



REDISCOVERING THE CALL TO CARE: LIVED EXPERIENCES OF EXPERT NURSES RETURNING TO PRACTICE

Hazel O. Villareal, RN

Davao City, Philippines

Abstract : This study focused on exploring, describing, and understanding the lived experiences of expert nurses as they returned to hospital practice after a 3 years and above hiatus. Utilizing a qualitative descriptive-phenomenological method, a group of purposively selected expert nurses participated in face-to-face in-depth interviews. Guided by the Hermeneutic approach to data analysis, the narratives revealed profound insights into their journey of reintegration into clinical practice. Their experiences were encapsulated into the following themes: Reintegration into Nursing, Professional Identity and Growth, and Institutional Support and Future Direction. The strategies they employed to cope with challenges such as skill re-acquisition, self-doubt, and shifting hospital dynamics emerged under the themes: Motivations for Returning, Emotional and Cognitive Adjustments, and Workplace Challenges and Adaptation, Evolution to Nursing Identity, and Coping Strategies and Learning. Furthermore, the insights they shared can improve the healthcare community and were captured in the themes: The Role of healthcare Organizations and Impact on Nursing Education and Leadership. Adapting to a renewed professional identity, these nurses demonstrated resilience and a proactive stance toward change. Their ability to embrace both personal transformation and evolving clinical demands reflects a readiness to reintegrate and thrive in the dynamic world of hospital care.

Keywords: *Expert Nurses Returning to Practice, Descriptive-Phenomenology, Reintegration, Hospital Setting*

INTRODUCTION

The global healthcare system is heavily dependent on the services of experienced nurses to maintain care standards while dealing with urgent health requirements (Al Zamel et al., 2021). However, due to the processes, technological advances, and methods that have changed, returning nurses have faced challenges when reintegrating into clinical practice (Muliira & Ssendikadiwa, 2019; Zhang et al., 2022). Despite their extensive expertise, these nurses often struggle with self-doubt, worry, and burnout while adapting to the evolving healthcare landscape (He et al., 2021). These issues underscore the necessity for specific interventions to facilitate their transition, reduce nursing shortages, and guarantee high-quality treatment amid continuous emergency situations like the COVID-19 pandemic (López-Montesinos et al., 2021).

Globally, nursing shortages, an aging population, and the repercussions of COVID-19 underscore the significance of experience among nurses within healthcare institutions. Reintegration programs in nations such as Canada and the United States emphasize technology and evidence-based care (Cho & Han, 2021). Although these programs also highlight self-doubt and fear among other emotional and psychological hurdles, returning nurses continue to serve (Lee et al., 2020). Research on mentorship programs and support networks in the reintegration of nurses has demonstrated considerable importance for the successful outcomes of their return (Buchan et al., 2020; Aiken et al., 2022). These illustrate how skill gaps are addressed through initiatives that promote resiliency and adaptation among returning nurses (WHO, 2021), thereby providing the health industry with a more robust and sustainable workforce (Mason et al., 2023).

Philippines has implemented programs that redeploy underutilized nurses to underserved areas, helping them reacquire clinical competencies while addressing healthcare disparities (Department of Health [DOH], 2020). Positive Practice Environments have been promoted to create supportive workplaces, reduce burnout, and retain skilled nurses within the national healthcare system (De los Santos & Labrague, 2021). Although Filipino nurses are celebrated for their resilience and compassion, they continue to face numerous systemic, economic, and cultural challenges. Their motivations for returning to practice are varied and often include a strong sense of service, financial pressures, and family responsibilities (Cabanda & dela Cruz, 2022). Nevertheless, returning nurses are at greater risk of exhaustion, particularly in settings with limited resources and institutional support. This highlights the need for systemic reforms and targeted reintegration programs to support their transition (Liwanag & Wyss, 2021).

While nursing workforce development often focuses on new graduates or international deployment, limited research explores the re-entry experiences of expert nurses, particularly those resuming clinical practice after extended absences (Muliira & Ssendikadiwa, 2019). Existing studies rarely examine how returning professionals adapt to technological and procedural advancements or how healthcare systems can effectively support their reintegration (Zhang et al., 2022; Al Zamel et al., 2021). Research on skill retention, identity reconstruction, and overall readiness remains fragmented, leaving significant knowledge gaps regarding the lived experiences of returning nurses—especially in local contexts such as Davao del Sur. This study seeks to fill those gaps by exploring both personal and professional narratives of returning

nurses, identifying their challenges, enablers, and the institutional changes necessary to leverage their expertise in strengthening healthcare delivery.

NEED OF THE STUDY

This study will focus on the lived experiences of expert nurses who go back to the clinical environment after a gap and the motivation, challenges, and transformative journeys they experienced as part of their journey to returning to the clinical field. Based on local and international contexts, this research study aims to find out how personal and systemic factors inform their return to health-care settings. According to Creswell (2012), The purpose of qualitative research is to explore and understand the meaning of the individual or group's experiences with regards to a social or human problem. The process of research involves emerging questions and procedures, data typically collected in the participant's setting, data analysis inductively building from particulars to general themes, and the researcher making interpretations of the meaning of the data.

RESEARCH METHODOLOGY

This study used a qualitative research design with the Hermeneutic phenomenology approach in the exploration of the lived experiences of returning expert nurses in the hospital setting. Qualitative research, as explained by Lazarsfeld (1945), the father of qualitative research design, is intended to interpret human behavior and experiences. He introduced the phenomenological approach that consists of unstructured interviews and group discussions to gather rich, in-depth data. For the acquisition of the required information to be obtained from the returnee nurses, in-depth interview methods was utilized in this research and study.

According to Creswell (2014), qualitative research is an inquiry process with systemic steps that are followed to explore and understand human or social problems. This research design is therefore well suited for this study since it aligns with the objective of investigating the lived experiences of nurses returning to practice. By using this approach, many insights were be gained regarding the emotional, psychological, and professional aspects of reintegration in the healthcare environment.

Setting and Participants

The research was conducted in Davao del Sur since there was no study same as this conducted in this province of Davao del Sur is a province with ten municipalities with one component city. This province has various hospitals both in the metropolitan and rural areas. The setting was chosen to capture the diverse experiences of returning nurses. Their return can reignite enthusiasm for patient care and enhance care quality. This also strengthens professional relationships with physicians and other providers. However, these nurses face obstacles such as adapting to new medical protocols, learning new technologies, and reintegrating into hospital teams after a period of absence.

The participants of this study were the returnee expert nurses of the selected hospital of Davao del Sur. These possible participants were purposively selected in order to have a balance of participants' number who would represent their field of work. There were 6 research participants of this study. According to Creswell (1998), it is recommended that the number of participants ranges between 5 to 25 for an In-Depth Interviews for a phenomenological study. Therefore, having 6 participants qualifies in the standard number of qualitative research using IDI.

On the other hand, the sampling technique that the researcher would use in identifying the research participants is purposive or judgmental sampling. Based on the definition of Foley (2018), purposive sampling is a non-probability sampling in which researcher relies on their own judgment when choosing members of the population to participate in the study. The participants have been working in the said hospital or clinic for 5 years or more and hiatus for 3 years and above. The working duration is enough for the participants to have any lived experiences related to this research's problem. Additionally, Nurses who either continuously worked without interruption or permanently left the profession are excluded to narrow the scope and provide a more focused exploration of reintegration challenges.

Data Sources

The primary source of data is participants answers in the In-depth Interviews. Participants' experience in this research allowed the researcher to explore and understand the views given by participants regarding their reintegration to healthcare settings. Each interview were audio -recorded with consent of the participants to ensure accuracy in data collection. Open -Ended questions were used to encourage participants to share their stories, emotions, challenges, and insights freely.

Theoretical Framework

The framework of this study integrates various theoretical paradigms to thoroughly examine the experiences of expert nurses re-entering practice. At the core of this investigation is Humanistic Nursing Theory, which highlights the interpersonal and existential aspects of nursing. Theory proposed by Paterson and Zderad (1988) conceptualizes nursing as a calling, intrinsically linked to acts of care and human connection, beyond mere professional practice. **Humanistic Nursing Theory** emphasizes the empathetic and holistic connection established through care-giving, rather than viewing nurse-patient relationships solely as professional interactions. The application of this perspective facilitates an examination of how returning nurses reestablish their professional identity as compassionate caregivers while adapting to contemporary technologies and clinical protocols.

Meleis's Transition Theory (Meleis et al., 2000) serves as a significant framework in this study for examining the transitional experiences of returning nurses. This theory examines the situational, emotional, and systemic factors encountered by individuals during life transitions. The theory delineates several transition challenges faced by nurses returning to practice, including the adaptation to new clinical procedures, the overcoming of self-doubt, and the navigation of work-life balance issues. This study examines the role of support systems, including mentorship programs and positive practice environments, in facilitating a seamless transition. Transition Theory offers important insights into the role of institutional interventions and emotional support in mitigating the stress and anxiety associated with professional reintegration.

Self-Determination Theory (SDT), formulated by Deci and Ryan (1985), provides a motivational framework that examines the intrinsic and extrinsic factors affecting the reintegration of nurses into clinical practice. This theory highlights three essential psychological needs: autonomy, competence, and relatedness. Returning nurses may experience intrinsic motivators such as a sense of meaning, fulfillment, and personal growth associated with caregiving. Extrinsic motivators include workplace support, mentorship, and opportunities for career

advancement. Self-Determination Theory emphasizes that workplace environments fostering autonomy and professional development significantly enhance the motivation, satisfaction, and retention of returning nurses (Ryan & Deci, 2017).

These theories collectively offer a thorough framework for comprehending the reintegration of returning nurses. The **Humanistic Nursing Theory** focuses on restoring compassionate professional identities, whereas Transition Theory examines the emotional and systemic challenges associated with re-entering clinical practice. Self-Determination Theory elucidates the influence of both internal and external motivators on nurses' experiences throughout their reintegration process. This study integrates various theoretical lenses to identify the facilitators and barriers affecting successful reintegration and offers recommendations for supportive institutional practices.

Data Analysis

This in-depth interview was analyzed by the hermeneutic phenomenological framework of Van Manen. This methodology stresses interpretation and understanding of lived experiences. The process is initiated with an immersion into the data, which means listening to the interview recordings, transcribing them, translating if necessary, and then carefully reading the transcripts in order to get a feel of what the participants are thinking. The next step is thematic analysis, guided by Van Manen's six research activities, including identifying themes through selective, detailed, and holistic reading.

Significant phrases and emerging recurrent patterns were identified during open coding and grouped into categories based on these similarities and underlying meanings during the process. Selective coding of the themes was used to make sure that the resulting themes authentically represent the experiences of the participants.

RESULTS AND DISCUSSION

This chapter outlines the key findings of the study. It begins with a profile of the participants based on their demographic information, followed by a detailed discussion of the major themes that emerged from their responses during the interviews. The central focus of this chapter is on the lived experiences of nurses who had taken a break from the nursing profession. The time-frame of nursing profession hiatus ranges from three and above, and subsequently returned to clinical practice in hospital settings.

This delves into how they navigated their reentry into the profession. How they faced the challenges they have encountered. And, what impact does this transition had on both their personal and professional lives.

All participants are qualified of the selection criteria of having previously worked as registered nurses, taken a career break of at least three years, and recently resumed hospital-based nursing practice in Davao del Sur. Data collection was carried out through in-depth, semi-structured interviews. Each of which was audio-recorded with the participants' permission. The participants provided informed consent and were briefed on the confidentiality measures in place, as well as their right to withdraw from the interview or study at any point.

The interviews were conducted one-on-one via face to face and video call between March 15 and March 25, 2024, and scheduled during the participants' available time. Each session lasted approximately 45 minutes to one hour. The recorded interviews were carefully transcribed and, where necessary, translated. Hermeneutic phenomenological method was utilized for the data analysis to identify and interpret key themes from the participants' narratives. The confidentiality of all participant responses was strictly upheld throughout the research process.

The researcher based the number of participants from Creswell (2012). In qualitative research, particularly phenomenological studies, determining an appropriate sample size is crucial to ensure depth and richness in data collection. John W. Creswell, a prominent figure in qualitative research methodology, suggests that phenomenological studies typically involve small sample sizes, often ranging from 5 to 25 participants. This range is considered adequate to explore the lived experiences of individuals in depth, which is the primary goal of phenomenological research (Sargeant, 2012).

The rationale behind selecting a sample size within this range is grounded in the concept of data saturation. Data saturation occurs when additional interviews or data collection no longer yield new information or themes relevant to the research question. Achieving saturation ensures that the collected data comprehensively captures the phenomenon under study without unnecessary redundancy (Sargeant, 2012).

Therefore, a sample size of six participants is deemed sufficient in phenomenological research if it allows the researcher to reach data saturation. This size facilitates an in-depth exploration of each participant's experiences while maintaining a manageable scope for detailed analysis.

Figure 2. Participants' Profile

Code name	Age in Years	Gender	Civil Status	Occupation	Study Group
RNP1	37	MALE	MARRIED	OFW NURSE	IDI
RNP2	39	FEMALE	MARRIED	NURSE	IDI
RNP3	44	MALE	MARRIED	COS PROVINCIAL HOSPITAL	IDI
RNP4	37	FEMALE	MARRIED	PRIVATE HOSPITAL NURSE	IDI
RNP5	37	FEMALE	MARRIED	PRIVATE HOSPITAL NURSE	IDI
RNP6	39	FEMALE	MARRIED	PROVINCIAL HOSPITAL NURSE	IDI

The data for this study was gathered through semi-structured interviews with six expert nurses who had previously left the profession and later returned to practice. Participants were selected based on their prior nursing experience. The duration of their career break and their reintegration into the workforce was enough for them to qualify as participants. Recruitment was conducted through professional networks and hospital affiliations. This is to ensure diverse perspectives in terms of age, specialization, and practice locations (local and international). Interviews were conducted in a conversational manner. This allows the participants to share personal insights about their motivations and challenges. They also shared their coping mechanisms and reflections on their professional identity. Ethical considerations were adhered including informed consent and confidentiality. Transcriptions were analyzed thematically, highlighting recurring patterns and unique narratives that captured the lived experiences of returning nurses. The findings provided a deeper understanding of the reasons why the participants reintegrated into practice.

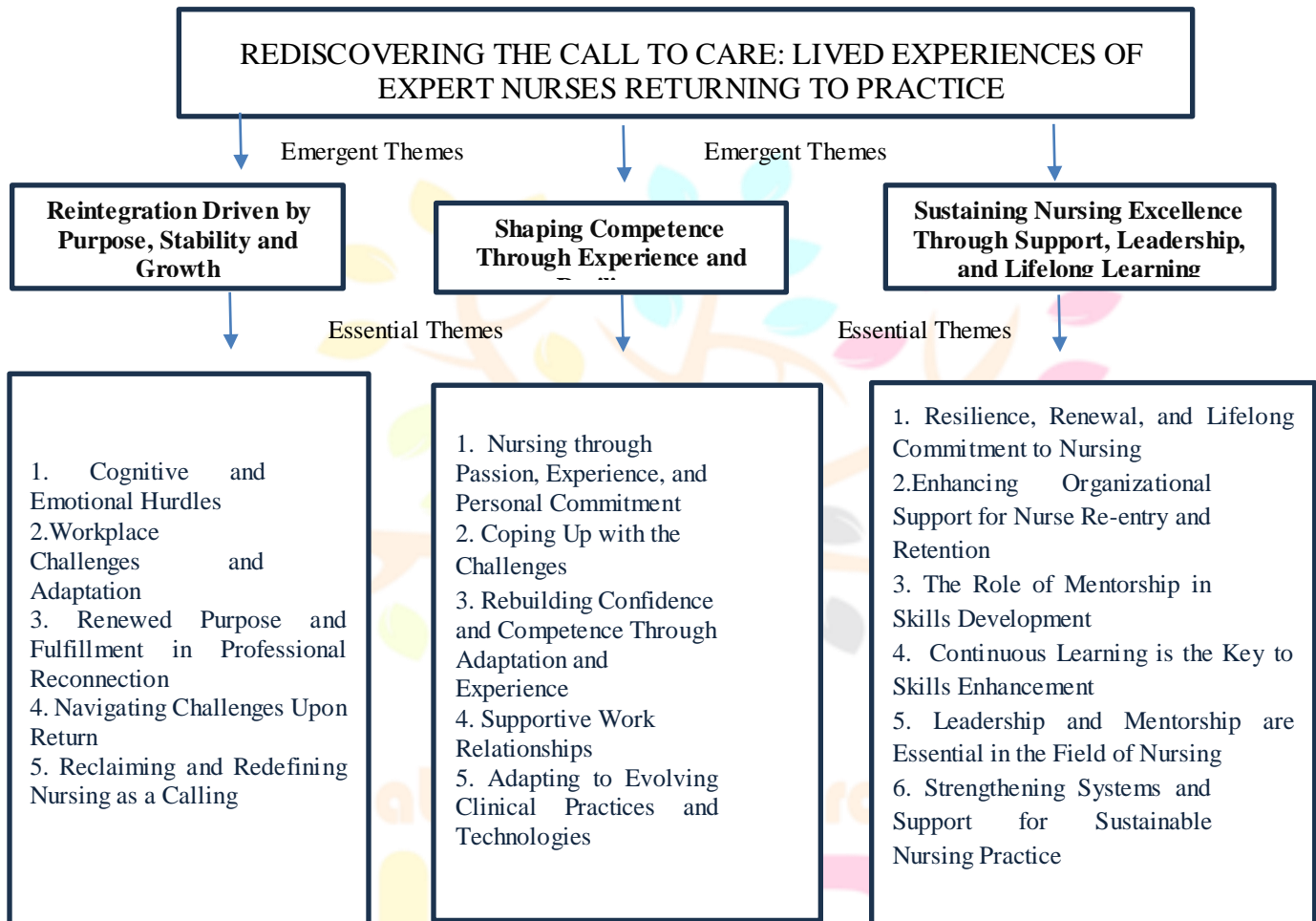


FIGURE 2. THEMATIC MAP

After the conduct of the In-Depth Interview, several themes emerged for the research question number.

What are the lived experiences of expert nurses returning to practice? After thorough analysis of the data gathered, these are the them that emerged.

Emergent Theme: Reintegration Driven by Purpose, Stability, and Growth

Based on the In-Depth Interview with the six participants, the researcher found out that they reintegrated to nursing field due to several reasons. Among those reasons are redefining their purpose, financial stability and professional growth. The participants decided to go back to the nursing field after 3 years and above of hiatus. As expected, in their come back, the participants experience various challenges. Below are the themes that best describe the participants lived experiences as returning expert nurses to the field of medical service.

One recurring topic among returning nurses is their knowledge gap following their absence from hospital practice. One partici pant who had spent eight years working in the Department of Education observed how antiquated his former knowledge and nursing skills had become (He et al., 2021). He said that his old nursing texts were useless. He realized that even basic procedures like patient placement needed to be refreshed (Zhang et al., 2022). This highlights the technical and cognitive challenges faced by returning nurses. Encountering this problem in restoring professional competency must be supplemented through structured education, simulation, and mentorship support (Andersson et al., 2021). This is evident in this statement.

Formulated Meaning	Essential Theme	Emergent Theme
Nurses encountered psychological and emotional struggles such as self-doubt, anxiety, and fear of incompetence upon returning to clinical practice.	Cognitive and Emotional Hurdles	Reintegration Driven by Purpose, Stability, and Growth
Returning nurses faced challenges in adapting to new technologies, protocols, and workplace culture, requiring resilience and continuous learning.	Workplace Challenges and Adaptation	
The experience of returning to practice reignited a sense of meaning, purpose, and emotional satisfaction in their professional role as caregivers.	Renewed Purpose and Fulfillment in Professional Reconnection	
Nurses demonstrated perseverance and adaptability by navigating personal, social, and professional obstacles during their reintegration journey.	Navigating Challenges Upon Return	
Nurses reestablished their identity and sense of purpose in the profession, viewing nursing as more than a job—a renewed life calling.	Reclaiming and Redefining Nursing as a Calling	

Table 2. Lived Experiences of Expert Nurses Returning to Practice

My knowledge became stagnant because I was in DepEd for 8 years. In senior high school, I was teaching ICT. Of course, the Saunders book I used before was outdated. I graduated in 2011. When I saw my old books, they were already very outdated. When I arrived here, I really struggled. I couldn't even remember which side was left for OD, OS, or OU." (P1-Transcripts 1-5)

The participants shared common emotional reactions throughout the reentry phase, including nervousness and worry. Despite their prior experience, one participant said she felt as though she was starting her nursing career all over again (Cheraghi et al., 2025). This unfamiliarity and fragility highlight the psychological adjustment required. Early in the reintegration process, the emotional toll can be significant, affecting both performance and confidence. Some nurses captured the emotional complexity of returning to practice by describing a mix of apprehension and exhilaration (Jones et al., 2024). One participant compared the sensation to "coming home to something familiar, but different," while another reported feeling both anxious and thrilled on her first day back. These emotional reactions underscore a profound personal commitment to returning to a meaningful profession, despite the uncertainty involved (Delos Santos & Labrague, 2021). These were evident in the following statements:

"I felt nervous, and I felt like it is my first time as nurse" (P2-transcript 85)

"I was nervous but excited—it felt like coming home to something familiar, yet different. My hands remembered the work, but my heart had to catch up." (P3-transcripts 122-123)

"What I felt on the first day was, of course, nervousness and excitement. I was excited because I had been away [from nursing] for a long time." (P4- transcripts 260-261)

"Very ahh shall we say tiring and uhm exciting at the same time, because back then we were assigned in the were assigned in the 168-ward to practice our skills 169-assisting the doctors in minor operation and major operations." (P5-transcripts 167-169)

"I felt excited and somewhat scared." (P6-Transcript 323)

For the participants, returning to nursing after years away brought a wave of emotional and psychological changes. A common starting point was anxiety and nervousness, stemming from concerns about fitting into a system that had likely changed, fears of incompetence, and self-doubt. Many participants reported feeling like novices again, despite their years of prior experience (He et al., 2021). This emotional sensitivity

often accompanied the drive to quickly adopt new standards. The fast-paced hospital environment and the expertise required for new technologies added to the pressure (Zhang et al., 2022).

However, alongside these emotions, there was a growing sense of exhilaration and reconnection. Many participants expressed feelings of happiness and belonging as they re-engaged in patient care, highlighting a profound personal commitment to returning to a meaningful career despite uncertainties (Delos Santos & Labrague, 2021).

Workplace Challenges and Adaptation

Adjusting to the modern medical setting proved both challenging and transformative for returning nurses. Rapid advancements in healthcare procedures and technologies often left them feeling behind. What was once routine now seemed unfamiliar. Years of mastery in previous practices were no longer applicable. Despite these challenges, mentorship and peer support emerged as crucial elements in their reintegration (He et al., 2021). Participants expressed gratitude for colleagues who took the time to clarify new procedures and offered comforting words during demanding shifts. These connections bridged the gap between past knowledge and current application. Additionally, adapting to cultural changes and collaborating with younger, tech-savvy staff added complexity. Navigating new workplace norms and unfamiliar hospital systems further tested their resilience. Nevertheless, most participants found ways to adjust and thrive, driven by their commitment to return to meaningful nursing careers (Tripathi, 2024). These were evident in the following statements:

“When I arrived here, during my first month, I really struggled. I didn’t know anymore, ma’am—like, where is OD, where is OU, and OS? I really forgot” (P1- transcripts 7-9)

“I had five years’ experience as nurse before I left the field and became an office staff for almost 6 years, and I feel like some kind of difficult to adjust, but time management and dedication to work, I managed to adjust slowly.” (P2-Transcripts 86-88)

“A lot has become more fast-paced and digital. I had to re-learn systems and protocols, but with patience and support, I slowly adjusted.”(P3-Transcripts 124-125)

“Although there are things that differ minor minor difference in those practices, but I was able to cope with those changes because there is a constant practice of skills and knowledge in the hospital.” (P4-Transcripts 177-179)

“How did you adjust? I ask helped to my co -worker and I immediately adjusted because of my past experience.”(P5-Transcripts 264-266)

Renewed Purpose and Fulfillment in Professional Reconnection

Returning to hospital practice offered diverse and deeply personal rewards for the nurses in this study. For some, the most tangible benefit was financial stability, especially for those who had long aspired to return to the profession to improve their income and career path. One participant shared how passing the nursing exam and finally practicing abroad fulfilled a long-held goal. According to him, this offers a significant monthly salary that far surpassed what he earned in his other job. For others, the return reignited their sense of purpose and confidence. Participants expressed that being able to care for patients again not only boosted their self-worth but also brought emotional fulfillment and a fresh perspective on work-life balance (Yamamoto et al., 2024).

Several participants also described rewards that went beyond financial or personal growth. Rediscovering the heart of nursing is the number one reward. Caring for others was a powerful motivator and source of joy. Those nurses spoke about the profound experience of “touching lives,” from birth to death. Somehow, this feeling has a genuine impact in the lives of their patients. Even those who found the physical demands of bedside care exhausting still found emotional satisfaction in seeing patients recover and go home healthy (Barriball et al., 2023). Overall, the most rewarding aspects of returning to practice revolved around financial gain, renewed confidence, and a deep emotional connection to the meaningful work of nursing. These were evident in the following statements:

“Most rewarding? The salary—definitely the salary—because here I earn 100 (thousand) monthly, whereas back there... I really dreamed of this. Every year, I took the nursing board exam.” (P1- Transcripts 10-11)

“Self-fulfillment, its like at the end of the day, I can feel that I’m worthy to serve?” P2-Transcript 89)

“For me, it boosts my confidence and gives emotional fulfillment. And of course, there’s also life and work balance, right? The environment and opportunities feel fresh.” (P5- Transcripts 267-269)

“Caring for patients again reminded me why I became a nurse in the first place. That feeling of making a real difference, nothing compares.” (P3-Transcripts 126-127))

“Actually, being a nurse is what I am thankful in my life of everyday because I was able to touch lives of every individual, every milestone of their lives, because during ... because I am present during delivery until their death, and able to touch a life of a person” (P4-Transcripts 182-184))

“It’s the feeling of knowing that the patient is being discharged in good condition.” (P6-Transcripts 328-329)

Navigating Challenges Upon Return

The participants experienced a wide range of challenges as they reintegrate into clinical practice after several years of absence. One common theme is the struggle to balance career and family responsibilities. As shared by a participant, managing childcare and job application pressures was overwhelming. This is supported by Hewitt et al., who emphasized that family demands often hinder nurses' return to practice (Hewitt et al. 2019).

Knowledge and time management issues were raised. There were difficulties in readjusting to rotating shifts and staying mentally engaged after a long break. Barriball et al. (2023) highlights similar concerns, identifying that knowledge decay and time pressures are common among returning nurses (Barriball et al., 2023). In addition, the difficulty of rebuilding confidence, especially after transitioning from a different field was experienced. This reflects the findings of Muir et al., who noted that many returnees struggle with self-doubt and the need to prove their competence again (Muir et al. 2018). Communication challenges and interpersonal barriers in the workplace were pointed out. Workplace culture and unclear communication pathways can be significant obstacles for returning nurses (Howarth et al., 2020). Moreover, adjustment challenges related to new work environments and colleagues. Harkness found that social and professional reintegration plays a vital role in the overall success of the return-to-practice experience (Harkness, 2019). These were evident in the following statements:

It's just that I already have a child, so managing time is difficult." (P1- Transcript 15)

"The challenges that challenged me are as follows: a. knowledge- the absence of work in the hospital for a long time is somewhat challenging. B. time management-working in a three shifts schedule, AM, MP, MN is very tiring since my body and mind are not in the work with this kind of schedule." (P2-Transcripts 90-93))

"Rebuilding my confidence was hard, especially after being away for years and coming from a totally different field. I also had to prove myself again to both colleagues and me." (P3-Transcripts 128-130)

"Barriers include communication personnel attitude towards work also how to redeem your client that are the things to adjust in the hospital." (P4-transcripts 186-187)

"Maybe the challenge is more in terms of work—I can adjust quickly—but probably in adapting to the environment and colleagues, especially the new ones I'm working with." (P5- Transcripts 270-272)

In contrast, one participant experienced no major struggles, attributing this to prior bedside experience. Health Education England reported that those with previous clinical experience often face fewer reintegration challenges (Health Education England 2020).

"Barrier? None really, because I've already worked there before—unless I had never experienced bedside nursing before, then it would have been difficult." (P6- Transcripts 230-231)

Reclaiming and Redefining Nursing as a Calling

The return-to-practice journey has reshaped the professional identity of many nurses in deeply personal ways. For some, it reaffirmed their call. A deep longing for this job even while hustling other jobs suggests that fulfillment lies in patient care. This aligns with Hewitt et al., who found that nurses often describe a deep-seated vocational commitment that draws them back to practice despite challenges (Hewitt et al. 2019).

Similarly, noting that their passion for caring clarified their purpose, reinforcing nursing as a heartfelt career. Such passion is a common motivator in return-to-practice narratives and reflects findings from Howarth et al., who emphasize the emotional and relational dimensions of nursing identity (Howarth et al. 2020).

The reentry highlighted personal growth and enhanced empathy. One participant shared her experience particularly after transitioning from a career in law enforcement. This evolution of identity through varied life experiences supports Muir et al.'s view that returning to nursing jobs often bring richer perspectives and a deeper appreciation for the human aspects of care (Muir et al., 2018). It was also emphasized that the importance of empathy and patience is not just in clinical settings but also within personal and family life. This illustrates how professional identity often extends into personal roles (Barriball et al. 2023).

Meanwhile, the return process enhanced self-confidence and the ability to face new workplace challenges. Confidence rebuilding is a key identity shift noted in returning nurses. This was supported by Harkness, who describes confidence as both a product and driver of successful reintegration (Harkness 2020). These were evident in the following statements:

"I really want to be a nurse. Maybe it's a call, ma'am. I passed on my third try." (P1- Transcripts 19-20)

"My passion in caring people has been identified and I am sure that this career is what my heart wants to be." (P2-Transcripts 94-95)

"I've become more mature and grounded. After being in law enforcement, I now see nursing with a deeper sense of purpose and empathy." (P3-Transcripts 131-132)

"Also, the patience, the empathy that we acquire during those skills is very important as being a nurse in the hospital." (P4-transcripts 192-193)

"Uhm, after the absence from work, I think my confidence as a nurse would be enhanced. There are challenges and adaptations, yes, especially with the new ones." (P5- Transcripts 272-274)

Interestingly, one participant shared that her return has no difficulty, especially because she maintained a strong sense of self as a nurse prior to the break. The extent of identity evolution varies based on individual experiences and roles during their career breaks (Health Education England 21).

"It's nothing really, there's no change before. I don't let myself be identified, especially even though I've been back for a long time." (P6-Transcripts 332-333)

These are the various themes that emerged for research question number 2 which is: **How do expert nurses' experiences shape their behavior in returning to nursing practice?**

Emergent Theme: Shaping Competence Through Experience and Resilience

"Shaping Competence Through Experience and Resilience" highlights how returning nurses rebuild their professional capabilities by drawing on their past clinical experiences and personal strength. Despite facing challenges such as skill gaps, new technologies, or reduced confidence, their resilience enables them to adapt and grow. This theme emphasizes that competence is not just about technical knowledge. It is shaped over time through continuous learning, emotional endurance, and the ability to respond positively to change.

Below are the themes that best describe how the participants' experiences shape their behavior upon their return to nursing practice.

Formulated Meaning	Essential Theme	Emergent Theme
Returning nurses are motivated by a deep passion for caregiving, enriched by past experiences and a strong sense of personal and professional commitment.	Nursing through Passion, Experience, and Personal Commitment	Shaping Competence Through Experience and Resilience
Nurses coped with stress, role transitions, and skill gaps through resilience, emotional control, and goal orientation.	Coping with the Challenges	
Nurses gradually restored their confidence and competence by immersing themselves in clinical tasks and embracing continuous learning opportunities.	Rebuilding Confidence and Competence Through Adaptation and Experience	
The presence of supportive colleagues and leaders provided emotional reassurance, professional guidance, and a sense of belonging.	Supportive Work Relationships	
Nurses adjusted to new standards of care, evolving technologies, and updated clinical procedures through continuous practice and openness to innovation.	Adapting to Evolving Clinical Practices and Technologies	

3. Influence of Experiences on Returning Nurse's Behavior

Nursing through Passion, Experience, and Personal Commitment

Some participants expressed a desire to grow professionally as the reason of returning to practice. Indicating that their return was not just about employment but also about advancing their careers. This highlights a clear recognition that gaining hands-on clinical experience is essential for both competence and long-term career development. They initially left the profession for a different job but later realized that nursing aligned more with their passion. This realization reflects a rekindled commitment to their nursing identity and the recognition of nursing as a viable and fulfilling career path. This realization includes global mobility since nursing it is not just a job, but a service which can be extended anywhere.

Going back to nursing practice reflect deeply on personal and professional motivations. Their decision to re-enter the nursing workforce is a commitment rooted in personal and family needs. A story of relocating for better healthcare access for his child and reaffirming his role as a nurse is deep. This echoes findings by Hewitt et al., who highlighted how family health and caregiving responsibilities often reignite nurses' dedication to the profession (Hewitt et al. 2019).

The sense of fulfillment and passion for patient care is deliberately emphasized by some participants. They describe this as a central aspect of their identity. These participants shared how the act of caregiving brings emotional satisfaction and a sense of purpose. The experience they shared shows where their passion is. For them, helping others remained a significant motivator even after time away from clinical work (Howarth et al., 2020). The instinctive nature of nursing profession skills and critical thinking remain intact despite years away. According to Muir et al., many returning nurses find that muscle memory and instinctual responses resurface naturally, reinforcing their core identity as professionals (Muir et al. 2018). In addition, the touch of confidence and adaptability of the previous experience made it easier to transition back into a clinical setting. This is consistent with Harkness's findings that prior exposure to diverse clinical environments enhances adaptability and resilience upon return (Harkness, 2020).

Together, these insights reveal that the decision to return to nursing is not solely about reemployment, but it is a reclamation of purpose, identity, and service. Their decision to return was driven by both internal calling and external needs. These are evident in the following statements:

“My past experiences as a nurse have a great impact to my return to practice. I love that I have self-fulfillment when helping people in need.” (P2-Transcripts 357-358)

We bring calmness and critical thinking from years of past practice. Even after a long break, those instincts don’t go away, they guide us quietly. “(P3-Transcripts 359-360)

“My experience? Uhm, I guess it’s my patience with the skills. I’ve been in the field for almost 13 years, so I can easily adapt to different settings. Of course, right?” (P5-Transcripts 275-277)

“It’s also easier, being a nurse with prior experience, because the process is repetitive, and eventually, you become familiar with everything.” (P6-transcripts 334-335)

Coping with the Challenges

Nurses returning to clinical practice describe a process of adjustment that involves self-directed learning. Not only that, but they also pointed out that emotional resilience and the importance of support systems are great help for them. Many engaged in self-study. They think they should attend refresher trainings and not just rely on observational learning to regain confidence and competence. This reflects the findings of Howarth et al. (2020) who note that continuous learning and skill refreshment are essential for effective reintegration into practice.

Support from colleagues and family played a crucial role in boosting morale and motivation during the transition. As Hewitt et al. (2019) emphasize, emotional and social support reduces the psychological stress of re-entry and fosters a more positive work environment. Mentorship and collaboration were also identified as key strategies, allowing returning nurses to re-learn procedures and gain confidence in patient care.

Adaptability emerged as another important factor. Some nurses viewed challenges as opportunities for professional growth, while others highlighted the physical and emotional strain of readjusting to routines and demanding shift schedules. Harkness points out that such resilience and mindset are critical traits among successful returners. For them, facing the pressures of modern healthcare settings is hard but it can be won.

Overall, the responses reveal that successful return to nursing practice is not only about technical re-skilling but also about emotional readiness, adaptability, and having a supportive environment. A holistic reintegration process grounded in lifelong learning and professional commitment. These were evident in the following statements:

“Study, ma’am, observe, but I don’t ask questions because they’ll call you a Filipino fool here. Research, just read. I also joined several trainings, SLS. When I returned here, I underwent a 2-week onboarding because I forgot some things. I was nervous here and struggled with their English.” (P1-Transcripts 28-31)

“The support of my co-workers in the workplace helped me to slowly build my confidence in rendering care. Prioritizing the task on hand really needs important and urgent care. Lastly, my family support plays a vital role in coping challenges.” (P2-Transcripts 98-101)

“I took it one day at a time and leaned on supportive coworkers. I also reminded myself that learning never really stops in nursing.” (P3-Transcripts 137-138)

“I just ahh, learn and re-learn things. Observe and learn and ask those who are around for some time. Not afraid to ask and seek mentorship.” (P4-Transcripts 203-204)

“It’s just, take new challenges as opportunities.” (P5-Transcript 178))

Rebuilding Confidence and Competence Through Adaptation and Experience

Returning to clinical nursing following a protracted break frequently requires negotiating a complicated interaction between confidence, competence, and flexibility. When reintegrating into hectic hospital settings, many nurses describe the first challenge as outdated clinical knowledge and poor self-confidence. Being away from bedside treatment for several years is usually the source of this difficulty, and it causes worry. Howarth et al. (2021) report that returning nurses often suffer from competence degradation, which can erode confidence, especially in a highly changing environment. Similarly, Green and Roberts (2022) emphasize that rapid technological advancements and evolving protocols can overwhelm returning practitioners who are out of touch with current standards.

Notwithstanding these difficulties, past performance provides a basis that helps one gradually recover confidence. Those who have worked intensively in the past typically discover that their fundamental clinical instincts and critical thinking slowly resurface. These result in more efficient delivery of treatment and decision-making. This is consistent with the view of professional identity and knowledge as not totally lost over time by Muir et al. (2020). Additionally, Jackson and Lee (2023) argue that experiential learning and internalized routines re-emerge with practice, especially when nurses are provided with structured support such as preceptorship and peer mentoring.

Besides, many life and career paths outside of nursing, including police enforcement, business, or education—can increase the emotional intelligence and flexibility of returning nurses. In therapeutic settings, these backgrounds usually improve their interpersonal communication, empathy, and concentration. According to Santos and Malik (2021), interdisciplinary skills from previous careers enrich a nurse's relational and emotional competencies. Furthermore, Davis and Chan (2024) found that returning nurses with diverse life experiences tend to adapt more easily to patient-centered care models and collaborative practice settings.

Many nurses find a slow but significant rise in self-esteem when practice picks back up. The participants shared that as they regain skills and get validation from patients and colleagues, they become more satisfied. Sometimes strong core knowledge and past mastery of normal operations cause adaptation to happen rapidly. Harkness (2022) notes that a nurse's capacity to combine prior experiences with present clinical

needs while keeping a growth perspective determines much of the effectiveness of this change. Likewise, Bennett and Cruz (2023) suggest that recognition and reinforcement in the clinical setting play a major role in the returnee's rebuilding of identity and professional confidence. As mentioned, the road of re-learning and confidence building leads to adaptation. This emphasizes the difficulties as well as the fortitude of returning professional nurses.

"My previous experiences affect my confidence in the work. previous experience is differently from what I am experiencing now. Before, it was mostly on patient care, but now it is more on surgical intervention and other medical cases." (P2-Transcripts 102-104)

"It helped me stay calm under pressure. My background in both nursing and the PNP made me more adaptable and focused." (P3-Transcripts 141-142)

"Confidence develops time after time. Where ahh as you are going to practice your skills in the everyday setup in the hospital, you will most likely be confident and during those times, if you will be having the skills in like 2 years, 3 years, you will be confident enough uhm to go to practice. That's why I believe your confidence will go to the roof and make an easy assessment in every case that you would face in the hospital." (P4-Transcripts 205-210)

"Well, confidence is affected, and skills, self-esteem, because, of course, I already know the past procedures at the hospital, I'm an expert, right? Because I've been working for 13 years, but after more than 3 years away from work, you feel like a novice. But it's easy to adjust because I have more experience when I returned to work." (P5)

Supportive Work Relationships

In their reintegration process, returning nurses sometimes stress the need for encouraging personal ties and professional dynamics. Positive encounters with peers—including mentoring, emotional support, and collaborative assignments—are crucial in smoothing the return to clinical practice. Many nurses spoke of the importance of patient guidance and of embracing colleagues who provide direction on new protocols or neglected treatments. This is consistent with research by Howarth et al. (2021), who underline how workplace support—especially through mentoring connections—raises the confidence and job satisfaction of returning nurses. Likewise, Patel and Monroe (2023) highlight that structured peer mentoring and shared reflective practice ease anxiety and foster clinical reengagement.

Another recurring element is teamwork. Nurses said that working alongside colleagues helps manage workload and fosters a sense of belonging. However, in multicultural settings or when facing less supportive attitudes from co-nationals, some noted interpersonal conflicts or cultural differences. These varied experiences reflect the findings of Harkness (2022), who explains that cultural values and interpersonal interactions influence not only adherence to institutional procedures but also successful team cohesion. Similarly, Alvarado and Chen (2024) emphasize that cross-cultural awareness and inclusive communication strategies are essential in maintaining harmony and productivity in diverse clinical teams.

In the end, while camaraderie and mentoring are key accelerators of successful re-entry, the quality of professional relationships significantly impacts the reintegration experience. Both positive and negative interactions can affect returning nurses' mental well-being and their professional trajectory. Supporting this, Newman and Salazar (2021) argue that relational dynamics in nursing units are strong predictors of returnee satisfaction and performance outcomes. Furthermore, Williams and Osei (2023) assert that empathy-based leadership and emotionally intelligent team environments are crucial in sustaining the morale of reintegrating staff.

"Yes, definitely teamwork—we really have strong teamwork." (P1- Transcript 36)

"Giving me emotional support in every way, teaching me the things I forget and teaching me new things in work." (P2-Transcripts 105-106)

"Some were surprised by my journey, but many were welcoming. Their patience and willingness to guide me meant so much." (P3-Transcripts 143-144)

"I am, a team individual. That's why I love it when there's a good effort from my co-workers because I believe that the job gets done quickly if everyone helps each other." (P4-Transcripts 211-213)

They help, ate, they become mentors." (P5-Transcript 285)

"They're supportive, kind." (P6-Transcript 340)

Adapting to Evolving Clinical Practices and Technologies

The participants claim that due to technological developments, they often return to a healthcare landscape that has changed significantly. Many note obvious changes in digital systems and medical equipment, which require rapid adaptation to new tools and protocols. This highlights how technology continues to enhance patient care, efficiency, and safety (Howarth et al., 2021). Similarly, Nguyen and Sato (2023) emphasize that the rise in digital documentation, telemedicine, and automated systems demands continuous tech-focused training for returning nurses. Additionally, returnees must navigate differences between medical and surgical care settings—particularly those assigned to unfamiliar units or even international placements. These experiences not only broaden their clinical competencies but also foster career development and interdisciplinary understanding.

Moreover, several nurses stress that core nursing values such as patient-centered care, empathy, and commitment remain unchanged, even as tools and practices evolve. Another form of adjustment involves changes in hospital environments and subtle shifts in medical terminology. These seemingly small differences test returning nurses' adaptability and reinforce the need for lifelong learning. Re-entry into modern healthcare thus requires a combination of legacy knowledge, newly acquired skills, and a mindset open to innovation, as Harkness (2022) describes. Supporting this, Delgado and Kim (2024) argue that flexible learning frameworks and reflective practice are critical for reintegrating nurses adapting to contemporary care models.

“It’s different now, before we had manual CPR, now it’s all LED. Their machines, for instance, just one BPhan (Blood Pressure cuff) and all the temperature readings come out, and it’s really accurate. It has a monitor, and when you check the BP, everything comes out. It’s nice here.” (P1-Transcripts 42-44)

“It’s faster and more tech-driven now. But the core—caring for people—remains the same, and that’s what I held on to.” (P3-Transcripts 145-146)

“Yes, I was fortunate enough to do the practice in the primary hospital. By then, after 5 years in the primary hospital, I was fortunate enough to practice at the secondary level. There are many cases compared to the primary hospital that you will encounter, uhmm That's why there is quite a difference throughout this transition because I was able to be assigned anywhere in the hospital, like emergency room, operating room, medicine ward, surgical ward, and the like.” (P4-Transcripts 214-219)

“I guess in terms of the environment, it’s still the same with the basics, there are just a few changes, like in some procedures.” (P5-Transcripts 289-291)

These are the themes that emerged for the research question number 3, **What insights can expert nurses share among their colleagues and to the nursing profession in general?**

Emergent Theme: Sustaining Nursing Excellence Through Support, Leadership, and Lifelong Learning

Being a nurse is not merely a job for many; for them, it is calling. To fulfill the responsibilities of that calling effectively, returning nurses require proper support, strong leadership, and access to sustainable lifelong learning. These are the foundational elements that ensure nurses thrive as they re-enter and continue to grow within the profession. This theme highlights that continuous education and ongoing skill development are essential for adapting to the dynamic and evolving demands of healthcare (Delgado & Kim, 2024). Equally important is robust organizational support, which includes not only training but also emotional and professional backing. Effective leadership and mentoring are crucial in building confidence, enhancing competence, and reigniting a sense of purpose in returning practitioners (Turner & Malik, 2023). Together, these factors help create a nurturing and sustainable environment where nurses can renew their passion and uphold high standards of care across the span of their careers.

Formulated Meaning	Essential Theme	Emergent Theme
Returning nurses demonstrate resilience and view their return as a renewal of purpose, affirming a lifelong commitment to the nursing profession.	Resilience, Renewal, and Lifelong Commitment to Nursing	Sustaining Nursing Excellence Through Support, Leadership, and Lifelong Learning
Organizational structures must evolve to offer inclusive, flexible, and empathetic systems that support nurse re-entry and long-term retention.	Enhancing Organizational Support for Nurse Re-entry and Retention	
Experienced mentors play a crucial role in helping returning nurses rebuild their clinical competencies and navigate their reintegration effectively.	The Role of Mentorship in Skills Development	
Continuous professional development and education empower nurses to maintain clinical excellence and adapt to ever-changing healthcare landscapes.	Continuous Learning is the Key to Skills Enhancement	

Strong leadership and effective mentorship are critical to fostering a professional environment that nurtures growth, confidence, and collaboration among nurses.	Leadership and Mentorship are Essential in the Field of Nursing
Sustainable nursing practice depends on integrated systems of support that prioritize nurse well-being, development, and workforce stability.	Strengthening Systems and Support for Sustainable Nursing Practice

Table 4. Insights that expert nurses share among their colleagues and to the nursing profession in general

Below are the themes that best describe the insights gained from their experiences as retraining nurses to the medical service field.

Resilience, Renewal, and Lifelong Commitment to Nursing

After a period away, the participants reveal that resilience, growth, and renewal of purpose have renewed their nursing commitment. These nurses emphasize the importance of determination and hard work. For some, nursing is a calling, a role that demands sacrifice but brings deep fulfillment. These were their realizations after returning to the nursing field.

Most of the participants reflected that taking detours in one's career is not only acceptable but often beneficial. They shared that time away from nursing provided life experiences that contributed to their personal growth and professional maturity. Instead of viewing their absence as a setback, they saw it as a valuable phase that enriched their professional identity. This aligns with the findings of Patel and Monroe (2023), who note that non-linear career paths often lead to stronger self-awareness and renewed commitment upon return. Alongside this, participants strongly recognized the importance of lifelong learning. Re-entering the nursing workforce meant actively engaging in training programs, seminars, and certifications to rebuild and advance their clinical competence. Despite the time, cost, and energy involved, they understood that ongoing education is crucial for staying effective and confident in today's rapidly evolving healthcare systems (Nguyen & Sato, 2023). These were evident in the following statements:

"If it's your calling, and you just keep striving, attending training, like me, everything that was lost can be regained. There is no such thing as difficult." (P1- Transcripts 45-46)

"Just keep being motivated and driven to render quality service." (P2-Transcript 47)

"Our journey outside nursing adds depth to our care. Never doubt your ability to return. The passion and purpose are still there—you just need to reconnect with them. (P3-Transcripts 147-149)

"The only thing that is very important that we should have as nurses is to embrace knowledge, skills, and attitude towards work. We must go back to the basics and practice it regularly." (P4-Transcripts 150-151)

"Let's embrace new ways. We should really have training even outside. There are those, every day before, who conduct training, unless there are seminars, because there's CPD (Continuing Professional Development). We really need training. There are a lot of training available outside. Some have fees, quite expensive, but the basic ones are free." (P5-Transcripts 296-300)

Enhancing Organizational Support for Nurse Re-entry and Retention

Helping nurses return to the profession is a responsibility that largely falls on healthcare institutions. One of the primary supports identified by participants is continuous training. Many nurses emphasized the need to stay current with new practices and global standards to maintain the relevance of their skills. Training programs that bridge the gap between local procedures and international benchmarks empower nurses to work confidently and competently within a global healthcare context (Lopez & Choi, 2023). This approach supports a globally informed and adaptive nursing workforce (Singh & Turner, 2024).

Beyond training, mentoring and emotional support are essential for returning nurses. The transition back to clinical practice can be eased through orientation sessions, regular check-ins, and emotional reinforcement. Having mentors who help navigate procedural changes and offer reassurance contributes significantly to returning nurses' confidence and sense of support (Martins & De Vera, 2022). These mentoring relationships also foster smoother professional re-integration.

Nurse retention is another critical concern. Many returning nurses believe that a supportive environment is one where they are valued, compensated fairly, and recognized for their contributions. Retention strategies such as competitive salaries, job stability, and opportunities for career progression are seen as vital to preventing burnout and improving commitment (Foster & Lane, 2023). Nurses are more likely to remain with organizations that genuinely appreciate and invest in their professional well-being.

However, some nurses report a lack of organizational support, leading to issues such as overwork and fatigue. Without adequate institutional support, returning nurses often face physical and emotional exhaustion, which negatively affects both their performance and overall job satisfaction. Addressing these concerns is vital to ensuring returning nurses feel supported and capable (Yamada & Brooks, 2024).

Ultimately, workplaces must ensure that returning nurses not only re-integrate but also thrive in their roles. Strategies such as continuous training, effective mentoring, emotional support, competitive compensation, and a balanced work-life dynamic are crucial to empowering returning nurses and ensuring their positive impact on patient care.

“Nurses should really be given training, so they won’t fall behind in new practices worldwide. Our practices here are very different from other countries, like here in Singapore. The Philippines is far behind, so there should be training.” (P1-Transcripts 52-55)

“Healthcare organization should be eager to support nurses by engaging seminars and workshops, performance evaluation and trainings.” (P2-Transcripts 110-111)

“Offer refresher programs and mentorships. Simple things like orientation and emotional support can go a long way.” (P3-Transcripts 150-151)

The Role of Mentorship in Skills Development

Mentorship plays a vital role in the successful reintegration of nurses returning to the profession. It offers crucial support and guidance that helps nurses return navigate the challenges of adjusting to new clinical environments and refining their skills. A strong mentorship structure promotes empowerment, allowing nurses to feel more confident and capable as they re-enter the workforce (Davies & Kim, 2023). A positive and supportive mentoring environment is also essential for fostering trust and encouraging professional growth.

When mentors provide constructive feedback and emotional support, they assist mentees in overcoming professional barriers while advancing both technically and personally (Ali & Santos, 2024). Mentorship is especially important for updating clinical skills, particularly given the technological and procedural changes that may have occurred during a nurse’s absence from practice.

However, it is equally important to ensure mentorship is healthy and non-toxic. A mentorship environment characterized by negative criticism, exclusion, or lack of empathy can significantly damage a returning nurse’s confidence and hinder their professional development. Organizations must therefore foster a culture of nurturing and supportive mentorship that promotes learning and psychological safety (Tran & Wallace, 2023).

Finally, healthcare institutions should cultivate a collaborative and inclusive workplace. Building strong peer support systems and emphasizing teamwork can help returning nurses to reintegrate more smoothly. Experienced colleagues who are available to offer guidance and encouragement play a key role in easing the emotional burden that often accompanies re-entry. This collaborative support contributes greatly to nurses’ long-term success and job satisfaction (Liu & McConnell, 2022).

“My knowledge was outdated, I should listen and needed to be trained.” (P1-Transcripts 56-57)

“As a mentor and peer, they must make sure that returning nurses are be guided and succeed.” (P2-Transcripts 112-113)

“They’re essential. Knowing someone has your back makes returning less intimidating and more empowering.” (P3-Transcripts 152-153)

“During the mentorship, it is not needed to be a toxic environment because I believe our station itself is a toxic environment. Work itself is a toxic environment; if you have a toxic attitude among your co-workers, among patients, it is not helping with the job. So, I believe if there is peace and harmony in your station, understanding, patience, looking for each other’s back, I believe it is a vital role in preserving the nurses to stay. It would mean a lot to them.” (P4-Transcripts 230-235)

“Mentorship really helps a lot! Of course, for nurses who have just returned, there are new procedures, and they really need to be taught.” (P5-Transcripts 304-305)

Continuous Learning is the Key to Skills Enhancement

Nurses must remain up to date with evolving medical advancements and continuously enhance their professional practice. This includes participating in regular training, continuous education, and research—not only to maintain technical proficiency but also to adapt to changing healthcare procedures, technologies, and patient expectations (Thompson & Reyes, 2023). The participants strongly emphasized the importance of lifelong learning as a core element of professional development. In this regard, engaging in research or participating in further studies becomes essential in supporting high-quality, evidence-based care (Ocampo & Miller, 2024).

Moreover, mentorship and structured training play a crucial role in this ongoing development. Through effective mentoring, returning nurses receive direction and support that help them overcome challenges while steadily rebuilding their confidence and expanding their clinical competencies (Jackson & Li, 2022). Nurses are more likely to grow and succeed when healthcare organizations create environments that provide accessible, continuous training and sustained mentorship. These institutional efforts empower nurses to reintegrate smoothly and thrive professionally in today’s dynamic healthcare systems (Nguyen & Patel, 2023).

“Education should be open to second chances and unique paths.” (P2-Transcript 155)

“Yes, involving in the research, that would mean an improvement for the nursing. And also, encourage the nurses to do the training, to be able to practice more. Also, upgrade their education, like doing the masteral and doctorate to give a much broader sense in the field of nursing.” (P3-Transcripts 236-239)

“Based on my experience, it’s really necessary to upgrade because from my past experience, continuous learning is needed to keep up with the new practices.” (P5-Transcripts 306-308)

“By mentoring and guiding over co-workers, and in education- proper and supported training from the government or hospital based on where you work for. (P6-Transcripts 339-341)

Leadership and Mentorship are Essential in the Field of Nursing

Participants have expressed their belief that leadership and mentorship are two of the most vital components of the nursing profession. These functions—grounded in knowledge sharing, mentorship, and adherence to professional training standards—shape both nursing practice

and healthcare outcomes (Gomez & Yates, 2023). When nurses are provided with proper and continuous training, they are better prepared to meet current clinical standards and deliver safe, high-quality care (Sanders et al., 2024).

Experienced nurses contribute efficiency, strong advocacy, and diverse perspectives to the clinical environment. Mentorship not only promotes individual skill development but also nurtures a culture of ongoing improvement and professional excellence (Turner & Choi, 2022). Skilled nurses, through exemplary leadership and ethical practice, can influence healthcare policies, guide evidence-based procedures, and drive organizational change in positive directions (Ramirez & Nolan, 2023). These insights were clearly reflected in the following participant statements.

"The leadership and mentorship have a big impact, for example in training. Training should follow the proper standards, not shortcut the process, so that we can truly learn." (P1 Transcripts 334-335)

"So, for new nurses, it's important to always be understanding and always seek the right and proper skills. Never shortcut the process." (P3 transcripts 328-329)

"You know, for senior nurses, you really must be a good mentor, right? Because if the workflow is efficient, then the quality of services we can give to patients will also be good." (P5-Transcripts 309-311)

Strengthening Systems and Support for Sustainable Nursing Practice

The responses highlight critical changes that could support nurses returning to the field after a break. Participants emphasized the need for improving emergency response systems in Philippine hospitals. Drawing on personal experiences, one participant compared the speed and efficiency of emergency response in the Philippines to practices in other countries, suggesting that continued education and the use of online training platforms could help nurses keep pace with new tools and techniques (Garcia & Tan, 2023).

Additionally, participants discussed the importance of organizational support for employees, particularly in terms of mental health resources and maintaining a healthy work-life balance. Management policies aimed at fostering mental well-being are crucial in preventing burnout and ensuring sustainable careers in nursing (Perez & Morales, 2024). It was also pointed out that mentorship programs and refresher courses are essential for returning nurses to regain their confidence and clinical skills (Lopez & Williams, 2023). Moreover, offering competitive pay and adequate staffing were seen as necessary for encouraging nurses to return and stay in the profession. Increasing the nursing workforce and minimizing the need for double shifts are key strategies to avoid overwork and the associated emotional and physical burnout that many nurses face (Cameron et al., 2022)

"I'll compare it to the Philippines. In emergency situations, you should be quick with time. I experienced it in the Philippines when we called the emergency hotline, and it took about 1 hour for the rescue team to arrive. Here, it only takes 10-15 minutes for you to get to the hospital. That's what I want to change back home. We should have a proper emergency response, like the Lifeline system here. In the Philippines, you press 1 for emergency, press 2 for something else. In the Philippines, it's never immediate, plus there's the traffic. It's really different here." (P1-Transcripts 75-82)

"I can suggest more in terms of change, but I can suggest education in order to further develop nursing skills." (P2-Transcripts 116-117)

"Include support for returning professionals—refresher courses, mentorships, even mental health check-ins. Many of us want to come back; we just need the right bridge." (P3-Transcripts 158-159)

"In my years of nursing experience, I would really love to add the emphasis on the support of the administration, uhm uhm Also, in the understanding that it is not healthy for nurses to have a duty ah 12 hours a day in 6 days a week. Sometimes, after 2, 3, 5 years, the nurse will be the patient itself." (P4-Transcripts 270-272)

"These things, like the virtual ones, the ones abroad, they have virtual, what do you call it, virtual training, consultation, or something. It's like online nursing consultation and training, where you can consult with mentors like doctors, and it's available online. There's a system for it. It's just more expensive. It's like a fax system, where if it's available, you can view the patient's record, and it's much faster because it's online. It's needed in emergencies." (P5- Transcripts 314-321)

"The salary should be increased to encourage nurses who have left the practice to return." (P6-Transcripts 349-350)

RECOMMENDATION

Future studies should include a wider and more varied demography, therefore including more aspects of the subject. Including returning nurses from several areas, healthcare environments (public versus private hospitals), and diverse age groups would produce richer data and enable comparison of how contextual elements affect reintegration experiences.

Research assessing the efficiency of institutional support systems is urged. Future research may concentrate on programs such transition-to-practice models, mentoring programs, or refresher courses. Gained knowledge might guide the creation of uniform reintegration paths.

Using mixed-methods designs could improve comprehensiveness. Combining qualitative interviews with quantitative instruments including knowledge tests, confidence scales, and questionnaires would present a more complete picture of the competences and support requirements of returning nurses.

In-depth conversations lead one to advise healthcare companies to fund customized on-boarding and refresher training initiatives. These initiatives should inform returning nurses on new technology, protocols, and procedures, therefore addressing both technical skills and emotional support to facilitate reintegration into clinical practice.

Since the results depicted that support of returning nurses depends critically on formal mentorship programs, it is advised that during reintegration, pairing them with seasoned mentors may offer vital clinical direction and emotional support as well as help to create a cooperative culture that reduces stress and isolation.

Healthcare facilities should provide ongoing professional development top priority. Advanced certifications, leadership development, and specialized opportunities assist returning nurses stay current, raise work satisfaction, and eventually aid to enhance patient care results.

Since it was found out in the results, medical organizations should acknowledge and apply returning nurses' leadership expertise. Creating avenues for team lead positions or leadership may improve team cohesiveness, advance mentorship, and help to create a friendly workplace.

These recommendations seek to establish a flexible, encouraging, and growth-oriented atmosphere for returning nurses thereby enhancing their professional experiences and the quality of patient care given.

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