Received: 12 May 2022 | Revised: 2 January 2023 | Accepted: 20 January 2023

DOI: 10.1111/jan.15585

EMPIRICAL RESEARCH - QUALITATIVE

JAN Leading Global Nursing Research WILEY

Caring through barriers—Newly graduated registered nurses' lived experiences in emergency departments during the COVID-19 pandemic

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Abstract

Aim: To illuminate the meaning of newly graduated registered nurses' experiences of caring for patients in emergency departments during the COVID-19 pandemic.

Design: A phenomenological hermeneutical study guided by Lindseth and Norberg.

Methods: In-depth one-on-one interviews with 14 nurses from five hospitals were conducted from March to November 2020 and analysed using thematic analysis. The consolidated criteria for reporting qualitative research (COREQ) were used as the reporting guideline.

Results: The findings comprise one main theme *Caring through barriers* and three themes with sub-themes. In the first theme, having intention to care, participants revealed their dedication to care for patients during the pandemic despite extensive stress, little experience and skills. The second theme, with tied hands in human suffering, illuminates experiences of being disconnected from the patient, overwhelmed by responsibility and unable to relieve suffering. The third theme, feeling inadequate, reveals experiences of lack of support and doubts meaning less space to develop into the nurse one wants to be.

Conclusion: Findings reveal a new understanding of new nurses' experiences during times of crisis. The essence of caring in the emergency department during the pandemic can be explained as mediated through spatial, temporal and emotional barriers preventing new nurses from providing holistic care.

Impact: The results may be used as anticipatory guidance for new nurses and inform targeted support interventions to support new nurses entering the profession in crisis conditions.

Public Contribution: This study involved new nurses in semi-structured interviews.

KEYWORDS

caring, caring science, compassion, COVID-19, emergency care, emergency department, moral stress, nurses, nursing, phenomenological hermeneutics

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1 | INTRODUCTION

The COVID-19 pandemic has put enormous pressure on healthcare workers (HCWs) worldwide to provide high-quality patient care in sub-optimal conditions. This pressure adds to the pre-COVID-19 pandemic strain in global healthcare. This is caused in part by an ageing population and anticipated shortage of 6 million new nurses by 2030 (World Health Organization [WHO], 2020). A growing body of research describes frontline nurses' experiences of stress due to the dramatic changes in working conditions caused by the COVID-19 pandemic (Fernández-Basanta, Castro-Rodríguez, et al., 2022). The essential role of nurses in facilitating positive patient outcomes is recognized at the same time as research reveals increased rates of nursing burnout defined as emotional exhaustion, depersonalization and a reduced sense of personal accomplishment. Burnout is theorized to occur due to a mismatch between role demands and working environments (Dall'Ora et al., 2020). As deterioration in nurses' health, job performance and intention to remain employed can result from poor work conditions, it is imperative to address modifiable work conditions to attract and retain an effective nursing workforce (Galanis et al., 2021). High turnover rates among experienced nurses increase demands on newly graduated registered nurses (NGRNs) to take on the role of an experienced nurse early in their career (Boamah Read & Spence Laschinger, 2017). This issue is well noted in nursing speciality fields such as the intensive care unit (ICU) and emergency department (ED; Butera et al., 2021). Since NGRNs in Sweden often start their work in EDs, it is crucial to explore their experiences of frontline care for patients under pandemic conditions.

NGRNs' stress is associated with poor working conditions, uncertain responsibilities and authority challenges. When unrelieved, these issues can lead to ethical dilemmas, moral residue, stress of conscience and burnout (Glasberg et al., 2007, 2008). An influx of research covers NGRNs' challenging transitioning into the nursing profession before the COVID-19 pandemic (Halpin et al., 2017), and in Sweden 1 in 5 NGRNs consider leaving the profession during their first 5 years of practice (Rudman et al., 2014). However, there is a lack of research on Swedish NGRNs' experiences in EDs since the COVID-19 pandemic. García-Martín et al. (2021) point to NGRNs' experiences of anxiety, stress and fear due to the absence of shadowing periods in EDs and not having someone to ask when they needed assistance. Fernández-Basanta, Espremáns-Cidón, et al. (2022) highlight how the lack of support during the COVID-19 pandemic also affected NGRNs physical and psychological health. As the COVID-19 pandemic increased demands on NGRNs, the transition experience into the nursing profession requires further attention in research (Jackson, 2022). We have previously described NGRNs battling stressful working conditions in Sweden during the COVID-19 pandemic (Carnesten et al., 2022). This Swedish study addresses a key international knowledge gap on NGRNs' experiences of providing care for patients in EDs during the COVID-19 pandemic.

1.1 | Background

The COVID-19 pandemic started in December 2019, spread rapidly over the globe and impacted heavily on healthcare services, primarily in emergency, intensive and municipal care settings. While people in society were told to physically distance themselves to avoid transmission, nurses among other professional healthcare personnel were put on the frontline, caring for patients while risking their own health. This is being continuously investigated and frontline nurses worldwide, express being part of difficult, stressful situations. As a result, extensive qualitative research is developing a new body of knowledge on nurses' experiences (Chen et al., 2020; Deliktas Demirci et al., 2021; Fernández-Basanta, Castro-Rodríguez, et al., 2022; García-Martín et al., 2021; Sugg et al., 2021). Some findings point to ambiguous experiences and impacts on nurses in dichotomic ways. On the one hand, they are proud of their frontline work and dedicate themselves as important caregivers. On the other hand, this is described as a pendulum experience between meaningfulness, mentally burdensome working conditions and heavy workload (Carnesten et al., 2022; Deliktas Demirci et al., 2021; Rosted et al., 2021; Specht et al., 2021).

Caring for patients in healthcare services involves having to cope with stress as caring involves engagement in tragedy and death. Benner and Wrubel's theory of caring (Benner & Wrubel, 1989) explains caregiving stress from the phenomenological stance as outlined by Heidegger (1993) and Merleau-Ponty (1962). Therein, caring is defined as an altruistic practice requiring caregivers to have concern for others at the expense of themselves. To compassionately care for humans requires the nurse to focus on others' experiences of health, illness and/or sickness and intervene in a skilled and empathic manner. This requires courage to face extremities in life particularly when control in situations is minimal. However, as described by Benner and Wrubel (1989), caring is also a historical and social construction where, over the years, a devaluation has taken place leaving nurses unable to care in the ways they are educated and trained (Jewell, 2013; Levy-Malmberg & Hilli, 2014; Willman et al., 2021). Benner's theory, 'from novice to expert' (1984), illustrates the development of nursing skills and knowledge in dealing with stress as a temporal process. The first 3 months of the profession are perceived as a vulnerable period for NGRNs due to an abundance of theoretical knowledge yet limited clinical experience. In 2 or 3 years, the developed level of competence bridges the gap between theoretical and clinical skills. Cumulative work experience enables the nurse to deal with unforeseen events in their clinical work more efficiently, as supported by more recent studies (Frögéli et al., 2019). However, rapidly changing clinical contexts may force NGRNs to prematurely transition into an experienced nurse's role. This means that they may be expected to manage complex patient situations involving increased acuity, complex comorbidities and staffing shortages (Fernández-Basanta, Castro-Rodríguez, et al., 2022; Willman et al., 2021). Additionally, NGRNs are likely to have their education affected by the COVID-19 pandemic for some time, and these

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disruptions need to be considered. Thus, it is pivotal that forthcoming research address issues of the socialization of NGRNs so that they are supported in the acquisition of skills and knowledge as well as a positive professional identity (Jackson & Usher, 2022).

In line with the above-noted issues, it is of utmost importance to address the experiences of NGRNs working in EDs during the COVID-19 pandemic. Pre-COVID-19 pandemic research reveals that when morally sensitive healthcare workers engage in situations that conflict with their core moral values, they risk developing stress of conscience (Glasberg et al., 2007, 2008) or moral stress (Cronqvist et al., 2006). Situations that challenge nurses' ethical, or moral values can result in feelings of emotional exhaustion (Ericson-Lidman et al., 2013). During the COVID-19 pandemic, a wider perspective of moral stress is suggested by Silverman et al. (2021) accounts of experienced nurses' moral distress in the face of insights of the overwhelming COVID-19 disease, intraprofessional tensions, miscommunications, restricted access to patients for family members and inadequate provisions of personal protective equipment (PPE) which prevented them from assuming a caring role. We conclude that this new practice context of COVID-19 should also be seen from the perspective of NGRNs'. To our knowledge, research explaining NGRN experiences in EDs during the COVID-19 pandemic is limited (Carnesten et al., 2022; Fernández-Basanta, Castro-Rodríguez, et al., 2022; García-Martín et al., 2021; Naylor et al., 2021). It is beyond the scope of this paper to present a comprehensive analysis of the deeper meaning of the phenomenon of caring. Instead, we focus on Swedish NGRNs' experiences of caring for patients in EDs during the pandemic and explore the meaning of these experiences.

2 | STUDY

2.1 | Aim

This study aims to illuminate the meaning of Swedish NGRNs' experiences of caring for patients in EDs during the COVID-19 pandemic.

2.2 | Design

To explore the essential meaning of NGRNs' lived experiences in narratives of caring for patients in EDs during the COVID-19 pandemic, we employed hermeneutical (interpretive) phenomenology as described by Lindseth and Norberg (2004, 2021), influenced by the phenomenology of Husserl (1859–1938) and by the hermeneutics of Ricoeur (1913–2005). According to Lindseth and Norberg (2004), values and attitudes of a phenomenon can be made visible by a phenomenological hermeneutical approach seeking intersubjective understandings of a situation and in a specific context. This is achieved through in-depth one-to-one interviews, where people communicate stories of their life worlds and make them interpersonally understandable. Hence, the phenomenological hermeneutical method is challenged by the filter of the researchers' interpretation, and concerns about the impact of researchers must therefore be addressed (Lindseth & Norberg, 2021). This is achieved by the researchers' movement between their own pre-understandings and struggles to approach the narratives with an open mind. Thus, by reflecting on interpretations of the text both in relation to the context of the participant and to theory for interpretation, understanding can be reached (Wiklund et al., 2002). In this study, the phenomenon of caring in EDs during the pandemic was familiar to members of the research team: the first author is an emergency nurse with extensive experience in pre-hospital emergency care and a doctoral student, the second author is a professor in caring science with extensive experience as a specialist nurse in psychiatric care, the third author is a senior lecturer and an experienced nurse specialized in intensive care and the fourth author is a professor in physiotherapy. The researchers' opinions needed to be controlled and an open and natural attitude which refrained from judging was embraced throughout the research process. This was achieved by such things as posing confirmatory questions during interviews, taking notes and having an ongoing dialogue in the research group. We reported our study based on the consolidated criteria for reporting qualitative studies (COREQ; Tong et al., 2007).

2.3 | Participants

In Sweden, where the entry into nursing practice includes a bachelor's degree, it is common for NGRNs to start their careers in EDs. Participants were recruited from five urban hospitals in four regions in Sweden. We purposively recruited NGRNs, employed in the ED for 3–36 months. This temporal definition of an NGRN was based on Patricia Benner's 'novice to expert' theory (1984), where nurses accrue experience over time, which allows them to develop skills in dealing with both routine and unforeseen (i.e. stressful) events. The first 3 months of the profession are excluded in this study as they are often perceived as stressful due to a general lack of clinical experience. In 36 months, the expected developed level of competence presumably bridges the gap between theoretical and clinical skills. To ensure exposure to the work setting, we excluded individuals who were absent from employment for extended periods including sick leave.

Recruitment of eligible NGRN participants was facilitated with the help of ED managers assisting to spread information about the study and screening potential participants for eligibility. Written information about the aim of the study was given together with information guaranteeing confidentiality. Participation was voluntary, and informed consent was obtained before the interview participation and supplemented by participants written informed consent via mail. The interviewer (first author) was unknown to all but two of the participants prior to the study commencement. These two had previously been students in the nursing programme where the first author works.

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2.4 | Data collection

First, we conducted two pilot interviews to evaluate the open-ended questions. This study was pre-pandemic and aimed at exploring Swedish NGRN experiences of caring in EDs. The first two interviews were conducted in person in early March 2020, before large-scale community transmission in Sweden began. The next two interviews were carried out at the same time as the first wave of the COVID-19 pandemic in hard-hit regions in Sweden (March 2020). We then realized the pandemic impacted heavily on NGRN experiences and after approval from the Swedish Ethical Review Authority, the aim of the study was adjusted, and the first four interviews were supplemented (by telephone, in May 2020). In total, participants were interviewed between March and November 2020.

The original timeline for inclusion was extended due to the temporary suspension of all research activity in several regions due to evolving pandemic conditions. In regions still admitting research activity, data collection switched to telephone interviews (12 out of 14) due to restrictions on in-hospital visits to prevent infection transmission. In this study, participants were asked to describe how they experienced caring for patients in the ED during the COVID-19 pandemic and aspects of this followed a previous study of NGRNs' experiences of stress in the ED during the COVID-19 pandemic (Carnesten et al., 2022). The semi-structured interviews in this study started with a more general question 'Could you please describe your work in the ED?' followed by 'How would you describe your experiences of caring for patients in the ED during the COVID-19 pandemic?' and 'Do you feel that stress affects your caring work and, if so, how?' Additional reflective open-ended questions were posed as the interview proceeded to cover the area of caring. To ensure accuracy and consistency, all interviews were digitally audio-recorded after retrieving participants' permission and ensuring confidentiality. Interviews varied from 35 to 75 min and were later transcribed verbatim. Data collection was conducted until no new information emerged.

2.5 | Ethical considerations

The study obtained ethics approval from the Swedish Ethical Review Authority (dnr 2019-06211 and 2020-01748) and was conducted in compliance with the Swedish Ethical Review Act (SFS, 2003:460) following the principles in the Declaration of Helsinki (World Medical Association, 2018).

2.6 | Data analysis

The meaning of NGRNs caring in EDs during the pandemic is the subject of this study and was elucidated in NGRNs' narratives of their experiences and analysed following the steps proposed by Lindseth and Norberg (2004, 2021). Firstly, to grasp the essence of the text, transcriptions were read several times and a naïve understanding was written down (by the first author) followed by dividing the texts into meaning units of different lengths and labelled in headings using NVivo 12 software program (QSR International Pty Ltd, 2020). The structural thematic analysis came next. This involved reflecting on the texts while searching for thematic structures and re-reading the naïve understanding on several occasions. Subsequently, and through discussions involving the entire research, the meaning units were grouped into sub-themes, themes and finally an overall theme (Lindseth & Norberg, 2021). Finally, the findings were reflected on in relation to appropriate literature and a new comprehensive understanding of the phenomenon contextualized the results.

2.7 | Rigour

Several steps were taken to ensure the rigour of the study processes. To ensure consistency and stability, the semi-structured individual interviews were conducted by the first author. In summary, different pre-understandings in the multi-professional research team both enrichened and challenged the study. Critical reflection on aspects of the researcher's own pre-understanding and theoretical knowledge in regular (monthly) research group sessions disclosed the comprehensive understanding of the findings. This was a non-linear process for the entire research group, comprising a dialectal movement between parts of the texts and the whole. During the entire research process, all co-authors strove to capture the phenomenon with an open mind, sensitivity and curiosity, thus embracing a life–world approach (Lindseth & Norberg, 2004, 2021).

3 | FINDINGS

Nine female and five male participants (n = 14), aged from 23 to 44 years (median 27 years) were included from five EDs with the capacity to treat adult and/or paediatric patients with illness due to surgical, medical, orthopaedic and traumatic reasons in four different regions in Sweden. Participants' experiences of working in the ED ranged from 3 to 24 months (median 10 months) since graduation. Participants may have been working elsewhere directly after graduation but for those included in the study, all of them had been working in the ED from 3 to 24 months after graduation. The structured thematic analysis strives to illuminate the pendulum movement between parts in the narratives and the whole following the interpretive steps as described by Lindseth and Norberg (2004, 2021). The central theme 'Caring through barriers' comprises NGRNs struggle to provide high-quality care due to high patient volumes and imposed infection control barriers, which left them both sad and conflicted about their new roles and the quality of care provided. The central theme is supported by three themes (and seven sub-themes): having intention to care (being dedicated to perform and doing the best for patients, being present and being proud), with tied hands in human suffering (being surrounded by suffering and not being able to relieve it, being overwhelmed by responsibility) and feeling inadequate

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(having doubts and being disconnected to the patient). The themes are presented in subheadings and the sub-themes are referred to in **bold** letters. A comprehensive discussion follows, which illuminates the meaning of spatial, temporal and emotional barriers encountered by NGRNs caring for patients in the ED. An overview of the structural thematic analysis is presented in Table 1.

3.1 | Having intention to care

Having intention to care means **being dedicated to perform and do the best for patients**. This was linked to the will to make a difference for patients during the time of crisis. In addition, intention to care also embraced striving to develop, learning new things and growing in one's professional role. One aspect of this was recognizing caring as equally important as medical care, expressed in the maintenance of a caring approach while performing medical activities.

> She was so uncomfortable; she was both stressed and in pain. If you could just optimize these things… so we put a pillow behind her neck. Caring activities which improved her status so much, more than if we had pressed on with oxygen or something like that. The caring part is so incredibly important, sometimes you must stop and think. What do we have… how does the patient feel now? Sometimes you can change simple things and relieve with caring actions. (C)

The intention to care was a wish to do more for the patient, referred to as 'the little extra'. This entailed the opportunity of physical proximity, taking precautions against foreseen complications and staying close when the environment was difficult. Caring then needed to pass a barrier to carry out holistic care, while carrying out a panorama of work tasks. However, not finding time and space to alleviate suffering left a gap in unfulfilled wishes in NGRNs.

> You must prioritize what is most important for all the patients. What I want to do may not be vital and then you have other things that are more vital. I often feel that one should do more, that I would like to do more. (E)

Carrying out the intention of caring presumed **being present** even when little space was given to provide person-centred care based on the patient's needs. Instead, logistics, medical treatments including administering medications and patient documentation needed to be prioritized leaving scant room for caring interventions. When time and space to be present were found, caring could be self-rewarding. The feeling of **being proud** of one's efforts is described below.

TABLE 1 Main theme, themes, sub-themes and codes.

Codes	Sub-themes	Themes	Overall themes
• Learn new things and grow in the professional role • Prioritize nursing care • Be proud of own efforts • A wish to do the little extra for the patient • Feel the obligation to stay	Being dedicated to perform and doing the best for patients Being present Being proud	Having intention to care	Caring through barriers
• Heavy and tiring to care for patients ill from COVID-19 • Acknowledge suffering and not being able to relieve	Being surrounded by suffering and not being able to relieve it	With tied hands in human suffering	
• Downing in patients • Being held responsible for the flow in the system • Prioritize medical care measures and not see it as nursing care • Be updated and compliant to treatment guidelines	Being overwhelmed by responsibility		
• Doubt own ability and feel inadequate • Lack of support • Handle conflicts • Patients who lie • Lose job satisfaction • Lose energy	Having doubts	Feeling inadequate	
• Lose overview of isolated patients • Relatives as obstacles and resources • Lack of physical proximity • Fear of being closely linked to transmission • Protected and prevented by equipment	Being disconnected to the patient		

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See that fear in their eyes, it is terrifying for me too. But then I feel that now it is up to me, to bestow calm and comfort to this patient. To say that now we do everything we can for you. To dare to be close… physically… when a human being grasps for breath. To sit and hold hands and look in the eyes… to mediate calmness. When you then let go of the patient's hand, you feel like this: Yes! Now I have done it. I am proud that I have done it. This is probably what makes you endure it. Afterwards, you go home with a smile. (M)

3.2 | With tied hands in human suffering

Being surrounded by suffering and feeling obliged to remain close to the patient was a caring responsibility that came with the choice of profession. However, primarily, focus on medical assessment and interventions to save lives was like being held-back in ones' professional responsibility. **Being surrounded by suffering and not being able to relieve it** was difficult to witness especially when older and dying patients come to the ED with little chance of survival. These patients sometimes ended up being left alone at this turning point in life. Not being able to relieve suffering created feelings of powerlessness. This was especially hard when patients suffered, for example due to an inability to breathe. Due to infection control restrictions, or as narrated below, to staff shortages, older and dying patients might be left unattended. This forced NGRNs to neglect their core values.

I get a little sad about it I feel… *quiet*… *cries*. It is mostly because it is quite difficult to do something for them (the older and the dying patient). Sometimes if you notice that they are in pain then you can give something, but sometimes it is not even that. They just need someone close. I do not want them to be on their own… *cries*. (N)

Caring for patients with COVID-19 was tiring, primarily due to heavy workload, lack of recovery and mandatory use of PPE. Masks and visors constituted a particularly challenging barrier preventing relief of suffering. These hindered the opportunities for the communication of verbal and non-verbal empathy. This acted as an obstacle to alleviate suffering as before. Efforts to relieve suffering in new ways is explained below.

Proximity in another way. You put a hand on the person and confirm that I see you are having a hard time… and you compensate with the voice. (C)

Being overwhelmed by responsibility was connected to conflicting emotions in caring due to responsibilities and expectations on performance and priorities. Responsibility for the patients' nursing care on one hand and many other tasks not described as caring on the other, were sometimes too much to handle and left little space for caring. NGRNs reported the growing number of patients arriving at the ED for medical care. This further impeded acts of nursing as the number of patients increased. Meeting basic needs such as providing a glass of water or making the bed, came later. Not that caring was considered less important, but other tasks, not considered caring activities, needed to be performed first to keep the patient alive as described below.

Imagine I have fifteen patients and we have three patients who have basic caring needs… but there is also a lot to do with other patients, then I must prioritize, what is most important? This patient might die if this medicine is not given right now or maybe get a sepsis if antibiotics are not given right now, compared to the need to go in and turn a patient around. Then antibiotics become the priority. So, it affects my caring if there is a lot to be done and it is stressful. (D)

This lack of space for caring aroused feelings of inadequacy, sometimes changing the nurse's approach as described below.

You put on all equipment and plan your work before you go into the patient. Then you go out, and after a few minutes it could ring… "I need to go to the toilet." Then you just get dressed again and you sigh…why did I not just ask when I was in there, "do you need to go to the toilet?" Why does the person have to go to the toilet now? It feels so bad, but I felt there was a hard feeling. It was hard. (I)

3.3 | Feeling inadequate

NGRNs had doubts about their capacities to keep up with a high volume of acutely ill patients; they worried the high pace of care may lead to important omissions of assessment and intervention. Overall, doubts affected the approach and related to reduced job satisfaction. In combination with a high workload, there were feelings of powerlessness and inadequacy. **Having doubts** was about questioning one's own ability to perform keeping up with care requirements when the workload was high. Doubts were fuelled by confrontations and conflict situations with patients and relatives. To be questioned while doing one's utmost was provocative. Having doubts was also about questioning whether the healthcare system would manage in the long run. Having doubts included worrying that own shortcomings could harm the patient.

It is a worry like that you should miss something (…) that someone is getting hurt by this. (G)

Doubt was also linked to the patient's situation during the spread of a contagious disease. Some patients denied symptoms and it later turned out that they had still been infected and then doubts were raised about the patient's history.

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> When you have talked to someone who was not a suspect and then suddenly, he or she started coughing (…) then you were unprotected. (A)

NGRNs expressed doubts about the adequacy of PPE to prevent exposure and illness entailing a fear of being close to patients who were sick with COVID-19. The fear was not necessarily based on the risk of becoming ill oneself but on transmission to loved ones and to other patients.

The lack of physical proximity to the patient was an obstacle to spontaneous care such as correcting a pillow or lingering to sit with a patient who was seriously ill. Holding hands or meeting basic caring needs were examples of caring activities that needed to be coordinated and minimized during the COVID-19 pandemic and NGRNs expressed **being disconnected to the patient**.

> I personally felt that I could not be the nurse I wanted to be, because I did not want to get close to anyone who coughed for my own fear of being infected. I wanted to sit next to this old lady who coughed herself to death… hold her hand and say… I am here… but I could not do that… pause… and I could not go in when there was someone lying in anxiety because they could not breathe properly. (J)

NGRNs used their imagination to compensate for the barrier of PPE, for example by focusing on eye contact and voice instead. Not having enough PPE and instructions to save on it, meant nurses evaluated whether they should go into the patient's room or not. Caring actions, such as making the bed or providing food and beverages, thus ended up further down the list.

> All patients who come in suspected of having COVID-19 take so much more time to do everything… with the protective equipment that should be on. We were told that we should try to be inside the patient's room as little as possible which means that you try to do everything in a flow. (E)

Caring for patients could sometimes be easier without next of kin near but when nurses were instructed to be absent, relatives close to the patient were a resource. With bans on in-hospital visits, this co-caring relief was made impossible. Bans on relatives accompanying patients deviated from core caring values as seriously ill patients were not allowed to have their loved ones with them at the most difficult moments of life and sometimes even in death.

4 | COMPREHENSIVE UNDERSTANDING AND DISCUSSION

In this interpretive phenomenology study, we explore the experiences of 14 Swedish NGRNs who worked across five EDs during the COVID-19 pandemic. Participants presented experiences with sensitivity and openness during different stages of the pandemic. For some, this meant reminiscing about difficult, unprocessed memories and recurring emotions of sadness. The key thematic finding of *caring through barriers* during the COVID-19 pandemic comprises spatial, temporal and emotional obstacles NGRNs confronted when attempting to carry out their nursing duties and expectations for holistic nursing care.

This study shows that caring for patients in the ED during the COVID-19 pandemic can create conflict between NGRNs' intention to relieve suffering from a caring science perspective and institutional constraints on sustained proximity to patients. NGRNs reported feeling frequently overwhelmed by strong emotions and professionally disadvantaged in their abilities to manage care demands in an unpredictable and fast-paced situation. Participants reported feelings of inadequacy when patients were perceived as suffering due to unmet care needs. This is reflected in the theme of their hands being tied; circumstances outside their control impeded their intention to care. The barriers reported by NGRNs prevented them from fulfilling what they believed was morally correct action and developing into the nurse one wants to be.

During the COVID-19 pandemic, NGRNs were required to carry out their work through spatial barriers as they were urged not to be close to patients more than was necessary to reduce the risk of transmission and to save on protective equipment. This meant a conflict between being responsible for the patients' medical care on the one hand and not being able to carry out nursing care on the other. Thus, NGRNs were ready to provide care from a holistic perspective even at this early stage in their career, but in a less-than-ideal healthcare environment, core caring values conflicted with what they were asked to perform during the COVID-19 pandemic. There is a risk NGRNs may leave the profession or be psychologically harmed by this conflict pointing to the importance of raising awareness of this in healthcare when conducting interventions to smoothen NGRNs future transition into practice (Fawcett & Morgan, 2021; Laskowski-Jones & Castner, 2022). One can argue that continuing to focus on holistic care when NGRNs enter the profession during a life-threatening pandemic might be an unreasonable expectation for NGRNs. Of course, basic interventions to keep patients alive can be recognized as sufficient during the COVID-19 pandemic. However, our result point to the absence of closeness to patients and how harmful that was to NGRNs. The stressful work–life situation during the COVID-19 pandemic, largely involving alienation from patients is described as a burdensome barrier of space. Our result shows that NGRNs wanted to be present and relieve suffering during the COVID-19 pandemic, but experienced being tied back in their ethos of caring. We conclude that instructions recommending spending as little time as possible in isolated patients' rooms disconnected nurses from patients. This barrier of space prevented NGRNs from providing holistic care, an important component in professional fulfilment. However, this must not be misinterpreted for idealistic notions and add pressure on NGRNs regarding what it takes to carry out the nursing profession properly.

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According to this study, caring is multifaceted, and a caring approach does not necessarily take more time, although caring activities might. Thus, during the COVID-19 pandemic, NGRNs faced a temporal barrier in a fast-paced clinical environment due to infection control restrictions and the growing number of patients arriving at EDs. One can argue that caring always takes time, time rarely given in the ED setting and that barriers to providing holistic care are inevitable, COVID-19 pandemic or not. However, rapidly performed caring activities encountering patients who suffer and even die alone, as well as caring without skin-to-skin contact compounds the troubled conscience of nurses and adds to the pre-pandemic conceptual descriptions of Glasberg et al. (2008). Even though this encourages nurses to be close in other ways, this reminds us that nurses have been deprived of the opportunity to be close and provide holistic care to patients during the COVID-19 pandemic. The world still lacks knowledge about the deeper meaning of this. Experiencing moral distress and impairment of holistic nursing care by being deprived of closeness to patients is also supported by McCallum et al. (2021) outlining the concept of 'professional grief' (p. 2116). We emphasize the key role played by managerial support and agree on the need to acknowledge this in future research.

A core finding in our study is negative emotions; NGRN's feelings of inadequacy from not being able to bestow fundamental holistic care in the life and death of their patients. Extensive and rapidly applied medical responsibilities decreased fulfilment in their professional role as caring providers. This needs to be addressed with caution and in the light of a historical perspective. NGRNs have traditionally been designated a multi-tasking traditional nursing role, often unspoken of, leaving them trapped between the doing and being aspects of the profession (Elmqvist et al., 2012). Together with several other researchers (Carmassi et al., 2022; Foli et al., 2021; Labrague & Santos, 2020; Sheng et al., 2020) we conclude, there was a significant negative impact on NGRN opportunities to provide compassionate holistic care during the COVID-19 pandemic.

Adding to the emotional barrier, our study adds data to the meaning of being responsible for care when there is a risk of virus transmission to loved ones, thus creating a barrier of fear. This alienates nurses from the patient and produces feelings of not carrying out the intention of caring properly. Being stressed by not being able to carry out the intention to care underpins Benner and Wrubel's (1989) theory of the Primacy of Caring and the importance of caring in relation to occupational stress and coping. Similarly, as reported in our study, Kovancı and Atlı Özbaş (2022) confirm NGRNs' fear of being unable to provide qualified care for patients and manage complexities alongside the anxiousness of being judged and criticized. This connects to Glasberg et al. (2007) and their findings on moral strain in HCWs experiencing a troubled conscience when not being able to provide good care in line with their obligations. The emotional barrier can be understood as being in a void, of doubt, guilt and sadness and relates to Watson's (2018) theory of caring as compassionate acts of love, practiced interpersonally where the nurse listens with an open heart and without interruption. In this interpersonal act, healing also takes place for the nurse. This connects to Benner and Wrubels' (1989) theory that authentic care comes from dwelling on notions of being human in the world and caring strategies as they are taught in nursing school following ontological structures of being human in the world and relating to health, stress, coping and illness. Therefore, existential thoughts on philosophical aspects of caring make sense to NGRNs, a core issue confirmed in our study where participants reflected on caring from what it means to care and being cared for as a human being in the world. The immense hard work in healthcare needs to be rewarded and we hope that researchers' findings on the impact of the caring professions in this time of crisis continue and contribute to a more progressive development in the future.

Our results primarily show that NGRNs wanted to provide holistic care during the COVID-19 pandemic, although the conditions necessary for this to occur were hard to find. This connects to a meta-analysis including both NGRNs and experienced nurses showing one-third working during the pandemic suffered from psychological symptoms such as stress, anxiety, depression and sleep disturbance calling for appropriate interventions designed to reduce psychological impacts on nurses (Al Maqbali et al., 2021). Two reviews found the perceived threat of the COVID-19 pandemic to significantly explain burnout in nurses mostly due to work overload, resource impairment, long shifts, low control and lack of social support (Dall'Ora et al., 2020; Galanis et al., 2021). This calls for urgent support to better prepare nurses to cope in the presence of the COVID-19 pandemic. In line with Danielis et al. (2021), our findings show the importance of support from senior nurses, and managers and the resilience embedded in well-functioning teams (Carnesten et al., 2022). However, to solely lean on the expertise of experienced nurses to successfully onboard NGRNs is unreasonable, as they themselves have been found at risk of stress injury and burnout during the COVID-19 pandemic. Instead, managers and leaders need to unite in the critical retention of NGRNs as well as experienced nurses by offering gratifying work environments, that is by mentor roles, responsibility and relationships (Laskowski-Jones & Castner, 2022). Additionally, acknowledging self-compassion to bestow compassionate care for others is found pivotal (Watson, 2018).

Acknowledging NGRNs as the largest workforce in emergency care, we stress the perseverance of a holistic perspective when discussing the work environment. Galvin and Todres (2013) argue the importance of nurses' prerequisites to stay close to patients. They term this as the embodiment of open-heartedness nursing. As described by Watson (2018), nurses bestow compassionate services on the foundation of caring motivated by love and accomplished by being present to alleviate suffering. Acknowledging caring as the main field of nursing requires the space for nurse preparation and attention to develop and sustain a helpful trusting caring relationship through the true presence (Fawcett & Morgan, 2021; Watson, 2018, 2020). Our results support Laskowski-Jones and Castner (2022) calling for an increased collective understanding concerning future circumstances for a healthy transition into the nursing profession.

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Finally, our findings connect to recent studies on nursing altruism and the ethical demand to care for vulnerable patients during the pandemic which requires further research in the future (Slettmyr et al., 2022). These authors highlight the risks and challenges that NGRNs might encounter, thereby pointing to the importance of organizational support and the development of self-compassion to accept one's efforts as 'good enough' under prevailing circumstances instead of being overwhelmed by powerlessness. To the reader of this paper, we encourage interpretative integration of the results into their world (refiguration), for example findings can be used to improve care (Lindseth & Norberg, 2004). It is our wish that this paper encourages reflection on the phenomenon of caring and awakens thoughts on how extraordinary circumstances can play an important context in the transition of NGRNs into the nursing profession.

4.1 | Limitations

Lived experiences consist of essential meanings as they are interpreted. Importantly, the acknowledgement should be given to the authors' pre-understandings and findings ought to be addressed as a contribution of possible meanings, not a claim of mediating 'the truth'. Different researchers may identify alternate meanings. Thus, the nature of interpretation could mean limited transferability of the findings in other settings. Another limitation of the study could be the selection of eligible participants by some of the managers, leading to the opportunity for selection bias. Switching to telephone interviews meant having limited opportunities for non-verbal communication adding to participants' narratives. This may have impacted both the length and depth of the interviews. A focus on meanings in hermeneutic phenomenology can result in findings that are not immediately actionable by readers. Future research could explore supports identified as helpful to NGRNs in crisis circumstances acknowledging transitioning into the profession during a global crisis needs to be addressed by wider means than only focusing on the diminishing of stressors.

5 | CONCLUSION

This study provides a deeper understanding of new nurses' experiences of caring for patients in an emergency setting; an internationally relevant topic during the COVID-19 pandemic. Providing care for patients in EDs during the COVID-19 pandemic is mediated through spatial, temporal and emotional barriers hindering NGRNs from providing holistic care, an important component in professional fulfilment. Strongly committed and hardworking NGRNs in overcrowded EDs during the COVID-19 pandemic put under extensive pressure calls for further research and urgent implementations to mitigate the stressed environment focusing on both doing and caring aspects of the nursing profession acknowledging self-compassion as a path to strengthen NGRNs in their dedication to bestow compassionate care during a crisis such as the COVID-19 pandemic.

AUTHOR CONTRIBUTIONS

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE*): (1) substantial contributions to conception and design, acquisition of data or analysis and interpretation of data. (2) drafting the article or revising it critically for important intellectual content.

ACKNOWLEDGEMENTS

We would like to thank every nurse who participated in the study and the encouragement and support from their managers.

FUNDING INFORMATION

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

CONFLICT OF INTEREST STATEMENT

No conflict of interest has been declared by the authors.

PEER REVIEW

The peer review history for this article is available at https://publons.com/publon/10.1111/jan.15585.

DATA AVAILABILITY STATEMENT

The data supporting the findings of this study are available upon reasonable request from the corresponding author.

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REFERENCES

Al Maqbali, M., Al Sinani, M., & Al-Lenjawi, B. (2021). Prevalence of stress, depression, anxiety and sleep disturbance among nurses during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of Psychosomatic Research*, *141*, 110343. https://doi.org/10.1016/j.jpsychores.2020.110343

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Addison-Wesley.

Benner, P., & Wrubel, J. (1989). *The primacy of caring: Stress and coping in health and illness*. Addison-Wesley.

Boamah Read, E. A., & Spence Laschinger, H. K. (2017). Factors influencing new graduate nurse burnout development, job satisfaction and patient care quality: A time-lagged study. *Journal of Advanced Nursing*, *73*(5), 1182–1195. https://doi.org/10.1111/jan.13215

Butera, S., Brasseur, N., Filion, N., Bruyneel, A., & Smith, P. (2021). Prevalence and associated factors of burnout risk among intensive care and emergency nurses before and during the coronavirus disease 2019 pandemic: A cross-sectional study in Belgium. *Journal of Emergency Nursing*, *47*(6), 879–891. https://doi.org/10.1016/j.jen.2021.08.007

Carmassi, C., Dell'Oste, V., Bui, E., Foghi, C., Bertelloni, C. A., Atti, A. R., Buselli, R., Di Paolo, M., Goracci, A., Malacarne, P., Nanni, M. G., Gesi, C., Cerveri, G., & Dell'Osso, L. (2022). The interplay between acute post-traumatic stress, depressive and anxiety symptoms on healthcare workers functioning during the COVID-19 emergency: A multicenter study comparing regions with increasing pandemic incidence. *Journal of Affective Disorders*, *298*(Pt A), 209–216. https://doi.org/10.1016/j.jad.2021.10.128

Carnesten, H., Wiklund Gustin, L., Skoglund, K., & Von Heideken Wågert, P. (2022). Battling extraordinary situations and conflicting

13652648, 2023, 6, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jan.15585 by Arctic University of Norway - UIT Tromso, Wiley Online Library on [18/07/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

emotions—A qualitative study of being a newly graduated registered nurse in the emergency department during the COVID-19 pandemic. *Nursing Open*, *9*(5), 2370–2380. https://doi.org/10.1002/nop2.1250

Chen, H., Sun, L., Du, Z., Zhao, L., & Wang, L. (2020). A cross-sectional study of mental health status and self-psychological adjustment in nurses who supported Wuhan for fighting against the COVID-19. *Journal of Clinical Nursing*, *29*, 4161–4170. https://doi.org/10.1111/jocn.15444

Cronqvist, A., Lützen, K., & Nyström, M. (2006). Nurses' lived experiences of moral stress support in the intensive care context. *Journal of Nursing Management*, *14*(5), 405–413. https://doi.org/10.1111/j.1365-2934.2006.00631.x

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: A theoretical review. *Human Resources for Health*, *18*(1), 1–41. https://doi.org/10.1186/s12960-020-00469-9

Danielis, M., Peressoni, L., Piani, T., Colaetta, T., Mesaglio, M., Mattiussi, E., & Palese, A. (2021). Nurses' experiences of being recruited and transferred to a new sub-intensive care unit devoted to COVID-19 patients. *Journal of Nursing Management*, *29*(5), 1149–1158. https://doi.org/10.1111/jonm.13253

Deliktas Demirci, A., Oruc, M., & Kabukcuoglu, K. (2021). 'It was difficult, but our struggle to touch lives gave us strength': The experience of nurses working on COVID-19 wards. *Journal of Clinical Nursing*, *30*(5–6), 732–741. https://doi.org/10.1111/jocn.15602

Elmqvist, C., Fridlund, B., & Ekebergh, M. (2012). Trapped between doing and being: First providers' experience of "front line" work. *International Emergency Nursing*, *20*(3), 113–119. https://doi.org/10.1016/j.ienj.2011.07.007

Ericson-Lidman, E., Norberg, A., Persson, B., & Strandberg, G. (2013). Healthcare personnel's experiences of situations in municipal elderly care that generate troubled conscience. *Scandinavian Journal of Caring Sciences*, *27*(2), 215–223. https://doi.org/10.1111/j.1471-6712.2012.01017.x

Fawcett, J., & Morgan, J. (2021). Thoughts about presence during dying. *Nursing Science Quarterly*, *34*(2), 207–208. https://doi.org/10.1177/0894318420987177

Fernández-Basanta, S., Castro-Rodríguez, M., & Movilla-Fernández, M. (2022). Walking a tightrope: A meta-synthesis from frontline nurses during the COVID-19 pandemic. *Nursing Inquiry*, *29*(4), e12492. https://doi.org/10.1111/nin.12492

Fernández-Basanta, S., Espremáns-Cidón, C., & Movilla-Fernández, M.-J. (2022). *Novice nurses' transition to clinical setting in the COVID-19 pandemic: A phenomenological hermeneutic study*. Collegian (Royal College of Nursing, Australia). https://doi.org/10.1016/j.colegn.2022.04.001

Foli, K. J., Forster, A., Cheng, C., Zhang, L., & Chiu, Y. (2021). Voices from the COVID-19 frontline: Nurses' trauma and coping. *Journal of Advanced Nursing*, *77*(9), 3853–3866. https://doi.org/10.1111/jan.14988

Frögéli, E., Rudman, A., & Gustavsson, P. (2019). The relationship between task mastery, role clarity, social acceptance, and stress: An intensive longitudinal study with a sample of newly registered nurses. *International Journal of Nursing Studies*, *91*, 60–69. https://doi.org/10.1016/j.ijnurstu.2018.10.007

Galanis, P., Vraka, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of Advanced Nursing*, *77*(8), 3286–3302. https://doi.org/10.1111/jan.14839

Galvin, K., & Todres, L. (2013). Caring and well-being: A lifeworld approach. Routledge. https://doi.org/10.4324/9780203082898

García-Martín, M., Roman, P., Rodriguez-Arrastia, M., Diaz-Cortes, M. D. M., Soriano-Martin, P. J., & Ropero-Padilla, C. (2021). Novice nurse's transitioning to emergency nurse during COVID-19 pandemic: A qualitative study. *Journal of Nursing Management*, *29*(2), 258–267. https://doi.org/10.1111/jonm.13148

Glasberg, A. L., Eriksson, S., & Norberg, A. (2007). Burnout and 'stress of conscience' among healthcare personnel. *Journal of Advanced Nursing*, *57*(4), 392–403. https://doi.org/10.1111/j.1365-2648.2007.04111.x

Glasberg, A. L., Eriksson, S., & Norberg, A. (2008). Factors associated with 'stress of conscience' in healthcare. *Scandinavian Journal of Caring Sciences*, *22*(2), 249–258. https://doi.org/10.1111/j.1471-6712.2007.00522.x

Halpin, Y., Terry, L. M., & Curzio, J. (2017). A longitudinal, mixed methods investigation of newly qualified nurses' workplace stressors and stress experiences during transition. *Journal of Advanced Nursing*, *73*(11), 2577–2586. https://doi.org/10.1111/jan.13344

Heidegger, M. (1993). *Varat och tiden. D. 1*. Daidalos.

Jackson, D. (2022). Reflections on nursing research focusing on the COVID-19 pandemic. *Journal of Advanced Nursing*, *78*, e84–e86. https://doi.org/10.1111/jan.15281

Jackson, D., & Usher, K. (2022). Supporting the emergent nursing workforce in the wake of the COVID-19 pandemic. *International Journal of Mental Health Nursing*, *31*(3), 447–449. https://doi.org/10.1111/inm.13011

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

Kovancı, M. S., & Atlı Özbaş, A. (2022). "Young saplings on fire" newly graduated nurses in the COVID-19 pandemic: A qualitative study. *Journal of Nursing Management*, *30*(1), 15–24. https://doi.org/10.1111/jonm.13460

Labrague, L. J., & Santos, J. A. A. (2020). COVID-19 anxiety among frontline nurses: Predictive role of organisational support, personal resilience and social support. *Journal of Nursing Management*, *28*(7), 1653–1661. https://doi.org/10.1111/jonm.13121

Laskowski-Jones, L., & Castner, J. (2022). The great resignation, newly licensed nurse transition shock, and emergency nursing. *Journal of Emergency Nursing*, *48*(3), 236–242. https://doi.org/10.1016/j.jen.2022.03.010

Levy-Malmberg, R., & Hilli, Y. (2014). The enhancement of clinical competence through caring science. *Scandinavian Journal of Caring Sciences*, *28*, 861–866.

Lindseth, A., & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences*, *18*(2), 145–153. https://doi.org/10.1111/j.1471-6712.2004.00258.x

Lindseth, A., & Norberg, A. (2021). Elucidating the meaning of life world phenomena. A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences*, *36*, 883–890. https://doi.org/10.1111/scs.13039

McCallum, K. J., Walthall, H., Aveyard, H., & Jackson, D. (2021). Grief and nursing: Life and death in the pandemic. *Journal of Advanced Nursing*, *77*(5), 2115–2116. https://doi.org/10.1111/jan.14815

Merleau-Ponty, M. (1962). *Phenomenology of perception*. Routledge.

Naylor, H., Hadenfeldt, C., & Timmons, P. (2021). Novice Nurses' experiences caring for acutely ill patients during a pandemic. *Nursing Reports*, *11*(2), 382–394. https://doi.org/10.3390/nursrep11020037

QSR International Pty Ltd. (2020). Nvivo (released in march 2020). https://www.qsrinternational.com/nvivoqualitative-data-analysis-software/home

Rosted, E., Thomsen, T. G., Krogsgaard, M., Busk, H., Geisler, A., Thestrup Hansen, S., Kjerholt, M., Mortensen, C. B., Thomsen, T. H., Beck, M., & Petersen, M. (2021). On the frontline treating COVID-19: A pendulum experience-from meaningful to overwhelming-for Danish healthcare professionals. *Journal of Clinical Nursing*, *30*, 3448–3455. https://doi.org/10.1111/jocn.15821

Rudman, A., Gustavsson, P., & Hultell, D. (2014). A prospective study of nurses' intentions to leave the profession during their first five years of practice in Sweden. *International Journal of Nursing Studies*, *51*(4), 612–624. https://doi.org/10.1016/j.ijnurstu.2013.09.012

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SFS (2003:460). (2003). Swedish Ethical Review Act. Lag om etikprövning av forskning som avser människor [Swedish law regarding research involving humans].

Sheng, Q., Zhang, X., Wang, X., & Cai, C. (2020). The influence of experiences of involvement in the COVID-19 rescue task on the professional identity among Chinese nurses: A qualitative study. *Journal of Nursing Management*, *28*(7), 1662–1669. https://doi.org/10.1111/jonm.13122

Silverman, H. J., Kheirbek, R. E., Moscou-Jackson, G., & Day, J. (2021). Moral distress in nurses caring for patients with COVID-19. *Nursing Ethics*, *28*(7–8), 1137–1164. https://doi.org/10.1177/09697330211003217

Slettmyr, A., Schandl, A., Andermo, S., & Arman, M. (2022). Spontaneous ethics in nurses' willingness to work during a pandemic. *Nursing Ethics*, *29*(5), 1293–1303. https://doi.org/10.1177/09697330221085768

Specht, K., Primdahl, J., Jensen, H. I., Elkjær, M., Hoffmann, E., & Keene Boye, L. (2021). Frontline nurses' experiences of working in a COVID-19 ward-a qualitative study. *Nursing Open*, *8*, 3006–3015. https://doi.org/10.1002/nop2.1013

Sugg, H. V. R., Russell, A.-M., Morgan, L. M., Iles-Smith, H., Richards, D. A., Morley, N., Burnett, S., Cockcroft, E. J., Coon, J. T., Cruickshank, S., Doris, F. E., Hunt, H. A., Kent, M., Logan, P. A., Rafferty, A. M., Shepherd, M. H., Singh, S. J., Tooze, S. J., & Whear, R. (2021). Fundamental nursing care in patients with the SARS-CoV-2 virus: Results from the 'COVID-NURSE' mixed methods survey into nurses' experiences of missed care and barriers to care. *BMC Nursing*, *20*(1), 215. https://doi.org/10.1186/s12912-021-00746-5

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

Watson, J. (2018). *Unitary caring science: The philosophy and praxis of nursing*. University Press of Colorado.

Watson, J. (2020). Nursing's global covenant with humanity – Unitary caring science as sacred activism. *Journal of Advanced Nursing*, *76*(2), 699–704. https://doi.org/10.1111/jan.13934

Wiklund, L., Lindholm, L., & Lindström, U. Å. (2002). Hermeneutics and narration: A way to deal with qualitative data. *Nursing Inquiry*, *9*(2), 114–125.

Willman, A., Bjuresäter, K., & Nilsson, J. (2021). Insufficiently supported in handling responsibility and demands: Findings from a qualitative study of newly graduated nurses. *Journal of Clinical Nursing*, *30*(1–2), 83–92. https://doi.org/10.1111/jocn.15483

World Health Organization (WHO). (2020). *State of the world's nursing 2020*. Retrieved from https://www.who.int/publications/i/item/9789240003279

World Medical Association Declaration of Helsinki. (2018). Ethical principles for medical research involving human subjects. Retrieved from https://www.wma.net/policiespost/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involvinghuman-subjects

How to cite this article: Carnesten, H., Wiklund Gustin, L., Skoglund, K., & von Heideken Wågert, P. (2023). Caring through barriers—Newly graduated registered nurses' lived experiences in emergency departments during the COVID-19 pandemic. *Journal of Advanced Nursing*, *79*, 2269–2279. https://doi.org/10.1111/jan.15585

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