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'Young saplings on fire' newly graduated nurses in the COVID-19 pandemic: A qualitative study

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Abstract

Aim: To explore the experiences of newly graduated nurses during the pandemic.

Background: Newly graduated nurses were employed during the pandemic by several countries to meet the increasing demand for healthcare services.

Methods: A descriptive qualitative study with thematic analysis. The study was conducted with 14 newly graduated nurses.

Results: Themes were systematized into four variables of the system research organization model, and a total of 12 themes were identified. Nurses, who started to work in the beginning months of the pandemic, faced several difficulties in their transition period, including the difficulties of starting employment and the effects of the pandemic on both society and health systems.

Conclusions: During the pandemic, newly graduated nurses faced various difficulties in transition processes, difficulties in starting the employment process and the effects of the pandemic on both society and health systems. In order to reduce these effects, regulations are needed at all stages of the health system.

Implications for Nursing Management: It is the responsibility of health system policymakers, hospital managers, nurse managers and senior nurses to ensure that newly graduated nurses endure these pandemic conditions, which are quite challenging even for senior nurses, without any damage, and continue in the profession.

KEYWORDS
COVID-19, newly graduate nurses, nursing, transition to practice

1 | INTRODUCTION

The COVID-19 pandemic, which has affected the whole world, has been a challenging process for healthcare professionals (Petzold et al., 2020). The COVID-19 pandemic has caused distress, anxiety and depression in almost every segment of society (Gloster et al., 2020) and is a much more challenging experience for healthcare professionals (Lasalvia et al., 2020). Healthcare workers are exposed to the effects of the COVID-19 pandemic as a member of society, and also have to cope with working at the forefront of the COVID-19 pandemic (Shah, Roggenkamp, et al., 2021; Shanafelt et al., 2020).

1.1 | Background

Nurses who work in close and intense contact with patients are among the healthcare professionals who have the most difficulty combating the COVID-19 pandemic. Nurses had a higher level of anxiety and depression compared with other healthcare professionals (Batra et al., 2020).

Sources of stress for nurses include a high risk of contamination/infection; fear of infecting loved ones; increased workload and working hours; fatigue; helplessness (Costantini et al., 2020); inadequate personal protective equipment (PPE); difficulty working with PPE;

anxiety due to the lack of care for dependents (Fernandez et al., 2020); coping with the death of patients, colleagues, and loved ones; difficulty balancing work and family life; and feeling powerless to benefit patients (Greenberg et al., 2020). Although health services are a stressful work setting with stressful working conditions, which were aggravated by the effect of the COVID-19 pandemic that negatively affected all nurses (Shah, Mohammad, et al., 2021), undoubtedly, it is a much more challenging situation for newly graduated nurses (Hawkins et al., 2019b). During the COVID-19 pandemic, newly graduates have been employed by several countries, including Turkey, to meet their increasing demand for healthcare services. In 2020, more than 24,000 newly graduates took their first step into their nursing careers in the shadow of the COVID-19 pandemic. The pandemic made this transition more complex and difficult for newly graduate nurses to transform from their student roles to being an adult and a professional (Doughty et al., 2018), to adapt to several innovations (Ortiz, 2016), to manage workload with their limited experience (Doughty et al., 2018), to meet professional expectations in their work settings and to deal with the shock of reality (Caliskan & Ergun, 2012; Walker & Campbell, 2013).

There are studies on the experiences of newly graduates entering the workforce (Chen et al., 2021; Pimmer et al., 2019; Walker & Campbell, 2013) and the problems experienced by nurses during the COVID-19 pandemic (Costantini et al., 2020; Fernandez et al., 2020; Morley et al., 2020; Turale et al., 2020). However, there is no study that reveals how new nurses stepping into their professional lives during the extraordinary conditions of the COVID-19 pandemic are affected by the COVID-19 pandemic and what difficulties they face in this process. This study aimed to explore the experiences of newly graduate nurses who just started their professional life during the COVID-19 pandemic.

1.2 | Conceptual framework

There are several models to examine the transition processes of newly graduate nurses into the nursing profession and guide them in determining their resources. However, 'the systems research organizing model' (SROM) model that was developed to examine the complexity of healthcare systems is used in this study. SROM is thought to be a suitable model to examine the impact of health system and healthcare environment where there are serious changes due to the COVID-19 pandemic in which newly graduates enter, on newly graduates. Because SROM considers the fundamental properties of systems and environment, is abstract and can be used to study the phenomenon of interest in any application setting and discipline (Brewer et al., 2008).

Thus, SROM is abstract enough to accommodate multiple levels of analysis, multiple variables and multiple definitions for each structure, thereby addressing the complexities of reality. COVID-19 pandemic conditions, delivery of healthcare services during the pandemic and adaptation of newly graduate nurses to this process are extremely complex, multidimensional and unique issues. Because the decisiveness of the COVID-19 pandemic conditions is obvious, the data were systematized using 'the systems research organizing model (SROM)', a suitable model for examining complex healthcare settings.

2 | METHOD

2.1 | Design

A descriptive qualitative study with thematic analysis. This study was reported according to the Consolidated Criteria for Qualitative Studies (COREQ) checklist (Tong et al., 2007).

2.2 | Research team and reflexivity

The research team consisted of two academicians with field experience and expertise in nursing. After identifying the participants who met the study inclusion criteria, the researchers MSK and AAO contacted them in order to set up a time for interviews. Before the interviews, the researcher MSK explained the purpose and design of the study. The interviews were conducted by the researcher MSK. The researcher MSK is male, a PhD candidate in psychiatric nursing and a research assistant at a university in the department of psychiatric nursing. The researcher AAO is female and an assistant professor of psychiatric nursing at a university and holds a doctorate in psychiatric nursing. Both researchers have training on qualitative research methods and experience in conducting research.

2.3 | Participants

Participants were reached using the snowball method. Researchers reached out to newly graduated nurses by making an announcement on nursing social media platforms. Newly graduates who met the inclusion criteria were contacted and invited to participate in the study verbally (by phone) or in writing (message and e-mail), and their informed consent was obtained. Study inclusion criteria were as follows: having started work in public hospitals after the announcement date of COVID-19 (16.03.2020), not having previous working experience as a nurse, graduated in last 2 years and agreeing to participate in the study (Table 3). A total of 14 participants who graduated from eight different nursing schools were contacted by the researchers as no more relevant new information could be identified. Following the last interview, they decided that data saturation was reached (Malterud et al., 2016). All participants have cared for COVID-19 patients.

2.4 | Data collection

The data were collected through in-depth interviews between 1 January and 1 February 2021 on online platforms using a semi-

TABLE 1 Semi-structured questionnaire

Semi-structured question
1. Could you tell us the day you were accepted/appointed to your job?
2. Could you tell us about your first working day?
3. Could you tell us about your first night shift?
4. Could you tell us about your last working day?
5. What would you say when you think about your first and last working days?
6. What areas or situations do you need support in for this process?
7. What are your strengths in adapting to this process?
8. What are your suggestions regarding the orientation process?

TABLE 2 Trustworthiness criteria

Criteria	Procedures
Credibility	Participant validation: Participants were asked to confirm the data obtained during the data collection stages by interviewing them. It was conducted with six participants Participant triangulation: Participants from six different institutions were included in the study. Thus, multi-perspective information was obtained from new graduates about the COVID-19 pandemic (Creswell & Creswell, 2017)
Transferability	Inclusion/exclusion criteria and characteristics of participants, contexts, data collection and analysis procedures were introduced in detail (Speziale et al., 2011)
Dependability	The research protocol was presented using a detailed introduction of the research methods, emphasizing the involvement of more than one researcher in the analysis and interpretation of the data and focusing on external researcher methods and study design (Speziale et al., 2011)
Confirmability	A pilot interview, participant validation, participant triangulation and researcher reflexivity were performed for the study (Holloway & Wheeler, 1996). A pilot study was performed with participants who met the study inclusion criteria to evaluate the applicability of the pilot interview and semi-structured questionnaire. As a result, research questions were not edited, and participants included in the pilot study were also included in the sample of the study. Finally, the researchers shared their comments with each other and agreed on the final themes to minimize the risk of consent bias

structured questionnaire (Table 1). After a literature review, the researchers developed a semi-structured questionnaire using their individual knowledge and field experiences. The interviews were planned by giving an appointment outside the working hours of the participants. In order not to interrupt the interviews, the participants were asked to create conditions where they could be alone and ensure their privacy. The interviews were recorded and lasted an average of 40 min. The interviews were conducted with the interviewer being aware of the power dynamics between them and having a respectful and empathetic behavior (Corbin & Strauss, 2015). The procedures used to provide trustworthiness in the study are presented in Table 2.

2.5 | Data analysis

The data were analysed using the Maxqda software program. The interview recordings were listened to repeatedly, and the data were analysed using the thematic analysis method. In the analysis, a six-step thematic analysis approach, described by Braun and Clarke (2006), was used, thereby providing a framework to facilitate the comprehensive review of the data (Braun & Clarke, 2006). Analyses, themes and sub-themes were determined in consensus by the researchers. The basic components of the SROM, which constitute the theoretical bases of the study, were organized as the contexts of the study, and the themes and sub-themes were presented under these contexts to present the data in a systematic and understandable way (Table 4).

3 | RESULTS

A total of 14 new graduates (one male, 13 female) were included in the study. Their mean age was 23.9 ± 1.43 years, and they had a minimum of three and a maximum of 9 months of working experience (Table 3). Table 4 presents the themes and sub-themes obtained in line with the SROM main structures.

3.1 | Client: Newly graduated nurse characteristics

Under this heading, a total of three themes and eight sub-themes were determined regarding the characteristics of participants. The themes were 'self-assessment of the newly graduated nurse', 'attitudes towards the COVID-19 pandemic' and 'attitudes towards their new job'.

3.1.1 | Self-assessment of the newly graduated nurse

This theme included sub-themes of perceptions of new graduates towards undergraduate education, life goals and life changes. Adopting adult roles, career plans and goals for work and education life entered into the agenda of the participants with the end of student life and the beginning of working life. The participants considered their undergraduate education inadequate in terms of medical practices and experiences for specialized units such as intensive care.

TABLE 3 Participants' characteristics

Participant	Age	Gender	Cohabitant	Graduation year	Start date of employment	Working clinic	Life changes in the pandemic	COVID history
K-1	24	Female	Family	July 2019	April 2020	Filiation	-	-
K-2	23	Female	Alone	July 2019	July 2020	COVID intensive care	Moving to another city	Asymptomatic
K-3	23	Female	Alone	July 2019	June 2020	COVID clinic	Moving to another city	-
K-4	25	Female	Family	July 2019	April 2020	COVID intensive care COVID emergency service	-	-
K-5	24	Female	Family	July 2019	April 2020	COVID emergency service	-	Symptomatic (home care)
K-6	25	Male	Family	July 2019	April 2020	COVID emergency service	-	-
K-7	28	Female	Family	July 2018	November 2020	Newborn intensive care	-	-
K-8	25	Female	Alone	July 2019	November 2020	Paediatric intensive care	Moving to another house	-
K-9	22	Female	Alone	July 2020	August 2020	Paediatric intensive care	Moving to another house	-
K-10	23	Female	Alone	July 2019	April 2020	COVID intensive care	Moving to another city	Symptomatic (home care)
K-11	23	Female	Family	July 2019	April 2020	COVID intensive care	-	Symptomatic (home care)
K-12	23	Female	Alone	July 2019	April 2020	COVID emergency service	Moving to another city	Symptomatic (home care)
K-13	23	Female	Alone	July 2019	April 2020	COVID intensive care	Moving to another city	-
K-14	24	Female	Family	July 2019	November 2020	Paediatric intensive care	-	-

First I was going to enter the room of a patient with COVID-19. What would I do? I cannot believe I'm here right now. We were writing something about the dressing order of personal protective equipment two months and three months ago, and we were delivering assignments. How did I get here? (K9)

3.1.2 | Attitudes towards the COVID-19 pandemic

Nurses who started work in the COVID-19 pandemic had both uncertainty and fear, which was also experienced by society.

When I first entered a COVID-19 patient's room, I was very scared. I entered the room. I put on all required personal protective equipment; you should wear the equipment. At one point I was so scared that I forgot to breathe. I felt as if I could be directly infected if I breathed. (K14)

3.1.3 | Attitudes towards their new job

Some nurses stated that they were happy and excited as they started work but felt guilty because of this happiness because of the COVID-19 pandemic. Some nurses, on the other hand, considered that the COVID-19 pandemic was a good experience that they could talk about in the future.

I should have done something in this process, too. If I would be asked in the future what I was doing in this process, I could say "yes, I worked too." (K8)

3.2 | Context: Health system and clinical-specific variables

3.2.1 | COVID-19 pandemic management

In order to manage the COVID-19 pandemic in Turkey, new hospitals were opened, COVID-19 pandemic hospitals and clinics were

TABLE 4 Themes and sub-themes

SROM conceptual model	Theme	Subtheme
Client New graduated nurse characteristics	Self-assessment	• Life changes • Perceptions of undergraduate education qualification • Life goals
	Attitudes towards the pandemic	• Uncertainty • Fear
	Attitudes towards their new job	• Ambivalent emotions • Altruistic attitudes • Carrying out pandemic services like carrying a medal
Context Health system and clinical-specific variables	Pandemic management	• Newly opened hospital-clinic • Being transformed into a pandemic clinic • Assignments
	Nursing services management	• Non-standard orientation practices • Variables specific to administrators
	Clinical features	• Physical characteristics of the clinic • Patient profile • Team dynamics
Outcomes Response of new graduated nurse	Self-assessment	• Anxiety-fear • Inadequacy, helplessness • Feeling of insecurity • Need for approval • Low motivation • Fatigue
	Attitudes towards the pandemic	• Feeling of control • Relaxation
	Attitudes towards the nursing profession	• Confronting professional challenges • Negative thoughts towards the nursing profession • Intention to leave (from nursing profession, clinic, workplace)
Action focus Recommendations	Institution	• Active orientation • Working with a guide nurse • Participatory management • Working in demanded medical units • Need for psychosocial support
	Senior and manager nurses	• Being given responsibility • Encouragement • Constructive feedback • Accepting new nurses
	New graduated nurses	• Leveraging scientific knowledge • Standing firm • Getting peer support

established, and nearly 25 thousand nurses were employed by central assignment across the country. Health workers were temporarily sent to different hospitals and clinics. The participants worked in newly opened hospitals, and clinics or clinics converted into COVID-19 pandemic clinics. Nurses assigned to other clinics, hospitals or filiation teams have continually faced professional and environmental changes that require adaptation. During the COVID-19 pandemic processes, they had to work with other participants or new assigned nurses and physicians from other units or institutions.

3.2.2 | Nursing services management

The participants mentioned the problems regarding their orientation programme because of the COVID-19 pandemic. Problems in the orientation included delay in the orientation programme, its inadequacy, a lack of standard implementation, online execution of orientation activities due to the COVID-19 pandemic, orientation lasting much shorter than usual and being assigned to medical units without sufficient practical knowledge or before completing orientation.

I worked for 24 hours on the first day of my work. I could not sleep the previous day because of the stress. When they said that I would work for 24 hours, I was shocked. (K13)

The participants complained about both mid-level and senior manager nurses, underlining the importance of their attitudes towards participants. Whereas some participants felt safe thanks to the support of their managers, others considered their managers inadequate, stating that they did not trust them.

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. They ran away from us as they did not want to hear anything negative from us. I remember being angry. When they do not see us, do not look us, or even avoid eye contact, we are not doing well there. When they turn their heads, it does not get better. We actually feel worse. (K4)

3.2.3 | Clinical features

This theme included newly graduate nurses' expressions about, complicated device usage, intensive care conditions, physical regulations specific to COVID-19 pandemic conditions, care for COVID-19 patients, a child/baby patient and patient with advanced care needs and complicated treatments. The participants also complained about 'the absence of teamwork', the lack of acceptance, supportive or encouraging behaviours of team members, inappropriate duty assignments and working in a new hospital or clinic because of COVID-19 pandemic.

The five clinics had just merged, had just moved because of the Pandemic. The staff there were trying to adapt to each other … There were two newly graduated nurses who started to work a week before me. I even did not understand what to do. Then, whatever they did, I followed them … I was not informed about the clinic, not be introduced. I did not have a process such as "just observe who, what there is, what's going on". It went a little bad. I was stressed, will it be like that the next day, how will it be. I had such a first day. (K5)

3.3 | Outcomes: Response of newly graduated nurses

There are three themes including self-assessment of the new graduate, attitudes towards the nursing profession and attitudes towards the COVID-19 pandemic.

3.3.1 | Self-assessment of the new graduate

The participants reported that they experienced intensely negative emotions such as anxiety, fear, inadequacy and helplessness in the COVID-19 pandemic. Almost all participants had a fear of harming patients. They were afraid of medical errors, infecting other patients, society, or their families, failing, being subjected to violence and not being accepted by other healthcare professionals. In addition, the participants were anxious about being unable to provide qualified care for patients and manage complicated situations, being criticized, being judged by and being a burden on their healthcare team and being approved by others.

I was worried if I could do. Can I protect myself; can I manage not to harm patients while protecting myself, can I apply effective treatment and care to them, am I proficient in this field, am I proficient enough to do this job, and can I do all of these things together? (K9)

Newly graduated nurses who do not feel safe because of the COVID-19 pandemic also feel the need to allay their families' concerns about them.

I cannot explain what happens in the hospital to my family in detail. My mother thinks I still have not cared for a patient with COVID-19. I've been in the hospital for six months; I say to her that COVID-19 patients are not referred to our clinic. Actually, I lie about it. (K8)

3.3.2 | Attitudes towards the COVID-19 pandemic

Participants stated that their attitudes towards the COVID-19 pandemic changed positively after they started working, whereby their anxiety decreased and their sense of control increased.

When I first started working, it seemed that COVID-19 was all in my mind, I considered as if it was infecting another being, not a person. When I first cared for a COVID-19 patient, my anxiety decreased. Then I got used to it, now we are fearlessly working very closely with COVID-19 patients. (K11)

3.3.3 | Attitudes towards nursing profession

The participants have faced several difficulties in the nursing profession during this COVID-19 pandemic period, had fatigue due to long working hours and excessive workload, had to work without a break and had difficulties balancing their work and private life, causing them to intend to change their working clinics and hospital and leave their jobs.

My private life is definitely over. My night and day are all mixed together. This started to make me nervous. I have a tiredness that I cannot get rid of. (K7)

3.4 | Action focus: Recommendations

The participants made some suggestions for participants to experience this process more positively, which are included under the heading of action focus in the SROM.

3.4.1 | Institution

Institutions pay attention to their orientation processes disrupted by the COVID-19 pandemic, care about their employees' needs and demands, provide psychosocial support to their employees and work with standards and guides.

3.4.2 | Senior and manager nurses

Because they have had to take on serious responsibilities earlier than usual, because of the COVID-19 pandemic, participants expected senior nurses to assign them responsibilities when they were ready, to encourage them in medical practices and to provide constructive feedback.

Because you are not a robot there, we also have material and moral needs. When these material and moral needs are not seen and postponed, you are also postponed and it is reflected in the quality of the care you provide. It reflects in your life too. (K1)

3.4.3 | Newly graduated nurses

The participants' suggestions for participants are listed as gaining strength from scientific knowledge, not giving up and getting support from their peers.

4 | DISCUSSION

The transition from being a nursing student to professional working nurse is a complex and challenging phenomenon in many aspects (Pimmer et al., 2019) and is influenced by several individual and organizational factors (Garcia-Martin et al., 2021; Hawkins et al., 2019a, 2019b). As the participants transition process has coincided with the COVID-19 pandemic, this process has been much more complex and challenging.

This study reveals that participants suffer from several stress factors in their social lives, and have to adapt to substantial changes,

in a short time during their transition coinciding with the COVID-19 pandemic. In addition to the joy and excitement in anticipation of starting their professional lives, participants also experienced fear, uncertainty, guilt and conflict as they started working in the COVID-19 pandemic. In their professional life, they have to cope with several problems such as heavy workload, expectations of other employees, uncertainty and fear of making mistakes (Monforte-Royo & Fuster, 2020). They also encounter a high number of patient deaths due to the COVID-19 pandemic, have to adapt to ever-changing updated medical applications and treatment protocols, are exposed to a high infection risk, are required to apply strict infection controls and struggle with long shifts, physical fatigue and difficulties working in chaotic conditions (Murray et al., 2019). Even in the absence of COVID-19 pandemic conditions, newly graduates have a high risk of post-traumatic stress disorder (PTSD) (Li et al., 2021) and burnout (Zhang et al., 2020) and therefore need social, emotional and clinical support (Hussein et al., 2017). Newly graduated nurses who move to another city, live alone and have problems accessing social support during COVID-19 pandemic conditions are at serious risk. In addition, newly graduated nurses who lack social support in coping with these difficulties are more likely to quit their jobs (Beecroft et al., 2008).

Due to the COVID-19 pandemic, new hospitals and clinics were established, and nurses, including those newly graduated, were assigned there. According to our study results, the inability to create stable conditions and standards for working conditions also negatively affected the adaptation process of the participants. Newly graduated nurses who are constantly assigned to different medical units report that there is a serious circulation/turnover in other nurses and physicians even when they remain stable in a unit. However, the presence of stability is an important factor that positively affects the adaptation process. Frequent rotations may negatively affect their adaptation process (Innes & Calleja, 2018). Charette et al. (2019) have found that a relatively stable clinic placement or shift change positively affects professional collaboration, clinical judgement and clinical leadership in newly graduated nurses (Charette et al., 2019). Garcia-Martin et al. (2021) reported that even senior nurses have difficulty adapting to another unit and feel unfamiliar with their practices, team dynamics and use of PPE and thus could not adjust (Garcia-Martin et al., 2021).

An important result of this study is about the problems newly graduated nurses have in the management of nursing services. Participants mentioned the effect of manager nurses on their adaptation and well-being. They reported both the positive effects of nurse managers who encourage, comfort and support them and the negative effects of nurse managers who ignore them, do not listen to them, judge them and do not ask about their wishes. Studies emphasize the importance of nurse managers in the adaptation of newly graduated nurses (Charette et al., 2019). Participants should strengthen their identification with their leaders and organizations to facilitate their professional adaptation (Fallatah et al., 2017; Garcia-Martin et al., 2021). Nurse leaders should create working unit cultures that encourage newly graduated nurses to learn, ask questions and receive feedback without fear of criticism or rudeness (Hussein et al., 2017).

Participants report that because of COVID-19 pandemic, ineffective orientation programmes and heavy responsibilities assigned to them before they were ready increased their feelings of fear, anxiety and inadequacy. Garcia-Martin et al. (2021) have determined that the nurses mentioned a lack of orientation during the COVID-19 pandemic (Garcia-Martin et al., 2021). Orientation programmes, which are constantly changed and developed to reflect the needs of newly graduated nurses, affect their adaptation process and use of their existing competencies (Charette et al., 2019). Studies recommend that all newly graduated nurses be subjected to orientation programmes that include strong educational preparation and transition support, regardless of their age and previous work and career experience (Hawkins et al., 2019a).

Newly graduated nurses who have to cope with several difficulties and face worsening professional conditions in the COVID-19 pandemic consider nursing as a job that could not be done long term. As the global nurse shortage is deepening due to the COVID-19 pandemic (ICN, 2021), relevant measures should be taken to encourage newly graduated nurses, who already have a high turnover rate (Beecroft et al., 2008), to stay in the field and continue their profession.

Newly graduated nurses offered suggestions to make their adaptation process less painful, expressing a need for psychosocial support to increase their coping skills. Increasing professional coping and self-efficacy in newly graduated nurses decreases their intention to leave (Fallatah et al., 2017). Monforte-Royo and Fuster (2020) observed that online support groups had a positive effect on senior students who just started working during the COVID-19 pandemic period.

Newly graduated nurses need an accepting, supportive and encouraging approach from other healthcare professionals. Communication between healthcare professionals is important for newly graduates to consider themselves as a part of the team (Garcia-Martin et al., 2021). Working with a counsellor nurse is another suggestion made by newly graduated nurses. Peer and colleague support at the highest possible level significantly facilitates the adaptation of nurses. A long-term relationship model with a role model can improve the support offered to newly graduated nurses (Innes & Calleja, 2018; Wildermuth et al., 2020). Finally, newly graduated nurses should be well prepared for their roles especially in intensive care units during the COVID-19 pandemic by being provided with guidance and support to ensure safe and effective patient care (Powers et al., 2019).

5 | CONCLUSIONS

Newly graduates who started to work in the beginning months of the COVID-19 pandemic have faced several difficulties in their transition, the difficulties of starting the employment process and the effects of the COVID-19 pandemic on both society and health systems. This process had several psychological, physiological and social effects on them, such as fear, anxiety, helplessness, inadequacy, feeling unsafe, fatigue, lack of a private life and separation from the family. In addition, newly graduates have also faced the difficulties of their profession. Therefore, they developed a negative attitude towards the profession and intended to quit the job. It is the responsibility of both health system policymakers, managers and senior nurses to ensure that newly graduated nurses endure through these COVID-19 pandemic conditions, which are quite challenging even for senior nurses, without any damage and continue in the profession.

6 | IMPLICATIONS FOR NURSING MANAGEMENT

Newly graduated nurses started to work while having complex and ambivalent emotions in a social environment dominated by uncertainty and fear as the COVID-19 pandemic affected the whole world, while serious changes were occurring in their lives. Newly graduated nurses started to work under challenging conditions where continuity and stability could not be achieved in the health system and medical practices and team members were in constant change. Newly graduated nurses did not always get the support and guidance they needed during the transition process and described nursing as a job that cannot be done for a long time. To make their adaptation process less painful, they need for psychosocial support to increase their coping skills, an accepting, supportive and encouraging approach and working with a counsellor nurse. Nurse managers should ensure that newly graduated nurses endure through these COVID-19 pandemic conditions, which are quite challenging even for senior nurses, without any damage, and continue in the profession.

CONFLICT OF INTEREST
The authors declare that there is no conflict of interest. They also declare that they agree with the content of this manuscript.

ETHICAL APPROVAL
Approval was obtained from the Research Ethics Committee (GO 21/52). All participants gave verbal informed consent before the interview. All procedures performed in the study involving the participants complied with ethical standards and principles of the Declaration of Helsinki. There is no relationship between the academics and participants.

AUTHOR CONTRIBUTIONS
Mustafa Sabri Kovancı: Conceptualization, data curation, formal analysis, methodology, writing–review and editing, software, writing–original draft. **Azize Atlı Özbaş**: Conceptualization, formal analysis, methodology, writing–review and editing.

DATA AVAILABILITY STATEMENT
Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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