 | 36 | 33 | M | White | Yes | HF, HC | 3 yrs. |
| 11 | 26 | 18 | M | Hispanic/Latino | Yes | HC | 5 yrs. |

Thematic Analysis

A total of 11 interviews were conducted for a period of 35 to 60 minutes each. Transcripts were obtained from the Microsoft Teams software program and were reviewed by the researcher. Content accuracy was ensured and all references to persons, places and events were de-identified. Analysis of the data followed the Braun and Clarke's (2006) linear, 6-phased method as described in the dissertation's Chapter 3. The researcher used an interview guide to focus on the similarities and differences of information as it pertained to the participants' lived experiences. The participants' actual words were used to name the codes (*invivo*). The researcher reduced the volume of raw data through categorization by identifying common patterns across the data set. A macro program written for Microsoft Word was used to organize the coded data for this process. This macro program utilized the Microsoft Word comments feature and then extracted the comments placing them into a Microsoft Word table. The table was transferred to Microsoft Excel for further examination of quotes and codes (Wheaton College, 2021). The data was coded into three levels independently by the researcher and that work was validated by another qualitative researcher. The themes were described as follows and have been organized to ensure that the lines of inquiry have been addressed:

Line of inquiry #1:

The first line of inquiry was to describe nurse perceptions of their roles as they care for PtLWD.

Overall, the new graduate nurses who participated in this study provided robust descriptions of how they perceived their roles to be in the care and management of PtLWD. The themes generated under this line of inquiry focused on the participants'

perspectives and experiences. The questionings further explored their understanding of dementia, the patient's basic physiologic needs, perception of their roles as healthcare providers and availability of support while they render care for PtLWD.

The participants' detailed account of their experiences assisted in the identification of dominant themes. The first theme was "Protecting patient's universal rights," primarily described by the participants as advocating for the preservation of human dignity and freedom from suffering. The second theme was "Ensuring patient safety and well-being." The participants described this role as meeting the patient's physiological, physical, and emotional needs. The third theme was "Complex care-delivery experience," depicted by the participants as caring for patients requiring more time and effort than the regular patient. The fourth theme was "Fostering therapeutic nurse-patient relationship." Here, the participants were describing their role as creating meaningful connections with PtLWD. The fifth theme was the "Nurse's positive adaptation," characterized by the new graduate nurses as they overcome and positively adapt to stressful situations. The final theme was "Role transition," referring to the greater awareness of the role that will require new ways of thinking and practicing.

Protecting Patient's Universal Rights. Participants' experiences were centered on protecting the rights of PtLWD while upholding the values and standards of the profession. Protecting patients' rights is key to establishing trust between patients and healthcare providers. The role incorporates the services provided to serve the patient's best interests through synergistic advocacy, preservation of patient dignity and viewing patients holistically.

Participant 7 described her experience as a patient advocate to a PtLWD who have been in the hospital for at least three months due to issues with post-discharge patient placement. She verbalized concerns for her patient because she believed that prolonged hospitalization carried considerable risks for PtLWD. She explained:

I certainly will do anything. They can get a SNF or go home or put her on comfort care, you know, but would you want to live in this unit? Look around, spend half an hour on our unit would you want to live here for three months?

I'm trying to get them to be DNR/ DNI, so I want the family member to see when I suction them and when we put a million IVs on them because they keep ripping out their IVs and then you know I want a family member to see that stuff.

Participant 10 collaborated with physicians to deliver safe and quality patient care especially for the most vulnerable population such as the PtLWD. As a patient advocate, he spoke up on behalf of his patient by challenging other providers' decisions. His goal was to offer comfort to his PtLWD and support the patient's well-being. He recalled: "I called the doc and I was like, do we really have to stick him? You know? So, I just try minimal amount of irritating or you know, to avoid it, I tried to."

Participant 1 described his role as someone who disagreed with the patient's medical management because he believed that it was not in his patient's best interest. He considered his PtLWD as an individual, someone who has his own medical history and family situation. The participant found himself faced with challenges, including questioning his own understanding of his role and how he influences his patient's disease management:

Now I feel like a monster sometimes, I'm just keeping these people alive so that I can draw their blood every four hours and squeeze their arm and check their blood pressure every four hours when we're not actually doing anything necessarily for that patient. That patients just on the unit because they were living at home and their family couldn't get them to eat and they are awaiting a SNF placement. But it is a difficult place, so we literally just keeping him in hospital and making them more confused and waking them up at 4:00 in the morning to put a needle in them. And I'm like, no wonder they're terrified and screaming and trying to bite me and scratch me at every opportunity.

Participant 9 illustrated her role as that of someone who preserved her PtLWD's dignity. She described her patient interactions as activities that involve respect and empowerment. She acknowledged that healthcare has been very task-focused that giving patients the dignity they deserve was no longer the priority. She claimed: "I want to try to still like see them as a person and still like try to give them the dignity that they would want." "Obviously, I want to get it all done, but if it's making the patient agitated, and if they're refusing, I will let them refuse." She further explained:

I wish that we could let the families come. But also, it's like I totally get like I don't blame the hospital for that literally at all. So, it's just an unfortunate reality of like the current climate we live in and like it's not safe at this time. It's just so sad.

Oftentimes, PtLWD, particularly those at the advanced stages, are not able to make decisions for themselves. As patient advocates, other study participants found themselves standing up for the best interests of their patients by assisting family members

in making informed decisions. These participants found it their responsibility to support primary decision-makers to ensure that their decisions reflect the PtLWD's wishes, preferences, values, and the reality of their current condition. Participant seven verbalized: "So, when you're able to just kind of give them the comfort care that they really need at that stage. It's much nicer. You feel like you're doing a good job as a nurse, like you're doing something nice for someone." Furthermore, she added, "When they [*primary decision-maker*] make that decision, I just try to be like thank you for doing this to this person, really nice thing for them and you know sometimes I have to really explain it."

Ensuring Patient Safety and Well-being. Nurses play a significant role in maintaining their patients' safety and well-being. The participants viewed this role from a patient safety perspective, as placing patient safety as the main priority, gaining better understanding of patient issues and immediate needs, identifying environmental factors affecting patient outcomes, recognizing physiological changes as signs of deterioration, and actively performing surveillance and coordination of care aimed to reduce adverse outcomes. From a patient's well-being standpoint, the participants described this role as being able to identify patient's ability to perform basic and instrumental activities of daily living, respecting race, and individualism, and putting patients and their families at the center of their own health and care.

Participant 6 believed that critical to patient safety was the clear and concise communication between healthcare providers. She described her role as a collaborator with other nurses who took care of the PtLWD to identify high-risk and efficient practices. She believed that it was her responsibility to know the best interventions to

keep her patients safe: "...the last thing I want is for my patients to feel like they're being threatened whether it's a physical threat or an emotional threat." She further added:

I do like to ask my off-going nurse when I'm getting report on what has worked for them or what they have tried because I think if we have a starting point for interventions that maintain our patient safety or, you know, here's something that we did that wasn't pharmacological that really put this patient at ease.

And to me to have lived that experience, puts that into perspective, particularly when you're going through the trial-and-error process of finding what works for this patient and what doesn't. When you know things don't seem to be going exactly right to have that reminder and to put it into perspective that you know this is someone, that this person is someone's everything.

Participant 8 provided a description of her experiences when she relied on her own assessment to gain better understanding of the PtLWD. She recounted her challenges when there were no sources of baseline information to further provide a safe and personal care to her patient. She presented her role as someone who was responsible for identifying patient issues so she can address patient's immediate needs:

If they've had a recent fall any of that kind of thing, and then it's more time consuming and also frustrating if the family doesn't answer, the family doesn't know these questions and there's no reliable source that's where it gets a little tricky and complicated because I mean, there's not much information you can get from the patient, unless there's some pharmacy that they pick up from that it shows up.

For participant 5, ensuring patient safety involved the identification of environmental factors that could make the patient safe. She described a workplace that exacerbated conditions such as agitation, disorientation, and distress due to perceptual and spatial challenges. “The setting. It really is so you can't think in there. You cannot think the bed alarms are constantly going off.”

Participant 3 explained that diligently observing patient disorientation was one of her primary responsibilities to make sure that her PtLWD were safe. She considered disorientation as a sign of further deterioration of the patient’s condition and that it can develop into a more serious condition. “I know that I will be dealing with a lot of reality orientation for these patients.” She further explained:

They tend to get really confused and agitated. You know most of the time they don't know where they are or they think you know there's somewhere else, or they really want to go home or they're looking for a family member and I work nights so sometimes you know the family members are sleeping at home and they can't visit or they'll visit in the morning.

New graduate nurses in dementia care face increased workload due to the behavioral and psychological symptoms of dementia. As a new graduate nurse, participant 3 provided a robust description of how she was responsible for assessment and monitoring of her PtLWD. She shared she played a significant role in the surveillance and coordination of care to ensure her patients’ safety and well-being:

So that's something that we do not look at a lot in my unit because their Braden scores are so low they are higher risk for HAPI so do I need to do Q2 turns? Who

do I need to initiate the skin bundle for? It's, you know, it's a lot, but I think the more that you get to experience working with them, it does get easier.

But what can I do, most of the time they're combative and they're trying to get out of bed. Falls are really big thing too with a lot of elderly and dementia people.

What can I do to help prevent that? Help them stay safe?

Participant 2 described the importance of meeting the physiological and emotional needs of PtLWD. Her shared role was to assist in the patients' recovery and make them feel physically and mentally well. She believed that addressing their basic needs benefits the patients' overall well-being. She said, "I always try to reorient, promote independence with whatever they're able to do, but I think like bathing, and everything is also making sure that they're drinking water and offering the bathroom is important."

"I'm a little bit more thorough when I assessed the patient and I try to help the patient with their ADLs as well."

Participants discussed the importance of understanding PtLWD's race and individualism in maintaining their well-being. Participant 7 discussed her interactions with patients from a different racial and ethnic background. She described the process of self-reflection on her own personal values in relation to mutual respect, civility, and inclusiveness to ensure patient safety and promote well-being:

I didn't come from a culture, or my specific family were not very close knit at all, whereas like a lot of the Hispanic population they grew up with their grandparents and sometimes their great grandparents and they just like love their family members. They're so precious and they'll be like no, my grandma is a fighter she can do this and so that's a little bit more difficult. Yeah, and I'm like this woman

has had 12 kids. She's been fighting all of her life. Just let her rest and oftentimes you know those Mexican women, they won't go against their families wishes. They'll kind of like try and please their family. They won't say hey, I'm in pain or I don't want this, or I don't want that. They do whatever their family members suggest.

Participant 11 described his experience with placing his PtLWD and family at the center of patient care. He believed that through patient and family engagement, improvement in patient safety and quality of care can be achieved. The participant discussed his interactions with PtLWD and their families as he specifically addressed symptom resolution, functioning and physiologic measures:

I'll start with, okay this patient is going to be hard, he's going to try to get out of bed. I'd have to do more line checks. Possibly, I know what I deal with throughout the day, so I try to avoid, you know like if he's pulling lines, maybe hide the IV. If he's a fall risk, then probably put the bed alarm on. I don't know, probably keep him close to the nurse station and even tell the CNA hey keep an eye on this guy he's he gave them trouble at nighttime.

Complex Care-delivery Experience. Survey participants described their roles as being able to manage a wide variety of patient care needs, experience the impact of language barriers on the provision of care, navigate the impact of pandemic, manage inadequate essential resources, identify components of challenging patient interactions while utilizing mechanisms to maximize patient outcomes, and perform multiple nursing activities at the same time to meet patient care demands.

The emerging and expanding role of the nurse was demonstrated by participant 4

when she described how she managed a wide variety of patient care needs. Being a new graduate nurse, the participant must augment her capabilities to meet the needs of PtLWD. Additionally, she needed to adapt to changes in environment, situations, and opportunities. "...it was really, really difficult. It seemed like it was more one on one, but that was my challenge."

Because I didn't know how to handle them. How do I do this? How do I redirect them? I didn't have the training back then. You're this person who finished school, got a job and you learn as you go, and you'll learn from your experiences, and you learn from your peers.

Participant 3 described the challenges she faced due to her inability to communicate using the PtLWD's language. The community served by the hospital is multicultural and although English is the most widely spoken language, there is a reasonable number of patients who are native Spanish speakers. She perceived her role to include overcoming these challenges using the right approaches and adopting a problem-solving mentality.

If I need to feed them or like a one to one, or sometimes also if they only speak Spanish cause I don't speak Spanish, it's very tough for me to kind of get them. It is definitely frustrating because I feel like it really helps being able to speak their native language to orient them, or at least like even simple as you know, this medication is for your heart...

Participant 7 described her role in planning for the patient's discharge and availability of resources at home. She stressed, "And in the meantime, the family members are exhausted because they're caring for this person, and they have a full-time job, and they have kids and you know they have a life as well." Furthermore,

You have those people who their family are really insistent on taking them home, but they live with their daughter who works full time and the patients like a Q2 turn and they're incontinent and you're like don't do it, just don't do it to yourself.

You can't do this, you know.

Participant 10 provided insights on his role in identifying components of challenging patient interactions while utilizing mechanisms to maximize patient outcomes as he experienced a complex care delivery system. The participant's ability to render safe and quality patient care was dependent on his ability to explore challenging situations. His passion to overcome the complexity of caring for PtLWD was demonstrated by his enthusiasm in narrating his story:

...sometimes it can be tough just when it's you know, it's very loud and it's hard when I don't know how to say it's like you're trying so hard, and they just fight you on everything you know in that mood.

I just feel my challenge, biggest one I hate hurting him or irritating them. It's just so often where they're pulling out a foley or an IV, and it's like we have to do this, so I'd say the biggest challenges are when situations like that arise or when they're just completely, there's no redirecting.

To deal with multiple challenges in a complex care delivery system, new graduate nurses who participated in the study shared that they engaged the resources available to provide safe patient care. Many of the participants verbalized satisfaction with the accessibility of more experienced staff when they needed help. Utilizing resources was one of the ways they were able to successfully provide care for PtLWD. Participant 2 explained, "It's been pretty heavy, but we have a lot of help on our floor and the CNAs are great there."

Another thought from participant three was, “I think it was more like the support that I had from the other nurses that really helped me through that first night.” Participant nine added:

...definitely communicating with the team like telling the day shift nurse, would I experience in you know, if it becomes, if it needs to be escalated, getting like my charge nurse and my resource nurse; definitely communicating with the nurse assistants. I'm working with what we believe these patients needs will be and if all it and if ever like calling a doctor if we need an order.

Fostering Therapeutic Nurse-patient Relationship. Participants in this study were proponents of positive nurse-patient relationship as they interact with patients and their families. Participants described this role as creating meaningful connections with patients, describing essential skills for effective communication, achieving greater awareness of the significance of maintaining relationships with patients, and engaging patients in their own care through patient and family teaching.

Participant 1 shared his interaction with one of his PtLWD who he noticed had a different accent. To establish a relationship and primarily place the patient at ease, he showed acceptance and recognition of their differences. He took time to talk with the patient and showed interest in what the patient had to say:

I think it's really interesting when they have a British accent or an Australian accent. You start with, so England or Australia? Tell me how did you end up from New Zealand to San Diego? They will be like, oh, I met somebody and we got married or XYZ. By interacting with them and having them at the station, you are honoring that they're still persons. You're not just ignoring them in the corner like

and letting them just babble or talk to themselves or talk on the phone or talk FaceTime. You're creating that personal relationship with that patient.

Participant 8 believed that in order to establish a good interpersonal relationship with PtLWD, it was her responsibility to learn the different essential skills for effective and caring communication. For this participant, it was extremely important for nurses to be able to spend time with patients, speaking with them clearly and considering their literacy level. Also, she stressed that the use of non-verbal communication such as smiling and maintaining eye contact, is vital to creating rapport. She explained, "I think being a little too empathetic with them and just you know updating the family and I'm not being so happy with what I'm telling them." She further added, "I think I pride myself in the sense that I feel like I'm a pretty open communicator and I like to build relationships with people, and I think that goes a long way in terms of working together and just the interdisciplinary teams."

Participant 2 described her experiences when building connections with her patients. She believed that patient care was based on trust and trust could only be achieved when there was a solid relationship between nurse and patient. "But a lot of time, it usually works if I just stay there and just listen to them and hear them out."

I usually greet them with a smile cause I feel like smiles says a lot, especially when you're like meeting them for the first time and then I kind of casually just talk to them and try to get to know them on a personal level but I try to keep as professional as possible, I try to know their background, their lifestyle and things like that.

Participant 1 believed that it was extremely important to engage patients in their own care through patient and family teaching. He described his experiences when he was building his patient's knowledge and understanding to gain active engagement and participation. He continued to experience challenges and was able to overcome these challenges by being creative, patient and compassionate:

You're just telling them, I want to walk you to the restroom and then they're like, but I can go by myself and to which I have to say like it's not that I don't believe you because you probably are still physically capable of doing that in the end, but I just want an extra set of eyes watching you and whether that's me or the CNA.

Nurse's Positive Adaptation. The new graduate nurses who participated in this study described positive adaptation as being able to manage nurse stress in the workplace, receive adequate training, identify education gaps in their preparation for clinical practice, maintain collaborative learning through patient interactions, and learn how the patients' conditions affect other aspects of patient care.

Participant 5 described some strategies to manage nurse stress in the workplace. It was her belief that new graduate nurses experience high-stress levels that affect their own health and well-being. Therefore, she believed that her role was to use coping strategies to help manage her stress to effectively provide care for PtLWD:

One of my best friends, we work on the unit together, so we are still really close, and we talk a lot and it's nice because I can talk to her, and she knows exactly what I'm going through. I'm like, okay, good, I'm not the only one. And then there's a few others where we get together every once in a while, and talk and okay, this is normal. My feeling is normal. I'm not the only one.

Participant 6 recognized the benefits of training to improve competence and self-satisfaction. She shared her onboarding experiences that clearly defined the roles and responsibilities of a new graduate nurse caring for PtLWD. This participant demonstrated positive attitude towards her orientation. She shared:

I could not be more pleased with the new graduate program. I honestly can't. I have zero complaints I am incredibly satisfied with the leadership and the organization of the program you know we were a bit of an interesting cohort. I think that the program itself was based purely on support and I don't feel like that's the case everywhere. I can't speak for other programs, but I know from this one in particular that it is very centered on the new graduates and assessing needs and seeing where the organization can be better and do better and I think that's huge, and I was supported 100%.

Participant 9 described her role in identifying education gaps to prepare nurses for successful clinical practice. She verbalized that for nurses to positively adapt to the changes in the care environment, nurses needed to be able to determine their education needs and seek out opportunities to address those needs. She claimed responsibility to identify her own learning needs and find opportunities for her own professional development. “The geriatric population is a severely like under addressed, and as you were saying, like some, it's a growing population. So, I wish I had more education on it.” She also added, “Definitely a learning experience.”

Participants in this study defined nurse's positive adaptation as being able to collaboratively learn through patient interactions. Participant 7 described how she personally learned while providing dementia care. The main element of her collaborative

learning experience was her patient interaction in the process of learning and thinking. “We’re so used to dealing with dementia patients.” and “I feel like I’m more equipped to have those frank discussions with the family members and you know, obviously I’ve gauged the situation and I will get bolder.”

Working with dementia patients, now I feel much more comfortable, and I feel much more comfortable talking with the families about dementia just being a little bit more upfront like this is a disease, this is a normal progression of the disease.

As a new graduate nurse, participant 4 believed that it was her responsibility to understand the disease process and how the condition affects other aspects of dementia care. She shared that her knowledge and understanding of dementia are significant for patient care and process of recovery. These allowed early identification of symptoms and administration of timely interventions. She explained:

Because they’re able to be at their own home, their own surrounding. It’s easier to take care of them there because they know where their bathrooms are, they know where their rooms, they know where their refrigerators at, so they know where their basic needs are versus putting them in a locked place or in a different facility where they get more confused, more agitated because they don’t know their surroundings. They don’t know the people there. They don’t have their dog or cat or their loved ones. Placing them at a different environment confuses them more.

Role Transition. New graduate nurses’ transitional challenges were attributed by them to the increasing number of complex patient conditions and co-morbidities, patient acuity, more complicated healthcare technology, more diverse workforce, and a workforce that was burnt out and overwhelmed. Participants defined role transition as

carrying out various aspects of work and related stress, gaining greater awareness of the role that will require new ways of thinking and practicing, and attending to underlying medical condition.

Participant 8 described her transition to her new role as being able to interact with patients and their families at their most vulnerable time. Being a new graduate nurse, her transition to the role required flexibility and patience as she adjusted from being a student to professional nurse. She knew she could not control the changes in her work environment, but she was hoping that her confidence and competence would help her in this transition period:

I think in that sense, that makes me feel a little bit more frustrated. And it's a lot more time consuming. So I think in that sense that's what makes it complicated, because especially on a PCU having four patients say I have two that are really critical and then I have one that also has to mention is older but I have to take care of these two critical patients and then the patient with dementia is going to have a lot more little tasks and little things to do.

It affected me in the sense that I felt like I didn't know how to manage my time and I didn't like that because I fell behind on certain things. I knew I should be at a certain point by certain time and I wasn't there and this could simply been avoided, it just needed to be delegated.

For participant 9, transitioning to her new role meant being able to gain knowledge and an attitude that would allow her to embrace the changes in her workplace. She claimed that the expectations for her as a new graduate nurse were not noticeably clear, but she was open to navigate and succeed in her chosen profession. According to her, she

understood that she needed to adjust to the situation as it arises. “I feel like especially when I was new, I still was intimidated sometimes, especially with more advanced dementia.”

I feel like definitely just in regard to the first year of nursing, but specifically with this population I don't think it was ever like if I did have points of feeling overwhelmed by this particular like subset, it would have been like in a shift.

For participant 7, her role evolved around providing medical care to her patients especially PtLWD who were at their most vulnerable state. She verbalized that identifying her patients' underlying medical conditions was extremely hard due to their inability to verbalize signs and symptoms or provide an overall picture of their illness. Therefore, she claimed that providing appropriate medical treatment is exceptionally difficult:

It's just definitely more difficult because there's so many other elements that come into it like. You know, obviously, if somebody has a medical condition then they need some type of intervention to fix that medical condition, and sometimes the intervention is really invasive. It's like surgery or it's putting in a peg or a feeding tube or some sort of treatment, and it's like you really have to toss up. A lot of these interventions require the person to be able to look after themselves or follow some type of regimen afterwards, so it's kind of like a lot of the times you feel like you can't really help them or you're just putting on a little band aid patch and then they get home and then they're going to have same issue, they're going to be back in the hospital.

Line of inquiry #2:

The second line of inquiry was to describe nurse's feelings as they are providing care for PtLWD.

Participants in this study shared emotionally astounding experiences as the result of their interactions with PtLWD. They shared that they were faced by the fact that they needed to establish emotional connections with their patients so they can render appropriate care. This is despite feeling frightened knowing that PtLWD may exhibit aggression or be behaviorally challenging without any warning.

Under this second line of questioning, participants shared their experiences that led to the determination of these leading themes. The first one was the "Preservation of human connections," presented by the participants as the ability to sense other people's emotions and experiences. The second theme was "Feeling inadequate," described by the participants as lack of sense of self-worth related to perceived level of professionalism. Finally, the third theme was "Experiencing personal distress," described as the nurses' negative reaction to the inconceivable healthcare demands.

Preservation of Human Connections. New graduate nurses who participated in this study believed that they were the support system that these patients relied on. These nurses shared that the patients' forgetfulness, disorientation, and other cognitive impairment increased the PtLWD's vulnerability and dependency on other people. The participants further explained that these challenges were extremely stressful for PtLWD and oftentimes were expressed through responsive behaviors.

Expressing empathy is one of the common themes that the participants presented as a way of acknowledging their patients' emotions and experiences. Participant 9

verbalized that by feeling empathy, she was able to connect with her patients and it was easier for her to understand the strengths and limitations of her PtLWD. She discussed:

Well, it's been especially hard because of the COVID-19 visitor policy, which I totally you know, I understand, but I know it's hard for the patients and it's so hard for the families, especially I've spoken to so many, especially if it's like the child of the patient who knows that their parent is like mentally declining and they're just so concerned about.

I think that for most of those people it has to feel extremely upsetting to feel so confused and feel like you know you're not being heard because to them I mean to us when they say things like, OK, you're wrong like you're just confused, but to them it's reality. And so it must be like extremely invalidating to have people be dismissive or try to like explain to you why you're wrong and you're just not anyway, I just feel like it's got to be very stressful, you know?

Participant 11 described his feelings as he maintained connections with his PtLWD.

Primarily, his priority was to meet his patient's physiological and emotional needs. He believed that by meeting these vital needs, he was able to improve the healing process and establish emotional connections with them. "I don't feel any type of anger, just more like sad for them, I guess." He added:

Sometimes their behavior you know we need to put one on one, and the facilities say, oh, we can't accept, so you feel bad. Sometimes I even wonder how they accept patients because we've had one on ones for a while and then they end up accepting the patient. I feel bad for the patients cause you know there's no family

at home. There's no one to take care of them. And so, we just rely on sending them to some kind of boarding care.

...we've had those patients in months at the acute care, as like a person you feel bad cause I mean you know most of them sometimes don't have family, so they need a what do you call it, they need boarding care?

Feeling Inadequate. Participants in this study verbalized that as new graduate nurses, they felt as though they did not really know what they were doing. They affirmed that they did not quite have what it took to provide appropriate care for PtLWD. They highlighted the importance of having proper dementia care training as part of their onboarding.

Participant 1 described his education needs to effectively address the needs of PtLWD. He verbalized that starting as a new graduate nurse was a daunting experience. "Patient getting the rap for it when it was more like a missed education of staff," "I guess it would be helpful to have a class like that. I think it would be important to have a class teaching new grads patience."

I don't recall any dementia or Alzheimer's classes that were given to us per se from like offered. I wasn't aware of it that's totally availability as well, but for me not remembering that it couldn't hurt to have like an introductory class to caring for the gerontological population. Especially in regards to cognitive decline that can occur with Alzheimer's dementia or other neurological issues that could manifest themselves like Yeah, I know like I think with Parkinson's, they can have hallucinations, too.

Their sense of self-worth related to perceived level of professionalism was also discussed by the participants. Participant 5 doubted herself about whether or not she could be an effective nurse especially for her PtLWD. There was a day when one of her PtLWD suffered an injury fall. She went home with feelings of anxiety and blamed herself for what happened to her patient. She recalled, "I felt like I failed. I didn't do enough. What could I have done, or did I do something I could, what you know, what I mean, what else could I have done? "I couldn't sleep because I was like, did I forget to give him something? Was trying to figure out what happened, was it something I did?"

Participant 3 verbalized feeling inadequate due to her lack of experience to care for PtLWD. She believed that nursing knowledge and skills primarily were obtained from previous clinical experiences. To her, clinical experiences will help her become familiar with highly demanding and stressful environment. "It's not something that really I was used to." "I just didn't have the experience to deal with that." In addition,

I didn't have any prior experience working with dementia Alzheimer's patients.

Previously, I was a CNA but I was a floater CNA I didn't deal with a lot of these patients, so it really was my first time dealing with them and I got stories."

Finally, "I feel like even as a new grad, you can only like be prepared so much and it really is a learning curve. You just need to have experience to be able to deal with it.

Experiencing Personal Distress. New graduate nurses were under pressure from the increasing workload demands and time constraints while providing care for PtLWD. Participants explained that the primary reasons for their personal distress was the fear of escalating patient behavior, unreasonable patient care demands and their own feelings of

anxiety, depression, and fatigue. Because of this, many of them claimed that they neglected their own emotional, physical and mental health. They believed that because of the responsibilities placed on them, along with the complexity of providing care to PtLWD, participants expressed feeling burnt out from the strain of patient care:

There have been some moments when I feel like I don't want her back. That I would ask to request out, and because it really just takes so much out of you and it's not really physically but very much emotionally and mentally, I feel like so drained. I come home and I'm not saying they're crazy, but there's only so much crazy that you can take for 12 hours. I need a break. Participant 3.

I think it would depend on the acuity of patients that you have. Sometimes I've had 1 demented patient and three other patients, so those with high acuity some needed blood transfusion, some needed surgery, some got back from surgery. It gets heavy. It can be stressful sometimes too. Participant 11.

Participants expressed fear of PtLWD escalating behavior as a contributing factor to their personal distress. They experienced an increasing aggression towards nurses and other healthcare workers by PtLWD due to cognitive issues. And due to their [*participants*] lack of de-escalation skills, most of these situations led to physical or medical restraints. "As a new grad I would get nervous because I am wondering if this patient is going to be combative." Participant 2. "I get nervous before I meet the patient and I hear that they have dementia cause it's like what am I going to deal with tonight?" Participant 2. "Sometimes you can get punched 'cause they're so confused." Participant 3. "Most of the time it's because they're trying to hit people or kick people." Participant 7.

“They're forgetting and some of them are just really agitated, or they get frustrated or it's hard to redirect them, so you know it's like how am I going to do this.” Participant 4.

“I was thinking, how am I going to protect myself dealing with this very challenging patient?” Participant 5.

Summary of Themes

The new graduate nurses freely described their experiences in caring for PtLWD as extremely challenging yet rewarding. The experiences they shared were attestation of the significant role they play in the lives of this highly vulnerable patient population. Despite their lack of clinical experience, new graduate nurses were committed to protect and preserve the rights, safety, and well-being of PtLWD.

The themes identified in this study contributed to the most valued understanding of the phenomenon discovered within the new graduate nurses' lived experiences. The themes “protecting patient's universal rights” and “ensuring patient safety and well-being,” each described the new graduate nurses' understanding of their obligation to protect PtLWD from equivocal practices and potential harm. The participants shared that these themes stemmed from their professional commitment to ensure patient safety, preserve human dignity, advocate for patient equality, and promote freedom from suffering. The theme “complex care delivery experience” affirmed the challenges of the new graduate nurses as they provide care amidst a highly stressful work environment, while at the same time acknowledging the significance of coping and thriving. The theme “fostering therapeutic nurse-patient relationship” and “preservation of human connections” expressed the value of creating meaningful connections with patients and how these connections could cultivate harmony of body, mind, and spirit. The themes

“nurse’s positive adaptation,” “role transition,” “feeling inadequate” and “experiencing personal distress” each expressed the challenges new graduate nurses face when transitioning to their new roles. These themes supported the essence of a phenomenological experience for this study that *in the particular context of caring for patients with dementia, their lived experience was a personal journey of learning to negotiate the workplace culture and at the same time building confidence and varying degrees of competence.*

Summary

This chapter presented the findings of the phenomenological study of the lived experience of new graduate nurses caring for hospitalized patients living with dementia. The demographic characteristics and background of the eleven participants along with the review of data analysis and the different descriptive excerpts from the new graduate nurses’ lived experiences were presented herein. The thematic analysis yielded nine overall themes addressing both lines of inquiry. Direct quotes were used from the participants’ own words aimed to provide a robust and insightful description of the themes. The themes discovered in the first line of inquiry were protecting patient’s universal rights, ensuring patient safety and well-being, complex care delivery experience, fostering therapeutic nurse-patient relationship, nurse’s positive adaptation and role transition. In the second line of inquiry, the themes were preservation of human connections, feeling inadequate and experiencing personal distress. The themes were analyzed over time and articulated into a cogent phenomenological lived experience.

Chapter 5

Discussion

Introduction

This phenomenological study was conducted to explore the lived experience of new graduate nurses caring for hospitalized patients living with dementia. The purpose of this chapter is to provide a summary of this study's findings, discuss those findings, and address study findings in the context of the larger the body of literature on the topic. In this chapter, the study's limitations and strengths will also be reviewed, and finally, the significance of the study for future research will be presented.

Summary of Findings

The background of this study in chapter one noted that the transitional experience of new graduate nurses is a steep learning curve with hallmarks of the journey being stress, shock, and self-doubt (Duchscher, 2008). The first 12 months of transitioning from nursing school to practice in acute care settings are the most stressful, emotionally challenging, and mentally exhausting for new nurses who are striving to apply the newly acquired skills into practice (Creswell & Plano, 2011). The focus has always been to determine how nurses experience providing care to a highly vulnerable patient population such as the hospitalized PtLWD.

The literature review in chapter two, demonstrated the growing interest in health care overall in the transition process of new graduate nurses from student to professional nurses. However, limited studies have been conducted to explore these nurses' perceptions and feelings of caring for incredibly challenging PtLWD. Published research supported that between six and twelve months after graduation was the most challenging,

excruciating, and demanding period of adaptation for new graduate nurses (Usher et al., 1999; Hussein et al., 2017). These new graduate nurses may be intellectually prepared to embark on their new roles but when it comes to emotional control, they remained novices (Walton, et al., 2018). With the projected rise in the number of PtLWD in the acute care setting, there will be an increase in the number of new graduate nurses entering the workforce. They may find themselves providing care that may be beyond their training and competence thereby making them feel overwhelmed and frustrated.

To give meaning to this phenomenon under study, this work was conducted to address two lines of inquiry. First was to examine the new graduate nurse perceptions of their roles as they care for PtLWD. Each participant's unique experiences were explored through specific topics on their understanding of dementia, perception of their roles, support they received and the nature of the onboarding process. Based on their responses, overall themes of protecting patient's universal rights, ensuring patient safety and well-being, complex care delivery experience, fostering therapeutic nurse-patient relationship, nurse's positive adaptation, and role transition were identified.

The purpose of the second line of inquiry was to determine the new graduate nurse's feelings as they provided care for PtLWD. To generate responses, participants were asked to describe their feelings of providing care to PtLWD and how those care experiences affected their journey towards becoming professional nurses. In describing their personal experiences, they were able to express their challenges as they learned to negotiate the workplace culture while building individual confidence and competence. The overall themes identified from their responses were preservation of human connections, feeling inadequate and experiencing personal distress. Finally, an essence of

the lived experience was identified as *in the particular context of caring for patients with dementia, their lived experience was a personal journey of learning to negotiate the workplace culture and at the same time building confidence and varying degrees of competence.*

Reflection on Findings

As described in chapter one, PtLWD is the most challenging patient population nurses have to care for in the acute care setting. The care of PtLWD requires a multidisciplinary approach and nurses assume a significant role in coordinating the care to ensure the patients' well-being is promoted and maintained. Evidence supports the findings that the knowledge, skills, and attitudes of nurses caring for PtLWD influence the patients' well-being, quality of life and daily functions (Macdonald & Woods, 2005; Chrzescijanski et al., 2007).

Participant Characteristics

Each of the eleven new graduate nurses who participated in this phenomenological study showed open willingness to discuss experiences and feelings while providing care to PtLWD. The characteristics of the participants showed that 73% of them were 23 – 32 years of age. The data published by the California Health Care Foundation (2021) revealed that 24% of California nurses were age 35 years or younger. In the United States, the median age of a registered nurse is 52 years old (Smiley, et al., 2021). This data demonstrated that aging nurses are healthcare's largest workforce therefore, the need to recruit, hire and retain new graduate nurses is more crucial.

Additionally, this data showed that 42% of California nurses were White, followed by 21% Filipino and 10% Hispanic-Latino. Possibly influenced by a setting

located in southern California and the region's proximity to the US-Mexico border, the participants in this study were primarily Hispanic/Latino (45%), followed by 36% White and 18.9 % Asian. In this study, 73 % of the participants were female, and 27% were male. Males represented a larger proportion in this study compared to the 2020 National Nursing Workforce Survey data issued by National Council of State Boards of Nursing that stated males accounted for only five percent of the registered nurse's workforce (Smiley, et al., 2021). Today's patient population is very diverse; however, not all organizations have a nursing workforce that is diverse. It is extremely important for healthcare organizations that people of different ethnicities, races, genders, culture, and socio-economic background are well-represented in the workforce.

All study participants had experiences in caring for PtLWD both personally (within their families) and professionally. Several participants displayed more confidence that stemmed from their experiences from caring for family members with dementia. Participants who had worked in long-term care facilities or hospitals as nursing assistants prior to becoming registered nurses claimed a stronger emotional response such as being able to stay calm and composed as they tried to de-escalate patient behaviors when faced with physical and verbal aggression from PtLWD. This illustrated the theme of nurse's positive adaptation. Specifically, this is where new graduate nurses were able to associate care episodes with personal experiences. The duration of their experiences ranged from two to twenty years and due to the various levels of experience with dementia care, it is essential for new graduate nurses to enhance their skills and be more emotionally prepared to better provide care to PtLWD. A 10-year longitudinal study conducted by Ulrich et al. (2010) reached the same conclusion that new graduate nurses benefit from a

structured immersion that includes guided opportunities to develop mastery of nursing skills.

New Graduate Nurse's Lived Experience

The participants in this study collectively provided a similar outlook as it pertains to their roles in the care and management of PtLWD. As suggested in the themes “protecting patient’s universal rights” and “ensuring patient safety and well-being,” their primary advocacy was to ensure that their PtLWD were safe from any form of harm. The literature lends support as to the significance of this advocacy and why it is fundamental to nursing (Choi, 2015; Negarandeh et al., 2008). The new graduate nurses in this study used person-centered approaches to render care to PtLWD.

However, the new graduate nurses still experienced challenges in the care of hospitalized PtLWD. These experiences were echoed in the literature with nurses at varying levels of expertise (Dewing & Dijk, 2016; Hebditch et al., 2020; Yous et al., 2019). The participants in this study discussed the challenges they faced as they experienced a complex care-delivery system. Their challenges included the ability to manage a wide variety of patient care needs, navigate the impact of language barriers, provide care in the middle of the pandemic, and work in the face of inadequate essential resources, and a lack of dementia care training. The challenges experienced by new graduate nurses that were reported in the literature included managing responsive behaviors, ensuring patient safety, dealing with competing demands that oftentimes led to using chemical and physical restraints, and worrying that they lacked training regarding interventions necessary in an acute care environment (Dewing & Dijk, 2016; Hebditch et al., 2020; Moonga & Likupe, 2016; Yous et al., 2019). These common findings suggest

that nurses, regardless of experience, face the same challenges when caring for PtLWD. Despite the similarities in findings, the reactions of this study's participants to challenging experiences may have been intensified as they were encountering additional challenges brought about by the recent COVID-19 pandemic. New graduate nurses during this time were faced with challenges at an unprecedented magnitude. A study conducted in an acute care geriatric facility among healthcare workers by El Haj et al. (2020) regarding providing care for patients with dementia showed the presence of fatigue, loss of energy and feelings of being overextended and exhausted among those workers.

In the current study, the feelings of new graduate nurses while caring for PtLWD were also explored. Three themes emerged that included "preservation of human connections," "feeling inadequate" and experiencing "personal distress." Participants expressed empathy and how they sensed other people's emotions and experiences. This study also revealed the participants' perception of lack of knowledge, skills and understanding to effectively provide care for PtLWD. On the other hand, research by Nilsson, Rasmussen and Edvardsson (2013) revealed that nurses' feelings of anger and fear due to caring for confused or resistant patients with dementia. However, in this current study, new graduate nurses typically felt angry and frustrated when faced with responsive and aggressive behaviors. Hartung et al. (2021) presented results that are more in alignment with this current study's findings. Specifically, in the Hartung et al. (2021) study, participants reported feelings of frustration, helplessness, and guilt.

Participants in the current study felt unprepared for the experience of caring for hospitalized PtLWD resembling aspects of both Benner's Novice to Expert Theory

(Benner, 1982) and Duchscher's Transition Shock Theory (Duchscher & Windey, 2018). As the participants revealed, they felt that their onboarding was primarily focused on the medical aspect of dementia and less on the psychosocial aspect of care. The participants, being novice nurses, may have to depend on their theoretical knowledge to make critical decisions (Benner, 1982). However, they may lack the theoretical knowledge to address the psychosocial needs of PtLWD in particular, therefore, making them feel unprepared.

Furthermore, as the Duchscher's Transition Shock Theory suggests the shock experience of the participants may have produced negative emotional responses to undesirable situations such as reacting to patient negative responsive behaviors or aggressions. These were real experiences that contrasted with the fundamental assumptions of nurse preparation made in the academic context. The participants in this study believed that they could have been more prepared to deal with these situations if they have been provided the right education.

Despite the challenging experiences and the barriers they faced, the participants in this study moved forward. When they were faced with aggressive and agitated PtLWD, they no longer felt helpless and vulnerable in unfamiliar situations. They learned from their experiences and used these lessons to assist them as they provided care to PtLWD. Through this study, the essence of their experience was identified as *in the particular context of caring for patients with dementia, their lived experience was a personal journey of learning to negotiate the workplace culture and at the same time building confidence and varying degrees of competence.*

In summary, this reflection has positioned the findings of this phenomenological study within the contexture of the body of literature on the lived experiences of new

graduate nurses caring for hospitalized patients living with dementia. The eleven participants in this study provided descriptions of their individual experiences. Although not generalizable, the findings were consistent with what has been available in the literature.

Study Trustworthiness

In this study, the researcher used the Lincoln and Guba's (1985) guidelines for establishing trustworthiness. As stated by Ely (1991), trustworthy research is carried out with fairness and grounded in ethical principles during data collection and analysis. Furthermore, the study results closely represented the lived experiences of the new graduate nurses who participated in the study. The criteria for trustworthiness for this study included credibility, transferability, dependability, and confirmability.

The first criterion was credibility. This was achieved through ensuring a secure and comfortable environment for participants to share personal stories of their lived experiences. Each interview was allotted sufficient time and was scheduled based on the participants' availability and convenience. Furthermore, the researcher used the participants' verbatim statements to appropriately categorize the coded data under each theme as they emerged.

The second criterion was transferability. Defined by Padgett (2008) as generalizability, this study's findings could be applicable to another context or setting. Transferability for this study was achieved by the researcher providing background information, including the use of extended quotes to establish a connection between what the participants had said and the researcher's interpretation and understanding of what they articulated.

Next, the criterion of dependability meant that this study's findings showed consistency and can be repeated in the future. To meet this, the researcher needed to ensure that the analysis process was in line with the standards of qualitative design. This was achieved by having another experienced researcher examine the process and evaluate whether the data supported study findings, interpretation, and conclusion (Lincoln & Guba, 1985).

Lastly, confirmability meant the findings were consistent, understandable, well-founded, and supported by the data (Lincoln & Guba, 1985). The inter-subjectivity of the data was secured, and the interpretation was based on the data obtained from the participants' experiences and not from the researcher's own preferences and viewpoints. Additionally, to warrant confirmability, the researcher ensured that the study was effectively organized, including the use of an interview guide, field notes, data collection sheets, participant master list and the use of another researcher to examine the analysis process.

Reflexivity

This study was conducted at a time when the morale of nurses across the country was at an all-time low due to the COVID-19 pandemic. The crisis has worsened staffing problems leaving nurses taking on increasing responsibilities as COVID-19 surges continued. Additionally, the limitations imposed to keep everyone safe by regulatory agencies disrupted new graduate trainings and nursing education around the world. Nursing students and new graduates were forced to embrace new ways of learning in a very limited timeframe. As shared by participants, this study, in part, came as a pleasant

surprise in that they were able to speak about their experiences not so directly related to the COVID-19 pandemic.

Despite the remote online platform used to conduct the interviews, it provided the participants the opportunity to be in places where they were most comfortable to freely discuss their experiences. Their excitement to participate in the interviews were apparent in their faces and gestures. Their familiarity with the researcher and the culture of the hospital organization made the conversation more open and livelier. The topic and discussions were consistent with the organization's culture that focuses on creating advanced, personal experiences for patients and their families.

Due to the researcher holding a leadership position in the same hospital where the study took place, there was a possibility of social desirability bias. The researcher addressed this possibility by ensuring that active measures were in place to ascertain and minimize the effects of biases. The researcher emphasized the significance of the information that was asked, stressed the importance of true and honest self-reporting while ensuring the participants' anonymity. With the nature of the participants' responses and as soon as the participants started to share their experiences and became visibly at ease, the researcher did not identify any responses that were inflated to reflect good behavior or under-inflated to hide behaviors.

This study's topic was chosen because of the researcher's passion for the education and professional development of new graduate nurses. Additionally, the researcher has a strong advocacy for person-centered healthcare and desire to inspire the new graduate nurses to create partnerships with their patients to meet human needs and

improve outcomes. The researcher and the participants freely and openly conducted the discussion of their lived experiences in a safe and pleasant environment.

Limitations and Strengths of the Study

There were notable limitations with this study. The lived experiences of all new graduate nurses caring for hospitalized PtLWD may not be the same due to the nature of qualitative research. Additionally, the study was conducted in a single hospital; therefore, it may be difficult to transfer the findings (in the quantitative sense) to other locations or different clinical settings.

There was a possibility of social desirability bias due to the researcher holding a leadership position in the same hospital where the study took place. Social desirability bias is the inclination to present reality to conform with what is believed to be socially acceptable. Most qualitative studies acknowledge this as a limitation as it creates complexities in the interpretation of findings (Bergen & Labonte, 2020).

A strength of this research study was the qualitative design. This research design is useful for looking at unique insights of individuals within a specific context or situation. The specific design of the phenomenological method explores the meaning of human experiences, creating opportunities for change through raising awareness (Neubauer, Witkop, & Varpio, 2019). Another strength was the analytical approach used to construct the themes and subthemes through thematic analysis using the six-phased data analysis method.

Study Implications

The main aim of this phenomenological study was to explore the lived experience of new graduate nurses in the care of PtLWD. The results of this study raise several

opportunities for nursing research, nursing education, and nursing dementia care. There were inferences in this study that were substantiated by the data obtained from participants.

Research

Despite of the limitations of this phenomenological study, the findings have significant implications for further research. Replication of this research may denote the need for a better onboarding process among new graduate nurses caring for hospitalized PtLWD. The results of this research may be used to enhance the nurses' knowledge and skills in dementia care.

It is important to conduct research on advanced care planning for patients in the mild decline stage of dementia. As dementia advances, this is the stage when the patient starts to exhibit subtle changes and signs of forgetfulness. Advanced care planning is a process of health behavior change by which patients discuss their wishes, values, and preferences for future care in the event that they lose their capability to make decisions as their dementia progresses. When patient desires are known by the family, decision-making is easier for family members providing nurses with information to individualize their patient-centered care appropriately. To better understand advanced care planning in the context of dementia, a quantitative study might be conducted using an appropriate dementia assessment scale to determine stage of dementia, initiation of advanced care planning and its relationship to family satisfaction, nurse satisfaction and readmission rates of PtLWD.

Nursing Education

As new graduate nurses understand their roles in the care and management of PtLWD, it may be imperative to provide specific training to improve the care for hospitalized PtLWD. In this study, participants verbalized feeling inadequate due to insufficient knowledge and skills to address patients' special needs and their lack of self-worth related to perceived level of professionalism. They believed that they were not ready emotionally, mentally, and physically to care for hospitalized PtLWD. New graduate nurses particularly struggled with feeling inadequate or sense of incompetence. Enhancing their onboarding process through professional development training on dementia care may improve patient and organizational outcomes. These specific trainings could also encourage the new graduate nurses to discuss their feelings and perceptions of their roles while establishing an ongoing open communication with management and hospital administration. Debriefing with new graduate nurses over a three month period and teaching reflection during this time may provide a more in depth perspective about providing care for PtLWD.

Furthermore, the results of this study highlighted the need for a better theoretical and clinical education in dementia care for nursing students. More emphasis should be given to gerontological health and focusing on the students' learning needs across all degree programs. The implementation of innovative methods in dementia care education such as simulation lab and case scenarios should also be explored.

Nursing Dementia Care

This study's findings identified a culture of situating PtLWD within the cracks of the health care systems. First, post-discharge management of PtLWD requires a

comprehensive plan constructed with active participation among nurses and the caregivers at home beginning upon admission to the hospital. Planning for care at home can provide insights for the care required in the hospital. And, oftentimes, poor care planning in the hospital setting increases the PtLWD's length of stay and risk for readmission. Family preparation and support is critical to decreasing readmissions. Hospitals need to establish guidelines for early identification of dementia and initiating advanced care planning as soon as the diagnosis of dementia is confirmed. It should start with providing the nurses and physicians with proper education and training on how to initiate and carry out these difficult conversations. Hospital resources such as social work, case management, and palliative care should be made available for the PtLWD and their families to assist with their care planning and decision-making.

Participants in this study identified that at times there was a lack of family support and appropriate community resources for care of the patient after discharge. Most of the patients discussed in this study were living at home with their families, who also must go to work daily, leaving the PtLWD to care for themselves. Generally, the family members of PtLWD are at high risk of emotional and psychological strain, physical ill-health and financial hardship. One of the measures to address this issue is to get the case manager involved as soon as the patient is admitted to the hospital for post-discharge placement if that is the appropriate level of care required.

Summary

This chapter provided a summary of this study's findings and addressed these findings in the context of the larger the body of literature. Reflections on the participant characteristics and on the new graduate nurses' lived experiences were also presented.

The criteria on the study's trustworthiness discussed credibility, transferability, dependability, and confirmability. Also, in this chapter, reflexivity, study limitations and strengths and the study's implications for research, nursing education and nursing dementia care were highlighted.

Conclusion

This phenomenological study examined the lived experience of new graduate nurses caring for hospitalized PtLWD. With the projected increase in the number of patients with dementia in hospitals, it is imperative to understand the challenges nurses face when providing safe and effective care to PtLWD. By highlighting their experiences in this qualitative study, a description of the phenomenon was achieved.

The new graduate nurses who participated in this study provided robust information as it pertains to the lines of inquiry aimed to understand the essence of their daily experiences. Braun and Clarke's (2006) linear, a 6-phased method was used to guide the data analysis that led to the identification of specific themes for each line of inquiry. This was followed by illustrating the various elements of the themes and then writing a narrative about the participants' lived experiences. This study contributes to the body of knowledge by means of providing deeper meaning and purpose, enhancing understanding of the new graduate nurses' roles, and recognizing their feelings as they provide care to hospitalized PtLWD.

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Appendix A

Invitation Letter

My name is Geline Buenconsejo. I am a student at University of San Diego's Doctor of Philosophy in Nursing Research program. I am kindly requesting your participation in a doctoral qualitative research study that I am conducting titled: Phenomenological Study of the Lived Experience of New Graduate Nurses Caring for Hospitalized Patients with Dementia. The purpose of the study is to explore your experiences to bring a deeper understanding of what it feels like to be a new graduate nurse caring for patients with dementia.

The interview will be conducted remotely and recorded through Microsoft Teams and will take at least one hour. The study involves completing basic demographic information that will be obtained during the interview. I will try to capture your thoughts and perspectives on being a new graduate registered nurse caring for patients with dementia. Your responses to the questions will be kept confidential. Each interview will be assigned a number code to help ensure that personal identifiers are not revealed during the analysis and write up of findings.

Participation is completely voluntary, and you may withdraw from the study at any time. There is no compensation for participating in the study, but your participation will be a valuable addition to our research and findings could lead to greater understanding of your lived experiences.

If you would like to participate in the study, please read the attached Informed Consent, sign and mail back to me using the pre-paid envelope provided.

Please include your most preferred contact information so I can arrange an interview schedule with you. If you have questions, please contact me at (XXX) XXX-XXXX or at xxxx@san Diego.edu or xxxx@sharp.com.

Thank you for your time and participation.

Sincerely,

Geline Buenconsejo, PhD(c), MSN, APRN-CNS, PCCN-K
PhD Student
Hahn School of Nursing & Health Sciences
University of San Diego

Appendix B
Demographic Survey

Code Number: _____

Demographic Profile Questionnaire

1. What is your age? _____
2. Number of months after graduation from nursing school.

3. What is your gender? M F
4. What is your race or ethnicity?
 - White
 - African/American/Black
 - Asian
 - Hispanic/Latino
 - Native American
 - Other
5. Do you have experience with caring for patients with dementia? Yes
 No
6. If yes, what settings were the experience occurred?
 - Personal/ Family
 - Professional/ Work
7. How long have you taken care of patients with dementia? _____

Appendix C

Institutional Review Board Study Review

Nov 30, 2021 2:46:29 PM PST

Geline Buenconsejo
Hahn School of Nursing & Health Science

Re: Exempt - Initial - IRB-2022-173, Phenomenological Study of the Lived Experience of New Graduate Nurses Caring for Hospitalized Patients Living with Dementia (PtLWD)

Dear Geline Buenconsejo:

The Institutional Review Board has rendered the decision below for IRB-2022-173, Phenomenological Study of the Lived Experience of New Graduate Nurses Caring for Hospitalized Patients Living with Dementia (PtLWD).

Decision: Rely on External IRB

Selected Category:

Findings:

Research Notes:

Internal Notes:

The USD IRB requires annual renewal of all active studies reviewed and approved by the IRB. Please submit an application for renewal prior to the annual anniversary date of initial study approval.

If an application for renewal is not received, the study will be administratively closed.

Note: We send IRB correspondence regarding student research to the faculty advisor, who bears the ultimate responsibility for the conduct of the research. We request that the faculty advisor share this correspondence with the student researcher.

The next deadline for submitting project proposals to the Provost's Office for full review is N/A. You may submit a project proposal for expedited or exempt review at any time.

Sincerely,

*Eileen K. Fry-Bowers, PhD, JD
Administrator, Institutional Review Board*

***Office of the Vice President and Provost
Hughes Administration Center, Room 214
5998 Alcalá Park, San Diego, CA 92110-2492
Phone (XXX) XXX-XXXX • Fax (XXX) XXX-XXXX • www.sandiego.edu***