

## Experiences of Newly Licensed Nurses Working in the Intensive Care Unit: A Narrative Inquiry

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### Abstract

This qualitative study aimed to explore the life stories of newly licensed nurses working in the Intensive Care Unit (ICU) in two (2) private hospitals in Tagum City using a narrative inquiry design. The study involved four (4) participants who were selected using purposive sampling, focusing on newly licensed nurses with at least six (6) months to one (1) year of ICU experience. Data was collected through in-depth interviews, transcribed verbatim, and analyzed using Riessman's narrative analysis method. This method allowed for an in-depth understanding of participants' personal stories by identifying recurring themes and significant moments in their ICU experience. The study revealed six (6) central themes: Anxiety and Fear Due to Lack of Experience, Challenges in Skill Readiness and Knowledge Gaps, Emotional Impact and Psychological Adjustment, Importance of Mentorship and Supportive Work Environment, Coping Strategies and Self-Care Practices, and Motivation and Growth Through Experience. The results indicated that newly licensed nurses faced intense emotional and psychological challenges, especially due to limited practical experience during the pandemic. Mentorship and a supportive work environment were crucial for easing the transition, while self-care practices helped mitigate stress. This study highlights the need for improved training programs and institutional support systems to help newly licensed nurses successfully adapt to ICU environments. By addressing these needs, healthcare systems can enhance nurse retention, job satisfaction, and overall patient care.

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### Introduction

Newly licensed nurses are usually expected to start working in regular hospital wards, where they can slowly gain experience before moving to specialized areas. However, some are placed directly in the fast-paced and high-stress Intensive Care Unit (ICU), where

every decision can be critical. In this environment, nurses are expected to provide top-quality care even though they haven't had time to gradually prepare for such responsibilities. Despite their lack of experience, how can these nurses handle the pressure and still provide good care?

Transitioning into professional practice is especially important for nurses in the ICU. This setting demands advanced skills, strong judgment, and emotional strength. According to Wang et al. (2024), although these nurses face both physical and mental stress, many are ready to take on their roles, feel positive about their experiences, and build strong relationships with others. This shows how nurses face challenges as they adjust to their complex responsibilities and develop their professional identity.

The transition from student nurses to professional practice can be particularly challenging for newly licensed nurses, especially those directly assigned to the Intensive Care Unit (ICU) without hospital ward exposure. Despite their education, many new nurses are unprepared for the intense demands of ICU work, where critical care decisions can have life-or-death consequences. The gap between theoretical knowledge and practical experience in high-pressure environments often leads to significant stress and anxiety for new nurses (Davenport, 2000). This challenge is further exacerbated for those who, due to the COVID-19 pandemic, had limited hands-on clinical exposure prior to their ICU assignments (Jiang et al., 2023).

Globally, newly licensed ICU nurses face common challenges, such as emotional distress, anxiety, and feelings of inadequacy. In Australia, newly qualified nurses reported feeling unprepared and emotionally drained when working in the Neonatal ICU (McKenzie et al., 2021). Similarly, nurses in Texas struggled with grief and unsafe

working conditions during the pandemic (Rong, 2022). These experiences reflect the universal difficulties that new nurses face when transitioning into high-pressure environments like the ICU, where every decision can have life-or-death consequences. These global findings highlight the need for better support systems and training for newly licensed ICU nurses worldwide.

One issue in the Philippines is that newly licensed nurses working in the ICU often face significant challenges due to a lack of hands-on experience. Research by Labrague (2024) reveals that newly graduated critical care nurses experience moderate to high levels of reality shock, which leads to stress and missed nursing care. The COVID-19 pandemic further exacerbated this problem by disrupting traditional clinical training, leaving many new nurses unprepared for the complex and high-pressure demands of ICU work. Studies by Dusan et al. (2023) also emphasize that nursing interns in places like Iloilo City feel anxious and unsure when assigned to the ICU, highlighting the need for stronger mentorship and support systems. These findings underscore the importance of improving training programs and providing better emotional and professional guidance for newly licensed ICU nurses in the Philippines.

Despite the abundance of research on the challenges faced by newly licensed nurses working in the ICU, there remains a gap in understanding their narratives and how they emotionally and professionally navigate these early stages

of their careers. Stewart's (2021) study have primarily used case study approach, which do not fully capture the complexity of individual experiences. This study aims to fill this gap by using narrative inquiry to explore the life stories of newly licensed ICU nurses in Tagum City. It provides a deeper and more personal insight into their transition from nursing school to critical care practice.

## **Methods**

This research employed a qualitative design, specifically using narrative inquiry to explore the life stories of newly licensed nurses working in ICU. Narrative inquiry is a suitable method for this study as it allows for a deep exploration of personal experiences and how individuals make sense of their professional transitions in a specific context (Clandinin & Connelly, 2000). This method is particularly valuable for understanding the personal, emotional, and professional challenges that new ICU nurses face, as it provides insights into both the content and the meaning of their stories. The researcher utilized this approach to capture the essence of these nurses' journeys, focusing on their reflections and the emotional realities of working in such a high-pressure setting. This study adhered to the ethical guidelines and received the necessary ethical approval from the research committee in charge.

The study was conducted in two (2) private hospitals in Tagum City, which were selected for their specialized critical

care services, including well-equipped Intensive Care Units. These hospitals are known for their emphasis on professional development, mentorship, and support for newly licensed nurses. In focusing on private hospitals, the study aimed to capture experiences within well-resourced healthcare settings that also place a high value on nursing education and skill development. These hospitals provided an ideal environment for exploring the professional growth of newly licensed nurses in the ICU, offering a setting with both advanced technology and a supportive atmosphere.

The participants were selected through purposive sampling, a non-probability technique that targets specific individuals who meet the study's criteria (Etikan et al., 2016). The criteria for inclusion were: (a) newly licensed nurse; (b) directly assigned in the ICU with no ward practice; (c) with experience of at least six (6) months to one (1) year working in the ICU; and (d) currently employed in two (2) private hospitals in Tagum City. This ensured that the study focused on those who had directly transitioned into the ICU environment without the gradual learning process usually offered in less demanding clinical areas. Four (4) newly licensed nurses were selected from the two private hospitals, ensuring a variety of experiences. The participants were diverse in age and gender, but the selection was not based on these characteristics but rather their direct experience working in the ICU. This sample size was deemed appropriate for narrative inquiry, as the focus was on

obtaining rich, detailed accounts from a smaller group of participants, rather than generalizing findings to a larger population (Francis et al., 2010).

Data collection was carried out using semi-structured in-depth interviews (IDIs), which provided the flexibility needed to capture the nuances of participants' experiences (Creswell & Poth, 2018). The interviews allowed the researcher to guide the conversation through key themes, but also enabled the participants to share their stories in their own words. This approach is effective in narrative inquiry as it fosters a deeper, more personal understanding of the individual's experience (Hennink et al., 2020). The interviews were conducted face-to-face, though an online option was provided if the participant preferred this format, ensuring comfort and flexibility.

Before the interviews, participants were informed about the study's objectives, and an informed consent form was signed. This process ensured that the participants were aware of their rights, including the right to withdraw from the study at any time without consequence. Each interview lasted no longer than 1 hour and was audio-recorded with the participants' permission. The recordings were transcribed verbatim to ensure that every word and sentiment was accurately captured. The confidentiality of the participants was maintained throughout the study, with pseudonyms used to protect their identities.

The data were analyzed using thematic analysis within the framework

of narrative inquiry (Riessman, 2008). This process involved familiarizing the researcher with the data through repeated readings of the transcripts. The researcher then identified key themes and patterns in the stories shared by the participants, focusing on moments of emotional struggle, coping strategies, professional growth, and support systems. These recurring themes were coded and categorized to form a comprehensive understanding of the participants' experiences in the ICU.

In narrative inquiry, it is essential not only to examine what the participants said but also how they told their stories, paying attention to the tone, emotions, and emphasis in their language. This approach allowed the researcher to capture the complexity and depth of the participants' experiences, ensuring that both the content and the emotional weight of their narratives were considered in the analysis. After identifying the major themes, the data were organized into cohesive narratives that represented the experiences of each participant while highlighting shared aspects of their journeys (Riessman, 2020).

## **Results and Discussions**

In a small but incredibly determined team, Bianca, Ralph, Emilio, and Mike began their journey in healthcare, but not in the way they had ever imagined. The story of their first day began with a spark of excitement as they entered the hospital, eager to begin their nursing careers. Like many new nurses,

they were filled with hope and anticipation for the journey ahead. However, that excitement quickly turned to shock and uncertainty. As they stood in the hospital, ready to embark on their new roles, the Chief Nurse unexpectedly informed them that they would be directly assigned to the Intensive Care Unit (ICU), a place known for its high pressure, fast pace, and life-or-death decisions.

For Bianca, Ralph, Emilio, and Mike, this was an unanticipated twist. They had imagined starting their careers in less demanding areas, but now they found themselves thrust into the heart of critical care, where the stakes were higher than they ever expected. The excitement they initially felt was now replaced by a mix of nerves and fear, knowing that the ICU would demand more than they had ever been prepared for. This sudden turn of events set them on a path that would challenge their abilities, test their emotional resilience, and force them to grow into the professionals they aspired to be. They were no longer just new nurses but they were now part of a fast-paced, life-or-death world, ready to face the trials and growth that awaited them in the ICU.

The results of this study offer valuable insights into the life stories of newly licensed ICU nurses like Bianca, Ralph, Emilio, and Mike, shedding light on their professional development during their first year of practice. These stories underscore the many challenges new nurses face when they are thrust into high-pressure environments like the ICU. The findings also highlight the

importance of support systems, mentorship, and self-care practices in helping nurses weather the storm of their early careers. Just as a lighthouse guides ships through stormy waters, mentorship and support from experienced colleagues can help new nurses find their way, build confidence, and avoid getting overwhelmed. Additionally, self-care is crucial for nurses to recharge and stay grounded, ensuring they do not become lost in the emotional and physical storm of ICU work. These insights not only contribute to the broader understanding of the challenges ICU nurses face but also emphasize the need for a strong support system to help them thrive in such a demanding field.

### *Anxiety and Fear Due to Lack of Experience*

Imagine a storm, dark clouds rolling in, winds howling, and the air thick with tension. This is how Bianca, Mika, Emilio, and Ralph as newly licensed nurses feel when they first step into the ICU. Their anxiety and fear are like the heavy storm clouds hanging over them, as they are faced with the pressure of providing life-saving care in a fast-paced, high-stress environment. Many of them have limited real-life clinical experience, especially those who graduated during the pandemic. Their training was mostly online, with little hands-on practice.

One by one they shared their experiences:

**Bianca** recalls the moment when the reality of working with real patients hit her: *"I was scared because I was now dealing with actual patients, coming from a pandemic setup without prior experience and being assigned straight to a specialized area was overwhelming."*

**Ralph's** story adds to this sense of being unprepared: *"Everything was new. For example, when there was a code or a patient arrest, I would say, 'Oh my God!' I had just received the patient and the patient was already going into arrest."*

**Emilio**, with his battlefield analogy, describes the overwhelming experience: *"It felt like going into battle without any bullets. You charged into war unprepared and then realized, 'Wait, I have to go back and get my gear.'"*

**Mika**, surrounded by the urgency of life-or-death situations, expressed the overwhelming reality: *"There were lots of IVs hanging. I said, 'Oh my, can I handle this?' The patients here seem like 50-50 in life cases."*

When they enter the ICU, it feels like being thrown into the storm without a map or a plan. These nurses are unprepared for the intensity of ICU work, and the thought of making a mistake in a life-or-death situation makes their anxiety swirl like a tornado. Heung et al. (2021) found that this overwhelming fear often follows them as they try to navigate the chaos, knowing that their decisions carry heavy consequences.

As the storm continues to rage, their lack of experience feels like a constant gust of wind pushing them back. They have never truly been in the eye of the storm handling critical care situations

before, so it is hard for them to trust their skills. Ulenaers et al. (2021) pointed out that without hands-on practice, these new nurses often second-guess themselves, unsure if they can handle the emotional and high-risk challenges in the ICU.

This constant emotional distress, like the unrelenting rain, makes their confidence drip away. They feel the weight of expectations, knowing that they are meant to care for patients with the same competence as experienced nurses. These feelings of inadequacy and anxiety are common, and they show how important it is for new ICU nurses to get more practical training and emotional support. Just as a storm needs calm after the chaos, new nurses need proper guidance and reassurance to weather the storm in the ICU.

### ***Challenges in Skill Readiness and Knowledge Gaps***

While still standing at the edge of a storm, where the winds are howling and the sky is dark and overwhelming. Newly licensed nurses entering the ICU face a similar feeling of being caught in a storm, filled with anxiety and fear. Many of these nurses have had limited real-life clinical experience, especially those who graduated during the pandemic. With most of their education online, they were unable to experience hands-on training in a real clinical setting.

They all took the chance, sharing their individual stories.



**Bianca** was hit with the reality of documentation in the fast-paced ICU: *“Proper documentation is always emphasized in school... This skill is critical to improve because it serves as a legal record.”* What seemed straightforward in the classroom now felt like a high-pressure task.

**Ralph**, caught off guard by medications he had never worked with before, found himself unsure of his actions. *“The number one challenge was self-doubt, and the lack of knowledge regarding critical medications used in critical care.”* he shared. The complexity of the ICU medications often left him questioning his ability to make the right choice.

**Emilio** faced a confusing array of drugs, each one presenting a new puzzle he had not learned to solve. *“There were many medications I encountered for the first time, and I did not know if I should push it directly or dilute it,”* he expressed, emphasizing the confusion and pressure that came with every new medication.

**Mika**, trying to keep herself organized, found a way to cope with the overwhelming amount of information: *“I had to write down what a certain medication was for... because if you do not take note of it, you will forget it.”* This method helped her stay on track during high-stress moments, but it also highlighted how ill-prepared they all felt.

When they step into the ICU, they feel unprepared and uncertain, as if they are being thrown into the storm without the necessary skills to navigate it. The pressure is immense, and the fear of making mistakes weighs heavily on them. Heung et al. (2021) found that this overwhelming anxiety is common, as new nurses face life-and-death decisions and fear the consequences of a wrong choice.

The storm of uncertainty is made even more intense by a significant gap in knowledge. These new ICU nurses know a lot from nursing school. However, the real challenge comes in the form of technical tasks they have not been fully trained for, such as managing complex medical equipment, administering life-saving medications, and following ICU-specific protocols.

Jiang et al. (2023) highlighted that many new nurses feel unprepared to handle these technical challenges, as their education did not offer enough hands-on experience. This lack of preparation leaves them hesitant, unsure, and prone to errors, further intensifying their stress. Huang et al. (2021) found that this mismatch between theoretical knowledge and real-world application is particularly stark in high-stakes ICU environments, where nurses' confidence is severely tested. The gap in knowledge and skills creates longer adaptation periods and leaves them relying on trial and error rather than experience-based learning. To weather this storm, it is clear that more comprehensive simulation-based training is necessary, providing nurses with the real-world practice they need before they are thrown into the stormy ICU.

### ***Emotional Impact and Psychological Adjustment***

As if the storm were not fierce enough, the emotional burden of ICU work adds another layer of intensity. The fast-paced, high-pressure environment combined with the life-or-death decisions

that new nurses must make can be overwhelming. Many of these nurses enter the ICU with the knowledge and determination to provide care, but are unprepared for the emotional toll that comes with it. The reality of dealing with critically ill patients, witnessing their suffering, and often facing patient death is emotionally taxing.

Through narrative sharing, the participants slowly unveiled their inner landscapes.

**Bianca** shared how she questioned herself amidst the emotional weight of the ICU: *"I also doubted myself. I questioned whether I could handle this setup in the long run."* The constant emotional strain of the job made her wonder if she had what it took to continue.

**Ralph** echoed these feelings, recalling a crisis moment that left him uncertain: *"I thought I might be the one to handle someone with delirium tremens, and I was not sure what to do first... I still had not assessed my previous patients yet."* In the midst of the chaos, he struggled to find his balance, unsure of how to handle the pressure.

Just like a storm's relentless winds battering an already frail shelter, the emotional weight of ICU care pushes many newly licensed nurses into feelings of guilt, emotional exhaustion, and self-doubt. Wei et al. (2020) pointed out that this emotional distress is particularly intense for new nurses who are still adapting to the demands of ICU work. The pressure of feeling responsible for patients' lives while still trying to gain confidence in their abilities only adds to

the storm of anxiety and fear that already surrounds them.

This emotional struggle intensifies further as new nurses face moral distress, feeling torn between their professional duties and the harsh realities of patient care. Kackowski and Dziurka (2021) highlighted that the psychological burden is especially heavy when outcomes are poor, and they feel powerless to change the outcome. The long hours, constant stress, and the emotional strain of patient care create a perfect storm that can lead to burnout and long-term psychological impact if not properly managed.

They Emilio and Mika individually shared their experiences, each taking their turn.

**Emilio** spoke candidly about his panic in the face of a crisis: *"I felt panicked it was not an easy experience... I managed to get through that day, and the patient survived."* Despite his success in saving the patient, the fear of failure stayed with him long after.

**Mika** shared the guilt she carried after losing a patient she had become attached to: *"I blamed myself like maybe I did not do enough... I had become emotionally attached to him."* The emotional burden of losing a patient, despite doing everything in her power, was one of the hardest things she faced.

Mooney et al. (2022) found that without sufficient emotional support or opportunities to debrief, this distress accumulates, leading to job dissatisfaction and even turnover. Just as storm clouds can overwhelm the sky,



these emotional pressures can leave new nurses feeling isolated and unsupported. To help weather this storm, providing psychological support, such as counseling and emotional resilience training, is crucial. These supports can lighten the emotional load, allowing new nurses to continue their work without being consumed by the storm.

### ***Importance of Mentorship and a Supportive Work Environment***

As the storm rages on for newly licensed ICU nurses, one beacon of hope that can guide them through the chaos is mentorship. Nurses who are fortunate enough to have strong mentors, experienced colleagues who provide guidance, reassurance, and emotional support are better able to face the demands of ICU work.

Bianca and Ralph, shared their insights.

**Bianca** reflected on how her mentors helped her find her confidence: *“My senior nurses constantly reminded me that it is normal not to know everything at the beginning... because of their guidance, I became more confident.”* Bianca’s experience is like finding a lighthouse during a storm, guiding her safely through the fog of uncertainty.

**Ralph**, who had feared a toxic environment, found something different: *“They were not toxic or condescending... That is when I said the environment was not toxic.”* Ralph’s verbalization is akin to finding a safe harbor after being caught in rough seas. After fearing that the ICU environment might be hostile and harsh, he

discovered that it was, instead, a place where support and mutual respect reigned.

Tosterud et al. (2021) found that mentorship can significantly reduce the anxiety and stress that come with the transition into ICU nursing, helping new nurses build both their technical skills and emotional resilience. With the guidance of a mentor, these nurses gain confidence in their decision-making and clinical abilities, which in turn improves their overall performance. Just like a steady hand in the midst of a storm, mentorship helps these nurses navigate the turbulent waters of their early ICU experiences, offering a sense of direction and purpose.

Mika and Emilio opened up about their experiences.

**Mika**, never left to handle situations alone, appreciated the safety net her mentors provided: *“Every time they let me handle a patient, they never left me alone... ‘Tè, I will relay this for you.’... I was supported.”* Her experience is like being caught in the storm, yet always having a lifeline thrown to her. The mentors’ presence ensured that even when she had to face a challenge, she wasn’t alone.

**Emilio** found a sense of security in the constructive feedback from his mentors: *“They taught and guided me, so I felt that support in the ICU... always a constructive criticism, not personal.”* Their mentors acted as anchors in the storm of uncertainty. His initial feeling of being overwhelmed and unsure was like being tossed around by turbulent waves.

Equally important in weathering this storm is a supportive work environment. Nurses in team-oriented, collaborative, and non-toxic

environments find the ICU less intimidating and more manageable. Labrague and De Los Santos (2021) emphasized that a positive work culture, where open communication and mutual support are encouraged, allows new nurses to feel more comfortable asking questions and learning from their mistakes. Research by Li et al. (2022) also found that such environments lead to higher job satisfaction, which ultimately results in better patient care and higher retention rates for new nurses. The presence of a strong support system acts as a calm in the storm, reducing stress and providing the emotional and professional foundation that new ICU nurses need to thrive in one of the most demanding healthcare settings.

### ***Coping Strategies and Self-Care Practices***

As the storm of ICU responsibilities continues to test newly licensed nurses, many find that coping strategies are essential to managing the high stress and emotional demands of their roles.

Like pages turning, they each shared a piece of their journey.

**Bianca** found a balance between work and personal life: *“The main point is always to separate work from personal life... try to set aside time for yourself.”* This simple boundary became her way of staying grounded and ensuring her emotional well-being.

These strategies such as setting clear work-life boundaries, engaging in

physical self-care like exercise, and seeking emotional support from colleagues serve as anchors in the chaos.

**Ralph** turned to exercise to manage stress: *“I go to the gym... Either during my day off or if there is a long break between shifts.”* For him, the gym was more than a place to build strength—it was a way to release the stress that built up over the course of the week.

Emilio offered a window into his story.

**Emilio** recognized the importance of physical health: *“Get enough sleep and eat properly because your body is your asset at work.”* For him, self-care was not a luxury but it was a necessity to ensure he had the stamina for each shift.

Labrague (2023) highlighted the importance of self-care for ICU nurses, emphasizing that maintaining physical and mental health through regular practices like rest and exercise enables them to better cope with the emotional strain of the job and avoid burnout. Just like finding shelter during a storm, these self-care practices help nurses stay grounded and resilient, ensuring they have the strength to face the demands of critical care.

Slowly, they let their stories unfold, Mika added a new layer to the tale.

**Mika** created her own method of relaxation, taking time to recharge: *“I always set aside one day just to stay in bed... I get manicures and pedicures—self-care. That makes me happy.”* Her “self-care days” were like finding a sheltered cove amidst the

storm, where she could take a break from the waves of stress.

Peer support emerges as another powerful tool in helping ICU nurses weather the emotional and psychological challenges of their work. Nurses in this study shared how important it is to have colleagues who understand the unique pressures of ICU work. Alfukah et al. (2024) found that having a supportive network of peers is vital for emotional well-being, as it allows nurses to share experiences, provide reassurance, and offer advice on handling difficult cases. Additionally, many nurses turned to mindfulness techniques and spiritual practices as ways to stay emotionally grounded amidst the intensity of ICU care. Research has shown that these practices are effective in preventing burnout and enhancing emotional resilience in healthcare professionals (Cichoń et al., 2022). Together, these coping strategies and support systems act as a lifeline, helping nurses stay afloat in the turbulent environment of the ICU.

### ***Motivation and Growth Through Experience***

Amid the relentless storm of challenges that newly licensed nurses face in the ICU, motivation and growth through experience act as guiding forces that help them stay afloat. Despite initial struggles and the overwhelming nature of ICU work, many nurses remain highly motivated to improve and provide the best care possible. This intrinsic motivation stems from their desire to help

patients, grow professionally, and overcome the intense demands of working in such a critical environment.

They individually spoke up, sharing what they had gone through.

**Bianca** reflected on her growth: *“Accept failure, learn from mistakes, and always listen to experienced colleagues.”* She no longer saw failure as a setback but as a stepping stone toward becoming a better nurse.

**Ralph**, too, found motivation in his mistakes: *“Failure also became my motivation... I am motivated to say, ‘Okay, next time, I will do it right.’* His resilience grew with every challenge. His mistakes did not bring him down. They pushed him up.

**Emilio** saw every shift as a chance to learn: *“Every day, I saw each day as a learning opportunity... we should learn from experience.”* The ICU was no longer a daunting battlefield; it was a classroom, and every patient taught him something new.

Hagerman et al. (2022) emphasized that reflecting on their experiences and learning from mistakes is a key part of becoming competent in the ICU. Rather than seeing setbacks as failures, many new nurses viewed them as opportunities to enhance their skills, build confidence, and progressively grow into their roles. This inner drive enables them to push through the storm and emerge stronger.

Nurses who are driven by the intrinsic desire to help others are more likely to succeed, even in the high-pressure ICU setting.

**Mika**, driven by her desire to provide the best care for her patients, said, *“Because if I do not learn, nothing will happen to me... I am striving... to be able to give the right care to my patients.”* Her passion for learning was like a beacon in the storm, guiding her through the fog of uncertainty.

Zhang et al. (2021) highlighted that this sense of purpose helps nurses navigate the difficulties of their work and persist in honing their skills. As they accumulate experience, their confidence improves, and they become better equipped to handle the complexities of ICU care. This growth mindset is crucial in a setting where the learning curve is steep and the stakes are high. Nurses who embrace these challenges and see them as opportunities for both personal and professional development are better prepared to thrive in the ICU. Their willingness to face adversity and grow from it ultimately helps them weather the storm, emerging more skilled, confident, and capable of succeeding in this demanding field.

## Recommendations

The findings of this study have significant implications for nursing practice, particularly in critical care settings like the ICU. First and foremost, structured mentorship programs are crucial. Newly licensed ICU nurses are often unprepared for the intense demands of their work, and mentorship can significantly enhance their confidence and competence. Hospitals should prioritize pairing new nurses with experienced ICU nurses who can offer

both clinical guidance and emotional support. This practice would not only facilitate the transition into the ICU but also help reduce burnout and improve nurse retention rates. Additionally, emotional resilience training should be integrated into nursing education to better prepare new nurses for the emotional challenges of ICU work, helping them develop the coping mechanisms necessary to manage stress and prevent burnout.

Moreover, healthcare institutions must create an environment that promotes self-care and work-life balance for ICU nurses. This study highlighted the emotional toll of ICU nursing, which can affect job satisfaction and overall well-being. To support nurse retention and mental health, hospitals should provide access to mental health resources, including counseling services, and promote healthy coping strategies such as physical activity and peer support networks. The implementation of flexible work schedules, along with creating a positive and supportive work environment, is also essential to reduce stress and enhance the professional satisfaction of ICU nurses. These practices will lead to more resilient and confident nurses, ultimately improving the quality of care provided in the ICU setting.

Given the limitations of this study, such as the small sample size and its focus on a single geographic location, future studies should be conducted with a larger, more diverse sample of newly licensed nurses across multiple hospitals,

including both public and private institutions. Expanding the research to include various healthcare settings and nurses from different backgrounds would offer a broader understanding of the challenges and growth experiences faced by newly licensed nurses, particularly those directly assigned to the ICU. Researchers are also encouraged to explore different research methods, such as phenomenological or mixed-methods approaches, to provide a deeper insight into the lived experiences of newly licensed nurses across a wider range of specialized areas, such as the Operating Room (OR), Emergency Room (ER), and Recovery Care Units (RCU).

Additionally, future studies could adopt a longitudinal approach to track the experiences of newly licensed nurses over time, allowing for the exploration of how their professional development evolves. This would also help assess the long-term impacts of mentorship programs and emotional resilience training, providing valuable data on their effectiveness in supporting the emotional and professional growth of nurses. By expanding the focus to include a broader range of specialized units and employing various research methods, future research can offer a more comprehensive understanding of the unique challenges and coping mechanisms employed by newly licensed nurses in diverse healthcare settings.

In conclusion, this study underscores the critical need for a more structured support system for newly licensed ICU nurses, particularly through

mentorship programs, emotional resilience training, and a focus on self-care and work-life balance. By addressing these needs, healthcare institutions can improve the professional and emotional well-being of their nursing staff, leading to greater job satisfaction, reduced turnover, and enhanced patient care outcomes. The findings from this research have the potential to shape nursing education and hospital practices, ensuring that new ICU nurses are not only skilled professionals but also resilient and supported individuals who can thrive in one of the most demanding healthcare environments.

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