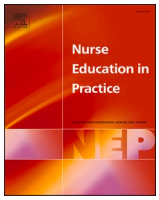
Nurse Education in Practice 85 (2025) 104360

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/locate/issn/14715953



Navigating a nursing career four years after graduation: A qualitative descriptive study exploring drivers of staying amid wanting to leave

Daniel Terry [a,b,c,*], Liz Ryan [a,b], Jessica Elliott [a,b], Tracey Tulleners [a], Di Stratton-Maher [a], Barbara Black [a], Jo Southern [a], Natasha Reedy [a], Linda Ng [a,b], Thenuja Jayasinghe [a], Danielle Gleeson [a,b], Joanne Buckley [a], Jing-Yu (Benjamin) Tan [a,b], Blake Peck [a,c]

[a] School of Nursing and Midwifery, University of Southern Queensland, Queensland, Australia
[b] Centre for Health Research, University of Southern Queensland, Queensland, Australia
[c] Institute of Health and Wellbeing, Federation University Australia, Victoria, Australia

ARTICLE INFO

Keywords:
Early career nurses
Nurse burnout
Workplace incivility
Staffing shortages
Job satisfaction
Organisational culture

ABSTRACT

Aim: To explore the lived experience of Early Career Nurses four years post-graduation and identify factors influencing their decision to stay in or leave the profession.
Background: The retention of Early Career Nurses is a critical issue globally, with many leaving the profession within the first few years. Various interventions have been implemented to support Early Career Nurses, but the complexities of retention require a more nuanced understanding, particularly for those in the latter stages of their transition.
Design: A qualitative descriptive study.
Methods: Early Career Nurses who participated in a longitudinal study as undergraduate nursing students were interviewed 48 months after graduation. The study used phenomenological approach to explore key experiences and phenomena. Data were analysed using Thematic Analysis, adhering to COREQ guidelines.
Results: Among the 25 participants, key themes identified included being 'Overworked and undervalued' and being 'Anchored by care.' Early Career Nurses experienced significant pressures, including incivility, poor management and staffing shortages, leading to a desire to leave the profession. However, a strong commitment to patient care and support from peers and family helped some Early Career Nurses remain in the profession.
Conclusion: The study highlights the need for systemic changes to support Early Career Nurses, including empathetic leadership, adequate training and supportive work environments. Addressing these issues is essential for the wellbeing of Early Career Nurses and maintaining high standards of patient care. Understanding the unique challenges faced by Early Career Nurses can inform strategies to improve retention and support their professional development.

1. Introduction

The professional journey, development and transition of Early Career Nurses (ECNs) is of significant importance to the field of nursing and is a matter of international importance (Wyllie et al., 2020). More than quarter of all nurses who complete their undergraduate degrees exit the profession within the first five years (Djukic et al., 2013; Mills et al., 2016). This represents a major concern in Australia due to the undersupply of nurses that is estimated to reach more than 80,000 by 2035 (Australian Government, 2024) and a phenomenon also experienced among nurses globally (Bakker et al., 2019; Drennan and Ross, 2019; Tamata and Mohammadnezhad, 2023).

The premature departure of nurses from their careers is a grave issue, impacting service delivery of safe and evidence-based health care. Whilst leaving employment presents a challenge for individual nurses, there are also other costs that have an impact onhealth services and the wider community (de Oliveira et al., 2017). When a nurse leaves the profession, the indirect loss of expertise, skills and workforce productivity is substantial and can lead to further instability in the workforce (de Vries et al., 2023). Leaving nursing employment is a precursor of nurses exiting the profession entirely, with the picture complicated further by the fact that ECNs account for a third of all nurses leaving the

* Correspondence to: School of Nursing and Midwifery, University of Southern Queensland, PO BOX 4393 Raceview LPO Raceview, Queensland 4305, Australia.
E-mail address: Daniel.Terry@unisq.edu.au (D. Terry).

https://doi.org/10.1016/j.nepr.2025.104360
Received 18 November 2024; Received in revised form 9 February 2025; Accepted 31 March 2025
Available online 26 April 2025

profession (Edge and Gladstone, 2022).

At present, workforce turnover at both organisational and professional levels is a persistent issue. The past five decades of research regarding the factors associated with retention has led to a shared understanding that, once the initial phase of their career concludes, large numbers of ECNs become anxious, angry and confused as they grapple with the realities of the busy and complex work environment (Cheng et al., 2014; Graf et al., 2021). It is at this juncture that ECNs may move into a phase marked by a surge in medical errors, frequent job changes and even a complete withdrawal from or abandoning of the profession (Edge and Gladstone, 2022; Graf et al., 2021; Richard and Kim, 2024).

The primary factors impacting nurse retention are centred around: work conditions, encompassing job demands, which have been linked to burnout (Moloney et al., 2018), rostering and complex schedules and the degree of autonomy and inactivity in the workplace (Tamata and Mohammadnezhad, 2023). In addition, the work environment itself embodies: leadership, culture, recognition, incentives, autonomy and social support systems (Graf et al., 2021). Individual factors, such as demographic characteristics and motivation (O'Hara and Reid, 2024), also play a role in retention and turnover. Whilst often considered individually, these elements are indissolubly connected and involve characteristics that combine to effect the individual ECN on a physical and psychological level that have implications for finding the elusive work-life balance (Moloney et al., 2018).

To enhance organisational and professional retention among ECNs, various interventions have been employed to support nurses in an effort to increase confidence and competence, particularly those that support ECNs with increasing their autonomy in regard to patient care (Brook et al., 2019; de Vries et al., 2023; Kox et al., 2020; See et al., 2023). Mentorship, preceptorships, or transition programs are demonstrated to be beneficial, however doubts persist regarding their effectiveness and the extent of their influence on retention over the last thirty years (Halter et al., 2017). Strategies aimed at cultivating transformative nurse leaders to enhance team unity, enhance investment in workforce and the promotion and maintenance of staff involvement in decision making have also positively influenced ECN retention (Brunetto et al., 2022). Notwithstanding the extensive evidence available, there remains a lack of understanding regarding which interventions are indeed most successful (Kenny et al., 2021). This is complicated by a lack of methodological consistency in the research literature. However, there have been notable insights and developments regarding how retention is influenced by elements such as effective workplace relationships, perceptions of support, commitment for work, nurse autonomy and the balance between work and family life (Moloney et al., 2018; Reedy, 2019).

Significant resources have been used to explore how health care organisations can adopt key interventions to positively influence nurse turnover and attrition (Drennan and Ross, 2019; Marufu et al., 2021). Despite this work, the projected global shortage of nurses and current policy positions indicate an incomplete understanding of the fundamental issues and how they may be addressed (Marufu et al., 2021). As such, there is a need for a deeper comprehension of both the physical and psychological factors that provide obstacles and challenges for ECNs which need to be understood to genuinely address nurse turnover and attrition. Thus, novel research is required to improve our understanding regarding the resources required to improve ECN turnover and attrition, including which strategies are most effective to improve outcomes and alleviate nurse retention and attrition (Kenny et al., 2021). This is particularly important beyond the first one to two years of an ECNs career as this is the time that dropout is most prolific.

In seeking to genuinely understand the challenges, motivations and strategies that have the greatest impact, it is vital to explore the experience of ECNs from their unique perspective. Current literature has explored ECNs with an emphasis on those with less than 12 months experience and several have explored just beyond their first year after graduation (Cheng et al., 2014; Druse, 2021; Graf et al., 2021; Lyman et al., 2020; Mitchell, 2020; Morales, 2014; Regan et al., 2017; Richard and Kim, 2024; See et al., 2023; Woo and Newman, 2020). However, there is limited insight regarding the lived experience of ECNs more than two years after graduation (Crossley et al., 2023; Kim and Kim, 2022) and this cohort is worthy of consideration and exploration.

The inherent complexities of ECN retention require a deeper and arguably more nuanced approach. Specifically, there is a lack of understanding of what it is like for ECNs when they are in the latter stages of their ECN transition. Thus, an in-depth exploration of the factors that may influence ECN decision to remain or depart their employer or the nursing profession altogether. Therefore, the aim of the study is to explore the lived experience of ECNs four years after graduation and identify factors influencing their decision to stay in or leave the profession and the objective is to:

1. Explore the lived experiences of ECNs to gain a deeper understanding of their professional journey and challenges.
2. Identify the factors that influence ECNs' decisions to stay in or leave the nursing profession.
3. Examine the perceptions of ECNs regarding the support systems available to them during their transition from student to professional nurse.
4. Understand what changes may be necessary to improve the retention of ECNs.

In this context, the research questions were:

1. What are the lived experiences of ECNs four years post-graduation?
2. What factors influence ECNs' decisions to stay in or leave the nursing profession?
3. How do ECNs perceive the support systems available to them during their transition from student to professional nurse?
4. What changes may be needed to improve the retention of ECNs?

2. Methods

A qualitative study with an exploratory design guided by phenomenological principles outlined by Gadamer (2013). This approach allowed for the exploration of key experiences through the perspectives of individuals deeply involved in the phenomena under investigation. Phenomenological principles facilitate the description and interpretation of the core structures of participants' lived experiences (Gadamer, 2013). Consequently, this framework directed the narrative collection, capturing the realities of ECNs. To achieve this, ECNs were invited to participate in follow up interviews four years after graduation as part of a longitudinal study initially conducted by (Terry et al., 2020; Terry and Peck, 2020) and this is the first to report on such data from the larger study. Reporting methods adhered to the COREQ guidelines, enhancing the credibility of the study through comprehensive and transparent reporting.

2.1. Sample

The study involved former nursing students who had completed a three-year undergraduate nursing degree in Australia and had taken part in an initial study during their final year of study (Terry et al., 2021; Terry and Peck, 2020). Participants had agreed to be contacted via email 48 months after graduation for a semi-structured interview, which took place between 2022 and 2024 (Table 1). Out of those initially interested, 25 agreed to participate 48 months after graduating, resulting in a 68 %

Table 1
Number of fourth year ECR participants by year of data collection.

Year of interview	2022	2023	2024	Total
Number of participants interviewed by year	12	7	6	25

response rate. The sample included a diverse group of ECNs in terms of demographics, work settings and experiences. This diversity helped ensure that a wide range of perspectives was captured, contributing to the robustness of the findings. It is important to note that all participants began their studies just before or shortly after the onset of the Covid-19 international public health emergency.

2.2. Data collection

Those who had agreed to be contacted and responded to the invitation to be interviewed were required to sign a consent form and provided additional verbal consent at the time of the interview. Each participant was reminded of the overall study, introduced to the questions that would be examined. One male researcher (DT), who was an expert in the health workforce, was the same researcher who had conducted the annual interviews with participants, having built good rapport, conducted and recorded the semi-structured interviews using videoconferencing technology. Each interview was undertaken among ECNs on days when they were not working to ensure they could fully engage in the conversation without work-related distractions. Interviews lasted between 20 and 60 minutes, with fieldnotes taken during and after the sessions.

Data collection occurred between April and June of each year from 2022 to 2024, with the timing of the four-year follow-up interview dependant on the participant's graduation date. The open-ended interview framework included several standardised questions covering topics such as education and employment history, while the remainder of the interview commenced with a general open-ended "Tell me about your experiences of being an ECN across the last four years of your nursing career" (Supplementary file 1). Saturation was reached when no new themes emerged, and additional responses did not provide further insights. The lead researchers within the team (DT & BP) determined over time that 25 interviews were sufficient to reach saturation, as additional interviews began to repeat information already captured, confirming that the key themes and perspectives were consistently represented. This was also highlighted by Creswell (1998), who indicated studies in phenomenology should comprise of between five to 25 interviews.

Several challenges were encountered during the data collection process. Scheduling interviews with participants who had diverse work schedules and personal commitments was challenging, requiring flexibility and coordination. Conducting interviews via videoconferencing technology occasionally led to limited technical difficulties, such as poor internet connection or software glitches, which disrupted the flow of the conversation. The Covid-19 pandemic added an additional layer of complexity, as participants were navigating increased workloads and stress levels, with an impact on their availability and willingness to participate in the study. Additionally, discussing experiences related to workplace incivility, burnout and personal challenges also infrequently led to emotional distress for participants, requiring the researcher to be sensitive during these moments.

2.3. Data analysis

Data were transcribed into Microsoft Word to assist with data analysis, while Microsoft Excel was also used to facilitate data analysis. Consistent with the phenomenological basis of the study, Reflexive Thematic Analysis was employed to identify themes in the data set (Braun and Clarke, 2022). The researchers followed the six steps of Thematic Analysis:

1. Familiarisation with the Data: Researchers began by immersing themselves in the data, reading and re-reading the interview transcripts to become deeply familiar with the content.
2. Generating Initial Codes: Each data set was then assigned meanings and significant quotes from the interviews were initially grouped by one researcher (DT). This involved systematically coding interesting features of the data across the entire data set and collating data relevant to each code.
3. Searching for Themes: The initial codes were subsequently categorised into potential themes independently by seven researchers (BB, DSM, JE, JS, LR, NR and TT). This step involved sorting the different codes into themes and collating all the relevant coded data extracts within the identified themes.
4. Reviewing Themes: The themes were further refined through collaborative discussions and consensus within the research team. This involved checking if the themes worked in relation to the coded extracts and the entire data set, generating a thematic map of the analysis.
5. Defining and Naming Themes: Themes were named to capture their essence, using participant excerpts to enhance confirmability. This step involved ongoing analysis to refine the specifics of each theme and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Writing a report: The final step involved the selection of vivid, compelling extract examples, final analysis of selected extracts, relating the analysis back to the research questions and literature and producing a report of the analysis.

It must be noted the transcript was labelled based on the year of the interview and the participant's interview sequence (e.g., Participant (P) 2, 2022; P16, 2023, etc.). The overall systematic approach to data analysis was chosen to avoid the influence of previous research outcomes and to minimise researcher bias, thereby enhancing the trustworthiness of the research (Braun and Clarke, 2022). In addition, to ensure the rigor of the study, several measures were implemented, including peer debriefing, reflexivity and member checking.

Peer debriefing among the lead researchers (DT & BP) involved regular discussions with colleagues and experts in the field to review and critique the research process and findings. This process assisted to identify any potential biases, inconsistencies, or areas needing further exploration. By engaging in peer debriefing, the lead researchers were able to refine their analysis and interpretations, ensuring that the findings were robust and credible. Reflexivity was a critical component of the research process. The researchers actively reflected on their own backgrounds, perspectives and potential biases that could influence the study. This reflexive practice involved maintaining a reflexive journal where lead researchers documented their thoughts, decisions and reflections throughout the research process over the time-period. By acknowledging and addressing their own biases, the researchers aimed to enhance the transparency and integrity of the study (Braun and Clarke, 2022; Lincoln and Guba, 1985). To manage potential biases, the lead researchers engaged in regular reflexive discussions, critically examining how their personal experiences and perspectives might shape the research process and findings. They also sought feedback from peers and mentors to challenge their assumptions and interpretations, ensuring a balanced and objective analysis.

Member checking was conducted to verify the accuracy and credibility of the data and interpretations. Participants were invited to review the transcripts of their interviews and provide feedback on the accuracy of the recorded information. Although no participants offered additional comments, corrections, or insights, this process ensured that the participants' perspectives were accurately represented. Member checking also provided an opportunity for participants to confirm that their experiences and views were correctly interpreted by the researchers. These measures collectively contributed to the trustworthiness of the study (Braun and Clarke, 2022; Lincoln and Guba, 1985).

2.4. Ethical considerations

Ethical clearance for the study was obtained from the Federation University Human Research Ethics Committee (Approval #18-017). The research strictly followed the ethical principles for medical research

involving human subjects as outlined in the Declaration of Helsinki and all procedures were conducted in compliance with the relevant guidelines and regulations. Informed consent was obtained from each participant before data collection began.

3. Findings

Participants were mostly female (n = 19, 76 %), aged 20–39 (n = 17, 68 %), working in acute care (n = 19, 76 %) and working 0.7–0.8 of full-time equivalent hours (n = 14, 56 %). Of the 21 who joined a graduate program after university, 20 % (n = 5) did not complete. Those who did not finish graduate programs were offered permanent roles or found positions in a preferred nursing area. Participants worked in diverse locations, with 44 % (n = 11) in metropolitan or urban areas and 16 % (n = 4) were not working due to illness or had left nursing (Table 2).

Two overarching themes emerged from participant narratives, encompassing feelings of being *Overworked and Undervalued* and the second theme, *Anchored by Care* (Fig. 1).

For clarity regarding the link between the qualitative data and the analysis, direct quotes from participants with the themes and subthemes they represent is provided in detail as part of the quote and themes correlation (Supplementary file 2). Overall, each of the themes will be examined more closely below along with the identified series of subthemes.

Table 2
Participant characteristics.

Demographic information	n = 25	(%)
Sex		
−FemaleMale	19	76.0
	6	24.0
Age group		
−20 to 29 −30 to 39 −40 to 49 −50 to 59	8	32.0
	9	36.0
	6	24.0
	2	8.0
Graduate year		
−Completed −Incomplete −Did not participate in graduate	16	64.0
program	5	20.0
	4	16.0
Where currently working		
−Hospital −Aged Care −Primary Health Care/	19	76.0
Community −Not currently working clinically	1	4.0
	1	4.0
	4	16.0
Where currently working now – Geography		
−Metropolitan/Urban −Rural/Regional −No applicable	11	44.0
	10	40.0
	4	16.0
Hours currently working (full-time equivalent hours)		
−0.9 to 1.0 −0.7 to 0.8 −0.5 to 0.6 −Casual −No	1	4.0
applicable	14	56.0
	4	16.0
	2	8.0
	4	16.0
Area of nursing in current role		
−Emergency −Mental Health −Medical/Surgical	2	8.0
ward −Maternity/Neonatal Intensive care −Oncology/	2	8.0
Palliative care −Aged care −Community	6	24.0
Health −Theatre/Day Procedure −Dialysis −Pool −No	3	12.0
applicable	2	8.0
	1	4.0
	1	4.0
	1	4.0
	1	4.0
	2	8.0
	4	16.0
Enrolled Nurse background	5	20.0

3.1. Overworked and undervalued

This theme embodies a series of pressures that ECNs experience that appear to culminate in a desire to leave the profession. ECN participants identified pressures of being a new graduate that were compounded by experiences of incivility, poor organisational and local ward level management and systemic staffing shortages that, in turn, fostered a sense of guilt through an unwavering sense of obligation to their team and patients. This theme is amplified by way of four subthemes, each outlined below.

3.2. Challenges encountered as new nurses

Participants provided an insight into the challenges encountered in their professional environment, particularly associated with the challenge of being new to the profession. Participants highlighted the struggles of adapting to different management styles, dealing with workplace bullying and the pressure of meeting expectations. This was clearly outlined by a participant who stated:

> One manager would leave you to do your thing, whilst the next would want to check in every week as they did not believe you were up to scratch… One manager was just freaked out about the idea of everything going wrong and the other manager was like, 'hey, we can only do what we can do'. (P1, 2023).

Another indicated she was challenged by bullying and stated:

> The bullying was the main thing for me. Yeah, I felt very much like pushed into the deep end sometimes… I just needed to get out of theatre because my mental health was suffering quite badly… mainly other nurses were bullying. (P4, 2023)

Participants also revealed the impact of organisational culture on employee morale and job satisfaction, particularly when "the top staff were bullies, there was no one to go to" (P6, 2023). Participant 5, 2023 discussed the negative culture that other staff felt was not worth reporting to higher levels of management, as it was seen as 'normal behaviour'. When speaking of the bullying that was occurring and the perceived inability for health services to resolve these issues, P4, 2023 felt that they needed to leave and get another job. The issue of favouritism and the influence of physical appearance on social dynamics in the workplace were also highlighted. This was clearly articulated when a participant stated:

> Those who were pretty, put together, girls that did their eyelashes and all that kind of stuff… they seemed to get swooped in and got taken out for dinner, [they] had parties together, they posted that all on social media. (P4, 2023)

Overall, the participants provided a candid discussion into the nursing profession as new and developing nurses, while highlighting the challenges they encountered during their transition from student to professional and the impact of workplace culture.

3.3. Staffing issues

The second sub-theme centred on staffing issues and the reality of a chronic shortage of nursing staff that in turn creates overwhelming workloads and heightened stress levels that can lead to issues of patient safety. Participants described that they were often placed in difficult situations, with one ECN stating, "At one point, I was the only registered nurse on the night shift and the other registered nurse had gone to get food…[and] my key for the seclusion room didn't even work." (P1, 2023)

Likewise, participants highlighted the flow-on-effect of staff shortages which resulted in situations that necessitated ECNs to take on roles for which they would normally be considered too junior. This is embodied in the words of one ECN who said, "normally we're not

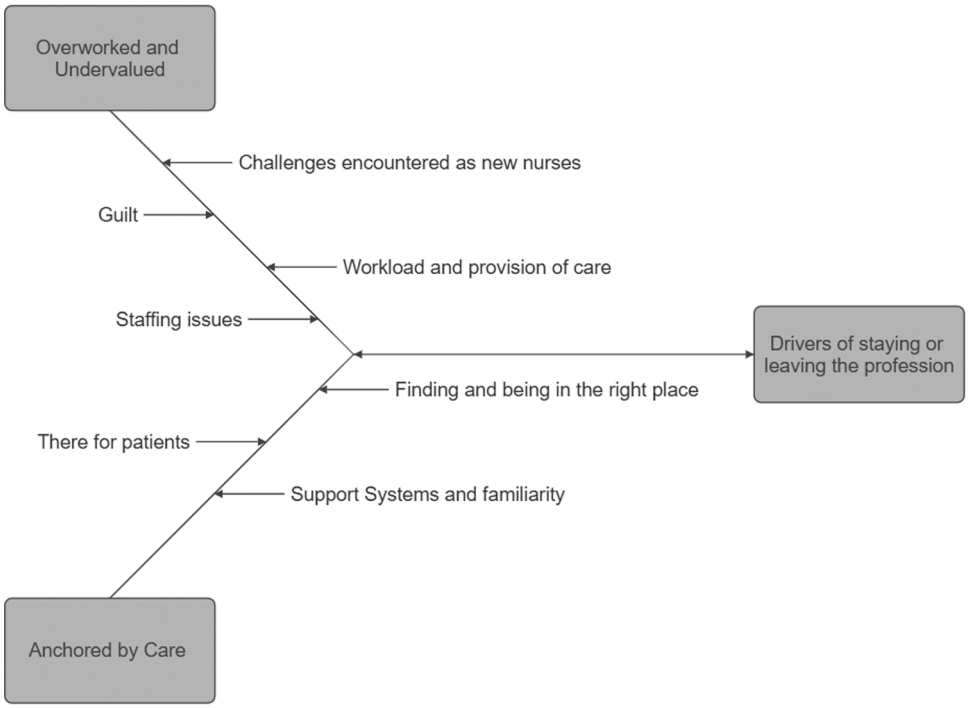


Fig. 1. Identified themes among early career nurses in their fourth year after graduation. The fishbone model outlines the themes influencing the decision of nurses to stay in or leave the profession encompassing two main themes and various subthemes with all elements converging to the central theme.

allocated those babies, or those roles, they're given to the [Clinical Nurse Specialist], but when we're short staffed… then we're good enough to take them and step into each other's role" (P2, 2022).

The constant pressure to cover extra shifts, was communicated by P2, 2022, explaining "You know, every day we receive text messages. 'We're desperate. We're short.'" This chronic understaffing was identified to be the norm, where nurses were feeling the pressure of being effectively on-call, even during their days and hours away from work. Further, participants indicated staffing shortages were becoming routine occurrences rather than exceptions. This was emphasised clearly by one ECN who stated, "It's now more the norm to turn up understaffed than it is to turn up fully staffed." (P10, 2022). This persistent strain on resources was felt to heighten the risk of errors but also have a direct impact on patient care, "Mistakes are being made that could happen because we're so short staffed." (P2, 2022)

Ramifications of this staffing crisis also extended beyond immediate workload issues and encompassed instances of incivility being encountered by participants. One participant's words are emblematic of the wider group:

> The abuse we face, as well, is just obscene. It's on another level…It's not manageable. I can't remember a single positive experience. If I'm brutally honest, [it's] because the negativity has unfortunately far outweighed the positive…the physical outbursts of aggression and rage from patients. (P9, 2022)

Here it is evident that there are several covert and overt implications from staffing shortfalls that combine to create extreme stress and volatility in the health care workplace.

3.4. Workload and provision of care

Participants revealed a complex interplay between reconciling workload expectations and workload reality, along with expectations to manage complex care beyond their expertise and nursing role level in a nursing shortage environment. Recurring accounts centred on the overwhelming workload, which was exacerbated by staff shortages, high patient acuity and pressure to fill beds quickly. The impact identified by participants was on the provision of quality patient care that, in turn, influenced the ECNs personal wellbeing. One participant stated:

> I got extremely burnt out; I got tired. Didn't really have much of a social life. I just stayed home. On my days off, I literally just couch surfed type of thing, like I just stayed on the couch… I was physically tired. Couldn't go to the gym. Couldn't even be bothered cooking, so I knew for me that was too much. (P4, 2023)

In addition to the fast pace and high acuity, participants indicated they were often asked to perform at a higher level of practice without recognition, with participants feeling pressured to work above and beyond their job description and pay grade. This overextension revealed participants feeling frustrated and undervalued, further contributing to feelings of burnout. P1, 2022 shared the pressure of this expectation:

> It's almost expected that you work above what your pay grade and what your job description says because you know all these people need these services. So, you have to, you know, do extra for them, even though there's no sort of reward or safety net for doing that. (P1, 2022)

Participants also highlighted the impact of systemic issues on nurses' workload and stressors in the hospital environment relating to inadequate primary health care policy. This was outlined by symptoms of bed blocking and hospital congestion in emergency departments. These issues were outside the nurses' control yet added to the stress and challenges of providing care. One ECN described her reaction when a client presented at ED that should have been managed by the GP:

> People come in and it's almost you're trying to suppress the eye roll when they're talking… This again, 'you should have seen your GP'. 'You should have done this'. 'You should have looked after yourself'. (P10, 2022)

In addition to this statement, further context regarding the professional stressors was provided by another ECN, when discussing systemic issues and ambulance admissions in the emergency department. They highlighted system failures place clients at high risk of death and

heighten the state of moral distress:

> A lot of things happen outside your control, … [patients] have been bed blocked in a hospital… all these people who are category two [imminently life-threatening condition], waiting to be seen. There's no absolute way to be able to provide care for them. So those sorts of things can be challenging as well. (P4, 2022)

Participants indicated an urgent need for systemic changes to address staff shortages, manage workload and support nurses in their roles, ensuring they can provide the best possible care for patients. If these issues were not addressed, it made it hard to want to stay where they had worked or were working and even in the profession.

3.5. Guilt

The final sub-theme centred on participants experiencing guilt in their personal and professional lives. This guilt permeated all areas of their lives including work, family and their own wellbeing and were often intertwined or manifested in different ways. Participants felt personal guilt was related to their patients and often questioned if they were doing the 'right thing'. For example, one participant shared their experience of leaving her workplace several hours after her shift had ended and still felt the guilt of leaving. Even when she left, she was thinking "should I go back up there and stay until the [patient] gets picked up?" (P2, 2022). At times guilt was brought on by comments from colleagues which then made them wonder if they were 'doing enough'. One participant indicated her manager "was saying that I wasn't doing enough… I was putting these [patients] at risk and if they committed suicide, it would be my fault." (P1, 2023).

Participants reported the feelings of guilt were not limited to the workplace. Several participants expressed guilt related to the impact of their work on the family. There was guilt about not upholding their perceived family role, as expressed by (P2, 2022), who stated, "that puts extra on my husband because he's got a pickup, you know, all those little things". Missing out on quality time with family was difficult with the participant adding, "it's not just occasionally, in fact, you know [I] miss a lot" (P2, 2022). There was recognition and guilt that family would often come second to the demands of the workplace. This sometimes occurred when a shift was extended, where it was stated "there were a few times where I'd call home and say, 'oh, is that OK if I do like a 10- or 12-hour shift'" (P4, 2022). This was especially difficult for those who had young children expecting a parent to be home. A participant stated, "I say 'I'll be home for the day' and then, you know, being called in or asked to come in" (P2, 2022). However, saying 'no' to picking up extra shifts also provoked feelings of guilt. "You know, you need some time. So, you say 'no'. You feel guilty… it's hard" (P7, 2022).

Finally, nurses expressed guilt that even when they were present with family, their family experienced the impact of work, where the family got the "grumpy mum" (P2, 2022) or alternatively a parent who was so tired that they did not want "to talk to anyone" (P1, 2023). However, participants noted there were key factors that helped mitigate guilt and its impact was achieved through the ongoing support they received from loved ones, such as a participant who stated, "I've got a wonderful supportive husband and family" (P4, 2022).

The experiences of ECNs captured by way of this first major theme has highlighted a series of influences in contemporary clinical practice that have implications upon not only a ECNs longevity but also patient care.

3.6. Anchored by care

The second major theme embodies a series of more subtle pressures that ECNs experience that also influenced their desire to stay in the profession. Participants identified the value of shared experience with peers as a valuable source of inspiration and support. Despite this, it was identified that perceived and actual support can change rapidly. ECNs tended to turn their attention to the needs of their patients when they felt less supported. While this was able to sustain them for period there was a need to reevaluate their place in nursing. This theme is amplified by way of three subthemes, each outlined below.

3.7. Support systems and familiarity

Participants revealed a complex picture of the nursing profession during the pandemic, where their experiences highlight the strain on health care systems, with staffing numbers plummeting and morale declining. Despite the challenges experienced, a sense of camaraderie and mutual support among staff remained evident, with many participants working more than their contracted hours to provide care. One participant indicated "a lot of the highs for me in nursing… comes from staff morale and a lot of staff going above and beyond… Out of all the negatives over the past couple of years [Covid-19]… the positive is staff [were] always willing to back each other and support each other" (P2, 2023).

However, support systems were indicated to be lacking, particularly during the pandemic. While some support was available, such as understanding coordinators, it was noted to be often insufficient. The rapid changes and high demands had left some participants feeling lost or unsure what to expect. P2, 2022, specifically indicated:

> I felt a little bit, a little bit lost, but… staff that you work with and… some of your colleagues [were] really good with letting you kind of chat and… talk about it, which I found helped. But you know from… the management… and leadership side there was, you know, not a lot there. (P2, 2022)

Participants also highlighted the conditions they had and continued to experience had an impact on career decisions, with some nurses contemplating different roles or leaving their current positions due to what they had considered unsafe conditions:

> I actually didn't finish my graduate year… I actually moved on and initially went to [health service], but then stopped that very quickly because the conditions were too unsafe… [I] got this job at [health service] and have been working there since. (P1, 2023)

However, other participants were either working where they had undertaken placement as a student or where they had completed their graduate program, "I knew all the people that I was working with, I knew the process of that ward and what to expect… it makes a big difference" (P4, 2022). For them familiarity with the work environment and colleagues provided a sense of stability and made a significant difference in navigating how to be and work as a nurse.

3.8. There for patients

Participants revealed the multifaceted role of nurses when providing patient care and indicated their commitment to their patients and the profession. When speaking of the level of commitment they provided to the care of a patient and the patient's family, P2, 2022 indicated they gave "…everything. I have given this [patient's] family everything", while P10, 2022 added, "some [of what] I'm doing is making a difference [to] someone." Participants indicated they often form bonds with patients who are regular visitors, getting to know their families and becoming emotionally attached. This emotional investment was noted to be rewarding when P4, 2022 shared:

> *Often, they'll be there… for a week or fortnight and then [in] a month's time they're back to do the same treatment… They're regular visitors, so you get to know them, their partners, their kids and you become emotionally attached sometimes.* (P4, 2022)

Communication was noted to be a crucial element of being a nurse. Participants often found themselves advocating for their patients, speaking with doctors and specialists and at times, being assertive to

ensure the best care and outcome for their patients. This ability to communicate effectively was observed to be a valuable competency that was quickly developed. For example, P4, 2022 stated "communication was a huge [skill]… I found myself becoming quite assertive at times, particularly when you're advocating for the patient and communicating amongst team members, liaising with the doctors."

Participants indicated that recognition of their work was highly valued and validated their efforts and made them feel their work was making a difference. P4, 2023 noted that "for me to actually go in a field that is helping people and to actually be recognised that I'm actually doing a good job; it just makes it worth it." This sense of fulfillment was articulated to be a significant motivator among participants and reinforced their commitment to their patients and profession.

3.9. Finding and being in the right place

The final sub-theme to emerge among participants was regarding the struggle with work-life balance and the demanding nature of nursing careers. Participants frequently expressed a desire for better hours, improved pay and greater independence. For example, P9, 2022 stated "I thought I may as well go into [an area of nursing] where I have better hours and a better income", later adding "The hours are great. The pay is much better and there's sort of that independent role aspect that is obviously quite enjoyable" (P9, 2022). This sentiment highlights a common aspiration for work conditions that allow for a more balanced life outside of work.

Another participant discussed their transition to a non-clinical nursing role into the community to achieve better work-life balance, stating "I feel like I'm on a different career trajectory" (P4, 2022). Some participants had transitioned into non-clinical roles or changed from permanent to causal to find greater work fulfilment and referred to this move as being "one of the lucky ones" (P4, 2022). Sustainable working conditions were noted among participants to influence their job satisfaction and attrition, with P4, 2022 explaining "I'm still smiling, still enjoying and that I haven't left the profession". The exploration of alternative career paths for greater professional fulfillment was shared by participant P7, 2023 who stated, "I'm job sharing… just trying to figure out what else I want to do", revealing a level of uncertainty and dissatisfaction with their current nursing roles. However, other participants expressed the cost of living made them feel "stuck in nursing" (P1, 2023) and financial commitments had made any career change unachievable. Financial motivations were noted to influence attrition and career decisions as demonstrated by P1, 2023 who stated, "I wouldn't be doing nursing if I could guarantee the same money somewhere else".

In some cases, participants were questioning if they wanted to continue altogether. Participant P5, 2023 expressed "registration [is] coming up… I'm not sure that [nursing is] the right path for me". Some participants also opted to leave their nursing roles due to exhaustion and the intense pressures of the health care environment, expressing a desire to "get out of the nursing profession altogether as my head was not in the right place" (P7, 2023). One participant stated, "I ended up leaving because I got compassion fatigue… the stress of the position got to me" (P3, 2022). Emotional challenges, particularly in critical situations such as caring for women having miscarriages, prompted a participant to seek psychological support to cope with the emotional toll of their nursing role with one participant describing:

> I was asked to do a double shift and I hadn't slept and the buzzer rang…a woman having a miscarriage. It was quite a visually graphic situation… I eventually did go and speak to a psychologist about the case because I just couldn't fathom it. (P9, 2022)

Participant P9, 2022 expanded her experience and shared "half the staff in our [department] speak to the work psychologist regarding things they've seen". Such accounts highlight the profound impact of emotional strain and physical exertion on nurses' wellbeing and career decisions due to relentless demands of the job, contributing to reflection on the sustainability of a nursing career long-term.

Despite the challenges described, many participants demonstrated resilience by adapting to new roles or seeking alternative career paths within and outside of health care. Participant P5, 2023 expressed resilience by leaving the nursing profession and 'taking back control', when stating "I'm now in a non-government organisation doing project work which I absolutely love and I'm valued and supported" (P5, 2023). Resilience was demonstrated by continuing to learn and adapt through job sharing and passion for caring for people, indicating an ongoing exploration of career options in nursing, reflecting adaptability in response to professional challenges. This was expressed by P5, 2023 when stating "I found… I grieved for quite a while [after leaving nursing], but you know what, 'you have done all of this study and obviously have a passion for areas of nursing'… I love to make a difference".

This major theme has identified that ECNs who perceive that they are being supported are able to cope with many of the daily rigors of contemporary clinical practice. Importantly, ECNs place value in shared experiences with senior peers and an improved sense of belonging. During times of difficulty, ECNs suggest that placing a greater emphasis on their patients provides a means of sustaining them. Some ECNs took drastic measures to regain control of their life and changed jobs within this period.

4. Discussion

This study aimed to explore the lived experience of ECNs within their first four years of practice and identify factors influencing their decision to stay in or leave the profession, with the goal of understanding their support needs and improving retention. As such, it offers key perspective on their career decisions while providing novel insights into how their experiences, challenges and decisions evolve over time. The longitudinal approach has allowed for a deeper understanding of the factors that influence retention and attrition in the nursing profession, highlighting the dynamic nature of career development. Therefore, this study adds unique value by revealing patterns and trends, while it enables the identification of critical periods and turning points in ECNs' careers, as well as the long-term impact of interventions and support systems. Overall, it has the potential to influence nursing education, practice and policy.

In this context, a close examination of the experiences of the ECN participants identified several factors described as facilitating their transition from student to registered nurse as well as those areas considered to be barriers to their successful transition over the first four years of their nursing careers. Reflecting on their experiences of the ECN period, it was evident that those interviewed had experiences already reflected in the literature. Existing work has focused on well-trodden issues such as workplace incivility (Laschinger and Read, 2016), realities of workload (Sandler, 2018), poor or ineffective leadership (Steele-Moses, 2018), need for adequate and early support (Cao et al., 2021) and the pressures of meeting expectations (Graf et al., 2021). These challenges for ECNs were echoed by the participants in this study.

A recent qualitative study by Richard and Kim (2024) identified working conditions as being of significance, with specific emphasis on staff shortages and their perceived and actual impact on their own and their patients safety, a position also identified by participants in this study. Whilst cognisant of workload implications on patient and personal wellbeing, participants in the current study suggested that variability in management styles also contributed, with some managers offering support and others setting unrealistic expectations. While management has been linked to creating positive work environments for ECNs from an organisational perspective (Kiptulon et al., 2024), the participants in our study identified support provided by managers directly to ECNs as being of importance. This is an area open to further examination.

In line with existing research, ECNs in this study identified value in sharing workplace hardships and experiences with more experienced peers, leadership and management personnel as a valuable means of support. Support from colleagues and supervisors has been identified elsewhere (Dijkshoorn-Albrecht et al., 2024) to be an essential characteristic of organisational and psychosocial work environments for newly graduated nurses to find satisfaction and to reduce workplace stressors (Nasurdin et al., 2020). While much of the existing work focuses on newly graduated ECNs, the participants in our study – fourth-year ECN's – continue to desire peer support. However, we would suggest that more experienced ECNs recognise that perceived and actual support from peers can be varied and change rapidly, given the fluid nature of the workforce. Interestingly, ECNs suggested that, in periods of feeling less supported, they tended to sink themselves into the provision of even deeper and more personalised care for their patients. There is no available discussion about the links between perceptions of support and its association of deeper patient care and is an avenue for further work.

A close consideration of the ECN participants' experiences highlighted a widespread sense of guilt that appeared to originate from several previously under-examined sources. Work by ten Hoeve et al. (2018) has examined the experiences of guilt amongst very early ECNs for having held negative thoughts and perceptions about their patients during their first clinical experiences. Parallels can be drawn with ECNs in the current study; however, it may be intimated that the guilt experienced is different and relates to their inability to provide the very best experience for their patients. We suggest that this change in guilt is an evolution in the ECNs ability for self-reflection and a deeper sense of what nursing is. Given that guilt as a concept has been largely overlooked in our focus for the missing pieces of the nursing retention puzzle, further work targeting this dynamic trait would be appropriate, as it could be an accumulative and heavy burden that effects ECNs.

In culmination, the experiences of ECNs embodied through this study could be neatly couched under the umbrella of reality shock. First outlined by Kramer (1975), the idea holds that at the point where newly graduated nurses enter the work environment, they are confronted with a series of inconsistencies between their own expectations of what nursing is and the reality of clinical practice. Over time, research has shown that nurses who do not overcome the shock through effective socialisation, are likely to question their career choices and leave the profession (Woo and Newman, 2020). We suggest that the idea of reality shock, or transition shock as it is also described, has an inherent directionality that places responsibility squarely on the ECN. The experiences of the ECN participants emphasised that guilt, lack of support from peers and managers and staffing levels all contributed to their overall sense of their nursing career. We argue that the issue is not with the ECN, it is with the organisation into which the ECN enters. It is incumbent upon organisations and organisational units to change the way reality shock is construed and take ownership of the fact that the needs of the ECN are not being effectively met. The ECNs' experiences highlight ethical concerns related to the inability for ECNs to provide adequate care and perform to the best of their abilities, by way of barriers that could be readily addressed. These narratives offer critical insights into ways of enhancing the work environment for ECNs and improving overall patient care quality. Perhaps we could consider the idea of Support Shock, in recognition that the clinical setting is not effectively prepared to adequately support the ECN, as a new reframing of this old idea.

4.1. Practical implications

The study offers several practical implications for nursing education, nurse educators and leaders. By understanding the lived experiences of ECNs and the factors influencing their retention, educators and leaders can develop targeted strategies to support students pre- graduation as well as post-registration specifically for new graduate nurses as they enter the workforce. For example, the study demonstrates the discrepancies between the theoretical knowledge acquired in academic settings and the practical skills required in healthcare environments (See et al., 2023). The findings also highlight the importance of comprehensive orientation programs, mentorship and peer support in bridging the theory-practice gap in nursing education (Kenny et al., 2021; Regan et al., 2017). By incorporating these key elements into nursing education and training, educators can better prepare nursing students for the realities of clinical practice, ensuring they possess the competence and confidence needed to thrive in their professional roles (Brook et al., 2019).

When working in practice, strategies that encompass enhanced support systems, such as robust mentorship programs and peer support groups, can help mitigate feelings of being overwhelmed and undervalued (Regan et al., 2017). Comprehensive orientation programs that cover clinical skills, workplace culture, communication and stress management can better prepare new graduates for the realities of the nursing profession (Druse, 2021). Incorporating simulation-based training into orientation programs can help new graduates build competence and confidence in a controlled environment (See et al., 2023). Additionally, training nurse leaders and managers to adopt empathetic leadership styles and implementing regular check-ins can create a more supportive work environment, reducing feelings of being undervalued and overworked (Brunetto et al., 2022; Moloney et al., 2018).

Workload management and addressing workplace incivility are also critical areas. Ensuring that new graduates are not overburdened with excessive workloads can help prevent burnout and improve job satisfaction (Moloney et al., 2018). Offering flexible scheduling options can help new graduates achieve a better work-life balance, reducing stress and improving overall well-being (O'Hara and Reid, 2024). Implementing and enforcing zero-tolerance policies for workplace incivility and bullying, along with providing conflict resolution training, can create a safer and more respectful work environment (ten Hoeve et al., 2018). Finally, offering ongoing professional development opportunities and developing clear career pathways can motivate ECNs to stay in the profession and pursue long-term goals (Kenny et al., 2021). By implementing these strategies, leaders and nurse educators can create a more supportive and empowering environment for new graduate nurses, ultimately improving their competence, job satisfaction and retention (Brook et al., 2019).

5. Limitations

Despite the number of participants who took part in the study, the fundamentally qualitative approach may not capture the full diversity of experiences among ECNs and offers limited generalisability of the findings. Additionally, the reliance on self-reported data is subject to recall and social desirability biases, which could affect the accuracy of the data. Further, the use of videoconferencing technology to collect data may have introduced biases such as technical difficulties and potential underreporting of sensitive information. It must be noted the timing of data collection may have influenced the findings due to the ongoing impact of the Covid-19 pandemic. Finally, the focus on ECNs in Australia may limit the transferability of the findings to other geographical and cultural contexts. Despite these limitations, the study provides valuable insights into the experiences of ECNs and highlights the need for robust support systems to enhance their retention and professional development.

6. Conclusion

This qualitative study explored the lived experience of ECNs, four years post-graduation, specifically focusing on the meanings and understanding that they bring to their journey so far. A close examination of the experiences of ECNs has highlighted several factors that interrelate and arguably culminate in a profound sense of guilt at their collective inability to meet their personal expectations of being a nurse and

to provide the very best care to their patients. This is compounded by their experiences of workplace incivility, chronic staff shortages, leading to overwhelming workloads and heightened stress levels, fickle levels of support from leaders, as well as their nursing peers. While these findings could be seen as suggesting ECNs need to socialise themselves more into the clinical practice setting, we suggest that this study provides an opportunity to begin a reframing of the accountability for better support of ECNs. Our engagement with the ECNs over an extended period of time, suggests that health organisations and organisational units would benefit from targeted programs to better support the ECN journey, beyond the initial 12 months. Our findings suggest that at four years post-graduation, ECNs continue to experience their own set of unique challenges.

The experiences of these ECNs highlight the urgent need for robust support systems in health care, particularly during crises like a pandemic. Health care organisations and nurse leaders need to consider a range of strategies that may help ECNs such as visible, consistent and empathetic leadership, adequate training and a supportive work environment. Immediate implementation of some of the simpler interventions would provide ECNs with rapid support. More complex support mechanisms should be given immediate consideration, with a view to implementation in the longer term. These support systems are essential not only for the wellbeing of health care workers but also for maintaining high standards of patient care. This study contributes new knowledge to this area and highlights the vulnerability of ECNs in the workforce, urging the need for systemic changes.

CRediT authorship contribution statement

Tan Jing-Yu (Benjamin): Writing – review & editing, Writing – original draft, Formal analysis. **Ryan Liz:** Writing – review & editing, Writing – original draft, Formal analysis. **Elliott Jessica:** Writing – review & editing, Writing – original draft, Formal analysis. **Gleeson Danielle:** Writing – review & editing, Writing – original draft, Formal analysis. **Buckley Joanne:** Writing – review & editing, Writing – original draft, Formal analysis. **Terry Daniel:** Writing – review & editing, Writing – original draft, Visualization, Supervision, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Stratton-Maher Di:** Writing – review & editing, Writing – original draft, Formal analysis. **Black Barbara:** Writing – review & editing, Writing – original draft, Formal analysis. **Peck Blake:** Writing – review & editing, Writing – original draft, Visualization, Supervision, Resources, Methodology, Investigation, Formal analysis, Data curation. **Tulleners Tracey:** Writing – review & editing, Writing – original draft, Formal analysis. **Ng Linda:** Writing – review & editing, Writing – original draft, Formal analysis. **Jayashinge Thenuja:** Writing – review & editing, Writing – original draft, Formal analysis. **Southern Joanne (Jo):** Writing – review & editing, Writing – original draft, Formal analysis. **Reedy Natasha:** Writing – review & editing, Writing – original draft, Formal analysis.

Declaration of Generative AI and AI-assisted technologies in the writing process

None used.

Funding

The research did not receive any other specific funding support.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

This research has been supported by the Institute of Health and Wellbeing at Federation University.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.nepr.2025.104360.

References

Australian Government. (2024). Nursing Supply and Demand Study ⟨https://hwd.health.gov.au/supply-and-demand/nursing-supply-demand-study.html⟩.
Bakker, E.J., Verhaegh, K.J., Francke, A.L., 2019. Late dropout from nursing education: an interview study of nursing students' experiences and reasons. Nurse Educ. Pract. 39, 17–25.
Braun, V., Clarke, V., 2022. Thematic Analysis: A Practical Guide. Sage.
Brook, J., Aitken, L., Salmon, D., 2019. Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: a systematic review. Int. J. Nurs. Stud. 91, 47–59. https://doi.org/10.1016/j.ijnurstu.2018.11.003.
Brunetto, Y., Xerri, M., Farr-Wharton, B., 2022. Doing better with less: do behavioural capabilities affect street level bureaucrats' ability to deliver public value? Public Manag. Rev. 1–20. https://doi.org/10.1080/14719037.2022.2133159.
Cao, X., Li, J., Gong, S., 2021. Effects of resilience, social support and work environment on turnover intention in newly graduated nurses: the mediating role of transition shock. J. Nurs. Manag. 29 (8), 2585–2593. https://doi.org/10.1111/jonm.13315.
Cheng, C.-Y., Tsai, H.-M., Liou, S.-R., 2014. New graduate nurses' clinical competence, clinical stress and intention to leave: a longitudinal study in Taiwan. Sci. World J. 2014 (748389), 1–9. https://doi.org/10.1155/2014/748389.
Creswell, J., 1998. Qualitative Inquiry and Research Design: Choosing among Five Traditions. SAGE.
Crossley, C., Collett, M., Thompson, S.C., 2023. Tracks to postgraduate rural practice: longitudinal qualitative follow-up of nursing students who undertook a rural placement in Western Australia. Int. J. Environ. Res. Public Health 20 (6), 5113. https://doi.org/10.3390/ijerph20065113.
de Oliveira, D.R., Griep, R.H., Rotenberg, L., 2017. Intention to leave profession, psychosocial environment and self-rated health among registered nurses from large hospitals in Brazil: a cross-sectional study. BMC Health Serv. Res. 17 (1), 21. https://doi.org/10.1186/s12913-016-1949-6.
de Vries, N., Boone, A., de Winter, P., 2023. The race to retain healthcare workers: a systematic review on factors that impact retention of nurses and physicians in hospitals. INQUIRY J. Health Care Organ., Provis. Financ. 60, 00469580231159318. https://doi.org/10.1177/00469580231159318.
Dijkshoorn-Albrecht, W., Six, F., Meijerink, J., 2024. Integrative review of the impact of coworker support on nurses' job motivation: associations with job satisfaction, stress and intention to stay. Nurs. Forum.
Djukic, M., Kovner, C.T., Seltzer, J.R., 2013. A multi-state assessment of employer-sponsored quality improvement education for early-career registered nurses. J. Contin. Educ. Nurs. 44 (1), 12–19. https://doi.org/10.3928/00220124-20121115-68.
Drennan, V.M., Ross, F., 2019. Global nurse shortages: the facts, the impact and action for change. BMB 130 (1), 25–37. https://doi.org/10.1136/bmj.130.1.25.
Druse, F.C., 2021. The Lived Experiences of New Graduate Nurses During the Covid-19 Pandemic: A Phenomenological Study (Publication Number 28774596) [Doctoral, University of Phoenix]. ProQuest One Academic. Arizona, US. ⟨https://www.proquest.com/dissertations-theses/lived-experiences-new-graduate-nurses-during/docview/2618493352/se-2?accountid=14647⟩.
Edge, D., Gladstone, N., 2022. Exploring support strategies for improving nursing student retention. Nurs. Stand. 37 (9), e11914. https://doi.org/10.7748/ns.2022.e11914.
Gadamer, H.-G., 2013. Truth and method (Vol 2nd Revised ed.). Continuum Press.
Graf, A.C., Nattabi, B., Twigg, D., 2021. Experiences of Western Australian rural nursing graduates: a mixed method analysis. J. Clin. Nurs. 30 (23-24), 3466–3480. https://doi.org/10.1111/jocn.15849.
Halter, M., Pelone, F., Drennan, V., 2017. Interventions to reduce adult nursing turnover: a systematic review of systematic reviews. Open Nurs. J. 11, 108–123. https://doi.org/10.2174/1874434601711010108.
Kenny, A., Dickson-Swift, V., Phillips, C., 2021. Interventions to support graduate nurse transition to practice and associated outcomes: a systematic review. Nurse Educ. Today 100, 104860. https://doi.org/10.1016/j.nedt.2021.104860.
Kim, E.-Y., Kim, S.-H., 2022. Job change among early career nurses and related factors: a postgraduation 4-year follow-up study. J. Nurs. Manag. 30 (7), 3083–3092. https://doi.org/10.1111/jonm.13713.
Kiptulon, E.K., Elmadani, M., Orsolya, M. (2024). The Impact of Organizational Culture on Career Leaving Among Nurses: Examining Global Nurses' Shortage Through the Lenses of Organizational Culture: A Systematic Review.
Kox, J.H.A.M., Groenewoud, J.H., Roelofs, P.D.D.M., 2020. Reasons why Dutch novice nurses leave nursing: a qualitative approach. Nurse Educ. Pract. 47, 102848. https://doi.org/10.1016/j.nepr.2020.102848.
Kramer, M. (1975). Reality shock: Why nurses leave nursing (Vol. 75). LWW.
Laschinger, H.K.S., Read, E.A., 2016. The effect of authentic leadership, person-job fit and civility norms on new graduate nurses' experiences of coworker incivility and

burnout. JONA J. Nurs. Adm. 46 (11), 574–580. https://doi.org/10.1097/NNA.0000000000000407.
Lincoln, Y.S., Guba, E.G., 1985. Naturalistic inquiry. Sage Publications.
Lyman, B., Gunn, M.M., Mendon, C.R., 2020. New graduate registered nurses' experiences with psychological safety. J. Nurs. Manag. 28 (4), 831–839. https://doi.org/10.1111/jonm.13006.
Marufu, T.C., Collins, A., Almghairbi, D., 2021. Factors influencing retention among hospital nurses: systematic review. Br. J. Nurs. 30 (5), 302–308. https://doi.org/10.12968/bjon.2021.30.5.302.
Mills, J., Chamberlain-Salaun, J., O'Shea, A., 2016. Retaining early career registered nurses: a case study. BMC Nurs. 15 (1), 57. https://doi.org/10.1186/s12912-016-0177-z.
Mitchell, S., 2020. The Lived Experiences of African American Nurses Transitioning to the Workforce (Publication Number 28156729) [Doctoral, Walden University]. ProQuest One Academic, Minnesota, US. ⟨https://www.proquest.com/dissertations-theses/lived-experiences-african-american-nurses/docview/2466265457/se-2?accountid= 14647⟩.
Moloney, W., Boxall, P., Cheung, G., 2018. Factors predicting Registered Nurses' intentions to leave their organization and profession: a job demands-resources framework. J. Adv. Nurs. 74 (4), 864–875. https://doi.org/10.1111/jan.13497.
Morales, E.G., 2014. Lived experience of Hispanic new graduate nurses – a qualitative study. J. Clin. Nurs. 23 (9-10), 1292–1299. https://doi.org/10.1111/jocn.12339.
Nasurdin, A.M., Tan, C.L., Khan, S.N., 2020. The impact of social support on nurses' motivation: a cross-sectional study in Malaysia. Asia Pac. J. Public Health 32 (8), 430–435. https://doi.org/10.1177/1010539520965026.
O'Hara, C., Reid, M., 2024. The under 35 nursing workforce in 2022: overworked, under supported and burned out. J. Nurs. Regul. 15 (1), 45–55. https://doi.org/10.1016/S2155-8256(24)00028-0.
Reedy, N.E., 2019. *Becoming and being a nurse: a research informed theory to guide contemporary university and industry approaches to preparing and supporting graduate nurses*. Doctoral dissertation, University of Southern Queensland. https://doi.org/10.26192/8jka-jd80.
Regan, S., Wong, C., Read, E., 2017. Starting Out: qualitative perspectives of new graduate nurses and nurse leaders on transition to practice. J. Nurs. Manag. 25 (4), 246–255. https://doi.org/10.1111/jonm.12456.
Richard, E., Kim, S.B., 2024. Career decisions and aspirations of early-career nurses: insights from a qualitative interpretative description study. J. Adv. Nurs. 80 (8), 3333–3344. https://doi.org/10.1111/jan.16034.
Sandler, M., 2018. Why are new graduate nurses leaving the profession in their first year of practice and how does this impact on ED nurse staffing? A rapid review of current literature and recommended reading. Can. J. Emerg. Nurs. 41 (1), 23–24. https://doi.org/10.29173/cjen66.
See, E.C.W., Koh, S.S.L., Shorey, S., 2023. Role transition of newly graduated nurses from nursing students to registered nurses: a qualitative systematic review. Nurse Educ. Today 121, 105702. https://doi.org/10.1016/j.nedt.2022.105702.
Steele-Moses, S., 2018. Recruitment attributes important to new nurse graduates employed on adult medical-surgical units. Medsurg Nurs. 27 (5), 310–328.
Tamata, A.T., Mohammadnezhad, M., 2023. A systematic review study on the factors affecting shortage of nursing workforce in the hospitals. Nurs. Open 10 (3), 1247–1257. https://doi.org/10.1002/nop2.1434.
ten Hoeve, Y., Kunnen, S., Roodbol, P.F., 2018. The voice of nurses: novice nurses' first experiences in a clinical setting. A longitudinal diary study. J. Clin. Nurs. 27 (7-8), e1612–e1626. https://doi.org/10.1111/jocn.14307.
Terry, D., Peck, B., Baker, E., Schmitz, D., 2021. The Rural Nursing Workforce Hierarchy of Needs: Decision-Making concerning Future Rural Healthcare Employment. Healthcare 9 (9), 1232. https://doi.org/10.3390/healthcare9091232.
Terry, D., Peck, B., Smith, A., Stevenson, T., Nguyen, H., Baker, E., 2020. What Australian nursing students value as important in undertaking rural practice. Online J. Rural Nurs. Health Care 20 (1), 32–57. https://doi.org/10.14574/ojrnhc.v20i1.589.
Terry, D., Peck, B., 2020. Academic and clinical performance among nursing students: What's grit got to do with It. Nur. Ed. Today 88, 104371. https://doi.org/10.1016/j.nedt.2020.104371.
Woo, M.W.J., Newman, S.A., 2020. The experience of transition from nursing students to newly graduated registered nurses in Singapore [Article]. Int. J. Nurs. Sci. 7 (1), 81–90. https://doi.org/10.1016/j.ijnss.2019.11.002.
Wyllie, A., Levett-Jones, T., Davidson, P.M., 2020. An evaluation of early career academic nurses' perceptions of a support program designed to build career-resilience. Nurse Educ. Pract. 48, 102883. https://doi.org/10.1016/j.nepr.2020.102883.