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Newly graduate nurses' experiences in the COVID-19 pandemic process and factors affecting their experiences: A mixed method study

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Abstract

Nurses who started their professional lives during the coronavirus disease (COVID-19) pandemic have been exposed to significant levels of stress both in terms of being in a health chaos and in terms of their profession. This study aims to examine newly graduated nurses' experiences during the COVID-19 pandemic and explain the factors affecting their experiences. Mixed method design was used in the research. In the first stage of collecting quantitative data from 146 newly graduate nurses who started working during the pandemic. In the second stage, in which qualitative data were obtained, individual in-depth interviews were conducted with 15 newly graduate nurses using a semi-structured interview form over the Whatsapp application. Data collection took place from February to May 2021. The sources of stress were found to be; 88.4% fear of losing colleagues, 87.0% not being able to spend enough time with patients, 85.6% feeling inadequate, 85.6% increasing workload and fear of making mistakes, 81.5% colleagues getting sick, fear of losing and fear of infecting loved ones. Evaluation of quantitative data, number, percentage and mean test, thematic analysis method was used in the analysis of qualitative data. As a result of seven themes emerged from the thematic analysis: psychological impact, impact of heavy workload, effect of professional ambivalence feelings, social insensitivity, expectations that management was unable to meet, expectations from nursing educators, and positive profession-boosting effects of the pandemic. Findings demonstrate that newly graduate nurses who began their careers during a challenging time like the pandemic need to be strengthened, and their managers need to adapt and assist them in unusual circumstances. This study has yielded more robust evidence for the literature, thereby enriching the theoretical and practical discourse with more refined and comprehensive insights. It has provided lucidity on the uncertain experiences and their impacts on novice nurses.

Keywords: Newly graduated nurse, COVID-19, pandemic

Introduction

The World Health Organization (WHO) officially classified the coronavirus disease (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) as a pandemic in the early months of 2020 [1]. While COVID-19 has caused stress, anxiety, and depression across various strata of society due to its rapid global spread [2], its impact on healthcare professionals has been distinct [3]. Healthcare practitioners, engaged in close patient interaction and one-on-one care provision, have been confronted with heightened challenges during this period [4], bearing the brunt of the pandemic's adverse effects as integral members of society [5]. Among healthcare professionals, nurses, who are in the closest proximity to COVID-19 patients as caregivers, face the dual challenge of ensuring community safety through physical distancing while simultaneously grappling with elevated levels of anxiety and depression compared to their colleagues in other health professions [5].

Benner's classification (1984) categorizes nurses into five tiers based on their experience levels: (a) Novice (1-2 years of experience), (b) Advanced Beginner (3-4 years of experience), (c) Competent (5-7 years of experience), (d) Proficient (8-10 years of experience), and (e) Expert (more than 10 years of experience in the same setting). A "novice" refers to a newly graduated nurse with 1-2 years of experience [6]. Benner's "from novice to expert"

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model posits that the initial three months of nursing practice can be particularly stressful for newly graduted nurses due to their limited clinical experience in bridging the gap between theoretical knowledge and clinical skills [6]. As Kramer (1975) stated, even if the newly graduated nurse has her first work experience in the absence of a pandemic, she is faced with "reality shock" and experiences intense stress [7]. During this adaptation process, novices might experience heightened stress and anxiety [8]. This adjustment phase coincides with the pandemic's most intense and impactful phase, potentially subjecting newly graduate nurses to elevated levels of stress, anxiety, and burnout [9].

While healthcare inherently presents a stressful work environment, the amplified stressors triggered by the COVID-19 pandemic have posed a notably greater challenge for newly graduate nurses, exacerbating conditions that have already affected all nurses [10]. Unlike their student years, these novice nurses now lack instructors who took shared responsibility, preemptively identified potential risks, and provided guidance. The transition from student roles to professional roles requires newly graduate nurses to possess substantial knowledge and skills in nursing practices [9], yet they might encounter difficulties in applying their acquired knowledge and skills independently, especially since they haven't had the opportunity to practice clinical skills autonomously, even in non-pandemic situations [9].

Despite the need for adequate preparation to navigate the challenges of transitioning from student to professional nurse roles [11], the swift hiring of newly graduate nurses has become prevalent in many countries, including Türkiye, to meet the heightened healthcare demands during the COVID-19 pandemic [12,13]. In 2020 alone, over 24,000 newly graduate nurses embarked on their nursing careers amidst the backdrop of the COVID-19 pandemic. This transition, driven by the pandemic, compelled newly graduates to shift from student roles to adult professionals [14], adapt to novel practices [15], and contend with workload reductions [14]. However, this abrupt and exigent shift also illuminated the limitations of the newly graduates' professional competencies.

Despite the passage of approximately 3.5 years since the onset of the pandemic, the existing literature features a limited number of qualitative studies that investigate the experiences of newly graduate nurses during this period [13,16,17]. As outlined in the 2020 report from the Organization for Economic Co-operation and Development (OECD), the nurse-to-population ratio in Türkiye stood at 2.3 nurses per 1000 individuals in 2018 [18]. Subsequently, in the 2021 report, this ratio only marginally increased to 2.4 nurses per 1000 individuals in 2019 when the pandemic commenced, marking an incremental growth of 0.1 units [19]. The experiences of nurses in Türkiye are of paramount significance, given the nation's low nurse-to-population ratio and the heightened susceptibility to the pandemic's impact. In this context, the experiences of newly graduated Turkish nurses, who faced a reality shock during the pandemic and started their profession without benefiting from the professional orientation program, are even more important. A qualitative study exploring the experiences of newly graduate nurses in Türkiye exists [13]. As a third research paradigm, a "mixed method" research design is anticipated to yield richer data by bridging the gap between qualitative and quantitative methodologies [20]. Creswell (2006) posits that "using quantitative and qualitative approaches together provides a better understanding of research problems than using either approach alone" [21].

The absence of research in the literature that concurrently investigates the experiences of newly graduate nurses commencing their careers during exceptional periods like the pandemic, through both qualitative and quantitative lenses, underscores a gap in the field. The objective of this study is to comprehensively scrutinize the experiences of newly graduate nurses within the context of the COVID-19 pandemic, elucidating the factors that influence their encounters during this period.

Material and Methods

Study Design and Participants

In this study, a mixed methodology, encompassing a dual-phase qualitative and quantitative approach, was employed. Prior to commencing the study, the author issued an announcement to graduating students. Researchers reached out to newly graduated nurses by making an announcement on nursing social media platforms. New graduates who met the inclusion criteria were invited to fill out the survey form created in google form. From this cohort, a total of 146 nurses fulfilling the stipulated criteria of having worked between two and six years were eligible for inclusion in the initial phase of the investigation, having volunteered for study participation. Within this primary phase, an analysis was conducted on the nurses' socio-demographic profiles, their infection statuses, experiences of COVID-19 transmission, and the stress-inducing factors arising from the pandemic context. Transitioning to the subsequent phase of the study, in-depth interviews were carried out with nurses carefully selected via purposeful sampling from the first phase. Participants were reached using the snowball method. Researchers reached out to newly graduated nurses by making an announcementon nursing social media platforms. These participants, who expressed their willingness to engage in comprehensive interviews conducted via the WhatsApp platform, were subjected to rigorous scrutiny. With data saturation being reached after 15 participants, this subset constituted the sample for the second stage of the research.

Data Collection

Data collection took place from February to May 2021. The quantitative data of the study were collected between February and March 2021. Qualitative data were collected between April and May 2021. During the initial phase of the study, a data collection form consisting of 12 questions was employed, focusing on socio-demographic aspects and COVID-19-related factors. These inquiries, as outlined in both Table 1 and Table 2, encompassed details such as participants' age, marital status,

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deliberate career choice, the medical facility of their pandemic service, and more. Shifting to the subsequent phase of the study, the qualitative research modality known as phenomenology was adopted. This approach involved conducting one-on-one, in-depth interviews with participants, aiming to capture their experiences. The interviews adhered to a semi-structured format as indicated in Table 1, and were undertaken by the lead researcher via the WhatsApp application. These conversations transpired in tranquil settings, selected to ensure participants' privacy, and were audio-recorded for documentation. The duration of each interview averaged at 18.16 minutes, ranging from a minimum of 11.33 minutes to a maximum of 25 minutes.

Table 1. Questions in the semi-structured interviews

1.	How did you feel during the COVID-19 pandemic?
2.	If you had negative experiences during the COVID-19 pandemic, how did you cope with them?
3.	How did the COVID-19 pandemic make you feel as a newly graduated nurse?
4.	How do you think the COVID-19 pandemic will affect your future professional life?
5.	How do you think the image of nursing in the eyes of the society was affected by the COVID-19 pandemic process?
6.	How do you think the COVID-19 pandemic process affected your commitment to the profession?
7.	How did you feel towards your profession during the COVID-19 pandemic process?
8.	What were your expectations from nurse managers during the COVID-19 pandemic?
9.	What are your expectations from your professors during the COVID-19 pandemic process?

Table 2. Descriptive characteristics of nurses (n=146)

Variables		**M±SD**	
Age		**24.7±1.6**	
		n	**%**
Marital status	**Single**	130	89.0
	Married	16	11.0
Name of the clinic the nurse was employed in	**COVID related units**	60	41.1
	Emergency	51	34.9
	Other	34	24.0
Choosing your profession willingly	**Yes**	68	46.6
	No	77	53.4
Wishing to be a member of another profession in the COVID-19 pandemic	**Yes**	99	68.5
	No	46	31.5
Having the COVID-19 disease	**Yes**	47	32,2
	No	99	67.8
Transmission of the disease from individuals afflicted with COVID-19 to their families (n=47)	**Yes**	3	5.5
	No	44	94.5
Family wanting to quit work in the COVID-19 pandemic	**Yes**	45	30.8
	No	101	69.2
Wanting to quit work in the COVID-19 pandemic	**Yes**	45	43.2
	No	101	56.8
Implementation of the adaptation program when starting work during the COVID-19 period	**Yes**	65	44.5
	No	80	55.5

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Data Analysis

Quantitative data were subjected to statistical analysis using the Statistical Package for the Social Sciences 16 software package on a computer platform. The analysis encompassed the application of percentages, means, and the Student's t-test, with a predefined threshold of statistical significance set at $p<0.05$. On the other hand, qualitative data were meticulously examined employing the thematic analysis methodology, recognized for its inherent flexibility and systematic approach, as articulated by Braun and Clarke in their seminal work of 2014 [22]. The systematic data analysis followed this chronological sequence: I) The audio-recorded interviews were diligently listened to, transcribed, and subsequently comprehensively reviewed by two distinct researchers. II) Subsequently, a series of codes were devised to systematically address the inquiries posed within the semi-structured interview format. III) Thematic concepts were then distilled from these established codes. IV) Ensuring robustness, the identified themes were independently examined by each of the two researchers, leading to the identification and synthesis of common themes. V) These emergent themes were then aptly characterized with descriptive labels. VI) The culmination of this process yielded the definitive articulation and refinement of the core overarching themes. It is noteworthy that the presentation of research findings adhered rigorously to the comprehensive 32-item checklist prescribed by The Consolidated Criteria for Reporting Qualitative Research, an established framework introduced by Tong and colleagues in 2007 [23].

To achieve trustworthiness of the qualitative data, credibility, dependability, confirmability and transferability were adopted [24]. To enhance credibility of the data, the researchers transcribed voice recordings in two days after conduction of the interviews. When they could not understand or found expressions confusing, they called the participants and requested them to confirm what they wanted to express. Regarding conformability of the data, the researchers were sent the transcriptions and the emerging themes and were asked to provide their feedback about what they said during the interviews to tell their experiences accurately.

Ethical Considerations

The research protocol was executed in adherence to ethical guidelines, with formal authorization procured from the ethics committee of a university hospital situated in the eastern region of Türkiye (Approval Number: 2021/253). The participants were provided with a comprehensive overview of the research objectives, ensuring transparency and clarity, and subsequently, explicit consent was obtained from each participant, encompassing both verbal and written permission.

Results

The nurses partaking in this study displayed a mean age of 24.7±1.6 years. An overwhelming 89.0% of them were identified as single, while 41.1% were actively engaged in COVID-19 clinics and intensive care units, reflecting the frontline nature of their responsibilities. Within this cohort, 53.4% consciously opted for a career in nursing, yet during the pandemic, a notable 68.5% contemplated pursuing an alternative profession. Regarding the impact of the pandemic, 67.8% of newly graduate nurses managed to remain uninfected by COVID-19. However, concerning those who did contract the virus, 5.5% unwittingly transmitted it to their families, highlighting an unintended consequence. This challenging period saw a complex interplay of familial attitudes, as 30.8% of the nurses' families voiced a desire for them to relinquish their professional roles during the pandemic. Remarkably, 43.2% of the nurses themselves harbored similar sentiments, indicating a considerable level of apprehension. When starting work during the pandemic period, only 55.5% stated that they started working after the adaptation program was implemented, as detailed in Table 2.

Regarding the experiences of newly graduate nurses who commenced their professional journey amidst the challenging backdrop of the COVID-19 pandemic, the study identified that several factors exerted an influence. Notably, the disposition of clinical supervisors manifested a positive impact on 26.7% of respondents, while the demeanor of colleagues influenced 32.2%. Additionally, the physical work environment played a role for 17.1%, and effective communication within the team resonated with 37.0% of participants, as delineated in Table 3. In the context of stressors encountered during the pandemic period, an array of factors came to the fore. Chief among these were the profound sense of loss attributed to colleagues, a sentiment acknowledged by 88.4% of participants. The challenge of allocating adequate time to patients engendered stress in 87.0% of cases, while 85.6% lack of confidence due to not feeling professionally competent. The fear of making errors due to escalated workloads and heightened responsibilities was a significant source of stress for 85.6%. Moreover, the experience of being reassigned to support units different from their primary clinics, and the associated uncertainties, caused stress for 82.2% of participants. The pervasive fear of contracting the illness and losing colleagues, alongside the dread of potentially transmitting the virus to loved ones, both registered high stress levels among 81.5% of respondents, as detailed in Table 3.

Following the comprehensive thematic analysis of the qualitative data, a total of seven overarching themes emerged: firstly, the psychological repercussions (comprising seven sub-themes); secondly, the ramifications of the heightened

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workload (encompassing three sub-themes); thirdly, the experience of harboring ambivalent professional emotions (with three sub-themes); fourthly, instances of societal insensitivity (consisting of two sub-themes); fifthly, the unmet expectations from managerial quarters (encompassing five sub-themes); sixthly, the expectations placed on nursing educators (comprising two sub-themes); and finally, the positive impacts of the pandemic on the nursing profession (encapsulating two sub-themes), as meticulously detailed in Table 4.

Table 3. Experiences of newly graduated nurses who started working during the COVID-19 pandemic

	Answer	n	%
***Factors affecting nurses during the pandemic**			
Clinic supervisors	**Positive**	39	26.7
	Neither positive nor negative	65	44.5
	Negative	42	28.8
Working colleagues	**Positive**	47	32.2
	Neither positive nor negative	61	41.8
	Negative	38	26.0
Physical conditions	**Positive**	25	17.1
	Neither positive nor negative	46	31.5
	Negative	75	51.4
Team communication	**Positive**	54	37.0
	Neither positive nor negative	60	41.1
	Negative	32	21.9
***Stress factors during the pandemic**			
Losing our colleagues	**Yes**	129	88.4
	No	17	11.6
Inability to devote enough time to patients	**Yes**	127	87.0
	No	19	13.0
Feeling inadequate due to lack of confidence	**Yes**	125	85.6
	No	21	14.4
Fear of making mistakes due to increased workload and responsibilities	**Yes**	125	85.6
	No	21	14.4
Being reassigned to provide assistance in a unit different from the one in which the individual was originally stationed	**Yes**	120	82.2
	No	26	17.8
Fear of our colleagues getting sick and losing them	**Yes**	119	81.5
	No	27	18.5
Fear of infecting our loved ones	**Yes**	119	81.5
	No	27	18.5

* One person gave more than one answer

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Table 4. Themes, sub-themes and quotations

Themes	Sub-themes	Quotations
1. Psychological impact	**1.1. Fear of dying**	Participant 2 said, "I experienced intense fear... The prospect of sharing the same plight as the patients under my care, grappling with breathlessness and mortality, was deeply unsettling."
	1.2. Fear of death of the patient under his/her care	Participant 15 said, "You exert diligent care upon your patient, striving relentlessly over days to sustain their life, and yet, they succumb... The emotions evoked by such an outcome are profoundly distressing." Participant 5 said, "Encountering a multitude of fatalities in rapid succession was profoundly unsettling. The notion of individuals passing away in isolation, distant from their dear ones, invoked a deep sense of trepidation."
	1.3. Stressful working life	Participant 3 said, "Each time I commenced my duty, a sense of anxiety and stress would wash over me..."
	1.4. Living through the pandemic as a newly graduate	Participant 4 said, "We were all feeling quite rebellious; we had only just entered our profession, and now we were faced with this too. We were still getting used to the demands of the job, and it was hard to believe our luck. How could something so unlucky happen to us? Did the once-in-a-century pandemic really have to affect us?"
	1.5. The feeling of not being able to help patients	Participant 14 said, "The poignant sentiment of powerlessness that I witnessed in my patients evoked a profound sorrow within me. Observing a patient grappling with the inability to breathe, succumbing to suffocation, and feeling incapable of intervening left me with a sense of profound frustration. I grappled with the perception that my efforts were insufficient, and this was an emotionally taxing experience."
	1.6. Fear of infecting / harming those around them	Participant 6 said, "Within the confines of my residence, a maternal figure grappled with cancer... The apprehension regarding the potential transmission of the ailment to her exacted a significant toll on my emotional well-being." Participant 2 said, "A profound apprehension concerning the prospect of contagion disseminating to my familial circle, coupled with the impending specter of their possible demise, engendered an intense emotional disquiet within me."
	1.7. Experiencing loneliness due to fear of infecting/ harming those around them	"I found myself unable to reunite with my family as I resided in a distant city away from them... This situation weighed heavily on me... The longing for my family was intense," expressed Participant 4. "My cherished ones remained out of my reach... The fear of infecting them weighed heavily, and this led to profound isolation... I battled with extreme loneliness," Participant 2 conveyed.

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Themes	Sub-themes	Quotations
2. Effects of intensive workload	**2.1. Intensive workload**	"I felt as if I was immersed in the realm of COVID-19 day after day. The cycle was relentless, with 12-hour work shifts followed by a mere 12-hour rest period... The ordeal was incredibly challenging... Tears flowed freely," recounted Participant 2. "There came a time when a significant portion of our peers contracted the virus... Newly nurses were not being recruited, leaving us continuously engaged in around-the-clock shifts due to the dearth of leave... It was a relentless struggle," Participant 13 shared.
	2.2. Inability to allocate time for patients due to intensive workload	"The intensity of my workload hindered my ability to allocate sufficient time to agitated, distressed, and respiratory-distressed patients... I yearned to offer them more time and support... However, the pace was overwhelming," expressed Participant 7.
	2.3. Not even being able to feel upset that their friends are Covid due to intense workload	"Instead of being distressed by the illness of my colleagues and their contracting of COVID-19, my immediate concern was the impending duty rotations," Participant 12 revealed.
3. Experiencing professionally ambivalent feelings	**3.1. Not recognizing the value of the nursing profession**	"I believe that the nursing profession's true worth is underappreciated both in terms of material recognition and moral acknowledgment. Nurses are at the forefront, involved in every aspect... Yet, the full scope of our significance remains unrecognized," Participant 1 remarked. "We rendered life-saving care, persevered without nourishment, yet this did not perturb us. What cast a shadow over us was the disregard for our profession, the mistreatment we endured, and our inadequate compensation despite our unwavering efforts," Participant 8 voiced.
	3.2. Thinking that the society's perspective on the nursing profession has changed positively	"I believe the perception of the nursing profession among the Turkish populace has evolved, and I discern a greater understanding of the challenging circumstances we operate within... In this pandemic, it seems that our value has become apparent to the public," Participant 2 expressed. "Individuals who may not have previously comprehended our significance have now adopted a more empathetic perspective when looking at nurses," Participant 3 conveyed.
	3.3. Wanting to become a member of another profession / wanting to quit your job	"It felt like I needed to cultivate a profound appreciation for my profession before I could wholeheartedly embrace it. At a point when I felt undervalued and contemplated resignation, I encountered legal constraints that prohibited both resignation and leave. Balancing a demanding job in a city far from my family, I was beseeched by my family to return," Participant 2 disclosed.

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Themes	Sub-themes	Quotations
4. Social insensitivity	**4.1. Society behaving as if the disease did not exist**	"Some individuals display a pronounced insensitivity, seemingly assuming immunity from adversity. This perspective greatly perturbed me. Despite our unwavering dedication, when society appeared to lack this sensitivity, I found myself questioning the essence of our endeavors. At times, I felt taken advantage of," Participant 1 expressed. "The dissonance between televised portrayals and our actual experiences was stark. I wore that protective jumpsuit for five hours, and when I eventually removed it, it was drenched in sweat. The contrast between what was depicted and what we lived through was striking," Participant 1 detailed.
	4.2. Social ostracization of health workers	"People would react to our profession by distancing themselves, avoiding contact, fearing potential COVID-19 transmission," Participant 4 recounted.
5. Expectations that management cannot fulfil	**5.1. Physical conditions**	"In my workplace, colleagues fell victim to infection. We carried on in the same setting, grappling with mask shortages. Our break room was shared, and the seating arrangements necessitated close proximity," Participant 2 shared. "The challenges were overwhelming. I recollect instances where securing meals was a struggle... We were in close quarters with those afflicted by COVID-19. Moving a patient on a stretcher, we'd dress adjacent to the patient... Space was a luxury we didn't have," Participant 2 vividly described.
	5.2. Not employing newly graduates in pandemic clinics	"Being a nurse for just three months, I found myself confronting a lethal virus. The pandemic unfolded without the buffer of an adaptation program. Seasoned nurses weren't allocated to attend to infected patients. It felt as if I were prey, armed with little knowledge while striving to preserve lives..." Participant 2 conveyed. "As a newly appointed nurse thrust into an unfamiliar environment, I experienced a sense of isolation akin to being a sacrificial offering," Participant 11 shared. "Our journey through this period was marred by significant fear. We grappled with an entirely unfamiliar ailment, fresh out of our nursing education, donning protective gear and facing this challenge head-on. Our apprehension was palpable. We confronted a disease unknown to us and felt an overwhelming sense of dread. It's like you're yearning for an end," Participant 1 reflected.
	5.3. Feeling valued by managers	"I hold the belief that nurses constitute the backbone of the hospital's care network... Unfortunately, the management doesn't extend due recognition to nurses. I can admit that I don't feel valued in these circumstances..." Participant 2 asserted. "I find that the public places greater significance on nurses compared to the administrators we interact with," Participant 3 observed. "Rather than hearing 'get well soon' for our colleagues battling COVID, we were encouraged to recover promptly and return to duty as swiftly as possible. The concern we sought was absent... Our plight was consistently gauged for productivity," Participant 3 recounted.

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Table 4. Themes, sub-themes and quotations

Themes	Sub-themes	Quotations
5. Expectations that management cannot fulfil	**5.4. Fairness in the distribution of duties**	"Throughout this journey, I encountered the challenge of not being able to effectively communicate our concerns to our supervisors. Our daily patient load reached 20, and the responsibility rested on just two nurses. My passion for this profession remains unwavering, yet the inability to provide optimal care due to the overwhelming patient count weighs heavily on me. Hospital administration's approach appears callous, focusing solely on patient numbers without consideration for how two nurses could adequately attend to 20 patients," Participant 10 elucidated.
	5.5. Solving problems	"It was deeply disheartening that the nurse managers were absent when it came to resolving the challenges we encountered..." Participant 4 expressed.
6. Expectations from nurse educators	**6.1. Deficiencies in nursing education**	"We were never exposed to such training during our nursing education. No one prepared us for the possibility of a pandemic and the corresponding work conditions..." Participant 1 remarked. "Immediately upon graduation, we were placed in intensive care units... We faced a great deal of mockery, yet there was no effort to educate us. Our mentors seemed more focused on causing distress than imparting knowledge. I shed countless tears, but I have learned and continue to learn," Participant 2 recounted. "The inadequacy of our nursing education became evident as we transitioned to clinical practice. I've come to recognize that our training was incomplete, rendering our entry into the profession markedly deficient," Participant 3 concluded.
	6.2. Emotional support from nurse educators	"We plunged into this ordeal without a clear roadmap. We were grappling in the dark... Our professors could have reached out to us during this period, offering guidance and bolstering our spirits. Even a simple phone call or a message could have served as a motivating gesture," Participant 1 said.
7. Positive effects of the pandemic on the profession	**7.1. Professional empowerment**	"I sense that this experience endowed me with newlyfound strength. It felt akin to being in a war zone, venturing into an environment where the entire world was safeguarding themselves within their homes, while we ventured out to fulfill our duty," Participant 2 expressed. "I've garnered insights into how to navigate a potential future pandemic scenario. Armed with this knowledge, I anticipate that my stress and anxiety levels would be lessened. Despite the adversities, this experience has furnished me with invaluable lessons," Participant 9 reflected.
	7.2. Increased commitment to the profession	"Despite the considerable psychological toll, the act of aiding patients bestowed a sense of fulfillment. This involvement intensified my dedication to my profession," Participant 4 stated. "Having the privilege to impact lives, provide solace to patients, and witness their recovery was a tremendous honor," Participant 8 affirmed.

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Discussion

Amidst the course of the pandemic, nurses have valiantly occupied the front lines, assuming their roles as caregivers and healthcare professionals who devote extensive periods attending to patients. From this perspective, it becomes evident that nurses are of paramount importance during extraordinary circumstances [25]. The transition from being a student of nursing to a professional nursing practitioner constitutes a multifaceted and demanding journey [26], a journey that is subject to the influence of various factors [27,28]. Those newly graduate nurses whose entry into the profession coincided with the advent of the COVID-19 pandemic confronted a notably intricate and formidable process. This investigation discloses that the participants were compelled to acclimate to a myriad of stress-inducing elements and substantial upheavals in their work and personal lives, all compressed into a succinct interval coinciding with the COVID-19 pandemic.

Freshly graduated nurses encounter a slew of challenges encompassing burdensome workloads, the anticipations of their peers, uncertainties, and trepidation regarding errors in their professional domains [29]. Beyond the elation and enthusiasm marking the commencement of their professional endeavors, these nurses found themselves contending with stress, apprehension, uncertainty, remorse, discord, and the weight of excessive tasks upon initiation into their roles during the COVID-19 pandemic.

This study aligns with prevailing literature by identifying stressors encompassing elevated susceptibility to contamination or infection; apprehensions regarding the transmission of infection to loved ones; amplified workloads and extended working hours; symptoms of burnout; sentiments of impotence [30]; difficulties arising from inadequate personal protective equipment; anxiety stemming from the care of dependents [31]; confronting the demise of patients, colleagues, and beloved individuals; challenges in balancing professional and familial responsibilities; and the sensation of being powerless to ameliorate the well-being of patients [32].

New graduates need social, emotional and clinical support because they are at high risk of post-traumatic stress disorder [33,34]. Consequently, they stand in need of societal, emotional, and clinical support [35]. In the context of the pandemic, newly graduates articulated their exposure to a substantial number of patient fatalities, their necessity to swiftly acclimate to the evolving landscape of medical practices and treatment protocols, their vulnerability to heightened infection risks, their implementation of stringent infection control measures, and their protracted struggles. Moreover, they conveyed the necessity to navigate through shifts, demanding workloads, physical fatigue, and chaotic settings.

For newly minted nurses who undertake relocations to different cities, reside in solitude, and encounter difficulties in accessing social assistance amid the COVID-19 pandemic's circumstances, there exists a marked level of vulnerability. Furthermore, those who confront a dearth of social support in handling these adversities are more predisposed to departing from their professional roles [36]. In this present study, those individuals situated at a distance from their families articulated a heightened sense of isolation and absence of social backing. Notably, the inclination towards contemplating leaving their positions is more pronounced among those residing far from their families, both from their own perspectives and from the standpoint of their families.

Based on the outcomes of our study, it is evident that the process of acclimatization for newly graduate nurses was detrimentally influenced by the shifting protocols at each phase of the pandemic, instances of colleagues contracting the COVID-19 virus, the establishment of newly units, or the absence of standardized practices within work environments. Newly graduated nurses, who are consistently assigned to diverse medical units, articulate that even when they attain stability within a given unit, there is a significant turnover rate among their fellow nurses and physicians. Nevertheless, the presence of constancy stands as a pivotal element that positively impacts the acclimation process. Frequent rotations, however, exhibit a potential to hinder the adaptation process [37]. Reports indicate that healthcare professionals encounter stress when confronted with scenarios such as working in unfamiliar units, as well as encountering unfamiliar medications, devices, and equipment [38]. In a study by Charette et al. (2019), it was established that a relatively stable clinical placement or shift alteration yielded favorable effects on professional collaboration, clinical discernment, and clinical leadership among newly graduate nurses [39]. Remarkably, even seasoned nurses have attested to grappling with adaptation when transitioning to different units, acknowledging unfamiliarity with the practices and team dynamics of the newly environment, which in turn hinders their acclimatization [27].

According to this present study, it is apparent that newly graduates are immersed in rigorous work within critical units such as Covid clinics, intensive care units, and emergency departments, bearing the weight imposed by the pandemic. Consequently, the processes of adaptation for these novices have suffered adverse consequences. They further revealed that inadequately designed orientation programs stemming from the COVID-19 pandemic, coupled with burdensome responsibilities thrust upon them before they felt prepared, augmented feelings of trepidation, anxiety, and inadequacy. This sentiment aligns with the findings of Garcia-Martin et al. (2021), wherein nurses expressed a lack of sufficient orientation during the COVID-19 pandemic [27]. Orientation programs that undergo constant changes and refinements to cater to the needs of freshly graduated nurses play a significant role in influencing their adaptation process and their effective utilization of existing competencies [39]. The prevailing research underscores the necessity for comprehensive orientation programs encompassing robust educational groundwork and transitional support for all newly graduate nurses , irrespective of age, prior work experience, and career background [28].

A pivotal finding of this study pertains to the predicaments encountered by freshly graduated nurses in the sphere of nursing

service management. Participants indicated that supervisors failed to ensure conducive physical conditions, employed newly graduates in pandemic clinics, upheld an inequitable distribution of tasks, exhibited a lack of solution-oriented approach to issues, and engendered feelings of insignificance among the newly nurses. Existing literature also highlights the role of nurse managers in shaping the adaptation and well-being of newly graduates. It elucidates the positive influence of nurse managers who offer encouragement, solace, and support, alongside the adverse impacts of managers who overlook, disregard, pass judgment, and dismiss the requests of their subordinates [13]. Findings from a study underscore the role of communication issues with institutional managers in evoking feelings of worthlessness among healthcare professionals [38]. Our investigation corroborates these parallel outcomes. Research accentuates the indispensability of nurse managers in facilitating the adaptation of [39]. It is incumbent upon nurse leaders to cultivate an environment within work units that nurtures the learning process for newly graduates, encourages them to seek knowledge, pose queries, and receive feedback without the looming specter of criticism or discourtesy [35].

Newly graduates who embarked on their professional journeys amid the pandemic era conveyed a desire to seek alternative career paths and contemplated resigning from their nursing roles. This inclination among newly graduate nurses , who grappled with an array of challenges within the context of the COVID-19 pandemic and confronted circumstances that eroded their professional milieu, has led them to perceive nursing as an unsustainable vocation in the long run [13].

Newly graduated nurses have put forth recommendations aimed at mitigating the distress associated with the adaptation process. They articulated a yearning to be comprehended and recognized for their value by nurse managers. Furthermore, they proposed the incorporation of components such as pandemics, natural disasters, and nursing in exceptional scenarios into the nursing curricula. In addition, nurses expressed a desire for emotional support from educators. Extant literature has underscored the necessity for psychosocial support to augment the coping capacities of newly graduates [13]. Elevated levels of professional coping and self-efficacy in newly graduate nurses correlate with diminished intentions to depart from their roles [40]. Reports have indicated the affirmative impact of online support groups on senior students who initiated their professional careers during the COVID-19 pandemic period [29].

A significant outcome derived from this study pertains to the participants' assertion that, despite the considerable adversity they endured throughout the pandemic period, this experience contributed to their professional empowerment and heightened dedication to their chosen profession.

Conclusion

Our study has yielded more robust evidence for the literature, thereby enriching the theoretical and practical discourse with more refined and comprehensive insights. It has provided lucidity on the uncertain experiences and their impacts on novice nurses.

Newly graduates, commencing their careers amidst the COVID-19 pandemic, encountered a multitude of challenges during the process of transition. This experience engendered a range of psychological, physiological, and social repercussions encompassing feelings of fear, anxiety, helplessness, inadequacy, insecurity, fatigue, loneliness, concern for loved ones, loss of personal life, and detachment from family. Additionally, they grappled with the complexities inherent to their profession due to excessive workloads and adverse working conditions. Our study revealed a pessimistic disposition towards the nursing profession among some students, accompanied by a growing tendency among both graduates and their families to consider leaving their roles. However, for some students, despite these difficult challenges, the pandemic has provided some benefits, particularly by encouraging increased commitment to the profession and fostering professional empowerment among new graduates.

In order for new graduate nurses to have a more comfortable adaptation process, they need psychosocial support and working with a nurse consultant to increase their coping skills. Nurse managers should ensure that new graduate nurses overcome these very challenging COVID-19 pandemic conditions without any damage and continue in the profession.

Limitations

This study was conducted with graduates of the nursing department of a university. It may be limited in this respect. In addition, the small number of samples in quantitative data can be said to be a limitation of the study.

Conflict of Interests
The authors declare that there is no conflict of interest in the study.

Financial Disclosure
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Ethical Approval
The research protocol was executed in adherence to ethical guidelines, with formal authorization procured from the Dicle University Medical- Faculty Ethics Committee for Noninterventional Studies (Approval Number: 2021/253).

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