

Experiences of newly hired nurses during the Covid-19 emergency: descriptive qualitative research

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Abstracts. *Background and aim of the work:* The Covid-19 pandemic led to an increased demand for healthcare professionals, particularly nurses. The Piacenza Local Health Service, Northern Italy, issued several calls for tenders in order to recruit nurses and the University anticipated graduation sessions, so several new graduates nurses found themselves facing their first work experience in the middle of the pandemic emergency. It is well known that being a first-time employee causes stress, but there are few studies yet investigating the perception of newly employed nurses during the pandemic. The aim of this research is therefore to describe the experience of these nurses. *Methods:* A descriptive qualitative study was conducted through interviews. The research was approved by the ‘Area Vasta Emilia Nord Ethics Committee. *Results:* 14 nurses were interviewed and nine themes were found. Emotions, awareness, job opportunities, professional liability, organisational aspects and relationship with the other. *Conclusions:* Our study shows how stress, anxiety and feelings of inadequacy characterise new nurses’ entry into the workplace. Emotional support strategies, such as counselling and emergency preparedness training, could help early career professionals to cope with complex and emotionally charged clinical care situations with greater resilience. *Study registration:* ClinicalTrials.gov Identifier: NCT05110859. (www.actabiomedica.it)

Key words: Covid-19, New hire nurse, Qualitative research

Background

The SARS-CoV-2 virus was first detected in China on 31 December 2019 (1,2), causing unknown pneumonias whose epidemiological characteristics allowed the World Health Organization to declare pandemic status (3).

In Italy, the pandemic began on 31 January 2020, when the virus was isolated in 2 Chinese tourists visiting Rome (4). Data as of 30 December 2022 show a total of 25,143,705 cases in Italy since the start of the emergency (5), demonstrating the scale of the pandemic.

In Piacenza, the first patients with suspected SARS-CoV-2 infection were registered on 21 February

2020, effectively triggering the start of the epidemic (6), with 106,608 positive cases as of 25 October 2022 (7). The pandemic has had, and continues to have, a major impact on the national health system and local health services, especially in Piacenza, where it has led to a complete restructuring of the entire hospital and territorial services (6,8,9).

The reorganisation involved all hospital units, starting with the Emergency Department, which had to implement new strategies to manage the ever-increasing influx and demand for admission to the Intensive Care Units, including an external pre-triage set up in a Civil Defence tent (8–10). In addition, some surgical units, such as Orthopaedics and Traumatology, were transferred to an affiliated hospital to make

room for the newly created “Covid Emergency” Unit, and the two peripheral hospitals (Castel San Giovanni and Fiorenzuola) were completely dedicated to the care of Covid-19 patients (8). Subsequently, special continuity care units named “USCA” were established (11) and a swab centre was set up at the Piacenza Expo, the city’s exhibition centre.

All this led to an increase in demand for health workers, particularly nurses. To meet the needs of the new units and territorial structures, and to replace staff who had themselves been affected by the virus, the Piacenza hospital issued several calls for tender to recruit nurses (12). On the instructions of the Ministry of Health, also the Piacenza site of the University of Parma has anticipated the bachelor’s degree in nursing sessions initially scheduled for April and December 2020 (13,14).

As a result, a number of new graduates and first-time nurses were faced with their first work experience in the midst of a pandemic emergency.

Nurses who have to respond to critical situations and are exposed to significant stress often experience psychosocial problems in coping with these difficult and prolonged experiences (15).

Several authors have investigated the experiences of nurses during the Covid-19 period both outside the Italian context (15–24) and in Italy (25–30), and in some cases the experiences of general practitioners have also been studied (31,32). In addition, qualitative research has been carried out by studying nursing students (33,34).

Although being a newly graduated nurse has been described as a stressful and isolating experience even before the pandemic (35), at the moment it seem to be few literature on newly graduated and newly hired nurses during the pandemic period. In particular, a Jordanian study found work-related stress and unsatisfactory working conditions (36). Moreover, two studies conducted in Spain described the experiences of nursing students employed to help National Health System (37,38).

The study, carried out through interviews with nurses working on the front line at the Piacenza hospital, aims to provide an understanding of their experience as they went from being new graduates to being fully operational, but in an unfamiliar, nebulous

clinical situation, risky for their health but also for that of their families.

Methods

Study design

A descriptive qualitative study was carried out (39,40). The ID NCT05110859 identify this study on ClinicalTrials.gov.

Participants

First-time nurses employed at Piacenza Hospital at the time of the Covid-19 pandemic were recruited through purposive sampling.

Data collection

In qualitative research, data come mainly from in-depth individual interviews (40).

The individual interview is a social interaction between an interviewer, who requests it, and an interviewee. It has cognitive purposes and is guided by an interviewer who uses a questioning scheme (41).

Therefore, a semi-structured interview (Appendix 1) was conducted, starting with an introductory question aimed at putting the interviewee at ease and understanding the crucial points and stages of the first work experience. Subsequent questions explored the emotional impact experienced by the professional, their expectations of the work experience, the extent to which the pandemic influenced the experience, and whether and how the interviewee felt humanly and professionally enriched by the work activity. Finally, the interview ended with a final question that gave the nurse the opportunity to express any other aspects that were considered relevant.

The interviews were audio-recorded and then transcribed in full.

Data analysis

Thematic analysis was conducted following Braun and Clarke’s model (42–44).

Two researchers (GC and CM) analysed the interviews independently and then confronted each other to reach agreement; if agreement could not be reached, a third researcher (MB) intervened.

After the interviews were transcribed in full, the two researchers identified the units of meaning, which were then grouped into sub-themes and then into themes.

Rigour

To ensure the rigour of the research, the principles of credibility, transferability and reliability were applied (45). Credibility was ensured by the consensus of the research group on the interpretation given independently by the two researchers (GC, CM) who carried out the analysis. With regard to transferability, the characteristics of the participants and the context in which enrolment took place were described to allow comparisons with research conducted in different contexts. To ensure reliability, one author (MG) reviewed and challenged all steps of the data analysis process.

Reporting was done according to the Consolidated Criteria for Reporting Qualitative Research (CoreQ) (46).

Ethical statement

The study was conducted in accordance with the tenets of the Declaration of Helsinki and Good Clinical Practice. Interviews were conducted with informed consent, ensuring privacy and confidentiality.

The research was approved by the "Area Vasta Emilia Nord" Ethics Committee with protocol no. 730/2021/OSS/AUSLPC and authorised by the hospital board with the decision of 20 September 2021.

Results

Fourteen nurses employed at Piacenza Hospital at the time of the Covid-19 pandemic, with different work experiences, were interviewed in order to obtain richer and more complete data.

20 interviews were planned, but data saturation was reached after 14 interviews.

The interviews lasted a minimum of 20 minutes and a maximum of 30 minutes with 25 minutes of mean.

Three males and 11 females were interviewed. They had their first work experience at Piacenza Hospital between April 2020 and May 2021.

The data analysis identified 9 relevant themes (Table 1), within which there are specific sub-themes.

The first theme concerns emotions and emerged significantly from the entire sample, which divided them into negative and positive emotions. Among the former, despondency, fear, loneliness, worry, insecurity and demotivation stand out. Positive emotions, on the other hand, include enthusiasm, a sense of usefulness and gratitude.

The participants expressed:

"...The fear was there, I mean we were all a bit on a boat in the middle of the storm..." (cod 1)

"...I certainly did a lot of dying and I came home that I was completely destroyed...I cried even during the shift..." (cod 3)

"...It was just me... there was no one to help me..." (cod 2)

"...Emotionally it was very hard, very, very hard... it was even harder when unfortunately the first deaths started that could not be contained..." (cod 4)

"...In the beginning there was the fear of bringing Covid home, and therefore to the family, children, elderly parents and grandparents, so you always tried to have less relations, not to touch, to stay away..." (cod 5)

"...We started out very motivated, then when we saw the work very monotonous and repetitive for me it was very taxing..." (cod 6)

"...It was a good experience overall... especially at the beginning we started out very enthusiastic and very motivated..." (cod 7)

"...I was happy to help out in this emergency and satisfied to be useful from the beginning..." (cod 10)

"...A fixed-term contract with Piacenza Hospital one month after graduation was a dream..." (cod 12)

As far as awareness is concerned, some participants strongly expressed their perception of the non-infallibility of medicine, with the following words:

Table 1. Themes and sub-themes.

Themes	Subtems
Emotions	Positive emotions: enthusiasm, sense of usefulness, gratitude
	Negative emotions: defeat, fear, loneliness, worry, demotivation, insecurity
Awareness	Medicine is not infallible
Job Opportunities	Possibility of immediate employment in the company
	Many employment opportunities in both the public and private sector
Professional Liability	Change of perspective from student to professional
Organisational Aspects	Organisational support activities
	Lack of organisational stability
	Co-ordination activities entrusted to non-nursing professionals
	Little or no coaching activity
Relationship with the Other	The value of the helping relationship with the other
	Absence of family members/care givers
	Relationship with colleagues and the team
Value of the Group	The group as a confrontation
	Conflicts within the group
	Mistrust of new colleagues
The Value of Lived Experience	Personal growth
	Professional growth
Sense of Utility	Professional contribution in times of need

“...We were in a situation of pandemic and “not knowing”, which is the worst thing there can be... to find all those patients with a fever that wouldn't go down with no treatment, no remedy was possible, everything was tried...” (cod 2.1)

“...It was really hard to bear being powerless...” (cod 5.1)

In all interviews, a positive aspect emerged with regard to the opportunity to find immediate employment, both in the public and private sector. Most of the interviewees emphasised the advantage of being employed at the company where they did their internship during their training.

“...Having started working in the same company where I studied, the road was paved for me...” (cod 7.2)

“...I never expected from one day to the next to go into work...” (cod 12.2)

“...I was very lucky to have studied here and to have immediately started working here, in the sense that I saw so many other people who experienced the situation completely turned upside down, because so many things they didn't know, for example knowing how the hospital works...” (cod 7.2)

“...It was difficult to choose because with Covid there were many job opportunities in the public and private sector, so even the doubt of saying ‘oh my God what am I going to do?’...” (cod 2.2)

The theme of job responsibility, present in most of the interviews, describes the change of perspective from “student trainee” to “professional”. The weight of responsibility is felt, in particular, in ‘newly created’ clinical settings in which novice professionals operate.

“...In the end for me it was like continuing the internship experience because this reality confronted us and forced us to work in a totally different way...”

before there was never the dirty and the clean... I was always a 'dirty', so it was as if I was still a student flanked by the 'clean' who told me you have to do this... you have to do this other thing... then of course I was faced with the patient and... full stop... now I was a nurse..." (cod 6.3)

"...Then for the rest all the new graduates left alone with managers sometimes like the physiotherapist and if a person was sick she would say 'I don't know how to do anything'. Nobody knows how to do anything... no nothing no, but we never managed such a big emergency as trainees..." (cod 1.3)

With regard to organisational aspects, several sub-themes were identified, including: organisational support activity, little organisational stability, coordination activity entrusted to non-nursing professionals, and minimal or absent coaching activity. In fact, the value of the company in providing support to professionals, despite the difficult moment, is recognised, even if the continuous organisational changes and the coordination activity acted by professionals not of the same profile, have weighed on the working context.

"...We were immediately catapulted to where we had no flanking..." (cod 2.4)

"...I think the company did all it could do, in the sense that ours was a special situation where everything was experimental and constantly evolving..." (cod 5.4)

"...I didn't do shadowing... there were so many questions I was asking myself that I couldn't find answers for..." (cod 11.4)

"...There was no flanking because there was no one to flank you...you are confronted with things that you have seen in the internships. But it's different... It's one thing to see it in the internships with a tutor who follows you through every situation, it's one thing to be there on your own and deal with what you're faced with... the impact was a bit traumatic..." (cod 6.4)

"...A period of side-by-side was not really imaginable... at that time I think the best was really done..." (cod 13.4)

"...Coordination entrusted to non-nursing professionals might have seemed improvised, but justified by the emergency situation, it was possible to try

our hand at coordination and better understand the concept of decision-making responsibility..." (cod 4.4)

The relationship with the other is a relevant theme, which is reflected in the value of the helping relationship, the absence of family members/caregivers and the relationship with colleagues and the team. The interviewees experienced the power of the helping relationship in a context where the absence of family members and loved ones was prevalent. They also expressed that they had good support within the team.

"...Humanly, the experience gave me a lot because the patients, having no one near them, attached themselves to us... we were the main part they could cling to..." (cod 2.5)

"...I found colleagues who always helped me, who knew that until two days before I was studying and the next day I was working instead... they helped me a lot..." (cod 1.5)

"...In the experience on the ground and at the Vaccine Service excellent doctor-nurse collaboration, I perceived the enhancement of the role..." (cod 7.5)

Another important theme concerns the value of the group as a confrontation, but also as an expression of internal conflicts and distrust of new colleagues.

"...There was a lot of teamwork and we all felt a bit like we belonged to a big thing and were united even in the small things..." (cod 3.6)

"...with colleagues it wasn't easy... and then of course it depends so much on the character of each of us... there is the more enterprising colleague who pushes to work and collaborate all together, there are those who are more reluctant and afraid..." (cod 5.6)

"...With the head nurse it didn't go well at all... I made a request for protective equipment and he told me that the facilities couldn't have equipment for everyone, so I asked the company for it... the head nurse interpreted my request as a threat and even gave me a warning letter... I was called back by the company personnel manager..." (cod 6.6)

All participants stated that this experience allowed them to grow both professionally and personally.

“...I am now a contact person for home vaccines, the fact that I organise gives me an extra incentive, because I have more responsibility...” (cod 5.7)

“...Humanly enriching and stimulating experience.... spurred me on to get involved...” (cod 10.7)

“...At that time relatives and family members could not enter the facilities and so the elderly were alone and this affects you a lot, but on the other hand it trains you a lot...” (cod 4.7)

The last theme that emerged was the sense of usefulness, expressed through the recognition of the valuable contribution made by the nursing profession throughout the pandemic period.

“...We would go to people’s homes...most were happy to see us because we were a hope for them, an important help, because they could not leave their homes...” (cod 1.8)

“...There was still the fact of helping at a difficult time... it was a good thing...” (4.8)

“...I was often confronted with head nurse and head doctors regarding situations of positive and dependent patients who needed a reference and the reference was me...well...how can I say I took responsibility...” (8.8)

Conclusions

The literature shows that all healthcare workers, especially nurses, experienced high levels of stress during the Covid-19 pandemic (19).

In line with what is reported in the literature for health care workers, it can also be said for the respondents that the first experience of working at the time of the pandemic triggered a mixture of very strong and conflicting emotions, on the one hand enthusiasm, a sense of usefulness and gratitude, and on the other hand fear, loneliness and dependency (29).

The possibility of immediate employment for healthcare professionals has been shown in the literature (30) and in the results of our study to be a positive aspect of the pandemic situation. Indeed, respondents emphasised that the pandemic enabled them to find

employment in a short period of time, but also made them realise that medicine is not always infallible.

Particularly, in newly created work contexts or for tasks of organisational responsibility (coordination), which were assigned after very little work experience, new professionals were immediately confronted with the burden of responsibility (20,29).

From an organisational point of view, the literature (21,29,32), in agreement with the results of our study, shows that the health care contexts have put in place all possible strategies to support the professionals; in fact, the respondents recognise that the Company has put in place all possible strategies to favour their work, even if some aspects, such as minimal or absent support, constant organisational changes and the coordination activity entrusted to non-nursing professionals, have critically influenced their first work experience.

With regard to the value of the team, the most positive aspects that emerged from the interviews were the confrontation within the team, both as an emotional support strategy and as technical-professional support. Indeed, the literature highlights how the power of cohesion and a sense of community helped nurses through a difficult and uncertain time (20).

The literature emphasises how difficult it was for healthcare professionals to cope with the loneliness of the patient admitted to Covid-19 (21), and our study shows that in order to overcome this difficulty, the expression of the helping relationship with the patients was favoured, as they experienced a long period of isolation from family members and caregivers.

Finally, in line with the findings in the literature (47) for nurses who experienced working in the pandemic era, our study showed that the critical situation in which they found themselves “forced” a very sudden personal and professional growth, but at the same time developed a strong sense of usefulness derived from the contribution of the nursing profession in the pandemic scenario.

The qualitative nature of the study is particularly suited to capturing the in-depth experiences of professionals who have had their first work experience in the Covid-19 era.

The results of the study show that negative and positive emotions related to the experience coexisted

among the respondents and that professional and personal growth and a sense of adjustment resulted from the highly stressful and emotionally charged situation.

This study presents some limits. In particular, the qualitative nature of the study meant that the sample size was limited. In addition, some interviews were conducted some time after the start of the work experience. This may have helped to process the experience, but it may also have faded some memories.

Comparing the results of this study with other studies in other clinical settings would be interesting.

In conclusion, all healthcare workers, especially nurses, were exposed to severe psychological stress caused by the Covid-19 pandemic (17,22,32,48).

Our study shows how stress, anxiety and feelings of inadequacy characterised the period of their entry into the world of work.

The study by Al Hadid describes the stress nurses have been subjected to during the Covid-19 pandemic and their low level of resilience (36).

Additionally, the implementation of counseling services is recommended, particularly for new hires whose coping strategies are not yet well established (36). Moreover, other studies are cited that address useful strategies for coping with the stress experienced by healthcare workers during the pandemic of influenza A(H1N1). It can be argued that emotional support strategies, such as counselling and emergency preparedness training, would help professionals in their first work experience to cope with complex and emotionally charged clinical care situations with greater resilience (19,23,24,48,49).

Caring for oneself, learning and implementing coping strategies is an important proactive step in supporting the mental health and well-being of professionals experiencing stressful and emotionally charged work situations. There are numerous contributions in the literature demonstrating how the use of coping strategies that are more geared towards managing stressful clinical care situations promotes greater psychological well-being in health professionals (17,19,20,49).

Acknowledgements: We would like to thank all the interviewees for their contribution to our research.

Conflict of Interest: Each author declares that he or she has no commercial affiliations (e.g., consulting, stock ownership, equity interest, patent/licensing arrangement, etc.) that could pose a conflict of interest with respect to the submitted article.

Author Contributions Statement: Study conception and design: GC, MB, MG and CM; Data collection: FC, DO, PP, SP and RS; Data analysis and interpretation: GC and CM; Manuscript writing: GC, MB, MG, PP and CM; Critical revision of the article: MG and MB; Study supervision: GC, MB, MG and CM.

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Received: 24 February 2023

Accepted: 24 May 2023

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Appendix

Introduction

1. When you think back to your first work experience, can you describe what happened, pointing out the key points or the most important stages?

Emotional experience

2. Can you tell us how it made you feel and how it affected you emotionally?
3. Did you feel personally and professionally enhanced by this experience? Can you tell us how?

Expectations

4. What did you expect from your first work experience and how did the situation of the pandemic have an impact on your experience?
- 4.1 What aspects of the organisation could have made your entry into the world of work easier?

Final question

5. Is there anything you'd like to add that I didn't ask?