Nursing Students' Transition Experiences from Final Year Nursing Student (FYNS) to Newly Graduated Registered Nurse (NGRN) during the COVID Pandemic

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ABSTRACT

The impact of the coronavirus disease (COVID-19) pandemic on nursing education and clinical practice is underexplored. Surveys of students' readiness to practice during the pandemic showed that most felt unprepared upon graduation. To explore the experiences of final-year nursing students transitioning to newly graduated registered nurses during the COVID-19 pandemic. A thematic analysis of 14 semi-structured interviews was conducted with final-year nursing students and registered nurses who graduated between 2020 and 2024, selected by purposive sampling. Five themes were identified: (1) Theory and Practice Gaps (2) learning environment; (3) instructors, faculty, and staff; (4) transition facilitators; and (5) orientation and mentorship. The COVID-19 pandemic has significantly challenged nursing education, with cancelled labs and clinical hours leading to knowledge deficits, unpreparedness, and increased stress among students. Reducing graduation requirements raised concerns about workforce readiness, experience, and critical thinking abilities. Undergraduate employment aided RN preparation, and coping strategies included peer support and work-life balance. Successful transition required comprehensive orientation and mentorship programs.

Nursing students are subjected to myriads of challenges as they transition to registered nurses. While these challenges are needed to help them develop their professional identities, some students are negatively impacted, leading to delayed graduation and sometimes dropping out from the program (Arrogante et al., 2021; Davies et al., 2020; Lavoie-Tremblay et al., 2020; Strickland & Welch, 2019; Velarde-García et al., 2021). Several surveys have been conducted to explore students' perception of their readiness to practice and reported that the majority of students felt

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unprepared to engage in nursing responsibilities upon graduation (Davies et al., 2020; Lavoie-Tremblay et al., 2020; Leufer et al., 2020; Strickland et al., 2019). Reality shock was a common concern that nursing students reported, where a theory-practice gap is noted between NGRNs' expectations and the reality of working as an independent RN (Davies et al., 2020; Lavoie-Tremblay et al., 2020). These difficulties were further compounded by the COVID-19 pandemic, creating an environment of instability. The impact of the COVID-19 pandemic on nursing education and clinical practice is not yet clearly understood. The potential long-term outcomes of the pandemic should be explored to better understand its impact on the process of transition to a newly graduated registered nurse (NGRN).

Understanding the challenges that FYNSs experience within the context of the COVID-19 pandemic will enable scholars and educators to develop and implement upstream interventions that address transitional barriers before graduation. This project has the potential to provide deeper insights into the pandemic's potential bearing on nursing education and the influence of nursing shortages on clinical workload, orientation, and residency experiences. These findings will help nurse educators develop contingency plans to be better prepared in the case of future pandemics or disasters. The findings will support the development of a resilient curriculum that can overcome barriers to the traditional delivery of courses.

Background

Rationale for the Study

The COVID-19 pandemic, declared on March 11, 2020, by the World Health Organization (WHO), profoundly disrupted healthcare systems worldwide (Arrogante et al., 2021; Rodríguez-Almagro et al., 2021; Velarde-García et al., 2021). Lockdowns and quarantine measures, while necessary to mitigate the spread of the virus, led to increased social isolation, contributing to higher rates of anxiety, depression, and hostility (Reverté-Villarroya et al., 2021; Rodríguez-Almagro et al., 2021). Simultaneously, hospitals and healthcare facilities faced immense challenges, including rising hospitalization and death rates, as well as severe workforce shortages (Arrogante et al., 2021). Within this strained environment, first-year nursing students (FYNSs) faced unprecedented challenges as they transitioned into the role of new graduate registered nurses (NGRNs). The global research community has actively explored the experiences of FYNSs during the pandemic, uncovering context-dependent findings. However, limited attention has been given to understanding these experiences in the Canadian context, particularly in undergraduate nursing programs.

Significance of the Study

This study aims to address a critical gap by examining the experiences of FYNSs transitioning to NGRNs in Western Canada during the COVID-19 pandemic. Understanding these experiences is crucial for several reasons. First, it offers insights into the unique challenges faced by FYNSs during an extraordinary period in healthcare history, enabling educators and policymakers to design targeted interventions to support students. Second, the findings have implications for nursing education, particularly in refining curricula and clinical training to prepare students for crises. Finally, this research provides valuable information for healthcare organizations to improve workforce retention, enhance mental health resources, and foster resilience among new nurses. By focusing on this transition, the study contributes to the growing body of evidence on nursing education and workforce development during global health crises.

The Study

Aim

This qualitative study aimed to examine the experiences of transition from FYNS to an NGRN during the COVID-19 pandemic. The objectives of this study were to (1) identify characteristics in each stage of transition from final-year nursing students (FYNS) to newly graduated registered nurses (NGRN), (2) examine factors that facilitate or hinder the transition from final-year nursing students (FYNS) to newly graduated registered nurses (NGRN), and (3) develop recommendations for educators and managers working with newly graduated nurses.

Methods

Design

In this study, the transition from FYNS to NGRN was explored using thematic analysis outlined by Braun and Clarke (2006). Thematic analysis is an inductive method that involves identifying pertinent patterns through repeated perusal of data (Braun & Clarke, 2006). By employing thematic analysis, the findings produced in this study are data-driven and prioritize the participants' experiences without confining them to pre-existing theoretical assumptions, allowing only the most authentic themes to be distinguished. By examining the participant interviews and approaching this information through thematic analysis, a comprehensive depiction and enhanced comprehension of this transitional journey was achieved.

Study Setting and Recruitment

This study employed a purposive sampling strategy, focusing on participants who met specific inclusion criteria aligned with the research objectives. These criteria included (1) recent graduation within the previous two years from an undergraduate nursing program in Western Canada and (2) transition to employment as a registered nurse in acute care, coronary care, intensive care, or medical-surgical units. This approach was chosen to ensure that participants had direct experience with the transition from student to practicing nurse during the unique context of the COVID-19 pandemic. Recruitment emails were sent to fourth-year nursing students nearing graduation, as well as recent graduates identified through alumni networks and professional contacts. To increase participation, a follow-up email was sent to remind potential participants about the study. Although participants voluntarily responded to the recruitment call, their eligibility was screened against the purposive sampling criteria to ensure alignment with the study's objectives. While convenience sampling elements may appear in the process, the purposive nature of the selection was maintained by focusing on the specified inclusion characteristics.

Inclusion and Exclusion Criteria

Respondents to recruitment emails who were, at the time, enrolled in the fourth year or had graduated from the Bachelor of Nursing program at the respective university between 2020 and 2024 and started working as RNs in the local hospitals were included in this study (Table 1). Nurses who had not graduated from the Bachelor of Nursing program at the respective university or had graduated prior to the pandemic were excluded.

Table 1

Characteristics of Participants

	Frequency (n)
Gender	
Female	12
Male	2
Age	
18-24	10
25-34	4
NCLEX licensure status	
passed the NCLEX on the first attempt	8
not taken the NCLEX yet	6
Date graduated/expected to graduate from	1
MRU	
2022	8
2023	6
Marital status	
Single	12
Married	2
English native language	
Yes	10
No	4

Data Collection

After signing consent forms, participants were invited to complete a 5-minute demographic questionnaire and then arranged a 30-to-45-minute semi-structured interview (Table 2) with the principal investigator. Interviews from 14 participants were audio-recorded and transcribed verbatim. Participants were able to choose between online and in-person interviews. Prior to the interviews, participants were presented with consent forms that clearly notified them of the audio recording of the interaction. Participants were assigned a pseudonym during the transcription process, and any identifying details were redacted to safeguard their anonymity.

Table 2

Interview Guide

1. Tell me about your transition from a final year student to graduate nurse.
2. Tell me about your preparation in school.
3. How well did you feel you were prepared for transition, considering the COVID 19 Context?

4. How did any previous work experience contribute to your preparation?
5. Describe your current support system. -work resources, -personal/family/friends
6. In what ways do you feel you need/needed more support?
7. What personal coping strategies do you usually utilize in stressful situations?
8. What resources have been available to assist with your transition?
9. What resources would be helpful to improve your situation?
10. Where are you in the orientation process for your new position?
11. What do you see as your most important goals during this time?
12. Discuss areas that you feel are going well in your new role.
13. What areas feel overwhelming at this time?
14. Discuss how likely you are to stay in your current situation for the next year and why/why not?
15. Discuss the strengths and weaknesses of your educational preparation and how it influenced your transition.
16. Discuss the best types of support that you have received.
17. How do you feel support could be improved?
18. What personal and work-related strategies were most helpful to you during this first year?
19. What resources (personal and work-related) would have been helpful to have?
20. Where are you in the orientation/residency process for your new position?
21. -How do you feel about this stage of your transition?
22. What do you see as your most important goals during this time?

Data Analysis

Following Braun and Clarke's (2006) six-phase guide for thematic analysis, methodological rigor was ensured while identifying and exploring the themes emerging from the data. Analysis was carried out with the objective of answering the research question: What is the experience of final-year nursing students (FYNS) as they transition to become newly graduated registered nurses (NGRN) during the COVID-19 pandemic?

Data analysis began with the initial coding, progressed to focused coding, and ended with theme identification (Table 3). The transcripts were read several times and reviewed line-by-line to generate the initial codes. Patterns were identified and resulted in the generation of ideas, which were then validated by re-reading the transcripts and utilizing color-coded highlights to group similar and related codes. The most frequent and significant codes were then organized into a table, scrutinized for emerging themes, and subsequently named. The interview transcripts were re-read and examined until no new themes emerged from the text. The initial analysis was conducted by both authors independently then authors met and discussed their analysis, and confirmed or introduced new codes and themes where appropriate.

Table 3
Coding Process

Participant Example	Code	Category	Theme
"A lot of our labs and our simulations were also impacted by [COVID-19]. And that's where we did most of our learning in terms of skills, such as tracheostomy care."	Missed labs and simulations	Gaps in Practical Skills	Theory and Practice Gaps
"We were told that we were going to fail the block because of [canceled clinical]... we would have to re-do it again in the winter."	Stress due to canceled placements	Gaps in Practical Skills	Theory and Practice Gaps
"Your final focus, they cut the hours that you needed to graduate with. That's detrimental."	Underdeveloped clinical judgment	Lowered Program Requirements	Theory and Practice Gaps
"Most of the cases we saw in patients was COVID-related... it was difficult to learn other medical conditions."	Overexposure to COVID cases	Limited Patient Variety	Theory and Practice Gaps
"In the classroom, you have people who are asking questions... I found online, there was quite a bit less of that."	Difficulty engaging	Online Transition	Learning Environment
"I noticed the questions were quite a bit harder... I also noticed the big time constraint that was given for testing."	Stricter exam settings	Academic Integrity	Learning Environment
"Online school in a way was more convenient for me because I'm a self-learner and I'm very driven."	Convenience for self-motivated learners	Benefits of Online Learning	Learning Environment
"I do think a blend would work best because... you could go to class to learn major content and not the entire slideshow."	Suggestion for blended learning	Hybrid Learning Preference	Learning Environment
"They really understood what we were going through and they were trying to	Compassion from instructors	Supportive Staff	Instructors, Faculty, Staff

Participant Example	Code	Category	Theme
make sure we didn't feel like we were left behind."			
"My other preceptor had complained that they didn't even want to precept and they were forced by management."	Negative impact of forced mentorship	Challenges with Preceptors	Instructors, Faculty, Staff
"I was hired as an undergraduate nurse... I felt like that was where I got the majority of my hands-on experience."	Benefits of undergraduate employment	Work Experience	Transition Facilitators
"Social support systems were definitely one of the biggest assets for me."	Importance of social connections	Peer Support	Transition Facilitators
"Being able to detach myself from my work after I come home... not letting [work stressors] get to you."	Drawing boundaries for mental health	Separation of Work and Personal Life	Transition Facilitators
"Units need to be making sure they are providing enough orientation shifts for new grads to be comfortable working on their own."	Need for sufficient orientation shifts	Adequate Orientation	Orientation and Mentorship
"I want to talk to an RN that had already had experience in the health care field, to understand what my future might look like."	RN mentors for insight into the profession	Mentorship Preferences	Orientation and Mentorship
"Someone who has gone before you but not too long ago who you can ask questions to, who can relate to your situation a bit more."	Student mentors for relatability	Mentorship Preferences	Orientation and Mentorship

Ethical Considerations

This study was approved by the respective University Human Research and Ethics Board (HREB), application number [#103103]. The above-noted ethics application was submitted for Human Research Ethics Board (HREB) review at the respective university and has been found to be ethically acceptable on November 1, 2022.

Findings

Participants were asked to answer a demographic questionnaire regarding their gender, age, NCLEX status, year of graduation, whether English was their native language, and their marital status.

Theory and Practice Gaps

Overwhelmingly, feelings of unpreparedness in practical and theoretical skills were prevalent. To reduce the transmission of COVID-19, nursing programs have canceled many skill labs and simulation-based learning. Participants reflected that these cancellations resulted in underdeveloped practical skills and created knowledge gaps:

> A lot of our labs and our simulations were also impacted by [COVID-19]. And that's where we did most of our learning in terms of skills, such as tracheostomy care or running a code blue. Those kinds of things were initially missed…it was like jumping into the ocean without a life jacket. That's how it felt. (Participant #1)

Some clinical hours were also not completed due to outbreaks on the unit or preceptors and instructors falling ill. Participant #2 expressed that the uncertainty of being able to fulfill program requirements caused them significant stress:

> We were told that we were going to fail the block because of [canceled clinical] and we would have to re-do it again in the winter. Just for a clinical placement, we would have to be held back an entire semester.

Additionally, program completion requirements were lowered to expedite graduation in an attempt to supplement the insufficient nursing workforce, resulting in underdeveloped clinical judgment:

> Your final focus, they cut the hours that you needed to graduate with. That's detrimental… I think that really contributes to a lack of experience and some lack of ability to develop a stronger clinical judgment and clinical reasoning to make harder choices. (Participant #4)

Some felt they were expected to enter the workforce with similar abilities to a pre-COVID graduate despite having less experience and preparation. There were also concerns that the majority of patients in acute placements were diagnosed with COVID and the redundant diagnoses did not adequately expose the student to other conditions:

> Most of the cases we saw in patients was COVID-related and it was difficult to learn other medical conditions at that time because COVID conditions were being prioritized, surgeries were being canceled, all elective treatments and procedures were being postponed. The focus was all on respiratory and COVID management, rather than holistic nursing. (Participant #1)

Many participants expressed that keeping the same number of hours or extending clinical hour requirements would be beneficial to their transition to RN:

> I think they shouldn't have cut clinical hours at all. I think that's so unfair. I think it should've just been the same hours, if not more. Because when COVID happened, we had to lose some. In the long run, you should have the option to do a little extra if you feel like you need it because you can never go back to being a student or a learner. (Participant #4)

Clinicals were also a source of coping for students, allowing them to see their peers and reduce social isolation:

> A lot of people weren't seeing their peers. They weren't seeing their friends. Maybe they weren't seeing their families at some point. But they were still being able to go to clinical and that was valuable to have that social aspect. (Participant #3)

Learning Environment

With discouragement of in-person gatherings, classes transitioned online, much to the detriment of the learning process for many students. Many found it difficult to engage or concentrate in class:

> In the classroom, you have people who are asking questions more, people are raising their hands more. Interactive. Talking. More group discussion. I found online, there was quite a bit less of that. It took a lot more for instructors to engage their students and just even have their cameras on. It felt like it was a one-to-one lesson, instead of being with multiple people, having different perspectives from students, having questions asked. (Participant #7)

Academic integrity was also a big concern, especially for non-proctored exams. Participants found that more restrictions were applied to test-taking, such as constraints to testing time or more difficult test questions, to discourage academic dishonesty. Participant #7 reflected that online tests were a drastically different experience than in-person:

> I noticed the questions were quite a bit harder. I don't know if that's because professors were trying to make them harder just because they knew we were online doing tests at home or wherever. I also noticed the big time constraint that was given for testing… I felt like while we were in-person, testing time that we were given was adequate enough to finish the test, but I feel like online there was a larger time constraint, just to get everything done on time.

However, online exams prepared nursing students for writing the NCLEX-RN: "I think it helped me pass the exam because it was an online test. Because if I had never done an online test before that, I would've struggled a lot like I initially did during the beginning of COVID" (Participant #8). Online classes were welcomed by some, as it was convenient for self-motivated learners and enabled commuters to spend more time studying than traveling to and from campus, while others suggested hybrid learning, as a "best of both worlds" solution:

> Online school in a way was more convenient for me because I'm a self-learner and I'm very driven, and I can keep myself on the job. It was kind of nice not having to get up and go to school. (Participant #4)
> I do think a blend would work best because having that option [where] you can review these things beforehand and you could go to class to learn major content and not the entire slideshow. That would be efficient effective. (Participant #1)

Demanding improved communication of status/plans and available resources to students from their academic institution was a prevalent sub-theme. Many lamented that not enough information about transitioning online was shared and that they were largely left in the dark: "I think a plan would be nice to hear—how things will be different and how students should move forward would be nice. Because everybody just had to figure it out on their own" (Participant #8).

Canceled labs and clinicals were not followed up with by the institution, leading to anxiety and confusion amongst the students. In addition, resources were not shared until later in the pandemic period. Participants expressed that timely sharing of available resources from the university would've been beneficial to their transition: "I could've done better if I had known about those resources. [I thought] maybe there are no resources and I'm just kind of, by myself, and don't have a way to solve my problems" (Participant #6).

Instructors, Faculty, Staff

Supportive instructors, faculty, and staff played a major role in facilitating the transition from FYNS to NGRN, namely by understanding that this is a difficult time for the students and having compassion toward their unique circumstances. When speaking about professors and their efforts to ensure student success: Participant #2 stated that "they really understood what we were going through and they were trying to make sure we didn't feel like we were left behind." Some participants commented on senior nurses showing empathy to incoming graduate nurses:

> A lot of the nurses who I ended up working with as a new grad understood that this was a challenge due to the pandemic and that students may not have had as much opportunity to be in the clinical setting and get that experience. I found there was a lot of support for new grads who, maybe, didn't know how to perform a certain skill that they never had a chance to practice before. [They] had a lot of openness in general to people asking questions and needing help with this or that. (Participant #3)

However, staffing challenges were identified as a barrier to this transition. Short staffing and busy units rendered nurses unable to be completely present for students: "It was hard because there were staffing issues and nurses were not able to completely mentor nursing students" (Participant #1). In cases where there were not enough nurses volunteering to be a preceptor, some nurses would be pressured by management into taking a student, affecting the quality of their practicum for these students. This phenomenon was commented on by several participants: "My other preceptor had complained that they didn't even want to precept and they were forced by management, because they were short-staffed, to precept" (Participant #1) and "the students that had a preceptor that was more so 'voluntold' to be a preceptor, they struggled a lot because they couldn't develop those skills that they need comfortably" (Participant #8).

Transition Facilitators

Due to short staffing, many jobs were available to students. Several participants credited their ease of transition to working in health care while in school. Participant #3 shared their experience with being an undergraduate employee:

> I was hired as an undergraduate nurse … at the end of my third year. To be honest, I feel like that was the single biggest preparatory thing that I was privy to. Throughout my schooling, I felt like that was where I got the majority of my hands-on experience and what it meant to be working in an acute care setting, in an in-patient setting.

Some students were even being paid for their work during their final practicum, however, this was seen as a barrier to their learning due to differing expectations between a student and a paid employee. Regarding paid clinical: Participant #1 explained, "They would be expected to have individual patient assignments with a buddy preceptor. I do think learning could've been impacted that way because you're not really learning actively. You're just helping out where help is needed."

During this stressful time, coping strategies were needed. Peer support appeared as a universal coping strategy. Many participants relied on their social support systems, especially those within the nursing program, while for others, the separation of personal and nursing life was also a common coping strategy:

> Social support systems were definitely one of the biggest assets for me. And I think, also having friends within the nursing program as well—people who understand that rigor of the program and how difficult and stressful it can be at times. Being able to share that was a strong coping skill for me. (Participant #3)
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> Being able to detach myself from my work after I come home and not take that anxiety and that work home with me. Doing things for myself. Having hobbies. Not just being condemned by the negativity in work in terms of deteriorating conditions of patients, patients dying, or the stressors of not having enough staff but you have to take care of all these patients. All of those things—not letting that get to you. Drawing boundaries that way. (Participant #1)

Orientation and Mentorship

When transitioning from FYNS to NGRN, ensuring adequate orientation time was frequently mentioned by participants: "Units need to be making sure they are providing enough orientation shifts for new grads to be comfortable working on their own" (Participant #3).

A one-to-one mentorship was also identified by participants as a facilitator to their transition. Having a mentor was seen as beneficial, as the mentee would have someone who is familiar with the unit to approach with questions and check in frequently with. Participant #1 describes an ideal mentor as someone who can:

> check in with for a one-to-one basis and go to with questions. Because it's hard to start at a new place not knowing anyone, not being confident in your skills when you haven't experienced a lot of the cases that the unit would normally get. Having that resource, having that physical person there, would be beneficial.

Both students in upper years and senior nurses were brought up as suitable mentors, however, one requirement was emphasized—the mentor must have experience of the transition process and understand what the mentee is undergoing. Some prefer an RN mentor, while others think student mentors would be more suitable:

> I want to talk to an RN that had already had experience in the health care field, to understand what my future might look like. They could answer questions I have about what it looks like to be an RN. And maybe that would've helped me prepare more and anticipate like, "Okay, I need to do this now" because once you're an RN that'll help me. (Participant #6)
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> Someone who has gone before you but not too long ago who you can ask questions to, who can relate to your situation a bit more. I found that was very valuable and I did have one or two friends who were in that position who were able to support me and let me know that here is how it went for them and here are some tips and tricks—really what their experiences were and what to expect moving forward. (Participant #3)

Discussion

Nursing education relies heavily on experiential learning, such as clinical placements and skills labs. When this learning model is disrupted by COVID, students are left unprepared and consequently experience stress and anxiety over their capabilities. This stress and anxiety, in turn, have an additional negative impact on clinical outcomes (Leaver et al., 2022; Simpson & Sawatzky, 2020). In a cross-sectional study with undergraduate nursing students (n = 3809), Ulenaers et al. (2021) found that approximately half of students had their clinical placements affected, such as changing units within the clinical site or having to switch to another site. These students expressed concerns about their practical abilities. Learning opportunities that did not satisfy learning benchmarks resulted in confusion and a desire for more support from the nursing program. Proficiency in practical skills is linked to repetition. With canceled skills labs and limited simulation-based learning opportunities, concerns regarding practical competency came into question (Head et al., 2022).

Many participants noted that working in health care during their undergraduate studies was a major factor in preparing them for the RN role. Employment as an undergraduate nurse employee allowed increased exposure to clinical environments and allowed these students to practice their skills more readily. In a study by Casafont et al. (2021), the experience of fourth-year students working as healthcare aids were explored. It was found that their employment increased their confidence in performing tasks and responsibilities as novice nurses. Additionally, the work they did provided a sense of pride and feelings of helpfulness.

Social isolation was a substantial consequence of COVID. Participants in our study relied heavily on clinical experiences to combat social isolation. With stay-at-home orders from policymakers, clinicals were one of the only opportunities for students to interact with others.

A sub-theme found in our study revolved around participants feeling disadvantaged as they mainly encountered COVID-19 patients, leaving little opportunity to learn about other diagnoses and conditions. Interestingly, Ulenaers et al. (2021) found that most students conducted clinical hours on units without COVID-19 patients (54.59%, n = 363). However, this could vary greatly depending on available sites to send nursing students and the health patterns of the local population. Additionally, students reported increased confidence in managing the respiratory needs of patients, such as recognition of oxygen deprivation and administering supplemental oxygen (Ulenaers et al., 2021).

With the abrupt transition from in-person classes to online classes, difficulties in making this adjustment quickly arose. Some faculty were unfamiliar with the remote teaching technology requirements, coupled with having to redesign courses to work with the online format, resulting in substandard provision of course content (Leaver et al., 2022). Students also experience difficulties navigating online learning, such as not being able to access synchronous lessons due to not having internet access at home or not having a quiet, dedicated space for learning (Leaver et al., 2022). Overall, the consensus is that online learning requires more effort and is more difficult than in-person learning (Head et al., 2022). Staying engaged and avoiding distractions also proved challenging for students (Head et al., 2022).

Academic misconduct was a negative effect associated with remote learning. Especially in non-proctored scenarios, students had full access to resources that could be used during tests and exams (Head et al., 2022). From the student perspective, our study found that time constraints and increasing the difficulty of questions were strategies employed to discourage academic dishonesty. However, this came at a disadvantage to students as they felt rushed during test-taking and were now being evaluated at a harder level than their predecessors. Head et al. (2022) report that even with faculty implementing methods to eliminate cheating, academic misconduct still occurs.

Interestingly, Adama et al. (2023) found that students were less likely to cheat on alternative assessments that require the application of theory to practice or engagement of critical thinking. Perhaps moving away from traditional testing and transitioning to alternative assessments may be better representative of test-takers' knowledge of course content.

Participants in this study credited online tests to familiarizing them with the NCLEX-RN format. Other studies have found that students with smoother transitions to online learning reported greater confidence in succeeding on the NCLEX-RN (Gaffney et al., 2021). The NCLEX-RN is a multiple-choice test administered on a computer and does not allow backtracking. Participants noted that online tests in their courses shared similarities to the NCLEX. However, the extent to which this type of preparation had an effect on NCLEX's success is yet to be explored. Roberts et al. (2022) did identify a small decrease in NCLEX exam scores since the transition to online learning, although no significant relationship between pass/fail rates was found.

One of the most prevalent criticisms from this study's participants involved poor communication from their academic institution. Many felt left in the dark in the early stages regarding the process of transitioning online and updates related to changing COVID-19 policies at the institution. While many studies explore the challenges of the abrupt transition to online learning and its consequences, the role of timely and proactive communication by academic institutions has not been widely assessed. Additionally, our participants wished resources available at the university were more openly shared. This finding has been noted in other studies where gaps in psychosocial support resources were apparent (Ulenaers et al., 2021).

Support from faculty and clinical staff was instrumental in bettering the adjustment to attending clinicals during COVID-19, and when support is lacking, the consequences are palpable (Barisone et al., 2022; Sahay & Wei, 2022). Participants noted that co-workers being available for questions and willing to lend a helping hand were instrumental to the success of a new RN. Short staffing was an apparent barrier to the transition from FYNS to NGRN. From reduction in quality of clinical experiences due to nurses being too busy to fully mentor students to nurses being pressured into being preceptors, resulting in strained preceptor-preceptor relationships, to even lack of support for new RNs due to staff burnout. Staffing shortage has been an ongoing issue since pre-pandemic times but has been exasperated due to increased workload, burnout, physical exhaustion, fear of infecting family, disturbance of work-life balance, and many more factors (Savitsky et al., 2021). The impact of short staffing on clinical experiences in nursing education has yet to be explored fully.

During this stressful transition, participants noted that peer support and having a separation between their personal and professional lives as coping strategies regularly employed. Many participants stated that speaking with family and friends was a great source of comfort, especially if they were fellow nursing students who were understanding of the challenges associated with becoming a novice RN amid a pandemic. Most nurses formed bonds with one another naturally due to shared feelings of crisis related to COVID-19, and they worked together to make sense of the realities of nursing during a pandemic (Sahay & Wei, 2022). However, Sahay and Wei (2022) found that these nurses felt averse to seeking support from family so as not to burden them with intense feelings of stress and anxiety. This sentiment is also reflected in our study, as many participants in our study spoke about boundaries between their work and personal lives.

As indicated by the participants in our study, two strategies would facilitate the transition from nursing student to RN during the COVID pandemic: (1) adequate orientation and (2) mentorship programs. As clinical hours and opportunities for knowledge application were limited due to COVID restrictions, participants desired a longer orientation to fully cement practical skills and develop critical thinking abilities with the safety net of buddy nurses. In addition to longer orientation periods, participants identified mentorship programs as part of their ideal transition.

Mentorship programs have been shown to be advantageous for novice nurses in many ways, such as improved communication and critical thinking skills, lasting professional networks, and better career satisfaction (Barton et al., 2005; Jeffers & Mariani, 2017; Jewell, 2013). Mentors serve as a source of information and a safety net and can assist the novice RN in acclimating to the new workplace.

Strengths and Limitations

Participants were at various stages of their transition from nursing student to Registered nursing, from students to those independently practicing as RNs for over a year. This allowed our study to capture the spectrum of experiences, and the credibility of the themes identified was enhanced by this multivocality. Additionally, raw data in the form of quotations were used to illustrate themes identified, leading to authentic and contextual conveyance of the experience of new NGRNs. Although the sample size is relatively small in this study, saturation of data was achieved. However, participants were sourced from one academic institution, and therefore, this restricts the generalizability of this study, given the difference in COVID-19 policies and nursing programs in other areas. No validated measures were utilized to assess objectivity; rather, quotations in this study simply represent the subjective experiences of participants.

Recommendations

At the macro level, academic institutions and healthcare settings must consider the impact of COVID-19 on new nurses and adjust their approach accordingly. Universities must be proactive in their communication regarding updates and resources available. Clinical opportunities and labs must be preserved in order to ensure that students are fully prepared to become RNs. Offering additional clinical time or open lab time may be required. Hybrid education can ease the transition from in-person to online classes. Faculty and instructors must display compassion and understanding of the hardships faced by students as they traverse through their COVID-altered education. Workplaces should ensure adequate staffing.

At the meso level, institutions should offer the ability to extend orientation, allowing the novice RN to make up for lost clinical time. Extended orientation programs may be accompanied by mentorship programs. Mentors can help novice RNs familiarize themselves with the new workplace, be a source of answers, and serve as a safety net.

At the micro level, FYNSs and NGRNs should capitalize on peer support and create boundaries within their personal and professional lives in order to cope with the challenges that come with COVID-related changes to education and work environment. Furthermore, finding employment within the health sector during undergraduate studies allows the student to be more familiar with the health care system and the role of the RN.

Conclusion

COVID-related policies resulted in the cancellation of labs and simulation-based learning, along with barriers to completing clinical hours, leading to knowledge gaps, feelings of unpreparedness, and stress and anxiety around fulfilling program requirements. Graduation benchmarks were downgraded, disallowing those entering the workforce to fully develop their critical thinking. Newly graduated nurses were expected to enter the workforce with no detriments to their knowledge base despite having less experience as a result of COVID-19. The lack of diversity in patients in acute care settings did not allow students to practice their full scope. Instead,

care was focused on care of respiratory conditions. Preserving clinical opportunities is pertinent to facilitating the transition from FYNS to NGRN.

In online courses, less engagement and difficulty was concentrating. Constraints to exam test durations and increased difficulty of questions were methods utilized to preserve academic integrity. However, this was helpful in preparing students for writing the NCLEX-RN, as the licensing exam is administered in a digital format. Transitioning to online classes was convenient for self-learners and enabled students to dedicate more time to studying than commuting to campus. Hybrid classes may be a "best of both worlds" solution. Better communication from academic institutions regarding status/plans and resources was desired.

Supportive faculty, preceptors, and the workplace played a major role in the transition from FYNS to NGRN. Having compassion and understanding of the difficulties of transitioning during COVID was vital. Short staffing was a barrier in this transition due to stresses related to work overload and difficulty finding enthusiastic preceptors, affecting the quality of practicum and clinicals.

Employment in health care during undergraduate studies greatly prepares students for the RN role. These opportunities were easy to find due to staffing shortages. Some students were given the opportunity to be paid during their final practicum; however, this was seen as a detriment because expectations were different regarding the remuneration involved. Additionally, peer support and separation between nursing and personal lives were identified as popular coping strategies during the difficult transition from nursing student to RN during COVID. When initiating the RN role, adequate orientation time and mentorship programs were stressed as pertinent factors in a successful transition.

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