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FROM CRISIS TO AFTERMATH: THE ROLE OF NURSING PROFESSIONAL DEVELOPMENT EDUCATORS DURING THE COVID-19 PANDEMIC: A REALIST CASE STUDY

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by

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Dedication

This dissertation is dedicated to my three amazing children, Zachary, Austin, and Charlotte. You inspire me every day to be a better person. Always remember that you can do hard things! Stay focused, work hard, have fun, and NEVER give up on your dreams. I love you to the moon and back!

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Abstract

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FROM CRISIS TO AFTERMATH: THE ROLE OF NURSING PROFESSIONAL DEVELOPMENT EDUCATORS DURING THE COVID-19 PANDEMIC: A REALIST CASE STUDY
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The purpose of this qualitative, realistic inquiry case study was to examine and understand the experiences of NPD educators as they assisted new graduate nurses transitioning into clinical nursing practice during the COVID-19 pandemic in acute care hospitals in the state of New York. Moreover, this research study sought to understand how the COVID-19 pandemic brought about changes to the NPD educator's role and their ability to assist new graduate nurses transitioning into clinical practice post pandemic.

The sample included NPD educators from acute care hospitals in the state of New York. Data collection included semi-structured interviews and document collection. The study found that during the COVID-19 acute care hospital were unprepared and NPD educators were required to take on additional role and responsibilities. Furthermore, the study found that NPD educators were unable to adequately support the new graduate nurses during the COVID-19 pandemic, yet new graduate nurse rose to the occasion and were willing to care for COVID-19 patients. Finally, the study found that new graduate nurses are less prepared to care for a diverse group of patients and even though this was a stressful time, NPD educator remained motivated to provide care for patients and help the staff.

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Chapter 1

Introduction

Infectious diseases that have the potential to spread and become a pandemic, epidemic, or endemic have been around for centuries. Throughout time, healthcare organizations faced various pandemics and epidemics that have significantly impacted healthcare organizations. Historically, the most notable and impactful epidemics and pandemics include the plague, cholera, influenza, severe acute respiratory syndrome coronavirus (SARS-CoV), and Middle East respiratory syndrome coronavirus (MERS-CoV) (Piret & Boicin, 2021). These pandemics and epidemics led to the development and implementation of public health measures that have been used to control and prevent the spread of these diseases (Piret & Boicin, 2021). These measures include isolation and quarantine guidelines, border control to help control the spread of infectious diseases, and the development of pharmaceuticals to treat infectious diseases (Piret & Boicin, 2021). These strategies were instrumental in combatting the most recent global pandemic, COVID-19.

In the early months of 2020, healthcare organizations in the United States were paralyzed by an international crisis. SARS-CoV-2, also known as the novel coronavirus or COVID-19, was a newly identified pathogen that attacked the respiratory system, making it very difficult for people to breathe (Fox & Richter, 2021). COVID-19 was a disease that people had no immunity to and led to many health complications (Fox & Richter, 2021). The first case of COVID-19 in the United States was identified in January 2020. Within weeks the number of ill patients surged. This created the challenge of

dealing with an abundance of patients who were severally ill and needed critical and intense care (Fox & Richter, 2021).

From this global pandemic, just as with previous pandemics, advancements in handling ill patients with a novel disease were made. New technologies were developed for rapid and accurate testing, contact tracing, drug repurposing, biomarkers for disease severity, and the development of effective vaccines (Piret & Boicin, 2021).

Acute Care Hospitals

An acute care hospital is a hospital that provides medical care to patients in a hospital. Acute care hospitals also provide medical care for acute and chronic illnesses inside a hospital, as well as perform surgeries (CMS, n.d.). During the COVID-19 pandemic, acute care hospitals were faced with many challenges. During this pandemic, an overwhelming number of patients with an unknown disease went to the hospital seeking care (Grimm, 2020). There were many concerns expressed by the hospital during this time. Hospitals were faced with creating additional beds and rooms to treat patients. Hospitals were also unable to discharge patients to post-acute care facilities until the patient met negative COVID-19 swabbing requirements (Grimm, 2020). There was also a shortage of testing supplies. At the beginning and at the height of the pandemic, in the early months of 2020, hospitals reported experiencing shortages in testing supplies and extended wait times for COVID-19 test results (Grimm, 2020).

Acute care hospitals also faced staffing concerns. During the pandemic, hospitals reported a shortage of healthcare providers to meet the anticipated surge of patients entering the hospital. Concerns were also expressed about staff being exposed to the virus, contracting the virus, and being unable to work (Grimm, 2020). Finally, hospitals

were faced with supply shortages, increased costs, decreased revenue, and constantly changing and inconsistent guidelines to care for patients (Grimm, 2020).

During the COVID-19 pandemic, nursing professional development (NPD) educators, in acute care hospitals, were instrumental in disseminating information to staff members as it was being developed (Piret & Boicin, 2021). NPD educators, in acute care settings, were tasked with keeping staff members up to date on constantly changing policies, procedures, and protocols. One of the biggest challenges for NPD educators was remaining up to date with the rapidly changing healthcare environment and disseminating new and developing recommendations and guidelines to staff nurses in the clinical patients' units (Piret & Boicin, 2021). During this time, they were also tasked with assisting new graduate nurses as they transitioned into clinical nursing practice and began their careers as registered nurses.

Nursing Professional Development Educator

The Nursing Professional Development (NPD) Educator is an educator in a hospital setting that specializes in nursing practice and facilitates the professional role development and growth of nurses (Haper & Maloney, 2016). The NPD educator is responsible for the orientation and onboarding of new and experienced nurses, competency management, ongoing education, role development, and driving research and quality improvement projects (Brunt & Russell, 2021). The NPD educator role encompasses two titles, the NPD generalist and the NPD specialist. The NPD generalist is a registered nurse with a bachelor's degree with or without an NPD certification or a registered nurse with a graduate degree who is not certified (Brunt & Russell, 2021). An

NPD specialist is a registered nurse who has a graduate degree in nursing or a related field and holds an NPD certification (Brunt & Russell, 2021).

The role of the NPD educator, in an acute care hospital setting, is complex and pivotal. The NPD educator is viewed as a facilitator of practice transition, a change agent, a mentor, a leader, a champion of scientific inquiry, and an advocate (Brunt & Russell, 2021). As the healthcare environment continues to change, the role of the NPD educator is responsible for ensuring that registered nurses are prepared and competent to meet the demands of caring for an aging and diverse population (Warren & Harper, 2017 & Brunt & Russell, 2021). Furthermore, they promote the professional role development of all Registered Nurses by identifying and creating strategies that encourage growth through a commitment to lifelong learning (Brunt & Russell, 2021). The NPD educator provides ongoing education and in-services to nurses and staff currently working in the organizations (Russell. 2020). Moreover, the NPD educator functions as a leader within the healthcare organization that is responsible for leading quality initiatives that are focused on improving patient safety and patient outcomes. Finally, their role focuses on developing highly reliable processes and implementing new technologies to improve the efficiency and effectiveness of nursing care (Warren & Harper, 2017).

NPD educators are not only responsible for the professional growth and development of Registered Nurses but also for the transition of new graduate nurses and experienced nurses as they transition into clinical practice (Warren & Harper, 2017). One of the primary roles of the NPD educator is to work closely with new graduate nurses as they begin their careers as registered nurses. They play a crucial role in assisting a new graduate nurse in successfully transitioning their role from student nurse

to Registered Nurse (Russell& Juliff, 2021). Working closely with the new graduate nurse ensures they are competent to provide care for a diverse group of patients. A structured orientation procedure is developed by NPD educators to ensure new graduate nurses build clinical reasoning and critical thinking skills. These educators also assist with the adjustment to an overall stressful, fast paced, and complex working environment (Power, et. al, 2019).

During the COVID-19 pandemic, nurses were caring for critically ill patients with an unknown virus. This caused emotional conflict, overwhelming anxiety and stress, and the potential for burnout (Galehdar et al., 2020). Therefore, there was a need for support, as well as for education and training from the NPD educators, to meet the needs of nurses caring for patients with an unknown disease (Fox & Richter, 2021). During this time NPD educators were also responsible for assisting new graduate nurses with their transition into clinical nursing practice.

New Graduate Nurse Transition to Practice

The transition from student nurse to registered nurse can be a difficult and challenging one (Clark & Springer, 2011). The first year of clinical practice for a new graduate nurse often poses many new challenges, various stressors, inconsistencies between theory and practice, and the potential for job dissatisfaction (Teoh, Pua, & Chan, 2012). New graduate nurses struggle with high patient-to-nurse ratios, critical thinking skills, and prioritizing patient care which often leads them to become feeling stressed and overwhelmed (Naylor et al., 2021). This time is widely recognized as a time of stress, role adjustment, and reality shock (Casey et al., 2021). The first year of nursing practice

is important as new graduate nurses gain knowledge and experiences that are often not gained in nursing school (Casey et al., 2021).

The COVID-19 pandemic added additional levels of stress and posed various new challenges for new graduate nurses during an already stressful transition. The COVID-19 pandemic exacerbated common stressors that new graduate nurses experienced (Crismon et al., 2021). New graduate nurses were faced with a higher frequency of patients dying, despite their efforts to keep them alive (Naylor et al., 2021). Nurses felt it was their duty to be there for the patients when families could not be and this took an emotional toll on new graduate nurses (Naylor et al., 2021). New graduate nurses also struggled with rapidly changing protocols, working short-staffed, and feeling overwhelmed physically and emotionally. Much of the stress experienced during this transition can be attributed to a lack of mentoring by more experienced nursing staff or peers (Crismon et al., 2021). New graduate nurses identified needing support, especially from their nurse educator during this time of transition (Smith et al., 2021). Without appropriate support, new graduate nurses faced high levels of fear, anxiety, and stress which may lead to burnout and cause them to leave the profession. New graduate nurses expressed that the NPD educator was a sense of support as they transitioned into practice during the COVID-19 pandemic (Crismon et al., 2021).

Problem Statement

Healthcare crises, global pandemics, and epidemics have impacted healthcare organizations for centuries (Piret & Boicin, 2021). In the early months of 2020, the COVID-19 pandemic significantly impacted the United States and caused turmoil in healthcare organizations. Acute care hospitals were inundated with patients seeking

medical attention. They have faced staffing shortages, shortages in testing supplies, needed to expand hospital capacity, shortages of critical medical supplies, and constantly changing and inconsistent guidelines (Grimm, 2020). These challenges placed acute care hospitals in a state of turmoil as they tried to navigate these challenges and provide care for a large number of patients with a unknown disease (Grimm, 2020).

The global pandemic placed psychological and emotional demands on all healthcare professionals trying to care for critically ill patients while trying to understand a novel illness (Galehdar et al., 2020). Healthcare workers required support, as well as education and training (Fox & Richter, 2021). NPD educators needed to ensure staff was knowledgeable, up to date with evolving clinical knowledge, and support in caring for these patients. However, NPD educators were also balancing the task of assisting new graduate nurses as they transitioned into clinical practice from student nurse to registered nurse (Fox & Richter, 2021).

NPD educators in acute care hospital settings play a crucial role in supporting new graduate nurses and assisting with a successful transition into clinical nursing practice. The transition from student nurse to Registered Nurse can be a difficult and complex one (Clark & Springer, 2011). The first year of clinical practice for a new graduate nurse often poses many new challenges, various stressors, inconsistencies between theory and practice, and the potential for job dissatisfaction (Teoh, et al., 2012). During the first year, new graduate nurses feel anxious, uncertain about their ability to do the right thing, struggle with heavy workloads, and feel stressed about meeting expectations (Monforte-Royo & Fuster, 2020). Nearly 18 percent of new graduate nurse leave the profession within the first year (American Nurses Association, 2023). The

COVID-19 pandemic added additional levels of stress and posed various new challenges for new graduate nurses during an already stressful transition.

NPD educators felt the pressure of balancing educating and supporting existing staff while supporting and assisting new graduate nurses transition into clinical nursing practice (Fox & Richter, 2021). Research has shown that the role of the nurse educator in an academic setting was significantly impacted. However, there is a lack of literature discussing the experience of NPD educators working with new graduate nurses as they began their clinical nursing practice as registered nurses during the COVID-19 pandemic. Furthermore, there is a lack of research that exists discussing how the role of the NPD educator has changed and evolved in assisting new graduate nurses transition into clinical nursing practice due to their experiences during the COVID-19 pandemic.

Purpose Statement

The purpose of this qualitative, realistic inquiry case study was to examine and understand the experiences of NPD educators as they assisted new graduate nurses transitioning into clinical nursing practice during the COVID-19 pandemic, in acute care hospital setting between March of 2020 to present time in the state of New York. Moreover, this research study sought to understand how the COVID-19 pandemic brought about changes to the NPD educator's role and their ability to assist new graduate nurses transitioning into clinical practice post pandemic.

Research Questions

1. How do organizational policy, procedures, and practices generate a shift in the role of nurse educators as it relates to engagement with new graduate nurses during a pandemic?

2. What was the experience of nursing professional development educators, in acute care hospitals, assisting new graduate nurses transition into clinical practice during the COVID-19 pandemic?
3. In what ways did the COVID-19 pandemic shift the role of the nursing professional development educator as it relates to engagement with new nurses post-pandemic?
4. In what ways did job demand and job resources impact the work performance of NPD educators during the COVID-19 pandemic?

Definition of Terms

The following terms are defined for the purpose of this study:

Nursing professional development educator. A nursing professional development educator, for the purpose of this study, is a nurse educator in a hospital setting that facilitates the professional role development and growth of nurses (Haper & Maloney, 2016).

New graduate nurse. A new graduate nurse is a nurse with 12 months or less of clinical experience in an acute care setting as a registered nurse.

Experienced registered nurse. An experienced registered nurse is a Registered Nurse currently working in an acute care hospital setting with more than 1 year of nursing experience.

Acute care setting. An acute care setting is an inpatient hospital setting.

Endemic. A condition that occurs at a predictable rate among a population

Epidemic. The outbreak of an infectious disease/illness that spreads to a larger geographic area.

Pandemic. An epidemic that spreads globally.

Transition. Transition is defined as the time when a new graduate nurse moves from their role as a student nurse to registered nurse.

Academic partners. An academic partner is defined as faculty members at colleges and universities.

Theoretical Framework

Crises and events that occur during that crisis can be viewed as employee stressors that occur within any organizational environment. This includes how the employees perceive, evaluate, and cope with the stress that they face (Tummers & Bakker, 2021). Therefore, using a stress theory is appropriate for understanding an employee's experience and behavior during a time of crisis. This study will use the job demands-resources model used to understand NPD educators' experiences and behaviors in assisting new graduate nurses transition into clinical practice during the COVID-19 pandemic.

The job demands-resource model was developed in approximately 2001 (Yin et al., 2018). The job demands-resources model hypothesized that the organizational environment can impact the overall well-being and work performance of an employee (Tummers & Bakker, 2021). This case study focused on the impact of stressors and motivators on job performance. The main assumption of this model is that every occupation has risk factors that lead to job-related stress (Demerouti & Bakker, 2011). A major concept of the job demands-resources model is that while there is diversity among employee job requirements, their job characteristics can be classified into two categories: job demands and job resources (Tummers & Bakker, 2021). Job demands can often lead

to strain and job resources often lead to motivation (Zacher & Randloph, 2020). Job demands are considered the physical and emotional stressors that impact an employee's role. Job resources are the physical, social, and organizational factors that help an employee achieve goals and reduce levels of stress (Tummers & Bakker, 2021). When job demands are high and job resources are low, burnout and stress are inevitable for an employee in any organization (Tummers & Bakker, 2021). However, adequate resources can offset the demands of a job and encourage motivation and engagement from an employee (Tummers & Bakker, 2021). Therefore, the model is appropriate for studying the experience of NPD educators during a time of crisis, as a crisis can lead to changes in an employee's work characteristics (Zacher & Randolph, 2020).

Delimitations

When conducting a research study, it is expected that there will be limitations in the study. One major limitation of this study is the potential for bias. During the COVID-19 pandemic, I worked in the role of an NPD educator. Therefore, I will need to remain mindful of my experiences, assumptions, and expectations throughout the data collection and analysis process. Moreover, the study will be limited to the state of New York. Therefore, there is the potential for participants may not share openly and honestly due to past developed and established relationships as colleagues in the NPD educator role (Naylor, 2021).

Another limitation of this study is the sample used in this study. A majority of nurses and nurse educators are female; therefore, the study may lack gender diversity (Nowell, 2021). Furthermore, study participants will be required to have a minimum of one year of experience as a nurse educator, in an acute care setting before the start of the

pandemic. This will ensure they understood what the role was before the start of the pandemic and be able to understand how the was impacted, as well as how it changed.

Significance of Study

The role of the NPD educator is important in the growth and development of new graduate nurses as they transition into clinical nursing practice (Russell & Juliff, 2021). The role of the NPD educator has evolved through the years. The COVID-19 pandemic impacted the roles and responsibilities of members of the healthcare team, especially NPD educators. To ensure that NPD educators adequately prepare new graduates for future healthcare crises. It is important to understand the experience of NPD educators during the COVID-19 pandemic. The context of this study has relevance for practice, policy, and research.

Practice

This study can make a significant impact on the practice and role of NPD educators. During the COVID-19 pandemic, every aspect of nursing education and nursing practice was challenged (Weberg et. al., 2021). The COVID-19 pandemic highlighted the current concerns in the nursing education curriculum. Even before the COVID-19 pandemic nursing students were not adequately prepared and required additional training in their first role as a Registered Nurse (Weberg et. al., 2021). The NPD educator role is critical in ensuring the gap is closed and new graduate nurses receive the knowledge and training to care for a diverse group of complex patients.

The findings from this study will provide an understanding of how the role of the NPD educator was impacted during the COVID-19 pandemic. Furthermore, findings can be used to improve the orientation process for new graduate nurses and assist with the

evolvement of the NPD educator role. New graduate nurses need support from the NPD educator to build confidence, and skills, and become adjusted to the role of a registered nurse (Russell & Juliff, 2021).

Policy

The results of this study can be used to inform policy and ensure NPD educators, new graduate nurses, and all nurses are protected and prepared to adequately care for patients during future pandemics. The results from this study can guide creation of a hospital policy to dictate orientation guidelines for new graduate nurses during a pandemic, as well as a hospital preparedness plan.

Research

NPD educators are responsible for ensuring that new graduate nurses are adequately prepared to care for a diverse group of patients. A healthcare crisis, such as a pandemic, or epidemic, forces healthcare professionals to become innovative to develop new structures and generate new solutions to barriers met during the crisis (Weberg et. al., 2021). Through this research study, new knowledge can be added to a limited body of literature on the NPD educator's experience with new graduate nurses during the COVID-19 pandemic. Furthermore, additional information could be gained to improve the orientation process to ensure new graduate nurses are prepared to provide quality nursing care during future healthcare crises (Russell & Juliff, 2021). NPD education can challenge the assumptions of how education currently takes place and embrace change and the evolution of nursing education to improve the future of the profession (Weberg et. al., 2021).

Additional studies can be focused on the innovative and creative ideas that NPD educators used in the clinical setting to prepare new graduate nurses (Russell & Juliff, 2021). Furthermore, research is needed to examine partnerships between academia and hospital organizations to examine ways to decrease the gap between theory and practice (Russell & Juliff, 2021). Finally, the COVID-19 pandemic impacted the physical and psychological health of all healthcare providers and NPD educators are often a source of support for the healthcare team. Therefore, additional research should be conducted to evaluate self-care methods used by NPD educators during the COVID-19 pandemic.

Organization of Dissertation

This research study is designed to explore the experience of the NPD educators and their experience assisting new graduate nurses as they transition into clinical nursing practice during the COVID-19 pandemic. Chapter two of this dissertation will provide a literature review that includes a synthesis of the literature. Chapter three will discuss the methodology used in this study. Chapter four will present the findings of this study. Chapter five will provide a thorough discussion of the findings, make recommendations and discuss implications for practice, leadership, policy, and research.

Chapter 2

Literature Review

A literature review was conducted to examine the current literature available regarding acute care hospitals during a crisis, registered nurses and their experiences during a healthcare crisis, NPD educators as well as Nurse Educators within an academic setting, and the experience of new graduate nurses transitioning into practice, the experience of a preceptor in assisting a new graduate nurse transition, and the use of Job Demands-Resource theory. This literature review seeks to identify gaps in the current literature about NPD educators assisting new graduate nurses transitioning into clinical practice during a global pandemic.

Acute Care Hospitals

Acute care hospital settings provide medical care for acute and chronic illnesses inside a hospital, as well as perform surgeries (CMS, n.d.). Hospitals also play a role in responding to various forms of crisis. The bubonic plague, polio, smallpox, cholera, SARS, and the Spanish Flu are all infectious disease outbreaks that have affected and disrupted healthcare organizations as well as social, political, and economic environments for centuries (Sharma et al., 2021). Natural disasters and acts of terrorism are also forms of crisis that led to increased demands on acute care hospitals and have led to surges of patients seeking medical attention in acute care hospitals (Palinkas et al., 2020). During a pandemic, epidemic, or healthcare crisis, acute care hospitals are significantly impacted and play an essential role in responding to the needs of patients seeking medical attention (Mclean et al., 2022; Wurmb, et al., 2020).

The most recent infectious disease pandemic to impact acute care hospitals was the COVID-19 pandemic began in Wuhan, China in 2019. The surge of patients who entered hospitals created a need for more rooms for patients and hiring additional staff. This pandemic also led to financial burdens, the need for ongoing education and communication, and maintaining resources (Kaye et al., 2020). The management of patients and conduction of hospital operations during the COVID-19 pandemic was based on information published on how to manage patient care from the beginning of the COVID-19 pandemic, as well as procedures and experiences from the SARS, Ebola, and MERS-CoV, and polio outbreaks globally (Peiffer-Smadja et al., 2020). The impact a healthcare crisis has on hospital operations, hospital emergency preparedness, hospital staffing plans, employee well-being, as well as the need for organizational support, training and education, infection control plans, leadership, communication, and supplies are all discussed in the literature (Peiffer-Smadja et al., 2020). This content will be addressed below in some detail as they pertain to understanding the impact the COVID-19 pandemic and previous pandemics had on acute care hospitals. This content will also provide the context for this realist case study.

Hospital Emergency Preparedness

When a public health emergency strikes any healthcare setting, substantial amounts of patients can potentially present to the hospital rapidly requiring intensive care and significantly impacting the operations of the organization (Hui, et al., 2007). Palinkas et al. (2020) identified that during the COVID-19 pandemic procedures within acute care, organizations were impacted, as well as the quality of care provided to patients. The implementation of hospital policy regarding COVID-19 testing led to delays

in delivering patient care and confusion for healthcare providers over what guidelines were being implemented at any point and time (Palinkas et al., 2020). Therefore, hospitals must have emergency preparedness plans in place, as there is little time to prepare when a pandemic strikes.

Many hospitals have emergency preparedness plans in place to handle emergencies (Palinkas et al., 2020). Emergency preparedness refers to the planning and actions that hospital organizations take to ensure that the organization is ready to respond to an emergency in a coordinated, timely, and effective manner (Hui, et al., 2007). A hospital's emergency preparedness plan often includes staffing plans, equipment, and ongoing education and training plans for staff (Hui, et al., 2007).

Emergency preparedness plans are needed to guide healthcare organizations before, during, and after an infectious disease outbreak. Hui, et al. (2007) found that during the SARS crisis, hospitals in Beijing, China had an emergency preparedness plan in place. However, only approximately only half reported that their facilities reviewed, updated, or practiced their emergency preparedness plans (Hui, et al, 2007). Moreover, Zoutman et al. (2009), identified that during the influenza infectious outbreak in Canada, hospitals in Canada did not have an emergency preparedness plan, very few hospitals had tested their preparedness plan, many team members were not involved, plans were incomplete and funds were inadequate. If acute care hospitals lack a sound pandemic preparedness plan, they are risking increased morbidity and mortality among patients (Zoutman et al., 2009).

To carry out an emergency preparedness plan during an infectious disease outbreak, many hospitals established a command center to oversee hospital operations

and ensure hospital preparedness plans were carried out (McLean et al., 2022, Al-Dorzi, et al., 2016, Smadja et al., 2020). The command center was tasked with redesigning current hospital infrastructures to handle the surge of patients entering the hospital, manage staffing shortages, address deployment of staff, and recruitment of new staff. The command center was also responsible for managing PPE, and communication (McLean et al., 2022; Al-Dorzi, et al., 2016; Peiffer-Smadja et al., 2020). Al-Dorzi et al. (2016) found that during the MERS outbreak, new guidelines were being developed at a rapid pace to keep up with the day-to-day evolution of new scientific data. The command center established management of patient care guidelines, educational and training material, and hospital visitation guidelines (Al-Dorzi, 2016).

Patient Surge Management

During a healthcare crisis, large amounts of patients flock to the hospital to seek medical attention (Hui, et al., 2007). To meet the demands of patients seeking medical attention during a healthcare crisis, hospitals had to convert from their current capacity to a surge capacity and create extra beds to accommodate the number of patients seeking medical care (Hui, et al., 2007; Al-Dorzi et al., 2016; Grimm, 2020). However, even with creating extra space, most hospitals did not have enough beds to meet the demands of all the patients seeking medical attention (Hui, et al., 2007). Hui et al. (2007) found that hospitals in Beijing were able to create 4700 extra beds and still struggled to manage the number of patients seeking medical attention. Furthermore, Al-Dorzi et al. (2016) identified that patients with non-infectious diseases were transferred to other hospitals or other units.

The COVID-19 pandemic posed similar issues with managing and accommodating the surge of patients entering healthcare organizations by needing to increase hospital capacity. Hospitals anticipated being overwhelmed with COVID-19 patients and experiencing a shortage of hospital unit beds, negative pressure rooms, intensive care unit beds, and isolation rooms (Grimm, 2020; Wurmb et al., 2020; Peiffer-Smadja et al., 2020; Gupta & Federman, 2020; Kerlin et al., 2021). In a national survey, Kerlin et al., (2021) identified that 96.7% of hospitals in the United States, canceled or postponed elective surgeries and non-surgical procedures to create additional rooms and preserve intensive care unit capacity. Twelve percent of hospitals in the United States created new medical units. To meet the demands and strain placed on critical care resources and space, many hospitals created or were prepared to create clinical units into Intensive Care Units (ICUs) (Kerlin et al., 2021).

Grimm (2020) and Kerlin et al. (2021) also highlighted the concerns about ventilators needed to manage the surge of patients. Grimm (2020) found that many hospitals lacked a sufficient number of ventilators needed for patients. Hospitals were forced to make decisions regarding which patients would receive a ventilator. This decision posed a liability to the hospital (Grimm, 2020). Kerlin et al. (2021) found that hospitals were able to buy or borrow ventilators. Additionally, hospitals that participated in this study did not have the plan to ration ventilators or connect two patients to the same ventilator, yet identified they would be prepared to do so if needed. The knowledge from these national studies portrays an acute care hospital's response to meet the demands of a pandemic (Grimm, 2020; Kerlin, 2021). However, a major limitation of this national study conducted by Kerlin et al. (2021) was a low response rate. Having a clear

understanding of a hospital's response to a pandemic and patient outcomes can assist with planning for future pandemics (Kerlin et al., 2021).

Infection Control & Prevention

During a pandemic caused by an infectious disease/illness, hospitals implemented precautions to prevent the spread of illnesses or infections to staff and other patients (Al-Dorzi et al., 2016; Palinkas et al., 2020; Wurmb, et al., 2020). When the MERS outbreak occurred, hospitals implemented airborne precautions for all confirmed or suspected patients and required staff members to wear a N95 respirator (Al-Dorzi et al., 2016). Specific policies and procedures were developed and updated for putting on and taking off personal protective equipment (PPE). Hospitals in Beijing also implemented additional signage outside of patients' rooms, additional training on hand hygiene, applying and removing PPE, and proper cleaning techniques for housekeepers. However, with these new infection control requirements, Al- Dorzi et al. (20216) identified there was an increased need for the number of supplies available (Al-Dorzi et al., 2016). The use of alcohol-based hand sanitizers increased by 30% and N95 respirator mask usage increased by more than 15%. Airborne isolation precautions were also implemented during the COVID-19 pandemic.

During the COVID-19 pandemic, hospitals reported an increased usage of PPE which led to widespread PPE shortages, a delayed turnaround time from distributors to replenish supplies, and an increased cost (Grimm, 2020; Palinkas et al., 2020). Grimm (2020) revealed that hospitals went from using 200 masks per day pre-pandemic to approximately 2,000 masks per day during the pandemic. PPE supply distributors were limiting the number of supplies a hospital could order and many supply distributors had a

3-6 month turnaround time to restock necessary supplies, like N95 masks, gloves, gowns, and face shields (Grimm, 2020). The price of masks that cost 50 cents apiece now cost six dollars apiece (Grimm, 2020). Hospital administrators expressed concerns about placing employees and their families at risk of contracting the illness if they did not have adequate supplies (Grimm, 2020). However, Palinkas et al. (2020) found that although the workload of staff increased due to the implementation of new procedures for wearing PPE, there was an adequate number of supplies available for staff to remain protected and provide care to patients.

Hospital Staffing

For healthcare organizations to effectively respond to a large-scale infectious disease outbreak, sufficient personnel and medical staff are required (Hui, et al., 2007). However, one of the biggest challenges that hospitals faced during a large-scale infectious disease outbreak or healthcare crisis is staffing, including nurses and physicians (Hui, et al., 2007; Al-Dorzi et al., 2016). Hui, et al. (2007) discovered that during the SARS epidemic, a hospital in Beijing China faced staffing shortages. Hospitals in Beijing needed more nurses and infectious disease physicians to provide adequate care for the number of patients entering the hospital for treatment. Al-Dorzi et al. (2016) found that during the MERS outbreak, additional healthcare workers were needed to care for and manage the demands of the patients. An additional one to two nurses was needed to care for the high-acuity patients, assist with procedures, and monitor proper infection control practices (Al-Dorzi et al., 2016).

During the COVID-19 pandemic, there was also a need for additional healthcare workers, nurses, and physicians, to care for COVID-19 patients (Peiffer-Smadja et al.,

2020). Peiffer-Smadja et al. (2020), found that during the COVID-19 pandemic, hospitals in France struggled with recruiting healthcare workers due to increased demands at all hospitals, media coverage, rumors, and feelings of anxiety by healthcare workers in caring for COVID-19 patients. Wurmb et al. (2020) identified that there was limited staff available due to a lack of open childcare facilities to assist hospital employees, illness, and quarantine requirements. This shortage of healthcare workers led to healthcare workers being denied vacations and time off and many healthcare workers worked extra hours (Peiffer-Smadja et al., 2020).

Hospitals in the United States also reported that they were not able to maintain adequate staffing levels in hospitals (Grimm, 2020). A national study identified that specialized providers that were needed to meet the anticipated demands were not available which led to concerns about exacerbating the staffing shortages and overworked staff (Grimm, 2020). During a pandemic, it is critical to maintaining adequate staffing levels to provide high-quality, safe patient care. Wurmb et al. (2020) recommended recruiting and training staff from other specialties, training nurses to work in the intensive care unit, collaborating with other healthcare organizations, recruit and training medical and nursing students. However, maintaining adequate staffing levels can be difficult, as working through a pandemic can impact the well-being of frontline staff members, specifically Registered Nurses (Van Devanter et al., 2014, Lee & Kang, 2020, Koontalay et al., 2021, & Billings et al., 2021, Lam et al., 2019).

Nurses and Crisis

Healthcare workers are at the forefront of the healthcare crisis, caring for the surge of patients who enter the hospital (Peiffer-Smadja et al., 2020). A healthcare crisis

can significantly impact all healthcare workers, especially Registered Nurses. Research has focused on the impact, response, and experiences of Registered Nurses during pandemics, epidemics, and crises (Van Devanter et al., 2014, Lee & Kang, 2020, Koontalay et al., 2021, & Billings et al., 2021, Lam et al., 2019).

Nurse Well Being

Working through a pandemic, epidemic, or healthcare crisis posed many emotional and psychological challenges for Registered Nurses. Registered Nurses who worked during a pandemic or healthcare crisis experienced feelings of fear, stress, anxiety, doubt, insecurity, depression, and irritability, and struggled with work-life balance (Lee & Kang, 2020; Koontalay et al., 2021; Billings et al., 2021; Van Devanter, et al., 2014; Yayla & Ilgin, 2021). Nurses who staffed the units caring for MERS, SARS, and COVID-19 had concerns about contracting the illness and transmitting the illness to their families (Hui, et al., 2007, Al-Dorzi et al., 2016, Koontalay et al., 2021). Yayla & Ilgin (2021) identified that nurses who worked through the COVID-19 pandemic experienced a work-life imbalance and the pandemic impacted their psychological well-being. The findings from this study suggest that programs should be created to assist nurses with overcoming their fears, and leaders should recognize signs of distress in nurses and intervene. Nurses should also be screened regularly for psychological distress, receive emotional support, receive adequate breaks, and regulated work times to improve the quality of care provided to patients and the overall performance of nurses (Yayla & Ilgin, 2021). Van Devanter et al. (2014) studied the experience of nurses during the healthcare crisis of Hurricane Sandy in New York City and found the situation to be stressful, challenging to work in unfamiliar environments, and received an orientation

that was insufficient to prepare them to work in a new environment (Van Devanter et al., 2014). The knowledge gained from this study can be used to develop national and regional policies to support nurses during future healthcare crises and manage patients during a surge (Van Devanter et al., 2014).

To cope with these emotions of caring for patients with an unfamiliar disease, registered nurses need support, policies, education, and training to ensure nurses are equipped with epidemic management skills (Lam et al., 2019; Van Devanter et al., 2014; Lee & King, 2020). However, Koontalay et al., (2021) and Lee & Lee (2020) found that many healthcare workers felt unprepared to provide care for COVID-19 patients. Lee and King (2020) found that additional education and training that focuses on self-efficacy and caring for patients with evolving infectious diseases needs to be created. Providing this form of education to nurses can potentially lead to a nurse's willingness to care for patients with evolving infectious diseases and be better prepared for future pandemics. However, there is a lack of literature discussing the role, experience of, and impact on the NPD educator in providing nurses with education and support in an acute care setting during a pandemic, epidemic, or healthcare crisis.

Nursing Professional Development Educator Role

The role of an NPD educator is essential role to ensuring that nurses are prepared to provide patients in a hospital with safe and excellent care (Coffey & White, 2019; Warren & Harper, 2017). The NPD educator's role in healthcare organizations, especially as healthcare continues to evolve and there is a demand to meet the needs of a diverse aging population (Warren & Harper, 2017). The NPD has a vast array of responsibilities including supporting novice and experienced nurses (Coffey & White, 2019). NPD

educators spend the majority of their time working side-by-side with nurses at the bedside answering a question about policies, assisting with new procedures, troubleshooting any clinical issues, and conducting a structured orientation program for newly hired experienced and new graduate nurses to assist with a smooth transition (Coffey & White, 2019).

Understanding the role of NPD educators is critical to healthcare organizations achieving positive patient outcomes, yet there is a lack of research that clearly defines how clinical nurse educators spend their time (Dagg et al., 2022; Coffey & White, 2019; Sayers et al., 2011). Coffey and White (2019) sought to quantify the role of the clinical nurse educator by using the measure of time. The study found that clinical nurse educators spend most of the time acting as clinical resource persons followed by designing and developing orientation programs (Coffey & White, 2019). However, additional research needs to be conducted from a qualitative standpoint to gain a more in-depth understanding of their role in acute care settings.

Sayers et al. (2011) found that the NPD educator is critical to supporting clinical nursing practice and developing a skilled and competent nursing workforce. However, it has been identified that the NPD role is ill-defined and there is a lack of role clarity among NPD educators in acute care hospital settings (Sayers et al., 2011). Furthermore, the lack of NPD role clarity is often intensified by increased scrutiny of a position that does not directly provide care for patients. Therefore, additional research is needed to understand the role and experiences of NPD educators and the impact they have on patient outcomes and the professional development of nursing (Sayers et al., 2011).

Nursing Professional Development Educator and Crisis

There is limited research surrounding the experience of the NPD educator in assisting new graduate nurses transition into clinical practice, especially during the COVID-19 pandemic. Studies have identified and described how NPD educators needed to adjust traditional orientation plans during the COVID-19 pandemic (Dale-Tam & Thompson, 2021; Weiss et al., 2021). Due to social distancing restrictions, traditional orientation for new nurses could not take place. Dale-Tam and Thompson (2021) and Weiss et al., (2021) identified that NPD educators conducted a virtual orientation to meet the needs of the nurses to practice safely in an acute care setting. Both studies focused on understanding the perspective of the staff who attended the orientation, rather than the NPD educator who conducted the virtual model. The virtual orientation model was convenient and sufficient (Dale-Tam & Thompson, 2021) and was identified as a safe environment for staff to learn (Weiss et al., 2021). Further research needs to be conducted to understand the impact these changes had on the role and experience of the NPD educator.

The COVID-19 pandemic is recognized in the new scope and standards as a significant issue for NPD educators and has the potential to influence the future practice of NPD educators (Maloney & Harper, 2022). Lessons learned from the COVID-19 pandemic can prepare NPD educators for future infectious disease outbreaks with the development of technology, and ongoing processes. Lessons learned from the COVID-19 pandemic can also assist in bridging the gap between academia and clinical practice. Nursing programs were also significantly impacted by COVID-19 and many nursing students had minimal clinical experiences in nursing school (Maloney & Harper, 2022).

Nursing Faculty in Academia

Although this study focuses on nurse educators in an acute care hospital setting, it is important to differentiate the role of an educator in an acute care setting versus an academic setting. Nursing faculty in academia a focused on preparing students to enter into clinical nursing practice after graduation (Strouse & Nickerson, 2016; Gazza, 2009). Strouse and Nickerson (2016) found that faculty play a role in preparing nursing students to enter into the professional culture of nursing. Gazza (2009) examined the experience of nursing faculty in a baccalaureate program and identified that faculty play a major role in making a difference in the student's experience, the profession of nursing, and the world (Gazza, 2009). The study also found that nursing faculty can mentor nursing students and provide them with the knowledge and skills they needed to be successful in beginning their nursing careers (Gazza, 2009).

Additional responsibilities of nursing faculty in academia include the development and implementation of innovative teaching strategies to enhance the student's learning experience (Wells-Beede, 2020; Kinder & Kurz, 2018; Chu et al., 2019). The use of a flipped classroom is one innovative and student-centered approach. Wells-Beede (2020) found that, although challenging, faculty were satisfied with using a flipped classroom technique (Wells-Beede, 2020). This innovative technique assisted with enhancing the classroom learning experience. Gaming is another innovative strategy that faculty use in the classroom to engage students, allow students to apply knowledge, and, improve retention of knowledge (Kinder & Kurz, 2018). Kinder and Kurz (2018) found that using this virtual gaming approach significantly positively the experience and difference and students' test scores. Knowledge and use of these

innovative strategies were critical when the COVID-19 pandemic forced nursing programs to move to a virtual platform. Faculty needed the implement innovative teaching strategies to enhance the virtual learning experience.

COVID-19 Impact on Academia

The COVID-19 pandemic significantly impacted nursing faculty in academics and the way content was delivered to students (Gaffney et al., 2021; Iheduru & Foley, 2021; Sacco & Kelly, 2021). As the COVID-19 pandemic plagued healthcare organizations, the pandemic also significantly impacted undergraduate nursing programs. Nursing programs were forced to implement remote learning and faced many challenges (Gaffney et al., 2021). These challenges included transitioning to remote learning while trying to deliver high-quality education without the benefit of high-fidelity patient simulation experiences, the use of high-fidelity simulation, or direct patient care experiences (Gaffney et al., 2021; Iheduru-Anderson & Foley, 2021; Sacco & Kelly, 2021). Gaffney et al. (2021) found that the transition to remote learning was sudden, unexpected, and overwhelming. Sacco & Kelly (2021) and Iheduru-Anderson & Foley (2021) suggested that the move to a virtual platform threatened the emotional well-being of faculty members. Faculty members experienced adverse effects on their well-being. Nursing faculty felt a sense of guilt, overwhelmed, stressed, and a sense of isolation, but did not reach the point of burnout (Iheduru-Anderson & Foley, 2021). Many faculty members felt emotionally and physically drained from the experience of trying to identify clinical lab and classroom substitutes and ensure students would progress through the nursing programs without hands-on experience (Sacco & Kelly, 2021 & Iheduru-Anderson & Foley, 2021).

The transition to teaching remotely during a pandemic increased the workload of nursing faculty and lead to a decreased quality of education (Sacco & Kelly, 2021 & Iheduru- Anderson& Foley, 2021). Iheduru-Anderson & Foley (2021) found that faculty felt that they were scrambling to find suitable education modalities to take the place of clinical and lab substitutes and struggled with using new technology. Some had a lack of resources to teach remotely. Faculty experienced longer work hours and an increased workload as they prepared for lectures and addressed student concerns. Despite these disruptions, Sacco & Kelly (2021) recognized that while faculty felt frustrated with the rapidly changing policies, procedures, and university plans, they felt supported by their administration. However, they felt guilty that they weren't on the front working to care for COVID-19 patients (Iheduru-Anderson & Foley, 2021). The impact that COVID-19 had on academic faculty also impacted the experience and transition of new graduate nurses.

New Graduate Nurses

Transition to Practice

The transition from student nurse to Registered Nurse can be a difficult and complex one (Clark & Springer, 2011, Teoh et al., 2012, & Monforte-Royo & Fuster, 2020). Teoh et al. (2012) found that the first year of clinical practice for a new graduate nurse often poses many new challenges, various stressors, inconsistencies between theory and practice, and the potential for job dissatisfaction. Monforte-Royo & Fuster (2020) identified that during the first year of nursing practice, new graduate nurses feel anxious, uncertain about their ability to do the right thing, struggle with heavy workloads, and feel stressed about meeting expectations.

Transition to Practice During a Healthcare Crisis

The pandemic added additional challenges and significantly impacted new graduate nurses as they transitioned into clinical practice during the COVID-19 pandemic (LoGiudice & Bartos, 2020; Crismon et al., 2021; Naylor et al., 2021; Garcia-Martin et al., 2020; Sessions et al., 2020). LoGiudice & Bartos (2020) explained that during the transition into clinical nursing practice new graduate nurses felt overwhelmed and struggled with constantly changing protocols, with how lonely patients were due to visitor restrictions, and had a fear of getting sick or spreading the illness to family members or colleagues. Garcia-Martin et al. (2020) found that novice nurses expressed feelings of anxiety, felt guilty about the potential of being a burden to expert/experienced nurses, had fears of infecting their loved ones, felt a lack of support from organizational administration, dealt with new challenges such as permanent use of PPE, had a lack of available resources, expressed the need for technology to improve practice, and the need for additional training to prepare them for a pandemic situation (Garcia-Martin, et al. (2020).

New graduate nurses found that they needed to be more flexible, identified that there was a disconnect between knowledge and practice, wearing masks increased communication issues, and they did not have self-care strategies (Crismon et al., 2021, Naylor et al., 2021, Garcia-Martin et al., 2020, and Sessions et al., 2020). Naylor et al. (2021) found that during their transition into clinical practice, new graduate nurses struggled with working short-staffed, caring for high-acuity patients with limited training, dealing with dying patients, and struggling to find ways to cope. The COVID-19

pandemic added additional layers of stress and challenges for new graduate nurses as they transitioned into clinical nursing practice.

Mannino et al. (2021) conducted a study to explore the impact of the COVID-19 pandemic on new graduate nurses with less than one year of experience and current nursing students' perception of safety and the profession of nursing in New York State. Qualitative and quantitative data confirmed that new graduate nurses felt unsafe due to a lack of support, lack of resources, and feeling unprotected (Mannino et al., 2021). Mannino et al. (2021) found that the perception of safety was different depending on the geographic location in the state of New York. The profession of nursing was perceived to be the most unsafe by respondents in the downstate region, closest to the epicenter of the pandemic (Mannino et al., 2021).

For new graduate nurses to be successful and feel safe, supportive mechanisms need to be in place to support new graduate nurses transitioning into clinical practice (Casey et al., 2021 & Roberts et al., 2021, Russell & Juliff, 2021, Smith et al., 2021). Sessions et al. (2021) identified that new graduate nurses need support and guidance from their preceptors, and continuous/ongoing education and continued skill practice were critical. Furthermore, new graduate nurses need to develop trusting relationships with colleagues, administration, and nursing education to continue to improve resilience and commitment to the organization (Sessions et al., 2021). Russell and Juliff (2021) found that a structured, new graduate nurse residency program is another supportive resource that can assist in developing a sustainable workforce. Finally, nursing education was also identified as a source of support for the novice nursing workforce during a pandemic (Naylor et al., 2021).

New Graduate Nurse/Preceptor Relationship

The NPD educator serves as a partner in the transition of new graduate nurses from student nurses to Registered Nurses (Harper et al., 2021). Another integral role in this transition to clinical nursing practice for new graduate nurses is the role of the preceptor. The preceptor serves as a teacher/coach, role model, leader/influencer, facilitator, socialization agent, evaluator, and protector (Harper et al., 2021 & Fordham, 2021). Preceptors are expected to create a safe and effective learning environment, facilitate learning and the application of complex concepts, and assist the nurse in orientation to socialize and assimilate into the culture of the unit (Harper et al., 2019). The literature strongly supports the importance and benefits of a preceptor preparing new and experienced nurses to work in the role they were hired for (Blegan et al., 2015, Cotter & Dienemann, 2016, & Edward et al., 2017; Powers et al., 2019). Powers et al. (2019) found that when a structured orientation program exists and a preceptor is trained to precept new graduate nurses, the new graduate nurse more successful in their careers.

The COVID-19 pandemic impacted the relationship between the preceptor and the new graduate nurse (Bohnarczyk & Cadmus, 2022). Bohnarczyk & Cadmus (2022) identified that nurses who acted as preceptors were deployed to other clinical areas and felt there was a lack of a plan to hand off to another experienced nurse. Furthermore, the preceptors felt challenged in trying to support new graduate nurses. There was a lack of time to fully educate the new nurses that started and their role as preceptors conflicted with their ability to care for patients (Bohnarczyk & Cadmus, 2022). Bohnarczyk & Cadmus (2022) found that preceptors would feel less anxious if NPD educators created a seamless transition/handoff plan when a crisis occurs or when their role as a preceptor is

conflicted with daily patient care duties. Finally, the study found that NPD educators need to educate all staff members on the role and responsibilities of the preceptor role (Bohnarczyk & Cadmus, 2022). There is a gap in literature discussing the role of NPD educators in educating and supporting the preceptors as they guide new graduate nurses through a pandemic and other unplanned emergencies (Bohnarczyk & Cadmus, 2022)

Theoretical Framework

Job Demands-Resources Theory

The job demands-resources model believes that the organizational environment can produce stress and impact the overall well-being and work performance of an employee (Tummers & Bakker, 2021). A major concept and assumption of the job demands-resources model are that job characteristics can be classified into two categories: job demands and job resources (Tummers & Bakker, 2021). Job demands are physical and emotional stressors that one can experience within a job. These job demands can often lead to strain (Zacher & Randloph, 2020). Job resources are the positive aspects of a job. Job resources are the physical, social, and organizational factors that help an employee achieve goals and reduce levels of stress (Tummers & Bakker, 2021). When job demands are high and job resources are low, burnout and stress are inevitable for an employee in any organization (Tummers & Bakker, 2021). However, adequate resources can offset the demands of a job and encourage motivation and engagement from an employee (Tummers & Bakker, 2021).

Job Demands-Resource Theory & Pandemic

The COVID-19 pandemic caused hospitals to become overloaded with patients which lead to a shortage of healthcare resources and ultimately increased the workloads

and stress on healthcare professionals (Barello et al., 2021). The Job Demands-Resources theory has been studied during a pandemic, focusing on the effects of job stressors on well-being and burnout (Barello et al., 2021, Falco et al., 2021 & Bilotta et al., 2021). Barello et al. (2021) confirmed that exposure to high work demands leads to feelings of emotional exhaustion and personal resources act as protective and supportive factors (Barello et al., 2021).

During any crisis, it is crucial for both employees and employers to feel safe and have an overall sense of psychological well-being (Falco et al., 2021). Falco et al. (2021) confirmed that the perceived risk of being infected with the COVID-19 virus at work can lead to work-related exhaustion and resources related to COVID-19 may reduce the impact of perceived risks and negative outcomes (Falco et al., 2021). To prevent burnout and support well-being among healthcare employees during a pandemic, there needs to be an equal and healthy balance between job demands and job resources (Falco et al., 2021, Zhou et al., DeCarlo., 2022). Zhou et al. (2022) found that pandemic-related job stressors led to burnout, anxiety, and depression among healthcare workers. When healthcare workers had social support, the job-related stressors were less. Organizational support was also shown to mitigate the adverse effects of job demands (Zhou et al., 2022). DeCarlo et al. (2022) posit that employees need to feel supported to be productive. Employers should promote a sustainable work environment to help employees manage their workload effectively (DeCarlo et al., 2022).

Job Demands-Resource Theory & Educators

The job demands-resources model has been widely used to understand the well-being and work performance of educators in academic settings (Yin et al., 2018; Cao et

al., 2020). Cao et al. (2020) tested the model among university teachers and discovered that the job demands of conflict between teaching and research were linked to exhaustion. The personal resource of self-efficacy negatively predicted exhaustion and was indirectly related to innovative teaching. Job insecurity was linked to the correlation between teacher self-efficacy and teaching motivation (Cao et al., 2020). This study added to the body of literature that job demands and resources can predict motivation and performance among teachers in academia (Cao et al., 2020). Yin et al. (2018) identified that when teachers are faced with high emotional job demands, they tend to use strategies to suppress these feelings and experience a higher level of anxiety and depression. Furthermore, following the motivational process, having a trusting relationship with colleagues was positively related to contentment and enthusiasm (Yin et al., 2020).

Conclusion

Healthcare organizations and employees were significantly impacted during the COVID-19 pandemic. Literature shows that organizations need to develop preparedness plans to decrease morbidity and mortality among patients and ensure patients received high-quality care. Healthcare organizations also need to have adequate resources, supplies, staffing, and support. (Zoutman et al., 2009, McLean et al., 2022, Al-Dorzi, et al., 2016, Smadja etl al., 2020).

A pandemic, epidemic, and healthcare crisis significantly impact healthcare professionals, especially Registered Nurses. During these times of crisis, nurses experienced situations to be stressful, and challenging and received a limited orientation (VanDevanter et al., 2014). Nurses who worked during a healthcare crisis also experienced feelings of stress, anxiety, depression, and irritability (Lee & Kang, 2020,

Koontalay et al., 2021, & Billings et al., 2021). Literature also demonstrated that additional education and training are needed to ensure nurses are equipped with epidemic management skills (Lam et al., 2019) and the need for policies to support nurses during a healthcare crisis (VanDevanter et al., 2014).

During the pandemic, new graduate nurses began to transition into practice. Transitioning into clinical nursing practice is well-documented as a difficult and stressful time. The transition to clinical practice during a pandemic added additional challenges for new graduate nurses. However, there is a lack of literature discussing the experience of NPD educators assisting new graduate nurses transitioning into nursing practice during a pandemic. Therefore, this research sought to add to the literature by exploring the experience of NPD educators assisting new graduate nurses transition into clinical practice during a pandemic.

Context of the Case

A realistic case study was focused on finding a cause and finding a causal explanation for a social phenomenon (Haig & Evers, 2016). In addition, a collective case study design was used to focus on a particular process, event, object, phenomenon, or state of affairs (Haig & Evers, 2016). The context of this case study takes place in acute care hospitals in the state of New York. There are approximately 188 acute care hospitals in the state of New York. In early March of 2023, New York City reported its first COVID-19 case and in two months, one-third of the cases in the United States were occurring in the state of New York. During these two months, there were 20,000 COVID-19-related deaths (Sterling et al., 2020). The high impact of COVID-19 in the state of New York makes this a suitable area to study the experience of NPD educators.

The focus of this case study was to understand the experiences of NPD educators at different acute hospital in the state of New York. The focus of this case study was to understand the NPD educator's experience with assisting new graduate nurses transitioning into clinical practice during the COVID-19 pandemic.

Chapter 3

Methodology

The purpose of this qualitative, realistic inquiry case study was to examine the experience of NPD educators as they assisted new graduate nurses transition into clinical nursing practice during the COVID-19 pandemic in an acute care hospital setting between March 2020 and to present time in the state of New York. Moreover, using realist inquiry, this research study sought to understand how the COVID-19 pandemic brought about changes to the NPD educator's role and their ability to assist new graduate nurses transitioning into practice post pandemic. Interviews were conducted with NPD educators in acute care hospitals, in the state of New York, to gain in-depth knowledge about their experience assisting new graduate nurses transition into clinical practice during the COVID-19 pandemic. To gain a deeper understanding of their experience, documents were also collected. These documents included NPD educator job descriptions, NPD educator orientation competency/pathways, new graduate nurse orientation pathways, and education disseminated to staff during the pandemic. All interviews were recorded, transcribed, and reviewed for accuracy (Rossman & Rallis, 2017).

Research Questions

1. How do organizational policy, procedures, and practices generate a shift in the role of nurse educators as it relates to engagement with new graduate nurses during a pandemic?

2. What was the experience of nursing professional development educators, in acute care hospitals, assisting new graduate nurses transition into clinical practice during the COVID-19 pandemic?
3. In what ways did the COVID-19 pandemic shift the role of the nursing professional development educator as it relates to engagement with new nurse's post-pandemic?
4. In what ways did job demands and job resources impact the work performance of NPD educators during the COVID-19 pandemic?

Rationale for and Assumptions of Qualitative Research

Qualitative research is defined as a "broad approach to study a social phenomena" (Rossman & Rallis, 2017, p.5). Qualitative research seeks to answer questions in the real world, explore a problem or an issue, and gain a detailed understanding of the issue (Rossman & Rallis, 2017, Creswell, 2013). Furthermore, the group that is being studied cannot be easily measured and the voices of the participants need to be heard (Creswell, 2013). This form of research takes place in a natural setting and assumes that the researcher uses what they see, feel, and hear, as well as the use of various data-gathering techniques to make meaning out of specific social phenomena (Rossman & Rallis, 2017). A qualitative research design was chosen for this study to allow for a deep understanding of the experience of NPD educators, in acute care hospitals, transitioning new graduate nurses transition into clinical practice during the COVID-19 pandemic. It also assisted with understanding how the COVID-19 pandemic changed their role post pandemic.

There are several common characteristics of the qualitative research study. These characteristics include a natural setting, the researcher as an instrument, the use of

multiple methods, uses complex reasoning through inductive and deductive reasoning, focusing on understanding the participants meaning, containing emergent design, using reflexivity, and developing a holistic perspective. (Creswell, 2013). A qualitative researcher collects data in the field or site where participants experience the issues or problems that the researcher is studying. During a qualitative research study, the researcher gathers information by speaking directly with the participants and observing how they act within their context (Creswell, 2013). In a qualitative research study, the researcher does not rely on questionnaires (Creswell, 2013).

A qualitative researcher is seen as a key instrument in the research study and uses multiple methods to collect data. During a qualitative research study, the research completes a complex process of inductive and deductive logic (Creswell, 2013). The inductive reasoning process requires the researcher to work back and forth between the themes that were developed and the database base created until a comprehensive set of themes are developed (Creswell, 2013). This process also involves actively interacting with participants. This allows participants the ability to shape the themes that were developed by the researcher (Creswell, 2013). Deductive reasoning is used to build themes that are checked against the data (Creswell, 2013). The use of an inductive and deductive process forces the researcher conducting a qualitative research study to use complex thinking throughout the study (Creswell, 2013).

The main focus of a researcher during a qualitative research study is to learn the meaning that participants have about the topic that is being studied. Developing an understanding of the participants meaning of the topics provides multiple perspectives on a topic, as well as diverse views on the topics (Creswell, 2013).

The design of a qualitative research study is often considered emergent (Creswell, 2013). The initial plan that the research created cannot be too strict or rigid, as all phases of the process may change or shift after the researcher enters the field to collect data (Creswell, 2013). With a qualitative research study, the researcher must remember that the focus is to learn about the topic from the participants and engage with participants to obtain data (Creswell, 2013).

The researcher needs to express their background and how it informs the research study. This includes the researcher sharing their experiences with the topic and how these experiences inform their interpretation of the information portrayed in the study. Finally, the researcher needs to take on a holistic perspective during the research study. For the researcher to have a holistic perspective, multiple perspectives should be reported and identify complex interactions for the factors (Creswell, 2013).

Research Design: Realistic Inquiry Case Study

The qualitative research design that was used for the study is a realistic inquiry case study. Empirical research in social science is focused on finding a cause or finding causal explanations for a social phenomenon (Haig & Evers, 2016). Realistic inquiry is a commitment to the thought that there is a world that we are a part of with observable and unobservable features of the world that can be known by the appropriate use of scientific methods (Haig & Evers, 2016). Emmel (2013) explains that in a scientific realist approach, real mechanisms are operating in a social world that have real effects. However, this approach also acknowledges that reality is richer and deeper than what is captured by our social theories and descriptions (Emmel, 2013). The overall goal of realist research is good interpretations and explanations (Emmel, 2013).

Realist inquiry aims at advancing understanding of why a complex intervention works using the relationships between the three main concepts of realistic inquiry (Loch et al., 2022). These concepts include context, generative mechanisms, and outcomes (Teo et al., 2018). The context refers to the conditions that are relevant to the operation of the generative mechanisms (Teo et al., 2018). The context of this study is acute care hospitals in the state of New York. Generative mechanisms refer to the causal pathways of programs and interventions, what makes a process work, or the stakeholders' choices that put a process into action (Dalkin et al., 2015; Loch et al., 2022). For this study, the generative mechanisms are the NPD educator's experience during the COVID-19 pandemic. The outcomes are the intended effects of the generative mechanisms. The outcomes of this study was the impact the COVID-19 pandemic had on the NPD educator's ability to transition new graduate nurses into clinical nursing practice (Teo et al., 2018).

In addition to the realistic inquiry design, a collective case study approach will be used. A case study is an inquiry that focuses on a particular process, event, object, phenomenon, or state of affairs in a real-life setting (Haig & Evers, 2016; Rossman & Rallis, 2017, Yin, 2009). Moreover, a case study can be defined as a qualitative research methodology in which a researcher explores a real-life case (bounded system) or multiple cases (bounded systems) over time by collecting data from multiple sources (Creswell, 2013). Using multiple data sources in a case study approach allows for an in-depth understanding of a case (Creswell, 2013). A case study focuses on studying the complexity of a single case and developing an understanding of the activity within a specific circumstance (Stake, 1995).

Stake (1995) explains that there are three methodological approaches to case study research: intrinsic, instrumental, and collective. For this research study, Stake's (1995) methodological approach to a collective case study will be used. A collective case study is the product of several instrumental case studies and can be used to construct theories (Haig & Evers, 2016). In a collective case study approach, the researcher selects one issue or concern to focus on. However, in this approach, the researcher selected multiple cases to illustrate the issue and gain different perspectives on the issue (Creswell, 2013). For this research study, the issue that was studied was the experiences of NPD educators assisting new graduate nurses transitioning into clinical practice during the COVID-19 pandemic. The multiple cases include NPD educators from various acute care hospitals in the state of New York.

Sampling Method

Sampling refers to defining the population from which a sample will be used in the research study (Emmel, 2013). Samples in realist inquiry are referred to as cases (Emmel, 2013). Emmel (2013) suggests that the best bundle of cases should be selected to explore the phenomena being studied. The purpose of this selection of samples/cases was to assist with developing a thorough explanation of the phenomenon, as well as test theories (Emmel, 2013). Samples of acute care hospitals in the state of New York, NPD educators, and documents collected were used in this research study. Casing will be the sampling method used to select the context of the case study. Purposeful sampling strategies, criterion, and opportunistic/emergent, will be used to select samples of NPD educators and documents. The purpose of using purposeful sampling was to allow for a

specific selection of cases that will provide insight into answering the research questions (Emmel, 20130).

Case studies and realist inquiry are context dependent (Rossman & Rallis, 2017; Emmel, 2013). The context for this case study was acute care hospitals in the state of New York. Acute care hospitals in the state of New York were selected through casing. Casing is a realist methodological strategy that challenges and re-specifies the causal process, is used to work out the relationship between ideas and evidence, and purposefully works and reworks cases throughout the research study (Emmel, 2013). Acute care hospitals, in the state of New York, will serve as the context for the case. Currently, there are 188 acute care hospitals in the state of New York (New York State Department of Health, n.d.). Acute care hospitals in the state of New York that have an NPD education department will be included in this study. An acute care hospital will only be included in this study if an NPD educator from that hospital participates in this research study, which will be determined by publicly available information.

Participants for this research study were selected and recruited based on criterion sampling. Criterion sampling is used to select a group of participants based on the participants meeting a specific requirement (Patton, 2002). For this study, the criteria for participants included NPD educators who currently work in an acute care hospital organization. Criteria also included one year of experience as an NPD educator before the start of the pandemic. This is important as these educators have a clear understanding of their role and what their role was like before the start of the pandemic. Further criteria included working as a NPD educator at the start of the COVID-19 pandemic, March 2020, and continued through the pandemic, March 2022. This allowed the NPD educator

to have the experience of working through a pandemic and be able to speak to any changes that occurred in their role. Finally, the NPD educator needed to have experience assisting new graduate nurses transition into clinical nursing practice before and during the COVID-19 pandemic. This criterion provided the research study with a sample of NPD educators that were knowledgeable and had experience assisting new graduate nurses' transition. Approximately 15 participants will be included in the study. However, the exact number of participants will not be determined until saturation is met and a sufficient amount of data has been collected to develop an in-depth understanding of the experience of NPD education transitioning new graduate nurses into practice during the COVID-19 pandemic.

Documents collected during this research study allowed for further understanding of the experience of NPD educators assisting new graduate nurses transition into clinical nursing practice during the COVID-19 pandemic (Rubin & Rubin, 2012). Documents were collected as a sample for this research study through an opportunistic/emergent sampling method. In this sampling method, samples emerge during fieldwork in response to opportunities that arise while conducting research in the field (Emmel., 2013). These opportunities are unforeseen moments that occur while conducting fieldwork. Using this method of sampling will allow for on-the-spot decision-making to include a document in the reach (Emmel, 2013). Therefore, based on what I learned from conducting interviews, I requested documents to develop a deeper understanding. Purposeful sampling allows for flexibility and includes the idea that not all samples can be planned (Emmel, 2013). However, it is expected that documents including job descriptions of NPD educators,

NPD educators' orientation competencies, new graduate nurse competencies, and education provided during the pandemic will be collected.

Participants

Participants for this study included NPD educators from acute care hospitals in the state of New York. NPD educators were required to have at least one year of experience as a NPD educator before the start of the pandemic. This would allow participants to be able to discuss and understand how their role was impacted by the COVID-19 pandemic. NPD educators who worked as NPD educators in an acute care hospital setting between March 2020 until the present time were included. This time frame included the beginning of the pandemic until the present time. Participants for this study included NPD educators currently working in an acute care facility and working with assisting new graduate nurses transitioning into practice. Participants for this realistic inquiry case study must work for an acute care hospital in the state of New York. The study will exclude NPD educators who are no longer working in the role of NPD educator, who work as NPD educators outside the state of New York, and Nurse Educators who work in an academic setting.

Recruitment of participants will be accomplished via multiple methods. The first is through a personal network. As a director of a NPD department, I will share information about the research study, in the form of a flyer, with fellow directors to share with their employees. The next is through contracting directors of NPD departments across the state of New York through publicly available information on hospital websites/directories. Additional recruitment of participants will be through sharing the

recruitment flyer on social media platforms and allowing colleagues to share on their social media platforms.

Data Collection

Various data sources were used in this research study. Data collection techniques allow researchers to capture and represent the richness, texture, and depth of the phenomenon being studied (Rossman & Rallis, 2017). Using multiple data sources allows researchers to confirm findings and reduce biases (Bowen, 2009). Data were collected through in-depth semi-structured interviews with participants and documents related to the NPD educator's experience assisting new graduate nurses' transition during the COVID-19 pandemic.

Interviews

Interviews was the main data collection method for this study. Interviews are a hallmark data collection technique used in qualitative research (Rossman & Rallis, 2017). In-depth qualitative interviewing allows the researcher to gain rich and detailed information through the use of open-ended questions. Open-ended questions allow the interviewee to respond in any way they choose. This includes elaborating on answers, disagreeing with the questions being asked, or potentially raising new issues (Rubin & Rubin, 2012). Using a semi-structured interview approach allows the researcher to learn about a specific topic, requires a limited number of questions to be prepared before the interview, and anticipates the need for follow-up questions (Rubin & Rubin, 2012). Conducting in-depth semi-structured interviews allows the researcher to explore in detail the experiences, motives, and opinions of participants on a specific phenomenon and gain different perspectives (Rubin & Rubin, 2012).

Documents

Documents are referred to as "social facts" which are produced, shared, and used in a socially organized way (Atkinson & Coffey, 1997, p. 47). The collection and analysis of documents serve various purposes for a research study. Merriam (1988) explained that documents can help the researcher develop a deep understanding and insight into the research topic being studied. Documents can provide data on the context where the participant works. The use of these documents can provide background information that will provide the researcher with insight into the roots of the issue being studied (Bowen, 2009). Documents collected can also assist the researcher in developing questions that need to be asked (Bowen, 2009). Furthermore, documents provide supplemental research data. The information gathered from these documents can provide useful insight and add to the researcher's knowledge base (Bowen, 2009). Finally, these documents can be used to track changes and development, as well as verify findings and confirm findings from other data sources.

In this research study, documents were collected and analyzed to complement and improve the quality of in-depth qualitative interviews (Rubin & Rubin, 2012). All documents were collected at the same time interviews are being conducted. Collecting and reviewing various documents, allows the researcher to discuss the documents with the interviewee and gain a deeper perspective on the topic (Rubin & Rubin, 2012).

Instrumentation

Interview Protocol

In this study, in-depth semi structured interviews were conducted with each participant. Standardized open-ended interview questions were developed using a tree

and branch model. A tree and branch model uses a main interview question as the foundation and many of the main questions are accompanied by supporting questions (Rubin & Rubin, 2012). Each participant was asked a series of fixed questions, in the same order, however, participants were able to respond freely to each question (Rossman & Rallis, 2017).

Each participant, the NPD educator, was asked a series of ten key questions during the interview process. The interviews began with a "grand tour" question, which invites all participants to discuss their experience on the topic (Rossman & Rallis, 2017). For the purpose of this study, the "grand-tour" opening question asked participants to describe their role as an NPD educator.

Further interview questions were focused on the experience of the NPD educator assisting new graduate nurses with transitioning into clinical nursing practice before the pandemic and during the pandemic. Additional questions will be focused on how the NPD educator's role was changed during the COVID-19 pandemic, and describe the impact that the COVID-19 pandemic had on the acute care hospital they worked for. Participants were also asked questions related to how their role changed post pandemic. Finally, at the end of the interview, participants will be asked if they have anything additional, they would like to discuss or add to the interview.

In addition to a standardized set of questions, all interviews included follow-up questions. Follow-up questions elicit elaboration and seek clarification on what the participant stated (Rossman & Rallis, 2017). Inviting the participant to elaborate on their response, shows the participant that the researcher is truly interested at a deeper level

(Rossman & Rallis, 2017). Follow-up questions can also help participants explore new ideas about the phenomenon being studied (Rossman & Rallis, 2017).

All interviews were conducted in person or through a virtual platform depending on the participant's comfort level. All interviews took place over approximately sixty minutes. Written or electronic consent was obtained from all participants to participate in the study and for the interview to be recorded (Rossman & Rallis, 2017). All interviews were recorded using an electronic recording device.

Document Protocol

Documents were collected from participants after gaining permission. A collection of available documents were used to add an in-depth perspective to the interviewing process (Rubin & Rubin, 2012).

A documentation protocol was developed to assist in organizing and analyzing the documents. Once the document was collected, it was reviewed and analyzed for authenticity, credibility, and accuracy, and determine how it relates to the study (Bowen, 2009). The final part of this protocol will be to use a thematic analysis (Bowen, 2009). During this part of the analysis, coding, and themes will be generated to uncover pertinent information and how it related to the phenomenon being studied (Bowen, 2009).

Data Analysis

Analyzing data in qualitative research is a complex process that brings meaning to the large amount of data gathered by the researcher (Rossman & Rallis, 2017). Data analysis involves labeling, coding, categorizing, building analytic descriptions, comparing and contrasting, finding patterns, developing themes, and considering alternatives (Rossman & Rallis, 2017). This process requires the researcher to be fully

immersed in the data, analyzed the data, and interpret the findings (Rossman & Rallis, 2017). Data analysis for realist inquiry, as well as case study research, occurs through the development of patterns, confirmation of patterns, and analytic generalization (Stake, 1995; Haig & Evers, 2016) The purpose of data analysis is to break down impressions, observations, and data gathered to make sense of the data and determine how it is related (Stake, 1995). For this research study Stake's (1995) approach to analyzing data was used.

Stake (1995) explains that analysis is the deconstruction of data and a process of giving meaning to a researcher's first impression and final compilations. A researcher's impressions on the case are a main source of data and the analysis portion of this research study aims to make sense of these impressions. Stake (1995) believes that data collection and analysis should occur simultaneously. There are two strategic ways in which a researcher develops new meanings about cases. These strategies include direct interpretation of the individual instance and through categorical aggregation (Stake, 1995). Using categorical aggregation involves finding patterns in the data (Stake, 1995). When finding meaning in the data, the researcher looks for patterns, consistency, and correspondence. Patterns can be found immediately while reviewing data from interviews and documents or data can be coded, aggregate the data, and find patterns. Significant meanings can be found in a single instance; however, important meanings usually arise from consistent reappearance (Stake, 2015). In this research study, the coding of transcripts will take place. I will review the interview transcripts line by line and determine consistent reoccurring themes.

The themes will be represented as naturalistic generalization. These are conclusions arrived at through the analysis process by the researcher as they immerse themselves in the data (Stake, 1995). The product of the analysis enables the reader to the vicarious experience of the case through verisimilitude, that is providing a narrative account, personalistic description, supporting participant stories and other evidence, and an emphasis on time and place (Stake, 1995, p. 87).

Trustworthiness

A goal of each qualitative research study is to ensure that the findings are trustworthy (Rossman & Rallis, 2017). A trustworthy research study is valid and reliable, produces results that can be used by others to improve a social issue, and establishes its worth (Rossman & Rallis, 2017; Lincoln & Guba. 1985). Throughout the case study work, the research must continue to question "do we have it right?" and is the research "developing the interpretations we want?" (Stake, 1995, p. 105). Trustworthiness, for qualitative research, was determined by establishing credibility, transferability, dependability, and confirmability. More specifically, in a realistic case study, trustworthiness can be established by validating generalizations.

Credibility

In a qualitative research study, credibility is established by when there is confidence in the results of the study are true and believable (Forero et al., 2018). Credibility ensures that the views of the respondents and the view of the researcher match (Nowell et al., 2017). There are numerous techniques to address credibility in a research study. These include prolonged engagement with the participants, continuous observations, data collection triangulation, and researcher triangulation (Lincoln & Guba,

1985). Credibility was conducted through a "member check" and having participants review the findings and ask them to review, correct, or elaborate on the findings (Stake, 1995).

Transferability

Transferability refers to the degree to which the results and be generalized or transferred to other contexts or settings (Forero et al., 2018). The researcher is responsible for developing a thorough description of the findings so that other researchers can determine if the results can transfer to their site (Nowell et al., 2017). A clear and detailed description of the results of this study will be provided to determine transferability.

Dependability

Dependability refers to the findings of the qualitative study being able to be repeated in the inquiry occurring within the same group of participants or context (Forero et al., 2018). To achieve dependability, the research process must be logical, traceable, and documented (Nowell et al., 2017). Koch (1994) explains that one way to demonstrate dependability is for the research process to be audited. During this research process, I kept a clear record of raw data, field notes, accurate transcripts of the interviews, and a reflective journal (Nowell et al., 2017). Furthermore, my dissertation chair and committee guided the research process.

Confirmability

Finally, confirmability extends the confidence that the results can be confirmed or verified by other researchers (Forero et al., 2018). Moreover, confirmability is confirmed when the results/findings of the study are clearly from the data and the researcher

demonstrates how conclusions and interpretations of the data have been reached (Nowell et al., 2017). Koch (1994) recommends that the theoretical framework and methodological choices be discussed throughout the study to show other researchers why and how decisions were made.

Validating Naturalistic Generalizations

To achieve validation of naturalistic generalizations the following steps will be followed. First, the research study will include accounts of the matter that the readers were familiar with. This will allow readers to determine the accuracy, completeness, and level of bias from the reports of the findings (Stake, 1995). Next, an adequate amount of raw data will be provided. This will allow the reader the ability to consider their alternative interpretations (Stake, 1995). Furthermore, the methods of the case study have been discussed in this chapter. Triangulation will also be achieved (Stake, 1995). Stake (1995) has four strategies for triangulating data: data source triangulation, investigator triangulation, theory triangulation, and methodological triangulation. Data sources triangulation seeks to determine if the case remains the same at other times, in other spaces, or as interactions occur differently (Stake, 1995). For investigator triangulation, the researcher has other researchers take a look at the same scene or phenomenon (Stake, 1995). Theory triangulation involves using reviewers from different viewpoints and methodological triangulation involves using more than one method (Stake, 1995). Finally, validity is not based primarily on what everyone can observe. Validity is placed on the idea that the finding could have or could not have been seen (Stake, 1995).

Role of the Researcher

The primary role of NPD educators is to ensure that nurses are prepared to provide patients in a hospital receive safe and excellent care (Coffey & White, 2019, Warren & Harper, 2017). The NPD educators' responsibilities also include supporting novice and experienced nurses (Coffey & White, 2019). NPD educators spend the majority of their time working side-by-side with nurses at the bedside answering a question about policies and assisting with a new procedures, troubleshooting any clinical issues, and conducting a structured orientation program for newly hired experienced and new graduate nurses to assist with a smooth transition (Coffey & White, 2019).

In March 2020, the COVID-19 pandemic plagued the state of New York. Hospitals were inundated with patients seeking care for a new disease that there was very little known about. From my experience during the COVID-19 pandemic, the role of the NPD educator was to ensure staff with competent and confident to care for patients. While providing educational updates to nursing staff, new graduate nurses were beginning their careers. In my experience, new graduate nurses did not receive the orientation that traditional new graduate nurses received before the start of the pandemic. They were used as an "extra set of hands" to help care for patients, were sent to off-site locations to answer calls from patients, only could care for COVID-19 patients on orientation, and received an orientation under stressful circumstances. From this experience, I developed a passion for understanding the experience of all NPD educators during this time. Therefore, the role of this researcher was to conduct a qualitative realistic case study to develop a deeper understanding of NPD educators' experience in assisting new graduate nurses transitioning into clinical practice during the COVID-19

pandemic. For 10 years I worked as an NPD educator, in an acute care hospital in the state of New York, assisting novice nurses transition into clinical nursing practice and ensuring nurses caring for patients felt safe and confident to care for a diverse group of patients.

Ethical Considerations

A trustworthy qualitative research study is ethically sound (Rossman & Rallis, 2017). To ensure that this research study was ethically sound, a research proposal will be submitted to the Rowan University Internal Review Board (IRB). The IRB ensures that risks are minimized, the risk/benefit ratio is reasonable, the subject selection is unbiased, informed consent is obtained, data is monitored and secured, and the privacy and confidentiality of all subjects are protected (Rossman & Rallis, 2017).

Gaining informed consent is a critical ethical aspect of a qualitative research study (Rossman & Rallis, 2017). Written and verbal consent was obtained from each participant to participate in the research, as well as for the interview to be recorded. All participants will be fully informed about the purpose of the study and that they can withdraw at any time (Rossman & Rallis, 2017). All research studies pose risks and benefits for participants. There was little to no risk to participants who agree to participate in this study. There is the potential for a breach of confidentiality. However, the confidentiality of all participants' identities, including names and the name of the organization they work for, was maintained throughout the research study (Rossman & Rallis, 2017). The benefits for those participating in this research study included adding and contributing to the limited research on the roles and experiences of the NPD educator

in hospital settings and helping to raise consciousness for others to understand the NPD educator role.

Chapter 4

Findings

This chapter will present the findings of a qualitative, realistic inquiry case study that was conducted to examine and understand the experiences of NPD educators as they assisted new graduate nurses transitioning into clinical nursing practice during the COVID-19 pandemic in acute care hospitals between March of 2020 to present time in the state of New York. Moreover, this research study sought to understand how the COVID-19 pandemic brought about changes to the NPD educator's role and their ability to assist new graduate nurses transitioning into clinical practice post pandemic. Conducting a qualitative, realistic inquiry case study assists in gaining a deeper understanding of the NPD educators' experiences (Creswell, 2013).

This study sought to answer the following research questions:

1. How do organizational policy, procedures, and practices generate a shift in the role of nurse educators as it relates to engagement with new graduate nurses during a pandemic?
2. What was the experience of nursing professional development educators, in acute care hospitals, assisting new graduate nurses transition into clinical practice during the COVID-19 pandemic?
3. In what ways did the COVID-19 pandemic shift the role of the nursing professional development educator as it relates to engagement with new nurses post-pandemic?
4. In what ways did job demands and job resources impact the work performance of NPD educators during the COVID-19 pandemic?

This realist case study took place in acute care hospitals in the state of New York. There are 188 acute care hospitals in the state of New York (New York State Department of Health, n.d.). Acute care hospitals in the state of New York that have an NPD education department were included in this study. This study sampled NPD educators who met the inclusion criteria. Inclusion criteria for participants included NPD educators who currently work in an acute care hospital organization, had one year of experience as a NPD educator before the start of the pandemic, worked as an NPD educator at the start of the COVID-19 pandemic, March 2020, and continued through the pandemic, and had experience assisting new graduate nurses transition into clinical nursing practice before, during, and after the COVID-19 pandemic.

Participants

Participants, NPD educators, from 35 acute care hospitals in the state of New York were invited to participate. From this sample of acute care hospitals, 15 NPD educators agreed to participate in this study (n=15). All of the participants in this study identified their sex as female. This was expected as a majority of the nursing profession identities as female. A majority had a master's degree in nursing or higher, and age range and years of experience of participants varied. Two of the NPD educators identified that they had a doctoral degree, which is not required for this position. A review of descriptive demographic information can be found in Table 1 below. Furthermore, the NPD educators that work during the day are assigned to specific clinical units. Educators that cover Medical Surgical units, Critical Care, Emergency Departments, and procedural units were represented in this study (n=13). Educators who worked at night covered the

entire hospital (n=2). All NPD educators included in this study had the similar job responsibilities.

Table 1

Description of Nursing Professional Development Educators

Participant Alias	Sex	Education	Age Range	Years of Experience
Sally	Female	Master's	25-35	1-5 years
Susan	Female	Master's	56-65	>15 years
Jamie	Female	Master's	46-55	6-10 years
Danielle	Female	Master's	36-45	6-10 years
Jennifer	Female	Master's	36-45	1-5 years
Katie	Female	Master's	46-55	11-15 years
Darcy	Female	Ph.D.	56-65	>15 years
Daria	Female	D.N.P.	56-65	>15 years
Theresa	Female	Master's	46-55	>15 years
Christina	Female	Master's	36-45	6-10 years
Sofia	Female	Master's	46-55	6-10 years
Amelia	Female	Master's	66-76	>15 years
Gina	Female	Master's	46-55	6-10 years
Lauren	Female	Master's	56-65	>15 years
Candyce	Female	Master's	46-55	6-10 years

Data for this study were generated from semi-structed interviews and documents collected. A total of 15 semi-structured interviews were conducted.

Documents

A total of 30 documents were collected and reviewed. Documents collected included NPD educator job descriptions, NPD educator orientation competency/pathways, new graduate nurse orientation pathways, and education disseminated to staff during the pandemic. Some of the educators worked for the same hospital/health system, therefore the job descriptions, NPD educator and new graduate nurse competencies were the same.

Findings

The findings provided an in-depth insight into the experiences of NPD educators during the COVID-19 pandemic. Furthermore, the findings provide insight into how NPD educators assisted new graduate nurses transition into practice during the COVID-19 pandemic and as well as their experience with new graduate nurses post pandemic. Further analysis of data generated 7 different themes with subthemes. These themes include War Zone, Survival Stories, Took a Backseat, Rose to the Occasion, The Unprepared New Nurse, Status Quo Orientation, and Never Gave Up. A detailed description of each of these findings, an explanation of these findings, and data from participants to support these findings will be provided in this section. The results of this study will be presented in the realist inquiry framework of context, mechanisms, and outcomes.

Context

War Zone

The context for this realist case were acute care hospitals in the state of New York. An overwhelming majority of participants described the atmosphere of the organizations as a "war zone" or like being at war. Acute care hospitals are typically a controlled environment that follow strict policies and procedures. During the COVID-19 pandemic, acute care hospitals became a chaotic environment. There were rapid changes to policies and procedures, hospital structures, and the staffing plans of Registered Nurses. The hospital was not prepared to handle the influx of patients which created the feeling of a war zone. Sally explained her experience with the hospital converting units to create more room for patients:

> That's all trauma. That's what we do in war, sound and noise and isolation. And I was like, "Oh my gosh, this is what's happening." Our PACU was transformed into an ICU. We have a 10 bed ICU, and at one point we had 20 something patients. I remember going to check one of the nurses, and I was like, "This patient on an anesthesia machine, and it's alarming." And I've never used an anesthesia machine in my life. I can't hear myself think, and I can't get this to stop beeping. It was just something that I never ever thought I would ever see. And I hope I never have to ever again.

The sounds, the isolation, and the construction of new units made it difficult to focus and created a feeling of being at war. Danielle also confirmed that the atmosphere in the organization was like a scene from war:

> It was almost like a war scene because we had people from all over the country come over as travelers, so that was a major role adjustment. Rather than having your incumbent staff, now you have travelers from all corners of the US coming. Not to say that they weren't performing proficiently, but it was just different. That was definitely different I mean, I've never been in a war, but it just felt like a war.

Registered Nurses from all over the country were being flown in to assist with the pandemic in the state of New York. Additional space was being created to hold the excess amounts of patients with COVID-19 and additional Registered Nurses were needed to care for these patients. This was compared to troops being flown into assist with fighting a war.

During the COVID-19 pandemic, the acute care hospital setting was described as "chaotic". Sofia, further confirmed and described the chaotic environment in the organization:

> there was just always people running and there were always alarms going off. And there were always codes called overhead, and a lot of hustle and bustle, Let's move from this floor to this floor." So it was just busy. Nobody ever stopped...it was chaotic.

The chaos and constant movement lead to the feelings of the hospital being a war zone.

Participants described and confirmed that the acute care hospital setting was a chaotic environment with noise/alarms, creation of new units, and the deployment of nurses from around the country to support the hospital. Participants further added to the theme of a "war zone" by highlighting how the organization was unprepared to handle the pandemic and the constant and rapid changes that took place.

Unprepared Organization

All of the participants from this study explained that the organization they worked for was unprepared to handle the COVID-19 Pandemic. Danielle recalled that when a previous infectious disease outbreak was expected to hit, the organization was prepared and ran constant drills, that didn't occur with the COVID-19 pandemic:

> I mean, I remember the times when it was Ebola. It was crazy. How crazy, how crazy, we prepared for Ebola. And I think that was the biggest thing. Did you believe how much we prepared for Ebola? And it never even came. And then this hit us and we were so not ready for this."

Although hospitals had experienced and prepared for previous potential pandemics, drills were not put in place to prepare for the COVID-19 pandemic. Darcy, further explained that no one was prepared within the organization, including the education team: "Everyone wasn't prepared. Education wasn't prepared, the organization wasn't prepared. How did we know? We thought it was something that was in another country, and then suddenly it just hit us in the face, and we had to scramble." Gina confirmed the lack of preparedness: "nobody was prepared for the pandemic. And it hit us so badly that we were all still figuring out what are we doing." Darcy and Gina validated that the hospital was not prepared, although it was difficult to prepare for a disease that there was little information on.

Rapid Change

A majority of participants highlighted the continuous changes to policies, procedures, and the hospital environment that were occurring during the COVID-19

pandemic. Sally highlighted how information that needed to be communicated to the staff was changing very quickly:

> I literally just told people how to put PPE on, and now the CDC changed it four hours later, and now I have to go back and tell them all over again that I was wrong. I think that was a struggle because it's like, are we safe? Are we not safe? And I didn't have the answers, so I didn't enjoy that feeling. I felt like my trust was being broken every time I had to go out there. And it was so frustrating because I would specifically go to the people who I trust at the organization.

Having to re-educate the staff on the same topic, became frustrating and Sally felt that staff were losing trust in her. Documents collected showed that education disseminated to staff was created in ways that was concise and used as a resource for staff to use as a reference.

Gina went on to explain that changes to practice were occurring daily, even hourly:

> I was helpless. New protocols every day. We had so much of information…and it's just been very hard for the staff, given the constant changes that were coming. I can tell them one thing today and the very next day it can be something very different, or the things can change by the hour. So it's been a lot of information for the staff.

The constant changes were difficult for the staff, as well as the educators to keep up with. Gina went on to explain that educators needed to get create resources for the staff to refer to and keep up to date with the constant changes:

> I started creating resource binders. So every information that's new would go in the resource binder so that even if I was not able to do one-on-one education to a

> staff, they always had the binder to review. And that information was disseminated that any new information, go to your resource binder and that's where you'll have the information.

Communicating the constantly changing information to the staff was difficult for the NPD educators as well as the staff to keep up with. NPD educators felt as if staff were losing trust in them and needed to create resources for staff to refer back to.

Survival Stories

When the COVID-19 pandemic hit acute care hospitals in the state of New York, changes to organizational policy, procedures, and practice occurred very quickly and constantly. These changes and decisions made by the organization quickly impacted to role of the NPD educator during the COVID-19 pandemic. In person classes were stopped and the hiring process of new staff members changed. Organizational leadership quickly turned to NPD educators to take on additional roles and/or responsibilities, while completing their typical job responsibilities. NPD educators job descriptions were collected and analyzed. The job descriptions confirmed that are responsible for orientation, unit based in-service education, didactic courses, running special programs, and product roll outs. The NPD educators expressed that taking on these additional responsibilities was the decision of their leadership and they were not given a choice. However, the NPD educators were willing to do whatever it took to support the organization, the nursing staff on the clinical units and the patients. The NPD educators ultimately explained they were just trying to survive and shared their survival stories. Survival stories from the NPD educators are shared in the sub themes below. The sub

themes include hospital operations, being part of the "proning team", morgue assistance team, fit testing, becoming nurse managers of units, and being redeployed as staff nurses.

Hospital Operations

Many of the participants discussed assisting with hospital operations. This included working in the command center and assisting nursing and hospital administration with staffing and other issues. The command center was centralized location in the hospital that handled operations and communication during the pandemic. This additional responsibility was during their regular shift:

> had to work in the command center, which was unique where we had to take phone calls from the community as well to tell them where they can go for COVID testing and swabbing. And we really were expected to know the latest news on the CDC. We had to ration out the masks, the paper scrubs. It was a lot. It was different role at that time. Plus we had to do our job as well… the command center kind of took us away a little bit from the orientees because we had to do the command center…But they always can get us through phone if they wanted to talk to us. (Theresa)

Being required to answer phones calls, provide testing results, and ration PPE added additional responsibilities and took them away from supporting the staff directly on the clinical units.

Daria explained her role in hospital operations: "operations management and covering a supervisor in the building…So I had to take a report on the entire building, do all the staffing, move the staffing around." Assisting the nursing supervisor and creating staffing plans is typically not the role of the NPD educator.

Although working in the command center and assisting with hospital operations provided assistance hospital and nursing administration, it removed educators from providing new graduate nurses and nursing staff the assistance they need during an COVID-19 pandemic.

"Proning Team"

The COVID-19 disease affected the patient's reparatory system making it difficult for a person to breath**.** It was identified that proning, laying a patient face down in the bed, would assist with better oxygenation. Many of the participants discussed being required to take part in the "proning team". Many of the patients were intubated and /or unable to turn on their own. The "proning team" was created to assist with turning patients, face down, who could not turn on their own. Although not a primary function of their job, this was another example of the NPD educators taking on an additional role to help and just survive. Daria recalls NPD educators being part of the proning team:

> So the education team was a part of the proning team. So for all the patients, so anybody who's intubated… the educators would actually grab whoever was available, our OR nurses and PACU nurses, whoever was around, and they were the proning team for the day and would be like, "Okay, who in ICU needs to be proned? Whose patient is it that needs to be proned today?" And you're part of the proning team that day because it takes a long time to turn one patient. And we just go from one patient to the next, to the next, to the next in ICU. So that was something that we implemented that was very different, in who needed to be turned.

Proning a patient who was intubated was labor intensive and took time. Being part of this initiative was an added responsibility and took the NPD educators away from assisting staff and disseminating information.

Morgue Assistance

During the COVID-19 pandemic, a large number of patients were dying for the disease, as there wasn't a known and effective treatment. All of the participants in this research study, discussed the overwhelming amount of death they witnessed and the emotional toll it was taking on all healthcare providers. A majority of participants recounted being required to take on the responsibility of providing post-mortem care to COVID-19 patients on the clinical units, to relieve the burden from nursing staff on the units. Simply stated. Post-mortem care includes cleaning the dead body, placing the body in a bag, and bringing the body to the morgue. Sofia recounted:

> Another role was …our team did postmortem care for nurses who were struggling. We would get a call sometimes up to 10 to 12 calls a day to go to do postmortem care. And it was hard and not something that you expect. It was a very challenging initiative to take part in… I embraced being able to, I'm trying to word this right. Just being able to give somebody dignity in death (Sofia).

Although assisting with post mortem care was challenging, and not typically part of the role, they initially embraced the task to help out the staff and did what they need to, to survive the pandemic.

Danielle recounted the day she was told that the nursing education department was going to take on the responsibility of providing post mortem care to patients who died with COVID-19:

> we had a huddle, there was a special program that we were going to be doing. It's very stark, in my mind that day. There was a lot of fear …because we weren't running the ongoing orientation or whatever. We weren't running classes, live classes that perhaps why we may be pulled into working clinical. And the first thing I thought of was, oh, I'm helping patients pass with dignity, holding their hands that their loved ones are not there. But honestly, what it was, was when a patient had passed that we were going to help the nurse, not even actually help the nurse, that the nurse would be with us doing the post-mortem care. It was that we would be helping remove invasive tubing, whether it was an ET tube, central line, and then if there was nursing assistant around, we would assist them with post-mortem care. It would let the nurse go take care of the other patients. It was a very... I don't know how to describe. It was challenging. It was very challenging, the whole process.

Daniele confirmed the challenge of taking on this new. Since new orientation and live classes had stopped, Danielle and her nursing education team were told they needed to take on the additional responsibility in attempts to support the staff on the clinical unit.

The final task of completing post-mortem care was bringing the bodies to the morgue. Daria explained that after assisting with post mortem care, she would need to assist with bringing bodies to the morgue:

> Taking the body to the trucks. That smell is absolutely horrid. And it's not the body. It's when you open, did you ever take the bodies to the trucks? I'll never get over that smell. I just will never, ever get over it. (Daria)

Due to the large number of patients that were dying, then the morgue was full and bodies needed to be bought to a refrigerated truck. Brining bodies to this truck caused a tremendous amount of stress. Daria confirmed the trauma that occurred from taking on this role.

The NPD educators, were doing whatever it took to support the staff and just survive the pandemic, however, taking this role was not optional. Darcy explained that they were told by their leader that they were going to be taking on this role of assisting with post mortem care:

> It was actually the decision of the director of education at the time… it was because it was a better option. First of all, it was to help the nurses, definitely to help the nurses and patients. But quite frankly, it was so that we wouldn't get pulled back into the patient care areas and be given districts.

Although NPD educators were willing to jump in to do whatever it took to survive, it was the decision of leadership to take on this task as it was the best option to prevent from being pulled back to the bedside to care for full patient assignment.

Finally, Gina, explained that they were still required to complete their responsibilities as an educator and the task of post-mortem care on the clinical units:

> And we as educators would go up to take care of these patients and complete their postmortem care and take these patients to the morgue. So not only were you doing education and orientation, but you were also hands-on as an educator helping people, taking care of patients, maybe suctioning patients, helping clean patients up, putting catheters in. So it was a lot of hands-on work.

Gina highlighted the challenge of balancing and taking on all of the hands of work and showed how the NPD educators did whatever was needed to survive the COVID-19 pandemic and support the staff.

Providing post mortem care to patients who died during the COVID-19 pandemic was viewed as a chance to assist nursing staff members on the clinical units and prevent some of the NPD educators for being deployed to the clinical units to take districts of patients to care for. However, the NPD educators were required to do this by their nursing leadership to prevent them from being sent back to the clinical unit. This was a challenging, emotionally exhausting, physically taxing role to take as an additional responsibility.

Fit Testing

During the COVID-19 pandemic, infectious disease guidelines were constantly changed. Staff needed to be re-trained to ensure they were correctly wearing personal protective equipment. All participants recalled that they were thankful they had adequate personal protective equipment during the pandemic, as many of their colleagues in different hospital expressed fear of running out of supplies. However, many expressed being frustrated with the continuous changes to mask guidelines and products. When are new mask arrived in the hospital, NPD educators were took on the role of fit testing the entire hospital to ensure the mask fit properly and decrease the risk of exposure to the COVID-19 disease. Sally explained:

> I remember one day they told us we had to fit tests the entire hospital because we were getting new masks, whereas my coworker at another hospital from a

different system 20 minutes away from us was like, “I had to rewear my N95 for two weeks.” And I was like, “Oh yeah, no, we’re getting new ones.”

Although the fit testing was not the responsibility of the NPD educator, they jumped into assist and make sure the staff were protected. Sofia explained: “And we also spent a couple of weeks doing fit testing to make sure everybody was fit tested to wear their N95 mask” Fit testing staff took a few weeks complete. Fit testing is another example of how changes to organization practice, procedures, and policy lead to the NPD educator taking on additional roles to survive the pandemic.

Management Role

As sick patients continued to flood the hospitals, hospitals began to run out of space to place each of these patients. Hospitals were required to create additional space to place each of these patients. Vacant hospital space or “tents” were set up as patient care areas. One participant, Lauren, recalled over hearing that staff needed the support of leadership to run the new unit that was created:

I remember the day, I’ll never forget this, and said, “It’s a shit show upstairs in the PACU.” And I remember thinking to myself, okay, what’s going on? Did anybody walk in there to find out, or are you just making that statement? We were told originally we weren’t going to turn into a ICU. We were going to turn into an intermediate, and then they just flipped us to an ICU the next day... It’s very easy to say, it’s a shit show up there, and have no idea what they’re talking about and no idea what they need. So that’s when I basically said, okay, I’m going to go upstairs and find out what’s going on, and I went upstairs at that point.

Taking on the leadership role removed Lauren from the NPD educator role during the COVID-19 pandemic. This prevented her from being able to assist with education and orientation on the clinical units. However, she felt as though this is what she needed to do to support the staff and take on the role of unit management.

Staff Nurse Role

Having adequate staff to provide care for patients on the clinical units was a major challenge for acute care hospitals during the COVID-19 pandemic, especially on the critical units. Participants shared their stories of surviving the pandemic by returning to the bedside in a staff nurse role to care for the sick patients. One participant recalled that due to her recently clinical experience as an ICU nurse, she was required by leadership to return to the ICU as a staff nurse and provide care for patients:

> Well, I had worked in medical ICU for 13 years before becoming an educator, and I was in my role as educator for less than two years when COVID hit. So because of my experience in ICU and because I had worked in all of the units, they put me right back to the bedside. So I was one of the first people to be pulled back. And I worked in the medical ICU and I took full patient assignments every day. (Jennifer)

Jennifer was willing to return to the bedside because she was able to care for the patients. Daria recalled: “The ED was getting slammed and the ICU. I went to a staff nurse role .” Assuming the staff nurse role allowed Daria to support the staff.

Finally, procedural areas were closed for elective procedures and opened only for emergency cases. They staff from these areas were re-deployed to assist on clinical units

to support the staff. Jamie identified that she was used a staff nurses in the recovery room to recover patients after surgery:

> Me and one other educator, we also were kind of kept back to be basically run the recovery room, since the recovery room nurses were being sent to critical care. And the OR schedule was obviously way, way down at the height of it. It was really only emergencies. We were kept back so that we would recover those patients before they would then go back to their units.

All though these participants agreed that they enjoyed providing patient care and felt that due to the current circumstances, a global pandemic, they needed to go back to the clinical area and care for patients, however, it was identified that they couldn't support staff fully from an education perspective.

Being required by the organization and leadership to take on these additional roles and responsibilities pulled them aways for being able to adequately support the staff on the unit and assist new graduate nurses transition into practice. However, these stories confirm that they were doing whatever they could, to just survive the COVID-19 pandemic.

Mechanisms

Took a Backseat

Many participants discussed that during the height of the pandemic their organization stopped hiring new graduate nurses. The focused turned to hiring experienced nurses through agency organization and educating staff to be redeployed outside their clinical specialty. However, all participants explained that during the COVID-19 pandemic, they had new graduate nurses that were currently on orientation or

new graduate nurses who started orientation right before the COVID-19 pandemic began. The NPD educators, took on additional responsibilities, were still required to assist new graduate nurses transition. When discussing their experience working with new graduate nurses during the pandemic, it was very evident that orientation of new graduate nurses took a back seat to all other responsibilities during the COVID-19 pandemic. NPD educators were unable to provide the new graduate nurses with adequate support and had to shorten the length of their orientation.

Inadequate Support

Many of the participants described that as a NPD educator they were unable to adequately support the new graduate nurses that were on orientation. One participant explained that if orientation was her only role during the pandemic, there would have been better outcomes for new one her graduate nurse who was on orientation in critical care:

> I felt that if that was my only role, taking care of orientation it would've been much better for the orientees. I think there would've been more support for those novice new grad nurses, which I think they probably needed at that time. (Gina)

New graduate nurses needed support during this time and the NPD educator was unable to provide adequate support.

Gina went on to explain that orientation was not the priority. The orientation of new graduate nurses took a backseat to supporting the incumbent nursing staff: "The priority was supporting our incumbent nurses, supporting them with education or supporting them with what they needed". Gina also highlighted that the support from the

preceptor was also lacking as they were trying to navigate caring for this new patient population:

> the lack of attention from the preceptor end really impaired the confidence of these new novice nurses because they didn't feel they were getting the support. The preceptors did not have the time and patience to sit with them and explain to them everything because time was premium and the patients were deteriorating faster than they thought they would. So they were constantly on a move, not enough time to explain why they were doing a certain thing a certain way and they were adapting. The preceptors themselves were adapting to the new change, which was a big burden for them and they had an orientee to explain everything, what they were doing. And I think because of that lack of time between the preceptor and the orientee, I think that really affected the new novice nurses' orientation process.

The lack of NPD educator and preceptor support ultimately led to the new graduate nurses not feeling supported while on orientation.

Providing adequate support for new graduate nurses on orientation was difficult as NPD educators took on additional responsibilities, including being redeployed to work as a staff nurse. Jennifer, was an NPD educator who was deployed to the ICU to function as a staff nurse due to her recent clinical experience:

> I was still their resource person, a lot of the time she would just pair one of them up. So I would have four or five, six vented patients on six, seven, eight continuous drips and proning and all of that. But I was still the one that everybody else would come to, "Hey, Jennifer, you know how to do this, how do you do

> this? Can you help me with this?" And it was very overwhelming and it was a lot of wanting to help everybody else, but also feeling like I was drowning myself with the patient load that I was given.

Jennifer became overwhelmed trying to balance her patient assignment and trying to support the new graduate nurses as a preceptor and resource on the clinical unit. It was a difficult balance and led to the new graduate nurses not receiving adequate support.

The lack of support for new graduate nurses during the pandemic ultimately lead to some new graduate nurses being unsuccessful during orientation. Danielle recalled her experience with being unable to give new graduate nurses adequate support on orientation:

> I think I tried my best to support them, but I feel that also I didn't have the tools to support them… so many people left. So many people didn't make it to the end of orientation just because of the sheer stress of we've never had that kind of fallout where people are just failing, leaving mid-orientation or not making it.

The stress from the pandemic and the lack of support on orientation from NPD educators led to new graduate nurses being unsuccessful during orientation and leaving the organization. This is not the norm for new graduate nurses on orientation. A majority complete orientation successfully.

Darcy explained how the stress of working through the COVID-19 pandemic impacted the orientation of new graduate nurses, truly highlighting that the orientation of new graduate nurses took a backseat during the COVID-19 pandemic:

> I think we all felt like we couldn't do enough…we were being stretched to the limit too. Truthfully, it was absolutely exhausting, there was nothing

> left for anybody. After, not just the physical part of postmortem, but the mental part of it too. We were just all so burnt by it, that I think it felt like, for us, not that it wasn't important, but we felt like we were dealing with life and death here. You know what? And if their transition wasn't as smooth... Not that, that was the worst thing in the world. So, for us, just we were hanging on by our fingernails. It was emotionally, physically exhausting. I don't think there was much left for the orientees, honestly.

Working through the pandemic was physically and emotionally draining and there was not much energy left to dedicated to supporting the new graduate nurses through their orientation process.

The frustration of not being able to adequately support the new graduate nurses and feeling that the role of nursing education was not understood was shared by Susan and Sofia. Susan expressed her frustration with trying to support her new graduate nurse on orientation but then being pulled to provide post mortem care: "Teaching my new grad and then being pulled to wrap a body. I don't know. In the middle of doing something that is important, now you're being pulled to do'.. That was challenging." It difficult to support a new graduate nurse while taking on additional responsibilities. Sofia went on to explain:

> People don't see everything that goes into the backend, the preparation, the planning, the not in-depth research, but looking at the evidence and seeing what best practices are. Nobody sees that. So the perception is that there's not a lot to do in the role…it was like trial by fire. They got thrown in. Everybody including preceptors did the best they could. But at the end of the day, they absolutely took

a backseat…and it was frustrating because ultimately, it's my responsibility to make sure that the person is going to take safe, compassionate care of the patient**.**

Orientation of new graduate nurses was not the priority during the COVID-19 pandemic and ultimately new graduate nurses took a backseat to other priorities. NPD educators admitted that they were unable to adequately support new graduate nurses on orientation due to balancing numerous priorities. Some participants expressed that the NPD educator role is not fully understood by the organization, as the NPD educators could have been better used by staying in their role supporting new graduate nurses during the pandemic.

Shortened Orientation

During the semi-structured interview process, NPD educators described the orientation process for new graduate nurses at their organization before the pandemic. The NPD educators stated that the length of orientation for new graduate nurses is approximately 8-12 weeks on a medical surgical unit and approximately six months for new graduate nurses in a fellowship in the critical care units or emergency department. During the COVID-19 pandemic, the length of orientation was affected. Due to the overwhelming nature of the pandemic, the need for additional staff on the unit, orientation was shortened and NPD educators felt that new graduate nurses "did not receive the orientation that they deserved" (Darcy). The new graduate nurses had their length of orientation cut short from what they were promised and many of the new graduate nurses were used as task assistance on the clinical units.

Sally explained that new graduate nurses on orientation in her organization get six months of orientation and are part of the new graduate nurse residency program. A group of new graduate nurses started two weeks before the global pandemic. It was decided to

reduce the length of orientation from 6 months to 8 weeks. They feared losing their residency accreditation but needed the new graduate nurses to assist with caring for COVID-19 patients on the clinical unit:

> we had a new cohort that started in March of 2020, one to two weeks really before we saw the heaviest of the first COVID surge…their orientation got significantly shortened. It was eight weeks instead of six months. I remember vividly sitting in our office going, how are we going to do this? Are we going to lose our accreditation? What do we need to do? And our program director at the time who was in charge of PTAP was like, "We can't do this. They have to be on for six months." And I remember looking at her and being like, "It's a global pandemic. If we lose it, then we lose it. What are we going to do?"

Sally further went on to explain that it was difficult to sit down and tell these new graduate nurses that their orientation was ending early after they were promised that they would get six months. They new graduate nurses were angered by this decision and nervous to being taking care of COVID-19 patients on their own:

> They were promised a six-month orientation. That's what we do. And sitting down with them after being nurses for eight weeks, and we had to tell them, we have to cut your orientation short. This is where we're at. This is what's happening. It was really difficult. They were angry, they were nervous.

Shortening the orientation was difficult for NPD educators when they are accustomed to an extensive supportive orientation. Another participant, Jennifer, explained "Unfortunately, they didn't get best orientation experience because to say it less eloquently than I should, I feel like they were thrown to the wolves. They were used as an

extra set of hands." Orientation was shortened and the new graduate nurses need to assist with patient care of the units.

Christina shared her experience with shortening the length of orientation for new graduate nurses was impacted by the COVID-19 pandemic:

> I think the orientation was definitely affected. And then in subsequent surges where I currently work, I do know that the orientation was definitely shortened. Definitely shortened by quite some time due to surges of COVID and needing staff…people were upset. And as an educator, we try to describe to people, "Well, your orientation should be individualized. If you're meeting the goals, you can come up with an orientation sooner." But whenever you tell someone like, oh, you're getting a 16-week orientation, and then it's like 12 weeks or eight weeks, and I even have this experience prior to COVID, people get upset. They're not happy about it. They feel like they got jipped.

Decreasing the length of orientation for new graduate nurses was a frustrating and upsetting experience for both the NPD educator, as well as the new graduate nurse.

These findings support the notion that the orientation of new graduate nurses took a backseat during the COVID-19 pandemic. New graduate nurses did not receive the support they needed during their orientation and the length of orientation was shortened to assist with staff shortages. The orientation or lack thereof was described as a "baptism by fire".

Rose to the Occasion

Although, many of the NPD educators expressed a sense of frustration that the orientation of new graduate nurses took a back seat, by shortening the length of

orientation and not being able to adequately support the new graduate nurses, they also expressed a sense pride. The NPD educators were proud that these new graduate nurses "rose to the occasion" and were willing to care for this population of patients. Theresa explained:

> I'm going to cry…Just seeing them come out of the rooms with all the garb on them. It was just, I don't know. It was very sad. I'm just so proud of them because I don't know. And I used to go in the stairwell and just like bawl. I can't believe we're all going through this right now. And I feel so bad for them, but they're such troopers, nobody complained.

When discussing how she felt about assisting new graduate nurses during the pandemic, Theresa became very emotional and started to cry. She was proud of their hard work and dedication, and rose to the occasion of caring for the COVID-19 patients.

Jamie, explained that she felt the new graduate nurses handled a difficult situation:

> I thought they were very, very brave. I thought that it was... I said to several of them, I was like, this is a crazy time to be coming in. I don't know if this being the year that I graduated, I would've been as confident in myself to be jumping in.

Jamie felt that the new graduate nurses rose to the occasion by being brave and explained that if she started as a new graduate nurse during the pandemic, she would have handled it the same way.

Sofia provided an example of a new graduate nurse rose to the occasion and "handled the situation beautifully". She explained:

> I had one new grad who did really well during the pandemic…And a couple of things that stand out in my mind about her is number one, she was a nursing assistant before she became a nurse, so she had exposure in the hospital. She knew what it was like before the pandemic happened. Her bad luck is it just happened when she graduated. So she came in and she embraced what was going on with the attitude, "We can't change it. We have to do the best we can." And she's very motivated. She's not somebody that you have to encourage to do things. She seeks things to do.

New graduate nurses rose to the occasion and were successful during orientation. Jennifer recalled a new graduate nurse that although she was terrified to care for patients with COVID-19, the new graduate nurse rose to the occasion:

> And she rose to the challenge and she did a really good job and she was really invested in it. And even though she was terrified and she really didn't know what she was doing yet, she was always willing to, "Hey, can I help you? Hey, look, let me just watch what you're doing and I'll see." And she went on to become a really competent, excellent nurse and worked in the medical ICU nights after that.

The new graduate nurses were invested in caring for the COVID-19 patients and ready to learn. NPD educators acknowledge the being a new graduate nurse during the COVID-19 pandemic was an overwhelming, stressful experience and there were many new graduate nurses who struggled emotionally during this time. However, even though there was a lack of support and shortened orientation, many of the new graduate nurses rose to the occasion and were ready to help take care of patients who had COVID-19.

Outcomes

The Unprepared New Nurse

The completion of a nursing program and orientation prepares new graduate nurses to provide safe and competent care to a diverse group of patients. The NPD educators who participated in this study, provided a detailed explanation of the orientation process they use to prepare new graduate nurses to be safe practitioners. New graduate nurses receive a structure orientation and the NPD educators use a combination of clinical and didactic teaching methods to prepare new graduate nurses. However, the COVID-19 pandemic led to a decreased length of orientation and the new graduate nurses did not have adequate support from the NPD educators, as previously discussed. This ultimately led to an unprepared new graduate nurse.

Many of the participants described that once the first wave of the COVID-19 pandemic subsided, they noticed that new graduate nurses who had orientation during the COVID-19 pandemic were not prepared to care for patients other than COVD-19 patients:

> But when things started to change, when the first wave was coming to an end, and we had people that walked in their first week and all they had seen for the last three months is a COVID patient. Now all of a sudden they're getting a patient that has congestive heart failure or cellulitis, they don't know what to do. They don't know what to look for. They don't know how to chart it. So it was almost like going back to the beginning with somebody who had been on the floor for three or four months. So it was scary and it was frustrating. And yeah, those are the words that I can use to describe. (Sofia)

These new graduate nurse struggled to manage and provide care to a diverse group of medical and surgical patients that did not have COVID-19.

Additionally, the NPD educators highlight the unprepared new graduate nurse that attended nursing school during the pandemic. Students who attend nursing school were also affected by the COVID-19 pandemic. Nursing students who were in nursing school were no longer allowed to complete their clinical hours in the hospital:

> so she never had her last few rotations, her critical care rotations, she never had actual hands-on, they did it virtually…the lack of that foundational theory stuff in class was a problem, because it was all coming from their preceptor and from their experience. The lack of their foundation from school, having those clinical hours and feeling more comfortable in the clinical setting was challenging, because they came out terrified, and they also had no exposure to COVID. Right? So, in school, they weren't allowed in the hospitals, they didn't know how to care for a patient with COVID, and then here they came out here and we still had quite a few COVID patients. So, it was challenging getting them to the point where PPE, protecting yourself, caring for the patient, and all the new things that were coming out, so it was challenging all around. (Christina)

New graduate nurses were unable to get the hands-on clinical experiences to build foundational clinical skills. Nursing school moved to a virtual platform and students didn't get experience caring for patients. Gina, went on to explain:

> So in the post pandemic world, now what I struggle with our patients definitely are not as acute or as sick as they were during COVID, but we do see COVID patients now. But since COVID, what I feel the biggest impact has been for the

> nursing school is the lack of clinical hours. So many schools were not allowed to send any of their students to clinical areas. So what did they do? They probably used something like Shadow Health where it's a computer-generated program that they had to learn or they were in their simulations labs. So that whole signs of nursing where you're touching and feeling your patients and learning through the patients or learning through the other team members, they completely lacked that experience. And which was very obvious when we hired new grads after that, that we really have to spend a lot of time going over basic things which we would expect somebody who graduates from a school and who completes or gets their nursing license that they should be safe to work. And we found that those nurses were very unsafe during the post pandemic time.

Orienting new graduate nurses who did not receive clinical experiences while in school. She believes that the lack of hands on clinical experiences caused them to struggle.

Due to the lack of clinical experiences, the NPD educators started to notice new graduate nurses were not prepared to administer medications and were making errors. Amelia explained:

> Medication errors, not even being able to make a bed, not even being able to say hello to patients. They've never assessed a real person. They've never had to prioritize because they've been in simulation… and people might get a little frustrated because it's not the same way we could train new grads because we had COVID, so now we have to go back to square one and we have to change what we're doing because we have to make up for that gap that happened without them getting any clinical in there.

The lacked clinical experiences during nursing school, made it difficult for these new graduate nurses to do basic nursing functions like make a bed or hold a conversation with a patient.

The lack of clinical experiences while in school led to new graduate nurses being unprepared to enter the clinical environment after graduation. Many of the new graduate nurse were unable provide safe care for patients. Sofia explained:

> they were definitely not prepared. Several who never even made it through orientation, who either quit… quit before orientation because they just couldn't handle it, or didn't meet expectations and were asked to leave because they didn't meet expectations.

Many of the new graduate nurses did not make through orientation or quit because they were overwhelmed and not equipped to care for the patients. Danielle explained:

> I've dealt with new grads since 2014, and even before that I was a unit-based educator in the surgical trauma. I just never have encountered as much stress and anxiety of just working in the healthcare setting as I have since COVID.

Danielle explain that she had been working with new graduate nurses as an educator for many years and found that the new graduate nurse are more stressed and anxious to care for patients than ever before. The Covid-19 pandemic significantly impacted the new graduates nurses ability to be successfully.

Status Quo Orientation

Every participant highlighted that new graduate nurse were unprepared to care patients when the pandemic ended due to lack of support on orientation during the COVID-19 pandemic, a shortened orientation, and the lack of preparation in nursing

school. The NPD educator either highlighted the new graduate nurse who struggled when they went through orientation during the COVID-19 pandemic and/or the unprepared new graduate nurses that entered the acute care setting after the initial wave of the COVID-19 pandemic. Yet, all participants identified they made minimal to no changes to the orientation process post COVID-19 pandemic to more adequately prepare new graduate nurses. The orientation process remained status quo.

Sally explained that they had reduced orientation because of the pandemic and in the future look to make changes to the way they conducted orientation:

> our orientations also got shorter with COVID. So now we're looking to do things like more skills in the classroom setting to make sure that they're confident with those before they even go out into the clinical unit. We're doing things, making them look up policies. They're very reliant on like, "Hey, can you come help me do this?" So we're really trying to focus and shift it to showing them their resources and providing them a way to get resources and then making them try it and do it themselves.

Although there is a potential plan, no significant changes had been made to the orientation process, and the orientation process remained status quo.

Some participants explained that they didn't add any new classes or make any significant changes to the orientation to assist new graduate nurses, they focused more on being hands on and available to assist on the clinical nursing units:

> We didn't add any new classes. One thing that I did in particular especially on one of the units where I had the largest concentration of these new grads that came in, was I just spent a lot more time there. Not that they were still on orientation, but

> almost like they were. Going up and say, “Tell me about your patients today. What are you seeing? Oh, they have that. Let’s talk about that diagnosis. What are the things that, as the nurse you're looking for? What are your main interventions going to be?” And just that reinforcement. That’s how I addressed on my floors (Gina).

The NPD educator continues to be more present and available to the staff.

Darcy explained that they didn’t make any significant changes to orientation and didn’t have the ability to backtrack staff who completed orientation:

> We didn’t backtrack, no, we didn’t. It was just nearly impossible because we started having more people that were being hired. Know we did a lot more in services on the units, but I don’t think we made any significant changes to orientation. We honestly didn’t have the capacity or the time or the staff to do it.

Furthermore, they were unable to give the new graduate nurses additional orientation education because they had new additional staff members that were starting.

A few of the participants discussed that they added education on mental health, resilience, preventing burnout, and caring for the COVID-19 patient to orientation as a result of the COVID-19 pandemic. Jennifer stated “we added some education on nursing resilience. We added burnout education on nursing burnout. We added obviously things having to do with COVID itself, the different medications, proning protocols, skin prep for proning.” Although programs were added on mental health, orientation remained status quo and no additional classes were added to assist the unprepared new graduate nurse.

All though new graduate nurses did not receive an adequate orientation, minimal to no changes were made to the orientation process to support the new graduate nurses that were unprepared or support the new graduate nurses that were coming out of nursing school with a lack of preparation.

Never Gave Up

The NPD educators that participated in this study, identified many stressors and motivators that had the ability to impact their job performance. A major stressor was the overwhelming emotions they experienced. Although numerous stressors were identified, the NPD educators identified numerous factors which kept them motivated. Through the whole pandemic the NPD educators never gave up and remained focused and motivated on the sick patients.

Stressors

NPD educators identified emotions, lack of support from colleagues, and relentless death as major stressors during the COVID-19. One participant explained: "I was scared for myself. I was scared for the people that I worked with. I was angry and upset that patients were dying alone." (Sally). The overwhelming emotions created stress on the NPD educator role.

Gina explained that she was the only critical educator and didn't have the support she needed form her colleagues. Gina felt overwhelmed and felt like she was drowning:

> So being the only educator at that time for critical care, it was very hectic for me to complete my rounds and help everybody because it was like an ocean and everybody was sinking in that ocean and there were multiple hands asking for help.

Taking on additional roles and responsibilities, while being the only critical care educator in the hospital created a stressful environment.

Finally, many identified that a major stressor for them was dealing with the relentless amount of death and bringing the dead bodies to the morgue:

> The biggest stressors were seeing all the death, all the young people. And it was scary because in the beginning it was disturbing because I saw a trend that was very disturbing, and it seemed like all the minority populations were all dying. They were all dying. And I couldn't comprehend, what's happening? Why is it certain people are succumbing to this disease? It was very disturbing... But I remember being very, very upset about that.
>
> But I think the worst part was just seeing people die. I remember the makeshift morgue was filled with bodies, and that was disturbing (Susan).

Dealing with relentless death was an overwhelming experience for the NPD educators. However even with personal and work-related stressors, the NPD educators remained motivated and never gave up on helping the patients and the staff.

Motivators

The NPD educators were motivated by various factors. However, there was an overwhelming expression of being motivated to help and care. This included helping the experienced registered nurses who were caring for the COVID-19 patients, helping the new graduate nurses who were on orientation, helping to care for the patients who were battling COVID-19 and those who had died from COVID-19, helping their team and finally helping where ever there was a need. Sally explained:

> I wanted so badly to jump off the nursing education train and go back to bedside and be clinical because I felt for me, that would be easier. I could just take care of patients again, and my team kept saying, "No, we need you." Because people are literally knocking on our door and know nothing about the hospital, and we have to onboard them.

Sally felt that during the COVID-19 pandemic, it would have been easier to go back to the bedside and provide care for the patients, but she couldn't leave her team. They needed her team needed her help.

> Another participant explained that as a nurse your focus is always on the patient: that's always my biggest motivator. I'm there for the patients. And so whether because they're vulnerable, they're innocent, they're someone's loved one. So that's my biggest motivator in nursing. So whether it's to prepare the nurses, as an NPD educator, you're there to prepare your nurses to take care of patients. So that's my biggest motivator. (Sofia)

Caring for patients with COVID-19 and making sure the nurses were prepared to care for these patients kept Sofia motivated. Finally, Amelia explained:

> what motivated me was the fact that I was there. I had skills and I'm going to do the best that I can…that I realized that I was in a good place to help people. I was not having to sit home and just pray, which I prayed, too, but this was so out of control.

Amelia realized she had the skills to assist the staff and being at work, helping staff and patients kept her motivated. Although the NPD educators were stretched thin,

experienced many personal and work-related stressors, they remained motivated to help care for patients and support the novice and experienced staff members.

Conclusion

The COVID-19 pandemic was a stressful and overwhelming experience for all who worked in healthcare, especially the NPD educators. The hospital was unprepared to for the overwhelming number of patients that were entering the organization with an unknown disease. Many participants compared the experience and atmosphere to a "war zone" or like being at war. The COVD-19 did not compare to any other epidemic, pandemic, or natural disaster that plagued the hospital.

The NPD educators were required to take on additional roles and responsibilities. These added responsibilities caused them feel as though they couldn't adequately support new graduate nurses on orientation or give them the orientation that they deserved. However, during this time many new graduate nurses rose to the occasion and exceled in providing care for the patients.

The pandemic significantly impacted the new graduate nurse. Many of the new graduate nurses were not equipped to care for non-COVID-19 patients and the new nurses who had limited clinical exposure during nursing school also struggled. However, even with the acknowledgment of these struggles, the NPD educators explained that they made minimal to no changes to the way they oriented new graduate nurses.

Finally, NPD educators identified many stressors that impacted them during the COVID-19 pandemic. However even with these stressors, they remained motivated to care for the patients, and staff in the organization.

Chapter 5

Discussion and Implications

The purpose of this qualitative, realistic inquiry case study was to examine and understand the experiences of NPD educators as they assisted new graduate nurses transitioning into clinical nursing practice during the COVID-19 pandemic in acute care hospital setting between March of 2020 to present time in the state of New York. Moreover, this research study sought to understand how the COVID-19 pandemic brought about changes to the NPD educator's role and their ability to assist new graduate nurses transitioning into clinical practice post pandemic.

This research study sought to answer the following research questions:

1. How do organizational policy, procedures, and practices generate a shift in the role of nurse educators as it relates to engagement with new graduate nurses during a pandemic?
2. What was the experience of nursing professional development educators, in acute care hospitals, assisting new graduate nurses transition into clinical practice during the COVID-19 pandemic?
3. In what ways did the COVID-19 pandemic shift the role of the nursing professional development educator as it relates to engagement with new nurses post-pandemic?
4. In what ways did job demands and job resources impact the work performance of NPD educators during the COVID-19 pandemic?

A total of 15 NPD educators participated in semi-structed interviews that sought to answers the research questions of this study. The data from the interviews, as well as

documents collected, were analyzed to determine the findings for this study. This chapter will connect the findings of Chapter 4 to the current literature on this topic. This chapter will also discuss how the findings relate to the theoretical frame work of this study. Finally, recommendations will be made and implications for practice, leadership, policy, and suggestions for future research will be discussed.

Discussion

Organizational Impact on NPD Educator Role

The first research question focused on understanding the context of this realist case study. The research question explored how the organizations policies, procedures, and practices generated a shift in the role of nurse educators as it relates to engagement with new graduate nurses during the COVID-19 pandemic. The COVID-19 pandemic led to many changes in hospital policies, procedures, practices, and the roles and responsibilities of the NPD educator. During the COVID-19 pandemic, the acute care hospital setting became a chaotic environment that was unprepared, created additional hospital structures, faced staffing issues, and frequent changes to infectious disease guidelines. The NPD educators were required to take on additional roles to assist with the challenges the hospital faced.

This study highlight that hospitals needed to create additional space to make room for the large influx of patients. Participants explained that vacant spaces were used as patient care areas, as well as tents that were set up in the parking lot. This is consistent with current literature. To meet the demands of patients seeking medical attention during a healthcare crisis, hospitals had to convert from their current capacity to a surge capacity

and create extra beds to accommodate for the number of patients seeking medical care (Hui, et al., 2007; Al-Dorzi et al., 2016; Grimm, 2020).

The study highlights that maintaining adequate staffing was difficult. Registered Nurses from all over the country were being flown in to assist with the pandemic in the state of New York. This is consistent with literature that discussed staffing during the COVID-19 pandemic. The literature showed that hospitals in the United States also reported that they were not able maintain adequate staffing levels (Grimm, 2020). A national study identified that specialized providers were needed to meet the anticipated demands and were not available which led to concerns about exacerbating the staffing shortages and overworked staff (Grimm, 2020).

A pandemic has the ability to impact the operations of the organization, as a substantial number of patients can present to the hospital requiring intensive care. The findings from this study demonstrated that the hospitals were not prepared to handle the COVID-19 pandemic. This finding was consistent with current literature. Literature showed that many hospitals have emergency preparedness plans in place to handle emergency situations. However, many hospital organizations did not review, update, or test their plans which ultimately led to hospitals not being prepared during the COVID-19 pandemic, as well as past pandemics. (Palinkas et al., 2020; Hui, et al., 2007; Zoutman et al., 2009).

Continuous changes to policies, procedures, and the hospital environment during the COVID-19 pandemic were discussed in the findings of this study. New protocols on infectious disease practices and patient care guidelines, were coming out rapidly, sometimes hourly. There was also a concern that the hospital would run out of supplies.

The constant changes were difficult for the staff, as well as the educators to keep up with. The constant changes to infectious disease practices are consistent with the literature for past pandemics. Hospitals in Beijing implemented additional signage outside of patient's rooms, additional training on hand hygiene, applying and removing PPE, and proper cleaning techniques for housekeepers. However, with these new infection control requirements, Al- Dorzi et al. (20216) identified there was an increased need for the number of supplies available (Al-Dorzi et al., 2016).

The rapid changes to the organizations policies and procedures, during the COVID-19 pandemic, led to the NPD educators being required to take on additional roles and responsibilities. These additional responsibilities included hospital operations, being part of the "proning team", morgue assistance team, fit testing, becoming nurse managers of units, and being redeployed as staff nurses. These findings added to the lack of literature on the NPD educator's role during the COVID-19 pandemic. These findings assisted with understanding that the NPD educator took on additional roles which ultimately took them away from assisting the new graduate nurse transition into clinical practice. The NPD educators expressed that taking on these additional responsibilities was often the decision of their leadership and they were not given a choice. However, the NPD educators were willing to do whatever it took to support the organization, the nursing staff on the clinical units and the patients.

NPD Educator Experience with New Graduate Nurses

The second research question focused on understanding the experiences of NPD educators, in acute care hospitals, assisting new graduate nurses with their transition into clinical practice during the COVID-19 pandemic. Participants provided answers to this

question by explaining that the orientation of new graduate nurses was not the priority during the COVID-19 pandemic and ultimately new graduate nurses took a backseat to all other priorities and responsibilities. NPD educators, as well as the preceptors, were not able to provide the new graduate nurses with the support they needed during orientation and highlighted some new graduate nurses that struggled as a result. The length of orientation was also shortened to assist with staffing needs throughout the hospital. The decrease in orientation time and lack of support is consistent with the literature that explored the new graduate nurse's perspective during the COVID-19 pandemic. New graduate nurses felt unsupported by the organization and expressed needing additional training to prepare them for a pandemic (Garcia-Martin, et al., 2020).

The role of an NPD educator is an essential role to ensuring that nurses are prepared to provide patients in a hospital safe and excellent care (Coffey & White, 2019; Warren & Harper, 2017). Balancing additional roles and responsibilities and focusing on onboarding experienced nurses from agency organization, educating staff to be redeployed outside their clinical specialty, and keeping staff up to date with changes was overwhelming for the NPD educators This ultimately removed the NPD educator from being able to adequately support and prepare the new graduate nurse on orientation. These findings add to the lack of literature surrounding the NPD educator's experience assisting new graduate nurses transitioning into practice during the COVID-19 pandemic.

The preceptor serves as a teacher/coach, role model, leader/influencer, facilitator, socialization agent, evaluator, and protector (Harper et al., 2021; Fordham, 2021). Preceptors are expected to create a safe and effective learning environment, facilitate learning and the application of complex concepts, and assist the nurse on orientation to

socialize and assimilate into the culture of the unit (Harper et al., 2019). The findings from this research study found that during the COVID-19 preceptors were also unable to adequately function in the preceptor role and provide support to the new graduate nurse. The preceptor was struggling to manage a difficult load of patients and provided care to patients with a disease they knew very little about. This made it very difficult for preceptors to properly and adequately teach the new graduate nurses.

The finding from this study were consistent with the current literature. Bohnarczyk & Cadmus (2022) found that the COVID-19 pandemic impacted the relationship between the preceptor and the new graduate nurse. Preceptors were being deployed to other clinical areas, didn't have a clear plan or were unable to communicate the orientation plan to a different preceptor (Bohnarczyk & Cadmus, 2022) Furthermore, there was a lack of time to fully educate the new nurses that started and their role as preceptor conflicted with their ability to care for patients (Bohnarczyk & Cadmus, 2022).

Although the orientation and support for new graduate nurses was lacking during the COVID-19 pandemic, the NPD educators felt a sense of pride. The NPD educators were proud that these new graduate nurses were willing to care for this population of patients. The NPD educator felt that the new graduate nurses stepped up and provided adequate care. This finding adds to the lack of literature on the experience of the NPD educator assisting new graduate nurses transitioning into practice during the COVID-19 pandemic.

Although, some educators identified that new graduate nurses did struggle during this time, the majority expressed that most new graduate nurses were willing to care for this patient population. This finding was consistent with literature that focused on the

new graduates nurse's perspective of transitioning into practice during the COVID-19 pandemic. The literature demonstrates that COVID-19 pandemic impacted new graduate nurses as they transitioned into clinical practice during the COVID-19 pandemic (LoGiudice & Bartos, 2020; Crismon et al., 2021; Naylor et al., 2021; Garcia-Martin et al., 2020; Sessions et al., 2020). New graduate nurses felt overwhelmed and struggled with constantly changing protocols, with how lonely patients were due to visitor restrictions, and had a fear of getting sick or spreading the illness to family members or colleagues and expressed feeling of anxiety, felt guilty about the potential of being a burden to expert/experienced nurses (LoGiudice & Bartos, 2020; Garcia-Martin et al., 2020). However, the literature also demonstrates that new graduate nurses were resilient and remained committed to the profession of nursing (Casey et al., 2021; Nayor et al., 2021; Sessions et al., 2021).

Post Pandemic Shift

The third research question sought to understand how the COVID-19 pandemic caused a shift in the role of the nursing professional development educator as it relates to engagement with new graduate nurse's post-pandemic. This question was answered by participants explaining and acknowledging that new graduate nurses who were on orientation during the COVID-19 pandemic and new graduate nurses who attend nursing school during the COVID-19 pandemic were not prepared to provide care to a diverse group of patients. Furthermore, although NPD educators identified that new graduate nurses lacked preparedness, minimal to no changes were made to the orientation process.

The new graduate nurse who started their career experienced a shortened orientation and did not receive adequate support from their preceptor or NPD educator.

The new graduate nurse also only gained experience providing care for COVID-19 patients. This made it difficult to provide care for a diverse group of patients post pandemic. This is consistent with the literature that suggests that new graduate nurses who transitioned into clinical practice during the COVID-19 felt unprepared (Garcia-Martin, et al., 2020). However, this adds to the lack of literature on the NPD educator's perspective.

The NPD educators also highlight the unprepared new graduate nurse that attended nursing school during the pandemic. Students who attend nursing school during this time were significantly affected by the COVID-19 pandemic. Nursing students were no longer allowed to complete their clinical hours in the hospital or gain hands on experience with real patients to build foundational skills. All classes were moved to a virtual platform. The post pandemic new graduate nurses struggled with understanding diagnoses, medication administration, communication, assessments, and lacked prioritization skills. This was consistent with the current literature that addresses the level of preparedness of new graduate nurses that transitioned during the pandemic. Although past literatures, from pre-pandemic, extensively highlights the struggles, there is a lack of literature from the perspective NPD educator about lack of preparedness of the new graduate nurse post pandemic. Therefore, this finding adds to the literature.

The completion of a nursing program and orientation program provided by the NPD education department is expected to prepares new graduate nurses to provide safe and competent care to a diverse group of patients. For a new graduate nurse to be successful, they need to be supported, receive continuous/ongoing education, and continued skill practice needs to be incorporated into the orientation (Sessions et al.,

2021). NPD educators acknowledged that minimal to no changes were made to the orientation process post pandemic to more adequately support the new graduate nurses transitioning into clinical practice. This finding adds to the literature and suggests that NPD educators need to develop a structured orientation that is geared towards supporting and addressing the weaknesses of new graduate nurses. Furthermore, confirms previous literature and suggestions from an academic perspective that new graduate nurses may benefit from extended time with a trained preceptor and opportunities to focus on clinical reasoning, managing multiple patients, effective communication, and safe skill performance (Powers et. al., 2022).

The only notable change that was added to orientation for new nurses hired into an organization was education and information on mental health, preventing burnout, and building resilience. Registered Nurses who worked during a pandemic or healthcare crisis experienced feelings of fear, stress, anxiety, doubt, insecurity, depression, irritability, and struggled with work-life balance (Lee & Kang, 2020; Koontalay et al., 2021; Billings et al., 2021; Van Devanter, et al., 2014; Yayla & Ilgin, 2021). Creating programs focused on mental health, resiliency, and preventing burnout is consistent with current literature. The literature suggests that programs should be created to assist nurses with overcoming their fears, leaders should recognize signs of distress in nurses and intervene. Furthermore, nurses should be screened regularly for psychological distress, receive emotional support, receive adequate breaks, and regulated work times to improve quality of care provided to patients and the overall performance of nurses (Yayla & Ilgin, 2021).

Job Demands & Job Resources

The final research question sought to explore the theoretical framework, The Job Demands-Resources Theory, that is used in this research study. The study sought to explore how job demands (stressors) and job resources (motivators) impacted the work performance of NPD educators during the COVID-19 pandemic. The Job Demands-Resources theory had been studied during a pandemic, focusing on the effects of job-related stressors on well-being and burnout of employees (Barello et al., 2021, Falco et al., 2021 & Bilotta et al., 2021). The main assumption of this model is that every occupation has risk factors that lead to job related stress (Demerouti & Bakker, 2011). A major concept of the job demands-resources model is that job characteristics can be classified into two categories: job demands and job resources (Tummers & Bakker, 2021).

Job demands can often lead to strain and job resources often lead to motivation (Zacher & Randloph, 2020). Job demands are the considered the physical and emotional stressors that impact an employee's role (Tummers & Bakker, 2021). This study explored the job-related stressors that NPD educators experienced while working during the COVID-19 pandemic. The job stressors experienced by the NPD educators are consistent with the Job Demands-Resources Theory, physical and emotional stress. During the COVD-19 pandemic, the NPD educators experienced stressors that consisted of intense emotions, lack of support from colleagues, and relentless death. The intense emotions that NPD educators experienced consisted of being angry, overwhelmed, and scared. There was also the stressor of being the sole educator in a specific clinical area that led to the feeling of drowning in work and not having support from team members. Finally, a

major stressor that was echoed by all was dealing with the relentless amount of death that took place during the COVID-19 pandemic. The NPD educators expressed how difficult it was to see so many people die.

Job resources are the physical, social, and organizational factors that help an employee achieve goals and reduce levels of stress (Tummers & Bakker, 2021). Adequate resources can offset the demands of a job and encourage motivation and engagement from an employee (Tummers & Bakker, 2021). This study also explored the motivating factors of the NPD educators during the COVID-19 pandemic. There was an overwhelming theme that NPD educators were motivated to help and provide care. The NPD educators were willing to help experienced registered nurses provide care for the COVID-19 patients by working alongside them. The NPD educators helped the new graduate nurses who were on orientation with clinical or emotional support, help to care for the patients who were battling COVID-19 by acting as staff nurses and caring those who had died from COVID-19 by providing post mortem care. Finally, they were motivated to help their team and the organization. This drive to help and care kept the NPD educators motivated and prevented them from giving up.

The findings from this study are consistent with current literature on the Job Demands- Resources theory and the application during the COVID-19 pandemic. Barello et al. (2021) confirmed that exposure to high work demands leads to feelings of emotional exhaustion and personal resources act as protective and supportive factors (Barello et al., 2021). During any crisis, it is crucial for both employees and employers to feel safe and have an overall sense of psychological well-being (Falco et al., 2021). Falco et al. (2021) confirmed that the perceived risk of being infected with the COVID-19 virus

at work can lead to work related exhaustion and resources related to COVID-19 may reduce the impact of perceived risks and negative outcomes (Falco et al., 2021). To prevent burnout and support well- being among healthcare employees during a pandemic, their needs to be an equal and healthy balance between job demands and job resources (Falco et al., 2021, Zhou et al., DeCarlo., 2022). Although the NPD educators experienced job-related stressors during the COVID-19 pandemic, the job resources were strong enough to keep the NPD educators and prevent them from giving up or experiencing burnout.

The findings from this study also add to the Job Demands-Resources Theory. First, this study focuses on applying this theory to a specific nursing population, NPD educator. This theory has not be studied with a specific nursing population prior. The findings from this study also add additional job-resources that can prevent job strain. The study highlighted that for nursing, specifically, NPD educators, the need to help is a driving force to counteract job strain and allow the NPD educator to remain motivated.

Recommendations

In this section, I offer series of recommendations based off the findings from this research study. The recommendations are aimed at improving preparedness of acute care hospitals for future pandemics, improving the understanding of the NPD educator's role within the organization, preparedness of new graduate nurses post pandemic, preceptor preparedness, and support for staff member's emotional well-being during and after a pandemic.

1. The findings from this study as well as previous studies highlighted the acute care hospitals lack of preparedness to manage the COVID-

19 pandemic as well as previous pandemics. Therefore, the recommendation is to develop and implement an emergency preparedness plan that can be put into place, in the event of another global pandemic. This is a critical component for hospitals, as there is little time to prepare when a pandemic strikes.

The emergency preparedness plan should include the plans and actions that can be taken to ensure that the organization is ready to respond to an emergency in a coordinated, timely, and effective manner (Hui, et al., 2007). As this study, as well as previous studies have highlighted, acute care hospitals faced staffing and equipment shortages, as well as lack of ongoing education and training for staff (Hui, et al., 2007). Therefore, hospital emergency preparedness plans should include staffing plans and equipment plans to ensure adequate resources will be available. Ongoing education and training should take place regularly to ensure staff are prepared and involved and understand the emergency preparedness plan.

Findings from this study highlighted that during the COVID-19 pandemic the NPD educator was required to take on numerous additional roles. These roles included hospital operations, being part of the "proning team", morgue assistance team, fit testing, becoming nurse managers of units, and being redeployed as staff nurses. Although, NPD educators explained they were willing to assist in any way possible during the pandemic, it became clear that the

decision to take on these additional roles was by the leadership team. Therefore, the recommendation would be for leadership to develop a better understanding and recognize the value of the NPD educator role during a pandemic, as well as during regular hospital operations. The responsibilities of the NPD educator role was confirmed by all NPD educators who participated in this study. The NPD educators explained and confirmed that they are responsible for orientation, unit based in-service education, didactic courses, running special programs, and product roll outs. Being pulled away from these responsibilities, and taking on additional responsibilities led to NPD educators being unable to adequately support new graduate nurses during the pandemic. Therefore, NPD educators as well as NPD educator leadership should educate on the role and advocate for appropriate use of the NPD educator in acute care organizations.

2. From this study, it became very clear that during the COVID-19 pandemic new graduate nurses did not receive adequate support and lacked preparedness to take care of non-COVID-19 patients. Furthermore, the NPD educators acknowledged that new graduate nurses who attended nursing school were unprepared to take care of patients. However, even though all participants acknowledged the lack of preparedness, they also acknowledge they made minimal to no changes to the orientation process. Therefore, the recommendation is for NPD educators to evaluate their current

orientation programs and develop an orientation that meet the needs of this new population of unprepared new graduate nurses.

NPD educators should first identify the key areas where new graduate nurses are struggling in their organization. The next step evaluate the current orientation process in their organization taking into account the didactic orientation components to determine if they remain appropriate and ensure clinical time is appropriate to learn skills and apply knowledge.

Furthermore, the NPD educator should allow time for the new graduate nurse to complete a self-assessment tool to gage an understand of the new graduate nurses skill competency level prior to start of orientation.

Orientation should then be tailored to the new graduate nurse's skill level. Orientation should include a variety of teaching modalities including didactic, e-learning, simulation, and clinical orientation. Didactic teaching should be interactive, in order to engage the learner and prevent passive learning. A precepting and mentoring component should also be added to the orientation. Implementing a transition readiness survey, will also help gage the new graduate nurse's readiness to transition into practice.

3. Although the NPD educator is primarily responsible for overseeing the orientation of a new graduate nurse, the preceptor plays a large role teaching the new graduate nurse during clinical orientation.

During the COVID-19 pandemic, this study found that preceptors were also unable to provide new graduate nurses with adequate support during their orientation. Therefore, as new graduate nurses continue to enter into practice less prepared and changes are made to the orientation process, the recommendation would be for the preceptor role to receive more support and education on how to conduct the orientation for this new graduate nurse. This would include a preceptor training course that highlights the struggles new graduate nurses face and how to assist new graduate nurse with overcoming these struggles. The course should also focus on how to adequately prepare a new graduate nurse by using a combination of didactic education and role play. Furthermore, throughout the orientation process there should be support for the preceptor from the Nurse Manager and the NPD educator to prevent exhaustion in the preceptor role. Resources to help the preceptors guide clinical practice and assist new graduate nurses achieve competencies and skills should be provided and available to the preceptor (Hong & Yoon, 2021)

The NPD educators need to educate all staff members on the role and responsibilities of the preceptor role, as well as provide support and education to the preceptor (Bohnarczyk & Cadmus, 2022). When preceptors feel prepared and have adequate resources to create a safe and effective learning environment, they can facilitate learning

and the application of complex concepts, as well as assist the nurse on orientation to socialize and assimilate into the culture of the unit (Harper et al., 2019). When a preceptor is trained to precept new graduate nurses, the new graduate nurse is more successful in their careers (Powers et al., 2019).

4. The NPD educators experienced as variety of stressors during the COVID-19 pandemic. These stressors included overwhelming emotions, lack of support from colleagues, and relentless death. Although they remained motivated through the COVID-19 pandemic, the recommendation is for organizations to implement programs that continually support staff members psychological well-being during and after a pandemic, as well as during times of regular hospital operations. Programs should be created to assist nurses with overcoming their fears, leaders should recognize signs of distress in nurses and intervene when possible. Furthermore, nurses should be screened regularly for psychological distress and be taught the benefits of self-reflection. Furthermore, receive emotional support from leadership and peers, as well as through the organization's employee assistance programs. Educational programs should be provided to staff on how recognize high levels of stress in themselves and how to cope and mange high levels of stress. Organizational leaders should also be trained on recognizing signs and symptoms of stress and offer staff support. Furthermore, nurse

> leaders should ensure staff receive adequate breaks and maintain regulated work times to improve quality of care provided to patients and the overall performance and emotional well-being of nurses (Yayla & Ilgin, 2021).

Implications

Practice

The findings from this study may impact the practice of NPD educators and the way orientation in acute care hospitals is conducted. Even prior to the COVID-19 pandemic nursing students were not being adequately prepared and required additional training in their first role as a Registered Nurse (Weberg et. al., 2021). However, the COVID-19 pandemic exacerbated the lack of preparedness of new graduate nurses. Therefore, the findings from study may be used to encourage NPD educators to make changes to the way orientation is conducted for new graduate nurses. Post pandemic new graduate nurses were found lack physical assessment skills, prioritization skills, medication administration skills, and the ability to critically think. The NPD educator role is critical in ensuring the gap is closed and new graduate nurses receive the knowledge and training to care for a diverse group of complex patients. Orientation processes should include multiple learning/teaching modalities. Effectiveness should be assessed by using a transition readiness survey to determine if new graduate nurses are more adequately prepared.

The findings from this study also provide insight into the how the role of an NPD educator should be used, during regular hospital operations as well as during a pandemic.

The NPD educator should act within their scope of practice. NPD educator role is best used to provide support and education to the new graduate nurses and experienced nurses. This is through orientation, educational programs, and hands on clinical support. Effectiveness of their role can be determined by the nurse's preparedness level to provide care for patient.

The findings from this study also add implications for nursing schools. Nursing school might partner with acute care organizations to identify gaps. The focus may be on improving clinical experiences as well as determine topics that might be included in curriculum at the nursing school. The effectiveness can be determined by NPD educators, by identifying if new graduate nurses are more prepared to take care of patients. Assessment tools, like transition readiness surveys, might be used. Furthermore, metric on turnover and retention might be used.

Policy

Based on the findings from this study, hospital policies on emergency management may be evaluated or created to ensure a robust emergency management policy is in place. The results of this study found that acute care hospitals were not prepared to handle the COVID-19 level. There were rapid changes to patient care guidelines, infectious control practices, potential supply shortages, expansion of space to create patient care areas, and staffing shortages. The hospital policy might address all of these areas. Once the policy has been put into place, all staff members may be educated, and emergency management drills might be run regularly to ensure preparedness for future pandemics or future healthcare crisis.

Policies might also be created at the academic, nursing school level. The COVID-19 pandemic impacted the acute care hospital organizations, as well as the operations of nursing school. The move to a virtual platform and lack of clinical time led to the new graduate nurses being unprepared to care for patients in the acute care hospitals. Based off the findings from this study as well as what was learned from the pandemic, a policy might be put in place to handle future pandemics or crises that impact regular operation. The policy might include methods that continue to engage and prepare the nursing student for practice.

Leadership

The findings from this study presented the impact of NPD educators taking on additional roles and not being able to adequately support the new graduate nurses who were transitioning into clinical practice during the COVID-19 pandemic. Furthermore, the findings from this study highlighted the acute care hospitals lack of preparedness during the COVID-19 pandemic. This study implies that hospital leadership might develop a hospital emergency preparedness plan for future pandemics. Furthermore, the study implies that NPD educators might function to the highest level of their role to support new graduate nurses, as well as all staff within the organization during a pandemic.

NPD educators take on both a formal and informal leadership role. NPD educators are often seen as leaders and role models within the acute care organization. NPD educators might use an authentic leadership style which focuses on a leader being true, genuine, and trustworthy. Furthermore, authentic leadership will encourage the NPD educator to be transparent, ethically and morally grounded, and using shared decision

making (Giordano-Mulligan & Eckardt, 2019). Using this leadership style will allow NPD educators to advocate effectively for them to remain in their roles and support staff member during a pandemic. Acting as an authentic leader act will allow the NPD educator to act with courage and integrity when faced with difficult decision or the need to speak up about taking on additional roles and responsibilities during a pandemic.

Leaders in academic settings might advocate for changes to curriculum that will better prepare new graduate nurses for clinical practice. These leaders might partner with NPD educators at acute care hospitals to identify gaps and gain knowledge on current hospital and patients care practices. Nursing students need hands on clinical experiences to develop skills and learn to interact with patients. Therefore, academic leaders might partner with acute care hospitals to improve clinical rotations or develop programs like dedicated education units, summer nurse externs, or nursing assistant programs, to better prepare nursing students for practice.

Future Research

Naturally, it is expected that future research would be recommended from this study. First, future research can be conducted to expand this study. The realist case study took place in the state of New York, as New York was a region that was significantly impacted by the COVID-19 pandemic. However, it was difficult to recruit participants from outside the regions of Long Island and New York City. Future research might look at other areas of New York to identify if findings were similar. As there is the potential for different outcomes in more rural areas of New York State. Furthermore, there are many other areas of the country that were significantly impacted by the COVID-19

pandemic. Therefore, the recommendation would be to expand the study on a national level.

This study highlighted the emotional and psychological impact the COVID-19 pandemic had on NPD educators. However, this study did not dive into understanding these emotions on a deeper level. Future research can be conducted to examine the emotions the NPD educators experienced through a mixed methods approach. This might assist with developing an understanding of how these emotions impacted their ability to do their role or assist new graduate nurse's transition. Furthermore, the NPD educators are often a source of support for the healthcare team. Therefore, this research might also be used to evaluate self-care methods used by NPD educators during the COVID-19 pandemic or what other self-care methods/supportive are needed or would be beneficial.

The NPD educators in this study highlighted that post pandemic new graduate nurses are unprepared to enter the clinical area and the recommendation has been made to improve/make changes to the orientation process. Therefore, future research may be conducted to explore the outcome and benefits of improving the orientation process/transition process on new graduates' ability to provide quality nursing care during future healthcare crises. Future studies may also examine the benefits of these orientation programs on the retention of new graduate nurses.

This study identified that new graduate nurses are entering the clinical setting are not being well prepared by nursing school programs. Further research is needed to examine the benefits of a partnership between academia and hospital organizations to examine ways to decrease the gap between theory and practice (Russell & Juliff, 2021). Academic

institution may also examine the experience and preparedness of new graduate nurses transitioning into practice.

Conclusion

The findings from this study highlighted existing organizational issues and identified new issues created by the COVID-19 pandemic. The COVID-19 pandemic significantly impacted all members of the healthcare team and continues to affect the healthcare organization and NPD educators. The COVID-19 pandemic exposed the healthcare organizations lack of preparedness and continues to affect the preparedness of new graduate nurses and the well-being of staff. Healthcare organizations and academic institutions, need to learn from the outcomes of the COVID-19 pandemic and make necessary changes to prevent history from repeating itself.

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Appendix

Nursing Professional Development Educator Interview Protocol

Establishing Rapport

Interviewer: Restate the purpose of the study (Purpose: to develop an understanding of the experience of NPD educators in acute hospitals, assisting new graduate nurses transition into clinical practice during the COVID-19 pandemic.

Demographic Questions

1. What is your current title?
2. How many experiences do you have as Nursing Professional Development educator?
    a. 1-5
    b. 6-10
    c. 11-15
    d. > than 15 years
3. What is your highest level of education?
    a. Bachelor's degree
    b. Master's degree
    c. Doctoral degree
4. Identify your age range.
    a. 25-35
    b. 36-45
    c. 46-55
    d. 56-65
    e. 66-76

5. What sex do you identify with?
    a. Male
    b. Female
    c. Prefer not to answer
    d. Other

Semi-Structured Interview Protocol

1. Describe your role and responsibilities as a NPD educator in an acute care hospital.
2. Describe your role, as a NPD educator, during the COVID-19 pandemic.
    a. In what ways did your role as a NPD educator change during the COVID-19 pandemic?
    b. Provide me with an example.
3. Describe for me your role in assisting new graduate nurses transition to practice.
4. Describe what it was like assisting new graduate nurses transition to practice during the COVID-19 pandemic.
    a. Provide me with an example of a specific new graduate nurse you worked with during the COVID-19 pandemic.
    b. Describe the orientation process for new graduate nurses during the COVID-19 pandemic.
5. Describe for me the challenges you faced transitioning new graduate nurses during the COVID-19 pandemic.
    a. In what ways did the COVID-19 pandemic change the way you oriented new graduate nurses in the “post pandemic world”?

6. Describe how you felt in your role during the COVID-19 pandemic working with new graduate nurses.
7. Describe for me what was it like in the hospital during the COVID-19 pandemic.
    a. Provide me with an example
8. Describe how you felt working in the hospital during the COVID-19 pandemic.
9. In what ways did policies or practices implemented by the organization impact your role during the COVID-19 pandemic?
    a. Provide me with any example
10. Is there anything else you would like to add or discuss about your experience?