




## ORIGINAL ARTICLE

# Novice nurse's transitioning to emergency nurse during COVID-19 pandemic: A qualitative study

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## Abstract

**Aim:** To explore the experiences and perceptions of recent nursing graduates working in emergency departments during the COVID-19 outbreak.

**Background:** Overcrowding in emergency departments has been one of the most prominent issues arising in these units for more than 20 years. However, it has become even more problematic due to the novelty of the coronavirus pandemic, which has forced hospitals to recruit larger numbers of beginner nursing staff as the number of quarantined health professionals increases.

**Methods:** Sixteen semi-structured interviews were conducted in Spanish emergency departments, which were analysed and synthesized using content analysis.

**Results:** Three major themes emerged from the data analysis: (a) *Fears and concerns*, (b) *Organisational issues* and (c) *Support for novice nurses*.

**Conclusions:** Our findings may help to understand how shadowing periods as a learning programme for nurses, continuing professional development, evidence-based apps and better planning are needed to ensure both novice nurses' confidence in emergency departments and expert emergency room nurses' ability to cope with complications in critical situations.

**Implications for Nursing Management:** Training periods that include shadowing expert emergency room nurses, along with evidence-based technology, provide an opportunity to support novice nurses' transition into the workplace. These measures would provide a safety net and would increase novice nurses' confidence as well as high-quality care.

## KEYWORDS

COVID-19, emergency departments, Health Services Administration, Nurses, Personnel management

## 1 | INTRODUCTION

The problem of overcrowding in emergency departments (EDs) has been identified for over 20 years and has become even more relevant with the worldwide COVID-19 pandemic crisis (Ebrahim, Ahmed, Gozzer, Schlagenhauf, & Memish, 2020). The phenomenon of overcrowding has been reported in many countries, such as the USA, where between 2006 and 2014, ED visits increased by 18.4% (Lin, Baker, Richardson, & Schuur, 2018). Canada has also seen an increase in ED visit rates for 75-year-old patients of 73.1% (Latham & Ackroyd-Stolarz, 2014), and now, European countries have as well (Velt et al., 2018). In a similar manner, ED visits in Spain have also increased over the last decade by more than 14.8% (Aparicio-Azcárraga, Alfaro-Latorre, & Gogorcena-Aoiz, 2019), in a country where more than a third of emergency nurses (ENs) already experience a high level of burnout (Cañadas-de la Fuente et al., 2018).

Yet, there has been an increasing interest in these medical services as a consequence of the COVID-19 epidemic and how physicians, nurses and other professionals are facing this new public health challenge due to an already existing staff shortage, lack of hospital beds and a shortage of materials to assist these kinds of patients (Legido-Quigley et al., 2020). Moreover, as the situation continues escalating in Spain, where the number of health care professional infected and quarantined for at least 15 days has grown up to 53,797 (17.36% of total number of COVID-19 cases and 9.21% of total number of physicians and nurses registered in Spain) by August 6th (Coordination Centre for Health Alerts & Emergencies, 2020; Spanish Statistical Office, 2020), especially in EDs, new measures have been implemented, such as hiring new graduates after 4-year general training, and even final year medical and nursing students (Department of Universal Health & Public Health, 2020).

## 2 | BACKGROUND

In contrast to other countries, novice ENs in Spain start working in EDs without a shadowing period. Nurse shadowing is a process where a novice nurse observes an expert nurse in their daily practice in order to gain awareness of nursing practices and may have two clear benefits: novice nurses are able to observe the ENs' reality, whilst acquiring insight into the working system in EDs (Thang et al., 2019). Similarly, the transition and experiences of these new graduates in their first years have been proven to have a significant impact on their professional career and affect the probability of leaving their profession two-fold between the first and fifth year of clinical practice (Benner, 2001; Dames, 2019). Although numerous studies have explored the transition of these recent graduates (Doughty, McKillop, Dixon, & Sinnema, 2018; Murray, Sundin, & Cope, 2018) and their confidence in different areas (Norris, New, & Hinsberg, 2019; Ortiz, 2016), there is little research about how new nursing graduates are transitioning from novice to expert ENs during the COVID-19 pandemic.

Thus, for the first time to our knowledge, this study provides an overview of recent nursing graduates' experiences and perceptions

in EDs, in terms of understanding their experiences in a context with critical complexity and a heavy workload caused by the COVID-19 outbreak.

## 3 | MATERIALS AND METHODS

### 3.1 | Design

Between February and April 2020, a qualitative study was carried out based on Heidegger's phenomenological hermeneutical approach, in order to discover the significance of participants' experiences and perceptions (Graneheim & Lundman, 2004). In this sense, Heidegger's framework claims that interpretation represents the central concept and the key method in phenomenology, which is more of an interpretative process rather than a descriptive process. Moreover, for methodological coherence, time-space-being constitutes the research horizon, which leads to an understanding between a partial phenomenon (the concrete experience) and the overall experience (the common meaning) (Granero-Molina, 2019).

### 3.2 | Participants and setting

Participants were selected based on convenience and snowball sampling at EDs in three different hospitals in Almeria (Andalusia, Spain). The participants for this study were registered nurses who were working at Spanish EDs and met the following inclusion criteria: (a) less than or equal to 6 months of experience in EDs and (b) agreeing to participate at the time of the interview. The exclusion criteria were as follows: (a) any other nurses apart from registered nurses and other health professionals, (b) nurses who were unable to describe their experiences due to a Spanish language barrier or (c) those who did not agree to participate.

### 3.3 | Data collection

The senior charge nurse of the ED provided information about the registered nurses who met the inclusion criteria, and these individuals were contacted over the telephone by the main researcher. The participants gave their written consent to participate once the aim of the study was explained and they had been invited to participate. Semi-structured interviews were performed by one researcher (MG) experienced in conducting interviews with ED staff. Data collection was continuously analysed by authors until data saturation was reached. Researchers developed topic guides in order to make sure all-important topics were covered, and consistency was ensured between researchers (Kallio, Pietilä, Johnson, & Kangasniemi, 2016). These topic guides were focused on participants' perceptions in their first experiences in EDs during the COVID-19 pandemic, as well as any barriers, needs and facilitators for nursing practice in this setting (Table 1).

To achieve this, interviews were conducted at a mutually convenient time, following protection protocols for one-to-one interviews in the respective EDs (Huang, Lin, Tang, Yu, & Zhou, 2020). All of them were digitally recorded and lasted between 30 and 60 min each. Transcripts were translated to English by a bilingual English speaker and then back-translated to Spanish by a bilingual Spanish speaker to be compared with the original transcriptions and avoid missing any information, in order to ensure accuracy and richness of data.

### 3.4 | Data analysis

All interviews were transcribed and completely anonymized prior to conducting the analysis. ATLAS.ti (version 8) software was used for the analysis process, conducting a content analysis in order to develop an in-depth analysis. For this purpose, Colaizzi's steps were followed by researchers to analyse nurses' responses (Morrow, Rodriguez, & King, 2015) by (a) familiarizing and reviewing participants' data, (b) identifying and extracting significant statements for (c) grouping and organising meanings (d) into categories, clusters of themes and themes. Once the grouping of codes was discussed and approved by researchers, (e) participants' responses about their experiences and

perceptions for each topic were integrated into an exhaustive analysis to (f) describe a fundamental structure of the studied phenomenon.

### 3.5 | Ethical considerations

Ethical approval was gained from the Research Ethics Committee of Almeria (PI-19-10), and the ethical principles of the Declaration of Helsinki and subsequent declarations were considered at all times. Informed consent was obtained from participants before the interviews took place, including assurances of confidentiality and anonymity, and the possibility of withdrawing from the study at any time.

### 3.6 | Rigour

The consolidated criteria for reporting qualitative research (COREQ) recommendations were followed when the study was conducted (Tong, Sainsbury, & Craig, 2007). The criteria used to ensure validity and data triangulation were interpretative awareness and faithful description (Noble & Smith, 2015). These criteria were fulfilled by two researchers (MR, CR) when the content analysis was carried out. In addition, a third

**TABLE 1** Interview protocol

Stages for the interview	Topics	Examples
Introduction	Purpose of the study	I form part of a study about the perception of novice nurses who have started working at EDs and have had to deal with the new COVID-19 pandemic. I believe the experience in this extraordinary phenomenon may be useful to implement measures to improve emergency care delivery
	Objectives	Carry out and publish research based on these lived experiences in EDs from novice nurses
	Ethical considerations	It will be necessary to record this conversation for research purposes only. All said will be completely anonymized, confidential and accessible only for the research team. Your participation will remain voluntary at all times and you may interrupt or stop it when needed
	Verbal and formal consent	Granted if the participant agreed verbally and signed the formal consent
Opening	Introductory questions	Please, tell me a little bit about yourself. When did you finish your degree? How did you feel working as a nurse in EDs for your first time? And now?
Development	First working experiences	Could you describe how you felt when your contract was offered? How did you cope with it? Could you tell me what advice or support you received for other fellows' nurses? And other professionals? And the institution? Please, tell me more about your experience during this COVID-19 outbreak. How did it go?
	Information and formation resources	What did it feel like to be a novice nurse in EDs? Could you describe what resources you had to deal with your new practice? How prepared did you feel when working in EDs? What did you feel you needed the most?
Closing	Final questions	Would you add anything else that having being said yet and might be relevant? Would there be any point to clarify before we end?
	Acknowledgements	Thank you for your time and interest. Certainly, your statements will be useful for the research
	Considerations	Please, let us know if you need anything else Once the study is finished, we will send you a copy
Translation	Retro-translations	Interview statements will be translated by one bilingual researcher to English. Then, another bilingual research will back-translate them to Spanish and compared with the original transcripts to maintain their accuracy

Abbreviation: EDs, Emergency Departments.

**TABLE 2** Participants' sociodemographic characteristics

Participant	Age	Sex	Completion of studies	Grades	Working experience in EDs (months)	Self-reported stress levels when working in EDs (from 0 to 10)
EN1	30	F	2017	BSc	6	9
EN2	31	M	2017	BSc	6	9
EN3	30	F	2009	BSc	5	10
EN4	24	M	2017	BSc	1	7
EN5	25	F	2017	BSc	1	9
EN6	27	M	2018	MSc	1	8
EN7	24	F	2017	BSc	6	6
EN8	24	F	2017	MSc	3	6
EN9	23	M	2019	BSc	1	8
EN10	33	M	2018	BSc	3	8
EN11	25	F	2018	BSc	2	8
EN12	24	F	2018	MSc	6	7
EN13	29	F	2013	MSc	1	9
EN14	25	M	2017	BSc	4	5
EN15	22	F	2019	BSc	1	8
EN16	24	F	2017	MSc	3	8

Abbreviations: BSc, Bachelor's Degree/Undergraduate; EDs, Emergency Departments; EN, Emergency Nurse; F, Female; M, Male; MSc, Master's Degree.

researcher (PR) was consulted in case of any discrepancy in order to ensure the reliability and congruence of the data collected.

## 4 | RESULTS

### 4.1 | Participant characteristics

A total of sixteen ENs who met the inclusion criteria were interviewed, and their data were collected from February to April 2020. There were 6 (37.5%) male nurses and 10 (62.5%) female nurses. Their ages ranged from 22 to 33 ( $26.25 \pm 3.30$  years); 62.5% were between 21 and 25 years old. Furthermore, their mean amount of working experience in EDs was  $3.13 \pm 2.09$  months. Participants' characteristics are summarized in Table 2.

Derived from Heidegger's concept of understanding human beings and being in their worlds, three major themes emerged from our data: *fears and concerns*, *organisational issues* and *support for novice nurses*, with two subthemes for the first theme, *coping with stress and uncertainty* and *fear of infecting loved ones and others*, two subthemes for the second theme, *organisational capabilities* and *dealing with new challenges*, and three subthemes for the third theme, *information resources* and *better planning and formation*.

### 4.2 | Fears and concerns

This first theme illuminates the experience of being a novice nurse in an ED and coping with challenges such as the complexity of the

COVID-19 pandemic. Our findings reveal how these nurses felt towards their own capabilities and fears about working in a context of inherent complexity.

#### 4.2.1 | Coping with stress and uncertainty

For most participants, the anxiety of working in these settings was provoked by the certainty of knowing they would not have a proper adaptation period, and they even felt guilt about the possibility of being a burden for their fellow expert nurses:

Starting in the ED unit was extremely chaotic and stressful. I wasn't given enough information about where to go first or how the service worked. You don't have that kind of information. You are lost and don't know how you have to work. In the end, some expert nurse there has to get you off the hook

(EN2)

#### 4.2.2 | Fear of infecting loved ones and others

Some participants recognized having felt fear and stress the days before starting their work in EDs and facing their new reality with the COVID-19 pandemic. This experience had a direct impact on their sleep patterns and other health problems as well as on their family lives:

I was called [to work] the next day. I was just lying there flat on my back that night, I couldn't sleep because of anxiety. And I felt dizzy when I woke up as I was still a bundle of nerves

(EN7)

For me, my greatest fear was infecting my family and loved ones. Since I knew I would have had to work alongside patients with coronavirus, my family left our home. I didn't want to bring something home, which may not have an effect on me, but it may have on them

(EN5)

### 4.3 | Organisational issues

This second theme describes the administrative and institutional obstacles perceived in their very first days working as an EN. Based on participant's perceptions, there were two main aspects that were out of their control at the same time, which, in turn, affected their professional experience, which acquired even more relevance with the current outbreak situation.

#### 4.3.1 | Organisational capabilities

The first aspect corresponds to the role that the general administration has adopted. Nurses expressed a lack of planning, in which their contracts were offered to them with very short notice, not being given enough time to consider the offer nor any other options except taking the job:

I find the hiring process totally dehumanized for patients and professionals. They don't take into consideration if you have children or you have something else to do... You have to drop everything. Besides, you don't know the kind of patients you will have and how to cope with them

(EN9)

These nurses also conveyed the variability of these job positions themselves, which did not take into consideration previous experience in the services being offered. In addition, some of these job offers were just for a few hours or part-time contracts, which was perceived as an obstacle which interfered with their learning process and their integration within the ED team, an aspect that was considered important by many participants, as they strive to improve, not just during the current exceptional situation, but continually in their practice:

Hiring usually takes place at a very inopportune time and doesn't take into account if we are novice nurses.

If you have no experience and are replacing an expert nurse, you will never respond quite like an expert nurse

(EN15)

You feel safe working as a nurse when you are treated as an equal at work. It will be impossible to build a team with such short-term contracts. And that is where safety lies, in knowing your colleagues

(EN10)

In this regard, and due to the scarce support from the administration in their first days as new nurses, some of them opted to visit their nursing unit by themselves, when it was possible, in order to learn as much about the services as possible before starting their shift:

I went to the unit days before my shift started, to get settled in and check out how the unit works. However, it is impossible when they call you like this, at 10 am to be at the hospital at around 11 am

(EN11)

#### 4.3.2 | Dealing with new challenges

The second aforementioned aspect was the role adopted by the hospital administration itself. For many interviewed nurses, the coronavirus outbreak has increased complexity in an already complicated context, in which the novice nurses were not familiar with the working methods in the first place, and their work was based on ever-changing protocols as well as permanent use of personal protective equipment (PPE), which added an increased level of stress and conflicts within the entire ED team:

A 14 hour-shift wearing a complete PPE becomes overwhelming. I know it is for our protection, but you end up feeling uncomfortable when treating patients

(EN8)

Amidst the current pandemic crisis, I have noticed cynicism and distrust sometimes arise among colleagues instead of looking on the bright side of the situation

(EN13)

Despite the constant stream of professional and caring environment relocations, many described how this situation has made it possible for them to see themselves as part of the team and has improved communication among professionals:

I feel I work in a sheltered environment. Everybody is looking after each other, especially when you have to take your PPE off to prevent cross-infection

(EN12)

chaotic what's going on right now due to the current pandemic

(EN14)

#### 4.4 | Support for novice nurses

The third main theme combines facilitators and needs perceived by these new ENs for their practice. These originate from their experiences of managing their first days in a completely new position and situation.

I think the hospital policy is clearer now, but when we started with this situation, I would go home very nervous. I had just started my contract and I found myself alone in certain circumstances which I didn't know how to handle

(EN16)

##### 4.4.1 | Information resources

These nurses also found it largely challenging to manage available resources in the EDs to carry out their position's responsibilities. Many raised the issue of not having easily and quickly accessible validated resources to check information during their practice. In this situation, some had no other option but to use informal resources for their practice:

I had to review my old notes and study for days with notes taken when I was doing my training, as well as searching on the Internet and reviewing from there

(EN6)

One of the most commonly repeated experiences among these nurses was also the lack of a shadowing period as an induction to start working in EDs or similar departments with a heavy workload. Thus, many reported a feeling of failing as nurses in their very first days in the ED unit:

You still seem like a nursing student in training when you finish your degree. That is how I feel. There still has to be someone to "back you up" because you can't be independent. There is too much bureaucracy in EDs, paperwork, protocols... I feel useless

(EN1)

Faced with this challenging environment in which they have had to work, novice nurses found that the use of technology could provide an additional protection network for their practice and could help them to address their professional needs and insecurities:

Many are starting to use [institutional] phones and tablets at work. Actually, on the same device [tablet] that you use to tick patients' medication, for example, you could include clinical practice guidelines, new protocols, etc. It would be interesting and even a strength for us as we could check the information straightaway, at that moment

(EN4)

Shadowing training periods should be included to explain how the unit works, where things are, something just to get some information. Because if they call you from a hospital that you don't know... you feel lost

(EN15)

Similarly, the need for specialization and continuing professional development (CPD) within special services such as EDs is an element that is present for most of these nurses when practising in this context. Many perceived that this situation has reflected the scarce existing training available to new nurses in EDs:

I think this situation [COVID-19 pandemic] could be improved with continuing professional development, although there are a lot of unknowns about the current pandemic, such as proper policies to follow. It is something which you might think you have under control, but you realize you don't when you get to work the next day

(EN10)

##### 4.4.2 | Better planning and formation

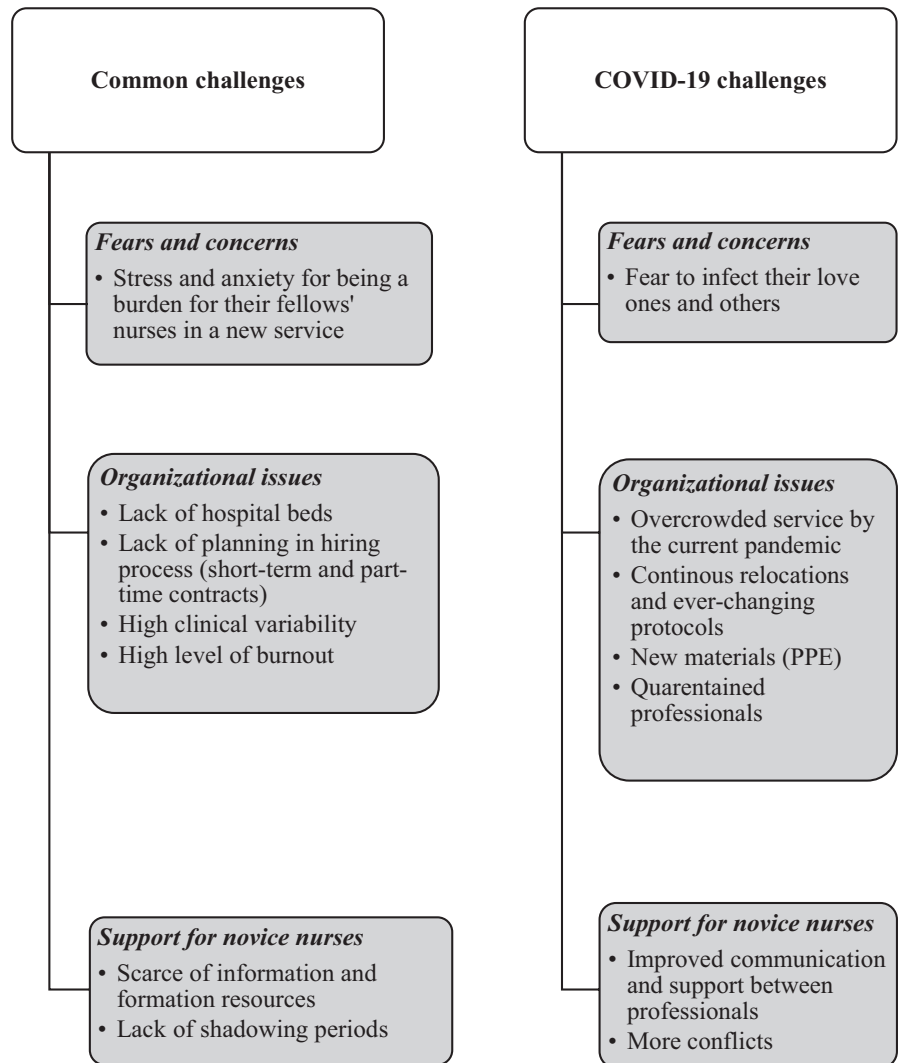
A crisis such as the one produced by coronavirus has brought on a situation in which services like EDs have been especially affected. Thus, some of these nurses proposed the need for coordination and planning for training new nurses, especially in such extreme situations:

Every day, there are changes and it's a mess. You'll come to work and say, "Where should I go?" because we are changing locations every day. It is a little bit

There should be different pathways of hiring and you should be able to choose according to the specialization which you have been trained for, doing continuing professional development or other things. So, you could opt for a contract already having some basic knowledge of the unit, which shouldn't be taken for granted

(EN12)

**FIGURE 1** Challenges in emergency departments both in routine practice and incurred by the pandemic



## 5 | DISCUSSION

This study aimed to determine novice nurses' perceptions and needs in their first contact in EDs through the understanding of their experiences in an already complex environment as a consequence of the COVID-19 pandemic, and with a high workload. In addition to the fact that nurses' resilience and challenges when working in new environments such as EDs have been discussed (Eaves & Payne, 2019), our study also provides new information from novice nurses' experiences which previous research has largely overlooked. Moreover, our results yield some interesting findings in a context where many public health systems worldwide are being tested by the new coronavirus outbreak, and therefore, it has important implications for developing new resources to improve both professionals' adaptation in new services, dealing with existing and new concerns in their practice, and patients' safety protocols (Figure 1).

Most of the nurses in this study showed signs of relevant intrinsic barriers inherent in new practitioners like stress or fear of facing new challenges, which limited their experience in their first days at EDs (Ortiz, 2016). Hence, these results support the idea of

Ten-Hoeve, Kunnen, Brouwer, and Roodbol (2018) and Marrero-González and García-Hernández (2017) who stated that nurses' fear of the unknown, inexperience in coping with complex situations, making mistakes, continuous stress and poor professional image in their first days in the workplace kept them from learning on daily basis. Nevertheless, it should be added that one of the greatest new fears among interviewed nurses was the risk of infecting their loved ones and others, as a consequence of their increased vulnerability to COVID-19 whilst working in EDs (Huang et al., 2020).

Certainly, a crisis such as the current one caused by COVID-19 has demonstrated existing deficiencies in the Spanish health system and particularly in special areas like EDs (Legido-Quigley et al., 2020). In accordance with our results, previous studies have shown how earlier austerity measures resulted in negative effects such as a reduction of available hospital beds, an increase in over-burdening in EDs as well as cuts in staff and resources (Galbany-Estragués & Nelson, 2016). Likewise, in line with other studies, our findings suggest these effects still persist and new nurses are offered mostly short-term or part-time contracts with very short notice, which prevents them from truly settling

themselves and becoming part of a team in a certain unit or even preparing themselves to work properly in a new department (Galbany-Estragués & Nelson, 2018). However, one possible explanation for the short notice given when hiring new nurses and other health professionals would be the emergency situation itself, in an industry already plagued by a heavy workload and a shortage of trained professionals.

This situation became more complex for novice nurses when their hospital working environment was studied. As reported by our participants, as well as the results of Marrero-González and García-Hernández (2017), they sometimes perceived their lack of expertise as a burden for the rest of the nurses. Furthermore, in line with Terry and collaborators' analysis (2017), new nurses tend to have little knowledge about the specific unit where they work, which, in many cases, leads them to a feeling of frustration. Additionally, our findings also suggest that they may perceive a lack of support from some colleagues who show little empathy towards these novice nurses, especially when they needed it the most (Petitta, Jiang, & Härtel, 2017).

Furthermore, our results show that expert nurses remain as the main source of information and support for novice nurses (Sarsfield, 2014), but particular interest has been observed in the use of technology by novice nurses in facing obstacles in EDs. In this vein, scientific databases and personal notes constitute the main source of information for our interviewed nurses, but are still insufficient for developing their professional career (Eaves & Payne, 2019). As mentioned in previous studies, our results shed light on beginning nurses' perspectives towards the relevance of technology in their practice, particularly in a context in which expert nurses are increasingly overloaded and new nurses need to fulfil their practice in caring for patients (Patil et al., 2016). In this manner, institutional mobile phones and tablets might be used following infection control protocols as a successful alternative for nursing education and would allow access to information, anywhere at any time (Fan, Radford, & Fabian, 2019), but even then, available professional apps still lack scientific evidence and rigour for health professionals (Goodchild, 2018). Thus, our results match those observed in earlier studies, where one of the major concerns of novice nurses is remaining a perpetual beginner, instead of moving forward in Benner's model (36).

Nevertheless, one of the most urgent concerns among these nurses was the lack of shadowing periods within the Spanish health system, but particularly in services with high clinical variability such as EDs. These findings are in agreement with other authors, such as Enns and Sawatzky (2016), whose results stated the importance of shadowing in view of the complexity and clinical variability provided in certain departments. Moreover, this shadowing period is perceived as a safety net for novice nurses, protecting both professionals and patients from professional misconduct as a result of a lack of knowledge about the unit and its protocols (Jewell, 2013; Lalleman, Bouma, Smid, Rasiyah, & Schuurmans, 2017).

Lastly, the need to advocate for continuing professional development in EDs and further nursing specialties development

are evident, given the extraordinary worldwide health emergency caused by the novel coronavirus disease. Our findings mirror existing knowledge regarding the importance of continuing professional development for nursing and its impact on clinical practice, especially within grossly overwhelmed areas of medicine such as EDs (Huang et al., 2020; Scammell, 2018). Likewise, these results support recent studies which stated the need to develop the scope and standards of practice for new nurses in EDs as specialty practice in emergency care has notably grown in the last decade, in order to safeguard both novice nurses' confidence and patients' safety (Tyler et al., 2018).

Nonetheless, there are limitations to this study. First, the results of this study may not necessarily be generalized, as the data were collected just from one facility. Despite being a small sample, our findings were more than adequate when saturation was achieved for the type of qualitative data needed, and they were clearly associated with previous literature on nurses' practice. Second, previous work on novice nurses' practice in EDs during a health emergency as COVID-19 pandemic is non-existent to our knowledge, which limited the discussion of our findings. However, this study by no means concludes the issue; rather, it provides additional opportunities to address new nurses' perceptions and needs in other units in greater detail, as well as reflecting upon expert nurses' perspectives in order to gain a deeper understanding of the issue. In summary, this paper adds new evidence from the perspective of novice nurses who have started practising, whilst both professional and health systems are being tested by the also novel COVID-19 pandemic.

## 6 | CONCLUSIONS

The experiences of novice nurses working in EDs during a critical health emergency offer something important we can learn from, as essential as personnel management and clinical safety are. The first experience for new nurses in EDs might enrich their learning process, but it mostly generates anxiety, stress and fear. These services are usually overloaded, and increasingly overwhelmed in situations like the current health emergency, and require certain expertise that new nurses frequently lack. In addition, this issue is increased by the short-term and part-time contracts frequently offered to these nurses, which prevents them from truly establishing themselves as part of the ED team. Thus, shadowing training periods with expert ENs along with the use of evidence-based technology constitute a real opportunity to ensure novice nurses' confidence and learning as well as improving emergency care.

Similarly, continuing professional development for nurses in EDs as well as the need for emergency specialty-care providers became more evident in our results as a consequence of the pandemic, which is testing not just professionals' resilience but also contingency measures in public health systems worldwide.

## CONFLICT OF INTEREST

The authors have no conflict of interest to report.



## ETHICAL APPROVAL

Ethical approval was gained from the Research Ethics Committee of Almeria (PI-19-10).

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## REFERENCES

- Aparicio-Azcárraga, P., Alfaro-Latorre, M., & Gogorcena-Aoiz, M. Á. (2019). *Sistema de información de atención especializada (SIAE): Indicadores Hospitalarios. Evolución 2010–2017*. Ministerio de Sanidad, Consumo y Bienestar Social. Retrieved from [https://www.mscbs.gob.es/estadEstudios/estadisticas/docs/TablasSIAE2017/Indic\\_hospit\\_Evol\\_2010\\_17.pdf](https://www.mscbs.gob.es/estadEstudios/estadisticas/docs/TablasSIAE2017/Indic_hospit_Evol_2010_17.pdf)
- Benner, P. E. (2001). *From novice to expert: Excellence and power in clinical nursing practice*. Upper Saddle River, NJ: Prentice Hall.
- Cañadas-de la Fuente, G. A., Albendín-García, L., Cañadas, G., San Luis-Costas, C., Ortega-Campos, E., & de la Fuente-Solana, E. I. (2018). Nurse burnout in critical care units and emergency departments: Intensity and associated factors. *Emergencias*, 30(5), 328–331.
- Coordination Centre for Health Alerts and Emergencies (2020). *Update no. 179. Coronavirus disease (COVID-19). Situation in Spain (No. 179; p. 17)*. Ministerio de Sanidad, Servicios Social e Igualdad. Retrieved from [https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov-China/documentos/Actualizacion\\_179\\_COVID-19.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov-China/documentos/Actualizacion_179_COVID-19.pdf)
- Dames, S. (2019). Impact of interplaying and compounding factors in the novice nurse journey: a basic qualitative research study. *Canadian Journal of Nursing Research*, 51(2), 84–93. <https://doi.org/10.1177/0844562118817079>
- Department of Universal Health and Public Health (2020). *Decreto 32/2020, de 13 de marzo de 2020, del Consell, por el que se disponen medidas extraordinarias de gestión sanitaria en salvaguarda de la salud pública a causa de la pandemia por coronavirus SARS-CoV (Covid-19), 8762 2020/2566 § I. Disposiciones generales*. Retrieved from [http://www.dogv.gva.es/datos/2020/03/14/pdf/2020\\_2566.pdf](http://www.dogv.gva.es/datos/2020/03/14/pdf/2020_2566.pdf)
- Doughty, L., McKillop, A., Dixon, R., & Sinnema, C. (2018). Educating new graduate nurses in their first year of practice: The perspective and experiences of the new graduate nurses and the director of nursing. *Nurse Education in Practice*, 30, 101–105. <https://doi.org/10.1016/j.nepr.2018.03.006>
- Eaves, J. L., & Payne, N. (2019). Resilience, stress and burnout in student midwives. *Nurse Education Today*, 79, 188–193. <https://doi.org/10.1016/j.nedt.2019.05.012>
- Ebrahim, S. H., Ahmed, Q. A., Gozzer, E., Schlagenhauf, P., & Memish, Z. A. (2020). Covid-19 and community mitigation strategies in a pandemic. *BMJ*, 368, m1066. <https://doi.org/10.1136/bmj.m1066>
- Enns, C. L., & Sawatzky, J. A. V. (2016). Emergency nurses' perspectives: Factors affecting caring. *Journal of Emergency Nursing*, 42(3), 240–245. <https://doi.org/10.1016/j.jen.2015.12.003>
- Fan, S., Radford, J., & Fabian, D. (2019). A mixed-method research to investigate the adoption of mobile devices and Web2.0 technologies among medical students and educators. *BMC Medical Informatics and Decision Making*, 16, 43. <https://doi.org/10.1186/s12911-016-0283-6>
- Galbany-Estragués, P., & Nelson, S. (2016). Migration of Spanish nurses 2009–2014. Underemployment and surplus production of Spanish nurses and mobility among Spanish registered nurses: A case study. *International Journal of Nursing Studies*, 63, 112–123. <https://doi.org/10.1016/j.ijnurstu.2016.08.013>
- Galbany-Estragués, P., & Nelson, S. (2018). Factors in the drop in the migration of Spanish-trained nurses: 1999–2007. *Journal of Nursing Management*, 26(4), 477–484. <https://doi.org/10.1111/jonm.12573>
- Goodchild, T. (2018). Does technology really enhance nurse education? *Nurse Education Today*, 66, 69–72. <https://doi.org/10.1016/j.nedt.2018.04.005>
- Graneheim, U., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105–112. <https://doi.org/10.1016/j.nedt.2003.10.001>
- Granero-Molina, J. (2019). Fenomenología. Estudios fenomenológicos. In C. Fernández-Sola, J. Granero-Molina, & J. M. Hernández-Padilla (Eds.), *Comprender para cuidar. Avances en Investigación cualitativa en Ciencias de la Salud* (pp. 59–72). Editorial Universidad de Almería.
- Huang, L., Lin, G., Tang, L., Yu, L., & Zhou, Z. (2020). Special attention to nurses' protection during the COVID-19 epidemic. *Critical Care*, 24(1), 120. <https://doi.org/10.1186/s13054-020-2841-7>
- Jewell, A. (2013). Supporting the novice nurse to fly: A literature review. *Nurse Education in Practice*, 13(4), 323–327. <https://doi.org/10.1016/j.nepr.2013.04.006>
- Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, 72(12), 2954–2965. <https://doi.org/10.1111/jan.13031>
- Lalleman, P., Bouma, J., Smid, G., Rasiah, J., & Schuurmans, M. (2017). Peer-to-peer shadowing as a technique for the development of nurse middle managers clinical leadership. *Leadership in Health Services*, 30(4), 475–490. <https://doi.org/10.1108/LHS-12-2016-0065>
- Latham, L. P., & Ackroyd-Stolarz, S. (2014). Emergency department utilization by older adults: A descriptive study. *Canadian Geriatrics Journal*, 17(4), 118–125. <https://doi.org/10.5770/cgj.17.108>
- Legido-Quigley, H., Mateos-García, J. T., Campos, V. R., Gea-Sánchez, M., Muntaner, C., & McKee, M. (2020). The resilience of the Spanish health system against the COVID-19 pandemic. *The Lancet Public Health*, 5(5), e251–e252. [https://doi.org/10.1016/S2468-2667\(20\)30060-8](https://doi.org/10.1016/S2468-2667(20)30060-8)
- Lin, M. P., Baker, O., Richardson, L. D., & Schuur, J. D. (2018). Trends in Emergency Department Visits and admission rates among US Acute Care Hospitals. *JAMA Internal Medicine*, 178(12), 1708–1710. <https://doi.org/10.1001/jamainternmed.2018.4725>
- Marrero-González, C. M., & García-Hernández, A. M. (2017). Phenomenology of nurses' feelings in the professional context of Tenerife (Spain). *Ene*, 11(1), 11. <https://doi.org/10.14198/cuid.2018.51.02>
- Morrow, R., Rodriguez, A., & King, N. (2015). Colaizzi's descriptive phenomenological method. *The Psychologist*, 28(8), 643–644.
- Murray, M., Sundin, D., & Cope, V. (2018). New graduate registered nurses' knowledge of patient safety and practice: A literature review. *Journal of Clinical Nursing*, 27(1–2), 31–47. <https://doi.org/10.1111/jocn.13785>
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing*, 18(2), 34–35. <https://doi.org/10.1136/eb-2015-102054>
- Norris, H., New, K., & Hinsberg, F. (2019). Patient deterioration simulation education and new graduate nurses' self-confidence and competence: A Pilot Study. *Journal for Nurses in Professional Development*, 35(6), 330–336. <https://doi.org/10.1097/NND.0000000000000588>
- Ortiz, J. (2016). New graduate nurses' experiences about lack of professional confidence. *Nurse Education in Practice*, 19, 19–24. <https://doi.org/10.1016/j.nepr.2016.04.001>

- Patil, R. N., Almale, B. D., Patil, M., Gujrathi, A., Dhakne-Palwe, S., Patil, A. R., & Gosavi, S. (2016). Attitudes and perceptions of medical undergraduates towards Mobile Learning (M-learning). *Journal of Clinical and Diagnostic Research*, 10(10), JC06–JC10. <https://doi.org/10.7860/JCDR/2016/20214.8682>
- Petitta, L., Jiang, L., & Härtel, C. E. J. (2017). Emotional contagion and burnout among nurses and doctors: Do joy and anger from different sources of stakeholders matter? *Stress and Health: Journal of the International Society for the Investigation of Stress*, 33(4), 358–369. <https://doi.org/10.1002/smi.2724>
- Sarsfield, E. (2014). Differences between novices' and experts' solving ill-structured problems. *Public Health Nursing*, 31(5), 444–453. <https://doi.org/10.1111/phn.12100>
- Scammell, J. (2018). CPD: A priority for nurse retention? *British Journal of Nursing*, 27(17), 1018. <https://doi.org/10.12968/bjon.2018.27.17.1018>
- Spanish Statistical Office (2020). *Registered Healthcare Professionals* (p. 9). Ministerio de Ciencia e Innovación. Retrieved from [https://www.ine.es/prensa/epsc\\_2019.pdf](https://www.ine.es/prensa/epsc_2019.pdf)
- Ten-Hoeve, Y., Kunnen, S., Brouwer, J., & Roodbol, P. F. (2018). The voice of nurses: novice nurses' first experiences in a clinical setting. A longitudinal diary study. *Journal of Clinical Nursing*, 27(7–8), e1612–e1626. <https://doi.org/10.1111/jocn.14307>
- Terry, L., Carr, G., & Curzio, J. (2017). Expert nurses' perceptions of the relevance of carper's patterns of knowing to junior nurses. *Advances in Nursing Science*, 40(1), 82–102. <https://doi.org/10.1097/ANS.000000000000142>
- Thang, C., Barnette, N. M., Patel, K. S., Duong, C., Dejam, D., Yang, I., & Lee, J. H. (2019). Association of Shadowing Program for Undergraduate Premedical Students with Improvements in Understanding Medical Education and Training. *Cureus*, 11(12), e6396. <https://doi.org/10.7759/cureus.6396>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Tyler, D. O., Hoyt, K. S., Evans, D. D., Schumann, L., Ramirez, E., Wilbeck, J., & Agan, D. (2018). Emergency nurse practitioner practice analysis: Report and implications of the findings. *Journal of the American Association of Nurse Practitioners*, 30(10), 560–569. <https://doi.org/10.1097/JXX.0000000000000118>
- Velt, K. B., Cnossen, M., Rood, P. P. M., Steyerberg, E. W., Polinder, S., & Lingsma, H. F. (2018). Emergency department overcrowding: A survey among European neurotrauma centres. *Emergency Medicine Journal*, 35(7), 447–448. <https://doi.org/10.1136/emered-2017-206796>

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