



# **Newly Graduated Nurses' Experiences of Entering Work Life During the Covid- 19 Pandemic**

**A Literature Review**

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#### **Abstract**

New nurses experience a variety of mixed emotions such as preparedness and uncertainty while transitioning from student to professional and at the beginning of developing their nursing identity. At this time, guidance and a welcoming environment is crucial. The ongoing Covid-19 pandemic has brought on extra mental and physical burden on nursing professionals in their everyday practice which further increases their need for support. The demanding working environment and work stress has affected nurses' wellbeing and desire to leave the profession.

The aim of this literature review was to explore the experiences of newly graduated nurses on entering work life during the pandemic. The purpose was to find information, which could be used to enhance the introduction period of newly graduated nurses coming to work, and create awareness towards the difficulties new nurses face starting their nursing careers during the Covid- 19 pandemic.

Research was conducted as a literature review where a search from Cinahl and Medline databases was carried out in order to find relevant research which met the predetermined inclusion criteria. Six articles were included in the review. The articles were analysed utilizing an inductive content analysis method. Following the data extraction the data was organized in order to determine themes and sub-themes.

This literature review found that newly graduated nurses experienced work challenges, and their experiences of entering work life during the Covid-19 pandemic had an emotional and social impact on them. They faced insufficient preparation and training, practical burden, infection control challenges, a need for support as work challenges; pandemic anxiety, emotional burden, personal wellbeing and a positive outlook as an emotional impact; view of nursing profession, family concerns and collegial support as a social impact.

New nurses entering their careers in the nursing field experience multifaceted challenges which are further exacerbated by the additional burden brought on by the ongoing pandemic. Development of means of support for all nursing professionals including new nurses is needed to support the training, nursing practice and work satisfaction and personal wellbeing of nurses. Further research is needed in exploring the experiences of new nurses and the short and long-term effects on new nurses beginning their careers during the Covid-19 pandemic.

#### **Keywords/tags (subjects)**

New nurses, newly graduated nurse, experiences, Covid-19, pandemic, Covid-19 pandemic

#### **Miscellaneous (Confidential information)**

None

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## 1 Introduction

The worldwide-spread Covid-19 pandemic has brought to light the vitality of good education for nursing students and support for already practicing nursing professionals (H.-M. Chen et al., 2021). For nurses, especially ones directly tending to Covid-19 patients, current circumstances are highly demanding. With possibly being overburdened, being susceptible to mistakes and risk of acquiring the virus is elevated (Ran et al., 2020). Health care workers are the frontline force in the management of the virus and cannot be multiplied to answer their demand. Therefore, sheltering them from occupational infection is vital (Christopher et al., 2020).

For new nurses, entering professional work life frequently raises emotions such as nervousness, apprehension, uncertainty (Duchscher, 2009) and ineptitude (Boswell et al., 2004). The nursing profession is greatly demanding with ever-changing situations which can cause strain on new nurses' overall health (Chen et al., 2021).

In a study conducted by Boswell et al. (2004) concerns of the participating new nurses, regarding their newfound nursing jobs, was interaction with doctors and making a mistake resulting in injury or disservice to a patient. Thorough introduction, repeated guidance and mentoring were considered meaningful by the participants. New nurses should be supported in their journey of advancing their skills to endure obstacles during their career in nursing (Chen et al., 2021).

Newly graduated nurses have their careers ahead and lower experience which can be a challenging time. Considering the author's upcoming graduation, the topic of this study has a personal motivation and interest. This study aims to explore what kinds of experiences new nurses have starting their careers during the Covid-19 pandemic. The purpose of this study is to find information, which could be used to enhance the introduction period of newly graduated nurses coming to work, and create awareness towards the difficulties new nurses face starting their nursing careers during the Covid- 19 pandemic.

## 2 Background

### 2.1 Newly graduated nurses

Beginner nurses, practicing nurses in first two years, can have the ineptitude to use critical thinking in their nursing practice, mainly mechanically executing tasks assigned or recommended by others to them. The tasks are completed using guidelines which are universal and lacking the individual needs of a patient. Once having gained experience, a nurse can identify repeating phenomena. (Benner, 1982.) Benner's concept of a beginner nurse, within the years 0-2 of practicing, has been broadened to apply in the first five years of nursing practice (Wallin et al., 2012).

Lundell Rudberg et al. (2022) studied nursing students' views on the progression of nursing skills during their studies. They found that the professional growth and experience of ability increased over time. The participants had credulous expectations of the profession at the beginning of studies. Throughout the studies, appreciation for the demanding and diverse profession of nursing, grew. Nursing skills were acquired through the learning of theory and practical training and evolved from mechanical skills to a holistic method. During the time of graduation, the participants felt prepared to enter work life but not completely competent.

Nursing students' work life expectations and recent graduates work life realities were studied by Thrysoe et al. (2011). The participants expressed, that during studies, the aim of the education was unclear, and the impression they got of the profession, was not as broad, as it should have been. Furthermore, they expressed discrepancies in the over-optimistic manner, in which the education was delivered, and the nature of the profession they encounter in practice. Mixed emotions were expressed regarding graduation and entering work life, especially recruitment as new professionals and working self-reliantly. The recent graduate -participants expressed that the way self-reliance as an employed nurse was supported already during the studies by practicing self-reliant tasks was beneficial.

In this study, in the concept of a newly graduated nurse, included are registered nurses who have graduated during the Covid-19 pandemic in years 2019 onward, or have less than 3 years of experience as a registered nurse.

## 2.2 Entering work life

Entering work life after graduation is a part of one's career that people experience regardless of what field or profession a person enters. New nurses can experience a stage of shock at the start of their careers. Adapting to the change of roles from student to professional in the fast-paced, everchanging nursing practice takes time. To increase the preparedness of graduating nurses, there is a need for preparatory education of what the role change entails, and what should be expected in the initial months of working (Duchscher, 2009). The support, new nurses desire, can clash with the demands of the unit, which can cause stress in the new employees, and negatively impact their wishes to remain employed (Chernomas et al., 2010). New nurses, with their lack of experience, can feel insecure and apprehensive and thus, a supportive and inclusive working culture is essential (Chandler, 2012).

In the study conducted by Andersson and Edberg (2010), the nurses expressed that the journey from a beginner nurse to considering oneself as a real registered nurse took 6-12 months post-graduation. The nurses' identified qualities of a beginner nurse were seeking the approval and recognition from co-workers. The qualities of a real registered nurse were identified to be taking accountability, having skills to arrange tasks in rank of importance and believing in oneself.

Leong and Crossman (2015) discovered that nurses new to the field faced psychological and physical obstacles during the transition from student to registered nurse. Two identified factors influencing the favourable outcome of the change were social integration to the workforce and matching one's individual identity to their nursing identity. The participants expressed, that the nursing identity formed during studies was dissimilar from the one applicable to the unit of work, which was affected by the expectations others placed upon them.

Finding a more experienced coworker to rely on as a guide is helpful at the start of a new place of employment. In a study investigating nurses' opinion on successful mentoring and how their spontaneous mentoring connections came to be, Ferguson (2011) discovered that mentorship between a new nurse and a more experienced nurse in the beginning of one's career softened the change of new nurses starting their careers. Additionally, it advanced their assimilation to the workplace.

The new nurses were drawn to nurses whose practice and integrity inspired them, who were approachable and kind, and supported the new nurses' learning process by giving tips and positive feedback. She concludes that mentorship promotes new nurses' commitment to the unit and its policies and integrates them into the nursing team. Overall, considering the way one welcomes a new coworker and how they are taken in to be a part of the staff has meaning.

### **2.3 Covid-19 pandemic**

The Covid-19 pandemic changed the way healthcare, working from home and distance learning are regarded. The virus was first disclosed from an array of novel human pneumonia instances in Wuhan, China in December of 2019 from where, it flared up globally. Subsequent the Spanish flu pandemic in 1918, it is the fifth pandemic afterwards (Liu et al., 2020; Wang et al., 2020). Covid-19, named SARS-CoV-2 by the International Committee on Taxonomy of Viruses, is considered as a leak of animal coronavirus which evolved the capability to be spread from human to human, is greatly infectious and has a great likelihood of endlessly dispersing (Liu et al., 2020). The virus has been found to have a greater likelihood of infecting aged males with other existing medical conditions such as acute respiratory distress syndrome, acute renal or respiratory injury, sepsis or pneumonia acquired from ventilation (Chen et al., 2020).

Covid-19 spreads through droplets and mist (Sommerstein et al., 2020) which takes place most commonly as a person speaks, sneezes or coughs, and the droplets they disperse are breathed in by another. The virus can linger on surfaces up to three days. Therefore, spreading can also take place through a person coming to contact to a contaminated surface and subsequently touching their mucous membrane such as eyes nose or mouth (van Doremalen et al., 2020).

Symptoms which people experience are individual in manifestation and level of effect on a person's functional abilities. The clinical manifestation of the virus can vary from a symptom-free infection, moderate upper respiratory disturbance, drastic viral pneumonia alongside respiratory failure or loss of life (Huang et al., 2020; Wang et al., 2020). Prevalent symptoms cover fever, dry cough, weakness, breathlessness (Chen et al., 2020; Huang et al., 2020; Wang et al., 2020) and muscle aches (Chen et al., 2020).



The means through which people can lessen their likelihood of being infected by Covid-19 are maintaining the recommended distance to others, thorough hand hygiene, wearing personal protective equipment (Christopher et al., 2020) which include masks, which cover the nose and mouth (Josef Hemmer et al., 2021). Furthermore, Christopher et al. (2020) notes that, refraining from social contact and being tested for the virus when one presents similar symptoms and confinement once confirmed infection. The means from the perspective of health care are managing the infection chains through tracking and informing people of exposure to the virus. To prevent the spread of Covid-19 in clinical setting there should be coughing and hand hygiene instructions in communal areas throughout, face masks dispensed to patients and visitors and hand sanitizers in hospital and ward entries. the allowing of patient visitors can be limited. Hand sanitizers and face masks can be dispensed in other public places, such as grocery stores, public transportation, schools, and workplaces.

## **2.4 Nursing profession during Covid-19 pandemic**

The Covid-19 pandemic has greatly affected the work of health care professionals. Nurses directly tending to Covid-19 patients are in an elevated position of exposure to the virus and passing it on to their close contacts such as families and are affected by school closures and contact distance recommendations (Christopher et al., 2020). It has been estimated that 3000 health care workers acquired the virus in the initial epidemic stage in China (Zhang et al., 2020).

The advancement of health care requires a work force, which is committed, competent, and willing to remain in the profession (Mirzaei et al., 2021). The shortage of registered nurses decreases the stability of given care and increases the likelihood of patient death (Griffiths et al., 2019). Nursing profession is already considered burdensome, and the Covid-19 pandemic has elevated it to a new level. In a similar manner, it has increased the already demanding work of nurses in terms of tasks to accomplish and what to account for (Said & El-Shafei, 2021). Work stress amid the Covid-19 pandemic has forged nurses' views on nursing and has caused an increase in nurses leaving their profession (Mirzaei et al., 2021).

Hospitals have the primary role in health care amid a catastrophe or virus flare-up, which can add to the nurses' dread of being infected and spreading the virus forward (Labrague & de los Santos,

2021). Labrague and de los Santos (2021) investigated the effects of dreading Covid-19 and nurses' experience of psychological strain, work-related discontent and desire to leave the nursing field. They discovered that dreading the virus was tied to work-related discontent, psychological strain, and the desire to leave the nursing field. However, the nurses who had received guidance and education related to Covid-19, had lower dread towards it (Labrague & de los Santos, 2021) and added desire to remain in nursing (Chen et al., 2021). Greater desire to remain in the nursing profession during the Covid-19 pandemic, was found to correlate with nurses' amount of perseverance and experience as well (Chen et al., 2021). Labrague et al. (2016) argue that crisis and catastrophe control protocol education, which is applicable in the spread of a pandemic, is beneficial in readying nurses for the needed reaction.

The support which nurses need and deserve is highlighted in this current ordeal. Strategies which regulate work stress can enhance work contentment (Said & El-Shafei, 2021), and limit nurses desire to leave their profession during these challenging times (Mirzaei et al. 2021; Said & El-Shafei, 2021). Nurse managers ought to find the measures to lessen the burden and discontent of work and reinforce nurses' capabilities to endure and recover from work-related difficulties (Chen et al., 2021).

### **3 Aim, purpose and research question**

The aim of this study is to explore the experiences of newly graduated nurses on entering work life during the Covid-19 pandemic. The purpose of this study is to find information, which could be used to enhance the introduction period of newly graduated nurses coming to work, and create awareness towards the difficulties new nurses face starting their nursing careers during the Covid-19 pandemic. The research question: what experiences newly graduated nurses have on entering work life during the Covid-19 pandemic.

## **4 Method**

### **4.1 Literature review**

A literature review is a written matter in which the writer explores literature, published within a specific time, with the intent to answer their research question about their chosen topic (Bowden & Purper, 2022 ; Grant & Booth, 2009).

Literature reviews can be beneficial when seeking information about a topic from current and past studies or needing evidence to support the shaping of directives (Snyder, 2019). Bowden and Purper (2022) state that research articles frequently include succinct literature reviews. Literature reviews include explanations of the context for the review. The structure of the literature review includes determining applicable research articles, using methods for result analysis and the deduction, as to what the found information brings to the awareness of the review topic. The writer of a literature review can establish inclusion and exclusion criteria for literature they want to use as well as the method with which they want to execute their review.

### **4.2 Literature search**

The literature search was implemented in articles included in two online databases CINAHL (EBSCO) and MEDLINE, which are freely accessible to JAMK students through JAMK library. Inclusion and exclusion criteria for the articles were determined before conducting the search and they can be seen in Table 1. The included articles needed to be peer reviewed, research articles, in English language, published from 2019 to date and answer the research question, full-text available. The excluded articles were ones which were not in English language, published outside of the selected timeframe, did not answer the research question, review articles, not peer reviewed and not available in full text.

Table 1: Inclusion and exclusion criteria

Inclusion Criteria	Exclusion criteria
Articles written in English language	Articles not in English
Articles published from 2019 to date	Articles outside of selected timeframe
Articles which answer the research question	Articles which do not answer the research question
Research article	Review
Peer reviewed	Not peer reviewed
Full-text available	Full text not available

### 4.3 Article selection

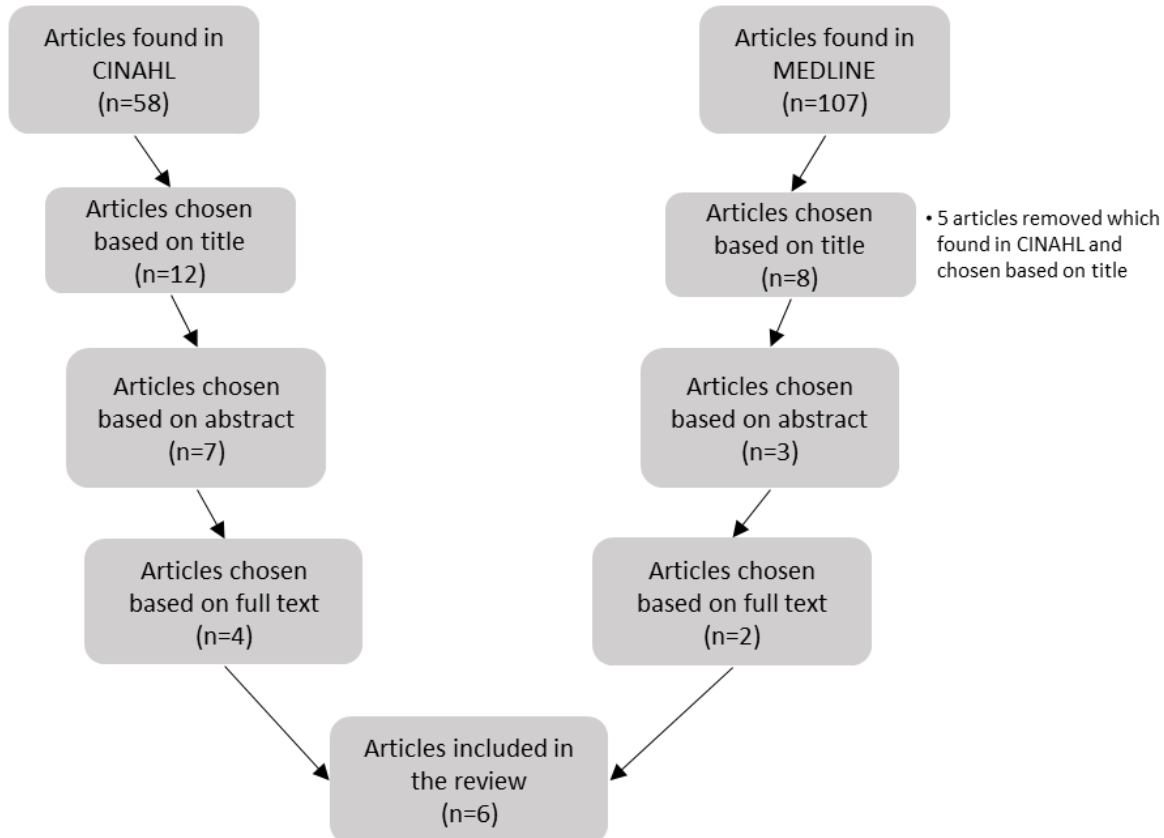
When conducting the search, Boolean operators “AND” and “OR” were implemented. The keywords used in the search were “novice nurse or newly graduated nurse or junior nurse or new nurse” AND “experiences or perceptions or attitudes or views or feelings” AND “covid-19 pandemic or pandemic or covid-19 or coronavirus”. The used terms are illustrated in the PICOS-model in Table 2 below.

Table 2: PICOS-model

<b>P</b> (Population)	novice nurse OR newly graduated nurse OR junior nurse OR new nurse
<b>I</b> (Phenomena of Interest)	AND experiences OR perceptions OR attitudes OR views OR feelings
<b>CO</b> (Context)	AND covid-19 pandemic OR pandemic OR covid-19 OR coronavirus
<b>S</b> (Types of Studies)	English language, peer reviewed, research article, published from 2019 to date, full text available

In the search, first through CINAHL, using the previously mentioned keywords, a total of 58 articles were found. From those articles 12 were chosen for further examination based on the title, from which 7 were chosen based on abstract. After reading the full articles, 4 were chosen for the review. The 3 excluded articles based on full text either had participant samples, which were outside the criteria of nursing experience or year of graduation or was not relevant regarding the research question. In the database MEDLINE, the first search produced 107 articles from which 8 were chosen based on title. Of those 8 articles 5 were already found in CINAHL and thus removed. Hence, 3 articles remained. From those articles all 3 were chosen based on abstract and finally 2 were chosen for the review after reading the full article. The excluded article based on full text was not relevant regarding the research question. Finally the total amount of articles included in the review was 6 articles. The screening process can be seen below in Table 3.

Table 3: Article screening process



The quality of the relevant articles chosen for the review was analysed utilizing the Hawker et al. (2002) appraisal method. Each article was evaluated in nine categories, for all of which, the highest possible score was 4. Thus, the highest possible score for each article was 36. All the articles appraised scored either 34 or 35 points. For the critical appraisal see Appendix 1.

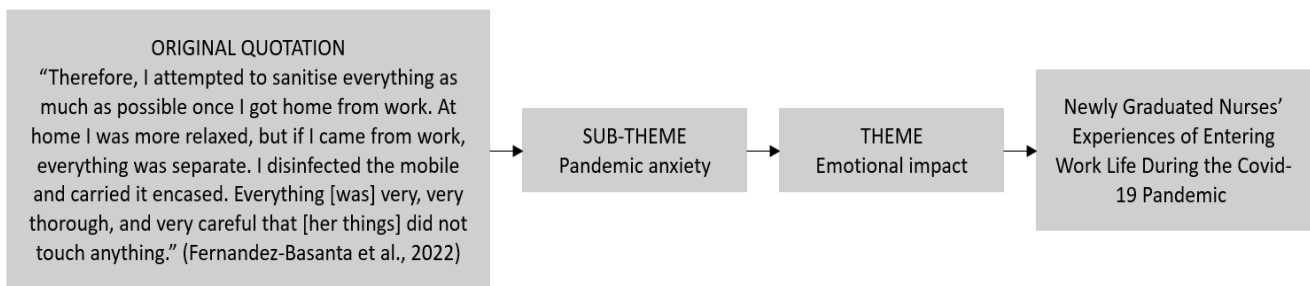
#### **4.4 Data analysis**

Content analysis is a method used for the examination of written correspondence (Cole, 1988) which can be applied with qualitative or quantitative data in an inductive or deductive manner (Elo & Kyngäs, 2008). In content analysis findings with related connotation can be divided in to themes and subthemes in order to define a phenomenon (Cavanagh, 1997).

An inductive approach to the content analysis was used in this study. According to Vears and Gillam (2022) inductive content analysis entails a coding procedure where parts of the written text are highlighted. The highlighted parts are examined to group together sections of the text which hold related meaning. The groups are further “coded” with words or phrases which depict the meaning of each extracted sentence (Elo & Kyngäs, 2008). These groupings are done within each article and throughout all articles included in the analysis (Vears & Gillam, 2022).

In this study, the author read through each research article and highlighted the main findings which were relevant to this study’s research question. The highlighted findings were extracted into an Excel-sheet and grouped together by assigning a highlight colour to all sentences which held similar broader meaning, and thus forming themes. After determining the themes, the articles were examined again to determine sub-themes (Vears & Gillam, 2022). The sub-themes were findings within each theme which held similar meaning. The coding procedure was done multiple times for all articles and themes and sub-themes were altered during the process, since new elements can be recognized later and cause the need for changes (Vears & Gillam, 2022). An example of the data analysis process can be seen below in Table 4.

Table 4: Sample of data analysis process



## 5 Results

The studies included in this literature review were published in United States (3), Canada (1), Spain (1) and Turkey (1). The research methods of the reviewed articles were qualitative research method using semi structured interviews, longitudinal qualitative research method using an online survey, qualitative research method using semi-structured questionnaire and qualitative research method, specifically hermeneutic phenomenological approach using focus group interviews. The summaries of these reviewed articles can be seen in Appendix 2.

The main findings of the reviewed articles which answered the research question were divided in to three themes - Work challenges, Emotional impact and Social impact. Sub-themes are further explained in text. Both themes and sub-themes are illustrated in Table 5.

Table 5: Themes and sub-themes

Theme	Sub-theme
Work challenges	Insufficient preparation and training Practical burden Infection control challenges Need for support
Emotional impact	Pandemic anxiety Emotional burden Personal wellbeing Positive outlook
Social impact	View of nursing profession Family concerns Collegial support

## **5.1 Work challenges**

### **5.1.1 Insufficient preparation and training**

Nurses reported that their clinical practical trainings were cancelled due to the Covid-19 pandemic (Bultas & L'Ecuyer, 2022; Fernández-Basanta et al., 2022). Nursing education was considered to be insufficient regarding education about pandemics and their management (Casey et al., 2021), medical practice and intensive care units (Kovancı & Atılı Özbaş, 2022).

Participants experienced insufficient orientation to their jobs (Kovancı & Atılı Özbaş, 2022) which was shorter than needed (Bultas & L'Ecuyer, 2022) and not equivalent to the demands of the unit (Aukerman et al., 2022; Kovancı & Atılı Özbaş, 2022). The lack of needed training on the virus and immediate protocols lead to difficulties in beginning the treatment of newly diagnosed patients (Fernández-Basanta et al., 2022).

### **5.1.2 Practical burden**

Nurses felt the demand to assimilate to the work abruptly (Casey et al., 2021; Fernández-Basanta et al., 2022; Sessions et al., 2021) which was considered challenging while working in a field that was not in its regular state (Bultas & L'Ecuyer, 2022). Nurses could not observe others conducting procedures because of PPE or regulations about the amount of people allowed in a room at once (Bultas & L'Ecuyer, 2022). Nurses felt that they were given responsibilities beyond their knowledge acquired from orientation and skills (Aukerman et al., 2022; Kovancı & Atılı Özbaş, 2022).

Nurses were burdened with the ongoing nursing shortage and seeing colleagues burn out and resign, which made it difficult for them to stay positive (Bultas & L'Ecuyer, 2022). The nurses were burdened due to lengthy shifts (Fernández-Basanta et al., 2022; Kovancı & Atılı Özbaş, 2022) and inability to take breaks (Casey et al., 2021; Kovancı & Atılı Özbaş, 2022). Additional burden was caused by developed nurse pairing systems to manage lack of nurses (Aukerman et al., 2022) and demanding the nurses to work shifts in other units (Bultas & L'Ecuyer, 2022; Sessions et al., 2021). Some services or professional roles such as hospital environment services were altered or reduced which further increased the practical burden of the nurses (Sessions et al., 2021).



### **5.1.3 Infection control challenges**

The use of personal protective equipment or PPE caused challenges in communication by being a physical barrier to expressing emotions with facial expressions (Casey et al., 2021; Fernández-Basanta et al., 2022). Additionally PPE created difficulty with hearing between nurses during information exchange (Casey et al., 2021) and between nurses and patients in everyday communication (Aukerman et al., 2022). Wearing heavy PPE garments for long periods of time also caused physical strain on the nurses (Aukerman et al., 2022). Participants expressed that infection management policies were often changing (Bultas & L'Ecuyer, 2022; Casey et al., 2021; Sessions et al., 2021). Supply shortage of PPE caused the lack of PPE (Sessions et al., 2021) and the need to repeatedly use same pieces of PPE, which differed from the training they had gotten in nursing studies (Casey et al., 2021).

### **5.1.4 Need for support**

Nurses expressed the lack of support from co-workers (Kovancı & Atlı Özbaş, 2022) and from their supervising managers (Fernández-Basanta et al., 2022; Sessions et al., 2021). The nurses expected to receive greater support from their employer due to the greater demand of their work but they felt it fall short. Additionally they expressed that they were not getting the psychological support they needed (Fernández-Basanta et al., 2022). While some nurses felt that the managers' support was sufficient (Kovancı & Atlı Özbaş, 2022; Sessions et al., 2021) some expressed that they did not trust their managers expressing that "They never came to the COVID-19 clinics. They did not want to come and talk to us because probably knew we were going to complain" (Kovancı & Atlı Özbaş, 2022, p. 20).

## **5.2 Emotional impact**

### **5.2.1 Pandemic anxiety**

The nurses experienced anxiety related to the virus itself. They experienced uneasiness due to not knowing much about the disease (Aukerman et al., 2022). Worry was expressed related to being infected (Bultas & L'Ecuyer, 2022) and spreading the virus to other people such as their patients and relatives (Fernández-Basanta et al., 2022; Kovancı & Atlı Özbaş, 2022) with some living with relatives who were in high risk if infected (Bultas & L'Ecuyer, 2022). Some avoided their families

when returning home from work and came up with processes to avoid taking the virus with them (Casey et al., 2021) with one participant expressing "...I attempted to sanitise everything as much as possible once I got home from work" (Fernández-Basanta et al., 2022, p. 6).

### **5.2.2 Emotional burden**

Nurses reported feeling secluded (Aukerman et al., 2022), scared (Aukerman et al., 2022; Kovancı & Atlı Özbaş, 2022; Sessions et al., 2021) and emotionally burdened (Aukerman et al., 2022; Casey et al., 2021; Fernández-Basanta et al., 2022; Sessions et al., 2021). Some of the emotional burden was caused by seeing patients miss their families and pass away without family present due to visitation restrictions (Aukerman et al., 2022; Fernández-Basanta et al., 2022) and the conflict of wanting to do the best they can while having managers suggest keeping visits to the patient rooms as few as possible (Sessions et al., 2021).

Nurses felt inadequate in their positions not seeing their contributions as valuable and doubted their decisions (Aukerman et al., 2022). Nurses reported feeling confused about what to think about their profession (Casey et al., 2021) and the lack of emotion regarding patient death (Aukerman et al., 2022). Shame was expressed about being enthusiastic about their work when getting the change to work with Covid-19 patients (Kovancı & Atlı Özbaş, 2022).

### **5.2.3 Personal wellbeing**

Nurses expressed that the balance between their work and personal lives was challenging to upkeep (Bultas & L'Ecuyer, 2022; Casey et al., 2021; Kovancı & Atlı Özbaş, 2022; Sessions et al., 2021) with a participant expressing "balancing work and social life in a pandemic...basically (I) do not do anything socially" (Bultas & L'Ecuyer, 2022, p. 260). Challenges were linked to social distancing and restrictions of public places (Bultas & L'Ecuyer, 2022; Casey et al., 2021). A participant noted that work burden caused them to binge eat and drink in their free time (Sessions et al., 2021).

The ways nurses took care of their personal wellbeing included crying or speaking to relatives with a nurse expressing "Crying was good for me and talking to my parents also helped. However, I had nothing to avoid those horrible days" (Fernández-Basanta et al., 2022, p. 6). Others mentioned

taking care of themselves by praying, physical activity and interaction with friends (Sessions et al., 2021).

#### **5.2.4 Positive outlook**

Nurses expressed feeling at ease with being new nurses during the Covid-19 pandemic, since they had not yet developed strong routines, which would have been broken upon new instructions and guidelines. In addition, they expressed that as new nurses with everything to learn, they were not burdened with the changes (Casey et al., 2021). Satisfaction was expressed related to acquiring lengthy employment contracts due to the need for nursing professionals (Fernández-Basanta et al., 2022).

Nurses found that their experience had increased their determination (Fernández-Basanta et al., 2022), courage and nursing identity (Aukerman et al., 2022; Sessions et al., 2021). Furthermore, nurses reported feeling belonging (Casey et al., 2021), pride (Aukerman et al., 2022) and passion (Bultas & L'Ecuyer, 2022) towards being nurses caring for Covid-19 patients and felt that the experience was something to look back on later in life (Kovancı & Atlı Özbaş, 2022).

### **5.3 Social impact**

#### **5.3.1 View of nursing professionals**

Some nurses expressed that the Covid-19 pandemic has shown that the profession is not acknowledged as it should and that nurses need to be defenders of the nursing profession (Bultas & L'Ecuyer, 2022). However, some expressed that their profession has recently gotten more recognized and valued due to the circumstances. A nurse noted: "I think the pandemic has made the general public more aware of and appreciative of nurses, which is really cool" (p. 261). Nurses further expressed being in a position where they felt the need to lead by example regarding Covid-19 prevention measures, since they were nurses caring for Covid-19 patients (Casey et al., 2021).

#### **5.3.2 Family concerns**

Nurses expressed not wanting to worry their relatives and thus refrained from telling them about the content of their work, even being dishonest about whether they were taking care of Covid-19

patients or not (Kovancı & Atlı Özbaş, 2022). Nurses noted that people close to them were avoiding them due to their profession and work with Covid-19 patients (Casey et al., 2021; Sessions et al., 2021). A nurse expressed: “I didn’t see my dad for 3 months. Anyway, I saw him a couple of weeks ago for the first time and he still won’t hug me...He’s... terrified...” (Sessions et al., 2021, p. 297).

The public’s differing opinions on Covid-19 caused a dispute for the nurses, who expressed being stressed due to others not respecting the gravity of Covid-19: “I don't want to speak to my extended family anymore because they... say that COVID doesn't matter and refuse to wear masks...refuse to get the vaccine” (Aukerman et al., 2022, p. 4).

### **5.3.3 Collegial support**

Collegial support was found to be a significant positive motivator for work in most of the reviewed studies (Aukerman et al., 2022; Casey et al., 2021; Fernández-Basanta et al., 2022; Sessions et al., 2021) Collegial support aided the nurses in the beginning of their career during the Covid-19 pandemic (Sessions et al., 2021). The nurses formed strong connections with each other (Casey et al., 2021; Sessions et al., 2021) due to being able to relate to each other’s experiences (Fernández-Basanta et al., 2022). It was expressed that the interaction with colleagues could be considered as a possible substitute for missed activities of personal wellbeing (Casey et al., 2021).

## **6 Discussion**

### **6.1 Discussion of results**

The aim of this literature review was to explore the experiences of newly graduated nurses on entering work life during the Covid-19 pandemic. This literature review found that newly graduated nurses experienced work challenges, and their experiences of entering work life during the Covid-19 pandemic had an emotional and social impact on them. They faced insufficient preparation and training, practical burden, infection control challenges, a need for support as work challenges; pandemic anxiety, emotional burden, personal wellbeing and a positive outlook as an emotional impact; view of nursing profession, family concerns and collegial support as a social impact.

Nurses in the reviewed articles reported being physically and emotionally burdened by the virus and its' effects on the working experience (Aukerman et al., 2022; Bultas & L'Ecuyer, 2022; Casey et al., 2021; Fernández-Basanta et al., 2022; Kovancı & Atlı Özbaş, 2022; Sessions et al., 2021). The emotional burden discovered in this study is supported by other studies which have shown that healthcare workers caring for Covid-19 patients are susceptible for experiencing psychological burden such as anxiety (Hickling & Barnett, 2022; Que et al., 2020; Sun et al., 2020), with nurses experiencing it more than other health care professionals (Que et al., 2020). As the findings of this literature review show the range of emotions is wide between positive and negative, which is consistent with the study of Sun et al., (2020).

Worry regarding the virus has been found to exist in work and private lives of nurses (Hickling & Barnett, 2022) as well as the concerns of nurses infecting others in their private lives (Guttormson et al., 2022; Hickling & Barnett, 2022; Sun et al., 2020). Nurses have been found to experience emotional burden related to patients not being able to see their families (Guttormson et al., 2022; Silverman et al., 2021).

Bruyneel et al., (2021) studied the commonality and components of susceptibility to burnout in nurses working in intensive care during the Covid-19 pandemic. They found that 68% of the nurses were susceptible to burnout and of its' elements 29% to depersonalisation, 31% to decreased personal success and 38% were susceptible to mental tiredness. Greater susceptibility to burnout in all of its' elements was linked to a greater demand in workload. Greater susceptibility to mental tiredness was elevated by shortage of PPE and having symptoms of Covid-19 and not getting tested. The susceptibility to mental tiredness and depersonalisation was elevated by a high amount of patients per nurse.

Lee and Lee, (2020) studied the experiences of nurses caring for Covid-19 patients in South Korea. They reported similar findings to this literature review. In their study the participants expressed anxiety during their work in Covid-19 units due to inadequate training of use of PPE, issues with everchanging infection management policies, unpleasantness with PPE and worry about infecting others. They expressed having stress, physical burden and handling tasks out of the scope of nursing causing shame. Additionally, the participants expressed the lacking of recognition of nurses by the public and felt stigmatized. Collegial support was found to be a significant positive motivator

and the participants found to become more determined due to the experience of working in a Covid-19 unit, as it was in this literature review.

Health care workers have been reported to favour coping with Covid-19-related emotional burden by spending time with loved ones, making an effort to keep an optimistic mindset, religion and spiritualism, and ensuring needed rest and nutrition (Htay et al., 2021). Their findings are consistent with the findings of this literature review. Other means of coping favoured by health care workers are physical exercise, yoga, meditation and counselling (Shechter et al., 2020).

Croghan et al., (2021) conducted a study where they evaluated the stress, resilience and coping of health care workers amid the Covid-19 pandemic. One profession included was nurses. The nurses self-reportedly experienced greater stress and lesser resilience compared to the other health care workers. The results of the study suggested a demand for procedures to support health care workers manage their experienced burden. The organization in which the research was conducted responded to the said demand following the release of the findings. Interaction within the organization between different branches of employees was strengthened through multiple channels of consistent communication to manage the burden experienced by employees. Additionally, action was taken through generating materials and interventions for wellbeing and spaces and encouragement for collegial support.

## **6.2 Ethical considerations, validity, reliability, generalizability**

The articles chosen for this literature review were evaluated utilizing the appraisal tool of (Hawker et al., 2002), which can be seen in Appendix 1. The quality of the articles was evaluated from nine viewpoints: abstract and title, introduction and aim, method and data, sampling, data analysis, ethics and bias, results, transferability, implication and/or usefulness. Each section was given a score on a scale of 1 to 4, from lowest to highest score. Thus, 36 being the highest possible score. All of the articles scored either 34 or 35 points.

All of the articles included approvals of institutional review boards or ethical committees. Some studies specifically mentioned voluntary participation (Bultas & L'Ecuyer, 2022; Casey et al., 2021; Fernández-Basanta et al., 2022) and acquired informed consent from the participants (Aukerman

et al., 2022; Casey et al., 2021; Fernández-Basanta et al., 2022; Kovancı & Atlı Özbaş, 2022; Sessions et al., 2021). Casey et al., (2021), Fernández-Basanta et al., (2022), Kovancı & Atlı Özbaş, (2022) and Sessions et al., (2021) considered the credibility, transferability, dependability and confirmability of their articles. The participants' personal information was kept private in all articles.

The reliability and validity can be seen in the detailed description of the literature review process which could thus be repeated. The articles in this literature review were analysed with attention and with the aim to avoid bias. Plagiarism was avoided by following citing and paraphrasing guidelines of The American Psychological Association 7<sup>th</sup> edition to insure credit to the authors of the original source. A limitation of this literature review is the lack of studies conducted about the topic, which caused a limited amount of studies to review.

The reviewed studies were conducted in Europe or Northern America, mostly in urban or not disclosed setting. Sample sizes were from 12 to 15 nurses per article and mainly of female gender, possibly overlooking the male nurses' experience. However, due to the small sample sizes and mainly Western World representation, the results can not be generalized globally.

### **6.3 Conclusions and recommendations**

As the findings of this literature review show, new nurses entering their careers in the nursing field face multifaceted challenges which are further exacerbated by the additional burden brought on by the ongoing Covid-19 pandemic. Development of support systems for new nurses are needed to ease their transition, ensure their wellbeing and work satisfaction.

As the Covid-19 pandemic is still ongoing, its' long-term effects on nursing professionals cannot be studied yet. However, the short-term effects can be studied. There is a limited amount of studies about the experiences and short- and long-term effects of new nurses beginning their careers during the Covid-19 pandemic, for which further research is needed.

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## Appendices

### Appendix 1. Critical appraisal of chosen articles (Hawker et al., 2002)

Author	Abstract and title	Introduction and aim	Method and data	Sampling	Data analysis	Ethics and bias	Results	Transferability	Implication and/or usefulness	Total
Aukerman et al. (2022)	4	4	4	3	4	4	4	3	4	34
Bultas & L'Ecuyer (2022)	4	4	4	4	4	3	4	3	4	34
Casey et al. (2021)	4	4	4	4	3	4	4	3	4	34
Fernández-Basanta et al. (2022)	4	4	4	4	4	4	4	3	4	35
Kovancı & Atlı Özbaş (2022)	4	4	4	4	4	4	4	3	4	35
Sessions et al. (2021)	4	3	4	4	4	4	4	3	4	34

## Appendix 2. Summary of reviewed articles

Authors, year, country	Title	Purpose, aim of study	Research method	Sample (n)	Main results	Critical appraisal (Hawker et al. 2002)
Aukerman, R., White, L., Gierach, M., Miller, T., & Wolles, B., (2022) United States	The lived experience of nurses transitioning to professional practice during the COVID-19 pandemic.	Examining novice nurses, who graduated spring 2020, experiences of entering nursing work and their competence and willpower.	Semi structured interviews	12 nurses who had graduated in spring 2020, with less than 12 months of nursing experience	Findings were divided in to six themes, which were fear, emotional conflict, self-doubt, alone, communication barriers, and finding the positive.	34
Bultas, M. W., & L'Ecuyer Kristine M., (2022) United States	A Longitudinal View of Perceptions of Entering Nursing Practice During the COVID-19 Pandemic.	Examining how Covid-19 impacted recent nurse graduates experience of their first year of nursing career.	Longitudinal qualitative research: online survey at 1-, 3-.6- and 12-months after graduation	15 new nurses completed all surveys and had graduated 12 months ago at the moment of completing the last survey	Findings were divided in to six themes, which were loss, adjusting and responding to change related to COVID-19, workplace challenges safety socialization and nursing as a profession.	34
Casey, K., Oja, K. J., & Makic, M. B. F., (2021) Canada	The lived experiences of graduate nurses transitioning to professional practice during a pandemic	Depicting graduate nurses' experience of entering work life during Covid-19	Qualitative research: hermeneutic phenomenological approach, focus group interviews	12 graduate nurses with working experience of 3-15 months	Findings were divided in to seven themes, which were being new is overwhelming, even more so during COVID-19, the need to be flexible, pandemic knowledge and practice disconnect, communication barriers worsened with masks,	34

					being a “COVID nurse,” lack of self-care and gratitude.	
Fernández-Basanta, S., Espremánscidón, C., & Movilla-Fernández, M.-J., (2022) Spain	Novice nurses’ transition to the clinical setting in the COVID-19 pandemic: A phenomenological hermeneutic study.	Bringing to light the experience of new nurses in nursing practice amid Covid-19	Qualitative study: semi structured interviews	14 new nurses with work experience from 5 months to 2 years 8 months	Findings were divided in to three larger themes, which were “Transitioning to a hostile, unknown and uncertain clinical setting from inexperience,” “Invisible wounds because of being on the front line,” and “Healing to return to the front line.”	35
Kovanci, M. S., & Atlı Özbaş, A., (2022) Turkey	‘Young saplings on fire’ newly graduated nurses in the COVID-19 pandemic: A qualitative study.	Examining the experience of recent nursing graduates amid Covid-19	Qualitative research: semi structured questionnaire	14 new nurses who had graduated in last 2 years or before but had begun nursing careers during 2020	Thematical findings included attitudes towards the pandemic and nursing job, pandemic effects on health systems and clinical aspects of work, nurses’ self-assessment.	35
Sessions, L. C., Ogle, K. T., Lashley, M., & Austin, E. N., (2021) United States	Coming of Age During Coronavirus: New Nurses’ Perceptions of Transitioning to Practice During a Pandemic.	Examining experiences of new nurses in the change to nursing practice amid Covid-19	Qualitative research: semi structured interviews	15 new nurses who had started their nursing careers within a year	Findings were divided in to three themes, which were uncertainty, vulnerability, and resilience.	34