

Araştırma Makalesi/ Research Article

# The Change in the Thoughts and Feelings after the Orientation Education of Nurses Starting Work during the COVID-19 Pandemic

## COVID-19 Pandemisi Sürecinde İşe Başlayan Hemşirelerin Oryantasyon Eğitimi Sonrasındaki Duygu ve Düşüncelerindeki Değişim

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### ABSTRACT

**Objective:** The aim of this study was to determine the change in the thoughts and feelings after the orientation education of nurses who started work during the COVID-19 pandemic.

**Methods:** This research was designed as a semi-experimental study with a single group applied with pre-test and post-test. The study was conducted with 358 nurses. The data were collected using the “Nurse Info Form”, “Pre-Orientation Evaluation Form” and “Post-Orientation Evaluation Form”. Approval for the study was granted by the Clinical Research Ethics Committee and permission was also received from the institution where the study was conducted. Data obtained in the study were analyzed statistically using Number Cruncher Statistical System Statistical Software (Utah, USA).

**Results:** In the examination of the positive feelings, there was seen to be a statistically significant increase after the orientation education compared to before concerning feeling self-motivated, satisfied, and safe. In the examination of the negative feelings, there was seen to be a statistically significant decrease after the orientation education compared to before concerning feeling anxious.

**Conclusions:** The planning and application of orientation education taking the thoughts and feelings of nurses into account will facilitate adaptation to work.

**Keywords:** COVID-19, nurse, orientation education, thought, feeling

### ÖZ

**Amaç:** Bu çalışmanın amacı, COVID-19 pandemisi sürecinde işe başlayan hemşirelerin oryantasyon eğitimi sonrasındaki duygu ve düşüncelerindeki değişimi belirlemektir.

**Yöntem:** Bu çalışma, ön test ve son test tek gruplu yarı deneysel bir çalışma olarak tasarlandı. Çalışma 358 hemşire ile gerçekleştirildi. Veriler, “Hemşire Bilgi Formu”, “Oryantasyon Öncesi Değerlendirme Formu” ve “Oryantasyon Sonrası Değerlendirme Formu” kullanılarak elde edildi. Çalışma için Klinik Araştırmalar Etik Kurulu'ndan onay ve çalışmanın yapıldığı kurumdan da izin alındı. İstatistiksel analizler için Number Cruncher Statistical System Statistical Software (Utah, USA) programı kullanıldı.

**Bulgular:** Olumlu duygular incelendiğinde, oryantasyon eğitimi öncesine göre eğitim sonrasında teşvik edilmiş, memnun, güvenli hissetme duygularında istatistiksel olarak anlamlı bir artış olduğu görülmüştür. Olumsuz duygular incelendiğinde, oryantasyon eğitimi sonrasında kaygılı hissetme açısından eğitim öncesine göre istatistiksel olarak anlamlı bir azalma olduğu görülmüştür.

**Sonuç:** Oryantasyon eğitimlerinin hemşirelerin duygu ve düşünceleri dikkate alınarak planlanması ve uygulanması işe uyumu kolaylaştırıcaktır.

**Anahtar Kelimeler:** COVID-19, hemşire, oryantasyon eğitimi, düşünce, duygu

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## Introduction

Following the first determination of the SARS-CoV-2 virus in Wuhan, China, in December 2019, as the agent of coronavirus disease 2019 (COVID-19), the whole world has been affected and nurses are at the forefront of combatting this pandemic (Zhu et al., 2020). While undertaking this work, many nurses have been infected with COVID-19 and some have died. This has led to nurses experiencing negative emotions. The increase in the number of COVID-19-positive patients has created a need for new nurses in the healthcare system and many nurses have started work during the pandemic. Due to the increased number of patients infected with COVID-19, nurses newly starting work have had to care for patients after a short orientation education (Sun et al., 2020).

From the first year of starting work, nurses are expected to reinforce the clinical knowledge and skills acquired during professional training, to balance the demands of work and personal life, and adapt to nursing (Walker et al., 2013). Continuous innovations and developments in both medicine and nursing require nurses to have even more knowledge and skills and this creates great pressure on nurses (Hawkins et al., 2019). Even if nurses have acquired a good level of knowledge, attitude, and skills throughout the professional education period, when they start work, these are usually not sufficient. When starting work, entering a new environment or being assigned to a different department in the institution, it is sometimes difficult for nurses to adapt to the workplace, to new colleagues, the environment, and a complex organizational and social structure (Feltrin et al., 2019; Parker et al., 2014).

There is a need for successful orientation periods, which are planned to facilitate adaptation and for the nurses newly starting work to acquire the necessary skills, knowledge. Successfully applied orientation programs not only facilitate the adaptation of nurses but also enable better quality healthcare services to be provided (Dale-Tam and Thompson, 2021; Henderson et al., 2015), increase motivation, and decrease misunderstandings, communication problems that can be experienced between nurses and other healthcare professionals or between nurses and patients or their relatives, increase job satisfaction. As a result of easier adaptation to new conditions with an orientation program, feelings of isolation and helplessness are prevented (Kolunsağ and Özdemir, 2007; Yeşilyaprak, 2016).

Examination of the thoughts and feelings created by the COVID-19 pandemic together with the thoughts and feelings of starting a new job plays an important role in determining both the professional education and the working programs of nurses. In this context, although studies have been conducted of newly graduated nurses (Doughty et al., 2021; Hawkins et al., 2019; Montayre et al., 2021; Walker et al., 2013), there are very few studies that have examined the thoughts and feelings of nurses during the COVID-19 pandemic (Crismon et al., 2021; García-Martín et al., 2021). In this context, the present research, which aims to determine the change in the thoughts and feelings after the orientation education of nurses who started work during the COVID-19 pandemic, significantly matters in terms of contributing to both the literature and new practices.

The aim of this study was to determine the change in the thoughts and feelings after the orientation education of nurses who started work during the COVID-19 pandemic.

## Research Questions

In this study, answers to the following questions were sought;

1. What are the thoughts and feelings of nurses starting work for the first time during the COVID-19 pandemic?
2. How is the change in the thoughts and feelings of nurses starting work for the first time during the COVID-19 pandemic after the orientation education?

## Method

### Design

This research was designed as a semi-experimental study with a single group applied with pre-test and post-test.

### Place of Research

The study was conducted in a training and research hospital affiliated to the Ministry of Health. The hospital where the study was conducted has a bed capacity of 1417.

### Sample

The population of study consists of 358 nurses who started working at a Ministry of Health affiliated training and research hospital in Istanbul between March 01 and May 01, 2021. Sampling selection was not applied as it was aimed to reach all the nurses who newly started work, and the study was conducted with 358 nurses. All of the nurses agreed to participate in the research.

In an orientation education of one full day (eight hours) organized according to the Ministry of Health orientation education standards, the nurses newly starting work were given training on the institutional structure, procedures, policies, employee rights, task authority and responsibilities, patient safety, emergency situations and disaster management, waste management, quality standards in healthcare, patient rights, infection prevention, and issues of infection control during the COVID-19 pandemic (TMOH, 2020). The duration and content of the training varies according to the topics and is given in a one day. These trainings were given by educators who are experts in the relevant field (infection control nurse, training nurse etc.).

#### **Data Collection Forms**

With reference to previous literature, forms were prepared by the researchers for data collection including descriptive, sociodemographic characteristics of the nurses, evaluations before and after the orientation program.

**Nurse Info Form:** The Nurse Info Form included, sociodemographic characteristics of the nurses were questioned, including age, gender, marital status, educational level, and professional working experience (Oermann and Garvin, 2002; Pasila et al., 2017).

**Pre-Orientation Evaluation Form:** The pre-orientation evaluation form included questions related to the status of having previously received training related to COVID-19, the thoughts and feelings created by starting work during the COVID-19 pandemic, the positive and negative feelings from the first day of starting at the institution, and expectations of the orientation education (Oermann and Garvin, 2002; Pasila et al., 2017).

**Post-Orientation Evaluation Form:** The post-orientation evaluation form included questions to determine whether or not the orientation education was sufficient, the thoughts and feelings created by starting work after the orientation, and the positive and negative feelings after having received the orientation (Oermann and Garvin, 2002; Pasila et al., 2017).

#### **Data Collection Methods**

The aim of the study was explained to the nurses before data collection. Data were collected between March 01 and May 01, 2021 from nurses who voluntarily agreed to participate. The pre-orientation evaluation form was administered to the nurses before the orientation education and the post-orientation evaluation form was administered

afterwards. The participants were instructed to mark the statement most appropriate to themselves for each item on the form and that it was important to complete the form in full. The researchers checked that all the forms were fully completed and as they were, there was no loss of participants. Completion of the data collection forms took approximately 15-20 minutes.

#### **Data Analysis**

Data obtained in the study were analyzed statistically using Number Cruncher Statistical System software, (Utah, USA). The conformity of the variables to normal distribution was assessed using the Shapiro-Wilk test and box plot graphs. Descriptive statistical methods were used, results were stated as mean±standard deviation (SD) and median values, or number (n) and percentage (%). In the comparisons between groups of parameters not showing normal distribution, the Kruskal-Wallis test was used and the Dunn-Bonferroni test in the post hoc evaluation. The Mann-Whitney U-test was used in evaluations according to two groups. In the within-group comparisons of parameters not showing normal distribution, the Wilcoxon Signed Rank test was used. A value of  $p < .05$  was accepted as statistically significant (Karagöz, 2014).

#### **Ethical Considerations**

Ethics committee permission was obtained from Bakirkoy Dr Sadi Konuk Training and Research Hospital Clinical Research Ethics (Approval Number: 2021-04-18 Date:15/02/2021) before starting the research. Permission was also received from the institution where the study was conducted. Participation in the study was voluntary, verbal and written informed consent was provided by all the study participants.

#### **Results**

Evaluation was made of 358 nurses, comprising 245 (68.4%) females, and 113 (31.6%) males with a mean age of  $24.80 \pm 2.79$  years (range, 20-39 years). The descriptive characteristics of the nurses are shown in Table 1.

Of the total nurses, 17 (4.7%) reported that they did not wish to start work before the orientation program, 141 (39.4%) that they were nervous about the future uncertainty that had emerged with the pandemic, 49 (13.7%) that they were frightened of contracting COVID-19, 259 (72.3%) that they were frightened of infecting their loved ones with COVID-19, 335 (93.6%) that apart from the fear of COVID-19 infection, they had not experienced any

fear or stress, 28 (7.8%) wished to start work as soon as possible (Table 2).

Of the total nurses, 12 (3.4%) reported that they did not wish to start work after the orientation program, 131 (36.6%) that they were nervous about the future uncertainty that had emerged with the pandemic, 50 (14.0%) that they were frightened of contracting COVID-19, 259 (72.3%) that they were frightened of infecting their loved ones with COVID-19, 336 (93.6%) that apart from the fear of COVID-19 infection, they had not experienced any fear or stress, 23 (6.4%) wished to start work as soon as possible (Table 2). Of the total nurses, 12 (3.4%) reported that they did not wish to start work after the orientation program, 131 (36.6%) that they were nervous about the future uncertainty that had emerged with the pandemic, 50 (14.0%) that they were frightened of contracting COVID-19, 259 (72.3%) that they were frightened of infecting their loved ones with COVID-19, 336 (93.6%) that apart from the fear of COVID-19 infection, they had not experienced any fear or stress, 23 (6.4%) wished to start work as soon as possible (Table 2).

**Table 1.** The descriptive characteristics of the nurses (n: 358)

	n	
<b>Age</b>		
Median (Min-Max)	24 (20-39)	
Mean±SD	24.80±2.79	
<b>Job experience (month)</b>		
Median (Min-Max)	13 (1-216)	
Mean±SD	21.74±27.52	
	n	%
<b>Gender</b>		
Female	245	68.4
Male	113	31.6
<b>Marital status</b>		
Married	32	8.9
Single	326	91.1
<b>Education level</b>		
Bachelor's degree	351	98.0
Master	7	2.0
<b>Job experience</b>		
No	181	50.6
Yes	177	49.4
<b>Status of previously COVID-19 education</b>		
Yes	97	27.1
No	259	72.3
<b>Place of education</b>		
School	11	3.1
Previous hospital	69	19.3
Other	17	4.7

Min: Minimum; Max: Maximum; SD: Standard deviation

When the positive feelings felt by the nurses from the first day of starting at the institution were examined before the orientation program, it was seen that 52 (14.5%) felt self-motivated, 212 (59.2%) hopeful, 138 (38.5%) satisfied, 55 (15.4%) enthusiastic/happy, 122 (34.1%) strong, 100 (27.9%) safe, 247 (69.0%) excited, 238 (66.5%) ambitious/determined, 156 (43.6%) happy, 128 (35.8%) relieved (Table 3).

When the positive feelings felt by the nurses from the first day of starting at the institution were examined after the orientation program, it was seen that 137 (38.3%) felt self-motivated, 196 (54.7%) hopeful, 173 (48.3%) satisfied, 57 (15.9%) enthusiastic/happy, 103 (28.8%) strong, 119 (33.2%) safe, 235 (65.6%) excited, 196 (54.7%) ambitious/determined, 128 (35.8%) happy, 146 (40.8%) relieved (Table 3).

In the examination of the positive feelings felt by the nurses from the first day of starting at the institution, there was seen to be a statistically significant increase after the orientation education compared to before in respect of feeling self-motivated ( $p=0.001$ ), satisfied ( $p=0.001$ ), safe ( $p=0.044$ ) ( $p<0.05$ ). No statistically significant difference was determined post-orientation compared to pre-orientation in respect of feeling enthusiastic/happy, excited, relieved ( $p>0.05$ ). A statistically significant decrease after the orientation education compared to before was determined in respect of feeling strong ( $p=0.026$ ), ambitious/determined ( $p=0.001$ ), happy ( $p=0.03$ ) ( $p<0.05$ ) (Table 3).

When the negative feelings felt by the nurses from the first day of starting at the institution were examined before the orientation program, it was seen that 1.1% felt angry, 45.0% anxious, 0.8% sad, 1.4% frightened, 0.3% intimidated, 33.0% hesitant, 1.1% disappointed, 0.6% discouraged, 2.0% unsafe (Table 3).

When the negative feelings felt by the nurses from the first day of starting at the institution were examined after the orientation program, it was seen that 1.1% felt angry, 37.4% anxious, 1.1% sad, 2.0% frightened, 0.3% guilty, 0.6% intimidated, 32.7% hesitant, 2.8% disappointed, 2.2% discouraged, 3.1% unsafe (Table 3).

**Table 2.** Distribution of nurses' feelings and thoughts on starting work before and after the orientation education (n: 358)

Feelings and Thoughts of Nurses	Before orientation education		After orientation education	
	n	%	n	%
I did not wish to start work before the orientation education	17	4.7	12	3.4
I was nervous about the future uncertainty which had emerged with the pandemic	141	39.4	131	36.6
I was frightened of contracting COVID-19	49	13.7	50	14.0
I was frightened of infecting my loved ones with COVID-19	259	72.3	259	72.3
Apart from the fear of COVID-19 infection, I had not experienced any fear or stress	335	93.6	336	93.6
Wished to start work as soon as possible	28	7.8	23	6.4

\*More than one option is marked.

**Table 3.** Distribution of nurses' positive and negative feelings before and after orientation education (n: 358)

	Before orientation education		After orientation education		p	
	n	%	n	%		
Nurses' positive feelings*	Self-motivated	52	14.5	137	38.3	<b>0.001**</b>
	Hopeful	212	59.2	196	54.7	0.074
	Satisfied	138	38.5	173	48.3	<b>0.001**</b>
	Enthusiastic/happy	55	15.4	57	15.9	0.725
	Strong	122	34.1	103	28.8	<b>0.026*</b>
	Safe	100	27.9	119	33.2	<b>0.044*</b>
	Excited	247	69.0	235	65.6	0.225
	Ambitious/determined	238	66.5	196	54.7	<b>0.001**</b>
	Happy	156	43.6	128	35.8	<b>0.003**</b>
	Relieved	128	35.8	146	40.8	0.061
Nurses' negative feelings*	Angry	4	1.1	4	1.1	1.000
	Anxious	161	45.0	134	37.4	<b>0.001*</b>
	Sad	3	0.8	4	1.1	0.665
	Frightened	5	1.4	7	2.0	0.527
	Guilty	0	0.0	1	0.3	0.317
	Intimidated	1	0.3	2	0.6	0.564
	Hesitant	118	33.0	117	32.7	0.896
	Disappointed	4	1.1	10	2.8	0.058
	Discouraged	2	0.6	8	2.2	<b>0.034*</b>
	Unsafe	7	2.0	11	3.1	0.248

\*More than one option is marked.

Wilcoxon Signed Rank test; \* $p < 0.05$ ; \*\* $p < 0.01$

**Table 4.** The expectations of the nurses related to the orientation education (n: 358)

The expectations of the nurses related to the orientation program	Agree		Disagree	
	n	%	n	%
An orientation education should be provided by every institution	354	98.9	4	1.1
Orientation should be specific to the institution	311	86.9	47	13.1
Orientation must be given before starting work	347	96.9	11	3.1
Orientation should be given to people newly starting work	283	79.1	75	20.9
People who have completed an orientation education should be evaluated	293	81.8	65	18.2
Written documentation should be given to people who have completed an orientation education	296	82.7	62	17.3
People who have completed an orientation education should be able to comfortably express their views	355	99.2	3	0.8
Feedback should be given according to the outcomes of the orientation education	340	95.0	18	5.0
A certificate of successful completion should be given to those who have completed an orientation education	225	62.8	133	37.2

In the examination of the negative feelings felt by the nurses from the first day of starting at the institution, there was seen to be a statistically significant decrease after the orientation education compared to before in respect of feeling anxious ( $p < .01$ ). No statistically significant difference was determined post-orientation compared to pre-orientation in respect of feeling angry, sad, frightened, guilty, intimidated, nervous, disappointed and unsafe ( $p > .05$ ). A statistically significant increase after the orientation education compared to before was determined in respect of feeling discouraged ( $p = 0.034$ ) (Table 3).

When the expectations of the nurses related to the orientation education were examined, 98.9% stated that “an orientation education should be provided by every institution”, 86.9% that “orientation should be specific to the institution”, 96.9% that “orientation must be given before starting work”, 79.1% that “orientation should be given to people newly starting work”, 81.8% that “people who have completed an orientation education should be evaluated”, 82.7% that “written documentation should be given to people who have completed an orientation program”, 99.2% that “people who have completed an orientation education should be able to comfortably express their views”, 95.0% that “feedback should be given according to the outcomes of the orientation program”, 62.8% that “a certificate of successful completion should be given to those who have completed an orientation program” (Table 4). Following the orientation program, the nurses were asked whether or not the orientation education was sufficient and 75.1% of nurses stated that it was sufficient.

### Discussion

As a result of the increase in numbers of patients with COVID-19 infection, many nurses were rapidly included in the healthcare system to meet the increased need for nursing staff (Dale-Tam and Thompson, 2021). Nurses who started work for the first time during the COVID-19 pandemic were expected to adapt to the healthcare system, the institution, and nursing practices in a short time (Sun et al., 2020).

This study was conducted to determine the effect of orientation education on the thoughts and feelings of nurses starting work during the COVID-19 pandemic. The results showed that very few of the nurses both before and after the orientation did not wish to start work during the COVID-19 pandemic and almost half of the respondents were frightened

of contracting COVID-19 infection and nervous about the future uncertainty brought about by the pandemic. Approximately three-quarters of the nurses both before and after orientation stated that they were frightened of spreading COVID-19 infection to their loved ones. In a study of healthcare workers in China by Zhang et al. (2021), it was reported that 43.4% were frightened of contracting the virus and were worried that the pandemic would continue for a long time. Smith, Ng and Li (2020), Xiang et al. (2020), and Kurnaz and Karaçam (2021) reported that nurses were frightened of spreading the virus to their family, friends, or colleagues. Determination of these negative feelings of healthcare workers during a pandemic will help to maintain strong mental health, to design the education system to provide dynamic and important information related to the pandemic, and to reduce these negative feelings and fears of the future of healthcare workers.

The vast majority of the nurses in this study stated both before and after the orientation education that other than the fear of contracting COVID-19 infection, they had not experienced any fear or stress, and a very small number wished to start work as soon as possible. Similarly, in a study by Crismon et al. (2021), it was reported that newly graduated nurses experienced feelings of fear, anxiety, worry, lack of safety and loss during the COVID-19 pandemic. Although negative feelings such as fear, stress, and worry were created by starting work during the pandemic, the orientation education given was seen to be effective in reducing the concerns of the nurses in this study.

Both before and after the orientation program, the positive feelings felt most by the nurses from the first day of starting work were determined to be feelings of excitement, ambition/determination, hopefulness, happiness, and satisfaction. Moreover, a statistically significant increase was determined in the positive feelings of self-motivation, satisfaction, and safety after the orientation education compared to before. In a study by Akalin and Modanlıoğlu (2021) of nurses working in the intensive care unit who received in-service training during the COVID-19 pandemic, it was determined that their positive emotional state was higher than that of nurses who did not receive that training. This result demonstrates that despite starting work in a negative environment such as the COVID-19 pandemic, an orientation education is effective in increasing the positive feelings of nurses related to starting work.

Both before and after the orientation program, the negative feelings felt most by the nurses from the first day of starting work were determined to be anxiety and nervousness. In a study of nurses by Erkal Aksoy and Kocak (2020), it was reported that nurses experienced intense negative feelings such as anxiety, nervousness, and fear because of the COVID-19 pandemic. It was reported that 17% of healthcare workers experienced a moderate to severe level of anxiety in a study by Yeung et al. (2021) in Hong Kong, and this rate was 15% in a study in the USA by Hennein et al. (2021). In the current study, it is likely that together with the feelings of the nurses about newly starting work, and the reasons for feeling anxious and nervous were that they would come into contact with COVID-19-positive patients after starting work.

In the responses given in this study after the orientation education compared to before, a statistically significant decrease was determined in the negative feelings felt since the first day of starting work with respect to anxiety. No statistically significant difference was determined post-orientation compared to pre-orientation with respect to feeling angry, sad, frightened, guilty, intimidated, nervous, disappointed, and unsafe. However, a statistically significant increase was determined in feeling of discouraged after the orientation program. In a systematic review by Pasila et al. (2017), it was reported that newly graduated nurses were stressed before orientation, after the orientation program, negative feelings decreased and feelings of safety increased. This result can be interpreted as the nurses started to face the facts during the orientation training and therefore the feeling of discouraged increased after the orientation education. By determining the training needs of nurses newly starting work, this process can be effective in reducing and eliminating social isolation and negative feelings and reducing work stress by increasing feelings of commitment.

Almost all the nurses in the current study agreed with the statements that “an orientation education should be provided by every institution, should be specific to the institution, given before starting work, should be given to people newly starting work, people who have completed an orientation education should be evaluated, written documentation should be given to people who have completed an orientation program, people who have completed an orientation education should be able to comfortably express their views, feedback should be given according to the outcomes of the

orientation program, and a certificate of successful completion should be given to those who have completed an orientation program”. In a study by Pınar et al. (2016), it was similarly reported that an orientation education should be provided by every institution, should be specific to the institution, given before starting work, should be given to people newly starting work, people who have completed an orientation education should be evaluated, and written documentation should be given to people who have completed an orientation program. Even though the scope of the education differs in each institution, all of the nurses want to receive orientation education when they are new to work, as it facilitates the adaptation process of the newly recruited nurses.

After the orientation program, the nurses in this study were asked whether or not it was sufficient, and the majority stated that it was. There are many subjects such as the institutional structure, duties, authority and responsibilities about which those newly starting work are curious before orientation (Tiyek, 2014). The fact that the majority of the nurses found the orientation education to be sufficient can be interpreted as them having received the information on the subjects about which they were curious and that the training planning and application was successful.

### Conclusion and Recommendations

The results of this study demonstrated that before and after the orientation program, the nurses felt excited, ambitious/determined, hopeful, happy, and satisfied since the first day they had started work, and there was seen to be an increase in the feelings of self-motivation, satisfaction, and safety after the orientation compared to before. Both before and after the orientation education, the negative feelings most felt since the first day of starting work were anxiety and nervousness, and there was seen to be a decrease in anxiety after the orientation education compared to before. The feeling of discouragement was seen to have increased after the orientation education. The nurses in the study also stated that they believed that an orientation education should be given in every institution; it should be given before starting work that people completing orientation should be able to express their views comfortably, and feedback should be given according to the outcomes of orientation.

In line with these research findings, the following suggestions are made. It can be suggested that orientation education should be given in every

institution and that people who complete the orientation can express their views comfortably. It is necessary to establish working conditions to protect the mental health of nurses starting work and motivation interviews can be recommended to reduce their anxiety.

### Limitations of the Study

There are some limitations to the interpretation of the findings of this study. As the study was conducted only on nurses starting work in a training and research hospital, this restricts the generalizability of the results.

### Acknowledgment

We are grateful for the contributions of all the participants and the trainers of the orientation program.

**Ethics Committee Approval:** Ethics committee permission was obtained from Bakirkoy Dr Sadi Konuk Training and Research Hospital Clinical Research Ethics before starting the research (Approval Number: 2021-04-18 Date: 15/02/2021).

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**Conflict of interest:** The authors declare that they have no conflict of interest.

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### What did the study add to the literature?

- For nurses starting work, an orientation education has a significant effect on the transition process from student to qualified nurse.
- The planning and application of orientation programs taking the thoughts and feelings of nurses into account will facilitate adaptation to work.

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