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UNVEILING THE LIVED EXPERIENCES OF NOVICE NURSES IN PROVIDING CARE TO ELDERLY PEOPLE LIVING WITH DEMENTIA

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Abstract

The growing population of older adults living with dementia has intensified the demand for compassionate and competent care, placing novice nurses at the forefront of complex clinical, emotional, and ethical challenges in geriatric settings. This study explored the lived experiences of novice nurses providing care to elderly patients living with dementia in selected government-run institutions in the Davao Region, Philippines. Using a qualitative descriptive phenomenological design, the researcher sought to capture the deep, nuanced, and emotionally grounded narratives of eight purposively selected novice nurses with direct care experience in geriatric settings. Data were gathered through in-depth, face-to-face interviews and analyzed using Colaizzi's (1978) method, which involved identifying significant statements, formulating meanings, and clustering them into thematic categories. Three major emergent themes surfaced from the analysis: (1) Compassion in Complexities, (2) Embracing Realities, and (3) Fostering a Culture of Learning. Although novice nurses face significant emotional, behavioral, and professional challenges in dementia care, these experiences also shape their growth, ethical awareness, and emerging professional identity. The findings highlight the need for nursing education, training programs, and healthcare policies to implement structured mentorship, experiential and reflective dementia-care training, psychologically safe work environments, and continuous professional development initiatives to strengthen novice nurses' competence, resilience, patient safety, and overall quality of care.

Keywords: *Novice Nurses, Dementia Care, Descriptive-Phenomenology, Davao Region*

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Introduction

The rising prevalence of dementia among the aging population poses profound challenges to healthcare systems globally, particularly within long term and acute care facilities (Ye et al., 2024). Understanding the lived experiences of novice nurses in this context is crucial, as they often confront emotional, ethical, and clinical dilemmas early in their professional journeys (Buenconsejo, 2022). Despite dementia care being perceived as demanding and emotionally taxing, many novice nurses are drawn to this field out of compassion and a deep sense of purpose toward caring for a vulnerable population (Anlacan, 2024). However, their initial encounters often test their idealistic notions of nursing, as they navigate the gap between their intrinsic desire to serve and the systemic constraints within care environments (Addis and Evans, 2025).

Across different countries, research consistently shows that novice nurses face significant challenges when caring for older adults with dementia. Many struggles with communication, managing difficult behaviors, and maintaining emotional composure during stressful moments (Hartung et al., 2021). In Canada and the United States, new nurses often begin their practice with strong ideals, yet still find themselves dealing with stress, uncertainty, and a drop in confidence due to limited preparation specific to dementia care (Jose et al., 2025; Buenconsejo, 2022). Studies highlight that targeted education and structured mentorship can greatly strengthen nurses' competence, empathy, and sense of self-efficacy, emphasizing the need to 2 include experiential and reflective learning in nursing programs (Moehead et al., 2020).

In the Philippines, novice nurses faced unique challenges that include psychological stress, limited institutional support, and insufficient access to dementia-focused training

(Anlacan, 2024). These struggles are intensified by chronic staffing shortages, scarce resources, and heavy patient loads, which increase the risk of burnout, compassion fatigue, and eventual turnover. Such conditions affect not only the well-being of nurses but also the overall quality and safety of care provided to elderly patients (Ye et al., 2024). Dementia care is multidimensional and emotionally demanding, it requires continuous education, scenario-based training, and supportive mentorship to strengthen nurses' clinical preparedness and emotional resilience (Hartung et al., 2021).

There are still significant research gaps despite these findings. Few studies have explored how novice nurses in institutional settings emotionally and professionally adapt to the demands of dementia care. While issues such as preparedness and the theory–practice gap have been previously examined, there has been limited focus on the day-to-day lived experiences that shape a nurse's resilience, empathy, and moral sensitivity (Chen et al., 2020; Anlacan, 2024). Additionally, much of the existing literature centers on family caregivers and expert nurses, leaving a significant gap in understanding the emotional labor, ethical challenges, and identity development of novice nurses working in geriatric environments (Lanuza et al., 2024). Addressing these gaps is essential not only to support the personal well-being of nurses but also to safeguard the continuity and quality of dementia care.

Methods

This study utilized a qualitative descriptive–phenomenological design to explore the lived experiences of novice nurses providing care to elderly patients with dementia. Descriptive phenomenology, grounded in Husserl's philosophy, emphasizes the systematic examination and articulation of individuals' ordinary lived experiences (Polit & Beck, 2022). Its primary aim is to capture individuals' subjective viewpoints, focusing on their experiences, perspectives, and meanings rather than on measurable variables. (Alam, 2024). Through this process, the researcher sought to enter the participants' world while consciously

To uphold phenomenological rigor, bracketing was practiced throughout the study. Before data collection, the researcher engaged in reflexive journaling prior to data collection to identify personal assumptions and maintained a neutral, non-leading stance during interviews. bracketing personal assumptions (Osroosh, 2021). In-depth key informant interviews served as the primary data-gathering method, allowing rich and meaningful narratives to emerge and enabling a nuanced understanding of the emotional, ethical, and professional challenges novice nurses encounter in care to elderly with dementia.

The study was conducted in a government-run institutional elder care facility in Davao City, Philippines. The setting reflects the resource-limited environments where many novice nurses begin their practice, often facing staffing shortages, limited resources, and high patient demands. Conducting the study in this context allowed for a deeper understanding of how systemic limitations and cultural values influence dementia care delivery in Philippine institutions.

This study used purposive sampling to intentionally select participants who could provide rich and relevant insights into the experiences of novice nurses caring for elderly patients with dementia. As Campbell (2024) explains, purposive sampling allows researchers to choose individuals whose experiences directly address the phenomenon under investigation. The number of participants was guided by the need to reach data saturation, ensuring that no new themes emerged. A total of eight (8) novice nurses participated in the study. Inclusion criteria required participants to be registered nurses with a valid Philippine license, currently assigned in a government-run health institution in Davao City providing long-term care to elderly patients with dementia, and with at least two (2) years of direct clinical experience in geriatric dementia care. Participants were also required to be willing and able to share meaningful personal insights during a 30–60-minute face-to-face interview conducted in English, Filipino, or Bisaya. Data saturation guided the final sample size, ensuring that no new themes emerged. Professional eligibility was verified prior to participation through the presentation of Professional Regulation Commission (PRC) identification cards and employment identification cards. To ensure confidentiality, pseudonyms were assigned in transcripts and throughout data analysis.

Reflexive notes were recorded after each session to monitor potential biases and preserve the authenticity of participants' narratives.

Given the emotionally sensitive nature of discussing dementia care experiences, measures were implemented to safeguard participants' well-

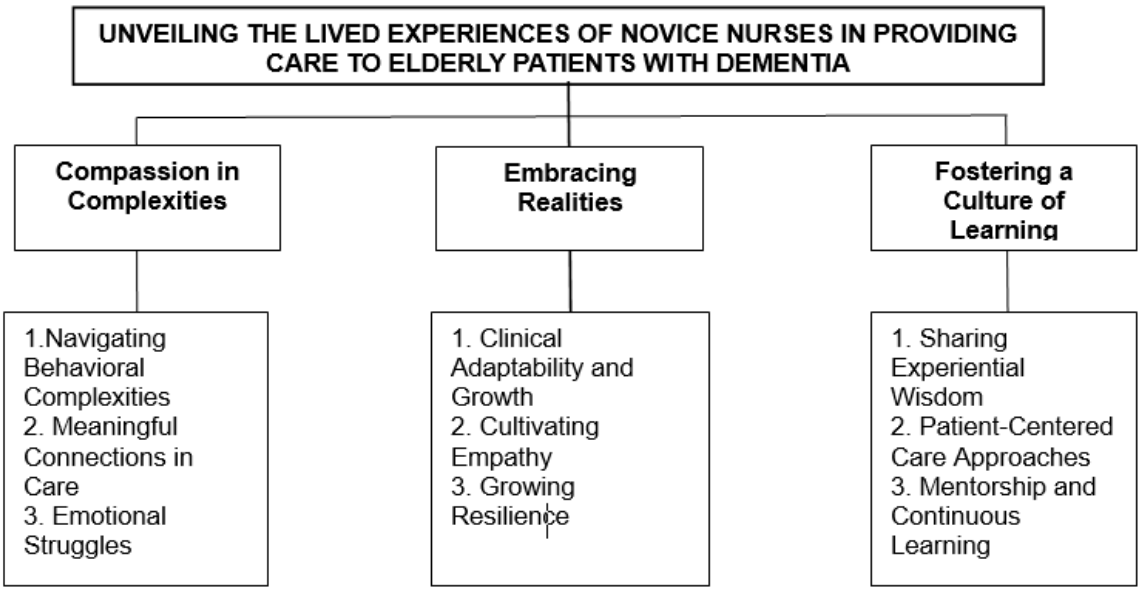
being. Participants were informed of their right to pause or withdraw from the interview at any time without penalty. Interviews were conducted in a private and comfortable setting to ensure psychological safety. When emotional distress was observed, the researcher paused the interview, provided reassurance, and allowed participants time to compose themselves before continuing. Participants were also provided with information about available institutional support services should they experience lingering emotional discomfort after the interview. These measures ensured that ethical principles of beneficence, respect for persons, and nonmaleficence were upheld throughout the research process.

Results and Discussion

Table 1. Participants Profile

Code Name	Sex	Years of Geriatric Experience	Study Group
Flowers	F	1 year, 10 months	IDI
Levitating	F	1 year, 11 months	IDI
Butter	M	1 year, 10 months	IDI
Cupid	F	2 years	IDI
Red	F	1 year, 10 months	IDI
Bejeweled	F	1 year, 9 months	IDI
Anti-Hero	M	1 year, 11 months	IDI
Love Story	M	1 year, 11 months	IDI

Figure 1. Thematic Map



Emergent Theme 1: Compassion in Complexities

Compassion in Complexities captures the profound emotional resonance that novice nurses experience as they care for elderly patients living with dementia. This theme reflects the delicate balance between hardship and fulfillment after each interaction. Caring for patients whose

memories fade and behaviors shift unpredictably evokes a spectrum of emotions such as helplessness, sadness, and even fatigue, yet these same moments become opportunities for self-discovery, empathy, and purpose.

Cluster Theme 1.1: Navigating Behavioral Complexities

Navigating Behavioral Complexities serves as the foundational expression of the broader theme Compassion in Complexities describes the novice nurses' firsthand encounters with the unpredictable and challenging behaviors of elderly patients living with dementia. Caring for individuals with cognitive decline demands more than physical assistance as it requires emotional endurance, patience, and composure in the face of confusion, aggression, and sudden mood changes. This cluster theme captures the participants' daily realities as they strive to understand and respond appropriately to their patients' erratic actions while maintaining a compassionate approach. The participants frequently expressed that dementia care was both mentally and emotionally draining. As they shared:

> *"The most challenging part is managing their unpredictable behavior, especially when they become aggressive or refuse care" (Participant 2, Transcript 7, Lines 135-136).*

> *"Mentally, I need to be alerted all the time because dementia patients can wander or harm themselves accidentally" (Participant 6, Transcript 27, Lines 606-607)*

> *"Providing care to elderly patients with dementia has been both emotionally draining and meaningful. There are times when I feel helpless seeing them forget their families or become restless." (Participant 1, Transcript 1, Lines 45–48)*

> *"At first, I felt overwhelmed and unsure if I was doing enough for them." (Participant 7, Transcript 33, Lines 721–722)*

In these recurring situations, participants witnessed the vulnerability of patients through confusion, fear, and distress. Although emotionally demanding, these encounters strengthened their resilience and deepened their empathy. Their narratives reflect both the burdens of care and the compassion that persists despite fatigue and uncertainty. These findings align with Kang and Hur (2021), who reported emotional strain and role overload among nurses managing unpredictable dementia behaviors. Similarly, Midtbust et al. (2022) identified moral distress and self-doubt in dementia care, particularly amid ethical tensions and limited support. In acute care settings, Addis and Evans (2025) further noted that insufficient training and systemic constraints heighten anxiety and reduce confidence among novice nurses. Collectively, these studies underscore the need for supportive institutional frameworks that promote psychological safety, reflection, and empathy to help participants navigate dementia care with competence and compassion.

Cluster Theme 1.2: Meaningful Connections in Care

Meaningful Connections in Care encapsulates the novice nurses' realization that caregiving extends beyond clinical tasks, it is an act of compassion that brings fulfillment and human connection. This cluster theme reflects how emotional engagement with elderly patients living with dementia transforms moments of exhaustion into experiences of meaning. Beyond the routines of clinical care, the participants expressed that moments of connection such as a patient's smile, a gesture of trust, or a flicker of 50 recognition which became the foundation of their motivation to continue despite exhaustion. These experiences illustrate the essence of Compassion in Complexities, where novice nurses transform daily caregiving into acts of human connection and moral fulfillment. As they reflected:

> *"...but small moments of connection, like when they smile or recognize my voice, make everything worthwhile." (Participant 1, Transcript 1, Lines 31-32)*

> *"When they show small gestures of trust or comfort, I realize how important my role is in their daily lives" (Participant 8, Transcript 39, Lines 857-858)*

> *"Caring for them reminds me that nursing is not just a profession but a calling to serve with empathy" (Participant 5, Transcript 22, Line 492)*

Participants' sense of purpose deepened as they became more attuned to the emotional and spiritual needs of their patients. Simple acts such as listening, maintaining eye contact, and holding a patient's hand fostered trust and mutual reassurance. Through these meaningful interactions, participants experienced personal renewal, recognizing that empathy and

attentiveness were sources of professional strength rather than vulnerability. Their caregiving evolved into a reflection of humanity and dignity, strengthening their compassion and resilience. These findings align with Kim et al. (2023), who reported that positive emotional encounters in dementia care enhance novice nurses' sense of calling and professional commitment. Similarly, Yin et al. (2024) emphasized that meaningful human connections promote well-being for both patients and nurses, while Bong and Lee (2024) highlighted the role of consistent empathy and individualized communication in building trust with persons experiencing cognitive decline. Consistent with Jean Watson's Theory of Human Caring, these relationships function as mutual pathways of healing, through which participants affirm both their professional identity and the moral essence of nursing.

Cluster Theme 1.3: Emotional Struggles

This theme reflects how novice nurses experience personal, emotional, and spiritual transformation through their continuous engagement with elderly patients living with dementia. The participants' narratives revealed that the challenges of dementia care which are physical exhaustion, emotional strain, and moral uncertainty, eventually became pathways toward growth, resilience, and renewed purpose. These experiences exemplify Compassion in Complexities, showing how nurses transform the difficulties of caregiving into opportunities for personal and professional development. The participants stated:

"Physically, I get tired because dementia care requires a lot of movement and attention. Emotionally, it can be heavy, especially when you see their decline day by day." (Participant 2, Transcript 7, Lines 149-150)

"Physically, the work is tiring… Emotionally, it can be draining… but I remind myself that patience and consistency help them feel safe," (Participant 4, Transcript 16, Lines 364 365)

"Spiritually, this experience has deepened my faith… I pray for strength and guidance," (Participant 5, Transcript 22, Lines 489-490)

These statements mirror how novice nurses find balance between vulnerability and empowerment through the reflective process of caregiving. Also, it shows that professional caregiving transcends clinical skill that fosters self-awareness and shapes nurses' moral and emotional identities. Their reflective experiences not only improved their caregiving capacity but also expanded their understanding of empathy, patience, and resilience. These findings are supported by Yang et al. (2025) who noted that reflective practice allows novice nurses to internalize lessons from emotionally intense caregiving encounters, leading to enhanced emotional endurance and moral sensitivity. Likewise, Miao et al. (2024) and Ahmed et al. (2024 emphasized that continuous exposure to complex patient needs fosters both professional competence and inner transformation, as nurses learn to balance empathy with self-preservation. Additionally, Rakhshan et al. (2024) highlighted that spiritual reflection through prayer, meditation, or meaning centered thinking which enables nurses to process emotional distress, promoting a sense of renewal and holistic well-being.

Emergent Theme 2: Embracing Realities

Embracing Realities symbolizes the transformative journey of novice nurses as they navigate the complexities of dementia care. Through direct encounters with elderly patients experiencing cognitive decline, these nurses undergo a gradual process of professional and personal refinement, one shaped not by instruction alone, but by lived experience. Unlike structured learning environments, this transformation occurs in the raw reality of patient interaction, where compassion, adaptability, and perseverance are tested daily. Each interaction, challenge, and reflection chisels away uncertainty, carving a deeper sense of purpose, empathy, and competence. This emergent theme reveals how the act of caregiving becomes both a test and a teacher, molding novice nurses into more resilient, adaptable, and compassionate professionals.

Cluster 2.1: Clinical Adaptability and Growth

Developing Clinical Adaptability and Professional Growth reflects the progressive transformation of novice nurses as they confront the challenges of caring for elderly patients with dementia. Within this environment, routines often dissolve into unpredictability, and nurses must rely on both intuition and critical reflection to

meet each patient's unique needs. These experiences illustrate the essence of Embracing Realities, showing how repeated engagement with real-world challenges shapes nurses' clinical adaptability and professional growth. The participants' experiences show that adaptability is not an innate quality but one developed through repeated exposure to complex, real-world situations that require balancing compassion with competence. Through this process, novice nurses refine their clinical reasoning, enhance their problem-solving abilities, and strengthen their professional identity. They stated:

"Through this experience, I learned to adjust my care approach based on each patient's behavior and needs," (Participant 1, Transcript 4, Lines 77-78)

"I used to rely solely on what I learned from school, but caring for dementia patients taught me that experience is the best teacher," (Participant 3, Transcript 13, Lines 273-274)

"Each day, I gain new insights on how to handle challenging behaviors effectively" (Participant 4, Transcript 19, Lines 413 414)

"I've grown more confident in making decisions when unexpected behaviors arise" (Participant 7, Transcript 33, Lines 730-731)

Adaptation develops through repeated exposure to uncertainty, as participants learn to respond flexibly to unpredictable patient behaviors while maintaining calmness and empathy. The cycle of challenge, reflection, and adaptation builds self-assurance, turning hesitation into growth and self-efficacy.

These findings align with Willman et al. (2022), who reported that engagement in complex care environments fosters reflective learning, critical thinking, and confidence among novice nurses. Fitzpatrick et al. (2022) emphasized that professional development and structured mentorship enhance competence, adaptability, and commitment to quality care. Bong and Lee (2024) found that moral sensitivity, mindfulness, and adaptive communication improve performance in dementia care. Together, these studies show that experiential learning and reflective adaptation are essential for cultivating competence, resilience, and professional maturity, enabling participants to provide compassionate, individualized care to elderly patients with dementia.

Cluster 2.2: Cultivating Empathy

Cultivating Empathy highlights how novice nurses cultivate emotional sensitivity and a deeper appreciation for human dignity through their encounters with elderly patients living with dementia. These experiences exemplify Embracing Realities, showing how repeated engagement with patients' behavioral changes, confusion, and emotional distress shapes nurses' capacity for empathy and compassionate care. While initial experiences may provoke frustration or helplessness, over time, nurses learn that compassion and patience are central to effective dementia care. As they begin to understand that the patients' behaviors are symptoms of cognitive decline rather than intentional defiance, empathy becomes not only an emotional response but also a professional strategy that guides their practice. Participants described how these experiences reshaped their approach to caregiving and stated:

"Before, I easily got frustrated, but now I've learned to understand that their behavior is part of the disease," (Participant 3, Transcript 13, Lines 280-281)

"My perspective toward dementia changed; I no longer see 57 them as difficult patients but as people who need more understanding," (Participant 6, Transcript 28, Lines 622-624)

"These experiences made me more compassionate, not just toward patients but also toward their families," (Participant 1, Transcript 3, Lines 57-58)

"When I see them smile even for a moment, I feel fulfilled knowing I made a difference," (Participant 5, Transcript 15, Line 481)

This shift illustrates that empathy is not innate but cultivated through repeated exposure to emotionally charged care situations. As participants engage daily with dementia patients, they reinterpret frustration and helplessness as opportunities for emotional and professional growth. Their evolving empathy reflects the maturation of clinical identity, where emotional connection underpins competent and humane care and reinforces the moral dimension of nursing. Recent scholarship supports this theme. Ghazwani et al. (2023) found that empathy among nursing interns correlates with patient-centered

communication and emotional resilience, highlighting the need for early empathy training (Zhou et al., 2023). Karaman et al. (2024) emphasized emotional, cognitive, and compassionate empathy as central to meaningful nurse–patient relationships. Similarly, Fookolaee et al. (2025) reported that emotional-intelligence–based care deepens therapeutic relationships, enhances care quality, and fosters professional growth. Collectively, these studies affirm that empathy and compassion are foundational competencies in dementia care, enabling participants to transcend procedural routines and cultivate meaningful connections that support both professional purpose and patient dignity

Cluster 2.3: Growing Resilience

This cluster theme highlights the inner strength and steadfast dedication developed by novice nurses as they navigate the complex realities of caring for elderly patients with dementia. These experiences exemplify Embracing Realities showing how repeated exposure to emotional strain, physical exhaustion, and moral challenges shapes nurses' resilience and commitment to their professional role. Participants' narratives revealed that resilience was not merely an inherent trait but a quality cultivated through sustained engagement with the demanding realities of dementia care. Despite the overwhelming demands, they continued to find motivation and a renewed sense of purpose in their work, demonstrating an evolving professional identity anchored in compassion and endurance. They said:

"Despite exhaustion, I continue because I see how much they depend on us," (Participant 2, Transcript 7, Lines 143-144)

"It made me stronger emotionally. I learned to handle stress better and focus on solutions." (Participant 4, Transcript 16, Lines 376-377)

"Even during tough shifts, I remind myself that this is my calling," (Participant 5, Transcript 22, Lines 482)

"The experience shaped my work ethic. I became more patient and understanding." (Participant 6, Transcript 28, Lines 614-615)

These statements exemplify the emotional Participants' experiences highlight the fortitude that emerges when adversity is transformed into personal and professional growth. Resilience is often fueled by a deep moral commitment, enabling them to maintain empathy and composure even in prolonged care situations. These findings align with recent research emphasizing the role of resilience in sustaining the nursing workforce. Sihvola et al. (2023) reported that resilience enhances job satisfaction, quality of care, and nurses' intention to remain in the profession despite emotionally demanding environments. Similarly, Lee et al. (2024) noted that resilience and flexibility help nurses cope with unpredictable stressors, promoting emotional endurance and sustained engagement. Blaney et al. (2024) highlighted that targeted resilience education strengthens nurses' ability to manage burnout and reinforces professional purpose. Collectively, these studies demonstrate that resilience is a dynamic process of adaptation and transformation, allowing participants to sustain compassionate care, preserve their sense of purpose, and embody the moral and emotional essence of nursing.

Emergent 3: Fostering a Culture of Learning

Fostering a Culture of Learning represents the transformative process through which participants share wisdom, compassion, and experiences in caring for elderly patients with dementia. This theme reflects their evolution from learners to mentors, highlighting not only the transfer of clinical knowledge but also the emotional and ethical insights that strengthen the profession. Within this theme, three cluster themes: Sharing Experiential Wisdom, Patient-Centered Care Approaches, and Mentorship and Continuous Learning emerge as pathways through which participants cultivate professional solidarity and sustain quality dementia care. These clusters illustrate how individual growth extends into collective empowerment, enabling participants to contribute meaningfully to their teams, institutions, and the broader field of geriatric nursing.

Cluster 3.1: Sharing Experiential Wisdom

This cluster theme highlights the participants' recognition of the importance of mentorship, collaboration, and shared learning in dementia care. These experiences exemplify Fostering a Culture of Learning, as novice nurses, having navigated the emotional and cognitive challenges of dementia care, actively share their insights and lessons with peers who are similarly encountering uncertainty. Their narratives reveal how collective wisdom and reflective sharing serve as anchors of

professional growth and emotional 62 stability. Participants frequently expressed the significance of peer connection and reflective practice as mechanisms for mutual learning, emphasizing:

> *"I would tell my colleagues to be patient and never take the behaviors of dementia patients personally," (Participant 1, Transcript 4, Lines 70-71)*

> *"We learn from each other's stories and experiences…sharing them makes us all better nurses," (Participant 4, Transcript 14, Lines 396-397)*

> *"Be open to advice and ask questions … that's how I grew in this field," (Participant 5, Transcript 19, Lines 411-412)*

The exchange of wisdom illustrates the relational foundation of nursing, where learning extends beyond formal instruction and is shaped by shared experiences. Participants' reflections show that collective dialogue alleviates emotional strain and strengthens professional identity. Through mentorship and peer interactions, novice nurses reconstruct meaning from challenging experiences, fostering empathy, teamwork, and resilience, qualities essential for sustaining care in emotionally demanding dementia settings. These findings align with recent research on the role of mentorship and reflection. Gularte-Rinaldo et al. (2022) reported that structured mentorship enhances confidence, decision-making, and retention among new nurses. Mínguez Moreno et al. (2023) emphasized that mentorship promotes resilience, competence, and psychological well-being through safe feedback environments. Zarrin et al. (2023) found that reflective dialogue strengthens self-efficacy and work engagement, while Su et al. (2021) highlighted that mentorship in dementia care improves empathy, technical skills, and care quality. Timpani et al. (2021) also noted that storytelling as reflective practice helps nurses process emotions and find meaning in their work. Collectively, these studies demonstrate that sharing experiential wisdom through mentorship and reflection develops clinical adaptability while preserving the moral and emotional core of nursing, guiding novice nurses as they grow in their professional journey.

Cluster 3.2: Patient-Centered Care Approaches

This cluster examines how participants use compassion, communication, and patient-centered strategies to address the behavioral and emotional challenges of elderly patients with dementia. Their experiences exemplify Fostering a Culture of Learning, as lessons from their own clinical encounters inform effective caregiving and implicitly share wisdom through practice. Participants reported that successful care relies on empathy, emotional regulation, and consistency rather than rigid routines. Genuine compassion expressed through words, tone, and presence that helps restore calm, build trust, and foster therapeutic connections, even amid cognitive decline. Their approaches also highlight the moral dimension of caregiving, reflecting a continuous effort to preserve the dignity and personhood of patients. Participants described how specific communication techniques and emotional awareness transformed their caregiving experiences. They stated:

> *"Speak gently and maintain eye contact; it helps them feel secure." (Participant 1, Transcript 4, Lines 76-77)*

> *"Following a routine helps patients feel more at ease … they respond better to familiarity." (Participant 3, Transcript 14, Lines 304-305)*

> *"Never argue with them; instead, redirect their attention kindly," I learned that validation therapy works … acknowledging their feelings calms them down." (Participant 4, Transcript 19, Lines 419-420)*

> *"Sometimes, silence and presence are enough; they just need to feel your care," (Participant 6, Transcript 29, Lines 648-649)*

> *"Gentle touch and consistent tone of voice make a big difference." (Participant 8, Transcript 39, Lines 856-857)*

These accounts reveal that participants view communication not merely as words but as a compassionate act of understanding. They recognize that small gestures like tone, timing, or physical proximity that can significantly affect patients' comfort and security. Through patient encounters, they learned that empathy fosters calmness, while consistency builds familiarity and trust. Their narratives also reflect emotional maturity, showing that effective caregiving often lies in silence, gentleness, and patience. Compassion emerges both as a strategy and a source of resilience, enabling participants to manage emotional strain while providing high-

quality, person-centered care. These insights are supported by empirical literature. Jahani et al. (2022) demonstrated that compassion-based programs reduce emotional exhaustion among caregivers of persons with dementia. Pérez et al. (2022) found that mindfulness-based interventions mitigate burnout and strengthen emotional regulation. Campbell et al. (2024) highlighted that validation and empathic communication reduce agitation and enhance cooperation in dementia care. Lee (2020) emphasized that person-centered, emotion-focused approaches foster trust, improve behavioral outcomes, and elevate care quality. Su et al. (2021) reported that structured dementia-care training with mentoring improves caregiver confidence, empathy, and communication competence. Collectively, these studies affirm that compassionate communication and empathetic engagement form the emotional and moral foundation of dementia care, transforming participants into reflective practitioners who promote healing through presence and human connection.

Cluster 3.3: Mentorship and Continuous Learning

This cluster highlights how novice nurses recognize the importance of institutional backing, mentorship, and continuous professional education in navigating the complexities of dementia care. These experiences exemplify Fostering a Culture of Learning as nurses who have gained experiential wisdom actively engage in knowledge-sharing, mentorship, and structured learning to support peers and enhance collective competence. As they transition into the geriatric field, they often encounter uncertainty and emotional strain that can be alleviated through effective guidance, debriefing, and skills development. Their reflections reveal that structured learning opportunities and supportive leadership help them adapt to clinical realities, refine judgment, and build resilience. Continuous education not only strengthens competence but also reaffirms nurses' professional worth, fostering confidence and moral responsibility in care delivery. They stated:

"Support from supervisors and senior nurses makes a big difference … it motivates us to do more." (Participant 4, Transcript 20, Lines 425-427) "

Facilities should provide more dementia-specific training so we know how to handle them better." (Participant 2, Transcript 9, Lines 194-195)

"Counseling and debriefing sessions would help nurses manage stress." (Participant 6, Transcript 30, Lines 656-657)
"Having workshops about communication techniques or behavior management would really help." (Participant 7, Transcript 35, Lines 770-771)

These narratives show that professional growth in dementia care is closely linked to mentorship, institutional culture, and reflective learning. Participants emphasized that continuous professional development programs addressing both technical skills and emotional intelligence foster confidence, moral discernment, and competent decision-making. Supportive environments allow nurses to learn from clinical errors, process challenges constructively, and perform with compassion, ensuring patient safety while preserving their well-being. These insights align with research highlighting the transformative role of shared experiential learning. Alhassan et al. (2024) found that peer mentorship strengthens confidence, reflective awareness, and emotional coping in high-stress settings. Albaqawi and Alshammari (2024) noted that mentorship fosters moral resilience and mitigates compassion fatigue, while Wu et al. (2022) demonstrated that storytelling and peer reflection transform emotional challenges into professional insight. Liu et al. (2023) reported that continuous education and supervision enhance competence, reduce burnout, and improve patient outcomes. Similarly, Aleo et al. (2024), Takeuchi et al. (2020), Nguyen et al. (2024), and Frøiland et al. (2023) emphasized that dementia-specific training, mentorship, and digitally supported learning strengthen self-efficacy, attitudes, and reflective practice among novice nurses.
Collectively, these findings affirm that institutional support and continuous education are essential for transforming lived experiences into professional growth, ethical decision-making, and the delivery of high-quality, compassionate dementia care.

Recommendations for Future Researchers

Future research is encouraged to examine the experiences of novice nurses across more diverse healthcare settings and cultural contexts. Including participants from private hospitals, community-based facilities, and specialized dementia units may provide deeper insight into

how institutional environments, patient demographics, and organizational resources influence dementia care. Studies may also explore care experiences involving middle-aged adults with dementia, as this group presents distinct psychosocial and caregiving challenges.

Mixed-methods approaches are recommended to integrate qualitative accounts with quantitative measures of nurse well-being, competency development, and patient outcomes. The use of standardized tools assessing compassion satisfaction, burnout, or resilience may help clarify relationships between emotional well-being and care quality, offering a more comprehensive understanding of novice nurses' professional development.Longitudinal studies following novice nurses over time may further reveal how early dementia care experiences shape career trajectories, clinical judgment, emotional resilience, and professional identity. Additionally, future research should evaluate the effectiveness of support interventions such as structured mentorship, simulation-based training, reflective workshops, and technological innovations. Including perspectives from senior nurses, families, and interdisciplinary teams may strengthen evidence for policies and educational programs that support novice nurses in delivering safe, compassionate, and patient-centered dementia care.

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