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THE IMPACT OF THE COVID-19 PANDEMIC ON THE EARLY CAREERS OF NEWLY GRADUATED NURSES IN MALTA: A QUALITATIVE STUDY AT MATER DEI HOSPITAL

Nursing

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ABSTRACT

Background: The COVID-19 pandemic placed extraordinary pressure on healthcare systems and on nurses entering professional practice during a period of rapid organisational change. **Aim:** This study explored how the pandemic affected the career development, work performance and mental well-being of newly graduated nurses with up to five years of clinical experience at Mater Dei Hospital, Malta. **Methods:** A qualitative, grounded theory-informed design was used. Data were generated through semi-structured interviews and a focus group with 15 newly graduated nurses working in frontline hospital departments. Participants were recruited purposively from the Infectious Diseases Unit, Neuro-Medical Ward and Medical Ward 2. Data were transcribed verbatim and analysed inductively through coding, constant comparison and memo writing. **Findings:** The pandemic disrupted the expected transition from student to registered nurse by intensifying workload, increasing exposure to clinical uncertainty, and limiting access to routine orientation, mentorship and professional development. Participants reported anxiety, fatigue, fear of infection, social isolation and concerns about long-term career commitment. Structured induction, peer support and accessible leadership helped strengthen confidence and engagement. **Conclusion:** Newly graduated nurses require targeted transition-to-practice support, protected mentorship, psychological assistance and continuing professional development, especially during public health emergencies. Organisational and policy responses that address staffing, working conditions and retention are essential to sustaining a resilient nursing workforce.

KEYWORDS

COVID-19; newly graduated nurses; transition to practice; mental health; burnout; nurse retention; Malta

INTRODUCTION

Coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), generated profound disruption across healthcare systems worldwide. Although COVID-19 was initially understood primarily as a respiratory disease, the pandemic also created significant organisational, professional and psychosocial consequences for healthcare workers (Huang et al., 2020; Guan et al., 2020). The World Health Organization declared COVID-19 a pandemic on 11 March 2020 (World Health Organization [WHO], 2020). In Malta, the pandemic required substantial reorganisation of hospital services, infection-control practices and workforce planning.

Nurses were central to the pandemic response. They experienced increased workloads, rapidly changing infection-control procedures, risk of infection, redeployment, staff shortages, extended shifts and emotional exposure to patient suffering and mortality (Lai et al., 2020; Pappa et al., 2020; International Council of Nurses [ICN], 2021). These pressures were particularly significant for newly graduated and early-career nurses, who entered the profession at a time when normal transition-to-practice processes were disrupted.

The transition from student nurse to registered nurse is a formative period in which practitioners develop clinical judgement, confidence, professional identity and workplace belonging. Newly graduated nurses may experience transition shock as they adapt to professional accountability and the realities of clinical practice (Duchscher, 2009). The pandemic intensified this transition by requiring novice nurses to work in high-acuity and rapidly changing settings with limited time for gradual skills development. Recent studies continue to show that pandemic-related disruption to clinical education and transition-to-practice programmes affected early-career nurses' confidence, stress, burnout and career intentions (Djukic et al., 2025; Ohue & Ohue, 2025).

This study focuses on newly graduated nurses working at Mater Dei Hospital, Malta. For the purposes of this research, newly graduated nurses were defined as registered nurses with up to five years of clinical experience. The study examines how the pandemic influenced their early career development, performance at work and mental well-being, and considers the organisational supports that helped or hindered their adjustment to frontline practice during the COVID-19 crisis.

Research question: How did the COVID-19 pandemic affect the career development, work performance and mental well-being of newly graduated nurses working at Mater Dei Hospital, Malta?

LITERATURE REVIEW

Impact of COVID-19 on healthcare professionals

A substantial body of evidence indicates that the COVID-19 pandemic affected the psychological well-being of healthcare professionals. Healthcare workers reported anxiety, depression, insomnia, stress, fear of infection, moral distress and burnout (Brooks et al., 2020; Lai et al., 2020; Pappa et al., 2020). Nurses were especially exposed because of their direct and continuous contact with patients, frequent involvement in high-risk procedures and responsibility for providing both technical and emotional care. Frontline nurses also had to adapt to new protocols, unfamiliar ward structures and changing patterns of resource allocation.

Newly graduated nurses and transition to practice

The transition from student to registered nurse is recognised as a demanding period in which new practitioners consolidate knowledge, develop competence and establish professional confidence. During the pandemic, this transition was affected by redeployment, reduced clinical learning opportunities, disruption to orientation programmes and the urgent need to expand the nursing workforce (Ulenaers et al., 2021). Recent evidence from clinical nurse educators indicates that some pandemic-era new graduate nurses required additional support with hands-on skills, communication and confidence in clinical settings (Djukic et al., 2025). Longitudinal evidence also suggests that disruption to clinical practicums may have lasting effects on newly graduated nurses' mental health and intention to remain in nursing (Ohue & Ohue, 2025).

Psychological strain, burnout and retention

Burnout in nursing is commonly associated with emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment (Dall'Ora et al., 2020). During COVID-19, common stressors included fear of infecting family members, prolonged use of personal protective equipment, increased workloads, isolation from social networks and repeated exposure to patient deterioration or death (Shanafelt et al., 2020; Marvaldi et al., 2021). These stressors may affect job satisfaction and turnover intentions, especially among nurses in the early stages of their careers (De los Santos & Labrague, 2021). Recent work on novice nurse attrition also highlights the importance of working hours, management support and work-life balance in decisions to remain in or leave the profession (Tate, 2024)

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Training, resources and organisational support

The pandemic highlighted the importance of adequate staffing, timely access to personal protective equipment, clear communication and practical infection-control training (Ranney et al., 2020). For newly graduated nurses, the availability of preceptorship, supervision and supportive ward leadership can buffer stress and strengthen competence. Research on frontline nurses during COVID-19 indicates that organisational support, personal resilience and social support are important protective factors in reducing anxiety (Labrague & De los Santos, 2020). Recent reviews of nurse retention during and after the pandemic further indicate that safe staffing, positive work environments, psychological well-being, professional development, mentorship, leadership and compensation are central to retention

(Farahani et al., 2024; Buckley et al., 2025).

Research gap

Many studies have examined the effects of COVID-19 on healthcare workers generally, but less attention has been given to newly graduated nurses and the longer-term implications of beginning a nursing career during a pandemic. Evidence from small island healthcare systems is also limited. This study contributes context-specific knowledge from Malta by exploring the experiences of newly graduated nurses working in frontline hospital departments during the pandemic.

METHODOLOGY

Design

A qualitative design was adopted to explore the meanings that newly graduated nurses attributed to their work during the COVID-19 pandemic. The study was grounded theory-informed because data analysis involved inductive coding, comparison across accounts and memo writing to develop conceptual categories from participants' experiences (Charmaz, 2014; Corbin & Strauss, 2015; Birks et al., 2008).

Setting

The study was conducted at Mater Dei Hospital, Malta's main public acute hospital, between June and December 2021. During the pandemic, the hospital underwent substantial reorganisation, including ward restructuring, resource reallocation, strict infection-control procedures and increased demand for nursing staff. The departments included in the study were the Infectious Diseases Unit, Neuro-Medical Ward and Medical Ward 2, all of which had direct relevance to the care of patients during the pandemic response.

Participants and sampling

Participants were newly graduated registered nurses with up to five years of clinical experience who had worked with, or in relation to, patients affected by COVID-19. Purposive sampling was used to recruit nurses with relevant frontline exposure (Palinkas et al., 2015). Fifteen nurses participated in the study: 10 female and five male nurses. Participants had a mean of 3.2 years of experience, with a range of one to five years. Six participants worked in the Infectious Diseases Unit, five in the Neuro-Medical Ward and four in Medical Ward 2. Sampling was guided by the principle of obtaining sufficiently rich data to identify recurring categories and themes (Hennink et al., 2017).

Data collection

Data were collected through semi-structured interviews and one focus group conducted in a private setting within the hospital. The interview guide explored participants' transition into practice, pandemic-related responsibilities, perceived preparedness, emotional well-being, support systems, career expectations and perceptions of retention. Semi-structured interviewing was appropriate because it enabled focused exploration of the research question while allowing participants to describe experiences in their own terms (Kallio et al., 2016). Interviews lasted approximately 30-45 minutes, while the focus group lasted approximately one hour. Data were audio-recorded with consent and transcribed verbatim.

Data analysis

Data analysis followed an inductive approach consistent with grounded theory techniques. Transcripts were read repeatedly to gain familiarity with the data. Initial coding was used to identify significant statements, actions and experiences. Focused coding was then used to group related codes into broader categories. Constant comparison was used to examine similarities and differences across participants, departments and experiences. Memo writing supported the development of categories and the refinement of themes. The final analysis generated themes that captured both shared patterns and variations in participants' accounts.

Trustworthiness

Credibility was strengthened through verbatim transcription, member checking and systematic coding. Dependability was supported through an audit trail documenting decisions made during data collection and analysis. Confirmability was enhanced through memo writing and attention to the relationship between data, codes and themes. Transferability was supported by providing contextual information about the hospital setting, participants and departments (Lincoln & Guba, 1985).

Ethical considerations

Ethical approval was obtained before data collection. Participants received information about the purpose of the study and provided informed consent. Participation was voluntary, and participants could withdraw without consequence. Confidentiality was maintained through anonymisation, secure storage of audio files and transcripts, and compliance with data protection requirements. Quotations are anonymised and have been lightly edited for readability without changing their meaning.

Table 1. Participant characteristics

Characteristic	Category	n
Gender	Female	10
	Male	5
Clinical experience	Mean years of experience	3.2
	Range	1-5 years
Department	Infectious Diseases Unit	6
	Neuro-Medical Ward	5
	Medical Ward 2	4

FINDINGS

Analysis identified five interrelated themes that describe how the pandemic affected newly graduated nurses' early career experiences: accelerated transition to frontline practice; psychological strain and emotional exhaustion; disruption to social life and work-life balance; the protective role of induction, mentorship and collegial support; and concerns about career development and retention.

Table 2. Summary of themes

Theme	Core finding
Accelerated transition to frontline practice	Rapid exposure to high-pressure environments, changing protocols and increased responsibility.
Psychological strain and emotional exhaustion	Stress, anxiety, fear of infection, fatigue and exposure to patient suffering affected well-being.
Disruption to social life and work-life balance	Extended shifts, isolation and concern about infecting relatives affected personal recovery and relationships.
Induction, mentorship and collegial support	Orientation, peer support and approachable leadership strengthened confidence and adjustment.
Career development and retention	Reduced professional development opportunities and job dissatisfaction raised concerns about long-term commitment.

Accelerated transition to frontline practice

Participants described the beginning of their professional careers as abrupt and demanding. Rather than experiencing a gradual transition from student to registered nurse, they entered practice during a period of exceptional uncertainty. They reported rapid exposure to high-acuity patients, constantly changing infection-control procedures and clinical responsibilities that exceeded what they had expected at the start of their careers. Limited time for orientation and variable access to mentorship contributed to feelings of insecurity and reduced confidence.

'I had barely started working as a nurse, and suddenly I was facing highly complex situations that required considerable skill.'

'Everything seemed to be changing all the time. I felt that I was learning the job in a different way because of the pandemic. I was learning how to be a nurse and how to deal with pandemic-related issues at the same time.'

Psychological strain and emotional exhaustion

The pandemic generated substantial emotional pressure. Participants reported stress, anxiety, fear of infection and concern about transmitting the virus to family members. Some described physical and emotional exhaustion associated with heavy workloads, extended shifts and the demands of caring for seriously ill patients. These experiences affected well-being and shaped early perceptions of nursing as a profession.

'I lived in constant fear that I would contract COVID-19 and pass it on to my loved ones.'

'The pressure I experienced because of all the uncertainty made me feel miserable. With COVID-19, there were so many unknowns; it was incredible.'

Disruption to social life and work-life balance

Participants indicated that the pandemic affected life beyond the workplace. Social isolation, reduced contact with family and friends, and the need to be cautious after exposure to COVID-19 created a sense of separation from normal support networks. Work-related fatigue also reduced opportunities for rest, recovery and engagement in social activities. For some nurses, this weakened work-life balance during a formative career stage.

'I did everything I could to avoid family and friends because I was afraid I would give them COVID-19.'

'Work was exhausting, and I had no energy left for my social life. All I wanted to do was rest, feel safe and remain healthy.'

Induction, mentorship and collegial support

Despite these difficulties, participants identified supportive elements that helped them adjust. Induction programmes, practical orientation and access to experienced colleagues increased confidence and reduced uncertainty. Peer support was particularly important because colleagues understood the clinical and emotional pressures of pandemic work. Supportive leadership and clear communication also helped nurses feel safer and more valued.

'I was grateful that there were senior nurses around to help me. I found this very reassuring.'

'The team made a big difference to me. I felt supported.'

Career development and retention

The pandemic disrupted professional development by limiting training opportunities, altering normal clinical learning pathways and placing immediate service needs ahead of longer-term career planning. Participants linked poor working conditions, uncertainty and stress with reduced job satisfaction. The findings suggest that early pandemic experiences may influence retention, especially where newly graduated nurses feel unsupported, undervalued or insufficiently prepared.

'At times I felt the work was beyond me, and I thought I should give up nursing and do something else.'

'I found the work far too challenging and stressful. I felt that I could not cope.'

DISCUSSION

This study shows that the COVID-19 pandemic significantly altered the early professional experiences of newly graduated nurses at Mater Dei Hospital. The findings support wider evidence that the pandemic intensified psychological distress, workload pressures and organisational uncertainty among nurses (Lai et al., 2020; Pappa et al., 2020; Marvaldi et al., 2021). The study adds a specific focus on newly graduated nurses, whose transition into practice was affected by limited experience, disrupted orientation and rapid exposure to complex care environments.

The findings indicate that the pandemic functioned as a disruptive transition event. Newly graduated nurses were required to develop clinical confidence, professional identity and coping strategies while also responding to a public health emergency. This differs from the expected transition-to-practice process, in which novice nurses usually benefit from structured induction, supervision and gradual responsibility. The absence of consistent mentorship and preparation may increase the risk of transition shock, job dissatisfaction and early turnover. This interpretation is supported by recent evidence that pandemic-era new graduates often required additional clinical, communication and confidence-building support (Djukic et al., 2025) and that disruptions to clinical practicums may influence newly graduated nurses' stress, burnout and career intentions over time (Ohue & Ohue, 2025).

The psychological effects reported by participants are consistent with research on burnout and occupational stress in nursing. Fear of infection, worry about relatives, emotional exposure to patient suffering and prolonged workload pressures are all factors associated with anxiety, fatigue and reduced well-being (Brooks et al., 2020; Dall'Ora et al., 2020; Shanafelt et al., 2020). For early-career nurses, these pressures may be especially influential because they occur during the formation of professional identity and career expectations.

At the organisational level, the findings highlight the protective role of structured support. Induction, preceptorship, peer support and accessible leadership helped participants manage uncertainty and strengthen confidence. These supports should not be treated as optional during crises. Rather, they are essential components of workforce resilience and patient safety. Recent reviews of nurse retention during and after COVID-19 similarly identify safe staffing, quality work environments, mental health support, mentorship, professional development, leadership and compensation as key retention factors (Farahani et al., 2024; Buckley et al., 2025).

The study also has implications for nurse retention in Malta. If newly graduated nurses experience early practice as unsafe, unsupported or incompatible with personal well-being, they may be more likely to consider leaving their ward, organisation or profession. Retention strategies must therefore address both material working conditions and professional development. Improvements in staffing, recognition, continuing education, psychological support and flexible career pathways may strengthen commitment and reduce attrition. This is especially important because recent qualitative evidence indicates that work-life imbalance, poor management support and excessive working hours can contribute to early departure from nursing (Tate, 2024).

Implications for Policy, Education and Practice

1. Hospitals should maintain structured transition-to-practice programmes for newly graduated nurses even during public health emergencies. Orientation and mentorship should be protected rather than suspended because they contribute directly to confidence, safety and retention.
2. Newly graduated nurses should have access to psychological support that is confidential, visible and normalised within the workplace. Support should include opportunities for debriefing, supervision and early identification of burnout symptoms.
3. Workforce planning should account for the specific needs of novice nurses, including safe staffing levels, protected learning time, clear escalation pathways and access to experienced preceptors.
4. Nursing curricula should continue to strengthen infection control, emergency preparedness, resilience, ethical decision-making and interprofessional communication. Simulation-based learning may help prepare students for crisis contexts before registration, but it should complement rather than replace meaningful clinical exposure wherever safe and feasible.
5. Retention policies should address working conditions, recognition, career progression and continuing professional development. These measures are particularly important for nurses whose early career experiences were shaped by the pandemic.

LIMITATIONS

This study was conducted in a single acute hospital in Malta and involved a relatively small purposive sample, which limits the transferability of findings to other settings. Participants were recruited from departments with specific pandemic-related exposure, and experiences may differ among newly graduated nurses working in other wards or community settings.

The study relied on self-reported experiences collected during a period of heightened stress. The cross-sectional nature of data collection also means that the longer-term career effects of beginning practice during the pandemic could not be assessed. Future research could use longitudinal designs to examine how early pandemic experiences influence retention, professional identity and well-being over time.

CONCLUSION

The COVID-19 pandemic had a significant impact on newly graduated nurses working at Mater Dei Hospital. It disrupted the expected transition into professional practice, intensified psychological and workload pressures, affected social life and work-life balance, and shaped early career expectations. Although participants experienced anxiety, fatigue and uncertainty, the findings also demonstrate the importance of induction, mentorship, peer support and supportive leadership in helping newly graduated nurses remain confident and engaged.

The study highlights the need for healthcare organisations and policymakers to view newly graduated nurses as a distinct workforce group during emergencies. Their retention depends not only on

individual resilience but also on organisational conditions that support safe practice, learning, well-being and career progression. Strengthening transition-to-practice programmes, mental health support and professional development pathways will help sustain a resilient nursing workforce capable of responding to future public health crises.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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